



Functioning and Disability Disaggregation tool (FDD11)

**Survey manual
2022**

Functioning and Disability Disaggregation tool (FDD11): survey manual 2022

ISBN 978-92-4-006745-5 (electronic version)

ISBN 978-92-4-006746-2 (print version)

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1. Introduction

1.1 Overview

Introduction	The World Health Organization's Functioning and Disability Disaggregation (FDD11) Manual describes how to use the FDD11 as a standalone tool or as part of larger health, demographic or specialized surveys or census. This manual is intended to provide practical information about the FDD11 and its use during interviews.
Purpose	This manual is to be used as a training tool for interviewers when administering the questionnaire.
Intended audience	The manual is intended for all parties responsible for assessing the FDD11 and using the resulting data. The various parties include a wide range of people from interviewers, field staff, supervisors and principal investigator(s), laboratory and data entry technicians and statisticians, to public health officials in the Ministry of Health and/or any health institutions.
Guide to using the manual	<p>This manual has four parts. The first two parts cover background information about the FDD11, questionnaire conventions, specific roles and responsibilities including an editing guide and advice for interviewers.</p> <p>Parts three and four are the specific question by question (QxQ) guides of the following two FDD11 questionnaire versions:</p> <ol style="list-style-type: none">1. Individual (Part 3);2. Proxy Individual (Part 4) <p>Each part is introduced with an overview and a short table of contents to help readers find specific topics. This also enables individual parts to be easily removed from the manual and used as in-the-field reference.</p>

1.2 About FDD11

Introduction	The FDD11 is a psychometrically sound tool for the assessment of functioning and disability that is based on the questions of intrinsic capacity from the WHO Brief Model Disability Survey (MDS) questionnaire (Module 5000, B5002-B50012).
Rationale for FDD11	<p>The 2011 joint WHO and World Bank World Report on Disability clearly enunciated that there is a worldwide need to collect comprehensive, comparable, and relevant disability information that countries can use with confidence. Very few countries report good quality, comparable and consistent data. On the one hand, this is because the way disability data is collected varies significantly across countries. These distinct approaches lead to major differences in the prevalence estimates of disability, making any comparability efforts almost impossible. Secondly, even when disability data exists in countries, it is not disaggregated in an accessible manner.</p> <p>The MDS was created with the objective of facilitating countries in their efforts to collect comprehensive and comparable data on disability. However, with the increasing demand for countries to disaggregate different indicators by disability ensuring that 'no one is left behind', FDD11 was developed as a short tool to be integrated in existing surveys and facilitate data disaggregation by disability. The FDD11 proposes a way forward to overcome the lack of good quality and comparable data on disability by introducing a valid and reliable disability disaggregation instrument that countries can integrate into existing tools.</p>
Purpose	<p>The purpose of the FDD11 is to collect data about disability that can be used for the disaggregation of data.</p> <p>The FDD11 was developed:</p> <ol style="list-style-type: none">1) to allow for quick integration in existing surveys,2) to capture functioning information needed for disaggregating data by disability level, and3) to allow for a quick, sound, and valid disaggregation by disability.

Development of the FDD11

To develop the FDD11, different milestones were necessary:

- WHO developed the full version of the MDS in 2014 to answer the call for the collection of comparable and valid disability data. The MDS represented an evolution in the concept of disability measurement, assessing three aspects to fully describe the experience of disability – 1) capacity, defined as the synthesis of all intrinsic physical and mental capacities of a person, determined by their health condition or impairments; 2) functioning, defined as the outcome of the interaction between the individual's capacity and features of the environment; and 3) environmental factors that affect the individual's lived experience of disability.
- From as early as 2016, countries requested a brief version of the MDS as a module to integrate in larger surveys. The brief MDS was developed through an expert consensus process and analytical work. To select a brief set of questions that will capture a similar amount of information as the full questionnaire, firstly, experts in functioning and disability measurement selected questions based on social and cultural universality, relevance to the WHO International Classification of Functioning, Disability, and Health (ICF), and statistical criteria. Secondly, the reliability of the expert selection was tested using the Generalized Partial Credit Model (GPCM) and Bayesian models. The final model for the Brief MDS drew upon the same three core modules of the full MDS (environmental factors, functioning, and capacity), yielding excellent reliability and explaining a high proportion of the variance of the scores from the long version of the questionnaire.
- The capacity module of the Brief MDS, in particular, included 11 questions, which constitute the FDD11 disaggregation tool. FDD11 was created as a separate instrument.

