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Community outreach / Survey / New draft

Community survey

Step 1 of 7 · Consent

Consent before survey

Proposed consent step · approved consent text pending

Consent given by

Select

Name of person giving consent

Relationship to person being surveyed

☐ Consent to collect survey information recorded

The source declaration is retained in the final step. Messaging consent is a separate decision.

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Community survey

Step 2 of 7 · Personal details

Personal information

Survey date: dd/mm/yyyy

Full name

Date of birth: dd/mm/yyyy

Age in years

Gender: Select

Contact number

Caste category: Select

Language

Full address

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Step 3 of 7 · Disability & family

Disability and family

Type of disability · select applicable categories

- [ ] Blind
- [ ] Low vision (LV)
- [ ] Hard of hearing (HoH)
- [ ] Deaf
- [ ] Cerebral palsy (CP)
- [ ] Locomotor disability (LCD)
- [ ] Autism (ASD)
- [ ] Intellectual disability (ID)
- [ ] Multiple disabilities (MI)
- [ ] Other

Other disability

Cause of disability

Onset of disability

Select

Anyone else in the family with a disability?

Select

Family disability details

Annual family income

Family occupation

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Step 4 of 7 · Health

Health information

Epileptic seizures? — Select

Taking medication for seizures? — Select

Any other illness? — Select

Other medical treatment received? — Select

Medical treatment details

Assistive devices received? — Select

Assistive device name

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Step 5 of 7 · Education

Education and training

Educational attainment
Select

Attends Anganwadi?
Select

Currently attending school?
Select

Class / grade

Currently undertaking vocational training / course?
Select

Other education / training received?
Select

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Step 6 of 7 · Documents

Documents available for government schemes

- [ ] Disability certificate
- [ ] Caste certificate
- [ ] Bank account details
- [ ] Aadhaar card
- [ ] Ration card
- [ ] Voter identity card
- [ ] Birth certificate
- [ ] UDID

This survey records availability. Document uploads belong to the beneficiary document workflow.

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Step 7 of 7 · Declaration

Declaration and signatures

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

Person with disability / family member signature

Choose File No file chosen

Field worker signature

Choose File No file chosen

Signature file capture is a proposed digital option. Final signature method requires confirmation.

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Community outreach / Survey / New draft

Survey review

Step 2 of 7 · Personal details

Survey review · proposed workflow
Own organisation · submitted records

Personal information

Survey date: dd/mm/yyyy

Full name:

Date of birth: dd/mm/yyyy

Age in years:

Gender: Select

Contact number:

Caste category: Select

Language:

Full address:

Review comment:

Return for correction

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Survey record

Step 2 of 7 · Personal details

Read-only survey view
Own organisation · staff and caseload oversight

Personal information

Survey date: dd/mm/yyyy

Full name:

Date of birth: dd/mm/yyyy

Age in years:

Gender: Select

Contact number:

Caste category: Select

Language:

Full address:

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Community outreach / Survey / New draft

Survey record

Step 2 of 7 · Personal details

Read-only survey view
Programme oversight · identifiable access subject to permission

Personal information

Survey date: dd/mm/yyyy

Full name:

Date of birth: dd/mm/yyyy

Age in years:

Gender: Select

Contact number:

Caste category: Select

Language:

