

General Statistical Office of Viet Nam

**Country Report
Results of The Field Test On Washington
Group Disability Questions**

Ha Noi-2006

REPORT ON THE RESULTS OF THE FIELD TEST FOR WASHINGTON GROUP'S QUESTION SET

I. Objectives.

The field test of WG question set on disability conducted after the cognitive test. The objective of the field test is to test questions to find how they run and what are possible problems may be happened in context of the disability sample survey or the Census 2009.

After the cognitive test and the field test, we will decide a set of questions will be use in VLSS2006, we will design a disability module which will be integrated in VLSS2006. The results and experiences from the field test and the VLSS2006 with disability module, suitable steps will be carried out to mobilize for Population Census 2009 (fieldwork activities will be conducted on 1 April 2009).

Another objective of the test is to provide the data on disability in the scale of a VHLSS's province, how is it if we extend to collect disability data in the whole country from Viet Nam Household Living Standard Survey VHLSS.

This document presents results and experiences of General Statistical Office from the field test conducted in Thai Binh province.

II. Methodology:

1. Sample:

Sample of the filed test based on the VLSS2004 sample which conducted in 2004 of Thai Binh Province. (See the appendix 1f for more details). The sample size for VLSS2004 was of 1020 households selected from 68 villages of 68 communes of Thai Binh province. There were 1003 households with 3549 household members from 5 yrs old and over which were actually participated in the field test.

Of the sample, there were 73 households belong to urban area.

By using the sample of VLSS, the data of the field test could merge with the VLSS2004 data for analyzing and we could find possible problems in context of VLSS2006 with a disability module.

1. Question set to be used for the field test:

(a). Washington question set:

1. Do you have difficulty seeing, even if wearing glasses?
2. Do you have difficulty hearing, even if using a hearing aid?
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?
5. Do you have difficulty (with self-care such as) washing all over or dressing?
6. Because of a physical, mental or emotional health condition, do you have difficulty communicating, (for example understanding others or others understanding you)?

(b). Extension set of questions:

See the questionnaire for the field test for the details of extension question set (Appendix 2f).

(c). County specific questions:

A set of questions on causes of difficulty.

2. Questionnaire

The Appendix 2f shows the contents and structure of the questionnaire for test in Thai Binh.

(a). Cover page

(b). Section A: Household roster and general information.

(c). Section B: Disability question section

4. Interviewers and supervisors of the field test:

The training manual was revised from the materials provided by WG and experiences from the cognitive test. The contributions of stakeholders on disability were very significant to the last version of questionnaire and training manual for field test.

5. Interviewers and supervisors of the field test:

Most interviewers and supervisors of the cognitive test participated the field test in Thai Binh province. Total of the interviewers for the test were 35 persons, there were eight supervisors from GSO (of them, there was Tran Van Hai – mobility disable person who was interviewer for cognitive test) and two independent supervisors from MCNV who carried out the translation and cognitive test (Mr. Dung and Mrs Thanh).

Criteria for selecting interviewers were experience and professional competence. Most of interviewers are experiences in household living standard survey/census, in sociological surveys or in researching with health/disability area. They had bachelor/college degree, trainings in statistics area or social science. GSO was priority for selecting persons who were interviewers of the cognitive test.

5. Training interviewers:

All interviewers participated the three-day training course conducted in Ha Noi from 26 April to 28 April 2006 (Cognitive: 25/02/2006 to 26/02/2006). Contents of the training course were:

- (a) Introducing with interviewers purposes and methods of testing, methods of interviewing for every questions (two days).
- (b) Introducing methods of working with PWD/CWD (on the last second day): Problems related to PWD/CWD and methods of working with PWD/CWD introduced by representatives from The disability forum Viet Nam and Save the Children Sweden Viet Nam.
- (c) Practicing interviews section (One day): On the last day of the training, there were 20 persons with disability were mobilized to the course for the practical interviews.
- (d) Discussing and concluding
- (e) Evaluating the training.

A. Questions and answers at the training:

Q1. Why not start from the screening question such as: "Are there any people with disability in your household?"

A. We have to ask every household members aged from 5 years old and over for every questions on functioning.

Q2. Do we need to replace a household from the list of VLSS04 households by other household if the VLSS04 household if we cannot find it?

A2. Do not need to replace by another HH if we cannot find/meet them at duration that the team staying at the village.

Q3. Question 9d is not suitable with children. The example about important thing is not suitable.

A3. With children 5 to 15 yrs old can give an example such as: lock the door when get out of home.

Q4. When ask the questions related to health status (question 29) I found that it is very sensitive, please do not this question.

A4. We will change the question to: "29. Does [...NAME] have any disease or health problems? If yes: "What's disease?" and "Any else?".

Q5. About the causes of disability, there is some inconsistencies with what you said before, Why do you ask "Disability"?

