

# rapid Assistive Technology Assessment tool (rATA)

(This population-based survey tool should be used only for rapid mapping of need, demand, supply and user satisfaction with Assistive Technology)

## A. PRELIMINARY INFORMATION / ADMINISTRATIVE SURVEY DATA

LABEL	NAME	QUESTION	OPTIONS / FIELD
INTID	a.1	Interviewer's ID:	<input type="checkbox"/> 01 = Enumerator 1 .... (02, 03, 04 ...) ... <input type="checkbox"/> nn = Last enumerator nn <input type="checkbox"/> 87 = Temporary/test enumerator
LOC1	a.2	Province	<input type="checkbox"/> 001 = Province 1 .... (02, 03, 04 ...) ... <input type="checkbox"/> nnn = Last province nnn
LOC2	a.3	District	<input type="checkbox"/> 001 = District 1 .... (02, 03, 04 ...) ... <input type="checkbox"/> nnn = Last district nnn
LOC3	a.4	Village	<input type="checkbox"/> 001 = Village 1 .... (02, 03, 04 ...) ... <input type="checkbox"/> nnn = Last village nnn
idhh	a.5	Household number	<input type="checkbox"/> 001 = HH 1 .... (02, 03, 04 ...) ... <input type="checkbox"/> nnn = Last HH nnn
idind	a.6	Individual number Sequential in household	<input type="checkbox"/> 01 = Household member 1 .... (02, 03, 04 ...) ... <input type="checkbox"/> nn = Last HH member nn
IID	a.7	Respondent's ID: May be required to include in administrative/ running sheet	LOC1,LOC2,LOC3,idhh,idind
DATE	a.8	Date	YYYY/MM/DD
TIMES	a.9	Time interview started (record now)	00:00 (24HR)
GEO	a.10	Optional geolocation (GPS)	GPS coordinate

## B. DEMOGRAPHICS

AGE	b.1	How old are you?	Age (years)
SEX	b.2	What is your gender? Do not read options	<input type="checkbox"/> 1 = Male <input type="checkbox"/> 2 = Female <input type="checkbox"/> 3 = Non-binary, intersex, other not specified <input type="checkbox"/> 88 = Not disclosed (do not read)

## C. NEED<sup>1</sup>

(The next questions ask about difficulties you may have doing certain activities because of a HEALTH CONDITION.)

MOBILITY	c.1	Without assistance or support from any people or equipment, do you have difficulty sitting, standing, walking or climbing steps? Would you say you have [read options]?  (e.g. sitting without support, standing up from a chair, walking independently inside or outside the house, or climbing steps)	<input type="checkbox"/> 0 = No difficulty <input type="checkbox"/> 1 = Some difficulty <input type="checkbox"/> 2 = A lot of difficulty <input type="checkbox"/> 3 = Cannot do at all <input type="checkbox"/> 88 = Not disclosed (do not read)
SEEING	c.2	Do you have difficulty seeing, without using any devices?  (e.g. reading books, newspapers, smart phone or signs, or identifying people across the road)	<input type="checkbox"/> 0 = No difficulty <input type="checkbox"/> 1 = Some difficulty <input type="checkbox"/> 2 = A lot of difficulty <input type="checkbox"/> 3 = Cannot do at all <input type="checkbox"/> 88 = Not disclosed (do not read)
HEARING	c.3	Do you have difficulty hearing, without using any products?  (e.g. hearing when others talk or when answering the phone)	<input type="checkbox"/> 0 = No difficulty <input type="checkbox"/> 1 = Some difficulty <input type="checkbox"/> 2 = A lot of difficulty <input type="checkbox"/> 3 = Cannot do at all <input type="checkbox"/> 88 = Not disclosed (do not read)
COMM	c.4	Do you have difficulty speaking or communicating without the use of any products?  (e.g. understanding others or being understood)	<input type="checkbox"/> 0 = No difficulty <input type="checkbox"/> 1 = Some difficulty <input type="checkbox"/> 2 = A lot of difficulty <input type="checkbox"/> 3 = Cannot do at all <input type="checkbox"/> 88 = Not disclosed (do not read)
REMEMB	c.5	Do you have difficulty remembering or concentrating without the use of any products?  (e.g. forgetting appointments or medication, losing track of time, or difficulty finding places)	<input type="checkbox"/> 0 = No difficulty <input type="checkbox"/> 1 = Some difficulty <input type="checkbox"/> 2 = A lot of difficulty <input type="checkbox"/> 3 = Cannot do at all <input type="checkbox"/> 88 = Not disclosed (do not read)

<sup>1</sup> Questions c.4, c.5 and c.6 are applicable for respondents with age older than or equal to 5 years.

