Survey form

Sense International India, Ahmedabad
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English working translation | Source: supplied two-page Hindi survey. The source question references are retained below, including its duplicate question 14. Empty lines are for responses. This is a translated form, not a completed survey.

Survey details

Survey date: _____

Type of disability: Blindness (Blind) / Low vision (LV) / Hard of hearing (HoH) / Deafness (Deaf) / Cerebral palsy (CP) / Locomotor disability (LCD) / Autism (ASD) / Intellectual disability (ID) / Multiple disabilities (MI) / Other

Other disability - specify: _____

Personal information

1. Full name: _____

2. Age (years): _____

3. Full address: _____

4. Contact number: _____

5. Date of birth: _____

6. Gender: Male / Female / Other

7. Caste category: Scheduled Caste (SC) / Scheduled Tribe (ST) / Other Backward Classes (OBC) / General

8. Language: _____

9. Is there another person with a disability in the family?: Yes / No

9 follow-up. If yes, please specify: _____

Educational information (source heading)

10. Cause of disability: _____

11. Time of onset of disability: Before birth / At birth / After birth

12. Educational qualification: No formal education / Primary / Secondary / Higher secondary / Other

13. Annual family income: _____

14 (family). Family occupation: _____

Health information

14 (health). Does the person have epileptic seizures?: Yes / No

15. If yes, does the person take medication?: Yes / No

16. Does the person have any other illness?: Yes / No

17. Has any other medical treatment been received?: Yes / No

17 follow-up. If yes, provide treatment details: _____

18. Has the person received any assistive device?: Yes / No

18 follow-up. If yes, name the device: _____

Children’s education

19. Does the child attend an Anganwadi centre?: Yes / No

20. Is the child currently studying at school?: Yes / No

21. Class / grade: _____

22. Is the person undertaking vocational training / a course?: Yes / No

23. Has the person received any other education / training?: Yes / No

Documents available for government schemes

[ ] Disability certificate

[ ] Caste certificate

[ ] Bank account details

[ ] Aadhaar card

[ ] Ration card

[ ] Voter identity card

[ ] Birth certificate

[ ] Unique Disability ID (UDID)

Declaration

I declare that the information provided above is correct to the best of my knowledge and has been provided with my consent.

Signature of the person with a disability / family member: _____

Field worker’s signature: _____

Translation and source notes

The English markers “The end” and “New section” are editing notes in the source. They are not survey questions or instructions to the project team and are omitted from the translated form.

Source question 14 appears twice: family occupation and epileptic seizures. References distinguish “14 (family)” and “14 (health)”; the app uses unique field IDs.

“HoH” is rendered as “hard of hearing”; the Hindi wording is colloquial. “MI” is retained as printed for multiple disabilities; confirm the preferred abbreviation before release. “LCD” is also retained as printed.

“No formal education” is a respectful rendering of the source option meaning “uneducated”. The source offers “Other” for educational qualification without a follow-up text field.

UDID is expanded as “Unique Disability ID”. Anganwadi refers to the local early-childhood care and education centre; the term is retained.

The source does not specify required fields, currency, disability selection limits, adult applicability rules or document uploads. Proposed app behaviour is documented separately.