

## Disability Data Sources and Prevalence Rates in LAC - An overview

The links in the Source/Year column leads to more information about the specific census / survey.

Most of the questionnaires are attached as PDF documents. If the document exceeds 500KB it is broken into smaller parts.

[Also available in PDF 400KB](#)

| Country   | Definition | Source / Year               | Questionnaire   | Prevalence   |
|-----------|------------|-----------------------------|---|--|
| Argentina | Impairment | Census 1869                 | Identify the persons who present "Special Conditions". You may give multiple answers. Categories: Illegitimate, Insane, Deaf, Mute, Deaf-mute, Blind, Cretinism, Idiot, Stupid, Down, Person with goiter, Disabled in war or accident, Orphans.   | 2.18%  |
|           | Impairment | Census 1895                 | Note if any member/s of the household are: Sick/ill, Deaf and mute, Idiots, Crazy, Blinds, Person with goiter, Disabled in war or accident. You may give multiple answers.  | 0.64%  |
|           | Impairment | Census 1914                 | The last question asks if any member of the household is: Sick/ill, Deaf and mute, Blind  | 0.18%  |
|           | Impairment | Census 1947                 | Blinds, Deaf, Mutes, Insane, Other.   | 0.62%  |
|           | Impairment | Census 1960                 | Do you suffer from physical impediment of permanent character? (If the answer is affirmative, specify the type of impediment according to the instructions of the manual of census). In the instruction it is emphasized that the impediment must be of chronic character restricting normal and economic activity. The typology distinguishes in: Blind, Deaf and Mute, Idiotic, Mentally demented, Invalid and Paralyzed, Chronically sick, Incapacitated in work-related accident. | 0.15%  |
|           | Impairment | <a href="#">Census 2001</a> | <a href="#">Questionnaire:</a><br>In this household is any person ... 1. Deaf or using assistive listening devices, 2. Blind (one or both eyes), 3. Without one or both arms and legs or with atrophied arms and legs, 4. Mute or with severe speech problems, 5. Mentally challenged or mentally ill, 6. With other permanent disability, 7. No disability in this household.  | Results are used as sample framework for ENDI 2002-3 |

|                |                           |   |  |      |
|----------------|---------------------------|---|--|------|
|                | Impairment/<br>Functional | <a href="#">ENDI 2002-2003</a><br>(Post-censal<br>survey) | <a href="#">Questionnaire: Part 1, Part 2, Part 3, Part 4</a><br>Some of the persons mentioned in the list... 1: Are blind?, 2: Even with glasses or lenses has permanent difficulty to see closely? from a distance? or has other difficulties seeing? 3: Knows to read and to write in Braille or utilizes other aids? 4: Is deaf? 5: Has permanent difficulty hearing? 6: Needs assistive devices? 7: Needs to read the lips to understand what is being said? 8: Is mute? 9: Has permanent difficulty speaking? 10: Utilizes sign language? 11: Has no, paralyzed or atrophied food/feet or leg(s)? 12: Has no, paralyzed or atrophied arm(s) or hand(s)? 13: Has permanent difficulty getting up, going to bed, standing or being seated? 14: Has permanent difficulty reaching for objects with one or both hands? 15: Has permanent difficulty walking or climbing stairs? 16: Permanently needs or utilizes wheel chair? 17: Permanently needs or uses andador, red capes, Canadian canes, férulas, prosthesis, etc.? 18: Is retarded or mentally delayed which complicates learning, working and / or relating? 19: Has a permanent mental problem, which complicates relating, and/or working (infant psychosis, autism, etc.) 20: Due to a mental problem or mental retardation attends a hospital or an educational therapeutic center during the day? 21: Has some other permanent mental or physical difficulty, which was not asked about? (Here should be included people who are permanent users of oxygen, you probe, dialysis or those waiting for a transplant). | 7.1% |
| <b>Bahamas</b> | Generic                   | Census 2000   | <a href="#">Questionnaire:</a><br>1) Do you have any long-term illness or disability? Yes disability, Yes Illness, No. Does this disability or illness affect you in any of the following (tick all that apply): Seeing (even with glasses, if worn), Hearing (even with hearing aid, if worn), Speaking (talking), Mobility/Moving (due to absent or impaired limb), Mobility/Moving (due to localized, paraplegic, quadriplegic paralysis), Gripping (using fingers to grip or handle objects), Learning (Intellectual difficulties, slowness), Behavioral Difficulties (psychological, emotional problems), Mental (mild, moderate, severe retardation), Other (specify), None. 2) Does this disability or illness limit your ability to carry out any activities compared with most people your own age? Yes / No. Which of your activities are affected by your disability or illness (tick all that apply): Self-care, Moving/Mobility (within the home), Moving/Mobility (outside the home), Communication, Schooling/Education, Employment, Social Events, Other (Specify), None. 3) What was the cause of your disability or illness? Congenital/prenatal, disease/illness contracted, accident/injury, trauma, including exposure to gases, chemicals, etc., Other (specify), Not Known.   | 2.3% |