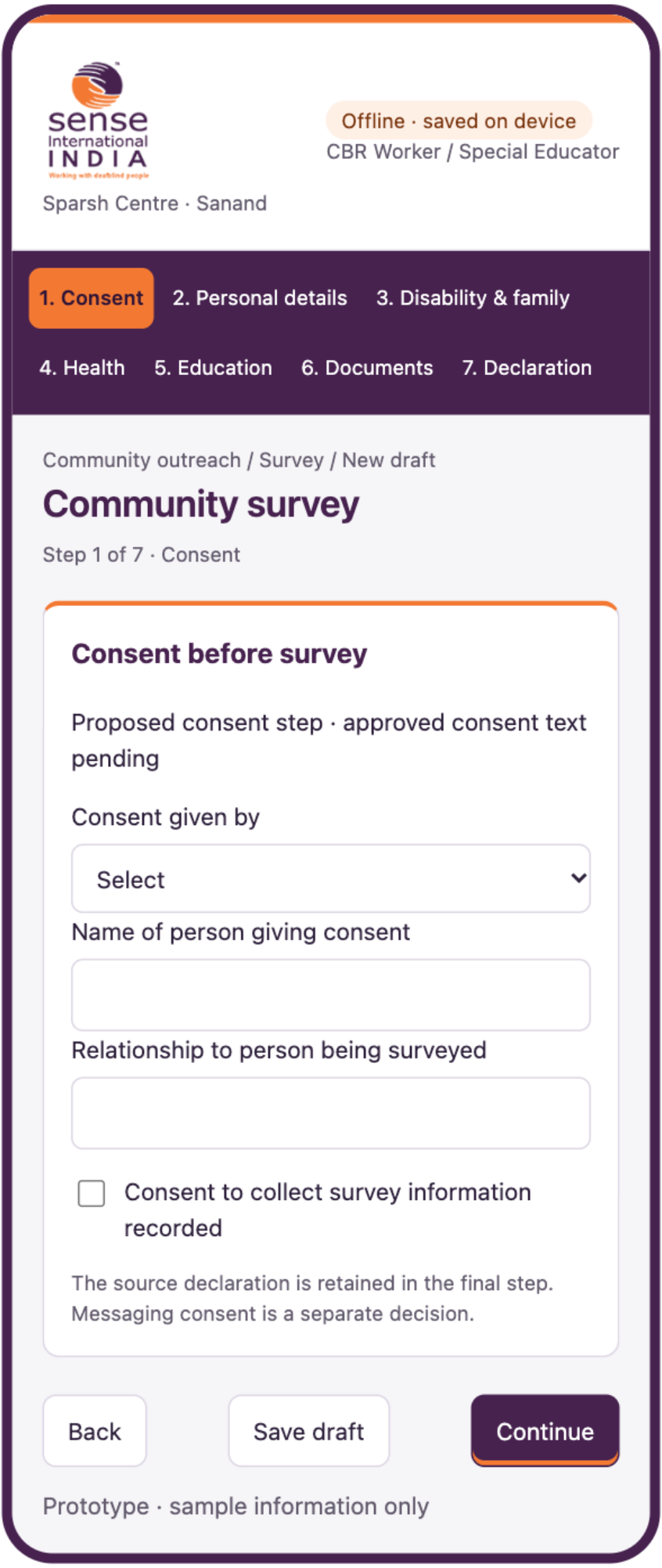
Full address:

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Community outreach / Survey / New draft

Community survey

Step 2 of 7 · Personal details

Personal information

Survey date

dd/mm/yyyy

Full name

Date of birth

dd/mm/yyyy

Age in years

Gender

Select

Contact number

Caste category

Select

Language

Full address

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Step 3 of 7 · Disability & family

Disability and family

Type of disability · select applicable categories

- [ ] Blind
- [ ] Low vision (LV)
- [ ] Hard of hearing (HoH)
- [ ] Deaf
- [ ] Cerebral palsy (CP)
- [ ] Locomotor disability (LCD)
- [ ] Autism (ASD)
- [ ] Intellectual disability (ID)
- [ ] Multiple disabilities (MI)
- [ ] Other

Other disability

Cause of disability

Onset of disability

Select

Anyone else in the family with a disability?

