

# **Annex I**

Number of organizations which provide services to PWDs, Thailand

Services	Number
<u>Government Organizations</u>	
1. Medical care and rehabilitation	2
2. Education	
> Ministry of Education	5
> Bangkok Metropolitan Administration	1
> Ministry of University Affairs	3
3. Social Welfare and Occupation	
> Ministry of Labor and Social Welfare	4
> Others	2
<u>Non Government Organizations</u>	
1. Service for the Blind	16
2. Service for persons with hearing impairment	9
3. Service for persons with locomotive impairment	13
4. Service for persons with mental impairment	1
5. Service for persons with intellectual impairment	6
6. General service for persons with disabilities	15

Source : Directory of GO and NGO working with PWDs, Department of Social Welfare,  
Ministry of Labor and Social Welfare

Directory of Non-Government Organizations who provide services to PWDs,  
North-Eastern Region

NAME	Address
<u>Seeing</u>	
Thailand Association for the Blind North-Eastern Region	633/3 Mahachaidamri, Talard Subdistrict, Muang District, Mahasarakham 44000 Tel : (043) 722-029
Suranaree Eye Foundation	Maharat-Nakhonratchasima Hospital, 49 Changpuerg Road, Muang District, Nakhonratchasima 30000 Tel : (044) 341310-39 ext 1203 Fax :(044) 246389
Chaiyaphum Eye Foundation	Chaiyapoom Hospital, Muang District, Chaiyaphum Tel : (044) 811444
Christian Foundation for the Blind in Thailand	HQ 214 Moo 6, Prachatiruk, Bann Ped, Muang, Khonkaen
A) Educational Development Center for the Blind at Khonkaen	As above
B) Educational Development Center for the Blind at Nakhonratchasima	149 Moo 6, Mukmontri Road, Muang, Nakhonratchasima
Roi-et Education and Rehabilitation for the Blind Center	49 Moo 10, Ratchadamneon, Muang, Roi-et 45000 Tel : (043) 512289 Fax : (043) 512989
<u>Hearing or communication</u>	
The Deaf Association of Thailand	
A) Deaf group of North- Eastern Region	637/1-5 Ratuthit Road, Muang, Nakhonphanom 48000 Tel: (042) 513005 511074 Fax : (042) 511653

NAME	Address
<i>Physical or Locomotion</i>	
Siriwatana Chestchier Foundation A) Bann Itlirat Roi-et Chestchier	109 Moo 12, Pattamanond Road, Robmuang, Muang, Roi-et 45000 Tel : (043) 526641
<i>Intellectual or learning ability</i>	
Support for mental retardation Foundation of Thailand	Udon-Khonkaen Road, Noensoong, Muang, Udonthani Tel : (042) 295252
Daughter of Charity Foundation (Thida-Metadham Foundation)	164 Moo 16, Mariwan Road, Naimuang, Muang, Khonkaen
A) Saint Gerald Social Welfare Center for Disabled Children in Khonkaen B) Community Based Rehabilitation Project for Disabled Persons in Loei C) Community Based Rehabilitation Project for Disabled Persons in Udonthani	

Directory of Government Organizations who provide services to PWDs,  
North Eastern Region

Name	Address
<u>Ministry of Public Health</u>	
<i>Mental Health Department</i>	
A) Nakhonratchasima Mentality Hospital	86 Changpeurg Road, Naimuang, Muang, Nakhonratchasima 30000 Tel : (044) 271667-9 Fax : 259187
B) Nakhonphanom Mentality Hospital	210 Nakhonphanom-Tha Uthain Road, Arch-samard, Muang, Nakhonphanom 48000 Tel : (042) 512272 512512 Fax : 513262
C) Sri-mahaphot Mentality Hospital	Sri-mahaphot Mentality Hospital, Muang, Ubonratchathani 34000 Tel : (045) 312550 Fax : 312547
D) Khonkaen Mentality Hospital	Khonkaen Mentality Hospital, Muang, Khomkaen 40000 Tel : (043) 227422 Fax : 224-722
<i>Medical Service Department</i>	
A) Chaiyaphum general hospital	Muang, Chaiyaphm 36000 Tel : (044) 811005
B) Nakhonphanom general hospital	Muang, Nakhonphanom 48000 Tel : (042) 511424
C) Buriram general hospital	Muang, Buriram 31000 Tel : (044) 612082
D) Yasothon general hospital	Muang, Yasothon 35000 Tel : (045) 711580
E) Roi-et general hospital	Muang, Roi-et 45000 Tel : (043) 513001
F) Srisaket general hospital	Muang, Srisaket 33000 Tel : (045) 611503
G) Loei general hospital	Muang, Loei 42000 Tel : (042) 811679
H) Sakonnakhon general hospital	Muang, Sakonnakhon 47000 Tel : (042) 711636