|                 |            |                               |   |   |
|-----------------|------------|-------------------------------|---|---|
| <b>Barbados</b> | Impairment | Census 2000                   | <a href="#">Questionnaire:</a><br>1) Do you have any of the following disabilities or impairments? Hearing, speech, sight, upper limb, lower limb, neck/spine, intellectual, mental, other, none, not stated. 2) Are you required to use any of the following aids? Wheelchair, walker, crutches, prosthesis, other, none, not stated. 3) Was your disability/major impairment ever diagnosed by a medical doctor? Yes, no, not stated. | 4.6%                                    |
| <b>Bolivia</b>  | Impairment | Census 1900                   | Impairment. Register of the physically or mentally impaired persons by direct observation.  | N/A                                     |
|                 | Impairment | Census 1950                   | Incapacitated and not working (e.g. paralytic, mentally ill, blind, deaf and mute)  | 10.5% of workers out of the labor force |
|                 | Impairment | ENDSA 1998                    | Has (person's name) any extreme handicap? 1) Deaf-mute, 2) Mentally delayed, 3) Deaf, 4) Mute, 5) Blind, 6) Paralyzed, 7) Lame.   | N/A                                     |
|                 | Impairment | Census 2001                   | <a href="#">Questionnaire: Part 1</a> and <a href="#">Part 2</a><br>In this household, how many members are: 1. Blind, 2. Deaf-mute, 3. Paralyzed or with one arm or leg? Options: none, one, two, three or more.   | 3.1% of households                      |
|                 | Generic    | Household Survey, MECOVI 2001 | <a href="#">Questionnaire:</a><br>Does .... have a permanent disability of any kind? If affirmative please specify.   | 3.8%                                    |
| <b>Brazil</b>   | Impairment | Census 1872                   | Mute, Blind, Deaf, Insane   | 0.89%                                   |
|                 | Impairment | Census 1890                   | Deaf-mute, deaf, blind, idiot   | N/A                                     |
|                 | Impairment | Census 1900                   | Blind, Deaf-mute, Idiot   | 0.29%                                   |
|                 | Impairment | Census 1920                   | Deaf-mute, Blind  | 0.18%                                   |
|                 | Impairment | Census 1940                   | Deaf-mute, Blind  | 0.24%                                   |
|                 | Impairment | PNAD 1981                     | Which of the following deficiencies or disabilities do you have? 1. Blind, 2. Deaf, 3. Deaf-mute, 4. Mentally retardation / illness, 5. Amputated body part, 6. Paralysis (total or both legs), 7. One-sided paralysis (arm or leg), 8. Other type of disability or paralysis.  | 1.78%                                   |

