Disability Prevention and Rehabilitation Program
(Disability History Assessment Form)

Individuals with disabilities aged 18 years and above should be asked directly using this questionnaire. For children under 18 years, individuals with hearing impairment, autism, visual impairment, intellectual and mental disabilities, or psychosocial disabilities, the questions should be asked in the presence of their parents or the person responsible for their care.

Name of the person conducting the interview:	Date of the interview: (Year/Month/Day)

1. Details of the person with disability

Municipality/Rural Municipality:		Ward No:
Name:		
Date of Birth (B.S): ……. /…./…. (YYYY/MM/DD) Date of Birth (A.D): …/…. /…….. (DD/MM/YYYY)		Current Age (in Years):
Gender:	Total Family Members: ……... (Male … Female … Other)	
Father's Name:	Mother's Name:	
Contact No.:	Email:	

Marital Status: ☐ Married ☐ Not Married ☐ Separated	If married, at what age was the marriage?
Educational Status: ☐ Can't read or write ☐ Literate ☐ Basic ☐ Secondary ☐ Higher Education	
Type of School Currently Attending: ☐ Community School ☐ Private School Educational System: ☐ Integrated School ☐ Inclusive School ☐ Special School ☐ Resource Center ☐ Home-Based Education	
Name and Relationship of the Person Caring for the Person with Disability:	
Contact No.: Email:	
Disability ID card: ☐ Yes ☐ No	
If yes, where was it obtained? ☐ Women and Children Section ☐ Rural/Municipality	
Disability ID card Color: ☐ Red ☐ Blue ☐ Yellow ☐ White	

Type of Disability:	☐ Physical disability (describe…….) ☐ Vision: ☐ Blind ☐ Low Vision ☐ Total Blind ☐ Hearing: ☐ Deaf ☐ Hard of Hearing ☐ Hearing and Vision Impairment ☐ Vocal and speech-related Disability ☐ Intellectual Disability ☐ Mental or Psychosocial Disability ☐ Autism ☐ Hemophilia ☐ Multiple Disabilities (If any, specify:.....)

2. Disability-related Information/History
(Questionnaire related to the mother of the person with disability)

2.1 Information about Preconception and Pregnancy

2.1 a) Did the mother use any substances (such as cigarettes, alcohol, tobacco, etc.) during or before the pregnancy?
☐ Yes ☐ No ☐ Don't remember/Don't know

If yes, what did she use? ☐ Cigarettes, tobacco, chewing tobacco, hookah
☐ Alcohol ☐ Other substances

2.1 b) Did the mother take any medicine during pregnancy without consulting a doctor?
☐ Yes ☐ No ☐ Don't remember/Don't know

2.1 c) What was the mother's occupation during pregnancy?
☐ Work requiring heavy physical effort and lifting heavy objects
☐ Regular daily activities
☐ Dangerous work such as pesticide or radiation-related work
☐ Other work.....

2.1 d) Did the mother suffer from any serious illness before or during pregnancy, such as epilepsy, high blood pressure, high fever, sexually transmitted diseases, malaria, encephalitis, anemia, HIV/AIDS, diabetes, etc.?
☐ Yes ☐ No ☐ Don't remember/Don't know

2.1 e) Was the mother's marriage to a close relative of hers?
☐ Yes ☐ No

2.1 f) Did the mother have a pregnancy checkup?
☐ Yes ☐ No ☐ Don't remember/Don't know
If yes, how many times: ……
☐ Within 12 weeks ☐ Within 16 weeks ☐ Between 20-24 weeks
☐ Between 26-28 weeks ☐ Between 30-32 weeks ☐ 34 weeks
☐ 36 weeks ☐ 38-40 weeks ☐ Don't remember/Don't know
If no, please explain the reason:
.....

2.1 g) Folic Acid Tablets:
Did the mother take them before conceiving?
☐ Yes: For how many days? ……

☐ No: Why not? .....
☐ Don't remember/Don't know

Did the mother take them after pregnancy?
☐ Yes: How many days? ……
☐ No: Why not? .....
☐ Don't remember/Don't know

2.1 h) T.T. or T.D. Vaccination:

☐ Taken, how many times: ……
☐ Not taken, why not? .....
☐ Don't remember/Don't know

2.2 Information about Delivery and Postpartum Status

2.2 a) How old was the mother when the child was born?
☐ Below 18 years ☐ Between 18 to 35 years ☐ Above 35 years

2.2 b) Where was the child born?
a. ☐ At home
☐ Without any assistance or with the help of a traditional birth attendant
☐ With the help of a non-SBA trained health worker
☐ With the help of an SBA trained health worker
☐ Don't remember/Don't know

b. ☐ At a health institution or hospital
☐ With a birthing center ☐ Without a birthing center
☐ Don't remember/Don't know

c. ☐ Other (on the road, in a gathering, etc.)

