

TEN QUESTIONS PLUS (TQP 2) (for 2-9 year olds)
CHILDHOOD DISABILITY SCREENING QUESTIONNAIRE

General Information :

Household number : HF 1

Mother number : MC 1

Child number : TQP1

Interviewer number : TQP2

Date of interview (Day/Month/Year) : / / TQP3

Child's name : _____

Head of household's name : _____

Child's month and year of birth (Month/Year) : / TQP4
Month Year

Child's age in years and months : TQP5
Years Months

Child's sex :
1. Boy TQP6
2. Girl

Does the child attend school?
1. No, never attended TQP7
2. No, dropped out
3. Yes, but not regularly
4. yes, attends regularly

Who will answer questions about the child?
1. Child's mother 5. Child herself/himself TQP8
2. Child's father 6. Other relative
3. Child's grandmother 7. Other
4. Child's sibling

Who mainly takes care of the child?
1. Child's mother TQP9
2. Child's father
3. Child's grandmother
4. Child herself/himself
5. Other (specify)

6. Other (specify)

Household number : _____ / _____ / _____

Area Site House Number

Ten Questions Plus (Disability Screening)

1. Compared with other children, did your child have any serious delay in sitting, standing, or walking ? No Yes * TQP10

If no, skip to question 2.

If yes, probe: "Did the child walk by the age of 2 years ? No Yes TQP11

2. Compared with other children, does your child have difficulty seeing, either in daytime or night time ? No Yes * TQP12

3. Does your child appear to have difficulty in hearing ? No Yes * TQP13

4. When you tell your child to do something, does No * Yes TQP14

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 of legs? No Yes * TQP15

If no, skip to question 6.

If yes, ask these questions:

Does he/she need help in walking ? No Yes TQP16

Can he/she use his/her hands to pick up things ? No Yes TQP17

6. Does your child have fits, become rigid or lose consciousness : No Yes * TQP18

7. Does the child learn to do things like other children of his/her age: No * Yes TQP19

Household number : _____ / _____ / _____

Area Site House Number

8. Does your child speak at all (can he/she make himself understand in words; can he/she say any recognizable words)? No* Yes TQP20

9. FOR 3-9 YEAR-OLD CHILDREN, ASK: No Yes* TQP21
Is your child's speech in any way different from normal

(not clear enough to be understood by people other than his/her immediate family)?

FOR 2 YEAR OLD CHILDREN, ASK:
Can he/she name at least one object

No* Yes TQP22

(e.g. an animal, a toy, a cup, a spoon ?

If no, then probe: Does he/she use his/her own words for things like bow-wow for dog or anything else? No* Yes TQP23

10. Compared with other children of his/her age, No Yes* TQP24
does the child appear in any way mentally slow

Behaviour

A . Do you think that your child has difficulties to express emotion or in concentration or behavior or being able to get along with other people?

If yes, skip to question B.

If no, probe:

Yes No

B. Does he have any activity that concerns you? Yes No

If yes, 'A' or 'B' write down what kind of problem it is:.....

Health

Does the child have any serious health problem TQP26
 not yet mentioned ? No Yes

If yes, write down what kind of problem it is:

Household number : _____ / _____ / _____

Area Site House Number

HOME-BASED VISION SCREENING FORM

Use *HOVT* chart to test vision acuity. For each eye and for both eyes, **circle** best test result obtained or reason for referral if not tested

Codes	Right Eye TQP27	Left Eye TQP 28	Both Eyes TQP29
Pass	1 10/010	10/010	10/010
	2 10/015	10/015	10/015
	3 10/020	10/020	10/020
Not Pass* (Refer)	4 10/025	10/025	10/025
	5 10/035	10/035	10/035
	6 10/050	10/050	10/050
	7 10/060 or worse	10/060 or worse	10/060 or worse
	8 No Vision (blind)	No Vision (blind)	No Vision (blind)
	9 Missing Eye	Missing Eye	Missing Eye
	10 Untestable – Shy, Uncooperative	Untestable – Shy, Uncooperative	Untestable – Shy, Uncooperative
	11 Untestable – Developmental Delay	Untestable – Developmental Delay	Untestable – Developmental Delay
	12 Child Not Present	Child Not Present	Child Not Present

* Note : All children **NOT** passing the vision screening are referred for assessment (phase 2).

Is either eye red or inflamed?

1. No. 2. Yes 3. Uncertain

TQP30

Is there evidence of cloudy cornea, or xerosis?

1. No. 2. Yes 3. Uncertain

TQP31

Does the child wear glasses?

1. No. 2. Yes 3. Uncertain

TQP32

Does the child have a squint?

1. No. 2. Yes 3. Uncertain

TQP33

Household number : _____ / _____ / _____

Area Site House Number

Home-Based Hearing Screening Form (1st Stage)

Hearing Screening, Audiometry (Use portable audiometer to test each ear. At each Hz level, **circle** result for 20 dB; if the child fails or is untestable at 20 dB, **circle** result for 30 dB. Screening result is positive if child fails either ear, at any level).

1000 Hz	TQP34 20 dB	Pass	Fail*	Untestable*	TQP35 20 dB	Pass	Fail*	Untestable*
	TQP36 20 dB	Pass	Fail*	Untestable	TQP37 30 dB	Pass	Fail*	Untestable*
2000 Hz	TQP38 20 dB	Pass	Fail*	Untestable*	TQP40 20 dB	Pass	Fail*	Untestable*
	TQP39 20 dB	Pass	Fail*	Untestable	TQP41 30 dB	Pass	Fail*	Untestable*
4000 Hz	TQP42 20 dB	Pass	Fail*	Untestable*	TQP43 20 dB	Pass	Fail*	Untestable*

	TQP44 20 dB	Pass	Fail*	Untestable	TQP45 30 dB	Pass	Fail*	Untestable*
--	----------------	------	-------	------------	----------------	------	-------	-------------

If hearing was untestable, indicate reason :

1. Scores on outer ear, drainage from ear.
2. Child could not participate due to developmental delay.
3. Child was uncooperative too shy to participate.
4. Child is deaf, cannot hear at all.
5. Child was not present for screening.
6. Other, explain _____

TQP46

- If child does **NOT** pass, refer for assessment (phase 2)

Household number : _____ / _____ / _____

Area Site House Number

Overall Outcome of Screening for Child Disability :

Interviewer : Answer the question below after determining whether the child's screening result is positive or negative. The screening result is **positive** if any one or more of the responses to the Ten Questions Plus (TQP) disability screening items has an asterisk (*) next to it. The TQP includes the Ten Questions, the Behaviour Question, the Vision Screening, and the Hearing Screening. If no response has * next to it, the screening result is **negative**.

If the screening result is **positive** (* next to any item), a clinical assessment needs to be scheduled.

Interviewer :

Should this child be referred for a clinical assessment (phase 3) because any screening result is **positive** (* present for any item)?

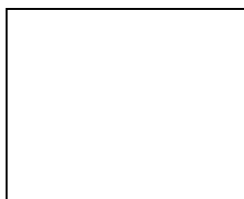
1. No
2. Yes

TQP47

Should this child be referred for a clinical assessment (phase 2) because there is an **X** in the large box below?

1. No
2. Yes

TQP48



TQP49