

Introduction

Hello, my name is _____, and I represent CRRC Georgia, a non-governmental, non-profit research organization. I am contacting you about your participation in a survey. This survey is being conducted in partnership with the McLain Association (MAC) Georgia for Children and the Coalition for Independent Living (CIL), with the financial support of USAID. The goal of the survey is to understand the needs of people with disabilities in your municipality.

Your responses will be treated fully confidential and no identifying information will be available to anyone outside of the research team. You may be contacted by a colleague from CRRC Georgia to ensure that this survey was properly conducted. Your responses will be very helpful for developing services in your community!

Do you agree to participate in the survey?

Household Demographics

1. What municipality does the respondent live in?

Telavi	1
Ozurgeti	2
Kutaisi	3
Zugdidi	4
Batumi	5
Lagodekhi	6

2. Who is the respondent?

Person with disability	1
Parent/ caregiver	2

3. What is the respondent's gender?

Male	1
Female	2

4. What is the person with disability's gender (if not the respondent)?

Male	1
Female	2

5. Do you live in a rural area, a town, or an urban area?

Urban	1
Town	2

Rural	3
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6. What is your age?

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7. What is the person with disability's age (if not the respondent)?

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8. Does the person with the disability (Do you) have a ... disability?

		Yes	No	DK	RA
1	Physical	1	0	-1	-2
2	Mental	1	0	-1	-2
3	Hearing	1	0	-1	-2
4	Vision	1	0	-1	-2
5	Intellectual	1	0	-1	-2

9. I will now list out a number of services that you (or the person with a disability) may or may not need. Please tell me whether or not you or (or the person with a disability) need each service.

	Yes	No	DK	RA
Professional orientation and career planning	1	0	-1	-2
Support with finding and or participating in preparatory courses/ professional programs	1	0	-1	-2
Help with finding work and the job search process	1	0	-1	-2
Foreign language and computer skill courses	1	0	-1	-2
Help in identifying and taking part in preparatory courses	1	0	-1	-2

10. Do you need or not need...?

	Yes	No	DK	RA
Home based care service	1	0	-1	-2

11. Do you need the service 24 hours a day, several times a day, or on an on-demand basis?

24 hours a day	Several hours a day	In case of need	DK	RA
3	2	1	-1	-2

12. Do you need or not need a personal assistant service?

	Yes	No	DK	RA
Personal assistant	1	0	-1	-2

13. Do you need the service 24 hours a day, several times a day, or on an on-demand basis?

24 hours a day	Several hours a day	In case of need	DK	RA
3	2	1	-1	-2

Physical or intellectual

14. [q8_1=1 or q8=5] I will now list out a number of devices and services that you (or the person with a disability) may or may not need. Please tell me whether or not you (or the person with a disability) need each service.

	Yes	No	DK	RA
Day centers (where users stay during the day and engage in developmental and socialization activities)	1	0	-1	-2
Psychological consultations	1	0	-1	-2
Delivery of therapeutic services (physical therapist, speech and language therapist, occupational therapist, psychologist) at home by the relevant specialist / specialists for persons with multiple disorders and severe and profound mental retardation	1	0	-1	-2
Recreational services	1	0	-1	-2
Funding for Transportation (If needed, adapted transport)	1	0	-1	-2
Adapted transportation services	1	0	-1	-2
Transport card	1	0	-1	-2

15. [q8_1=1 or q8=5 & q7<18] I will now list out a number of devices and services that you (or the person with a disability) may or may not need. Please tell me whether or not you (or the person with a disability) need each service.

	Yes	No	DK	RA
Identification or diagnosis of developmental disorders	1	0	-1	-2
Development of functional skills (How to get dressed, eat, play)	1	0	-1	-2
Psychological consultation	1	0	-1	-2
Development of motor skills (Sitting, moving around, use of hands, physical therapy, massage)	1	0	-1	-2
Development of cognitive skills (Focusing, memory, problem solving)	1	0	-1	-2
Behavioral regulation	1	0	-1	-2
Sensory therapy	1	0	-1	-2
Language and speech development	1	0	-1	-2
Parental consultations	1	0	-1	-2

16. [q8_1=1 or q8=5 & q7>=18] I will now list out a number of devices and services that you (or the person with a disability) may or may not need. Please tell me whether or not you (or the person with a disability) need each service.

	Yes	No	DK	RA
Identification or diagnosis of disorders	1	0	-1	-2
Cognitive skill rehabilitation (Perception, attention, memory)	1	0	-1	-2
Rehabilitation of functional skills (Eating, drinking, etc.)	1	0	-1	-2
Language and speech rehabilitation (Speech therapist)	1	0	-1	-2

Motor skill rehabilitation (Physical therapy, massage)	1	0	-1	-2
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Physical or visual or intellectual

17. [q8_1=1 or q8=4 or q8 = 5] I will now list out a number of devices and services that you (or the person with a disability) may or may not need. Please tell me whether or not you (or the person with a disability) need each service.

