



PROFILING OF PEOPLE WITH DISABILITIES IN UMHLATHUZE MUNICIPALITY

Name of Fieldworker:_____

Contact details:_____

Consent to Participate in the Profiling/ Study

You are invited to participate in the study conducted by uMhlathuze Municipality for People with Disabilities. The aim of the study is to gather information on the number of people with disabilities and forms of disabilities in uMhlathuze Municipality in order to guide planning of programmes as well as the delivery of services to households of people with disabilities.

Your participation in this study is entirely voluntary. You are being asked to participate in this study because you are a resident of the uMhlathuze Municipality and your being counted will assist the municipality acquire a more accurate figure.

There will be no harm to you and/or your family as a result of your participation. However should you at any stage feel uncomfortable with the study, you may discontinue your participation without any consequences to you. There is also no personal gain in cash or in kind. This study does not guarantee immediate improvement of your and/ or community physical setting and development in general. Any information that is obtained through this study and that can be identified with you will remain confidential and will not be disclosed without your consent. Your name will not be used in any of the information the municipality gets from this study or in any of the research reports and publications.

If you volunteer to participate in this study, you will be asked to answer the questions attached hereto. If you agree, please fill in your particulars below and sign where applicable.

**I.....agree to participate
in this study. (Write full names and surname)**

I am fully aware that this participation is voluntary and no one has intimidated me to participate and I expect not to receive any materials gains. I am aware that no publication of my name will be done without my consent.

Signature.....

Place.....Date...../...../201_

INTERVIEW SCHEDULE (Form A: to be completed by people with disabilities)
RESEARCH TOPIC: PROFILING OF PEOPLE WITH DISABILITIES IN
UMHLATHUZE MUNICIPALITY

The aim of the study is to gather information on the number of people with disabilities in uMhlathuze Municipality in order to guide planning of programmes and the delivery of services to households of people with disabilities, as well as inform formulation of municipal policy on people with disabilities.

1. Ward number: _____
2. Name of the sub-ward/ voting district: _____
3. Name and surname of respondent: _____
4. Contact details: _____
5. Name of Next-of-Kin: _____
6. How long have you stayed in this area?

1	2	3	4	5
Since birth	Less than 5 years	6 to 10 years	11 to 20 years	Over 20 years

7. Do you have any disability?

1	2
Yes	No

8. What form is your disability? _____
9. How long have you been disabled?

1	2	3	4	5
Since birth	Less than 5 years	6 to 10 years	11 to 20 years	Over 20 years

10. What is your age? Please indicate the relevant block.

1	2	3	4	5	6	7	8	9
0-5	6-13	14-17	18-25	26-35	36-50	51-60	60-75	Other: _____

11. Gender

1	2
M	F

12. Race

1	2	3	4
African	Indian	Coloured	White

13. Marital status.

1	2	3	4	5
Single	Married	Divorce	Separated	Widow(er)

14. If married, spouse details _____

15. What is your highest educational level.

1	2	3	4	5
Never been to school	Primary	Secondary	Tertiary	Vocational

16. Skills acquired: _____

17. Do you have any profession?

1	2
Yes	No

18. If yes, please specify. _____

19. Employment status.

1	2	3	4	5	6	7
permanent	casual	seasonal	unemployed	Self-employed	Still at school	pensioner

20. Do you have identity documents?

1	2
Yes	No

21. Have you been declared by relevant health professionals to be disabled?

1	2
Yes	No

22. If yes please provide evidence. _____

23. If not, why? _____

24. What are the reasons for your disability?

1	2	3
Natural	Sickness	Accident

25. What is the level of the disability?

1	2
temporary	permanent

26. Are you taking any treatment?

1	2
Yes	No

27. What kind of treatment? _____

28. Do you receive disability grant?

1	2
Yes	No

29. Is your grant temporary or permanent? Please mark the relevant.

1	2
temporary	permanent

30. Does the disability require use of assistive devices?

1	2
Yes	No

31. What type of device(s) is/ are required? _____

32. Is/are the required device(s) available?

1	2
Yes	No

33. If not, what is/ are alternative(s)? _____

34. Do you own a house?

1	2
Yes	No

35. How many people are there in your household?

36. How many people are dependent on you as a person with disability?

37. Have you or your households been provided with the following services?

Please mark the relevant box.