A6. Have no inconsistency with what we said from start that we ask about functioning or disability without ask directly about disability. If there are any person said that "Oh, I am difficulty with hearing because I am disability", will fill the code 1. It is different with asking that "Are you difficult because of disability?".

Q7. Question 17d, It is very difficult with the question about "sitting about 2 hours"? My son 8 years old, he cannot sit 2 hours in the same place, He is very actively, but you cannot say he is disability.

Q8. "Can your child sit and learn in the class?". You say "Yes", so your child is able to sit about two hours from start of the class and up to short break in mid-morning. You can probe by give the example.

Q9. Each of the core questions is followed by a set of extended questions. If we ask extended questions and find that there are some different results between core question and extended questions, May I come back to change the core question's results for fitting with the extended questions.

A9. Please interview from question by question with exact order in the questionnaire and exact questions printed in the questionnaire. You can ask probe questions, but not "suggest"/"assist" for the answers. And then, write the option answered by interviewee. Don't change or "revise" in any way for "logical" by your owned ideas.

III. Implementing of the field work:

1. Interview's teams of the test:

Interviewers were split into teams. There were 7 teams, 5 persons for each (4 interviewers and 1 team leader). Each team was responsibility about 9-10 communes. There were 15 households per a VLSS cluster, so that a team was responsibility for interviewing about 145 households in average.

2. Duration of the test:

Fieldwork started from 1 May 2006 to 17 May 2006.

3. Length of an interview.

The length of an interview was about 1 hour. There was no significant difference between urban and rural.

4. Problems found from fieldwork and comments from the meeting with interviewers, supervisors and stakeholders

(a). Problems found from supervising and solutions:

- Problem 1: Some interviewers were confused to specify household members. So they did ask questions for disability for household members who were out of their home for a duration of time.

- Solution 1: Need to train more details at the training course, the problem will be solve in context of VLSS training.
- Problem 2: Some interviewers took too much proxy-interview even if the object of interviewing were at home.
- Solution: Need to regulate details which case will use proxy-report in the training manual and supervising the interviewers
- Problem 3: Some interviewers did not pay enough time to explain for interviewee about objectives and content of the field test. Some other interviewers explain for only some first household members and not introduce for the others.
- Solution 3: We did not to introduce for all household members one by one if they were all at home and heard about interviewer's introduction, but we should do if some ones were new comers. Sending letter to households before the day of interviewing was a good way.
- Problem 4: Some differences between the interview and re-interview. All the differences were belonging to proxy-respondents.
- Solution 4: Training course, trainer evaluation, survey manual guidebooks...
- Problem 5: Some interviewers made mistakes from transferring codes of answers from disability questions to the causes of disability part.
- Solution 5: Simple mistakes caused by Interviewers. It was needed to reinforce fieldwork supervising activities

(c). Comments from supervisors, interviewers and stakeholders.

Some questions should be discussed more details and suitable with culture of Vietnamese people, education levels. If we try to keep some questions, we may have problems with data quality. Here are some questions:

1. Original question: Do you have **difficulty seeing and** recognizing a person you know from 7 meters?

Changed to: Do you have **difficulty seeing and** recognizing a person from 7 meters in normal daylight?

- Reasons: It is difficulty seeing and recognizing at the time of nightfall/twilight, but not enough lights for the rural area so that people are difficulty seeing and recognizing a person from 7 meters.
- 2. Original question: By yourself and not using aid, do you have any difficulty standing or being on your feet for about 2 hours?
By yourself and not using aid, do you have any difficulty sitting for about 2 hours?

Changed to: Don't use these two questions.

Reasons: It is very difficult to have the true answers because people are rarely standing or sitting for 2 hours in day-to-day life activities. People answer "difficulty" even if they are healthy.

- 3. Original question: Do you have difficulty finding a solution to problems in a day to day life?

Changed to: Don't use these two questions.

- Reasons: Persons who have "difficulty finding a solution to problems" because they are not disability, but also from their low education, poor skill.

IV. Data entry and processing data:

- (a) Data entry program designed in EPINFO.
- (b) Using Duplicated data entry to measure non-sampling errors caused by operators.
- (c) EPINFO data was exported to Stata software for analyzing.
- (d) The field test data was merged with VHLSS2004 for deeply analyzing.

