

Fifth: Disability Module

To be administered to all household members

Line no.	Because of a health condition, does (name) have difficulty seeing, even if wearing glasses?	Because of a health condition, does (name) have difficulty hearing, even if wearing a hearing aid ?	Because of a health condition, does (name) have difficulty walking or climbing steps ?	Because of a health condition, does (name) have difficulty remembering or concentrating?	Because of a health condition, does (name) have difficulty with self care (such as washing all over / dressing, feeding, toileting, etc...) ?	Because of a health condition, does (name) have difficulty communicating in his own language?
	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot see at all 5. Not applicable	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot hear at all 5. Not applicable	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all 5. Not applicable	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all 5. Not applicable	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all 5. Not applicable	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot communicate at all 5. Not applicable
HL1	DI1	DI2	DI3	DI4	DI5	DI6
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>