

## Survey for Degree of Disability

- 106 questions -

The Law for Supporting Independence of Persons with Disabilities became effective in April, 2006. The purpose of this law is to provide benefits and support as part of welfare service to enable independent daily living and social living of persons and children with disabilities.

In order to increase the transparency and equity of procedures to assess eligibility and decide provision, "classification of degree of disability" was established. This classification will provide comprehensive information on the physical and mental conditions of persons with disabilities, which will clarify the necessity of welfare services for each person or child with disabilities. Municipalities can use the information as part of criteria to determine the type and the amount of services to be provided for each qualified person.

A Survey Interviewer (municipal officers, qualified nurse, hygienist, social worker, care-worker etc.) will interview the applicant and his/her guardian, and will take a survey on 106 common items for all three types of disabilities to assess the classification of degree of disability.

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### SURVEY FOR DEGREE OF DISABILITY

**1-1 Circle all applicable numbers regarding experience of paralysis etc. (Multiple answers allowed.)**

1.None	2.Left upper limb	3.Right upper limb	4.Left lower limb
5.Right lower limb	6.Others		

**1-2 Circle all applicable numbers if the range of articular movement is limited. (Multiple answers allowed.)**

1.None	2.Shoulder joint	3.Elbow joint	4.Hip joint
5.Knee joint	6.Ankle joint	7.Others	

**2-1 Circle only one applicable number regarding roll-over.**

1.I can without holding onto something.	2.I can by holding onto something.	3.I cannot.
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**2-2 Circle only one applicable number regarding getting up (sitting up).**

1.I can without holding onto something.	2.I can by holding onto something.	3.I cannot.
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**2-3 Circle only one applicable number regarding keeping a seated position.**

1.I can.
2.I can by supporting with my own hands.
3.I can by being supported by someone.
4.I cannot.



**5-1 Circle only one applicable number for each item regarding maintaining cleanliness.**

	1.I can.	2.Need partial assistance	3.Need total assistance
(1) Oral Cleanliness (Brushing one's teeth, etc.)	1	2	3
(2) Washing one's face	1	2	3
(3) Fixing one's hair	1	2	3
(4) Clipping one's nails	1	2	3

**5-2 Circle only one applicable number regarding putting on and taking off clothes.**

	1.I can.	2.Need someone to watch	3.Need partial assistance	4.Need total assistance
(1) Upper wear	1	2	3	4
(2) Lower wear (bottoms, pants, etc.)	1	2	3	4

**5-3 Circle only one applicable number regarding taking oral medication.**

1.I can.	2.Need partial assistance.	3.Need total assistance.
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**5-4 Circle only one applicable number regarding managing your money.**

1.I can.	2.Need partial assistance.	3.Need total assistance.
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**5-5 Circle only one applicable number regarding telephone usage.**

1.I can.	2.Need partial assistance.	3.Need total assistance.
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**5-6 Circle only one applicable number regarding day-to-day decision making.**

1.I can.	2.I can except in special circumstances.	3.Difficult on a routine basis.	4.I cannot.
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**6-1 Circle only one applicable number regarding vision.**

1.Normal (No trouble in daily life).
2.I can identify a symbol on a vision test chart about 1 meter away.
3.I can identify a symbol on a vision test chart right in front of my eyes.
4.I can hardly see.
5.I cannot judge if I can see or not.

**6-2 Circle only one applicable number regarding hearing.**

1. Normal.
2. I can hear a normal voice with much effort.
3. I can manage to hear very loud voice.
4. I can hardly hear.
5. I cannot judge if I can hear or not.

**6-3-a Circle only one applicable number regarding communication skills.**

1. A respondent to a survey can communicate his/her intention to others.
2. A respondent can sometimes communicate his/her intention.
3. A respondent can hardly communicate.
4. A respondent cannot communicate.

**6-3-b Circle only one applicable number regarding expressing one's will by using one's own expression method.**

1. I can express my will without using my own mode of expression.
2. I sometimes cannot express my will unless I use my own mode of expression.
3. I always have to use my own mode of expression to express my will.
4. I cannot express my will.

**6-4-a Circle only one applicable number regarding responding to the caretaker's instruction.**

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| 1. I can comprehend the caretaker's instruction.    | 2. I can sometimes comprehend the caretaker's instruction. |
| 3. I cannot comprehend the caretaker's instruction. |  |

**6-4-b Circle only one applicable number regarding understanding explanations using means other than language for communication.**

1. In daily life, I can understand explanations without using means of communication other than language (gesture, picture card, etc.)
2. I sometimes need to depend on other means of communication (gesture, picture card, etc.) than language to understand an explanation.
3. I always need to depend on other means of communication (gesture, picture card, etc.) than language to understand explanation.
4. I cannot understand an explanation even depending on other means of communication.

**6-5 Circle only one applicable number regarding memory and understanding.**

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| (1) Ability to understand daily routine.                             | 1. I can. | 2. I cannot. |
| (2) Ability to say your birthday and your age.                       | 1. I can. | 2. I cannot. |
| (3) Ability to recall what you were engaged in before the interview. | 1. I can. | 2. I cannot. |
| (4) Ability to tell your own name.                                   | 1. I can. | 2. I cannot. |
| (5) Ability to tell the current season.                              | 1. I can. | 2. I cannot. |
| (6) Ability to tell where you are.                                   | 1. I can. | 2. I cannot. |