|              |                           |                             |  |       |
|--------------|---------------------------|-----------------------------|--|-------|
|              | Impairment                | PNAD 1989                   | Do you have any of the following deficiencies or disabilities? 1. Blind, 2. Deaf, 3. Partial deaf, 4. Complete paralysis, 5. Partial paralysis, 6. Without or partially without an extremity, 7. Learning problems, 8. Mental deficiency, 9. Mentally retardation.   | N/A   |
|              | Impairment                | <a href="#">Census 1991</a> | Do you have any of the following deficiencies?: Blind, Deaf, Paralytic (both sides), Paralytic (legs), Complete paralysis, without or partially without an extremity, mental deficiency, none of the above.  | 1.14% |
|              | Impairment                | Living Standard Survey 1998 | 1. Blind, 2. Deaf, 3. Permanent legs paralysis, 4. Permanent arms paralysis, 5. One-side permanent paralysis, 6. Without an extremity (leg, arm, hand, thumb), 7. Mentally challenged, 8. Down syndrome, 9. Autism, 10. Injury by repeated effort. 11. Other.  | N/A   |
|              | Functional and Impairment | <a href="#">Census 2000</a> | <u>Questionnaire:</u><br>1) Do you have any permanent mental disability limiting your daily activities? (e.g. working, attending school, play, etc.).<br>2-4) How do you evaluate your: See, Hear, Walk or climb stairs. Options: a. Unable, b. severe permanent problems, c. minor permanent problems, d. without problems.<br>5) Do you have any of the following disabilities: a. Permanent complete paralysis, b. Complete paralysis in the legs, c. Permanent paralysis in any part of the body, d. Any missing extremity: leg, arm, hand, thumb, e. None of the above. | 14.5% |
| <b>Chile</b> | Impairment                | <a href="#">CASEN 2000</a>  | <u>Questionnaire:</u><br>Does any household member have any of the following deficiencies: 1. Deficiency to Hear, 2. Deficiency to Speak, 3. Deficiency to see, 4. Mental deficiency, 5. Physical deficiency, 6. Deficiency due to psychiatric problems, 7. None. (Mark up to three options)   | 5.3%  |

|                 |            |  |   |                                    |
|-----------------|------------|--|---|------------------------------------|
|                 | Functional | <a href="#">Health and Living Standard Survey 2000</a> | Questionnaire: <a href="#">Individual</a> and <a href="#">Household</a><br>Question 10: Do you or any of the household members have problems to read the newspaper or to see small objects –even if using eyeglasses? Question 11: Do you or any of the household members have problems to listen dialogues between three or more individuals –even if using assistive listening devices? Question 12: Do you or any of the household members have speech problems? Question 13: Do you or any of the household members need a wheel chair, crutches, walking sticks, or any other assistive walking device on a permanent basis? Question 14: Do you or any of the household members have problems to...? (walk, use public transportation, dress/undress, use stairs, have a bath, take a shower or have a wash, handle or grasp objects, drink or eat, chew hard things, control the sphincter). | 21,7% with at least one disability |
|                 | Impairment | <a href="#">Census 2002</a>                            | Questionnaire: <a href="#">Households</a> , <a href="#">Persons</a> , <a href="#">Viajeros</a><br>Do you have any of the following deficiencies: Completely blind, 2. Completely deaf, 3. Dumb, 4. Disabled/Paralytic, 5. Mental illness, 6. None of the above.   | 2.2%                               |
|                 | Impairment | CASEN 2003   | <a href="#">Questionnaire:</a><br>Does any household member have any of the following deficiencies: 1. Deficiency to Hear, 2. Deficiency to Speak, 3. Deficiency to see, 4. Mental deficiency, 5. Physical deficiency, 6. Deficiency due to psychiatric problems, 7. None. (Mark up to three options)   | 5.3%                               |
|                 | Functional | <a href="#">ENDISC 2004</a>                            | <a href="#">Questionnaire.</a>  | 12.9%                              |
| <b>Colombia</b> | Impairment | <a href="#">Census 1993</a>                            | <a href="#">Questionnaire:</a><br>Does... have one or more of the following limitations? Blindness, deafness, dumbness, slowness or mental deficiency, paralysis or absence of upper body parts, paralysis or absence of lower body parts, none of the previous.  | 1.85%                              |

