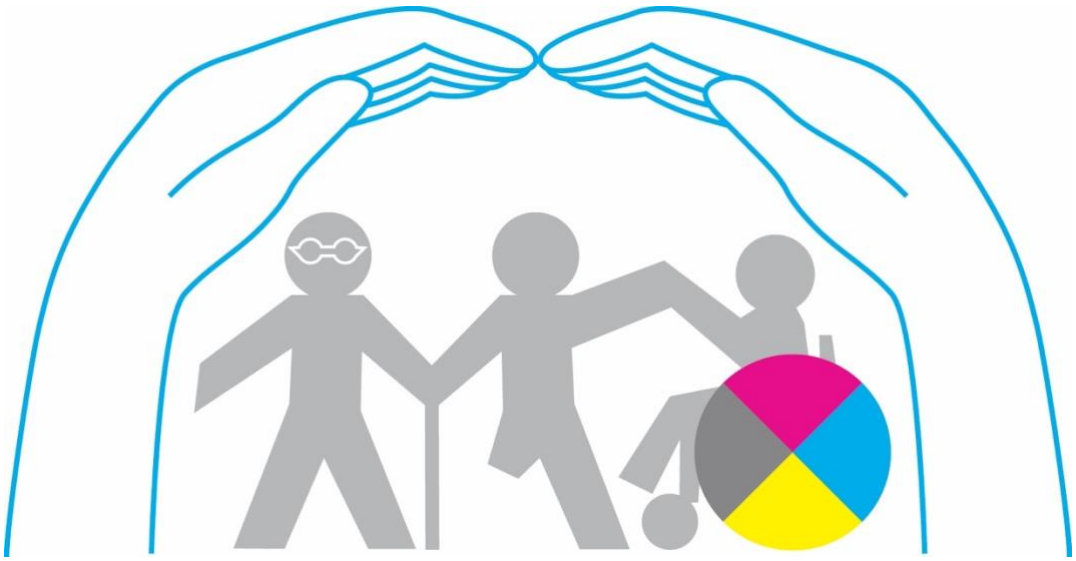

Child Functioning Module – Humanitarian Version

Guidance Note

Washington Group on Disability Statistics

unicef
for every child

UNICEF Data and Analytics Section
Division of Data, Analytics, Planning and Monitoring
3 United Nations Plaza
New York, NY 10017, USA
Email: data@unicef.org

Suggested citation

United Nations Children's Fund, *Module on Child Functioning – Humanitarian Version: Guidance note*, UNICEF, New York, 2025.

Acknowledgements

The preparation of this guidance note was coordinated by Claudia Cappa (Data and Analytics Section, UNICEF Headquarters), with inputs from Jennifer Madans (Washington Group on Disability Statistics), Julie D. Weeks (National Center for Health Statistics, USA, and Washington Group on Disability Statistics) and Natalie Young (National Center for Health Statistics, USA, and Washington Group on Disability Statistics). Valuable inputs were provided by Robert Bain (UNICEF Regional Office for the Middle East and North Africa), Ranto Ramananjato (UNICEF Regional Office for East Asia and the Pacific), Kirstin Lange (Programme Group, UNICEF) and Claire O'Reilly (Trinity College Dublin). Gratitude goes to the many colleagues from various partner agencies working in the humanitarian field who provided feedback throughout the development of the Module on Child Functioning – Humanitarian Version.

The publication was edited by Lois Jensen and Alice Fogliata Cresswell and designed by Era Porth (independent consultants). It was made possible through core funding to UNICEF and generous grants from the Department of Foreign Affairs and Trade, Government of Australia and the Norwegian Agency for Development Cooperation.

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Introduction

High-quality data are critical to effectively identify and address the needs of persons with disabilities in response to a humanitarian crisis. Humanitarian situations require many of the same types of information related to persons with disabilities as more conventional settings and may have similar constraints in data collection. In other ways, however, the two situations are very different. Humanitarian contexts typically present specific information needs and data collection constraints that add to the challenges of collecting robust data.