Select

Family disability details

Annual family income

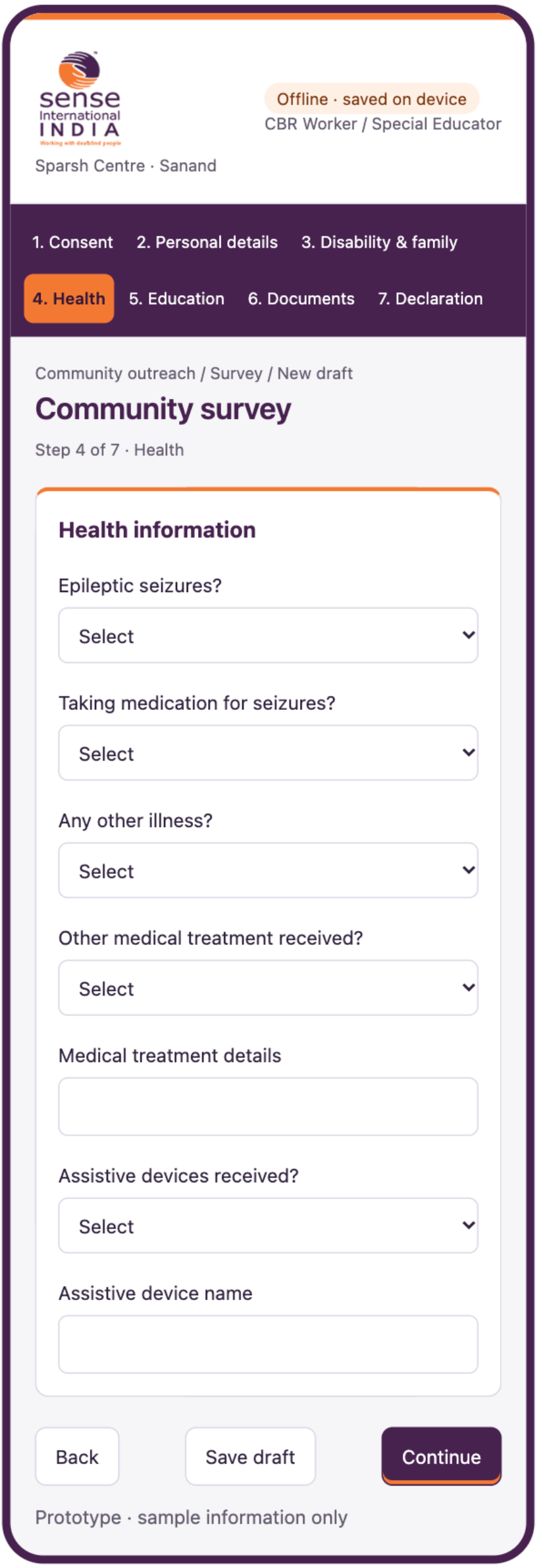
Family occupation

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Community Survey

Mobile | Step 5 of 7 - Education

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Step 5 of 7 · Education

Education and training

Educational attainment

Select

Attends Anganwadi?

Select

Currently attending school?

Select

Class / grade

Currently undertaking vocational training / course?

Select

Other education / training received?