Name	Address
I) Surin general hospital	Muang, Surin 32000 Tel : (044) 514127-8
<i>Ministry of University Affair</i>	
A) Khonkaen University	Sri-nakarinHospital, Mitrtaparp Road, Muang, Khonkaen 40000 Tel : (043) 241331-44 ext 1696
<i>Ministry of Education</i>	
A) Education Region 9	
➤ Sothsuksa school (for deaf)	Muang, Khonkaen 40000 Tel : (043) 221-751 Fax 222962
➤ Special education school Udonthani	Muang, Udonthani 41000 Tel : (042) 323682 Fax 232683
➤ Special education school Khonkaen	Muang, Khonkaen 40000 Tel : (043) 246-493
B) Education Region 10	
➤ Ubonpanyanukul(Mental retard)	Muang, Ubonratchathani 34000 Tel : (045) 3127641
➤ Suksapathana Mukdahan (deaf/hearing loss)	Muang, Mukdahan 49000 Tel : (042) 612237
➤ Special education Kalasin	Muang, Kalasin 46120 Tel : (043) 891080
➤ Special education Roi-et	Muang, Roi-et 45170 Tel : (043) 569278
C) Education Region 11	
➤ Special education Surin	Muang, Surin 32140 Tel : (044) 551793
➤ Special education Nakhonratchasima	Muang, Nakhonratchasima 30000 Tel : (044) 214983
➤ Special education Chaiyaphum	Muang, Chaiyaphum 36000 Tel : (044) 812307
Special Education Center Region 9	Muang, Khonkaen 40000 Tel : (043) 221751, 239055 Fax 239073

Name	Address
Special Education Center Region 10	Muang, Ubonratchathani 34000 Tel : (045) 312764 Fax 281308
<i>Special program (Blind + normal)</i>	
Primary School Education	
➤ Sanarbin School	Muang, Khonkaen, (043) 236506
➤ Khonkaen kindergarten	Muang, Khonkaen, (043) 236579
➤ Bankumhaihuatungpachabumrung	Muang, khonkaen, (043) 237762
➤ Suansanuk municipality school	Muang, Khonkaen, (043) 221823
➤ Sritharn municipality school	Muang, Khonkaen, (043) 236978
➤ Watklang municipality school	Muang, Khonkaen, (043) 222258
<i>Normal Education Department</i>	
➤ Kanlayanawat	Muang, Khonkaen, (043) 221511
➤ Kaennakhonvithayalai	Muang, Khonkaen, (043) 221783
➤ Khonkaenvithayayon	Muang, Khonkaen, (043) 261154
➤ Ratchasimavithayon	Muang, Nakhonratchasima, (044) 214557 Fax 214440
➤ Koratpitayakom	Muang, Nakhonratchasima, (044) 213398
➤ Boonwattana	Muang, Nakhonratchasima, (044) 257667
➤ Mahitsarathibodhi	Muang, Nakhonratchasima, Tel : (044) 371301-2
<i>Ministry of Labor and Social Welfare</i>	
➤ Vocational Training Center (Ban Thongphumpowpanus)	116 Srinarong Road, Naimuang, Muang, Ubonratchathani 34000 Tel : (045) 254092
➤ Vocational Training Center in Khonkaen	76 Moo 9, Khongsoong, Ubonrat Khonkaen 40250 Tel : (043) 246080
➤ Vocational Training Center North-Eastern Region	Klungarwut Road, Kamyai Muang, Ubonratchathani 34000 Tel : (045) 285469

