## 

**Title: *Mitigating the cultural, social and organizational barriers for meeting the needs of patients with major limb loss in post-conflict Northern Uganda.***

The purpose of this study is to carry out a Health Needs Assessment and design, develop and evaluate new service models to mitigate the needs of patients with major limb loss in the Acholi Sub-region.

**Semi-structured questionnaire for a person with Major Limb Loss (MLL)**

**Interviewer’s Name: …………………………….. …………… Code: …………………**

**Date of visit: \_\_\_\_/\_\_\_\_/\_\_\_\_/dd/mm/yy District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sub-county \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parish\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Village\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part 1:** **Socio-demographic characteristics**

|  |  |  |
| --- | --- | --- |
| 1. **Gender**   1. Male  2. Female   1. **How old are you? \_\_\_\_\_\_\_\_\_\_**   [completed years]   1. **Tribe of respondent**    1. Acholi    2. Langi    3. Alur    4. Madi    5. Lugbara    6. Others (specify)……………… | **4. Religion**   * 1. Catholic   2. Protestant/Anglican   3. Muslim   4. Pentecostal   5. Others (specify)…………   **5. Educational level reached?**   * 1. None   2. Primary   3. Secondary   4. Tertiary | **6.** Were you able to complete your studies? 1. Yes 2. No  7. If No in qn 6, give reasons………………………………………………………………………………………………………………………………………………………………………  **8. Residence**  1.Urban  2. Rural |
| **9. What is your marital status?**   * 1. Single   2. Married   3. Living together   4. Separated/ divorced   5. Widowed | **10. What is your occupation?**   * 1. Peasant farmer   2. Teacher   3. Cobbler (Shoe repairer)   4. Radio repairer   6. Others (specify)…………………………………………. | **11. If not formally employed, give reasons** …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

**Part 2: Assessment of functioning to determine prevalence of disability**

This section will help to identify people experiencing prolonged functional limitations (about 6 months) as a proxy for measuring risk of disability in this community.

**Table 2: Rapid assessment of disability**

|  |  |  |
| --- | --- | --- |
|  | **In the last 6 months, have you had difficulties………….** | **Responses** |
|  | … moving around inside your home, even if using assistive device(s)? | 1. Yes  2. No  |
|  | … using your hands and fingers (e.g. pickup up small objects or closing containers) even if using assistive device(s)? | 1. Yes  2. No  |
|  | … with self-care (e.g. bathing yourself, dressing, eating food) even if using assistive devices? | 1. Yes  2. No  |
|  | … concentrating on an important task or activity? | 1. Yes  2. No  |
|  | … remembering to do things that are important to you (e.g keeping appointments, paying school fees, loans) | 1. Yes  2. No  |
|  | … learning how to do new things (e.g something you have never done before)? | 1. Yes  2. No  |
|  | … understanding others (e.g. when people communicate with you)? | 1. Yes  2. No  |
|  | … communicating (for example, understanding others or others understanding you)? | 1. Yes  2. No  |
|  | … interacting with others in community due to your disability? | 1. Yes  2. No  |
|  | ***In the last 6 months have you felt…*** |  |
|  | … so sad that nothing could cheer you up? | 1. Yes  2. No  |
|  | … like everything is hard to do? | 1. Yes  2. No  |
|  | … nervous? | 1. Yes  2. No  |
|  | … restless? | 1. Yes  2. No  |
|  | … hopeless? | 1. Yes  2. No  |
|  | … worthless? | 1. Yes  2. No  |

**Part 3: Awareness of the rights of people with disability**

This section will help us obtain information on the rights and wellbeing of a disabled people.

**Table 3: Awareness of the rights of people with disability**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **1** | ***Do you think you are entitled to…***  ….access the information needed in your everyday life? | 1. Yes 2. No  |
| **2** | … live in a safe home environment? | 1. Yes 2. No  |
| **3** | ... go to school/study? | 1. Yes 2. No  |
| **4** | … work? | 1. Yes 2. No  |
| **5** | ... access to assistive devices or personal equipment that you need? | 1. Yes 2. No  |
| **6** | … get protection from the police if needed? | 1. Yes 2. No  |
| **7** | … get legal support to tell your side of the story? | 1. Yes 2. No  |
| **8** | …access to health care? | 1. Yes 2. No  |
| **9** | … initiate and maintain relationships? | 1. Yes 2. No  |
| **10** | … participate in decision making which affects you? | 1. Yes 2. No  |
| **11** | … participate in decision making which affects your family? | 1. Yes 2. No  |
|  | … participate in decision making which affects your community? | 1. Yes 2. No  |
| **12** | … be treated as equally as everyone else? | 1. Yes 2. No  |
|  | … get married? | 1. Yes 2. No  |
|  | … have children? | 1. Yes 2. No  |
|  |  |  |
|  |  |  |