Given these needs and challenges, there is a demand for a tool to use in obtaining the necessary data in humanitarian contexts, particularly for use in the disaggregation of outcome measures by disability status. In developing such a tool, it was first necessary to explore how the data may be used and the data collection challenges that humanitarian contexts typically present.[1]

This guidance note provides a framework for considering data needs in a humanitarian context and describes the constraints in collecting such data. It applies this framework to create versions of the Child Functioning Module (CFM), developed by UNICEF and the Washington Group on Disability Statistics (WG), for use in humanitarian situations. It goes without saying that data needs will vary across humanitarian events, reflecting the unique characteristics of each situation, and that some level of customization may be necessary. Nevertheless, some data needs will be relevant in all situations. This document focuses on these consistent needs for data collection that will be found in most humanitarian situations.

Data needs in humanitarian contexts

In humanitarian contexts, data are needed to assess the impact of the situation on the population with disabilities and how this impact differs when comparing those with and without disabilities. This information is used to plan and target the provision of assistance. Persons with disabilities can be identified in different ways. The objectives of the humanitarian response will determine which definition to use.

A widely used definition to identify the population with disabilities focuses on functional abilities. Functional status impacts the need for services and resources,

making it highly relevant in humanitarian settings. Information on the level and kind of functional difficulties can be used to identify the population with disabilities and subpopulations in greatest need of aid. Data are also needed to identify the services and resources needed and barriers to receiving services for the total population affected and for those with disabilities. This will remain the case whether or not services are being received by those with disabilities who need them; if they are not receiving services, the information can help in ascertaining why. Another data need relates to monitoring the implementation of programmes providing services and determining satisfaction (or lack thereof) with assistance provided to the total population affected, and specifically for those with disabilities.

Disability data in humanitarian situations can be used in two main ways, and these uses have different data requirements that are closely associated with how the data will be collected. First, data can be used at the individual level. For example, the data can help describe the functional characteristics and needs of specific individuals so that services and resources can be delivered directly to them. This use requires that data be obtained from all members of the population, which can be costly and difficult logistically. These constraints often result in limited data being collected at the individual level.

The other use is at the population level. Here, data are used to describe the functional characteristics, disability status and need for services of the population as a whole or for subgroups of the population. At the population level, the information is used to estimate the number of people whose functional status (disability) indicates a need for services, including the

[1] Overarching needs for data on persons with disabilities in humanitarian contexts are addressed in the decision tree on disability data: International Organization for Migration, 'Collection of Data on Disability Inclusion in Humanitarian Action: Decision tree', PowerPoint presentation, International Organization for Migration, <https://dtm.iom.int/sites/g/files/tmzbdl1461/files/tools/Interagency%20DecisionMaking%20Tree%20on%20Data%20for%20Disability%20Inclusion_1.pdf>, n.d.

areas in which services are needed. Information on functioning is also used as an indicator of potential limitations in obtaining services and resources that are provided. For example, persons with difficulty walking would also have difficulty getting to a distribution site. Statistical samples can be selected that allow data from a sample of the population of interest to be generalized to the entire population. If it is possible to select a sample, more data can be collected at a lower cost, but it is not possible to use the data at the individual level. Whether collected at the individual level or to characterize populations, the information can be used as a baseline for monitoring the response over time and to disaggregate outcomes to determine the differential impact of the situation on persons with and without disabilities, as defined by the level of functional limitations.

In sum, data will usually be needed for multiple purposes, including to:

- Describe the functional status of the population impacted by the humanitarian situation. Doing so will identify the population with disabilities and the need for assistive devices and other services as a baseline for planning purposes, and as the situation changes.
- Assess how those with disabilities are differentially impacted by the humanitarian situation compared to those without disabilities.
- Monitor and report on the reach and impact of programmes.
- Advocate additional resources.

While some data needs are relevant throughout the life cycle of a humanitarian event, they can be more critical at certain stages. The type of data needed can also change over time. For example, the functional and disability status of the population and the need for services or resources can be particularly important at the onset of the event. But these characteristics need to be monitored throughout a humanitarian situation since they can change over time. Monitoring access to assistance, on the other hand, becomes important when services and resources become available. Equally important, the feasibility of collecting data will change depending on the type of situation. In a sudden-onset emergency, it may only be possible to collect minimal data, placing more reliance on existing population estimates, including global estimates. More protracted situations will allow for the collection of more detailed information on a wider number of topics.