## **Annex II**





List of in-depth interviewees

Name	
Praku Wanroph Yarnawaro	Wat Tungsawang, Phuwiang, Khonkaen.
Mr. Prachil Nilkhet	District Chief Officer Sriboonruang, Nong Bua Lamphu
Dr.Kriengsak Akepongse	Director of Sriboonruang Community Hospital, Nong Bua Lamphu Tel : (042) 353443-5, 351063 Fax : 351214
Dr. Sarawut Santinantaruk	Physician of Sriboonruang Community Hospital, Nong Bua Lamphu Tel : (042) 353443-5, 351063 Fax : 351214
Mr. Samart Ratanapathepporn	President of Provincial Administrative Organization, Nong Bua Lamphu
Mr. Prai Somlela	Grandfather of a PWD 34 Moo 7, Ban Saimoon, Saithong, Sriboonruang, Nong Bua Lamphu 39180
Mr. Suriya Somlela	PWD 34 Moo 7, Ban Saimoon, Saithong, Sriboonruang, Nong Bua Lamphu 39180
Mr. Pongsawat Tumwong	Chairman of Disabled Club Sriboonruang Community Hospital Nong Bua Lamphu
Ms.Sarapee Nambandhit	Teacher Muang Mai School Nong Bua Lamphu

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Name	
Ms.Surapee Vasinonta	Head Office of the on Committee Rehabilitation for Disabled Persons, Department of Social Welfare, Ministry of Labor and Social Welfare, Tel :2822853, 6283019
Mr. Wisit Sanamchud	Lawyer Office of the Committee on Rehabilitation for Disabled Persons, Department of Social Welfare, Ministry of Labor and Social Welfare. Tel : 2822853 Fax : 2821472
Dr. Pattariya Jaruttat	Director Sirindhorn National Medical Rehabilitation Centre, Ministry of Public Health, Tel : 5914242
Mr. Teera Jantrarat	Director Education for PWD Division, Ministry of Education Tel : 2807045-6 Fax : 2807045

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## List of participants of Focus Group Discussion

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Name	
<u>Tambon Nakorg, Sriboonruang</u>	
1. Abbot Pisarn Wimonkit	Abbot
2. Mr.Thongka Thikaban	Village headman assistant
3. Mr.Porn Haoheng	Member of TAO
4. Ms.Suwisa Rongjumnong	School Teacher
5. Ms.Junhorm Sriraksa	Village health volunteer
6. Mr.Sa-nga Prommin	Village health volunteer
7. Mr.Somkuan Noikhun	Village health volunteer
8. Mr.Boonchu Phicanitr	Village health volunteer
9. Mr.Sombat Thatthong	Village health volunteer
10. Mr.Suphe Phaikheth	Member of TAO
<u>Tambon Naklang, Naklang</u>	
1. Adul Ung-kavaro	Monk
2. Mr.Srita Porsaket	Village headman assistant
3. Mr.Chantra Poontawee	Village headman assistant
4. Mr.Sathit Nasayond	School principal
5. Mr.Kamphoon Thup-arsa	Subdistrict chief officer
6. Ms.Arune Boonsrima	Housewife
7. Mr.Charus Thavorn	Village health volunteer
8. Mr.Nicoom Malee	Member of TAO
9. Mr.Kamsaen Champakaew	Village headman assistant
10. Mr.Chalerm Sacha	Subdistrict chief officer

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## **Annex III**



## “Study on Support for Persons with Disabilities”

*ASEAN Institute for Health Development  
Mahidol University*

Interviewer : Mr./Mrs./Miss .....

Interviewee : Mr./Mrs./Miss .....

Address :..... Village :.....Sub-district .....

