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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. 1st to 3rd 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. 1st to 3rd 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. 1st to 3rd 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. 1st to 3rd 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. 1st to 3rd 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

Philippine Institute for Development Studies
Rm. 404, NEDA sa Makati Bldg., 106 Amorsolo St.,
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 _____

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.**