

Ten Questions (Disability Screening)

1. Compared with other children, did your child have any serious **delay** in sitting, standing, or walking?
2. Compared with other children, does your child have difficulty **seeing**, either in daytime or night time?
3. Does your child appear to have difficulty in **hearing**?
4. When you tell your child to do something, does she/he seem to **understand** what you are saying?
5. Does your child have difficulty in **walking** or **moving** his/her **arms** or does he/she have weakness and/or stiffness in the arms or legs?

If no, skip to question 6.

If yes, ask these questions:

Does he/she need help in walking?

Can he/she use his/her hands to pick up things?

Does your child have **fits**, become rigid or lose consciousness?

7. Does the child **learn** to do things like other children of his/her age?
8. Does your child **speak at all** understood in words; can he/she say any recognizable words?
9. For 3-9 year-old children, ask:

Is your child's **speech in any way different from normal**?

(Not clear enough to be understood by people)

For 2 year – old children, ask:

Can he/she **name** at least one object: (e.g. an animal, a toy, a cup, a spoon)?

10. Compared with other children of his/her age, does the child appear in any way **mentally slow**, delayed or behind?