The way information from individuals is obtained will also vary depending on the stage of the humanitarian programme cycle. At an implementation stage, for example, individual and household data can be collected during a registration process for the receipt of aid. The manner in which information is collected and the type of information collected will be affected by the way the registration process is structured. Incorporating the collection of information on disability as part of a registration process uses an existing mechanism for collecting data and provides an early account of the disability characteristics of the population. However, the registration process usually does not allow for extensive data collection if large numbers of people are being processed in a short amount of time. If information is not obtained when individuals are at a central physical location, it will be necessary to locate individuals to obtain information on disability – either about themselves or all members of their households. Different data collection methodologies can also be used at different stages in the life cycle of a humanitarian situation. Decisions about data content and collection methods should be tied to the needs for data and collection constraints that are operational at that point in time.

All humanitarian contexts share some of the same requirements and constraints regarding data collection. Among the leading constraints is the need to limit the data collection burden, although the extent of this constraint varies depending on the nature of the humanitarian context, resourcing and stage of the humanitarian programme cycle.

Another constraining factor is the competition for scarce financial and staff resources. While it is always necessary to weigh the cost of any data collection against other resource needs, the pressure to directly address the impact of humanitarian events makes the trade-off between needs and resources very concrete in terms of the humanitarian response.

Another characteristic that defines a humanitarian context is how quickly an emergency can occur. In rapid-onset disasters, primary data collection might be limited, with greater reliance on existing information, if available, including that collected as part of preparedness processes. However, at any time, such information may suddenly become outdated.

Other humanitarian situations may develop more slowly. Even in this case, the extent of the effect on infrastructure will still be substantial and variable, with persons with disabilities affected in many of the same ways as they are in rapid-onset humanitarian situations. Those with existing disabilities, for example, are more likely to be affected due to challenges in obtaining aid and resources and due to the loss or damage of accommodations such as assistive devices and personal assistance during the event. If available data are lacking, data collection will be necessary to obtain information on pre-existing as well as newly acquired functional limitations.

No matter how rapidly the humanitarian event unfolds or how long it continues, the situation of the affected population, including those with pre-existing or newly acquired disabilities, will evolve. Consequently, data needs will also shift.

Other considerations in humanitarian contexts

While deciding on content is a critical step in any data collection, the selection of the respondent can be equally important. In most situations, information is not obtained from children directly but through a proxy, mostly because children, especially younger children, would not be good reporters of the information requested. While it is possible and could be desirable to obtain information directly from older children, it is generally a more complicated endeavour in regard to ensuring that the child can consent to being interviewed. In addition, interviewing the child is usually conditional on consent from the parents/caregivers, further complicating the process. In most humanitarian contexts, data collection is simplified by using a household respondent, usually the household head, who provides information on all household members. The quality of the information obtained on children is highly dependent on the identity of the respondent.

All data collection, including collections in humanitarian situations, must be carried out according to accepted ethical standards and procedures to minimize any harm to data providers. While data are collected to benefit persons with disabilities in humanitarian situations, there may be some reluctance on the part of this population to share this information if there are concerns that it could adversely affect the data provider. These concerns can be exacerbated depending on the political situation. Sharing data across different actors involved in providing assistance can improve effectiveness and efficiency in planning and implementing responses, but may also increase the risk of disclosure. Protecting data privacy should always be a key requirement of data collection. Methods for protecting privacy and individual safety must be addressed in the development of data collection strategies and communicated to those providing the data.

In summary, prior to developing a data collection activity, it is important to determine the type of information that will be needed to meet objectives, identify opportunities to collect information that will reduce the overall burden, and evaluate the constraints that will affect how the data will be collected, including how respondents will be selected. If the data collection burden must be minimized and resources are limited, the amount of data that can be collected and the manner in which they will be collected will also be limited. Under these conditions, it is critical to ensure that the data that are collected will meet the needs for information with the necessary level of quality. Extensive constraints of this type will most likely occur at the onset of the humanitarian event and in situations that have rapid onsets. More flexibility for expanded content and regarding the manner in which data are collected is often possible at later stages of the humanitarian situation.

Decisions about data content and data collection procedures should be made after evaluating the relevance and quality of existing data, determining how best they can be used and what additional data are needed. Building on existing data can have considerable advantages in terms of efficiency. But while existing data can be helpful in guiding the humanitarian response, these data might not be sufficiently detailed to meet data needs. Newly collected data would also be needed to characterize changes in the functional and disability status of the population and the need for accommodations.