District ..... Province: Nong Bua Lamphu

Date of Interview : ...../ February/ 2000

### **Part I Information of Interviewee**

1. Sex

Male  Female

2. Age .....years

3. Education

Illiterate  Primary  
 Secondary  Vocation  
 Bachelor  Other (specify).....

4. Marital status

Married  Single  
 Widowed/Separated/Divorced

5. Occupation

Unemployed  Agriculture  
 Labor  Government employee  
 Business  Other (specify).....

6. Household status

Head of household  Spouse  
 Parent  Children/Grand children  
 Dependent  Other (specify).....

7. Relationship with disabled person

Spouse  Parent  
 Grandparent  Children/Grand children  
 Brother/Sister  Relative (specify).....



## “Study on Support for Persons with Disabilities”

*ASEAN Institute for Health Development*

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Interviewer : Mr./Mrs./Miss .....

Interviewee : Mr./Mrs./Miss .....

Address :..... Village :..... Sub-district .....

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Date of Interview : ...../ February/ 2000

### Part I Information of Interviewee

1. Sex

Male  Female

2. Age .....years

3. Education

Illiterate  Primary  
 Secondary  Vocation  
 Bachelor  Other (specify).....

4. Marital status

Married  Single  
 Widowed/Separated/Divorced

5. Occupation

Unemployed  Agriculture  
 Labor  Government employee  
 Business  Other (specify).....

6. Household status

Head of household  Spouse  
 Parent  Children/Grand children  
 Dependent  Other (specify).....

7. Relationship with disabled person

Spouse  Parent  
 Grandparent  Children/Grand children  
 Brother/Sister  Relative (specify).....

**Part II - General Information of Disabled Family**

1. Main occupation of family
  - Agriculture/farming
  - Own business
  - Government employee
  - Self-employment
  - Labor
  - other (specify).....
2. Family income ..... Baht/month
3. Balance of income and expenses
  - Saving
  - Enough
  - Not enough
4. Period of settlement: ..... years..... months
5. Family members ..... persons
6. Number of siblings ..... person
7. Number of disabled person in family..... persons
8. Birth order of disabled persons .....

**Part III - General Information of People with disability**

1. Sex
  - Male
  - Female
2. Duration of disability ..... years
3. Age ..... years
4. Marital status
  - Single
  - Married
  - Widowed /divorced/separated
5. PWD living with
  - Parents
  - Children/grand children
  - Friends
  - Relatives
  - Other specify.....
  - Spouse
  - Brother/Sister
  - Grandparent
  - Living alone

**Part II General Information of Disabled Family**

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  - Agriculture/farming
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  - Government employee
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8. Birth order of disabled persons .....

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1. Sex
  - Male
  - Female
2. Duration of disability ..... years
3. Age ..... years
4. Marital status
  - Single
  - Married
  - Widowed /divorced/separated
5. PWD living with
  - Parents
  - Children/grand children
  - Friends
  - Relatives
  - Other specify.....
  - Spouse
  - Brother/Sister
  - Grandparent
  - Living alone

6. Education

- Current → Class .....
- Type of school
  - Normal Education School
  - Special Education School
  - Informal Education School
- Past → Level of highest education
- Type of school
  - Normal Education School
  - Special Education School
  - Informal Education School
- Reason for not studying.....
- Never → Reason for never attending school .....

7. Occupation

- Unemployed
- Earning income for their own
  - (Specify job) .....
- Helping family (e.g. agriculture, business etc.) without pay

**Information of daily activity of PWDs**

8. Does PWD have aids or special equipment for disability?

- Yes
- No
- not applicable

9. Can PWD going outside by themselves?

- Yes
- No (specify reason).....)

10. How often do PWD go out (for study, work, travel)?

- Everyday
- 1-2 day/week
- 3-5 day/week
- 1-2 day/month
- Never

11. What are the inconveniences when going outside?

- No helper
- Road condition
- Difficulty in getting on/off Bus/Mass Transit
- Expensive transportation fare
- Afraid
- Embarrassing / feel shame
- Others (specify) .....