Pre-testing

The instrument demonstrated good psychometric properties – a short instrument that can be integrated into existing surveys to allow for data disaggregation by disability. A Rasch analysis proved that the tool can successfully measure disability as a construct¹. The instrument provides an excellent opportunity for researchers and governments to capture good-quality disability data and to disaggregate existing data by disability

1.3 FDD11 Questionnaire

Target groups

The FDD11 items are to be administered to adults aged 18 years or older from any educational and cultural background.

Literacy

Respondents do not need to be able to read and write. However, depending on their age, maturity, and cognition, as well as the place where they come from, some questions or concepts may be more difficult to understand than others.

Duration of assessment

An assessment using the FDD11 is expected to last on average 5 minutes but may take longer depending on respondents' comprehension and literacy levels. Respondents with language difficulties, limited education, those who are very talkative, or who suffer from poor health may take longer to complete the assessment

Privacy

The preferred condition for assessing respondents is in private, with no other member of the household present. In some situations, this may be difficult. If total privacy is not possible, the respondent may have to be interviewed outside the house or where the respondent feels comfortable discussing matters which may be sensitive.

If the respondent wishes to have someone with them during the interview, these requests should be considered and noted.

¹ Lee L, Kamenov K, Fellinghauer C, Sabariego C, Chatterji S, Cieza A. WHO Functioning and Disability Disaggregation (FDD11) Tool: A Reliable Approach for Disaggregating Data by Disability. Arch Publ Health. 2022

- Requirements** The principal requirement of informants, respondents, and proxy respondents is to cooperate with the interviewer and follow instructions. They should also:
- Listen to questions attentively without interrupting;
 - Think through the answers before answering, and try to give an accurate and complete responses as much as possible; and,
 - Ask for clarifications whenever a question seems unclear to him and ask the interviewer to repeat or rephrase it.
- Voluntary role** Respondents can refuse to answer any question and can stop the interview at any time. Interviewers should attempt to continue but not force a person to continue.

2. Interviewer's guide

2.1 Overview

- Introduction** This part provides generic guidelines for interviewers on how to conduct an interview and recording the responses using the FDD11.
- Intended audience** This part is designed for use by those fulfilling the following roles:
- Interviewers
 - Supervisors
 - Field Editors
- In this part** This part covers the following topics.

Topic	See Page
Interview	3
	4
2.4 Providing feedback feedback	5
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conventions	
2.6 Recoding information information	7

2.2 Conducting interviews

- Introduction** The quality of an assessment with the FDD11 and its usefulness for within- and across-country comparisons largely depends on the quality of the interviews. Appropriately managing the interview may improve the quality of the assessed data.
- Providing clarification** You may need to provide clarification when the respondent:
- Is unable to answer the question asked.
 - Does not seem to understand the question and gives an inappropriate reply.
 - Does not seem to have heard the question.
 - Is taking a long time to answer the question and hesitates.
 - Asks about a specific part of the question to be repeated (it is acceptable to repeat only that part).
 - Asks for one option to be repeated (read all options again).
 - Asks for one term to be clarified (refer to the explanations provided in the question-by-question guide).
- Interruptions** Interruptions may occur during an interview. If they become too long or too many, suggest returning at another time to complete the interview. Take care that even if interrupted or delayed, you should remain patient and polite at all times.

Language issues

Be aware that if you use 'interpreters of convenience' (such as members of the respondent's family or household, the village headman, or domestic staff), you run the risk of collecting inaccurate information. If you don't get sufficient co-operation due to a language barrier, report this to your supervisor.

2.3 Probing

Introduction

You will need to probe further to get an appropriate response when the respondent:

- Seems to understand the question but gives an inappropriate response
- Does not seem to understand what is asked
- Misinterprets the question
- Cannot make up his or her mind
- Digresses from the topic or gives irrelevant information
- Needs to expand on what has been said to help you understand or clarify the response
- Gives incomplete information or an answer is unclear
- Says that he or she doesn't know the answer

Common responses that need probing

The table below lists some common responses that may need further probing:

If the respondent replies...	Then...
"I don't know." (DK)	Repeat the question.
"I still don't know."	Probe once before recording (DK or '888 Don't know'), for example, ask "Could you give me your best guess/estimate?"
"I still don't know."	This may mean the respondent: <ul style="list-style-type: none">- Is taking time to think and wants to gain time- Does not want to answer because of personal reasons- In fact does not know or has no opinion
"Not applicable." (N/A)	<ul style="list-style-type: none">- Ask him/her why the question does not apply to him/her.- Write down N/A if it is clear that the question is irrelevant. Code is '98'.

