

IMPAIRMENTS – Clinical Profile

Part of the NTD-related morbidity and disability assessment and monitoring toolkit.



IMPAIRMENTS - Clinical Profile

Time at the start of the interview: _____:_____	Diagnose:
Patient identifier: _____	Clinical profil:

Item	Question	Qualifier 1		Qualifier 2 (when "yes")
1.	Do you have any problems with seeing things?	No Yes Not specified/ unknown Not applicable	0 1 99 88	() Mild () Moderate () Severe
2.	Do you have any problems with hearing sounds or voices?	No Yes Not specified/ unknown Not applicable	0 1 99 88	() Mild () Moderate () Severe
3.	Do you have any problems with you skin? E.g. sensitivity or irritation.	No Yes Not specified/ unknown Not applicable	0 1 99 88	() Mild () Moderate () Severe
4.	Do you have any skin lessions ?	No Yes Not specified/ unknown Not applicable	0 1 99 88	() Mild () Moderate () Severe
5.	Do you have any open wounds?	No Yes Not specified/ unknown Not applicable	0 1 99 88	() Mild () Moderate () Severe
6.	Do you experience pain in your chest, are you easily tired and/or do you have palpitations?	No Yes Not specified/ unknown Not applicable	0 1 99 88	() Mild () Moderate () Severe
7.	Do you have any problems with breathing?	No Yes Not specified/ unknown Not applicable	0 1 99 88	() Mild () Moderate () Severe
8.	Are yu easily out of breath or do you have difficulty with breathing?	No Yes Not specified/ unknown Not applicable	0 1 99 88	() Mild () Moderate () Severe
9.	Do you have any problems with swallowing food? E.g. choking or food that gets stuck.	No Yes Not specified/ unknown Not applicable	0 1 99 88	() Mild () Moderate () Severe
10.	Do you have any problems with defacation or abnormal appearance of your stool? E.g. blood or worms.	No Yes Not specified/ unknown Not applicable	0 1 99 88	() Mild () Moderate () Severe

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Item	Question	Qualifier 1		Qualifier 2 (when “yes”)
11.	Do you pass too little urine or is there blood in your urine, or do you have pain when you try to pass urine?	No Yes Not specified/ unknown Not applicable	0 1 99 88	() Mild () Moderate () Severe
12.	Do you have any problems during sexual intercourse?			
13.	Do you have tremors, unusual movements, epileptic fits or problems with controlling your movements?	No Yes Not specified/ unknown Not applicable	0 1 99 88	() Mild () Moderate () Severe
14.	Do you often experience pain, in any part of your body?	No Yes Not specified/ unknown Not applicable	0 1 99 88	() Mild () Moderate () Severe
15.	Do you experience pain, loss of feeling or weakness in your arms or legs?	No Yes Not specified/ unknown Not applicable	0 1 99 88	() Mild () Moderate () Severe
16.	Do you have any problems with the strength you have in your arms or legs?	Não Sim Não sabe / Não respondeu Não se aplica	0 1 99 88	() Mild () Moderate () Severe
17.	Do you have any problems with movement of your arm(s), hand(s), wrist(s), elbow(s) or shoulder(s)?	No Yes Not specified/ unknown Not applicable	0 1 99 88	() Mild () Moderate () Severe
18.	Do you have any problems with movement of your leg(s), feet or knee(s)?	No Yes Not specified/ unknown Not applicable	0 1 99 88	() Mild () Moderate () Severe
19.	Do you have an impairment (disability/ limitation)?	No Yes Not specified/ unknown Not applicable	0 1 99 88	() Mild () Moderate () Severe
20.	If the answer is “Yes”, please indicate:	Visual Auditive Motor Mental or intellectual Absence of structure specify: _____ Other: _____	0 1 2 3 4 5	
21.	If the answer is “No”, does your disease or chronic condition cause limitations in your daily activities or restrictions in your contact with others?	No Yes Not specified/ unknown Not applicable	0 1 99 88	() Mild () Moderate () Severe

NOTE1: If the participant does not mention a disability or limitations, while you notice one, please describe: _____

NOTE 2: Question 19-21 define the need for the use of the WHOQOL-scale DIS.

Time at the end of the interview: _____ : _____