12. Normally, where do PWDs stay during daytime?

- Office
- Institute/Foundation/Hospital
- Other (specify).....
- School
- Home

13. What does the PWD do in leisure time?

- 1. ....
- 2. ....
- 3. ....

14. Interpersonal relationship (multiple response)

- Greeting
- Talking/Chatting
- Playing together
- Eating together
- Participating social activity
- Being helped/ taken care by neighbors
- Helping disabled when they need care
- Other (specify).....

15. When PWD have problem with, whom do they consult ?

- 1. ....
- 2. ....
- 3. ....

#### Part IV Epidemiological of Disabled

1. Did you register for your disability?

- Yes
- No (why ?).....

2. Type of disability/characteristics of disability

**① Hearing or Communication**

- Stammering
- Dumbness
- Hearing impairment
- Total deafness

**② Seeing**

- One-eyed blindness
- Two-eyed blindness

**⑥ Body or Movement**

- Amputation/part of arm
- Amputation/part of leg
- Amputation/part of finger
- Amputation/part of toe
- Cleft lip or palate
- Paralysis or paresis
- Disability of limbs
- Scoliosis or kyphosis

**⑦ Mental or behavior**

- Psychosis

**⑧ Intellectual disability**

- Mental retardation

**⑨ Multiple disabilities (specify).....**

**3. Cause of disability**

- Heredity
- Accident (*specify*)



- Home (*specify*) .....
- Work place (*specify*) .....
- Traffic (*specify*) .....
- Others (*specify*).....
- Illness .....
- Congenital abnormality
- Behavior (drug addict ,alcoholism)
- Other (*specify*) .....

**4. Number of disabled relatives**

- Yes (number) .....(*specify type of disability*).....
- No

12. Normally, where do PWDs stay during daytime?

- Office
- Institute/Foundation/Hospital
- Other (specify).....
- School
- Home

13. What does the PWD do in leisure time?

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**④ Mental or behavior**

- Psychosis

**⑤ Intellectual disability**

- Mental retardation

**⑥ Multiple disabilities (specify).....**

**3. Cause of disability**

- Heredity
- Accident (specify)



- Home (specify) .....
- Work place (specify) .....
- Traffic (specify) .....
- Others (specify).....
- Illness .....
- Congenital abnormality
- Behavior (drug addict ,alcoholism)
- Other (specify) .....

**4. Number of disabled relatives**

- Yes (number) .....(specify type of disability).....
- No

**Part V Role of family about disabilities**

1. Initial detection of disability of PWD by
  - Health personnel
  - Family
  - Self-detection
  - Friend/neighbor
  - Colleagues/teacher/monk/village headman
  - Other specify.....
  
2. What was the first management for disability?
  - Nothing
  - Consulted with villager/neighbor
  - Treated at government hospital
  - Treated at health center
  - Consulted with village health volunteers
  - Treated by fraud
  - Treated by traditional healers
  - Treated by spiritual healers
  - Treated by masseuse/masseur
  - Treated by monks
  - Other (specify).....
  
3. At present , do PWDs receive treatment?
  - Yes** by ↓
    - Modern practitioner (e.g. doctor, nurse, etc.)
    - Fraud
    - Spiritual practitioner
    - Traditional practitioner
    - Other (specify).....
  - No** reason for not receiving treatment ↓
    - The condition is better
    - It's not treatable/ it's incurable
    - Cannot afford/ costly
    - PWDs refused treatment

- Family is too busy
- Difficult to go out for treatment
- Don't know the place for treatment
- Provide treatment themselves
- Other (specify).....

4. Are PWDs able to do these activities by themselves?

- Need help or assistance from someone
- Partially independence ↓ specify
  - Bathing/ toothbrush / wearing clothes
  - Eating
  - Urinating/defecating
  - Traveling/moving
  - Doing house work
  - Communicating
  - Reading
  - Writing
- Independence / perform regular tasks
  - ↓ specify
    - Working to earn income (self financial support)
    - Working to earn income for their own families

5. Who provides care and assistance if PWDs unable to help themselves?

- Spouse
- Parent
- Grandparent
- Friend/neighbor
- Other specify.....
- Children/grandchildren
- Brother/sister
- Relative
- Nobody helps

6. What assistance do PWDs need from family?

- 1.....
- 2.....
- 3.....

