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?

<table>
<thead>
<tr>
<th>Activities</th>
<th>Independent</th>
<th>Needs help</th>
<th>Completely dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Combing hair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Brushing teeth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Wash and dry hands and face</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Take bath</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Dry body</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) Dressing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g) Eating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(h) Walking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Climbing stairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 underwear | (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?

<table>
<thead>
<tr>
<th>Opening</th>
<th>Difficult</th>
<th>Can manage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre front open</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Full</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Half</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centre back open</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Full</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Half</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Side open</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open at shoulder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slip over the head</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 buttonholes -
       
       (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 any assistive device?: Yes _____ No _____

   (b) If Yes; what are these devices?:
       
       (1) Braces :
       
       (2) Crutches :
16. (a) Does the child face any difficulty in dressing and undressing due to the use of assistive devices? Yes ____ No ____

(b) If Yes; what are the difficulties -

(1) 

(2) 

(3) 

(4) 

(5) 

17. (a) Do you think assistive devices cause any damage to the clothing he/she wears? Yes ____ No ____

(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 anything in particular to prevent or lessen the damage to the clothing?  Yes ____  No ____

(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 clothes? Yes ____ No ____

(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/adjustments to meet his/her needs? Yes ____ No ____

(c) If Yes; what are these alterations/adjustments?

(1) 
(2) 
(3) 
(4) 
(5)
23. Do you think clothes which he wears conceal or cover abnormality? Yes ____ No ____

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?

<table>
<thead>
<tr>
<th>Type of fabric</th>
<th>Colour</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Upper clothes</td>
<td>Give reasons</td>
</tr>
<tr>
<td>(b) Lower clothes</td>
<td>Give reasons</td>
</tr>
</tbody>
</table>

26. (a) Did you give him/her any special training in dressing skill? Yes ____ No ____
(b) If Yes; where and what training did you give?