**Part 4: Assessment of Well-being and quality of life**

The purpose of part 4 is to assess the individual’s perceptions of wellbeing and quality of life. We adopted the items to assess quality of life from WHOqol-26 tool which has 6 domains and 26 sub-domains. For each of the issue indicate one of the numbers under responses. The responses are classified as 1. Never, 2. Sometimes 3. Most of the time and 4. All of the time

**Table 4: Assessing the well-being of persons with disability and quality of life**

|  |  |  |
| --- | --- | --- |
| ***S/N*** | ***In the last 6 months, how often…*** | ***Responses***   1. Never 2. Sometimes 3. Most of the time 4. All the time |
| 1 | … have you been satisfied with your health? |  |
| 2 | … have you been satisfied with your sleep? |  |
| 3 | … have you been satisfied with yourself? |  |
| 4 | … have you been satisfied with your sex life/intimate relationships? |  |
| 5 | … have you been confident to try to learn new things? |  |
| 6 | … have you enjoyed life? |  |
| 7 | … have you felt respected in the community? |  |
| 8 | … has your opinion counted in family discussions |  |
| 9 | … have you been comfortable with your bodily appearance? |  |
| 10 | … have you felt your life has been meaningful? |  |
| 11 | … have you felt safe in your daily life? |  |
| 12 | … have you been able to maintain family relationships? |  |
| 13 | …have you been able to make new friends? |  |
| 14 | … have you been able to maintain old friends? |  |
| 15 | … have you been able to deal with people you don’t know? |  |
| 16 | … have you been able to deal with persons of authority? |  |
| 17 | …have you been able to take care of yourself as much as you would like? |  |
| 18 | …have you been able to take care of your household? |  |
| 19 | … have you been living in the same conditions as like the rest of your household members? |  |
| 20 | … have you had the opportunity to help other people (neighbours, friends, in-laws, relatives etc)? |  |

**Part 5: Assessment of barriers and facilitators to participation of the people with disability in their community:**

The objective of this section is understand participation of persons’ with disability in aspects of public and community life, and to identify and prioritise barriers to participate across several domains. For all the responses below, write one of the four options

**Table 5: Access to community**

|  |  |  |
| --- | --- | --- |
| ***a*** | ***In the last 6 months, how often……*** | ***Responses***   1. Never 2. Some of the time 3. Most of the time 4. All of the time |
| 1 | …has the information that you needed been readily available? |  |
| 2 | ... has the layout of places in the community made it easy for you to access them? |  |
| 3 | … have you been able to use transport needed in your everyday life? |  |
| 4 | … have you been able to participate at school as much as you would like? |  |
| 5 | … have you been able to participate in work activities as much as you would have liked? |  |
| 6 | … have you been able to access health care as much as you needed? |  |
| 7 | If No, why? |  |
| 8 | … have you been able to participate in community decision making as much as you would have liked? |  |
| 9 | ….has your contribution in decision making been accepted in the community? |  |
| 9 | … have you been able to access assistive devices that you needed? |  |
| 10 | If No, why? |  |
| 11 | ... have you been able to access rehabilitative services? |  |
| 12 | …have you been able to live in a suitable home environment as much as you would like? |  |
| 13 | … have you had access to safe drinking water? |  |
| 14 | If No, why?......................................................................................................................... | |
| 15 | … have you been able to gain legal assistance as much as you needed? |  |
| 16 | If No, why? |  |
| 17 | … have you been able to participate in political activities? |  |
| 18 | If No, give reasons………………………………………………………………………….. | |
| 19 | … have you been able to participate in religious activities as much as you would have liked? |  |
| 20 | … have you attended any school? |  |
| 21 | If No, why?.............................................................................................................................. | |
| 22 | …. Have you been able to participate at school as much as you would have liked? |  |
|  | **Barriers to participation in community activities (Tick all that apply)** | |
| 3 | Which of the following barriers have hindered your participation at school? | 1. Physical access to officers 2. Physical access to health facility 3. Physical access to toilets/latrines 4. Lack of learning materials in suitable format 5. Distance to school 6. Physical access to school 7. Not being accepted in the school 8. Not being included in school activities by teachers 9. Not being included in school activities by fellow students 10. Cost of attending school 11. Lack sanitary towels 12. Other (specify)…………………………… |
| 24 | Which of the following barriers affected you the most? | 1. Physical access to officers 2. Physical access to health facility 3. Physical access to toilets/latrines 4. Lack of learning materials in suitable format 5. Distance to school 6. Physical access to school 7. Not being accepted in the school 8. Not being included in school activities by teachers 9. Not being included in school activities by fellow students 10. Cost of attending school 11. Lack sanitary towels 12. Other(specify)…………………… |