7. Can the family provide assistance needs ?

- Yes
- No (specify the reason).....
- Depend

**Part VI Disability and Health Status of PWDs**

Current health and disability status at present ?

1. Disabilities status when compared with initial stage

- Improved
- Deteriorating
- Stable

2. Health status from January – February 2000

❶ Have been sick

- Sick and unable to perform task
- Sick but able to perform task
- Never been sick

❷ Treatment received

- Modern medical care
- Self treatment /or traditional medicine
- No treatment

❸ Ever had any accident/injury

- Had (specify).....
- Never

❹ Have been admitted to the hospital

- Yes (specify).....
- No

❺ Smoking

- Yes
- No

❻ Drinking alcohol

- Yes
- No

## Part VI Disability and Health Status of PWDs

Current health and disability status at present ?

1. Disabilities status when compared with initial stage

- Improved
- Deteriorating
- Stable

2. Health status from January – February 2000

❶ Have been sick

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❷ Treatment received

- Modern medical care
- Self treatment /or traditional medicine
- No treatment

❸ Ever had any accident/injury

- Had (specify).....
- Never

❹ Have been admitted to the hospital

- Yes (specify).....
- No

❺ Smoking

- Yes
- No

❻ Drinking alcohol

- Yes
- No

**Part VII Needs of PWDs and Assistance from Organizations**

1. Do PWDs think that the disability can be treated ?  
 Yes             No             Not sure
2. Have PWDs ever been trained or attended rehabilitation courses?  
 No (skip to Question no. 4)  
 Yes ↓ specify  
     Care /rehabilitation (where).....  
     Education (where).....  
     Occupation (where).....
3. Are PWDs satisfied with rehabilitation courses?  
 Yes  
 No (specify).....
4. Have PWDs ever had rehabilitation ?  
 Yes  
 No
5. If yes, from whom?  
 Health personnel  
 Foundation staff  
 Villagers (specify).....  
 Other (specify).....
6. Do PWD practice rehabilitation at home?  
 Regularly  
 Once in a while  
 Never
7. What following assistance do PWDs need?  
 Medical care/Rehabilitation assistance ( specify).....  
 Occupational rehabilitation assistance (specify).....  
 Legal/ law suit assistance (specify).....  
 Education assistance(specify).....  
 Other (specify).....
8. Have PWDs ever heard about the Rehabilitation of the Disabled Person Act  
 Yes (How).....  
 No
9. Did PWDs know the benefits about being registered as PWDs ?  
 Yes (specify).....  
 No

**Part VII Needs of PWDs and Assistance from Organizations**

1. Do PWDs think that the disability can be treated ?  
 Yes             No             Not sure
2. Have PWDs ever been trained or attended rehabilitation courses?  
 No (skip to Question no. 4)  
 Yes ↓ specify  
     Care /rehabilitation (where).....  
     Education (where).....  
     Occupation (where).....
3. Are PWDs satisfied with rehabilitation courses?  
 Yes  
 No (specify).....
4. Have PWDs ever had rehabilitation ?  
 Yes  
 No
5. If yes, from whom?  
 Health personnel  
 Foundation staff  
 Villagers (specify).....  
 Other (specify).....
6. Do PWD practice rehabilitation at home?  
 Regularly  
 Once in a while  
 Never
7. What following assistance do PWDs need?  
 Medical care/Rehabilitation assistance ( specify).....  
 Occupational rehabilitation assistance (specify).....  
 Legal/ law suit assistance (specify).....  
 Education assistance(specify).....  
 Other (specify).....
8. Have PWDs ever heard about the Rehabilitation of the Disabled Person Act  
 Yes (How).....  
 No
9. Did PWDs know the benefits about being registered as PWDs ?  
 Yes (specify).....  
 No

10. Have PWDs ever been assisted or helped by the following persons/group in the community ?

Persons/group	Yes (specify)	No
- Village headman	.....	.....
- Teacher	.....	.....
- Monk	.....	.....
- Neighbor	.....	.....
- Volunteer	.....	.....
- Group/club specify.....	.....	.....
- Tamboon Administration	.....	.....
- Other.....	.....	.....

