

APPENDIX A

Interview Schedule

1. Name of child :
2. Permanent address :
3. Age :
4. Sex : Male _____ Female _____
5. Cause of handicap -
 - (a) Congenital :
 - (b) Diseases -
 - (1) :
 - (2) :
 - (3) :
 - (c) Accident :
6. What type of disability:
/defect does your child:
have? :
7. (a) Does he go to
School : Yes _____ No _____
 - (b) If not, why?
 - (1) :
 - (2) :
 - (3) :

8. How much help does your child need in doing self-care activities of daily living?

| Activities | Independent | Needs help | Completely dependent |
|---------------------------------|-------------|------------|----------------------|
| (a) Combing hair | _____ | _____ | _____ |
| (b) Brushing teeth | _____ | _____ | _____ |
| (c) Wash and dry hands and face | _____ | _____ | _____ |
| (d) Take bath | _____ | _____ | _____ |
| (e) Dry body | _____ | _____ | _____ |
| (f) Dressing | _____ | _____ | _____ |
| (g) Eating | _____ | _____ | _____ |
| (h) Walking | _____ | _____ | _____ |
| (i) Climbing stairs | _____ | _____ | _____ |
| Any other : | | | |

9. What are the reasons for not dressing independently :

| | |
|---------------------------------|-------|
| (a) What of hand or arm control | _____ |
| (b) Use of one hand | _____ |
| (c) Poor balance | _____ |
| (d) General body weakness | _____ |
| (e) Body deformities | _____ |
| (f) Mental retardation | _____ |

- (g) Poor muscle power _____
- (h) Laziness _____
- (i) Frustration _____
- Any other : _____

10. What are the reasons for giving help?

- (a) Takes too long to dress _____
- (b) Gets late to go to school _____
- (c) Pity for the 'helpless' _____
- (d) Parental desire to relieve
child of struggle _____
- Any other : _____

11. Which garments your child needs help while wearing?

| Boy | | Girl | |
|----------------------------------|-------|-------------------------|-------|
| (a) Underpants or under- wear | _____ | (a) Panties | _____ |
| (b) Banyan | _____ | (b) Knickers | _____ |
| (c) Vest | _____ | (c) Slips or petticoats | _____ |
| (d) Shorts | _____ | (d) Skirts | _____ |
| (e) Trousers | _____ | (e) Slacks | _____ |
| (f) Shirts | _____ | (f) Blouses | _____ |
| (g) Jerseys or T-shirts | _____ | (g) Dresses | _____ |
| (h) Pyjamas | _____ | (h) Pyjamas | _____ |
| Any other : | _____ | Any other : | _____ |

12. What assistance do you have to give?

(a) Putting on : _____

(b) Taking off : _____

(c) To distinguish the :
front from the back : _____

(d) Fastening : _____

Any other : _____

13. What type of closures/openings cause difficulty while wearing?

| Opening | Difficult | Can manage |
|-------------------------|-----------|------------|
| (a) Centre front open - | | |
| (1) Full | _____ | _____ |
| (2) Half | _____ | _____ |
| (b) Centre back open - | | |
| (1) Full | _____ | _____ |
| (2) Half | _____ | _____ |
| (c) Side open | _____ | _____ |
| (d) Open at shoulder | _____ | _____ |
| (e) Slip over the head | _____ | _____ |

14. What fasteners are used on his/her garments?

(a) Press buttons -

(1) Small :

(2) Big :

(b) Hooks and eyes -

(1) Small :

(2) Big :

(c) Buttons and button-holes -

(1) Small :

(2) Big :

(d) Belts and buttons :

(e) Zippers :

(f) Elasticized areas :

(g) Button loops :

(h) Ties :

(i) Velcro :

Any other :

15. (a) Does your child use : Yes _____ No _____
any assistive device?:

(b) If Yes; what are the-:
se devices? :

(1) Braces :

(2) Crutches :

(3) Wheel chair :

(4) Splints :

Any other :

16. (a) Does the child face :
any difficulty in :
dressing and undress-: Yes _____ No _____
ing due to the use of:
assistive devices? :

(b) If Yes; what are the :
difficulties - :

(1) :

(2) :

(3) :

(4) :

(5) :

17. (a) Do you think assis- :
tive devices cause : Yes _____ No _____
any damage to the :
clothing he/she :
wears? :

(b) If Yes; in what way :
or area - :

(1) Underarm area : _____

(2) Knee : _____

(3) Around hip (back): _____

(4) Around cuff of :
sleeve : _____

Any other :

18. Which assistive devices :
cause the greatest damage: :
on the clothing :
(1) Braces : _____
(2) Crutches : _____
(3) Wheel chair : _____
(4) Splints : _____
Any other :
19. Are there any other :
reasons by which clothes :
are damaged? :
(1) :
(2) :
(3) :
20. (a) Have you done any- :
thing in particular : Yes _____ No _____
to prevent or lessen :
the damage to the :
clothing? :
(b) If Yes; how did you :
prevent the damage? :
(1) Patches : _____
(2) Reinforced areas : _____
(3) Lining : _____
Any other :

21. (a) Does he/she require :
 special clothes/ :
 specially designed : Yes _____ No _____
 clothes? :
- (b) If Yes; what special :
 clothes/design :
 features his/her :
 clothes have? :
- (1) :
- (2) :
- (3) :
- (4) :
- (5) :
22. (a) How do you procure :
 the garment? :
- (1) Readymade : _____
- (2) Specially made :
 tailor : _____
- (3) Made by yourself : _____
- (b) Do you make any :
 alterations/adjust- :
 ments to meet his/her: Yes _____ No _____
 needs? :
- (c) If Yes; what are :
 these alterations/ :
 adjustments :
 (1) :
 (2) :
 (3) :
 (4) :
 (5) :

23. Do you think clothes :
which he wears conceal or: Yes _____ No _____
cover abnormality? :

24. (a) Do you prefer fitted,:
loose fitted or tight:
fitted clothes for :
him/her? :

(b) Give reasons for your:
preference - :

(1) :

(2) :

(3) :

25. What fabrics do you buy or prefer for his/her clothes?

| Type of fabric | Colour |
|----------------|--------|
|----------------|--------|

(a) Upper clothes

Give reasons

(b) Lower clothes

Give reasons

26. (a) Did you give him/her :
any special training : Yes _____ No _____
in dressing skill? :

(b) If Yes; where and :
what training did you:
give? :