|                   |                         |  |   |        |
|-------------------|-------------------------|--|---|--------|
|                   | Impairment / Functional | <a href="#">Register 2003:</a><br>Localization / Characterization of Persons with Disability | <a href="#">Questionnaire:</a><br>ICF: 1) Deficiencies of impairment: ¿..with regards to nerves, vision, hearing, sense of taste, voice, respiration, heart, digestive, genital system, bodily movement, or skin condition? 2) Limitations of functions: ¿.. with regards to thinking, seeing, hearing, perceiving flavors or smells, permanent pain, speaking and communicating, moving due to problems of heart or respiratory conditions, chewing, swallowing, having sexual relations, walking, running, jumping, maintaining healthy skin, nails, and hair? 3) Restrictions: ¿..with regards to relating to others, carrying, moving, utilizing objects with hands, walking, maintaining body positions, eating, self-care and dressing? Does this hinder you in activities with – relatives, friends, neighbors, employees/employers, and other people? Do you meet barriers in a.. dormitory, room, bath, staircase, walkway, patio, railway platform, sidewalk, street, way, park, plaza, stadium, theater, location, terminal of transportation, vehicle of public transportation, educational center, place of work, health center, hospital, shopping center, store, market, or other place? | 2.0%   |
|                   | Functional              | <a href="#">Census 2005</a>  | <a href="#">Questionnaire</a> (PDF 1MB): <a href="#">Part 1</a> and <a href="#">Part 2</a><br>Question 41: ¿Do you have permanent limitations when: 1) moving or walking? 2) Using arms and hands? 3) Seeing, in spite of wearing lenses or glasses? 4) Hearing, even with hearing aids? 5) Speaking? 6) Understanding or learning? 7) Relating to others due to mental or emotional problems? 8) Bathing, dressing, eating by yourself? 9) Other permanent limitations? Yes/No.. Question 42: Of the before mentioned limitations.. Which affects your daily performance? (List of options) Question 43: ¿This limitation was caused by: 1) I was born with it, 2) Illness, 3) Accident, 4) Violence of armed groups, 5) Violence inside the home, 6) Violence of common delinquency, 7) Aging, 8) Other, 9) Not known. Yes/No.  | 6.3 %  |
| <b>Costa Rica</b> | Impairment              | EHPM 1990  | Any of the previously reported persons present... hearing, sight, physical, mental or other problems? Present no problems.  | 8.95 % |
|                   | Impairment/ Functional  | EHPM 1998  | <a href="#">Questionnaire:</a><br>Does any household member present any or several permanent deficiencies that hinder him/her from performing daily activities? Complete or partial blindness, complete or partial deafness, brain or physical paralysis, amputation, mental challenge, mental illness, other (specify)   | 7.82 % |