	Yes	No	DK	RA
Personal alarm system (A personal alarm system allows someone to be notified in case of an emergency about the situation of a person at risk of various illnesses or other dangers within 24 hours.)	1	0	-1	-2
Personal digital assistant and internet connection (A personal digital assistant is a device that is used for many functions, including the ability to communicate with the Internet via video, which is especially important when providing and receiving remote services)	1	0	-1	-2

Physical or visual

18. [q8_1=1 or q8=4] I will now list out a number of devices and services that you (or the person with a disability) may or may not need. Please tell me whether or not you (or the person with a disability) need each service.

	Yes	No	DK	RA
Handles/ handrails	1	0	-1	-2
Removal of barriers to entrance to the home	1	0	-1	-2
Landscaping (flattening/correction of surfaces in the yard)	1	0	-1	-2
Railing installation	1	0	-1	-2

Physical or hearing or intellectual or mental

19. [q8_1=1 q8_1=2 or or q8=3 or q8 =5] I will now list out a number of devices and services that you (or the person with a disability) may or may not need. Please tell me whether or not you (or the person with a disability) need each service.

	Yes	No	DK	RA
Medication organizer	1	0	-1	-2

Physical disability

20. [q8_1=1] I will now list out a number of devices and services that you (or the person with a disability) may or may not need. Please tell me whether or not you (or the person with a disability) need each service.

	Yes	No	DK	RA
Active mechanical wheelchair	1	0	-1	-2
Passive mechanical wheelchair	1	0	-1	-2
Mechanical wheelchair with posture control	1	0	-1	-2
Electric wheelchair	1	0	-1	-2
Electric wheelchair with posture control				
Walker on wheels	1	0	-1	-2
Walker without wheels	1	0	-1	-2
Standing supports	1	0	-1	-2
Cane	1	0	-1	-2
Crutches	1	0	-1	-2
Tricycle/ Scooter	1	0	-1	-2
Therapeutic shoes	1	0	-1	-2
Lower limb orthosis	1	0	-1	-2
Upper limb orthosis	1	0	-1	-2
Lower limb prosthesis	1	0	-1	-2
Spine orthosis (Corset)	1	0	-1	-2
Pressure relief cushion (for bed rest)	1	0	-1	-2
Pressure relief mattress (for bed rest)	1	0	-1	-2
Transfer board (For transfer from one surface to another)	1	0	-1	-2
Crane (For transfer from wheelchair to bed and vice versa)	1	0	-1	-2
Bathroom, shower, toilet chair	1	0	-1	-2
Portable ramp	1	0	-1	-2
Pelvic abductor (in case of pelvic dysplasia in children)	1	0	-1	-2
Diapers	1	0	-1	-2
Excrement receiving container	1	0	-1	-2
One time use care products	1	0	-1	-2
Keyboard and mouse control software (a program which lets someone use a keyboard and mouse with alternative means)	1	0	-1	-2
Installation of a ramp at the entrance of one's residence	1	0	-1	-2
Adapted bathroom	1	0	-1	-2

Visual impairment

21. [Q8_4=1] I will now list out a number of devices and services that you may or may not need.
Please tell me whether or not you need each service.

	Yes	No	DK	RA
White cane	1	0	-1	-2
Glasses (Filters and protectors for nearsighted, farsighted, sun and different colors)	1	0	-1	-2
Magnifying glass, magnifying glass with light	1	0	-1	-2
Portable (tablet) magnifier	1	0	-1	-2
Stationary magnifier	1	0	-1	-2
Screen sound software- JOWS, NVDA	1	0	-1	-2
Audio player with DAISY function (the player plays the printed text / book, and the DAISY function adjusts the sections of the audio book and the pages of the printed book, which helps the listener find the part of the audio recording that fits the specific page in the book, scroll to the required page).	1	0	-1	-2
Braille display (for bookmarks) (a portable device that allows a blind person to make notes electronically, as well as read their bookmarks using the Braille tactile line mounted on the device. Read the text on the computer screen.)	1	0	-1	-2
Braille type-writer (a device similar to a classic typewriter that helps a person type in Braille instead of handwriting.)	1	0	-1	-2
Audio watch (this clock sounds time when touched, allowing a blind person to know what time it is.)	1	0	-1	-2
Screen reader(Voice information displayed on a computer screen) (A screen reader is a computer program that voices text on a computer screen or describes a given image.)	1	0	-1	-2
Audio warning signal for people with visual impairments or vibration signal for deaf and blind people	1	0	-1	-2
Accompanying services for blind or visually impaired people	1	0	-1	-2
Mobility and orientation courses for people with blindness or limited vision	1	0	-1	-2
Everyday skills courses for people with blindness or limited vision	1	0	-1	-2
Braille courses for people with blindness or limited vision	1	0	-1	-2
Courses on how to use support programs (e.g. screen readers) for people with blindness or limited vision	1	0	-1	-2