SELFCARE	c.6	Do you have difficulty with your self-care without the use of any products?  (e.g. eating, dressing, bathing or toileting)	<input type="checkbox"/> 0 = No difficulty <input type="checkbox"/> 1 = Some difficulty <input type="checkbox"/> 2 = A lot of difficulty <input type="checkbox"/> 3 = Cannot do at all <input type="checkbox"/> 88 = Not disclosed (do not read)
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## D. DEMAND AND SUPPLY

PRODUSE	d.1	Do you currently use any assistive product(s)?	<input type="checkbox"/> 0 = NO -> Go to d.9 <input type="checkbox"/> 1 = YES
PRODS	d.2	Which products do you use?  (If "yes", tick the ones being used)  (Show the poster or GIF file - read and/or describe the images to person with visual impairment)	USE SHOWCARDS/ POSTER/IMAGEBOOK AND SELECT ALL THAT APPLY FROM d.2 PRODUCT LIST

## PRODUCT LIST

Mobility products	<input type="checkbox"/> 101 = Axillary / Elbow crutches	Seeing/vision products	<input type="checkbox"/> 201 = Audio-players with DAISY capability
	<input type="checkbox"/> 102 = Canes/sticks, tripod and quadripod		<input type="checkbox"/> 202 = Braille displays (note takers)
	<input type="checkbox"/> 103 = Club foot braces		<input type="checkbox"/> 203 = Braille writing equipment/ brailers
	<input type="checkbox"/> 104 = Manual wheelchairs - basic type for active users		<input type="checkbox"/> 204 = Magnifiers, digital handheld
	<input type="checkbox"/> 105 = Wheelchairs, manual with postural support		<input type="checkbox"/> 205 = Magnifiers, optical
	<input type="checkbox"/> 106 = Manual wheelchairs - push type		<input type="checkbox"/> 206 = Spectacles; low-vision, short/ long distance/filters etc
	<input type="checkbox"/> 107 = Wheelchairs, electrically powered		<input type="checkbox"/> 207 = Watches, talking/touching
	<input type="checkbox"/> 108 = Orthoses (upper limb)		<input type="checkbox"/> 208 = White canes
	<input type="checkbox"/> 109 = Orthoses (lower limb)		<input type="checkbox"/> 209 = Smart phones/tablets/PDA
	<input type="checkbox"/> 110 = Orthoses (spinal)		<input type="checkbox"/> 210 = Deafblind communicators
	<input type="checkbox"/> 111 = Pressure relief cushions		<input type="checkbox"/> 211 = Gesture to voice technology
	<input type="checkbox"/> 112 = Pressure relief mattresses		
	<input type="checkbox"/> 113 = Prostheses (lower limb)		
	<input type="checkbox"/> 114 = Prostheses (upper limb)*		
	<input type="checkbox"/> 115 = Rollators		
	<input type="checkbox"/> 116 = walking frames/walkers		
	<input type="checkbox"/> 117 = Therapeutic footwear (diabetic, neuropathic, orthopedic)		
	<input type="checkbox"/> 118 = Fall detectors		
	<input type="checkbox"/> 119 = Standing frames, adjustable		
	<input type="checkbox"/> 120 = tricycles		
Hearing products	<input type="checkbox"/> 301 = Alarm signalers with light/sound/ vibration	Communication	<input type="checkbox"/> 401 = Smart phones/tablets/PDA
	<input type="checkbox"/> 302 = Hearing aids (digital) and batteries		<input type="checkbox"/> 402 = Communication boards/ books/cards
	<input type="checkbox"/> 303 = Closed captioning displays		<input type="checkbox"/> 403 = communication software
	<input type="checkbox"/> 304 = Smart phones/tablets/PDA		<input type="checkbox"/> 404 = Recorders
	<input type="checkbox"/> 305 = Deafblind communicators		
	<input type="checkbox"/> 306 = Hearing loops/FM systems		
	<input type="checkbox"/> 307 = Video communication devices		