V. Characteristics of the respondent sample:

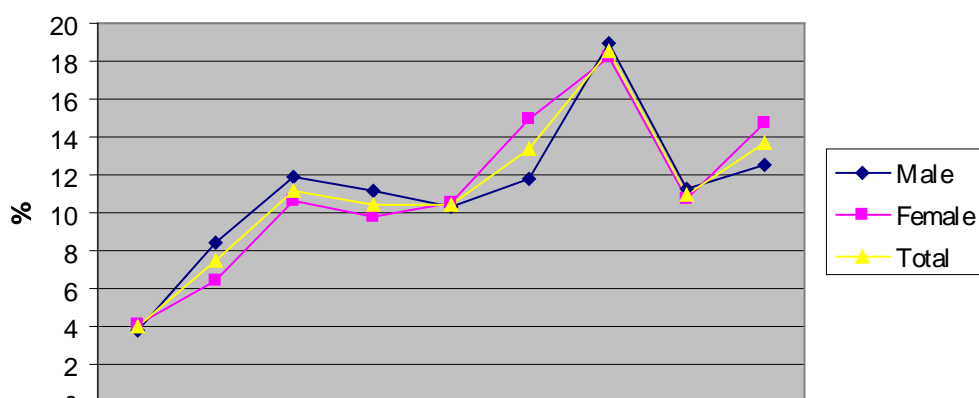
Of the 3540 household members, there were 3400 (96%) persons aged from 5 and over, 271 household members (7.66%) were belonging to urban area. Household size was 3.5persons/HH. Of the 1003 households, there were only 19% female head.

Table 01: Distribution of household members by age's groups and gender

	Sex		Total
	Male	Female	
0-4	3.76	4.14	3.95
5-10	8.45	6.46	7.43
11-15	11.86	10.6	11.21
16-20	11.17	9.77	10.45
21-30	10.36	10.54	10.45
31-40	11.75	14.9	13.36
41-50	18.92	18.16	18.53
51-60	11.23	10.71	10.96
61+	12.5	14.74	13.64
Total	100	100	100

Number of Observations: 3540

Chart 1: Percentage of household members by age and sex



		school				al		
						training		
7-10	0.6	97.8	1.1	0.6	0.0	0.0	0.0	100
11-15	1.3	20.8	74.4	3.5	0.0	0.0	0.0	100
16-20	0.0	0.3	3.8	75.2	19.1	1.1	0.5	100
21-30	2.4	2.7	11.1	41.7	26.3	8.9	6.8	100
31-40	0.6	3.0	15.8	53.4	20.3	4.2	2.7	100
41-50	1.5	3.5	14.5	60.4	13.4	3.4	3.4	100
51-60	3.6	5.9	17.7	51.2	9.0	7.5	5.1	100
61+	12.9	38.9	18.9	16.2	3.5	5.0	4.6	100
Total	3.1	15.6	20.5	41.4	12.2	4.0	3.1	100

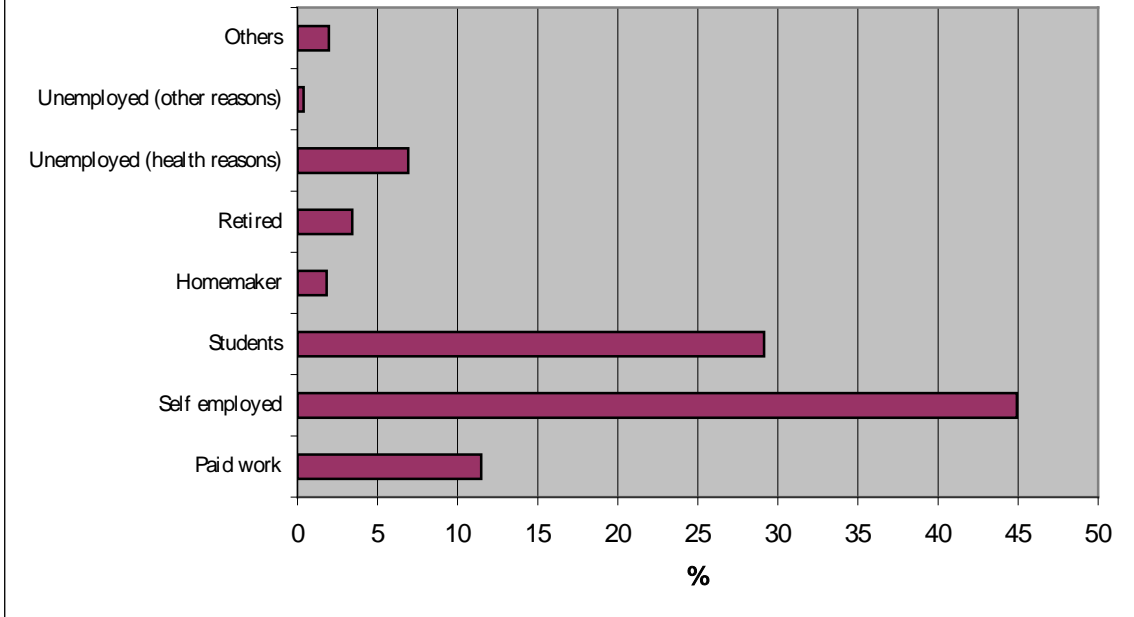
Table 4 and chart 2 shows the main work of household members. Thai Binh province was an agricultural one, that's why there was 45% sample population who were doing the self-employed work. The rate of unemployed for health reasons is 6.9%, 5.5% and 8.2% for male and female respectively.

