

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	No Difficulty (1)		
		Difficulty Hearing		Very Difficult (5)	4	Moderately Difficult (3)	2	No Difficulty (1)		
		Difficulty Communicating		Very Difficult (5)	4	Moderately Difficult (3)	2	No Difficulty (1)		
		Difficulty thinking/learning/concentrating		Very Difficult (5)	4	Moderately Difficult (3)	2	No Difficulty (1)		
		Difficulty Walking/Climbing Steps/Moving		Very Difficult (5)	4	Moderately Difficult (3)	2	No Difficulty (1)		
		Difficulty Using hands/fingers/arms		Very Difficult (5)	4	Moderately Difficult (3)	2	No Difficulty (1)		
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:				