Notes:

- 'Don't know', 'Don't remember', 'N/A' and 'refused' should be used only as an absolute last resort. See page 6 for more information.
- If 'Don't know', 'Not applicable' options are not available, write them in the right margin next to the question row.

Probing techniques

The table below provides a few techniques to use when probing further:

Technique	Guidelines
Repeat the question	The respondent may come up with the right answer if he/she hears the question a second time.
Pause	This gives the respondent time to collect his/her thoughts and expand on his/her answer.
Repeat the respondent's reply	This is often a very effective way of having the respondent reflect on the answer he/she has just given.

Technique	Guidelines
Use neutral probes	Avoid biased responses and probes. Never give the impression that you approve or disapprove what the respondent says, or that their answer is right or wrong. Instead, if you want more information, ask "Anything else?", or "Could you tell me more about...?"

2.4 Providing feedback

Introduction It is important that the interviewer tell the respondent when s/he is doing well, throughout the interview process. You may need or choose to do this quite often. It is also a way of maintaining control over the interview. This will help maintain motivation and encourage good performance.

When feedback is needed Feedback is needed when the respondent:

- Needs to focus and get his/her attention back on the question.
- Is digressing from the topic.
- Is making inappropriate or personal enquiries.
- Is performing well: listens attentively and answers appropriately.

Feedback techniques Some useful feedback techniques include:

- Vary the type of feedback by using different phrases.
- Pause briefly after feedback.
- Give verbal as well as non-verbal feedback, such as a smile or a nod.
- Use short feedback sentences for short responses and longer feedback sentences for longer responses.
- Note down some of the things the respondent says. This will motivate the respondent because he/she will feel that what he/she is saying is important.

Suggested phrases Some suggested phrases for a variety of respondent responses are provided in the table below.

If the respondent...	Suggested phrases or response
<ul style="list-style-type: none"> - Makes inappropriate enquiries - Asks for advice or information - Wants to know about the interviewer's personal experiences. 	<p>- "In this interview, we are really interested in learning about <u>your</u> experiences."</p> <p>- "When we finish, let us talk about that."</p> <p>- "We can discuss that later."</p>
Digresses from the questions by giving lengthy responses or unnecessary information.	<p>- "I have many more questions to ask so we should really move on."</p> <p>- "If you would like to talk more about that, perhaps we can do it at the end of the interview."</p>
Gives inappropriate responses or feels like conversing.	Silence can be quite effective in this case.

Acknowledging respondent's performance Feedback must always be neutral and you should acknowledge the respondent's performance by using appropriate feedback sentences such as those suggested in the table below.

To...	Respond with...
Acknowledge responses to close-ended questions	<ul style="list-style-type: none"> - "Thank you." / "Thanks." - "I see." - "All right". - "Okay."
Reinforce respondent motivation and attention on a long series of questions, open-ended questions, or questions that are difficult for the respondent	<ul style="list-style-type: none"> - "That is certainly useful/helpful information." - "It is useful to get your ideas on this." - "I see, that's helpful to know." - "That can be difficult to remember/answer."
Acknowledge that what the respondent has said is important and worth recording.	<ul style="list-style-type: none"> - "Let me get that down." - "Let me make sure I have got that right. (repeat answer)." - "Let me go over what you have just told me."

Gestures and tone of voice

In addition to listening to what the respondent is saying, it is useful to pay attention to the gestures and tone of voice because they can often give a better indication of what the respondent is trying to say if their verbal answer is confusing or not clear. For example, the respondent's anger or frustration may not come through verbally but may be communicated non-verbally.

2.5 Questionnaire conventions

Use of '-8', '88', '888', '97', '98' and '-9', '99', '999' response codes

For responses that are 'Don't know', 'Not applicable', 'Refused' and missing, the interviewer should use special codes for the Supervisor and Data Entry clerks. See guidelines below.

'Don't know' response

With some questions the respondent may not know the answer. In general 'Don't know' answers are NOT encouraged and should not be offered to the informant or respondent. If the respondent is having difficulty answering, you should probe or clarify the question. However, if the respondent is still not able to answer then mark the 'Don't know' option. Where a 'Don't know' option is not provided - manually write 'DK'. 'Don't know' should be coded as '-8', '88', '888' depending on the width of the field.

"Missing" response

See Editing Guide, page **Error! Bookmark not defined..** To be coded as '-9', '9', '99', '999' depending on the question and width of the field.