|                    |            |   |   |        |
|--------------------|------------|---|---|--------|
|                    | Impairment | Census 2000   | <a href="#">Questionnaire</a> (1 MB): <a href="#">Part 1</a> and <a href="#">Part 2</a><br>Do you have any permanent deficiency, such as: complete or partial blindness, complete or partial deafness, mentally challenged, paralysis, amputation, mental illness, other.   | 5.35 % |
| <b>Ecuador</b>     | N/A        | <a href="#">ESADE</a><br>Study of the Current Disability Situation in Ecuador | N/A   | 13.2%  |
|                    | Impairment | <a href="#">Censo 2001</a>  | <a href="#">Questionnaire</a> (PDF 10MB): <a href="#">Part VI</a><br>Does anyone have physical or mental limitation(s)? Completely blind, completely deaf, dumb (without speech), paralysis (disabled, disfigured), mental deficiency, psychiatric (insanity), generalized (multiple deficiencies, deaf and mute, etc.), other, no.   | 4.65%  |
|                    | Functional | <a href="#">SIEH-ENEMDU 2004</a>  | <a href="#">Questionnaire</a> (PDF 1.7MB): <a href="#">Part 1</a> , <a href="#">Part 2</a> , <a href="#">Part 3</a>   | 12.14% |
| <b>El Salvador</b> |            | <a href="#">Censo 1992</a>  | N/A   | 1.8%   |
|                    | Generic    | EHPM 2003<br>Multi-purpose Household Survey with Disability Module            | <a href="#">Questionnaire: Module on Disability</a><br>Are you disabled? Yes/No. If yes, what disability do you have: 1. See (a. low vision, b. complete blindness), 2. Hear (a. complete deafness, b. partial deafness), 3. Speak (a. speech problems, b. mute. C. Other), 4. Move (a. walk, climb up, get up, b. jump, standing), 5. Physical abilities (a. grasp, lift things, b. carry things), 6. Amputation (a. upper extremity, b. lower extremity, c. both upper extremities, d. upper and lower extremities, e. both lower extremities), 7. Intellectual activities (a. psychiatric problems, b. mental challenge), 8. Psychological problems, 9. Other. | 1.5%   |
|                    | Generic    | EHPM 2004 (Multi-purpose Household Survey)                                    | <a href="#">Questionnaire:</a><br>Do you have a disability or do you have diabetes? Yes, disability / Yes, diabetes / Yes, both / Yes, relative disability / Yes, relative diabetes / No.   | N/A    |
| <b>Guatemala</b>   |            | Census 1994   | N/A   | N/A    |

|                 |             |   |  |                    |
|-----------------|-------------|---|--|--------------------|
|                 | Impairment  | Census 2002   | <a href="#">Questionnaire</a> (PDF 1.3MB): <a href="#">Part 1</a> , <a href="#">Part 2</a> , <a href="#">Part 3</a><br>Does anyone in the household present: blindness, deafness, absence of or disability in his/her extremities (a. upper, b. lower), mental problems, other disability.   | 6.2% of households |
|                 | Functional  | <a href="#">ENDIS 2005</a>  | Questionnaire: <a href="#">Household</a> and <a href="#">Individual</a><br>39 questions addressing mostly health related conditions. A number of questions ask about functional limitations. Answer options are Yes/No to every question.  | 3.7%               |
| <b>Guyana</b>   | Functioning | Census 2002   | <a href="#">Questionnaire: Individual</a> (2.4 MB): <a href="#">Part 1</a> , <a href="#">Part 2</a> , <a href="#">Part 3</a> , <a href="#">Part 4</a><br>1) Do you have / does .. have any serious problems with any of the following? Seeing (despite wearing glasses), hearing (even with hearing aid), speaking, moving/mobility (walking, standing, climbing), body movements (reaching, crouching, kneeling), gripping/holding (using hands and fingers), learning and understanding (mental retardation), mental functioning (behavioral, psychological, emotional), no sense of taste, feel or smell, other/specify.... 2) Was any of your ... disabilities / impairments ever diagnosed by a doctor? Yes, no. 3) Due to the disability (ies) indicated above in which of the following ways are your / is (...) activities limited compared with most people your (...) age? Self-care, mobility, communication, schooling, employment, none, other/specify..... 4) How was your disability acquired? Born with disability, acquired disability by accident, acquired disability by disease. | N/A                |
|                 | N/A         | PAHO Survey   | N/A  | 3.87 %             |
|                 |             | <a href="#">Disability Survey 2005</a><br>National Commission on Disability (NCD) | <a href="#">Questionnaire:</a><br>The survey examined the circumstances of 1,500 persons with disabilities in four regions of Guyana, which enabled NCD to create a profile of persons living with disabilities in Guyana. It did not measure prevalence in the general population.  | N/A                |
| <b>Honduras</b> | Impairment  | Census 2000   | <a href="#">Questionnaire:</a><br>In this household is any person: 1) Completely blind, 2) Completely Deaf, 3) Completely Mute, 4) With loss or invalidity of leg(s) or arm(s), 5) With mental deficiency? Yes or no.  | N/A                |

