

Income disparity among persons with disabilities assessed by education and sex : findings from a field survey conducted in Metro Manila, the Philippines

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## **Socio-Economic Survey of Persons with Disabilities**

### **Part 1: Life and Environment**

This interview is completely voluntary. The purpose of this survey is to better understand the current situation of socio-economic life of persons with disabilities in the Philippines. Information disclosed by the respondents will be treated as strictly confidential and the information collected will be used for research only. Respondents' name will not be used in any document prepared based on this survey.

**Respondent No. /\_/\_/\_/\_/**

#### **A. BASIC ATTRIBUTES**

1. Name of Respondent \_\_\_\_\_

2. Address \_\_\_\_\_

\_\_\_\_\_

3. LGU

- 1. Makati
- 2. Quezon
- 3. Pasay
- 4. Valenzuela

4. Home Telephone \_\_\_\_\_

5. Cell Phone \_\_\_\_\_

6. Fax \_\_\_\_\_

7. E-Mail \_\_\_\_\_

8. Age \_\_\_\_\_

Part 1

9. Sex  1. Female  2. Male

10. Marital Status

- 1. Married
- 2. Divorced or Separated
- 3. Widowed
- 4. Never been married

11. In which province were you born? \_\_\_\_\_

12. What is your religion?

- 1. Catholic
- 2. Protestant
- 3. Iglesia Ni Cristo
- 4. Muslim
- 5. Buddhist
- 6. Others, please specify \_\_\_\_\_

13. How many are living in this household? \_\_\_\_\_ persons

14. Who are living with you in this household?

- 1. Father
- 2. Mother
- 3. Grandfather (Specify number \_\_\_\_\_ )
- 4. Grandmother (Specify number \_\_\_\_\_ )
- 5. Child or Children (Specify number \_\_\_\_\_ )
- 6. Sister(s) (Specify number \_\_\_\_\_ )
- 7. Brother(s) (Specify number \_\_\_\_\_ )
- 8. Relative(s) (Specify number \_\_\_\_\_ )
- 9. Friend(s) (Specify number \_\_\_\_\_ )
- 10. Maid(s) (Specify number \_\_\_\_\_ )
- 11. Other(s) (Please specify \_\_\_\_\_ # \_\_\_\_\_)

15. What is your relationship to the household head?

- 1. Self
- 2. Spouse
- 3. Daughter/son
- 4. Daughter-in-law/son-in-law
- 5. Granddaughter/grandson

Part 1

- 6. Mother/father
- 7. Other relatives, specify \_\_\_\_\_
- 8. Housemaid/boy
- 9. Other non-relatives, specify \_\_\_\_\_

**Overseas Employment**

- 16. How many of your family members, relatives, and friends live abroad and remit to you and/or your household members? \_\_\_\_\_
- 17. Please estimate the amount of remittance received from abroad during the past 12 months:  
\_\_\_\_\_ pesos

**Education**

- 18. Which degree/grade did you attain? (Multiple answers allowed)
  - 1. Kindergarten/Prep
  - 2. Grade I to V
  - 3. Elementary graduate
  - 4. 1<sup>st</sup> to 3<sup>rd</sup> Year High School
  - 5. High School Graduate
  - 6. Vocational school
  - 7. Post-secondary (diploma courses/certificate)
  - 8. College level
  - 9. College or University graduate
  - 10. Master or higher
- 19. Have you been to any Special Education School (Deaf School, Blind School, SPED, etc.)?
  - 1. Yes, *go to 20*
  - 2. No, *go to 21*
- 20. How many years did you go to the Special Education school? \_\_\_\_\_ Years

**Assets**

- 21. Which of the following assets does your household own?
  - 1. House/Real estate
  - 2. Automobile (car, jeep)
  - 3. Motorbike/Motorcycle
  - 4. TV
  - 5. Video/DVD/VCD player

Part 1

- 6. Stereo/CD
- 7. Radio
- 8. Telephone/cell phone
- 9. Air conditioner
- 10. Washing Machine
- 11. Computer
- 12. Refrigerator
- 13. Microwave oven
- 14. Sala set
- 15. Dining set
- 16. Other assets, please specify \_\_\_\_\_

22. Do you have any of the following assets for your exclusive use?

- 1. Cell phone
- 2. Personal computer
- 3. Electric Fan
- 4. TV
- 5. Other assets, please specify \_\_\_\_\_

**Housing and Lot**

23. What type of building does your household reside in?

- 1. Single detached house
- 2. Duplex
- 3. Apartment/Condominium/Townhouse
- 4. Commercial/Industrial/Agricultural building house
- 5. Others, please specify \_\_\_\_\_

24. Who owns your dwelling unit?

- 1. Respondent, *go to 25*
- 2. Family, *go to 25*
- 3. Relative(s)
- 4. Friend(s)
- 5. Others, please specify \_\_\_\_\_
- 6. Do not know

24a. Do you pay rent to live in your residence/dwelling unit?