Table 4: The main work taking the most time of household members

	Male	Female	Total
Paid work (n)	251	142	393
%	15.0	8.1	11.5
Self employed (n)	664	875	1,539
%	39.6	50.0	44.9
Students (n)	540	458	998

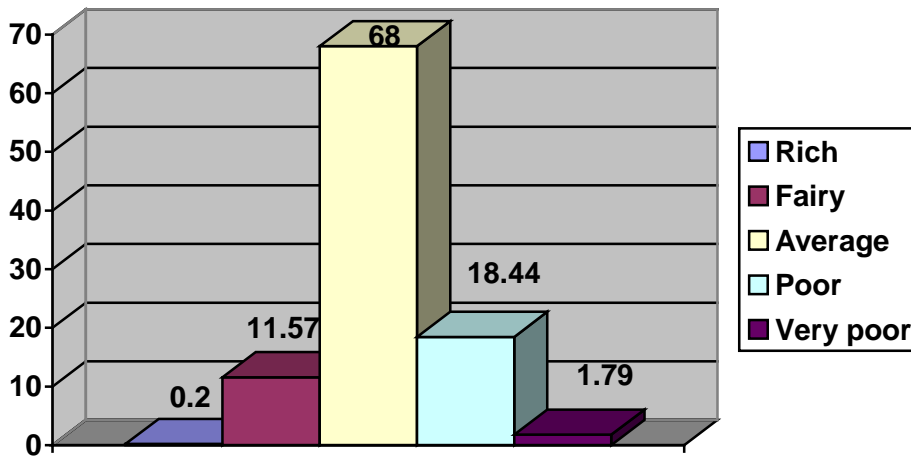
	%	32.2	26.2	29.1
Homemaker	(n)	7	55	62
	%	0.4	3.1	1.8
Retired	(n)	82	35	117
	%	4.9	2.0	3.4
Unemployed (health reasons)		93	144	237
	%	5.5	8.2	6.9
Unemployed (Other reasons)		7	6	13
	%	0.4	0.3	0.4
Others	(n)	32	35	67
	%	1.9	2.0	2.0
Total		1676	1750	3426
		100	100	100

Chart 2: % of the main work taking the most time of household members



There were 68% households said that they were belonging to average group (self-measured by household heads). 20.23% households said that they were poor or very poor. The rate of poor and very poor was different between male and female household heads (17% and 33% respectively).

Chart 3: Distribution of households by economics status



V. Results:

1. Proxy-respondents.

The Proxy-respondents impact the results of any survey/census in two opposite directions. With the too old, too young, persons with communication/hearing problems, we need to have proxy-respondents. In context of VLSS survey and Census, we do not have enough sign languages to interpret for the deaf-and-dumb people. In addition, interviewers could not wait for a long time when household members out of their home in context of our survey or Census.

We regulated that if a under-twelve person out of home, interviewers could select a most suitable proxy-respondent from his/her household.

64.4% of surveyed persons provided information/answers by proxy-respondents. The rate was highest with the age groups 16-30 and the old persons (around 80%).

Table 5: Type of providing information by age of surveyed people.

	Types of providing information		Total
	Proxy-respondent	Self-respondents	
5-10	54.1	45.9	100
11-15	61.2	38.8	100
16-20	78.9	21.1	100
21-30	82.2	17.8	100
31-40	51.0	49.1	100
41-50	50.8	49.2	100
51-60	57.0	43.0	100
61+	85.0	15.0	100

Total	64.36	35.64	100
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2. The functional difficulty of six core questions designed by Washington Group.

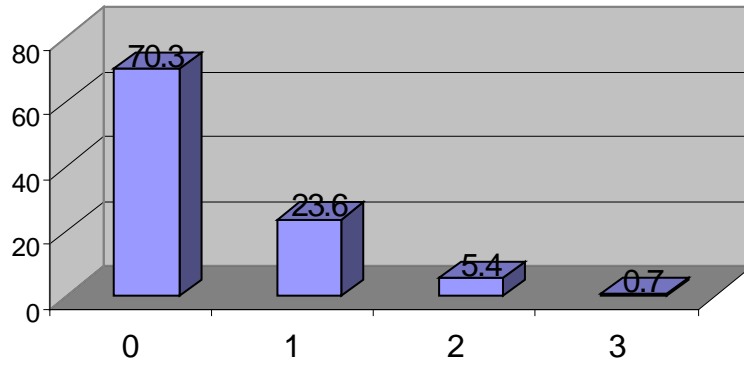
The percent of people with “cannot do at all” were under 1%. Self-care and communication were highest (more than 90%) with “no difficulty”.

