

3. Information related to the person with disability:

The person name (Eng)					Name(Arabic)						
Age and gender		male		female		Age					
Is the disabled person the householder of the family?		yes		No							
Does the person work?		yes		No		profession:					
Type of Disability		Difficulty Seeing		Very Difficult (5)		4		Moderately Difficult (3)		2	
		Difficulty Hearing		Very Difficult (5)		4		Moderately Difficult (3)		2	
		Difficulty Communicating		Very Difficult (5)		4		Moderately Difficult (3)		2	
		Difficulty thinking/learning/concentrating		Very Difficult (5)		4		Moderately Difficult (3)		2	
		Difficulty Walking/Climbing Steps/Moving		Very Difficult (5)		4		Moderately Difficult (3)		2	
		Difficulty Using hands/fingers/arms		Very Difficult (5)		4		Moderately Difficult (3)		2	
Does s/he use any mobility devices/aids?		Wheelchair		Crutches		Walker		other:			
Please have the person with the special need rank their ability to move around the inside of the housing unit.		Very Difficult (5)		4		Moderately Difficult (3)		2		No Difficulty (1)	
what are the issues with the housing unit that impair mobility inside the housing unit?		Doorways and/or passages too small		Lack of Solid surface pathways/Uneven Surfaces		Lack of handrails		Unsafe steps/Too many Steps/Steps to High		Inpropper Door Handles	
								Poor Lighting		Blocked Pathways	
										Needs ramp to Access Certain Areas	
										None	
Please have the person with the special need rank their ability to use the latrine in the housing unit.		Very Difficult (5)		4		Moderately Difficult (3)		2		No Difficulty (1)	
what are the issues with the latrine that make it difficult to use?		Doorways and/or passages too small		Lack of Solid surface pathways/Uneven Surfaces		Inside of Latrine Not Accessible (Too Small)		No room for Caregiver inside latrines		No mobility accessories inside the latrine	
								Toilet not appropriate		Needs ramp to Access	
										None	
What are the housing unit conditions that affect Quality of Life issues for the PWSN? (Check all that apply)		Poor Ventilation		Lack of Windows		Lack of Adequate Bedding		Lack of Privacy		Lack of Heating/Cooling Appliances	
What are the PWSNs Shelter priorities in regards to modifications to address their specific needs?		A:		B:		c:		d:		e:	
Does the PWSN need assistance to move around the shelter?		Can't move without Assistance (5)		4		Needs some assistance (3)		2		No assistance needed (1)	
Are there any modifications that could be done to aid the caregiver in assisting the PWSN?		yes		No							
If yes, what types of modifications?		1.		2.		3.					
Who is the primary carer?		mother		father		brother		sister		Other:	
Who provides/provided this assistant?											
What are the PWSNs Shelter priorities in regards to modifications to address their specific needs?		A:		B:		C:					