- 1. Yes
- 2. No, *go to 25*

24b. How much rent do you pay per month? \_\_\_\_\_

25. What is the tenure status of the lot occupied by your household?

- 1. Own or owner-like possession of lot
- 2. Rent lot
- 3. Rent-free lot with consent of owner
- 4. Rent-free lot without consent of owner
- 5. Others, specify \_\_\_\_\_

### **Respondent's Father**

26. Is your (biological) father still alive?

- 1. Yes
- 2. No, *go to 28*
- 3. Don't know, *go to 34*

27. How old is your father now? \_\_\_\_\_, *go to 30*

28. In what year did your father pass away? \_\_\_\_\_

29. How old was he when he passed away? \_\_\_\_\_

30. Which degree/grade did he attain? (Multiple answers allowed)

- 1. Kindergarten/Prep
- 2. Grade I to V
- 3. Elementary graduate
- 4. 1<sup>st</sup> to 3<sup>rd</sup> Year High School
- 5. High School Graduate
- 6. Vocational school
- 7. Post-secondary (diploma courses/certificate)
- 8. College level
- 9. College or University graduate
- 10. Master or higher

31. What is/was your father's most recent sector of employment?

- 1. Never employed
- 2. Ever employed: public sector

Part 1

- 3. Ever employed: private sector
- 4. Have run a business other than agriculture
- 5. Engaged in farming
- 6. Others, please specify \_\_\_\_\_

32. Does (Did) your father have any impairment except for that caused by aging?
- 1. Yes
  - 2. No, *go to 34*

33. What is/are the impairment/s?
- 1. Mobility
  - 2. Visual
  - 3. Hearing
  - 4. Cognitive
  - 5. Mental health
  - 6. Others, please specify \_\_\_\_\_

**Respondent's Mother**

34. Is your (biological) mother still alive?
- 1. Yes
  - 2. No, *go to 36*
  - 3. Do not know, *go to 42*

35. How old is your mother now? \_\_\_\_\_, *go to 38*

36. In what year did your mother pass away? \_\_\_\_\_

37. How old was she when she passed away? \_\_\_\_\_

38. Which degree/grade did she attain? (Multiple answers allowed)
- 1. Kindergarten/Prep
  - 2. Grade I to V
  - 3. Elementary graduate
  - 4. 1<sup>st</sup> to 3<sup>rd</sup> Year High School
  - 5. High School Graduate
  - 6. Vocational school
  - 7. Post-secondary (diploma courses/certificate)
  - 8. College level

Part 1

- 9. College or University graduate
- 10. Master or higher

39. What is/was your mother's most recent sector of employment?

- 1. Never employed
- 2. Ever employed: public sector
- 3. Ever employed: private sector
- 4. Have run a business other than agriculture
- 5. Engaged in farming
- 6. Others, please specify \_\_\_\_\_

40. Does (Did) your mother have any impairment except for that caused by aging?

- 1. Yes
- 2. No, *go to 42*

41. What is/are the impairment/s?

- 1. Mobility
- 2. Visual
- 3. Hearing
- 4. Cognitive
- 5. Mental health
- 6. Others, please specify \_\_\_\_\_

**Respondent's Immediate Elder Sibling**

42. Do you have an elder sibling?

- 1. Yes
- 2. No (*Proceed to section on younger sibling; 50*)
- 3. Do not know (*Proceed to section on younger sibling; 50*)

43. What is the sex of your immediate elder sibling?  1. Female  2. Male

44. How old is she/he? \_\_\_\_\_

45. Which degree/grade did she/he attain? (Multiple answers allowed)

- 1. Kindergarten/Prep
- 2. Grade I to V
- 3. Elementary graduate
- 4. 1<sup>st</sup> to 3<sup>rd</sup> Year High School



Part 1

- 5. High School Graduate
- 6. Vocational school
- 7. Post-secondary (diploma courses/certificate)
- 8. College level
- 9. College or University graduate
- 10. Master or higher

46. What is her/his most recent sector of employment?

- 1. Never employed
- 2. Ever employed: public sector
- 3. Ever employed: private sector
- 4. Have run a business other than agriculture
- 5. Engaged in farming
- 6. Others, please specify \_\_\_\_\_

47. Does she/he have any impairment except for that caused by aging?

- 1. Yes
- 2. No, *go to 49*

48. What is/are the impairment/s?

- 1. Mobility
- 2. Visual
- 3. Hearing
- 4. Cognitive
- 5. Mental health
- 6. Others, please specify \_\_\_\_\_

49. Does she/he have any of the following assets for her/his exclusive use?

- 1. Cell phone
- 2. Personal computer
- 3. Electric Fan
- 4. TV
- 5. Other assets, please specify \_\_\_\_\_