**Part VIII Perception about Disabilities**

1. How do PWD perceive the attitudes of family and community towards their disabilities ?

Family /Community thinks that PWD	Family		Community	
	yes	no	yes	no
- Is a burden on the family	.....	.....	.....	.....
- Is shameful for the family	.....	.....	.....	.....
- Is a result of sin and bad conduct	.....	.....	.....	.....
- Is a person to be understood	.....	.....	.....	.....
- Is a useful person	.....	.....	.....	.....
- Is a person that needs to be cared for	.....	.....	.....	.....
- Is a person that the family can be proud of	.....	.....	.....	.....
- Is a person that needs special consideration	.....	.....	.....	.....
- Is a person with talents	.....	.....	.....	.....
- Is a person that should receive exceptional privilege	.....	.....	.....	.....
- Is a person that should be treated like any other	.....	.....	.....	.....

2. Do you think that disability can be prevented ?

Yes

No



10. Have PWDs ever been assisted or helped by the following persons/group in the community ?

Persons/group	Yes (specify)	No
- Village headman	.....	.....
- Teacher	.....	.....
- Monk	.....	.....
- Neighbor	.....	.....
- Volunteer	.....	.....
- Group/club specify.....	.....	.....
- Tamboon Administration	.....	.....
- Other.....	.....	.....

### Part VIII Perception about Disabilities

1. How do PWD perceive the attitudes of family and community towards their disabilities ?

Family /Community thinks that PWD	Family		Community	
	yes	no	yes	no
- Is a burden on the family	.....	.....	.....	.....
- Is shameful for the family	.....	.....	.....	.....
- Is a result of sin and bad conduct	.....	.....	.....	.....
- Is a person to be understood	.....	.....	.....	.....
- Is a useful person	.....	.....	.....	.....
- Is a person that needs to be cared for	.....	.....	.....	.....
- Is a person that the family can be proud of	.....	.....	.....	.....
- Is a person that needs special consideration	.....	.....	.....	.....
- Is a person with talents	.....	.....	.....	.....
- Is a person that should receive exceptional privilege	.....	.....	.....	.....
- Is a person that should be treated like any other	.....	.....	.....	.....

2. Do you think that disability can be prevented ?

Yes

No

3. What factor do you think is the cause of the disability?

Perception of cause of disability	Yes	No
- Illness	.....	.....
- Accident	.....	.....
- Occupation risk	.....	.....
- Trauma during pregnancy	.....	.....
- Malpractice of practitioners	.....	.....
- Sin of the disabled	.....	.....
- Treated malpracticing doctor	.....	.....
- Sin of parent	.....	.....
- Congenital anomaly	.....	.....
- Bad conduct	.....	.....
- Other(specify).....	.....	.....

4. Are PWD satisfied with facilities and quality of life ?

Satisfaction	Yes	No
<b>Facilities</b>		
- Road/ pathway	.....	.....
- Transportation/ mass transit	.....	.....
- Park/ recreation place	.....	.....
- Telecommunication/telephone	.....	.....
- Toilet	.....	.....
<b>Special equipment (e.g., wheelchairs, hearing aids, etc.)</b>	.....	.....
<b>Health status</b>	.....	.....
<b>Living conditions</b>	.....	.....
<b>Government services</b>		
- Medical care/ rehabilitation services	.....	.....
- Education	.....	.....
- Occupation/ job opportunity	.....	.....
- Legal/ law consultation	.....	.....
<b>Services of Non government organization and private</b>		
- Foundations	.....	.....
- Village funds	.....	.....
- Social welfare groups	.....	.....

## 3. What factor do you think is the cause of the disability?

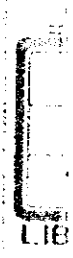
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## 4. Are PWD satisfied with facilities and quality of life ?

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