2.2 c) How many weeks pregnant was the mother when the child was born?
☐ Premature birth (Born at …… weeks)
☐ Born between 37 to 40 weeks
☐ Born after 40 weeks
☐ Don't remember/Don't know

2.2 d) What was the weight of the baby immediately after birth?
☐ Less than 2.5 kg (Low weight)
☐ Between 2.5 to 3.5 kg (Normal weight)
☐ More than 3.5 kg (High weight)
☐ Don't remember/Don't know

2.2 e) How was the baby delivered?
☐ Normal delivery
☐ Cesarean section
☐ Vacuum assisted delivery
☐ Don't remember/Don't know

2.2 f) Did the baby cry immediately after birth?
☐ Yes ☐ No ☐ Don't remember/Don't know

2.2 g) How long did the labor pain last?
☐ Less than 8 hours (Normal)
☐ More than 8 hours (Prolonged)
☐ Don't remember/Don't know

2.2 h) Were there any complications during delivery?
☐ Yes ☐ No
If yes, what were the complications?
.....

2.2 i) Was there a postpartum checkup?
☐ Yes ☐ No
If yes, how many times: ……
☐ Within 24 hours ☐ Within 3 days ☐ Between 7 to 14 days
☐ After 6 weeks
☐ Don't remember/Don't know
If no, please explain the reason:
.....

2.3 Information related to the person with disability

2.3 a) Did the baby have any illness within 28 days of birth (e.g., jaundice, fever, epilepsy, pneumonia)?
☐ Yes ☐ No ☐ Don't remember/Don't know
If yes, what illness did the baby have?
.....

2.3 b) Vaccination status:
☐ Fully vaccinated ☐ Not fully vaccinated ☐ Don't remember/Don't know
If fully vaccinated, which vaccines were given?
☐ BCG ☐ DPT ☐ Polio ☐ Hepatitis B ☐ Measles
☐ Don't remember/Don't know

2.3 c) J.E. Vaccine (for children born after 2013):
☐ Given ☐ Not given ☐ Don't remember/Don't know

2.3 d) Vitamin A and Polio drops given twice a year until the child turned 5 years old:
☐ Given ☐ Not given ☐ Don't remember/Don't know

2.3 e) When did the disability start?
☐ Congenital (During pregnancy) ☐ During delivery ☐ After birth
☐ Don't remember/Don't know

2.3 f) What might have caused the disability?
☐ Hereditary ☐ Malnutrition ☐ Disease and illness ☐ Accident
☐ Substance use ☐ Other ……....

2.3 g) Are there any other family members or relatives with any form of disability?
☐ Yes ☐ No

2.3 h) If the disability was not noticed immediately after birth, at what age was the disability identified in the child?
…….. years ……. months ☐ Don't remember/Don't know

2.3 i) What issues were noticed that led to discovering the disability?
.....
.....

2.4 Treatment and Rehabilitation

2.4 a) Where did you go for the diagnosis and treatment of the problem?
☐ Traditional healer (Baidhya/Dhami/Jhankri/Jharphuk)
☐ Health worker
☐ Clinic
☐ Hospital or Health Post

☐ Rehabilitation worker/organization
☐ Other ……

2.4 b) Have you been able to continue treatment for the person with disability?
☐ Yes ☐ No
(If there are previous prescriptions, please bring a photocopy.)

2.4 c) Has the person with disability received any support to improve their condition so far?
☐ Yes ☐ No
If yes, what assistance was received?
☐ Advice/Counseling ☐ Treatment ☐ Therapy ☐ Assistive devices
☐ Educational support ☐ Vocational training
☐ Financial assistance (excluding social security allowance)
☐ Other support……...

2.4 d) Is the person with disability currently using any assistive devices?
☐ Yes ☐ No
If yes, what assistive devices are being used?
☐ Crutches ☐ Wheelchair ☐ Walker ☐ Prosthetic hand
☐ Prosthetic leg ☐ Special shoes ☐ Caliper for legs ☐ Hand splint
☐ Back brace ☐ Hearing aid ☐ Glasses ☐ Special chair
☐ Toilet chair ☐ Others