**Respondent's Immediate Younger Sibling**

50. Do you have a younger sibling?

- 1. Yes
- 2. No (*Proceed to section on IMPAIRMENTS*)
- 3. Do not know (*Proceed to section on IMPAIRMENTS*)

51. What is the sex of your immediate younger sibling?  1. Female  2. Male

52. How old is she/he? \_\_\_\_\_

53. Which degree/grade did she/he attain? (Multiple answers allowed)

- 1. Kindergarten/Prep
- 2. Grade I to V
- 3. Elementary graduate
- 4. 1<sup>st</sup> to 3<sup>rd</sup> Year High School
- 5. High School Graduate
- 6. Vocational school
- 7. Post-secondary (diploma courses/certificate)
- 8. College level
- 9. College or University graduate
- 10. Master or higher

54. What is her/his most recent sector of employment?

- 1. Never employed
- 2. Ever employed: public sector
- 3. Ever employed: private sector
- 4. Have run a business other than agriculture
- 5. Engaged in farming
- 6. Others, please specify \_\_\_\_\_

55. Does she/he have any impairment except for that caused by aging?

- 1. Yes
- 2. No, *go to 57*

56. What is/are the impairment/s?

- 1. Mobility
- 2. Visual
- 3. Hearing

- 4. Cognitive
- 5. Mental health
- 6. Others, please specify \_\_\_\_\_

57. Does she/he have any of the following assets for her/his exclusive use?

- 1. Cell phone
- 2. Personal computer
- 3. Electric Fan
- 4. TV
- 5. Other assets, please specify \_\_\_\_\_

### **B. IMPAIRMENTS**

1. Do you have any of the following impairments?

- Mobility impairment (difficulty walking or unable to walk), *Go to Part 2A*
- Visual impairment (difficulty seeing), *Go to Part 2B*
- Hearing impairment (difficulty hearing), *Go to Part 2C*

2. In addition to the impairments above, what other impairments do you have?

- Cognitive impairment (difficulty with thinking/understanding)
- Mental health impairment (difficulty controlling thoughts/emotion/actions)
- Others, please specify \_\_\_\_\_

### **C. LIFE**

#### **Range of Movements**

1. How often in a month do you go to Disability Self-Help Organization? \_\_\_\_\_ times
2. How far is this from your home? \_\_\_\_\_ meters
3. What is the name and location of the organization? \_\_\_\_\_
4. How often in a month do you go to Church or other religious places? \_\_\_\_\_ times
5. How far is this from your home? \_\_\_\_\_ meters
6. What is the name and location of the church? \_\_\_\_\_
7. How often in a month do you go to shopping fresh produce from markets or shops? \_\_\_\_\_ times
8. How far is this from your home? \_\_\_\_\_ meters
9. What is the name and location of the market? \_\_\_\_\_

Part 1

Do you place a high value on going to the following places?

10. Disability Self-Help Organization  1. Yes  2. No
11. Church or other religion-related  1. Yes  2. No
12. Shopping fresh produce from markets or shops  1. Yes  2. No

Is a personal assistant/ SL interpreter/guide help (paid or unpaid) usually available to go to the following places?

13. Disability Self-Help Organization  1. Yes  2. No

13a. If yes, do you pay personal assistant/SL interpreter/guide help?

1. Yes  2. No  3. Sometimes

14. Church or other religion-related  1. Yes  2. No

14a. If yes, do you pay personal assistant/SL interpreter/guide help?

1. Yes  2. No  3. Sometimes

15. Shopping fresh produce from markets or shops  1. Yes  2. No

15a. If yes, do you pay personal assistant/SL interpreter/guide help?

1. Yes  2. No  3. Sometimes

16. At home, do you need an assistant for your activities in your daily living?

1. Yes  
 2. No, *go to 24*

17. Do you have a personal assistant/SL interpreter/guide help?

1. Yes  2. No, *go to 24*

18. If yes, who is your personal assistant/SL interpreter/guide help?

1. Unpaid family member, *go to 19, 20, 21, and 22*  
 2. Paid family member, *go to 23*  
 3. Unpaid non-family member, *go to 19, 20, 21, and 22*  
 4. Paid non-family member, *go to 23*  
 5. Others, specify \_\_\_\_\_

19. How old is your personal assistant/SL interpreter/guide help? \_\_\_\_\_

20. Does the personal assistant/SL interpreter/guide help exclusively assist you in your daily life?
- 1. Yes
  - 2. No, *go to 22*
21. Did the personal assistant/SL interpreter/guide help have any job/employment prior to the onset of your disability?
- 1. Yes
  - 2. No
22. How many hours a day on the average does the personal assistant/SL interpreter/guide help usually devote to taking care of you? \_\_\_\_\_, *go to 24*
23. How much do you pay to the personal assistant/SL interpreter/guide help for one day?  
\_\_\_\_\_ Pesos