'Not applicable' response

Some questions may not be applicable or relevant for the informant/respondent. For example, the respondent may never climb stairs. The response option 'Not applicable' is rarely included in the questionnaire, but if the interviewer needs to use it for a question, clearly write 'N/A'. Data entry clerk would enter this as '98', '998'...

'Refused' response

An informant or respondent may refuse to answer certain questions. The interviewer should attempt to determine the reason for the refusal, and attempt to probe and get an answer. Where this is not possible, the interviewer should circle '97', '997'... or write 'REFUSED' in the margin to the right of the question row.

Visual aids

Visual aids such as SHOWCARDS help respondents remember important information while answering questions and rating different items.

Allow enough time for respondents to examine the visual aids and think about their responses. Instructions are given throughout the questionnaire so you will know when to consider visual aids and how to use them.

2.6 Recoding information

- Introduction** All results that are recorded on the FDD11 questionnaire must be written as clearly as possible to avoid ambiguity and confusion when checking and entering the results.
- Taking notes** Find a comfortable place for writing. Sit in front of the respondent or in a place where what you write cannot easily be seen by the respondent. It is better not to show the informant or respondent what you are writing or recording - and best to be as discrete as possible while documenting responses or taking notes. Attempt to record notes while the informant/respondent is talking, as appropriate. This will help reduce the interview time.
- General requirements** Some general requirements for recording response information are as follows:
- Write clearly and legibly.
 - Write the response during the interview, while the respondent is talking.
 - If a question has been skipped by mistake, correct it.
 - If an informant/respondent changes her/his response on one of the questions, use single line-out for old the response and record the new response.
 - Record comments or explanations in brackets next to the corresponding question.
 - Don't get too absorbed recording. Keep the respondent's interest by repeating the respondent's response aloud as you are writing.
- What not to record** Do not record the following responses:
- Justifications such as explanations to a closed-ended question.
 - Digressions irrelevant to the question being asked.
 - Hesitations, mumbling or feedback.
- Handling issues** Use the table below to help with some common issues you may encounter.

If...	Then...
You are uncertain about a response	Repeat the question and record the answer exactly. Do not paraphrase a response.
You have missed a question	Go back and ask the question, make a note in the left margin that the question was asked out of sequence.
The respondent does not know and a 'Don't Know' is not available in the response options	Write '888' or 'DK'
The respondent refuses to answer a question	Mark as '97' or 'REF' Note: Before accepting a refusal, explain the objective of the question to the respondent.
The question does not apply	Mark as '98' or 'N/A'

Missing data is not discovered until after the interview

If possible, re-contact the respondent and ask the question. Note in the margin that the question was asked out of sequence. If not possible, for example the survey team has moved on from the village, then write "Missing" in the left margin of the form. Code as '-9', '99', '999'...

3. Guide to completing FDD11

3.1 Overview

Introduction	This guide provides background information and guidance for completing the FDD11
Intended audience	This part is intended for those fulfilling the following roles: <ul style="list-style-type: none">- Interviewer- Supervisor- Field Editor
Intended use	Use this guide in training, to prepare for the interviews, and as reference material during interviews if respondents request clarification about specific questions. Interviewers and supervisors should refrain from offering their own interpretations.

3.2 FDD11

Introduction	The FDD11 is an eleven-item questionnaire that asks questions about problems in day-to-day life exclusively because of health issues and without taking into account any help.
Purpose	The purpose of the FDD11 is to ask questions about difficulties that the respondent may have doing certain activities because of a health issue.
Procedure	In the FDD11, respondents are asked about problems in day-to-day life which are exclusively due to their health. The questions are responded on a scale from 1 to 5 where 1 means no difficulty and 5 means you cannot do the activity.

Question No.	Question	Guide for completion
Q01	How much difficulty do you have seeing things at a distance?	<p>The purpose of this item is to identify persons who have vision difficulties or problems of any kind. They can have a problem seeing things close up or far away. They may not be able to see out of one eye or they may be only able to see directly in front of them, but not to the sides. Any difficulty with vision that they consider a problem should be captured.</p> <p>Definitions: Seeing refers to an individual using his/her eyes and visual capacity in order to perceive or observe what is happening around them.</p>
Q02	How much difficulty do you have hearing?	<p>The purpose of this item is to identify persons who have some hearing limitation or problems of any kind with their hearing. They can have a problem hearing only when they are in a noisy environment, or they may have problems distinguishing</p>

