

**PART B: Functional Assessment**

*To be completed by the applicant*

*(Adopted from the 2016 UNICEF/ Washington Group functioning and disability questions".)*

Please put a circle around the appropriate answer:

There are three related questions for Question 1 as some people tend to have more than one health condition.

**Q1. Do you have any health conditions?**

1. No *(if No, do not proceed to the other questions)*
2. Yes

<p><b>Q1.1a</b> What is your <u>main</u> health condition? (<u>Circle one</u>)</p> <ol style="list-style-type: none"> <li>1. Poor or no vision</li> <li>2. Poor or no hearing</li> <li>3. Speech problem</li> <li>4. Physical/mobility problem (e.g. can't walk, hold pen)</li> <li>5. Down's Syndrome</li> <li>6. Intellectual disability or slow learner</li> <li>7. Other</li> </ol>	<p><b>Q1.1b</b> What is the <u>cause</u> of your health condition? (<u>Read out options – Circle one</u>)</p> <ol style="list-style-type: none"> <li>1. Existing at birth</li> <li>2. Illness/Disease</li> <li>3. Accident</li> <li>4. Don't know</li> <li>5. Other (Please specify)</li> </ol> <p>.....</p> <p>.....</p>	<p><b>Q1.1c</b> How much does this condition <u>bother</u> you?</p> <ol style="list-style-type: none"> <li>1. Not at all</li> <li>2. A little</li> <li>3. A lot</li> </ol> <p>Please explain if your answer is 2 or 3:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p><b>Q1.2a</b> Do you have <u>any other</u> health conditions? Yes / No</p> <p><b>What are they?</b></p> <ol style="list-style-type: none"> <li>1. Poor or no vision</li> <li>2. Poor or no hearing</li> <li>3. Speech problem</li> <li>4. Physical/mobility problem (eg can't walk, hold pen)</li> <li>5. Down's Syndrome</li> <li>6. Intellectual disability or slow learner</li> <li>7. Asthma</li> <li>8. Cerebral Palsy (CP)</li> <li>9. Fits/epilepsy</li> <li>10. Heart or kidney problem</li> </ol>	<p><b>Q1.2b</b> What is the <u>cause</u> of your health condition? (<u>Read out options – Circle one</u>)</p> <ol style="list-style-type: none"> <li>1. Existing at birth</li> <li>2. Illness/Disease</li> <li>3. Accident</li> <li>4. Don't know</li> <li>5. Other (Please specify)</li> </ol> <p>.....</p> <p>.....</p>	<p><b>Q1.2c</b> How much does this condition <u>bother</u> you? (<u>Read out options</u>)</p> <ol style="list-style-type: none"> <li>1. Not at all</li> <li>2. A little</li> <li>3. A lot</li> </ol> <p>Please explain if your answer is 2 or 3:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

11.Other		
<p><b>Q1.3a Do you have <u>any other</u> health conditions? (If yes, write down)</b></p> <p>1 Yes/ No</p> <p><b>What are they?</b></p> <ol style="list-style-type: none"> <li>1. Poor or no vision</li> <li>2. Poor or no hearing</li> <li>3. Speech problem</li> <li>4. Physical/mobility problem (eg can't walk, hold pen)</li> <li>5. Down's Syndrome</li> <li>6. Intellectual disability or slow learner</li> <li>7. Asthma</li> <li>8. Cerebral Palsy (CP)</li> <li>9. Fits/epilepsy</li> <li>10. Heart or kidney problem</li> <li>11. Other ( Chest pains)</li> </ol>	<p><b>Q1.3b What is the <u>cause</u> of your health condition? (Read out options – Circle <u>one</u>)</b></p> <ol style="list-style-type: none"> <li>1. Existing at birth</li> <li>2. Illness/Disease</li> <li>3. Accident</li> <li>4. Other (Please specify)</li> <li>4. Don't know</li> </ol> <p>.....</p> <p>.....</p>	<p><b>Q1.3c How much does this condition <u>bother</u> you? (Read out options)</b></p> <ol style="list-style-type: none"> <li>1. Not at all</li> <li>2. A little</li> <li>3. A lot</li> </ol> <p>Please explain if your answer is 2 or 3:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

Q2.0 Do you wear glasses or contact lenses? Yes/ No

Q2.1a When wearing your glasses or contact lenses, do you have difficulty seeing? Would you say you have: no difficulty, some difficulty, a lot of difficulty or could not do at all?

Please explain if your answer is some difficulty, a lot of difficulty or cannot do at all:

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Q2.1b Do you have difficulty seeing **without** glasses or contact lenses? Would you say: no difficulty, some difficulty, a lot of difficulty or could not do at all?

Please explain if your answer is some difficulty, a lot of difficulty or cannot do at all:

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Q3 Do you have difficulty hearing sounds like peoples' voices or music? Would you say: no difficulty, some difficulty, a lot of difficulty or could not do at all?

Please explain if your answer is some difficulty, a lot of difficulty or cannot do at all:

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Q. 3.1a Do you use a hearing aid? Yes/ No

Q3.1b When using your hearing aid, do you have difficulty hearing sounds like peoples' voices or music? Would you say you have: no difficulty, some difficulty, a lot of difficulty or could not do at all?

Please explain if your answer is some difficulty, a lot of difficulty or cannot do at all:

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**Q4.** Do you use any equipment or assistive device? Yes / No

**Q4.1** If yes, what type of assistive device(s) do you use? (*Tick all applicable options*)

1. Hand powered tricycle
2. Wheelchair
3. Crutches
4. Walking stick
5. Walking frame
6. Hearing aid
7. White cane
8. Glasses
9. Magnifier
10. Orthotic devices (to support legs, arms or spine)
11. Artificial limbs
12. Communication boards (e.g. a board which people use to point to and express themselves)
13. Other (Please specify)

**Q4.2a** Without equipment or assistance, do you have difficulty walking on level ground or climbing stairs? Would you say: some difficulty, a lot of difficulty or could not do at all?

Please explain if your answer is some difficulty, a lot of difficulty or cannot do at all:

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**Q4.2b** Using equipment or assistance, do you have difficulty walking on level ground or climbing stairs? Would you say: some difficulty, a lot of difficulty or could not do at all?

Please explain if your answer is some difficulty, a lot of difficulty or cannot do at all:

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**Q5** Do you have difficulty with self-care such as feeding, dressing, bathing, getting on and off the bed and independently moving around the room? Would you say: no difficulty, some difficulty, a lot of difficulty or could not do at all?

Please explain if your answer is some difficulty, a lot of difficulty or cannot do at all:

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**Q6** Do you use a 'Carer' or 'personal assistant' as any time? Yes / No

Please explain when and why the assistance is required?

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