**Economic Activities**

24. Do you have an income-generating job?
- 1. Yes
  - 2. No, *go to 31*
25. What kind of firm employs you?
- 1. Public organization (Government and related agencies);
  - 2. Private firm
  - 3. Family/friends firm
  - 4. Self-help organization
  - 5. Self-employed
  - 6. Others, please specify \_\_\_\_\_
26. What is your current occupation?
- 1. Operator in a call center
  - 2. ICT-related worker (e.g. data encoder, programmer, medical/musical/legal documents transcriptionist)
  - 3. Masseur
  - 4. Office clerk/manager
  - 5. Factory worker/supervisor
  - 6. Store keeper/manager
  - 7. Teacher/instructor
  - 8. Artist/musician
  - 9. Others, please specify \_\_\_\_\_
27. How many hours did you work during the past week? \_\_\_\_\_ hours

28. What is the status of your job?

- 1. Permanent
- 2. Temporary with contract
- 3. Daily hires
- 4. Self-employed

29. How far is the workplace from home? \_\_\_\_\_ meters

30. How often do you get your wage/salary?

- 1. Everyday
- 2. Every week
- 3. Every 2 weeks
- 4. Every month
- 5. On an irregular basis
- 6. Others, please specify \_\_\_\_\_

31. Are you currently looking for a job?

- 1. Yes
- 2. No (*Proceed to 33*)

32. Have you been to a job fair / job-placement office for a job?

- 1. Yes
- 2. No

33. Have you received an occupational training during the past one year?

- 1. Yes
- 2. No

34. What occupation did you take in the past? Please answer the occupation which lasted longest.

- 0. No work experience
- 1. Operator in a call center
- 2. ICT related worker (e.g., data encoder, programmer, medical/musical/legal documents transcriptionist)
- 3. Masseur
- 4. Office clerk/manager
- 5. Factory worker/supervisor
- 6. Store keeper/manager
- 7. Teacher/instructor
- 8. Artist/musician
- 9. Others, please specify \_\_\_\_\_

35. Do you run a business?

- 1. Yes
- 2. No, *go to 38*

36. What economic activity are you engaged in? (Multiple answers allowed)

- 1. Running an office (legal/administrative/accounting services, etc.)
- 2. Running a factory
- 3. Running a store
- 4. Investment trading
- 5. Massage
- 6. Farming
- 7. Renting rooms/houses
- 8. Selling ice
- 9. Photocopy service
- 10. Street vending
- 11. Street entertainment
- 12. Others, please specify \_\_\_\_\_

37. Are you currently engaged in begging?

- 1. Yes
- 2. No

**Income**

38. How much did you (referring to respondent) earn during the past year?

- a. Wages and Salaries \_\_\_\_\_Pesos
- b. Profits from business \_\_\_\_\_Pesos
- c. Rent for buildings/rooms/lands \_\_\_\_\_Pesos
- d. Interests and dividends from bonds, savings and stocks \_\_\_\_\_Pesos
- e. Pension \_\_\_\_\_Pesos
- f. Benefit/allowance from government, specify \_\_\_\_\_Pesos
- g. Receiving money from family members/friends, specify \_\_\_\_\_Pesos
- h. Others, specify \_\_\_\_\_Pesos

39. What is the total annual income of the respondent's household? \_\_\_\_\_Pesos

40. Do you have (a) personal account(s) in a bank?

- 1. Yes
- 2. No

41. How many meals do you take per day on the average? \_\_\_\_\_

42. Which of the following do you regularly take? (Multiple answers allowed)

- 1. Breakfast
- 2. Lunch
- 3. Merienda
- 4. Supper/Dinner
- 5. Other(s)

43. Which of the following meals does your household pay for? (Multiple answers allowed)

- 1. Breakfast
- 2. Lunch
- 3. Merienda
- 4. Supper/Dinner
- 5. Other(s)

## **D. ENVIRONMENT**

### **Disability Self-Help Organizations**

1. List name(s) of organization(s) that you are actually involved in:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

2. What activities do you do in the organization(s)?

- 1. Learning
- 2. Occupational training
- 3. Lobbying to the government
- 4. Advocacy to the public
- 5. Socialization
- 6. Others, please specify \_\_\_\_\_



**Non-Government Organizations (NGOs) / Charitable Organizations**

- 3. Is there any NGO or charitable organization that provides services to care for your type of disability?
  - 1. Yes
  - 2. No (*Proceed to section on Barangay*)
  
- 4. What services does the organization provide?
  - 1. Training
  - 2. Rehabilitation
  - 3. Socialization
  - 4. Granting of assistive devices, please specify \_\_\_\_\_
  - 5. Others, please specify \_\_\_\_\_
  