|                |            |   |  |       |
|----------------|------------|---|--|-------|
|                | Functional | <a href="#">EHPM 2002</a><br>(Multi-purpose Permanent Household Survey) Disability Module | <a href="#">Questionnaire</a> (2.2 MB): <b>Disability Module</b><br>Is there one or more household members currently experiencing any physical or mental health problems for a period longer than six months that hinders his/her daily activities, such as: sight problems, hearing problems, speech problems, mobility problems or mental problems? Those responding positively to the previous question are requested to answer further questions related to the type of disability they confront: a. Partial blindness, b. complete blindness, c. partial deafness, d. complete deafness, e. speech problems, f. mute, g. walking, climbing, getting up, jumping, standing, h. gripping, lifting, carrying, i. amputated upper extremity, j. amputated lower extremity, k. dementia or madness, l. mentally challenged, m. fits or convulsions, n. chronic depression. | 2.65% |
| <b>Jamaica</b> | Generic    | Census 1991   | Do you suffer from any long-standing illness or disability or infirmity? Does this limit your activities compared with people of the same age? What type of disability or impairment do you have?  | 4.2 % |
|                | Generic    | Census 2000   | <a href="#">Questionnaire:</a><br>Do you suffer from any long standing illness? Do you suffer from any disability or infirmity? Does it limit your activities compared with most people your age? If yes: What type of disability do you have?   | 2.8 % |
| <b>Mexico</b>  | Impairment | Censo 1900  | Physical and mental defects  | 0.2%  |
|                | Impairment | Censo 1919  | Physical and mental defects  | 0.21% |
|                | Impairment | Censo 1921  | Physical and mental defects  | 0.65% |
|                | Impairment | Censo 1930  | Physical and mental defects  | 0.66% |
|                | Impairment | Censo 1940  | Physical and mental defects  | 0.54% |
|                | Impairment | Censo 1980  | Ausentismo escolar por invalidez (6 - 14 years)  | 2.8%  |
|                | Impairment | Encuesta Nacional de Inválidos 1982   | Invalidation   | 0.02% |
|                | Impairment | Conteo de Población 1995  | Household  | 2.33% |

|                  |                        |   |   |       |
|------------------|------------------------|---|---|-------|
|                  | Impairment             | Registro Nacional de Menores 1995   | School population   | 6.35% |
|                  | Impairment             | <a href="#">Census 2000</a>   | <a href="#">Questionnaire:</a><br>Do you have limitation to: 1. Move, walk (or requires assistance), 2. Use arms or hands, or 3. Are you deaf or use assistive listening devices?, 4. Are you mute?, 5. Are you blind?, 6. Are you mentally handicapped or mentally deficient?, 7. Do you have other physical or mental limitations?  | 1.84% |
|                  | N/A                    | Censo Muestra Censal 2000 (Post-Census Survey)                            | N/A   | 2.31% |
|                  | N/A                    | Health National Survey 2000   | N/A   | 2.35% |
| <b>Nicaragua</b> | N/A                    | EMNV 1993 (Encuesta de Medición de Nivel de Vida)                         | N/A   | 12%   |
|                  | Generic and Functional | <a href="#">ENDESA 2001</a> (Nicaraguan Survey on Demographic and Health) | <a href="#">Questionnaire: Section V</a><br>“Now we will talk about disability. A person is considered with a disability when s/he has difficulty to see or to hear, or to communicate or understand, or to move or use arms and legs, or to take care of one self, or to do things around the house, or to relate to other people, whatever the cause might be.”<br><i>Question 100: Does any member of the household have a disability? Yes/No.</i> If yes, another 20 questions are asked about level of difficulty to: see, hear, speak, study, understand, move around (walk, rise, etc), use arms and legs, leave the house alone, do domestic tasks, eat or carry out activities by oneself, interact with other people. | 11%   |
|                  | Functional             | <a href="#">ENDIS 2003</a> (Nicaraguan Survey on Persons with Disability) | <a href="#">Questionnaire:</a> See also: <a href="#">Health Questionnaire</a> and <a href="#">Capacity Questionnaire</a> . Based on ENDESA (above). The questions of ENDIS can be grouped in: Physical Disabilities (including persons who have difficulties moving, walking, standing, bending down, moving around inside the house...) and Difficulties or functioning (including persons who have difficulty sleeping, maintaining dialogues, maintaining friendships, engage in romantic relations, etc.  | 10.3% |