Table 5: Number of observations and percentage of people by levels of difficulty

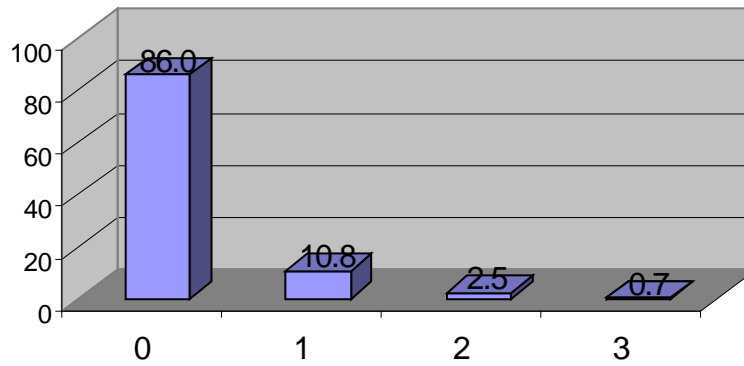
	Observations	Percent
W1. Difficulty with seeing		
0- No difficulty	2,390	70.29
1- Some difficulty	803	23.62
2- A lot of difficulty	184	5.41
3- Unable	23	0.68
W2. Difficulty hearing		
0- No difficulty	2,924	86
1- Some difficulty	368	10.82
2- A lot of difficulty	84	2.47
3- Unable	24	0.71
W3. Difficulty remembering or concentrating		
0- No difficulty	2,743	80.68
1- Some difficulty	524	15.41
2- A lot of difficulty	103	3.03

3- Unable	30	0.88
W4. Difficulty walking or climbing steps		
0- No difficulty	2,637	77.56
1- Some difficulty	564	16.59
2- A lot of difficulty	176	5.18
3- Unable	23	0.68
W5. Difficulty with self-care		
0- No difficulty	3122	91.82
1- Some difficulty	197	5.79
2- A lot of difficulty	49	1.44
3- Unable	32	0.94
W6. Communication		
0- No difficulty	3070	90.29
1- Some difficulty	235	6.91
2- A lot of difficulty	60	1.76
3- Unable	35	1.03

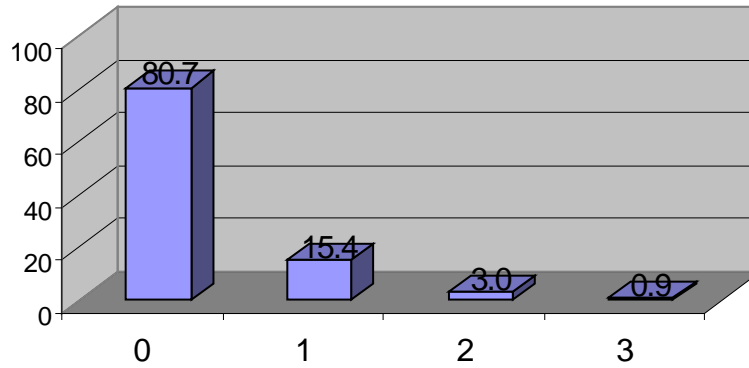
W1. Difficulty with seeing



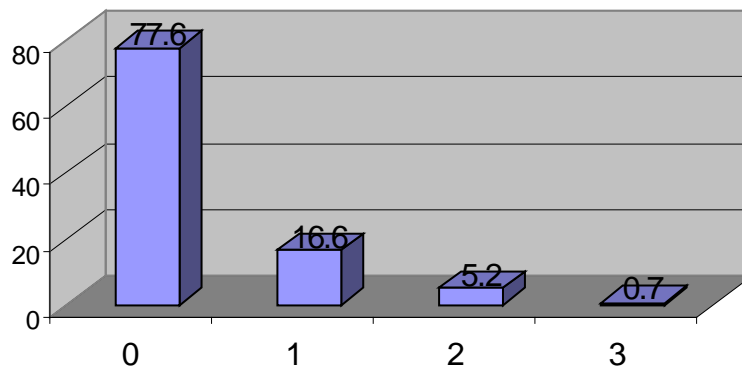
W2. Difficulty hearing



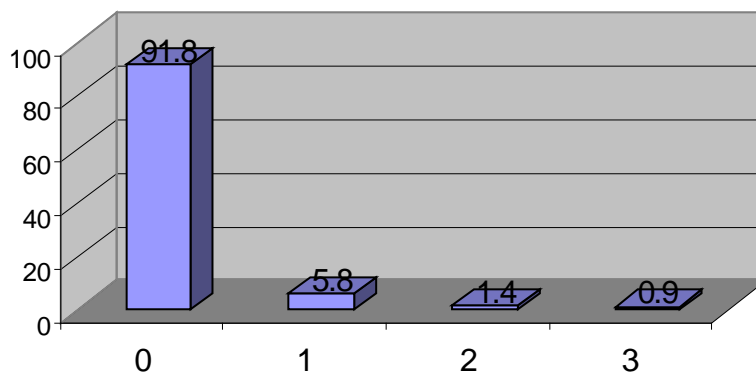
W3. Difficulty remembering or concentrating