Question No.	Question	Guide for completion
Q03	How much difficulty do you have walking or climbing steps?	<p data-bbox="675 210 1417 304">sounds from different sources. They may not be able to hear in one ear or both. Any difficulty with hearing that they consider a problem should be captured.</p> <p data-bbox="675 342 1447 472">Definitions: Hearing refers to an individual using his/her ears and auditory (or hearing) capacity in order to know what is being said to them or the sounds of activity, including danger that is happening around them.</p> <p data-bbox="675 524 1447 954">The purpose of this item is to identify persons who have some limitation or problems of any kind getting around on foot. It may or may not contribute to difficulty in doing their daily activities. They can have a problem walking more than a block, or short or long distances, or the problem can be that they can't walk up or down steps without difficulty. They may not be able to walk any distance without stopping to rest or they may not be able to walk without using some type of device such as a cane, a walker or crutches. In some instances they may be totally unable to stand for more than a minute or two and need a wheelchair to get from place to place. Difficulties walking can include those resulting from impairments in balance, endurance, or other non-</p> <p data-bbox="675 992 1433 1086">musculoskeletal systems. Any difficulty with walking (whether it is on flat land or up or down steps) that they consider a problem should be captured.</p> <p data-bbox="675 1124 1447 1288">Definitions: Walking refers to an individual using his/her legs in such a way as to propel themselves over the ground to get from point A to point B. The capacity to walk should be without assistance of any device or human. If such assistance is needed, the person has difficulty walking.</p>
Q04	How much difficulty do you have remembering or concentrating?	<p data-bbox="675 1326 1447 1787">The purpose of this item is to identify persons who have some problems with remembering or thinking that contribute to difficulty in doing their daily activities. They can have a problem finding their way around, or the problem can be that they can't concentrate on what they are doing, or they may forget where they are or what month it is. They may not remember what someone just said to them or they may seem confused or frightened about most things. Any difficulty with remembering, concentrating or understanding what is going on around them that they or family members (if the family member is the respondent) consider a problem should be captured. We do not intend to capture difficulties remembering or concentrating because of common everyday situations such as high workload or stress, or as a result of substance abuse.</p> <p data-bbox="675 1825 1436 2085">Definitions: Remembering refers to an individual using his/her memory capacity in order to recall what has happened around them. It means the individual can bring to mind or think again about something that has taken place in the past (either the recent past or further back). In connection with younger people, remembering is often associated with storing facts learned in school and being able to retrieve them when needed.</p>

Question No.	Question	Guide for completion
Q05	How much difficulty do you have washing all over or dressing?	<p>The purpose of this item is to identify persons who have some problems with taking care of themselves independently. Washing and dressing represent tasks that occur on a daily basis and are very basic activities.</p> <p>Definitions: Washing all over refers to the process of cleaning one's entire body (usually with soap and water) in the usual manner for the culture. The washing activity includes cleaning hair and feet, as well as gathering any necessary items for bathing such as soap or shampoo, a washcloth, or water. Dressing refers to all aspects of putting clothing or garments on the upper and lower body including the feet if culturally appropriate. Gathering clothing from storage areas (e.g., closet, dressers), securing buttons, tying knots, zipping, etc., should be considered part of the dressing activity.</p>
Q06	How much difficulty do you have sleeping because of your health?	<p>Respondents should evaluate the difficulties they have in sleeping, such as difficulties falling asleep or waking up too early, because of their health and not taking any personal assistance, aids or modifications into account.</p> <p>Example: a person has difficulties to fall asleep and uses relaxation techniques to handle them → the respondent should describe the extent of the difficulties without the use of relaxation techniques.</p>
Q07	How much difficulty do you have doing household tasks because of your health?	<p>Respondents should evaluate the difficulties they have in doing household tasks, such as doing laundry, cleaning or putting out the garbage, because of their health and not taking any personal assistance, aids or modifications into account.</p> <p>Example: a person with spinal cord injury has important difficulties in getting housework done but has a personal assistant takes care of it → the respondent should describe the extent of the difficulties without the help of the personal assistant.</p>
Q08	Because of your health, how much difficulty do you have with joining community activities, such as festivities, religious or other activities?	<p>The question includes being involved in town meetings, fairs, leisure or sport activities in the town, neighbourhood or community. Respondents should evaluate the difficulties they have in joining community activities because of their health and not taking any personal assistance, aids or modifications into account.</p> <p>Example: a person in a wheelchair can join festivities because of the support of the family → the respondent should describe the extent of the difficulties without the support of the family.</p>
Q09	How much difficulty do you have with feeling sad, low, worried or anxious because of your health?	<p>Respondents should evaluate the difficulties they have in with feeling sad, low, worried or anxious because of their health and not taking any personal assistance, aids or modifications into account.</p>