- 5. Are you a beneficiary of any of these services?
  - 1. Yes, specify \_\_\_\_\_
  - 2. No, please give main reason \_\_\_\_\_

**Barangay**

- 6. Is there any Community-Based Rehabilitation (CBR) program in your Barangay?
  - 1. Yes, please specify name of program \_\_\_\_\_
  - 2. No, *go to 8*
  
- 7. Are you a beneficiary of the program?
  - 1. Yes
  - 2. No, please give main reason \_\_\_\_\_
  
- 8. Are there any other programs that your Barangay implements for the benefit of PWDs?
  - 1. None, *go to 10*
  - 2. Yes, please specify \_\_\_\_\_
  
- 9. Are you a beneficiary of the program?
  - 1. Yes, specify \_\_\_\_\_
  - 2. No, please give main reason \_\_\_\_\_

**Local Government Unit (LGU)**

- 10. Does your LGU provide any of the following services to care for your disability?
  - 1. Job-Training (Income Generation training)
  - 2. Rehabilitation

- 3. Socialization
- 4. Granting of assistive devices, specify \_\_\_\_\_
- 5. Stipulating special treatments for PWDs, specify \_\_\_\_\_
- 6. Others, please specify \_\_\_\_\_
- 7. No, go to section on POLICY

11. Are you a beneficiary of any of the abovementioned program/s?

- 1. Yes, please specify \_\_\_\_\_
- 2. No, please give main reason \_\_\_\_\_

### **E. POLICY**

#### **Magna Carta**

- 1. Do you know the Magna Carta for PWDs?
  - 1. Yes
  - 2. No
- 2. Do you know the amendments of the Magna Carta in 2007?
  - 1. Yes
  - 2. No

#### **Preferential Treatments**

- 3. Do you know that PWDs can get twenty percent (20%) discount from all establishments relative to the utilization of all services in hotels and similar lodging establishments; restaurants and recreation centers for the exclusive use or enjoyment of PWDs?
  - 1. Yes
  - 2. No
- 4. Have you ever enjoyed the abovementioned benefit?
  - 1. Yes
  - 2. No
- 5. Do you know that PWDs can get twenty percent (20%) discount on admission fees charged by theaters, cinema houses, concert halls, circuses, carnivals and other similar places of culture, leisure and amusement for the exclusive use or enjoyment of PWDs?
  - 1. Yes
  - 2. No

6. Have you ever enjoyed the abovementioned benefit?
- 1. Yes
  - 2. No
7. Do you know that PWDs can get twenty percent (20%) discount on medical and dental services including diagnostic and laboratory fees such as, but not limited to, x-rays, computerized tomography scans and blood tests, in all government facilities, subject to guidelines to be issued by the Department of Health (DOH), in coordination with the Philippine Health Insurance Corporation (PHILHEALTH)?
- 1. Yes
  - 2. No
8. Have you ever enjoyed the abovementioned benefit?
- 1. Yes
  - 2. No
9. Do you know that PWDs can get twenty percent (20%) discount on medical and dental services including diagnostic and laboratory fees, and professional fees of attending doctors in all private hospitals and medical facilities, in accordance with the rules and regulations to be issued by the DOH, in coordination with the PHILHEALTH?
- 1. Yes
  - 2. No
10. Have you ever enjoyed the abovementioned benefit?
- 1. Yes
  - 2. No
11. Do you know that PWDs can get twenty percent (20%) discount on fare for domestic air and sea travel for the exclusive use or enjoyment of PWDs?
- 1. Yes
  - 2. No
12. Have you ever enjoyed the abovementioned benefit?
- 1. Yes
  - 2. No
13. Do you know that PWDs can get twenty percent (20%) discount in public railways, skyways and bus fare for the exclusive use and enjoyment of PWDs?
- 1. Yes
  - 2. No

14. Have you ever enjoyed this benefit?

1. Yes

2. No

15. Do you have any ID card as a PWD?

1. Yes

2. No

16. Who issued the ID?

1. NCWDP

2. NCDA

3. LGU

17. Do you often get the discounts?

1. Often

2. Occasionally

3. Never

18. Have you ever been refused to enjoy the discounts? If your answer is “Yes”, which discount was (were) it (they)?

1. Yes, specify \_\_\_\_\_

2. No

**Additional Costs (incurred by PWD not covered in the previous questions)**

19. Please indicate/estimate the costs that you incur due to your disability:

a. Medicine: P\_\_\_\_\_/week

b. Therapy: P\_\_\_\_\_/month

c. Medical Check-up: P\_\_\_\_\_/month

d. Transportation: P\_\_\_\_\_/week

d1. Please indicate the usual mode of transport: \_\_\_\_\_

e. Others, please specify: \_\_\_\_\_

**The End. Thank you for your cooperation!!**

Name(s) of Interviewer(s) \_\_\_\_\_

Signature(s) \_\_\_\_\_

Date of Interview \_\_\_\_\_

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## **Socio-Economic Survey of Persons with Disabilities**

### **Part 2A: Mobility**

This is a companion piece to the Part 1 of the questionnaire under the same title. This piece is designed for the interview to persons with disability in mobility. Again, this interview is completely voluntary. The purpose of this survey is to better understand the current situation of socio-economic life of persons with disabilities in the Philippines. Information disclosed by the respondents will be treated as strictly confidential and the information collected will be used for research only. Respondents' name will not be used in any document prepared based on this survey.