W4. Difficulty walking or climbing steps



W5. Difficulty with self-care



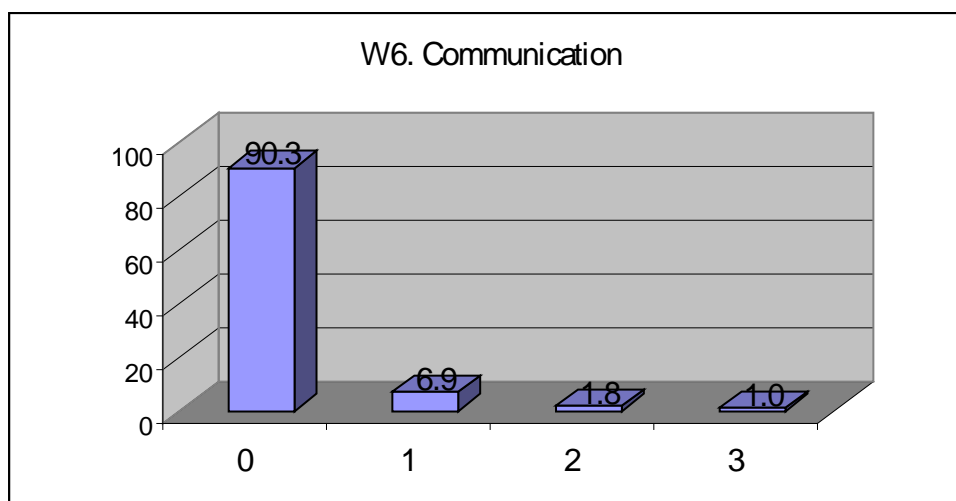


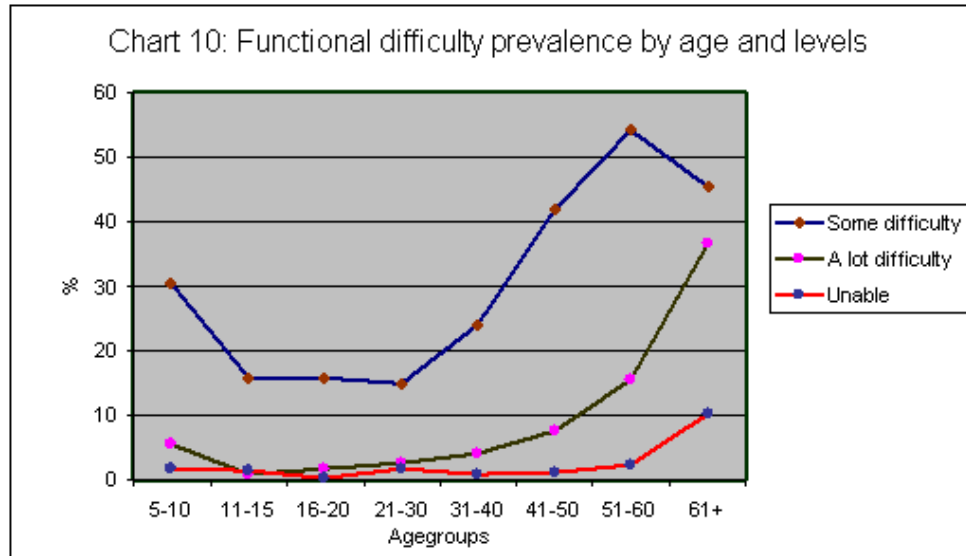
Table 6 and chart 10 show the total functional difficulty prevalence calculated from six core questions by most functional difficulty. There were about 12.6% people with a lot of difficulty or unable. People with some difficulty, a lot of difficulty and unable were high at the age group 5-10, then decrease for age group 11-15 and increase again from 21-30. The unable prevalent rate for age groups from 5 to 60 years old were around 0.27%-2.3%, and increase fastly to 10.1% for people more than 60 years old.

Table 6: Functional difficulty prevalence by age groups and levels

Age groups	0	1	2	3	Total
5-10	61.98	30.42	5.70	1.90	100.00
11-15	81.61	15.87	1.01	1.51	100.00
16-20	82.16	15.68	1.89	0.27	100.00
21-30	80.81	14.86	2.70	1.62	100.00
31-40	71.25	23.89	4.02	0.85	100.00
41-50	49.39	41.92	7.62	1.07	100.00
51-60	28.09	54.12	15.46	2.32	100.00

61+	8.07	45.34	36.44	10.14	100.00
Total	55.85	31.56	10.03	2.56	100.00

Number of observations: 3400



3. Sensitivity and specificity test.

The cut of point to define a person with disability is “a lot of difficulty” or “unable”.

The following tables from 7 to 12 show the cross tab of six core Washington group questions for Census with some extended questions.