Question No.	Question	Guide for completion
		<p>Example: a person with cancer feels very often sad, low or depressed but gets support from the spouse → the respondent should describe the extent of the difficulties not taking into account the support from the spouse.</p> <p>Example: a person with chronic pain feels worried, nervous or anxious → the respondent should describe the extent of the difficulties not taking into account any kind of support.</p>
Q10	Because of your health, how much difficulty do you have getting along with people who are close to you, including your family and friends?	<p>Getting along with people who are close includes showing respect, warmth, appreciation, and tolerance in relationships; responding to criticism and social cues in relationships; and using appropriate physical contact. Respondents should evaluate the difficulties they have in getting along with people who are close to them because of their health and not taking any personal assistance, aids or modifications into account.</p> <p>Example: a person has increasing difficulties getting along with people who are close after a stroke but can handle this when the spouse is present → the respondent should describe the extent of the difficulties not taking into account the support of the spouse.</p>
Q11	How much bodily aches or pains do you have?	<p>Respondents should evaluate how many bodily aches or pains they have because of their health without taking any personal assistance, aids or modifications into account.</p> <p>Example: a person has chronic pain and uses meditation techniques to cope with it → the respondent should describe how much pain he/she has without using meditation techniques.</p>

4. Guide to completing the proxy questionnaire

4.1 Overview

Introduction	This guide provides background information and guidance for completing each question in the FDD11 Proxy Questionnaire when the application of the Proxy Questionnaire is required.
Intended audience	<p>This part is intended for those fulfilling the following roles:</p> <ul style="list-style-type: none"> • Interviewer • Supervisor • Field Editor
Intended use	Use this guide in training, to prepare for the interviews, and as reference material during interviews if respondents request clarification about specific questions.

Interviewers and supervisors should refrain from offering their own interpretations.

4.2 FDD11 by proxy

Introduction The FD11 asks questions about problems in day-to-day life exclusively because of health issues as reported by the proxy. Proxy respondents are people identified to respond on behalf of selected individual respondents who are unable to respond for themselves.

Role The table below lists each of the roles and their desired characteristics.

Role	Attributes
Household informant	<ul style="list-style-type: none">• Most knowledgeable person in the household about the household members and characteristics, household's health status, transfers and financial status, including income and expenditures.• This person will often be the main income provider, the head of the household, who can be formally defined as "the individual in the family setting who provides actual support and maintenance to one or more individuals who are related to him or her through adoption, blood, or marriage".• The household informant may be different from the person selected to complete the Individual Questionnaire.
Individual respondent	Household member who is above the age of 18 and who was randomly selected during the Household Questionnaire (using the Kish Table method) to complete the Individual Questionnaire.
Proxy respondent	A person who knows the respondent very well and is able to accurately answer questions about the respondent's environment, functioning, health and well-being on their behalf.

Requirements The principal requirement of informants, respondents, and proxy respondents is to cooperate with the interviewer and follow instructions. They should also:

- Listen to questions attentively without interrupting.
- Think through the answers before answering, and try to give an accurate and complete responses as much as possible; and,

Ask for clarifications whenever a question seems unclear to him and ask the interviewer to repeat or rephrase it.

Voluntary role Respondents can refuse to answer any question and can stop the interview at any time. Interviewers should attempt to continue but not force a person to continue.

Procedure In this section, proxies are asked about problems in day-to-day life exclusively due to the respondent's health.

Q01-Q11 The table below provides guidelines for completing questions Q01 to Q11, which relate to difficulties the respondent may have doing certain activities because of her or his HEALTH. Proxies should answer these questions WITHOUT TAKING INTO ACCOUNT people who help the respondent and any assistive devices or modifications the respondent uses.

For all questions you should:

- Read aloud all response options to the proxy and
- Circle only one response option.

