



**GENERAL INFORMATION QUESTIONNAIRE  
FOR THE DISABILITY ASSESSMENT CENTER**

*(This document only needs to be completed if a person has chosen A disability **and** functioning assessment. It can be completed by the applicant or by the parent/guardian of the person or with the help of an Assessment Officer of the Disability Assessment Center – for any queries call 22 815 015.)*

**Part A. Person's Details**

Name and Surname:	
Identification Number:	Date of Birth:

**Family Status**

married		divorced		widowed	
single		separated			
Number of children		Ages of children			

**Education Level**

No education		Primary		Gymnasium (first three years of High School)	
Lyceum (last three years of High School)		College		University	
Special School / years of education					
Other - Explain					
Total years of education					

**Foreign Languages**

Foreign Language	Level (1 very well - 5 not very well)

**Work Details**

	YES		NO
Do you work now?			
Have you worked in the past?			

Total years of work			
Have you stopped working due to your condition?			
Work type			
Description of duties			

**Part B. Questionnaire**

Height		Weight	
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**Independent Living**

Difficulties in self-care (personal hygiene) - explain	
Difficulties in performing everyday activities (preparing of meals, household chores) - explain	
Mobility difficulties inside the house - explain	
Mobility difficulties outside the house - explain	
Difficulties in using transportation (public and private) - explain	
Difficulties in performing leisure activities - explain	
Difficulties in performing medical activities (use of medication etc) - explain	
Difficulties in managing financial issues - explain	
Difficulties in participating in social activities - explain	
Difficulties in communicating (verbal and written) - explain	
Do you believe that your current home and community environment obstructs your functioning - explain	

**Aids**

Are you currently using or have used in the past

Aids for enhancing your vision or hearing	
Orthotic devices - explain	
Mobility aids - explain	
Personal hygiene aids - explain	
Independent living aids - explain	
High technology aids - explain	

**Environment**

Describe your living environment

Does your home environment has comfortable spaces for your transportation - explain	
Access to your home environment requires the use of steps or stairs - explain	
Are there any steps or stairs inside your home environment - explain	
Do you live in a rural or urban region - explain	
Are there any obstacles in your immediate social environment - explain	
Are there any obstacles in the public areas you are using - explain	
Can you communicate your disability freely to others or do you think that would lead to stigmatization - explain	
Do you believe that the consequences of your disability can be reduced under specific conditions - explain	
Are the mentality and perceptions of the community that you live in compatible with your effort of having a better quality of life despite your disability - explain	

**Support System**

Do you have a carer or other people to provide you with assistance in order to perform certain activities? - explain

Carer	Activity
Close family environment - explain	
Extended family environment - explain	
Friends - explain	
Professionals - explain	

**Name and Surname of Assessment Officer :**

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**Signature:**

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**Way of questionnaire completion:**

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**Date:**

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