7 Circle one applicable number for each item of behaviors.

(1) Experience victim complex that something was stolen, and the like.	1.No	2.Sometimes	3.Yes
(2) Make up a story and spread it around.	1.No	2.Sometimes	3.Yes
(3) Experience seeing and hearing something unreal.	1.No	2.Sometimes	3.Yes
(4) Experience unsteady emotions such as crying and laughing.	1.No	2.Sometimes	3.Yes
(5) Nighttime insomnia or reversal of day and night.	1.No	2.Sometimes	3.Yes
(6) Use of strong language or acts of force or violence.	1.No	2.Sometimes	3.Yes
(7) Persistently tell the same story or make an unpleasant noise.	1.No	2.Sometimes	3.Yes
(8) Raise one's voice	1.No	2.Sometimes	3.Yes
(9) Make resistance against guidance or care.	1.No	2.Sometimes	3.Yes
(10) Move about aimlessly.	1.No	2.Sometimes	3.Yes
(11) Being restless, saying "I want to go home" or something else.	1.No	2.Sometimes	3.Yes
(12) Not able to return to the hospital, facility or home alone once going out.	1.No	2.Sometimes	3.Yes
(13) Desire to go out alone, which requires close supervision.	1.No	2.Sometimes	3.Yes
(14) Collect various things, or bring things along without notice.	1.No	2.Sometimes	3.Yes
(15) Not able to take care with fire and put out fire.	1.No	2.Sometimes	3.Yes
(16) Break up or tear up things and clothes.	1.No	2.Sometimes	3.Yes
(17) Filthy conducts (play with feces)	1.No	2.Sometimes	3.Yes
(18) Put inedible object in one's mouth.	1.No	2.Sometimes	3.Yes (3A.Once or more a week 3B.Almost everyday)
(19) Terrible memory block.	1.No	2.Sometimes	3.Yes
(20) Obsessive preoccupation with a specific person or object.	1.No	2.Sometimes	3.Yes
(21) Hyperactivity or cessation of activity.	1.No	2. Rarely	3.Once or more a month
	4.Once or more a week	5.Almost everyday	
(22) Panic or precarious activity.	1.No	2. Rarely	3.Once or more a month
	4.Once or more a week	5.Almost everyday	

(23) Hit or injure one's own body.	1.No 4.Once or more a week	2. Rarely 5.Almost everyday	3.Once or more a month
(24) Hit, kick or damage containers, utensils or other properties.	1.No 4.Once or more a week	2. Rarely 5.Almost everyday	3.Once or more a month
(25) Suddenly hug anyone else or bring along things without notice.	1. No 4. Once or more a week	2. Rarely 5. Almost everyday	3.Once or more a month
(26) Suddenly make abnormal voices due to environmental changes.	1.No 4.Once or more a day	2. Rarely 5.Frequently a day.	3.Once or more a week
(27) Unexpected behaviors such as suddenly disappearing at a run.	1.No 4.Once or more a day	2. Rarely 5.Frequently a day	3.Once or more a month
(28) Dietary behavior such as excessive eating or ruminating.	1.No 4.Once or more a week.	2. Rarely 5.Almost everyday	3.Once or more a month
(29) Depressed feeling, negative thinking or sometimes thinking ability is diminished.	1.No	2.Sometimes	3.Yes
(30) Repeated hand washing or slow daily performance due to repeated ascertainment behavior.	1.No	2.Sometimes	3.Yes
(31) Being afraid of going out due to feeling anxious and strained about interacting with others.	1.No.	2.Sometimes	3.Yes
(32) Lie down all day long or keep in one's room doing nothing.	1.No	2.Sometimes	3.Yes
(33) Difficulty to come to an agreement causing inability to carry on conversation.	1.No	2.Sometimes	3.Yes
(34) Inability to be concentrated for a long time and to stick to what has been said.	1.No	2.Sometimes	3.Yes
(35) Unrealistic high self-esteem.	1.No	2.Sometimes	3.Yes
(36) Suspicious about and rejective toward others.	1.No	2.Sometimes	3.Yes

**8 Circle all applicable numbers regarding medical treatment you have received in the last 14 days.**

(Multiple answers allowed)

<u>Treatment</u>	1.Administration of intravenous drip	2.Central venous nutrition	
	3.Dialysis	4.Stoma(artificial anus) treatment	
	5.Oxygen therapy	6.Artifitial respirator	7.Bronchotomy treatment
	8.Care of sharp pain	9. Tube feeding	
<u>Special care</u>	10.Measurement by monitor (Blood pressure, Heart rate, Oxygen saturation, etc.)		
	11.Treatment of bedsore		
<u>Care for incontinence</u>	12.Catheter (Condom catheter, Indwelling catheter, Urostoma, etc.)		

**9-1 Circle only one applicable number regarding cooking food (including menu planning).**

1.I can.	2.Need someone to watch or partial assistance.	3.Need total assistance.
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**9-2 Circle only one applicable number regarding setting the table and clearing it off (carrying dishes).**

1.I can.	2.Need someone to watch or partial assistance.	3.Need total assistance.
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**9-3 Circle only one applicable number regarding cleaning (including tiding up and putting things in order).**

1.I can.	2.Need someone to watch or partial assistance.	3.Need total assistance.
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**9-4 Circle only one applicable number regarding doing the laundry.**

1.I can.	2.Need someone to watch or partial assistance.	3.Need total assistance.
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**9-5 Circle only one applicable number regarding getting ready for a bath and cleaning up after bathing.**

1.I can.	2.Need someone to watch or partial assistance.	3.Need total assistance.
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**9-6 Circle only one applicable number regarding shopping.**

1.I can.	2.Need someone to watch or partial assistance.	3.Need total assistance.
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**9-7 Circle only one applicable number regarding utilizing means of transportation.**

1.I can.	2.Need someone to watch or partial assistance.	3.Need total assistance.
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**9-8 Circle only one applicable number regarding visual recognition of letters.**

1.I can.	2.Need someone to watch or partial assistance.	3.Need total assistance.
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