Question No.	Question	Guide for completion
Q01	How much difficulty does [NAME] have seeing things at a distance?	<p>The purpose of this item is to identify persons who have vision difficulties or problems of any kind. They can have a problem seeing things close up or far away. They may not be able to see out of one eye or they may be only able to see directly in front of them, but not to the sides. Any difficulty with vision that they consider a problem should be captured.</p> <p>Definitions: Seeing refers to an individual using his/her eyes and visual capacity in order to perceive or observe what is happening around them.</p>
Q02	How much difficulty does [NAME] have hearing?	<p>The purpose of this item is to identify persons who have some hearing limitation or problems of any kind with their hearing. They can have a problem hearing only when they are in a noisy environment, or they may have problems distinguishing sounds from different sources. They may not be able to hear in one ear or both. Any difficulty with hearing that they consider a problem should be captured.</p> <p>Definitions: Hearing refers to an individual using his/her ears and auditory (or hearing) capacity in order to know what is being said to them or the sounds of activity, including danger that is happening around them.</p>
Q03	How much difficulty does [NAME] have walking or climbing steps?	<p>The purpose of this item is to identify persons who have some limitation or problems of any kind getting around on foot. It may or may not contribute to difficulty in doing their daily activities. They can have a problem walking more than a block, or short or long distances, or the problem can be that they can't walk up or down steps without difficulty. They may not be able to walk any distance without stopping to rest or they may not be able to walk without using some type of device such as a cane, a walker or crutches. In some instances they may be totally unable to stand for more than a minute or two and need a wheelchair to get from place to place. Difficulties walking can include those resulting from impairments in balance, endurance, or other non-musculoskeletal systems. Any difficulty with walking (whether it is on flat land or up or down steps) that they consider a problem should be captured.</p> <p>Definitions: Walking refers to an individual using his/her legs in such a way as to propel themselves over the ground to get from point A to point B. The capacity to walk should be without assistance of any</p>

Question No.	Question	Guide for completion
		device or human. If such assistance is needed, the person has difficulty walking.
Q04	How much difficulty does [NAME] have remembering or concentrating?	<p>The purpose of this item is to identify persons who have some problems with remembering or thinking that contribute to difficulty in doing their daily activities. They can have a problem finding their way around, or the problem can be that they can't concentrate on what they are doing, or they may forget where they are or what month it is. They may not remember what someone just said to them or they may seem confused or frightened about most things. Any difficulty with remembering, concentrating or understanding what is going on around them that they or family members (if the family member is the respondent) consider a problem should be captured. We do not intend to capture difficulties remembering or concentrating because of common everyday situations such as high workload or stress, or as a result of substance abuse.</p> <p>Definitions: Remembering refers to an individual using his/her memory capacity in order to recall what has happened around them. It means the individual can bring to mind or think again about something that has taken place in the past (either the recent past or further back). In connection with younger people, remembering is often associated with storing facts learned in school and being able to retrieve them when needed.</p>
Q05	How much difficulty does [NAME] have washing all over or dressing?	<p>The purpose of this item is to identify persons who have some problems with taking care of themselves independently. Washing and dressing represent tasks that occur on a daily basis and are very basic activities.</p> <p>Definitions: Washing all over refers to the process of cleaning one's entire body (usually with soap and water) in the usual manner for the culture. The washing activity includes cleaning hair and feet, as well as gathering any necessary items for bathing such as soap or shampoo, a wash cloth, or water. Dressing refers to all aspects of putting clothing or garments on the upper and lower body including the feet if culturally appropriate. Gathering clothing from storage areas (e.g. closet, dressers), securing buttons, tying knots, zipping, etc., should be considered part of the dressing activity.</p>
Q06	How much difficulty does [NAME] have sleeping because of her/his health?	<p>Proxies should evaluate the difficulties they have in sleeping, such as difficulties falling asleep or waking up too early, because of their health and not taking any personal assistance, aids or modifications into account.</p>

Question No.	Question	Guide for completion
		<p>Example: a person has difficulties to fall asleep and uses relaxation techniques to handle them → the proxy should describe the extent of the difficulties without the use of relaxation techniques.</p>
Q07	How much difficulty does [NAME] have doing household tasks because of her/his health?	<p>Proxies should evaluate the difficulties they have in doing household tasks, such as doing laundry, cleaning or putting out the garbage, because of their health and not taking any personal assistance, aids or modifications into account.</p> <p>Example: a person with spinal cord injury has important difficulties in getting housework done but has a personal assistant takes care of it → the proxy should describe the extent of the difficulties without the help of the personal assistant.</p>
Q08	Because of [NAME's] health, how much difficulty does s/he have with joining community activities, such as festivities, religious or other activities?	<p>The question includes being involved in town meetings, fairs, leisure or sport activities in the town, neighbourhood or community. Proxies should evaluate the difficulties they have in joining community activities because of their health and not taking any personal assistance, aids or modifications into account.</p> <p>Example: a person in a wheelchair can join festivities because of the support of the family → the proxy should describe the extent of the difficulties without the support of the family.</p>
Q09	How much difficulty does [NAME] have with feeling sad, low, worried or anxious because of his/her health?	<p>Proxies should evaluate the difficulties they have in with feeling sad, low, worried or anxious because of their health and not taking any personal assistance, aids or modifications into account.</p> <p>Example: a person with cancer feels very often sad, low or depressed but gets support from the spouse → the proxy should describe the extent of the difficulties not taking into account the support from the spouse.</p> <p>Example: a person with chronic pain feels worried, nervous or anxious → the proxy should describe the extent of the difficulties not taking into account any kind of support.</p>
Q10	Because of her/his health, how much difficulty does [NAME] have getting along with people who are close to her/him, including her/his family and friends?	<p>Getting along with people who are close includes showing respect, warmth, appreciation, and tolerance in relationships; responding to criticism and social cues in relationships; and using appropriate physical contact. Proxies should evaluate the difficulties they have in getting along with people who are close to them because of their health and not taking any personal assistance, aids or modifications into account.</p>