|                 |                            |  |  |        |
|-----------------|----------------------------|--|--|--------|
|                 | Impairment/<br>Functional  | Census 2005                                    | <a href="#">Questionnaire:</a><br>In this household, are there one or more persons: Who are deaf, mute, or blind? Yes, No. Who have permanent difficulty walking, bathing, dressing by themselves? Yes, No. Who has permanent difficulty learning or understanding or who have mental problems or who have difficulty relating to others? Yes, No.   | N/A    |
| <b>Panama</b>   | Generic                    | Census 2000                                    | <a href="#">Questionnaire</a> (PDF 850KB): <a href="#">Part 4 and 5</a><br>Does any household member have physical or mental handicaps? What kind of physical handicap does he or she have?  | 1.84%  |
|                 | Functional                 | PENDIS 2005                                    | <a href="#">Questionnaire</a> (PDF 1MB)  | 11.3 % |
| <b>Paraguay</b> | Generic                    | Census 1992                                    | Do you have any physical or mental impairment? Yes / No. If yes: Blind, deaf, mute, Paralytic, Other.  | 0.96%  |
|                 | Generic                    | Census 2002                                    | <a href="#">Questionnaire</a><br>Is there any person in this household permanently physically or mentally handicapped? Yes/No. Write down the handicaps and their possible causes. Handicaps: 1. Weak or paralyzed arms or legs, 2. Missing body part(s), 3. Completely deaf, 4. Hearing problems, or requiring or using assistive listening devices, 5. Mute, 6. Speech problems, 7. Completely blind, 8. Blind on one eye, 9. Sight problems (even with eyeglasses), 10. Down syndrome, 11. Mentally challenged, 12. Insanity or dementia. | 0.99%  |
|                 | Impairment /<br>Functional | Asuncion Metro-<br>politan Area<br>Survey 2002 | <a href="#">Questionnaire</a><br>Do you have any problems with...? Yes/No.<br>Three domains (Sensory, Physical, Mental) and Other. 15 questions in total.  | 3%     |
| <b>Peru</b>     | Impairment                 | Census 1981                                    | Only for the Head of Household: Is any member of the household blind, mute, deaf, with physical impediments or other deficiency. If yes, ask who are the person(s) and which disability do they have. Mark one or more of the following: Blind, Deaf, Mute, Physical Impairment, Other... (Specify)  | N/A    |
|                 | Impairment                 | Census 1993                                    | <a href="#">Questionnaire</a> (PDF 1.5MB): <a href="#">Part 1</a> , <a href="#">Part 2</a> , <a href="#">Part 3</a><br>Do you have any of the following impairments: Complete blindness, complete deafness, muteness, mental retardation, mental problems, polio, loss or invalidity of upper or lower extremity, other, no impediments.   | 1.3%   |