Cognition	<input type="checkbox"/> 501 = Pill organizers	Self-care and environment	<input type="checkbox"/> 601 = Chairs for shower/bath/toilet
	<input type="checkbox"/> 502 = Smart phones/tablets/PDA		<input type="checkbox"/> 602 = Grab-bars / Hand rails
	<input type="checkbox"/> 503 = Global Positioning System (GPS) locators		<input type="checkbox"/> 603 = Incontinence products, absorbent
	<input type="checkbox"/> 504 = Personal emergency alarm systems		<input type="checkbox"/> 604 = Ramps, portable
	<input type="checkbox"/> 505 = Simplified mobile phones		<input type="checkbox"/> 605 = Keyboard and mouse emulation software
	<input type="checkbox"/> 506 = Time management products		<input type="checkbox"/> 606 = Screen readers
	<input type="checkbox"/> 507 = Travel aids, portable		
Other products not listed	<input type="checkbox"/> 87 = Other products (not listed above)		

## OTHER PRODUCTS NOT ON CORE LIST

OTHPROD	d.3	If selected '87' in d.2 How many other products do you use?	Integer
-	-	If d.3 > 3 Please consider the three other products you consider to be the most important to you.	PROMPT ONLY
OTHPR1	d.3n.1	If d.3 > 0 What is the name of your first other product?  If the respondent doesn't know the name, offer assistance. If not known/uncertain, describe in words 'i.e modified spoon with rubber, used for eating'	[71=text]
OTHPR1i	d.3p.1	Can I take a picture of your [OTHPR1]? If yes -> take picture	IMAGE
OTHPR2	d.3n.2	If d.3 > 1 What is the name of your second other product?	[72=text]
OTHPR2i	d.3p.2	Can I take a picture of your [OTHPR2]? If yes -> take picture	IMAGE
OTHPR3	d.3n.3	If d.3 > 2 What is the name of your third other product?	[73=text]
OTHPR3i	d.3p.3	Can I take a picture of your [OTHPR3]? If yes -> take picture	IMAGE
PRODSUM	d.4	Calculates number of products used	Calculation Sum count-selected (d.2) + d.3
PRODIMP	d.5	If d.4 > 3 Considering all the products you used, please select the 3 most important products	Generate option list from d.2 and d.3n. 1, d3n.2, d3n.3 PROD1 _____ PROD2 _____ PROD3 _____

## SOURCES OF AP

SOURCE1	d.6.1	Where did you get your [PROD1] from? <i>Select all that apply</i>	<input type="checkbox"/> 1 = Public sector: Government facility, public hospital <input type="checkbox"/> 2 = NGO sector: Non-profit facility <input type="checkbox"/> 3 = Private sector: private facility/hospital/clinic/shop/store <input type="checkbox"/> 4 = Friends/family <input type="checkbox"/> 5 = Self-made <input type="checkbox"/> 87 = Other <input type="checkbox"/> 88 = Don't know
SOURC1o (optional)	d.6.1o	If d.6.1 = 87 Specify other source of [PROD1]	Text
SOURCE2	d.6.2	If d.4 > 1 Where did you get your [PROD2] from? <i>Select all that apply</i>	See d.6.1
SOURC2o (optional)	d.6.2o	If d.6.2 = 87 Specify other source of [PROD2]	Text
SOURCE3	d.6.3	If d.4 > 2 Where did you get your [PROD3] from? <i>Select all that apply</i>	See d.6.1
SOURC3o (optional)	d.6.3o	If d.6.3 = 87 Specify other source of [PROD3]	Text
TSOURCES	d.6.4	Calculates any product source selected by individual	

## PAYERS OF AP

PAYER1	d.7.1	Who paid for your [PROD1]? <i>Select all that apply</i>  * Note: the most frequent answers are different from the most important. Optionally, add 'what is the most important' if multiple options are selected, or restrict to one most important choice.	<input type="checkbox"/> 1 = Government <input type="checkbox"/> 2 = NGO/Charity <input type="checkbox"/> 3 = Employer/School <input type="checkbox"/> 4 = Insurance <input type="checkbox"/> 5 = Paid out-of-pocket (self) <input type="checkbox"/> 6 = Family / friends <input type="checkbox"/> 87 = Other <input type="checkbox"/> 88 = Don't know
PAYER1o (optional)	d7.1o	If d.7.1 = 87 Specify other payer of [PROD1]	Text
PAYER1	d.7.2	If d.4 > 1 Who paid for your [PROD2]?	See d.7.1
PAYER1o (optional)	d7.2o	If d.7.2 = 87 Specify other payer of [PROD2]	Text
PAYER1	d.7.3	If d.4 > 2 Who paid for your [PROD3]?	See d.7.1
PAYER1o (optional)	d7.3o	If d.7.3 = 87 Specify other payer of [PROD3]	Text
OOP (optional)	d.7.4	Can you estimate the amount you paid for assistive products in the last 12 months?  <i>Individual or immediate family only: not other payers</i>	Integer in local currency