Question No.	Question	Guide for completion
Q11	How many bodily aches or pains does [NAME] have?	<p>Example: a person has increasing difficulties getting along with people who are close after a stroke but can handle this when the spouse is present → the proxy should describe the extent of the difficulties not taking into account the support of the spouse.</p> <p>Proxies should evaluate how many bodily aches or pains they have because of their health without taking any personal assistance, aids or modifications into account.</p> <p>Example: a person has chronic pain and uses meditation techniques to cope with it → the proxy should describe how much pain he/she has without using meditation techniques.</p>

5. Editing questionnaires and preparing for data entry

5.1 Overview

Introduction	Editing and cleaning the questionnaires should be done while still in the selected sampling area and once done indicates the questionnaire results are ready for entry into the data entry programme. When an interview is completed and questionnaires are transferred from an interviewer to a field editor/supervisor, the editing process begins. The guidelines provided in this part are to assist with quality control measures.								
Aim	The aim is to have clear, codable responses to be able to record for in the data entry software for every question.								
Intended audience	<p>This part is intended for those fulfilling the following roles:</p> <ul style="list-style-type: none"> • Interviewer • Field Editor • Supervisor • Principal Investigator • Data Editor • Data Entry Clerk • WHO (Geneva) MDS Team. 								
In this part	<p>This part covers the following topics regarding editing the questionnaires.</p> <table> <tr> <th>Topic</th><th>See Page</th></tr> <tr> <td></td><td>16</td></tr> <tr> <td>5.2 Core roles and responsibilities</td><td>17</td></tr> <tr> <td>5.3 Data analysis</td><td></td></tr> </table>	Topic	See Page		16	5.2 Core roles and responsibilities	17	5.3 Data analysis	
Topic	See Page								
	16								
5.2 Core roles and responsibilities	17								
5.3 Data analysis									

5.2 Core roles and responsibilities

Introduction	In addition to the general roles and responsibilities identified in Part 2, this module identifies the specific roles and responsibilities for editing the completed questionnaire data and preparing it for data entry.
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Summary of responsibilities

The table below provides a summary of each of the core roles and their responsibilities.

Role	Responsibility
Interviewer	Check each completed questionnaire after each interview. Keep track of non-response households.
Field Editor	Editing and preparing questionnaires for data entry by reviewing each questionnaire for accuracy and completeness.
Supervisor	Any notes about data quality or editing can be made on the questionnaire in an agreed ink colour. <ul style="list-style-type: none">• Completing retest questionnaires for 10% of the sample and general quality control.• Following-up all proxy respondent questionnaires to ensure proxy interviews were warranted.• Revisiting 5% of completed Individual questionnaire respondents and completing a proxy respondent questionnaire for validation.
Principle Investigator	Monitoring completed questionnaires and general quality control. Monitoring completed questionnaires for quality control.
Data Editor	Arranging data transfer to WHO on bi-monthly basis. <ul style="list-style-type: none">• Verifying codable data.• Identifying missing data patterns and inconsistencies.• Entering data into the data processing software.
Data Entry Clerk	<ul style="list-style-type: none">• Logging and seeking resolution to data quality issues (from Data Editor, Supervisor, Principal Investigator etc. as appropriate).• Data Entry Clerk should alert data editor, data manager, supervisor or primary investigator of any data quality issues, or problems identified during data entry.• Providing assistance and support for errors and complications.
WHO Geneva	For technical support, the Principal Investigators can forward details of all errors and complications requiring resolution to the WHO Disability Team.

5.3 Data analysis

WHO has created a simple excel sheet with underlying algorithm, where implementers of FDD11 can import data and automatically obtain the disability score for each participant, as well as a figure with distribution of disability in the assessed population. The excel file contains instructions for use and can be downloaded from the WHO disability webpage².

² <https://www.who.int/activities/collection-of-data-on-disability>

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