**Respondent No.** /\_\_/\_/\_/\_/

Name of Respondent \_\_\_\_\_

Date of Interview \_\_\_\_\_

### **B. IMPAIRMENTS: MOBILITY**

#### **Condition**

1. Which condition(s) primarily causes your mobility impairment?

1. Spinal cord injury (Go to section **Spinal Cord Injury** after answering question 2)
2. Cerebral palsy (Go to section **Cerebral Palsy** after answering question 2)
3. Polio (Go to section **Polio** after answering question 2)
4. Lower limb amputation due to an accident/disease  
(Go to section **Lower limb amputation** after answering question 2)
5. Congenital lower limb defect  
(Go to section **Congenital lower limb defect** after answering question 2)
6. Dwarfism (Go to section **Dwarfism** after answering question 2)
7. Stroke (Go to section **Stroke** after answering question 2)
8. Other conditions (Go to section **Other conditions** after answering question 2)

**Onset**

2. What year was the onset of your impairment(s)? \_\_\_\_\_.

**Spinal Cord Injury**

3. Which part(s) of spinal cord is injured?

- 1. Cervix
- 2. Thorax
- 3. Lumbar
- 4. Sacrum

4. Are you a:

- 1. Paraplegic?       Yes                       No
- 2. Quadriplegic?     Yes                       No
- 3. Hemiplegic?       Yes                       No

5. Is your injury complete?

- 1. Yes
- 2. No
- 3. Do not know

**Cerebral Palsy**

6. Which type of cerebral palsy do you have?

- 1. Spastic
- 2. Athetoid
- 3. Ataxic
- 4. Mixed
- 5. Do not know

**Polio**

7. Do you have paralysis or muscle weakness caused by your polio?

- 1. Yes
- 2. No

8. Which parts of your body do you have paralysis or muscle weakness? (Multiple responses allowed)

- 1. Left leg
- 2. Right leg
- 3. Left arm

- 4. Right arm
- 5. Others, specify \_\_\_\_\_

9. Post-polio syndrome: Have you experienced the late effects of polio (post-polio syndrome)?
- 1. Yes, approximately what year was the onset of the post-polio syndrome? \_\_\_\_\_
  - 2. No
  - 3. Do not know

**Lower Limb Amputation due to an accident/disease**

10. Which part of lower limb is missing?
- 1. A foot
  - 2. Both feet
  - 3. A lower leg (below the knee)
  - 4. Both legs (below the knee)
  - 5. A leg (above the knee)
  - 6. Both legs (above the knee)

**Congenital Lower Limb Deficit**

11. Which part of lower limb is affected?
- 1. A foot
  - 2. Both feet
  - 3. A lower leg (below the knee)
  - 4. Both lower legs (below the knee)
  - 5. A leg (above the knee)
  - 6. Both legs (above the knee)

**Dwarfism (Short Statue)**

12. Which parts of your body were affected by the dwarfism?
- 1. Legs
  - 2. Arms
  - 3. Others, specify \_\_\_\_\_

**Stroke**

13. Which parts of your body were affected by the stroke?
- 1. Legs
  - 2. Arms
  - 3. Others, specify \_\_\_\_\_

14. Due to the stroke, do you have any difficulty in:

- 1. Thinking
- 2. Emotions
- 3. Speech
- 4. Others, specify \_\_\_\_\_

**Other Conditions**

15. Diagnosis: What is the medical name of the “other conditions” that caused your mobility impairment? \_\_\_\_\_

16. Which parts of your body were affected?

- 1. Legs
- 2. Arms
- 3. Others, specify \_\_\_\_\_

17. Do you have any difficulty in:

- 1. Thinking
- 2. Emotions
- 3. Speech
- 4. Others, specify \_\_\_\_\_

18. Do you have the following conditions regularly?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Pain   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Spasticity   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Respiratory infection                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Circulatory problems                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. High blood pressure                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Urinary tract infection                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Bladder incontinence                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Bowel incontinence                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Stomach problems                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Weight problems                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Poor balance   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Osteoporosis   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| m. Scoliosis  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| n. Contractures: Permanent limitation of joint movement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