Table 7: Cross tab of W1* Difficulty seeing and recognizing a person from 7 metter

W1. Difficulty seeing	4b. Difficulty seeing and recognizing a known person from 7 metter.		Total
	Yes	No	
Yes	106	101	207
	51.21	48.79	100.00
No	22	3,171	3,193
	0.69	99.31	100.00
Total	128	3,272	3,400

	3.76	96.24	100.00
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Table 8: W2* difficulty hearing what said in a conversation in a crowded room

W2. Difficulty hearing	7a. In a crowded room		Total
	Yes	No	
Yes	94	14	108
	87.04	12.96	100.00
No	57	3,235	3,292
	1.73	98.27	100.00
Total	151	3,249	3,400
	4.44	95.56	100.00

Table 9: W2* difficulty hearing what said in a conversation in a quiet room

W2. Difficulty hearing	7b. In a quiet room		Total
	Yes	No	
Yes	51	57	108
	47.22	52.78	100.00
No	3	3,289	3,292
	0.09	99.91	100.00
Total	54	3,346	3,400
	1.59	98.41	100.00

Table 10: W3* in remembering the name of people or place

W3. Difficulty remembering or concentrating	9a. Difficulty in remembering the name of people or place		Total
	Yes	No	
Yes	87	46	133
	65.41	34.59	100.00
No	4	3,263	3,267
	0.12	99.88	100.00
Total	91	3,309	3,400

	2.68	97.32	100.00
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Table 11: Cross tab of W3* Difficulty in Remembering how to get to familiar places

W3. Difficulty remembering or concentrating	9c. Remembering how to get to familiar places		Total
	Yes	No	
Yes	63	70	133
	47.37	52.63	100.00
No	3	3,264	3,267
	0.09	99.91	100.00
Total	66	3,334	3,400
	1.94	98.06	100.00

Table 12: Cross tab of W3* Difficulty remembering important tasks

W3. Difficulty remembering or concentrating	9d. Remembering important tasks..		Total
	Yes	No	
Yes	85	48	133
	63.91	36.09	100.00
No	11	3,256	3,267
	0.34	99.66	100.00
Total	96	3,304	3,400
	2.82	97.18	100.00

Table 13: Cross tab of W3* Difficulty concentrating on doing smt for ten minutes

W3. Difficulty remembering or concentrating	10. Difficulty concentrating on doing smt for ten minutes		Total
	Yes	No	
Yes	69	64	133
	51.88	48.12	100.00
No	15	3,252	3,267
	0.46	99.54	100.00
Total	84	3,316	3,400
	2.47	97.53	100.00

Table 14: Cross tab of W3* Difficulty learning new tasks

W3.Difficulty remembering or concentrating	11. Difficulty learning a new task...		Total
	Yes	No	
Yes	82	51	133
	61.65	38.35	100.00
No	28	3,239	3,267
	0.86	99.14	100.00
Total	110	3,290	3,400
	3.24	96.76	100.00

Table 15: Cross tab of W3* Difficulty finding solutions to problems in a day to day life

W3.Difficulty remembering or concentrating	12. Difficulty finding solutions to problems...		Total
	Yes	No	
Yes	82	51	133
	61.65	38.35	100.00
No	34	3,233	3,267
	1.04	98.96	100.00
Total	116	3,284	3,400
	3.41	96.59	100.00

Table 16: Cross tab of W4* Difficulty walking in a long distance 1 kilometer

W4.Difficulty walking or climbing steps	16. Walking a long distance 1 km		Total
	Yes	No	
Yes	171	28	199
	85.93	14.07	100.00
No	75	3,126	3,201
	2.34	97.66	100.00
Total	246	3,154	3,400

	7.24	92.76	100.00
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Table 17: Cross tab of W4* Walking 400 meter

W4.Difficulty walking or climbing steps	17a. Walking 400m		Total
	Yes	No	
Yes	116	83	199
	58.29	41.71	100.00
No	11	3,190	3,201
	0.34	99.66	100.00
Total	127	3,273	3,400
	3.74	96.26	100.00

Table 18: Cross tab of W4* Standing or being on your feet for about 2 hours

W4. Difficulty walking or climbing steps	17c. Standing or being on your feet for about 2 hours		Total
	Yes	No	
Yes	170	29	199
	85.43	14.57	100.00
No	147	3,054	3,201
	4.59	95.41	100.00
Total	317	3,083	3,400
	9.32	90.68	100.00

Table 19: Cross tab of W4* Sitting for about 2 hours

W4. Difficulty walking or climbing steps	17d. Sitting for about 2 hours		Total
	Yes	No	
Yes	106	93	199
	53.27	46.73	100.00
No	77	3,124	3,201
	2.41	97.59	100.00
Total	183	3,217	3,400
	5.38	94.62	100.00

Table 20: Cross tab of W4* Stooping, couching or kneeling

W4. Difficulty walking or climbing steps	17e. Stooping, couching or kneeling		Total
	Yes	No	
Yes	132	67	199
	66.33	33.67	100.00
No	63	3,138	3,201
	1.97	98.03	100.00
Total	195	3,205	3,400
	5.74	94.26	100.00