The UNICEF/Washington Group Child Functioning Module (CFM)

The CFM was designed to obtain information on the functional status of children and to quantify the proportion of those with functional difficulties, serving as a way to identify children with disabilities.

Obtaining data on functioning in children is more challenging than collecting data on adults, given the fast pace of development in children, the variability with which development occurs from child to child, and the broader range of domains in which development occurs. Question sets developed primarily for use in

adults are known to misidentify the functional status of children. The CFM was developed to address this limitation. It comprises two question sets, one for children aged 2 to 4 years and one for children aged 5 to 17 years. These question sets were designed to be included in population-based surveys with the mother or primary caregiver serving as the respondent. The CFM is organized by functional domain. The CFM for children aged 2 to 4 years comprises 16 questions in 8 domains (although some questions are part of skip patterns, so not all questions would be asked about every child). Difficulties are assessed in the domains of seeing, hearing, walking, fine motor, communication, learning, controlling behaviour and playing. The CFM for children aged 5 to 17 years comprises 24 questions in 12 domains (although several questions are part of skip patterns, so not all questions would be asked about every child). Difficulties are assessed in seeing, hearing, walking (100 and 500 yards), self-care, communication, learning, remembering, concentrating, accepting change, controlling behaviour, relationships, and affect (symptoms of anxiety and depression).

The CFM was designed to be administered in household surveys to the mother or primary caregiver to maximize the quality of the information provided. If a household member other than the mother/primary caregiver is used as the respondent, the quality of the data is likely to be so low that data collection should not be pursued.

A version of the CFM for children aged 5 to 17 years administered in school settings was released in June 2024. It is called the CFM-Teacher Version (CFM-TV) and uses teachers as respondents. The CFM-TV covers 12 domains and includes 20 questions (3 questions are part of skip patterns, so only 17 questions would be asked about every child). The CFM and CFM-TV are very similar in content, except for small differences that reflect the different administration settings and respondents. Unlike the CFM, all CFM-TV questions about difficulties in functioning are prefaced with the statement: 'Compared with children of the same age…', since teachers might be instructing children of different ages. The CFM question on self-care is not included in the CFM-TV, as teachers would likely not have knowledge of functioning in this domain. The CFM-TV includes a question on fine motor functioning that is only included in the CFM for children aged 2 to 4 years. The CFM-TV version of the walking question does not inquire about difficulties walking short and longer distances, in contrast with the CFM.

As of June 2025, the CFM has been included in over 60 household surveys, including in countries affected by humanitarian crises, such as Afghanistan, Central African Republic, Chad, Iraq and Yemen.

The UNICEF/Washington Group Child Functioning Module-Humanitarian Version (CFM-HV)

Background

UNICEF and WG have received numerous requests for a version of the CFM that can be used in humanitarian settings. Just as the teacher version modified the CFM to be used in school settings, the humanitarian version would be a modification of the CFM that takes into account the data needs and data collection constraints of humanitarian settings, as described above. As mentioned earlier, a primary constraint in humanitarian settings is the need to reduce the data collection burden. If reducing the burden were not a requirement, the CFM could be used. Since this is likely not the case, the task was to reduce the CFM, but to do so in a way that is fit for purpose – that is, to retain the information of most relevance to a humanitarian response.

The problem was this: Any shorter version of the CFM would result in lost information on functioning and possibly reduce the proportion of children identified as having disabilities. This could affect the provision of services to this population. The questions included in the CFM were selected because they address the full range of functioning in children. Omitting questions would result in a failure to identify some children with functional difficulties. This loss of information needs to be weighed against the cost and logistical challenges of data collection in the humanitarian situation. These constraints will change over time, so decisions made about what to cut at the beginning of the event could be adjusted at later stages depending on data needs and available resources.

Decisions about which questions or functional domains to omit should consider the need for the data, which includes determining the type of assistance that would be needed and the barriers individuals would face in accessing the assistance. In any humanitarian situation, different types of assistance are provided, for example, food, water and sanitation, and health care, often by different agencies. Some domains may be more important for specific types of assistance, but many domains likely apply to multiple types. If this is the case, an efficient approach would be to develop a core set of questions that apply in all or most situations and to identify other questions that would apply in specific types of assistance.

