

Annex 13: Profiling tool



Questionnaire to learn about people with disabilities and their situation

This questionnaire is for faith communities to learn more about people with disabilities and their situation here. In particular, to learn whether people with disabilities are able to participate fully in family and community activities here. Faith communities will then understand the key issues that people with disabilities face and be able to support them better.

Try to arrange this profiling visit in advance, as it will take time to answer all the questions. It is good for two people from the faith community to visit the household together; one should be a woman. The team can ask the questions in local language to be sure that they are understood. The person with disabilities should answer the questions. If this is not possible then someone else can help.

At the start of the visit, introduce yourselves as community based volunteers; explain the purpose of the visit (why you are asking the questions), how the information will be used (to prepare a care profile for them, but also to learn about key issues for people with disabilities here to be able to support them better) and how long the visit will take. If the person is happy to answer the questions and share information, ask them to confirm this by signing the form. If you want to take photos or use the story more widely, explain this and ask if they are happy with this.

Explain that they can stop at any time, and they don't have to answer a question if they don't want to.

Names of visitors		
Names of householders		

Date and time of visit:	Done, tick	
Has everyone has been introduced?		
Have you explained the purpose of visit?		
Have you explained how the information will be used?		Signed (by person answering)
Are they happy to share information? Get signature		
Are they happy to have photos taken and their story used? Get signature		

Please complete these questions for each person with disabilities in the household.

The person with disabilities should answer the questions, if this is not possible then someone else can help. In all cases the questions refer to the person with disabilities.

Personal information	
Name of person with disabilities (family, given)	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Year of birth (estimate if not known)	
Country of origin (and province)	
Year of arrival in this camp	
Languages spoken	
Faith community	
Family situation	Name of key person(s) you live with
Relationship to person with disabilities	
Other information	
Contact information:	Block
	Road/community/cellule
	Plot/house
	Cell phone
	Name of person responding (if it is not person with disabilities)

Summary of main disability (what is the main disability, how does it limit full participation in daily life)

1. Can you take care of your daily needs?		Yes, independent	Yes, with some help	No, fully dependent
	Eating/drinking			
	Dressing			
	Washing			
	Using toilet			
2. Do you find it difficult to communicate or relate to people?		No	Yes, a little	Yes, a lot
	Understanding/following instructions			
	Speaking			
	Hearing			
	Expressing your needs, being understood			
	Seeing			
3. Do you use anything to help you with daily life?		Yes	No	Needed
	Eye glasses			
	White cane			
	Guide stick for someone to lead them			
	Walking stick			
	Crutches			
	Walking frame			
	Wheelchair or tricycle			
	Low trolley			
	Artificial arm or leg			
	Hearing aid			
	Other, please describe			
4. Do you find it difficult to move or move differently from others?		No	Yes, a little	Yes, a lot
	Sitting			
	Standing			
	Walking			
	Using hands/arms for daily activities			
5. Questions for children:		Yes, everything	No, not everything	No
	Are you able to do all the things that other children your age can do?			
	If not, can you or you carer explain more			
	Are you participating at school?			
	Are you progressing at school?			
	If not,			

	Do you play with other children?			
	Do other children play with you?			
	If not, can you or you carer explain more			
	Any other comments:			
6.	Do you have any pain (over a long time)?	No	Yes, a little	Yes, a lot
	Where in your body? Please describe			
7.	Do you have any deformities? for example: amputated/missing arm, foot bent the wrong way, restricted/ small growth	No	Yes, a little	Yes, a lot
	If yes, please describe			
8.	Do you have mental problems? for example caused by trauma or abuse	No	Yes, a little	Yes, a lot
	Recurring nightmares			
	Panic attacks			
	Depression			
	Difficulty sleeping			
	Fear of loud noises/sudden movements			
	Fear of crowds			
	Fear of open spaces			
	Fear of enclosed spaces			
	Other, pleased describe			
9.	Do you have other behaviour that is difficult for you and the household?	No	Yes, a little	Yes, a lot
	If yes, please describe:			
10.	Do you have:	No	Yes, a little	Yes, a lot
	No feeling or movement in your hands or feet (paralysis)?			
	Strange movement of your body (such as spasms, shaking)?			
	If yes, please describe:			
	Fits?			
	Albinism?			
	Difficulty learning?			
	Many or complex difficulties?			
	Have any other disabilities? Please, describe			

Details about your disability and treatment

11. How long have you been affected by your disability?		No	Yes	Year
	Since birth?			
	If not since birth, when did it happen? Is there a known cause? (Describe)			
Did the condition get worse with displacement?		No	Yes, a little	Yes, a lot
	If yes, please describe			
12. Have you received any previous treatment?		Yes, enough	Yes, some	No
	Describe (where, when, by whom, results)			Year
13. If you have not had any previous treatment, why not?		Yes, enough	Yes, some	No
	Lack of knowledge about it			
	Economic problem			
	Transport problem			
	Access difficulties, for example steps/stairs, lack of help in understanding, attitudes (ignored or turned away)			
	If yes, please describe:			
	No doctor or specialist in area			
	Other, please describe			
14. What services/support are available in the camp?		Enough	Some	None
	Please describe what is available and who provides it			
15. What treatment do you get now?		Enough	Some	None
	Describe (where, when, by whom, results)			

Your involvement in family and community life

16. Do you participate in family activities/family decisions?		Yes, Fully	No, only partly	No, not at all
	Please describe how you are involved in family activities and decisions			
	If you do not participate, please describe why			

17. Do you participate in community activities? For example, community meetings, faith meetings, elections, festivals, ceremonies		Yes, Fully	No, only partly	No, not at all
Please describe how you are involved in community activities, include any role you have				
If you do not participate, please describe why				
18. Do you feel respected and treated as any other family / community member?		Yes, Fully	No, only partly	No, not at all
If not, please describe why				
19. What are you good at? What are your particular gifts, skills, knowledge, experience, role? For example: problem solving, prayer, listening, singing, history, culture, languages, fishing, sewing, basket making, mending things, peace and reconciliation, leading groups, church leader, representing people with disabilities				
Please describe what you are good at, even if you do not do it at the moment				
20. What do you do each day?		Yes, a lot/ always	Yes, a bit/ sometimes	No, never
Help at home				
Go to school				
Sit at home				
Work				
If yes, please let us about your work				
Other, please describe				

About help and encouragement you get from your family and community in daily life

21. Thinking about your daily needs, what help do you need?				
Please describe				
22. Who usually helps you?				
Mother or father		Husband or wife		
Brother or sister		Child or children		
Grandmother or grandfather		Grandchild or grandchildren		
Other relative, please explain who				
Other person, please explain who				

23. Do you get other help and encouragement from:		Yes, a lot	Yes, a little	No
	Your church/faith group?			
	The community?			
	An organisation?			
	Somewhere else?			
	If yes, please describe			
24. Have you ever heard a faith group speak out in support of people with disabilities?		Yes, a lot	Yes, a bit	No
	If yes, please describe			
	If not, what would you like them to say			
25. Do you ever feel isolated or vulnerable?		Yes, a lot	Yes, a little	No
	If yes, in what way?			
	Could the faith communities help?	Yes, a lot	Yes, a little	No
	If yes, in what way?			
What would you do to bring about the change you want to see in your life?				
	Describe			
Any other comments				