Hearing impairment

22. [Q8_3=1] I will now list out a number of devices and services that you may or may not need.
Please tell me whether or not you need each service.

	Yes	No	DK	RA

From gesture to voice technology (a technical device that displays on the screen for a deaf person a gesture that corresponds to a spoken word, and at the same time, converts the gesture into sound for the blind.)	1	0	-1	-2
Video communication device (A means of communication such as a smartphone, which allows video communication)	1	0	-1	-2
Hearing aids (digital) and batteries for the hearing impaired	1	0	-1	-2
Sound amplifier (Audio (induction) loop / FM systems)	1	0	-1	-2
Sound amplifier (FM) systems for environments where people with hearing impairments have long delays (eg classroom, study), which suppresses background noise for people with hearing impairments and activates target vocal stimuli)	1	0	-1	-2
Subtitles/captions (Provision of subtitles and captions for hearing impaired and deaf people with speech and other sounds in writing. (E.g. subtitles for TV commercials or newscasts.)	1	0	-1	-2
Communication board, book, cards	1	0	-1	-2
Deaf-blind communicator (A device used by a deaf-blind person to create text. The device connects to a smartphone via Bluetooth. In the smartphone, a person reads the text using a device's Braille tactile line. Also, if the user is typing text on their smartphone, they will read the text using the device's Braille tactile line.)	1	0	-1	-2
Cochlear implants and hearing/speech therapy (communication, language, pronunciation)	1	0	-1	-2
Provision of sign language translation services for people with hearing impairments in specific environments (kindergarten, school, university, professional, public services)	1	0	-1	-2
Sign language study courses for deaf people, their family members, interested parties, and specialists working with the deaf person.	1	0	-1	-2

Mental health issues

23. [Q8_2=1] I will now list out a number of devices and services that you may or may not need.

Please tell me whether or not you need each service.

	Yes	No	DK	RA
Home visit of a multidisciplinary team (psychiatrist, psychologist, social worker, occupational therapist) to monitor and consult on health and function situation.	1	0	-1	-2
Out patient visit of a multidisciplinary team (psychiatrist, psychologist, social worker, occupational therapist) to monitor and consult on health and function situation.	1	0	-1	-2
Rehabilitation services: Self-care skill improvement	1	0	-1	-2
Rehabilitation services: Every day household and living skills improvement	1	0	-1	-2
Rehabilitation services: Communication skills improvement	1	0	-1	-2
Rehabilitation services: Work skill development/ training and support during working	1	0	-1	-2
Rehabilitation services: Time and money management improvement	1	0	-1	-2
Rehabilitation services: Psychological consultations/ psychotherapy	1	0	-1	-2
Rehabilitation services: Information/ Consultations on treatment and medication side effects; physical and reproductive health, rights, existing social programs, and/or legal aid	1	0	-1	-2
Self-help groups or patient clubs (Experience sharing and mutual support with other patients)	1	0	-1	-2

Crisis services - Removal from a dangerous family situation, with the help of specialists and a multi-disciplinary team	1	0	-1	-2
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24. Of all of the services I asked you about, which services would be the most important for you that you are not currently receiving? Please name up to three services.

a. [q8_1==1]

Home based care service	1
Personal assistant services	2
Day center services	3
Physiological consultations/ support	4
Habilitation / Rehabilitation services	5
Home based habilitation / Rehabilitation services at home	6
Adaption of the home (barrier removal, ramp provision, etc.)	7
Transfer devices such as a crane or transfer board	8
Bath room, toilet chair	9
Recreational service	10
Employment services	11
Transportation services	12
Mobility devices (Wheelchairs, canes, etc.) and cushions	13
Orthosis and prosthesis	14
Portable ramps	15
Personal alarm system	16
Personal digital assistant	17
Medication organizer	18
Excrement receiving container	19
Care products	20
Mouse and keyboard management programs	21
Other (specify)	22
Don't know	-1
Refuse to answer	-2

a. [q8_2==1]