Structure and content of the CFM-HV

Given the overall objective of collecting data that are most needed to develop a humanitarian response focusing on children with disabilities (defined as having functional limitations), and the considerable data collection challenges that are a function of the type and stage of the situation, a two-tier approach to collecting information is proposed that will be used to identify the population of children with disabilities:

- Tier 1, the shortest set, would be used at the onset of the humanitarian situation. It is at this time that data collection challenges are usually most severe and when priority is given to data needs related to the immediate and most critical humanitarian response. Tier 1 includes 10 questions for children aged 2 to 4 years and children aged 5 to 17 years, covering 4 domains of functioning: vision, hearing, mobility and fine motor. The questions for children aged 2 to 4 and 5 to 17 are the same, with the only difference being the mention of 'contact lenses' in the first question of the module for children aged 5 to 17 years. The questions on difficulties seeing, hearing and walking are prefaced by questions that ask about the use of glasses (and contact lenses for children aged 5 to 17 years), hearing aids and mobility assistive devices. These questions determine whether a subsequent question about the level of functional difficulty is asked. For example, for seeing and hearing, a question is asked about difficulties when using an assistive device (such as glasses or a hearing aid). For walking, a subsequent question is asked about the level of difficulty when not using special equipment such as a walker. In addition to providing useful information on the use of assistive devices, these questions facilitate the question/answer process and, therefore, improve data quality.[2] Because of these skip patterns, only 7 questions would be asked about each child, and not all 10.

- Tier 2 would be used when resources and time permit a more comprehensive data collection effort. Tier 2 includes 12 questions for children aged 2 to 4 years, covering 6 domains of functioning: vision, hearing, mobility, fine motor, communication and controlling behaviour. Some questions are part of skip patterns, so only nine questions would be asked about each child. The version for children aged 5 to 17 years includes 14 questions covering 8 domains of functioning: vision, hearing, mobility, fine motor, communication, concentration, controlling behaviour and symptoms of anxiety. Some questions are part of skip patterns, so only 11 questions would be asked about each child. As in Tier 1, the questions on seeing, hearing and walking are prefaced with questions on the use of assistive devices, which provide substantive information but also facilitate the question/answer process.

Later in the humanitarian response, once the immediate needs of affected populations have been addressed and essential systems are well established, the standard CFM would be used, which includes 16 questions in 8 domains for children aged 2 to 4 years (although only 13 questions would be asked about every child because of skip patterns) and 24 questions in 12 domains for children aged 5 to 17 years (although only 18 to 20 questions would be asked about every child because of skip patterns).

Rationale for omitting questions in Tier 1 and Tier 2 versions of the CFM-HV

Self-care for children aged 5 to 17 years and playing for children aged 2 to 4 years. The domains of self-care and playing are candidates for omission as they both are highly sensitive to context. They are also related to other domains, so omitting these two does not omit all relevant information.

Accepting change for children aged 5 to 17 years, controlling behaviour for children aged 2 to 17 years

[2] Asking first about the use of assistive devices and then asking about difficulty seeing, hearing and walking with or without the assistive devices (depending on the responses to the previous questions) makes the questions on difficulty hearing and walking more understandable to the respondent. This layout means that the administration time is the same, or less, for the seven-question set as compared to asking one question per domain where the question either doesn't refer to the use of aids or embeds the instruction regarding the use of aids into the question.

and making friends for children aged 5 to 17 years. While these are distinct domains, they are related and address aspects of behaviour. One way to reduce the number of questions is to select only one domain for inclusion in the core set, recognizing that some children with functional difficulties in the other domains will not be identified. The extensive changes introduced in humanitarian situations could affect how the question on accepting change is understood, suggesting that this domain be omitted. Difficulty making friends is also likely to operate differently in humanitarian situations, suggesting that this domain be omitted. The domain of controlling behaviour would be retained only in Tier 2 of the CMF-HV.

Remembering and concentrating. These two domains come under the general heading of cognition. They address different abilities but are related, with some aspects of remembering being part of concentration. The domain of remembering could be omitted from Tiers 1 and 2, while the domain of concentration is retained only in Tier 2 of the CFM-HV.

Walking. Disability status is usually determined based on unassisted functioning, except for the vision and hearing domains. Given that the availability of assistive devices in humanitarian situations could be limited and walking with the use of assistive devices is not used to determine disability status, the question from the original CFM on walking with the use of assistive devices has been dropped in the CFM-HV. The walking domain in the original CFM includes questions on walking two distances. The constraints on walking long distances in some humanitarian situations, for example, due to safety concerns, would affect the interpretation of this question, as it would now include aspects other than functioning. For these reasons, the CFM-TV questions on difficulty walking that do not refer to distance are used in the CFM-HV.

