



Parent/Caretaker Pre- and Post-Workshop Survey

Please tick: Pre-workshop survey or Post-workshop survey

Full Name: _____ Date: _____

Age: _____ Gender: _____ Occupation: _____

Church Denomination: _____ (*prefer not to answer*)

Ethnicity: _____ (*prefer not to answer*)

Residence: _____ (*prefer not to answer*)

Marital Status: Married Single Prefer not to Answer

Education Level Completed: None Primary Secondary College Masters PhD
 Prefer not to answer

Do you have a disability? Yes (Disability Type: _____)
 No Prefer not to answer

How many children do you have?

How many of your children have disabilities?

What is your child's/children's disability? (Please describe)

What are the age(s) of your child or children with a disabilities?



For the questions below, indicate whether you believe the statement is true Always, Most of the Time, Sometimes, Rarely, or Never.

	Always	Most of the Time	Sometimes	Rarely	Never
Causes					
1. I believe disability is a punishment for sin or the sins of one's parents.					
2. Disabilities are the result of witchcraft or curses.					
3. A person is possessed by spirits if someone starts shaking, has odd or bad behavior, hears or sees things that are not there, or seems to act differently than other people.					
4. Disabilities are contagious.					
5. My community includes my child and treats him/her with kindness.					
6. I feel isolated and alone because of my child's Disability.					
Interventions					
7. A child with a disability can be cured by a traditional healer.					
8. A child with a disability can be cured by a pastor or other religious leader.					
9. I know where to go to get assistance for my child's disability.					
10. Beating a child is an effective way to help them behave.					
Rights of People with Disabilities					
11. Children and youth with disabilities have a legal right to access education.					
12. People with disabilities have a legal right to access medical care.					