**Assistive Devices**

19. Assistive device for mobility: Which assistive devices are available for you to go out?

- 1. Cane
- 2. Crutches
- 3. Walker
- 4. Manual wheelchair
- 5. Power wheelchair
- 6. Scooter
- 7. Others, specify \_\_\_\_\_

20. How did you get the assistive devices? Select an appropriate code from the list below.

- 1. Cane ( )
- 2. Crutches ( )
- 3. Walker ( )
- 4. Manual wheelchair ( )
- 5. Power wheelchair ( )
- 6. Scooter ( )
- 7. Others ( )

Codes:

- a) Purchased or made by yourself
- b) Get secondhand free
- c) Given by a family member
- d) Given by a friend
- e) Given by a government
- f) Given by a Non-Profit Organization
- g) Others

**Please go back to Question 2 of B.IMPAIRMENTS, Part 1 of Questionnaire.**

Name(s) of Interviewer(s) \_\_\_\_\_

**Institute of Developing Economies**  
3-2-2 Wakaba, Mihama-ku, Chiba-shi, 261-8545, Japan

and

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Legaspi Village 1229, Makati City, Philippines

## **Socio-Economic Survey of Persons with Disabilities**

### **Part 2B: Visual Impairments**

This is a companion piece to the Part 1 of the questionnaire under the same title. This piece is designed for the interview to persons with visual disability. Again, this interview is completely voluntary. The purpose of this survey is to better understand the current situation of socio-economic life of persons with disabilities in the Philippines. Information disclosed by the respondents will be treated as strictly confidential and the information collected will be used for research only. Respondents' name will not be used in any document prepared based on this survey.

**Respondent No.** /\_\_/\_/\_\_/\_\_/\_/

Name of Respondent \_\_\_\_\_

Date of Interview \_\_\_\_\_

#### **B. IMPAIRMENTS: VISUAL**

##### **Condition**

1. Which condition(s) primarily causes your visual impairment?

- 1. Corneal injury / keratopathy
- 2. Lens disease
- 3. Retinal disease
- 4. Optic nerve disease
- 5. Other conditions, specify \_\_\_\_\_

##### **Degree of Impairments**

2. Are you totally blind?

- 1. Yes
- 2. No

**Onset**

3. What year was the onset of your impairments? \_\_\_\_\_.

**Literacy**

4. Are you literate?

1. Yes, *go to 5*

2. No, *go to 6*

5. Do you read Braille?

1. Yes, *go to 7*

2. No

6. Reasons of illiteracy: What is the reason why you are illiterate (even when the documents are fully translated into Braille or enlarged)?

1. You were rejected by the school due to your disability.

2. Your family did not allow you to go to school.

3. You did not want to go to school.

4. Any school which you want to go was not available in your neighborhood.

5. Others, specify \_\_\_\_\_

**Pain/Fatigue**

7. Do you have the following conditions regularly?

1. Pain  Yes  No

2. Fatigue  Yes  No

3. Shoulder, elbow, or wrist problems  Yes  No

**Assistive Devices for Reading and Writing**

8. Availability: Which assistive devices are available for you to read and/or write?

1. Slate and stylus to write Braille

2. Braille Type writer such as Parkins Brailier

3. Magnifier

4. CCTV (closed-circuit television)

5. Computer with screen reader

6. Computer with Braille display

7. Computer and scanner including scanning software

8. Note-taker such as Braille Lite

9. Recording devices such as cassette tape recorder

10. Monocular or binocular

- 11. Cell phone with screen reader
- 12. Talking book
- 13. Computer with magnifier

9. Demand for devices for reading and writing: If any of the following devices are not currently available, do you want some of them?

- 1. Slate and stylus to write Braille
- 2. Braille Type writer such as Parkins Brailier
- 3. Magnifier
- 4. CCTV (closed-circuit television)
- 5. Computer with screen reader
- 6. Computer with Braille display
- 7. Computer and scanner including scanning software
- 8. Note-taker such as Braille Lite
- 9. Recording devices such as cassette tape recorder
- 10. Monocular or binocular
- 11. Cell phone with screen reader
- 12. Talking book
- 13. Computer with magnifier

**Assistive Devices for Mobility**

10. Assistive device for mobility: Which assistive devices are available for you to go out?

- 1. Cane
- 2. Glasses
- 3. Guide-dog (seeing-eye dog)
- 4. Others, please specify \_\_\_\_\_

11. Demand for devices for mobility: If any of the above devices (#1-#3) are not currently available, do you want some of them?