## DISTANCE TO AP FACILITY

DISTKM1	d.8.1	How far did you have to travel to get your [PROD1]?	<input type="checkbox"/> 1 = Less than 5km <input type="checkbox"/> 2 = 6-25km <input type="checkbox"/> 3 = 26-50km <input type="checkbox"/> 4 = 51-100km <input type="checkbox"/> 5 = More than 100km <input type="checkbox"/> 88 = Don't know
DISTKM2	d.8.2	If d.4 > 1 How far did you have to travel to get your [PROD2]?	See d.8.1
DISTKM3	d.8.3	If d.4 > 2 How far did you have to travel to get your [PROD3]?	See d.8.1

## UNMET NEEDS

UNMET	d.9	Do you think you need any assistive product(s) that you do not currently use, or you currently use but it needs to be replaced?	<input type="checkbox"/> 0 = NO -> Go to e.1.1 <input type="checkbox"/> 1 = YES
UMPRODS	d.10	Which products do you think you need? (Tick the ones identified)  (Show the poster or GIF file - read and/or describe the images to person with visual impairment)	USE SHOWCARDS AND SELECT ALL THAT APPLY FROM d.2 PRODUCT LIST

## BARRIERS TO ACCESS

BARRIER	d11	Why don't you have the assistive product(s) you need?  Select all that apply	<input type="checkbox"/> 1 = Not available <input type="checkbox"/> 2 = Not suitable <input type="checkbox"/> 3 = Lack of transport / too far <input type="checkbox"/> 4 = Lack of time <input type="checkbox"/> 5 = Lack of support <input type="checkbox"/> 6 = Cannot afford <input type="checkbox"/> 7 = Stigma/ shyness <input type="checkbox"/> 87 = Other <input type="checkbox"/> 88 = Do not know about AP
BARRIERo (optional)	d.11o	If selected "87" in d11 Specify other barrier	Text

## E. SATISFACTION

SATPR1	e.1.1	If d.1 = 0 -> Go to f.1 If d.1 = 1 Over the last month, how satisfied are you with your [PROD1]?	<input type="checkbox"/> 1 = Very dissatisfied <input type="checkbox"/> 2 = Dissatisfied <input type="checkbox"/> 3 = Neither satisfied nor dissatisfied <input type="checkbox"/> 4 = Quite satisfied <input type="checkbox"/> 5 = Very satisfied <input type="checkbox"/> 88 = Refused / don't know (Do not read)
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SATPR2	e.1.2	If d.4 > 1 Over the last month, how satisfied are you with your [PROD2]?	See e.1.1
SATPR3	e.1.3	If d.4 > 2 Over the last month, how satisfied are you with your [PROD3]?	See e.1.1
DSATPR (optional)	e.1.4	If selected "1" or "2" in e.1.1 or e.1.2 or e.1.3 You mentioned you were dissatisfied with a product. What are the reasons?	<input type="checkbox"/> 1 = Fit / size / shape <input type="checkbox"/> 2 = Pain / discomfort <input type="checkbox"/> 3 = Weight <input type="checkbox"/> 4 = Appearance <input type="checkbox"/> 5 = Safety <input type="checkbox"/> 6 = Durability <input type="checkbox"/> 87 = Other
DSATPRo (optional)	e.1.4o	If selected "87" in e.1.4 Specify other reasons for dissatisfaction	TEXT
SVCPR1	e.2.1	Thinking about your [PROD1], how satisfied are you with the assessment and training you received?	<input type="checkbox"/> 1 = Very dissatisfied <input type="checkbox"/> 2 = Dissatisfied <input type="checkbox"/> 3 = Neither satisfied nor dissatisfied <input type="checkbox"/> 4 = Quite satisfied <input type="checkbox"/> 5 = Very satisfied <input type="checkbox"/> 6 = Not applicable (Do not read) ((assessment/training not needed) <input type="checkbox"/> 88 = refused / don't know (Do not read)
SVCPR2	e.2.2	If d.4 > 1 Thinking about your [PROD2], how satisfied are you with the assessment and training you received?	See e.2.1
SVCPR3	e.2.3	If d.4 > 2 Thinking about your [PROD3], how satisfied are you with the assessment and training you received?	See e.2.1
DSATSVC (optional)	e.2.4	If selected "1" or "2" in e.1.1 or e.1.2 or e.1.3 You mentioned you were dissatisfied with services, what were the reasons?	<input type="checkbox"/> 1 = Procedure <input type="checkbox"/> 2 = Waiting time <input type="checkbox"/> 3 = Quality of care <input type="checkbox"/> 4 = Staff

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