Table 21: Cross tab of W5* feeding yourself

W5. Difficulty with self-care.	19g. Feeding yourself		Total
	Yes	No	
Yes	28	53	81
	34.57	65.43	100.00
No	2	3,317	3,319
	0.06	99.94	100.00
Total	30	3,370	3,400
	0.88	99.12	100.00

Table 22: Cross tab of W5* 24. Difficulty in generally understanding what people say

W6. Difficulty communicating...	24. Difficulty in generally understanding...		Total
	Yes	No	
Yes	75	20	95
	78.95	21.05	100.00
No	4	3,301	3,305
	0.12	99.88	100.00
Total	79	3,321	3,400
	2.32	97.68	100.00

Table 23: Cross tab of W5* difficulty making new friends

W6. Difficulty communicating...	26. Difficulty making new friends		Total
	Yes	No	
Yes	70	25	95
	73.68	26.32	100.00
No	12	3,293	3,305
	0.36	99.64	100.00
Total	82	3,318	3,400
	2.41	97.59	100.00

VI. Recommendations:

The results from the field test of Thai Binh were introduced to Ministries and the other stakeholders (see appendix 3f). The results provided information as basic for GSO to decide to integrate a disability module in VLSS2006. VLSS2006 data will provide plentiful information for analyzing PWD in Viet Nam. From the results of VLSS2006, We can believe a possibility for the Census 2009 with a disability module.

There some comments were mentioned in the cognitive test. Here are some recommendations from experiences of the field test:

1. Questionnaire:

(a) Introduction:

The sentence: *“The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM”* should be added a short paragraph to explain about “health problem” and some examples to illustrate “health problem”.

(b) The questions:

The W1 is good enough. But the extension question: “Seeing the print in a map, newspaper or book?” may have a problem with the illiterate, they cannot read, they are usually misunderstanding by answering: ”No, I

cannot read”. Can change to: “Seeing or distinguish the print in a map, newspaper or book?”

The W2 is good enough. However, but there a problem with the extension question: “Do you have difficulty hearing what is said in a conversation with one other person in a crowded room?” that we don’t have “a threshold” for a “crowded room”.

The W3 need to be revised. The meaning of “concentrating” is unclear. Interviewees usually asked for clarification or qualify their answer for this question. We should break the questions to ask separately and should put a specific example for “concentrating”.

The W4 is good enough. But should change “climbing steps” to “climbing steps of stare or steps of house”. In Vietnamese language, we cannot use the “steps” alone.

The W5 becomes better if put words to emphasize on “ability”, other than “fact”. Also, need to emphasize these ones in the training manual.

The W6 should separate into the two following questions:

Do you have difficulty communicating, for example understanding or being understood by others?

If say “Yes, Some difficulty or Yes, A lot of difficulty”. Interviewer asks: **Is it because of because of a physical, mental or health condition?**

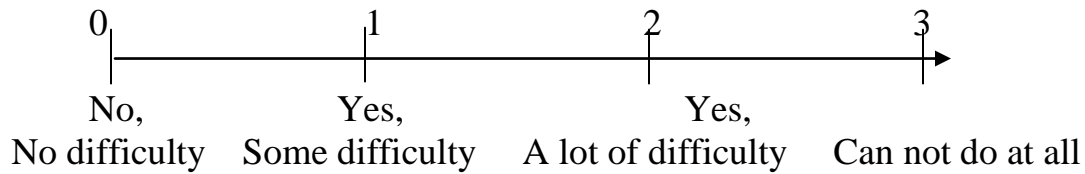
(c) Design format:

Regulate a set of fonts using in the questionnaire (for example, italic, bold, capital letter, lower-case letter,) so that interviewers can be easy to follow the process of interviewing and also avoid mistakes.

Also, regulate skip patterns to guide interviewers and avoid mistakes made by interviewers. Skip patterns help for interviewers from repeating unnecessary questions which causing uncomfortable feeling for respondents.

(d). Design flash card for interviewer.

There are many questions that repeating the answer options: “**No, No difficulty (0)**” “**Yes, Some difficulty (1)**” “**Yes, A lot of difficulty**” “**Can not do at all**”. “*No Answer/Don’t Know (9)*”. In this case, should design a flash card look like this:



It make easier for respondents to select the answer options, especially the disable persons.

(e). Disability Module for VLSS2006:

After the field test, GSO has designed a disability module integrated in VLSS2006. The fieldwork of the survey has done for the first round and the second round will be done in October 2006.

The disability module of VLSS2006 was revised from the questionnaire in appendix 2f (the shading questions were the questions used in the filed test, but removed for the disability module in VLSS2006).

2. About proxy-respondents:

Need to regulate the minimum age for proxy-respondents and research impacts of proxy-report

3. The training manual and training:

The training manual should be put more and more specific examples and should present more clearly.

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