Home visit of a multidisciplinary team (psychiatrist, psychologist, social worker, occupational therapist) to monitor and consult on health and function situation.	1
Out patient visit of a multidisciplinary team (psychiatrist, psychologist, social worker, occupational therapist) to monitor and consult on health and function situation.	2
Rehabilitation services: Self-care skill improvement	3
Rehabilitation services: Every day household and living skills improvement	4
Rehabilitation services: Communication skills improvement	5
Rehabilitation services: Work skill development/ training and support during working	6
Rehabilitation services: Time and money management improvement	7
Rehabilitation services: Psychological consultations/ psychotherapy	8
Self-help groups or patient clubs (Experience sharing and mutual support with other patients)	9

Psychological consultation/ psychotherapy	10
Home based care service	11
Personal assistant	12
Crisis services - Removal from a dangerous family situation, with the help of specialists and a multi-disciplinary team	13
Medicine organizer	14
Employment services	15
Other, specify	16
Don't know	-1
Refuse to answer	-2

a. [q8_3==1]

Cochlear implant, hearing, speech therapy	1
Sign language translation services	2
Sign language study courses (For deaf people, their families, interested persons, and specialists working with deaf people)	3
Employment support services	4
Hearing aids (digital) and batteries	5
Communication board/ book/ cards	6
From gesture to voice technology (a technical device that displays on the screen for a deaf person a gesture that corresponds to a spoken word, and at the same time, converts the gesture into sound for the blind.)	7
Video communication device (A means of communication such as a smartphone, which allows video communication)	8
Sound amplifier (Hearing (induction) / FM Systems)	9
Subtitles / Captions (E.g. For public service announcements on television or subtitles on news broadcasts.)	10
Other, specify	11
Don't know	-1
Refuse to answer	-2

b. [q8_4==1]

Home based care service	1
Personal assistant services	2
Accompaniment service	3
Mobility and orientation courses	4
Everyday skills courses	
Braille study courses	
Support software and device use courses	
White cane	5
Glasses (for the near and far sighted, sun glasses, and filtering and protection against different colors)	6

Magnifiers- magnifying glass, portable magnifier, stationary magnifier	7
Screen reading and description programs - JOWS, NVDA	8
Audio player with DAISY functions	9
Braille displayer	10
Braille type writer	11
Audio watch	12
Personal alarm system	13
Home adaptation	14
Audio warning signal	15
Employment related services	16
Other, specify	17
Don't know	-1
Refuse to answer	-2

c. [q8_5==1]

Home based care service	1
Personal assistant services	2
Day center services	3
Psychological consultation/ support	4
Habilitation / Rehabilitation services	5
Home based habilitation / Rehabilitation services	6
Recreational Service	7
Employment related services	8
Transportation related services	9
Personal alarm system	10
Personal digital assistant	11
Screen reader (Reads out information on a computer screen)	12
Medication organizer	13
Other, specify	14
Don't know	-1
Refuse to answer	-2

25. There are a number of ethnic groups living in /country/. Which ethnic group do you consider yourself a part of?

[INTERVIEWER! DO NOT READ OUT THE OPTIONS. ACCEPT ONLY ONE ANSWER.]

Armenian	1
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Azerbaijani	2
Georgian	3
Other (specify)	4
<i>(Don't know)</i>	-1
<i>(Refuse to answer)</i>	-2

26. How many adults aged 65 or older including you live in the household?

|__|__|

DK

RA

27. How many adults aged 18 -64 including you live in the household in total?

|__|__|

DK

RA

28. How many children 17 or younger live in the household in total?

|__|__|

DK

RA

29. What is the highest level of education you have completed?

Secondary or less	1
Vocational education	2
At least some tertiary education	3

<i>(Don't know)</i>	-1
<i>(Refuse to answer)</i>	-2

30. What is the highest level of education the person with a disability has completed (if not the respondent)?

Secondary or less	1
Vocational education	2
At least some tertiary education	3
<i>(Don't know)</i>	-1
<i>(Refuse to answer)</i>	-2

31. Now, I will read you a series of household items. Please note that we are only interested in items that your household owns and that are in normal working order. Please tell me whether or not your household owns ...?

		Owens	Does not own	(Don't know)	(Refuse to answer)
1	Refrigerator	1	0	-1	-2
2	Color TV	1	0	-1	-2
3	Mobile phone	1	0	-1	-2
4	Tablet computer (e.g. iPad, Galaxy Tab, Lenovo etc.)	1	0	-1	-2
5	Car	1	0	-1	-2
6	Air conditioner	1	0	-1	-2
7	Automatic washing machine	1	0	-1	-2
8	Personal computer, including laptop	1	0	-1	-2

9	Hot water	1	0	-1	-2
10	Central heating	1	0	-1	-2