Service	Yes	No
Water		
Sanitation		
Electricity		
Housing		
Access road		
Other, specify		

38. Please indicate if the services provided user friendly?

Service	Yes	No	Not applicable
Water			
Sanitation			
Electricity			
Housing			
Access road			
Transport			
Other: specify _____			

39. If not, please explain

40. Do you have easy access to the following municipal and government services in terms of distance:

Service	Yes	No
Municipal rate hall		
Sports fields		
Community hall		
Library		
Municipal offices		
School		
Clinics		
Pension paypoints		
DSD (Welfare offices)		
SASSA		
Other, specify:		

41. Are these service centre user friendly for people with disabilities?

Service	Yes	No
Municipal rate hall		
Sports fields		
Community hall		
Library		
Municipal offices		
School		
Clinics		
Pension paypoints		
DSD (Welfare offices)		
SASSA		
Other, specify:		

42. Are you a member of any organization for people with disabilities?

1	2
Yes	No

42. If yes, what are the benefits?_____

43. If not, why? _____

44. Is there anything you believe the municipality should consider regarding programmes and service delivery for people with disabilities?_____

THANK YOU FOR YOUR TIME

INTERVIEW SCHEDULE (Form B: to be filled by parents/ caregivers on behalf of a child/ dependent person)

RESEARCH TOPIC: PROFILING OF PEOPLE WITH DISABILITIES IN UMHLATHUZE MUNICIPALITY

The aim of the study is to gather information on the number of people with disabilities in uMhlathuze Municipality in order to guide planning of programmes and the delivery of services to households of people with disabilities, as well as inform formulation of municipal policy on people with disabilities.

NAME OF PERSON WITH DISABILITIES: _____

1. Ward number: _____

2. Name of the sub-ward/ voting district _____

3. Name and surname of respondent: _____

4. Contact details: _____

5. Name of Next-of-Kin: _____

6. How long have your dependent/child stayed in this area

1	2	3	4	5
Since birth	Less than 5 years	6 to 10 years	11 to 20 years	Over 20 years

7. Does your child/ dependent have any disability?

1	2
Yes	No

8. What form is the disability? _____

9. How long has your dependent/child been disabled?

1	2	3	4	5
Since birth	Less than 5 years	6 to 10 years	11 to 20 years	Over 20 years

10. Age of the dependent

1	2	3	4	5	6	7	8	9
0-5	6-13	14-17	18-25	26-35	36-50	51-60	60-75	Other:

11. Gender

1	2
M	F

12. Race

1	2	3	4
African	Indian	Coloured	White

13. Does your dependent have a house?

1	2
Yes	No

14. How many people are there in your household?

15. How many people are financially dependent on the person with disability?

16. Does your dependent have any children?

1	2
Yes	No

If yes, please specify the number: _____

17. Marital status of person with disability.

1	2	3	4	5
Single	Married	Divorce	Separated	Widow(er)

18. If married, spouse details _____

19. Educational level of person with disability.

1	2	3	4	5
Never been to school	Primary	Secondary	Tertiary	Vocational

20. Skills acquired: _____

21. Does she/ he you have any profession?

1	2
Yes	No

22. If yes, please specify. _____

23. Employment status of person with disability.

1	2	3	4	5	6	7
permanent	casual	seasonal	unemployed	Self-employed	Still at school	pensioner

24. Does your disabled dependent/ child have identity documents?

1	2
Yes	No

25. Has /he been declared by relevant health professionals to be disabled?

1	2
Yes	No

26. If yes please provide evidence. _____

27. If not, why? _____

28. What are the reasons for disability?

1	2	3
Natural	Sickness	Accident

29. What is the level of the disability?

1	2
temporary	permanent

30. Is she/he taking any treatment?

1	2
Yes	No

31. What kind of treatment? _____

32. Does your dependent or child with disability receive disability grant?

1	2
Yes	No

33. Is the grant temporary or permanent? Mark the relevant.

1	2
temporary	permanent

34. Does the disability require use of assistive devices?

1	2
Yes	No

35. What type of device(s) is/ are required? _____

36. Is/are the required device(s) available?

1	2
Yes	No

37. If not, what is/ are alternative(s)? _____

38. How many people are there in your households? _____

39. How many people depends on your child's/ dependent's social grant for survival? _____

40. Have you or your households been provided with the following services?
Please mark the relevant box.

Service	Yes	No
Water		
Sanitation		
Electricity		
Housing		
Access road		
Other: specify_____		

41. Please indicate if the services provided are user friendly.

Service	Yes	No	Not applicable
Water			
Sanitation			
Electricity			
Housing			
Access road			
Transport			
Other: specify_____			

42.. If not, please explain

43.. Does your child/dependent have easy access to the following municipal and government services in terms of distance?

Service	Yes	No
Municipal rate hall		
Sports fields		
Community hall		
Library		
Municipal offices		
School		
Clinics		
Pension paypoints		
DSD (Welfare offices)		
SASSA		
Other, specify:		

44. Are these service centre user friendly for people with disabilities?

Service	Yes	No
Municipal rate hall		
Sports fields		
Community hall		
Library		
Municipal offices		
School		

Clinics		
Pension paypoints		
DSD (Welfare offices)		
SASSA		
Other: specify:_____		

45. Is your dependent or child a member of any organization for people with disabilities?

1	2
Yes	No

46. If yes, what are the benefits? _____

47. If not, why? _____

48. Is there anything you believe the municipality should consider regarding programmes and service delivery for people with disabilities?

THANK YOU FOR YOUR TIME