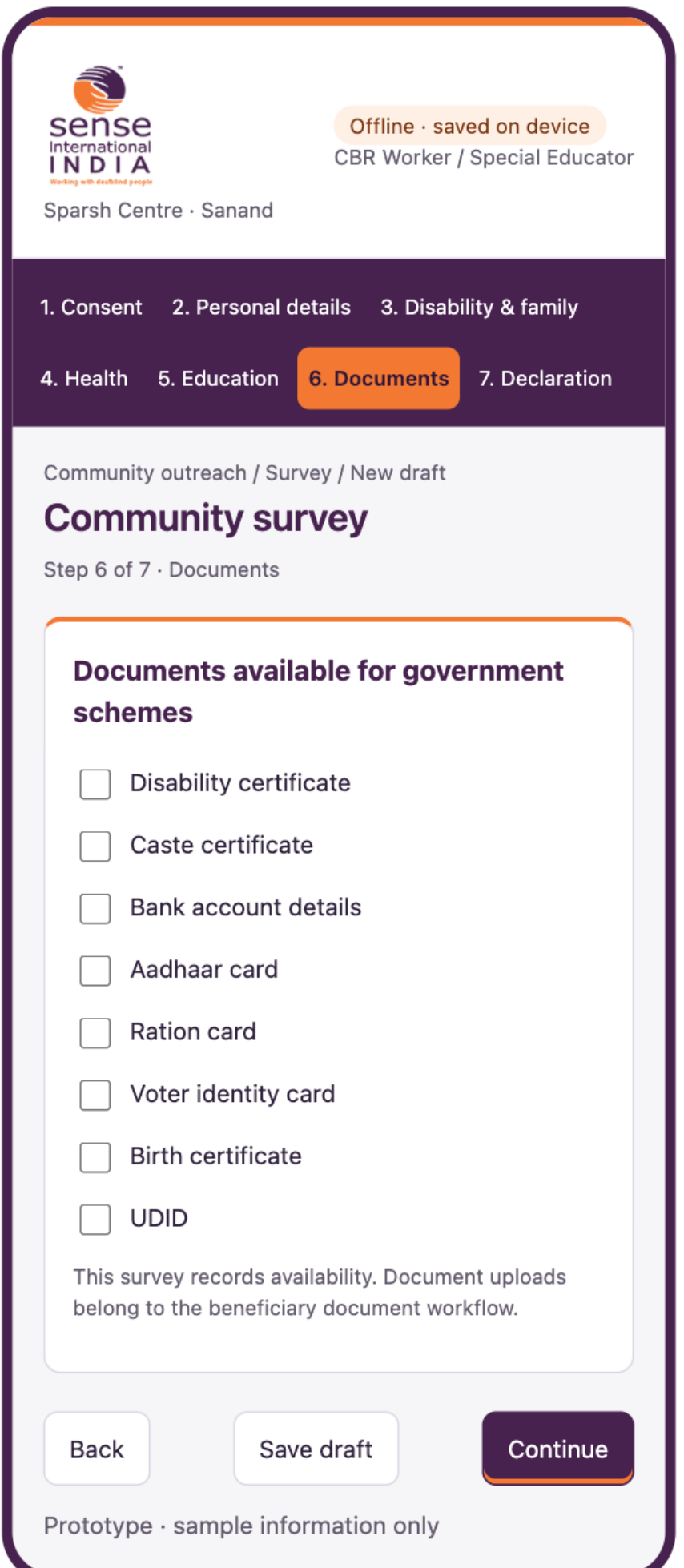
Select

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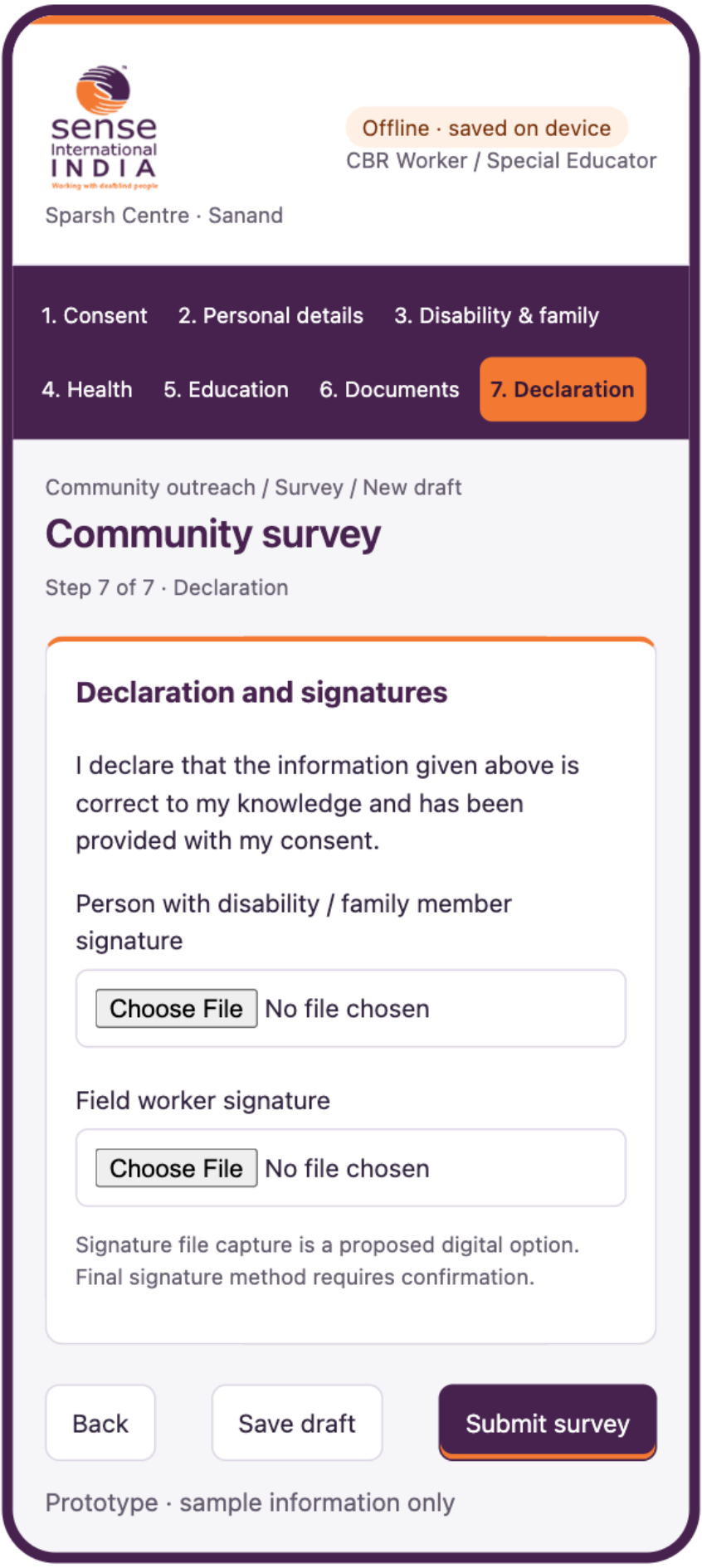
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Survey review

Step 2 of 7 · Personal details

Survey review · proposed workflow
Own organisation · submitted records

Personal information

Survey date
dd/mm/yyyy

Full name

Date of birth
dd/mm/yyyy

Age in years

Gender
Select

Contact number

Caste category
Select

Language

Full address

Review comment

Return for correction

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Survey record

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Read-only survey view
Own organisation · staff and caseload oversight

Personal information

Survey date
dd/mm/yyyy

Full name

Date of birth
dd/mm/yyyy

Age in years

Gender
Select

Contact number

Caste category
Select

Language

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Read-only survey view

Programme oversight · identifiable access subject to permission

Personal information

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Full name

Date of birth

dd/mm/yyyy

Age in years

Gender

Select

Contact number

Caste category

Select

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