|                              |                           |  |  |  |
|------------------------------|---------------------------|--|--|--|
|                              | N/A                       | INR Research 1993  | N/A  | 31.3% - Disability<br>45.4% - Deficiency<br>13.1% - Handicap |
|                              | Functional                | <a href="#">EHODIS 2005</a><br>Disability Survey in Lima Metropolitan Area | Questionnaire: <a href="#">Short</a> and <a href="#">Long</a>  | 5.7%   |
|                              | Functional                | <a href="#">Census 2005 / ENCO 2006</a><br>(Encuesta Nacional Continua)    | Questionnaire: <a href="#">Short</a> and <a href="#">Long</a><br>Do you have any long-term difficulty or limitation to:<br>1) See, even when wearing lenses or glasses, 2) Hear, even when using hearing aids, 3) Speak, 4) Use arms or hands, 5) Use legs or feet / Walk or climb stairs, 6) Understand or learn / Concentrate and remember, 7) Communicate, understand others, and others understanding you, 8) Other difficulty or limitation? Yes/No to each question. | 8.7%   |
| <b>Suriname</b>              | N/A                       | Census 1980  | N/A  | 2.8%   |
|                              | Generic                   | Census 2003  | Does this person suffer from any chronic illness? Does this person have a disability?  | N/A  |
| <b>Trinidad &amp; Tobago</b> | Generic (Single question) | Census 2000  | <a href="#">Questionnaire:</a><br>1) Does ..... suffer from any long-standing disability that prevents him/her from performing an activity? Yes / No / Not Stated.<br>2) Does ... have difficulties in: seeing (even with glasses), hearing (even with hearing aid), speaking (talking), moving/mobility (walking, standing, climbing stairs), body movements (reaching, kneeling), gripping, learning, behavioral, other? Yes/No.   | 4.5%   |
| <b>Uruguay</b>               | Impairment                | Encuesta Familiar de Salud 1982  | Do you have any problems causing impairments or disability in your daily activities? Blind or almost blind, deaf or almost deaf, deaf-mute, mentally retarded, mental illness, amputated body parts, paralyzed, deformations, senile, impediments from chronic illness, other, none, not known.  | 3.7%   |

|                  |            |  |   |      |
|------------------|------------|--|---|------|
|                  | Functional | Continuous Household Survey 1991-93  | Do you have any physical, psychic or sensory problems which impedes you from attending to daily activities, in the field of education or work? Which?   | 8%   |
|                  |            | <a href="#">CAEESU 1997</a> (Montevideo)                                       | <a href="#">Questionnaire:</a>  | N/A  |
|                  | Functional | ENEVISA 1999   | 1) Can you perform the following activities by yourself, with assistance or not at all? Basic Activities: a. Take a bath, b. Dress, c. Go to the bathroom, d. Eat, e. Move around. Instrumental Activities: a. Climb stairs, b. Prepare meals, c. Manage your money, d. Take medicine, e. Use transportation. 2) Why can you not perform that activity? Because of: a. Physical disability, b. Mental disability, c. You are not allowed, d. Other. | 11%  |
|                  | Functional | <a href="#">ECH 2003-4</a> National Survey of Persons with Disability (Module) | <a href="#">Questionnaire:</a> Does any household member... 1. Not see or hear adequately even using eyeglasses or assistive listening devices? 2. Have limitations walking or using arms and hands? 3. Have speech or learning problems or limitations relating to other people? Yes or No.  | 7.6% |
| <b>Venezuela</b> |            | Register   | <a href="#">Questionnaire.</a>  | N/A  |
|                  | Impairment | <a href="#">Census 2001</a>  | <a href="#">Questionnaire:</a> (PDF 2.2MB): <a href="#">Part 1</a> , <a href="#">Part 2</a> , <a href="#">Part 3</a> , <a href="#">Part 4</a><br>1) Do you have any of the following deficiencies, problems or disabilities: Completely blind, completely deaf, mental retardation, loss or disability of upper or lower extremities, other, and none? Presented in a checklist.<br>2) Do you require the use of a wheel chair? Yes/No.             | 3.9% |