- 1. Cane
- 2. Glasses
- 3. Guide-dog (seeing-eye dog)
- 4. Others, please specify \_\_\_\_\_

**Please go back to Question 2 of B.IMPAIRMENTS,  
Part 1 of Questionnaire.**

Name(s) of Interviewer(s) \_\_\_\_\_

**Institute of Developing Economies**  
3-2-2 Wakaba, Mihama-ku, Chiba-shi, 261-8545, Japan

and

**Philippine Institute of Development Studies**  
(to be filled), the Philippines

## Socio-Economic Survey of People with Disability

### Part 2C: Hearing Impairments and Deaf

This is a companion piece to the Part 1 of the questionnaire under the same title. This piece is designed for the interview to persons with hearing disability and deaf. Again, this interview is completely voluntary. The purpose of this survey is to better understand the current situation of socio-economic life of people with disability in the Philippines. Information disclosed by the respondents will be treated as strictly confidential and the information collected will be used for research only. Respondents' name will not be used in any document prepared based on this survey.

**Respondent No.** /\_\_/\_/\_/\_/

Name of Respondent \_\_\_\_\_

Date of Interview \_\_\_\_\_

#### **B. IMPAIRMENTS: HEARING**

##### **Condition**

1. Which condition(s) primarily causes your hearing impairment?

- 1. Born Deaf (Heredity, familial, etc.)
- 2. Pre-Lingually (Before 3 years old)
  - i. Caused by Medical disease or treatment (Pre-lingually = earlier than 3 years)
  - ii. Caused by accidents other than above reasons
- 3. Post-lingually (After 3 years old)
  - i. Caused by Medical disease or treatment
  - ii. Caused by accidents other than above reasons, please specify year of onset of the injury \_\_\_\_\_
- 4. Other conditions, specify \_\_\_\_\_, please specify year of onset of your condition \_\_\_\_\_

**Degree of Impairment:**

2. Are you totally deaf for both ears?

- 1. Yes (Proceed to section Literacy 1)
- 2. No

3. Percentage: Do you know the degree of your deafness for each ear?

Right Ear

Severe    Mild    Light :    ( \_\_\_\_\_%, db)

Left Ear

Severe    Mild    Light :    ( \_\_\_\_\_%, db)

**Literacy 1**

4. Can you communicate in the following written/spoken languages?

- 1. English  a. Written     b. Spoken
- 2. Tagalog  a. Written     b. Spoken
- 3. Other Philippine Language  a. Written     b. Spoken: Language name \_\_\_\_\_
- 4. None, please go to question 5.

5. What is the reason why you are illiterate?

- 1. You were rejected by the school due to your disability.
- 2. Your family did not allow you to go to school.
- 3. You did not want to go to school.
- 4. Any school which you want to go was not available in your neighborhood.
- 5. Others, specify \_\_\_\_\_

**Literacy 2**

6. Can you communicate in the following Sign Languages?

- 1. Philippine Sign Language  Yes     No
- 2. Other Sign Language  Yes     No  
Specify the SL name \_\_\_\_\_

**Sign Language Acquisition and Accessibility**

7. Sign Language Acquisition: Why do you have no opportunity to learn Sign Language?

- 1. Parents/Teacher does not allow you to learn it  Yes     No
- 2. You have no peers to learn Sign Language so far  Yes     No
- 3. You do not want to learn Sign Language  Yes     No

8. Do any members of your family without hearing impairment know your sign language?

1. Yes, please specify the persons:

- i. Spouse
- ii. Father
- iii. Mother
- iv. Grandfather
- v. Grandmother
- vi. Child or Children (Specify number \_\_\_\_ )
- vii. Sister(s) (Specify number \_\_\_\_ )
- viii. Brother(s) (Specify number \_\_\_\_ )
- ix. Relative(s) (Specify number \_\_\_\_ )
- x. Friend(s) (Specify number \_\_\_\_ )
- xi. Maid(s) (Specify number \_\_\_\_ )
- xii. Other(s) (Specify \_\_\_\_\_ #\_\_\_\_.)

2. No

**Assistive Devices**

9. Necessity of assistive device: Is any machinery/Electric assistive device (Hearing Aid) necessary for you to go out?

- 1. Yes
- 2. No

10. Assistive device Effect: Do you think the assistive devices are effective for you to talk with hearing people?

- 1. Yes
- 2. No

11. How do you get the Hearing Aid?

- 1. You bought it by yourself.
- 2. Your family bought it for you.
- 3. Governmental Organization gave it to you for nothing
- 4. Non-Governmental Organization gave it to you for nothing
- 5. Others, specify \_\_\_\_\_

12. Have you used Sign Language interpreter Service so far?

- 1. Yes
- 2. No

13. If yes, please specify venue(s):

- 1. Office / Workplace
- 2. Medical / Doctor Office, Hospital
- 3. Church
- 4. Deaf Association meeting
- 5. Others, please specify (\_\_\_\_\_)

14. Who pays for the SL interpreter fees?

- 1. Your Self
- 2. Employer
- 3. Association
- 4. Governmental Body
- 5. Others, please specify (\_\_\_\_\_)

**Please go back to Question 2 of B.IMPAIRMENTS,  
Part 1 of Questionnaire.**