Communication. The communication domain for children aged 5 to 17 years includes questions on two types of communication: being understood by people inside and also outside the household. Being understood by people outside the household is more difficult than being understood by people within the household and could be critical during humanitarian situations. The question on being understood by people inside the household would be omitted from the core questionnaire. For children aged 2 to 4 years, there are also two questions – one on whether the mother/primary caregiver understands the child and one on whether the child understands the primary caregiver. If the intent is to have a proxy for whether the child would understand communication outside the home, then the question on whether the child understands the primary caregiver might be more relevant. If the intent is to determine if the child can communicate his or her needs, then asking if the mother/primary caregiver understands the child would be more relevant. The question on understanding communication has been retained in Tier 2.

Affect. The CFM for children aged 5 to 17 years includes questions on symptoms of anxiety and depression. While these characteristics are separate, they are related. To reduce the burden, one of the questions could be omitted. Both anxiety and depression would be affected by humanitarian situations. Anxiety tends to be the more prevalent characteristic, and the uncertainty associated with humanitarian situations suggests that anxiety might be the more relevant characteristic. It is therefore included in the Tier 2 CFM-HV.

Overall considerations and caveats for using the CFM-HV

The CFM-HV comprises of two interrelated questionnaires. The Tier 1 and Tier 2 versions of the questionnaire are subsets of the full standard CFM. While the information from the Tier 1 and 2 versions will be very useful in humanitarian situations, they will provide only some of the information needed to ensure that the needs of children with functional difficulties are addressed. This is because the Tier 1 and Tier 2 versions are much shorter than the full standard CFM: They do not cover all the CFM domains and, therefore, do not capture all the children with disabilities in a population. Data analyses conducted on surveys that used the CFM clearly show that reducing the number of questions results in significant drops in the percentage of children identified as having functional difficulties (see Table 1).

Table 1. Percentage of children aged 2 to 17 years with functional difficulties

		CFM-HV Tier 1	CFM-HV Tier 2	Standard CFM
Afghanistan	Children aged 2 to 4 years	3.3	6.5	10.7
	Children aged 5 to 17 years	5.0	30.0	35.2
Central African Republic	Children aged 2 to 4 years	3.0	8.7	14.7
	Children aged 5 to 17 years	2.7	22.0	31.4
Chad	Children aged 2 to 4 years	3.3	6.6	10.2
	Children aged 5 to 17 years	2.7	23.4	28.7
Iraq	Children aged 2 to 4 years	1.1	2.1	2.8
	Children aged 5 to 17 years	2.8	19.0	22.1
Yemen	Children aged 2 to 4 years	2.9	5.2	6.4
	Children aged 5 to 17 years	4.4	18.7	21.2

Source: Multiple Indicator Cluster Surveys, 2016–2023.

Furthermore, given the critical importance of the respondent for identifying children with disabilities, the CFM-HV must be administered to mothers or primary caregivers, even in humanitarian contexts. If this is not possible, the quality of the data is likely to be so low that data collection should not be pursued.[3]

Finally, while the CFM-HV describes the level of functional difficulties and identifies the population of children with disabilities, it cannot provide information on how those difficulties interact with the situational environment or the accommodations (including assistive devices as well as structural environmental accommodations) that would be needed to function and to receive services and resources. This is true whether the information is used at the population or the individual level. It will be necessary to collect additional data to address these needs.

As is the case for the CFM and CFM-TV, if the CFM-HV is meant to be used to produce representative estimates, it is important to comply with all the necessary sampling design requirements that apply to population-level data collection. This includes ensuring that children for whom information is collected are selected at random and not following biased selection criteria (for instance, interviewing mothers only about the youngest child in each household), as such bias would compromise the representativeness of the data.

The different versions of the CFM-HV can be used at different points of the humanitarian response. Moreover, since the questions are drawn from the same source, comparisons of the disability status of the population can be made over time for the questions that overlap across the three versions. Comparisons can also be made with other data collections that use the CFM. However, comparisons cannot be made if questionnaires other than the CFM are used.

Comparison between the CFM-HV and the Washington Group Short Set

The Short Set of questions developed by WG (WG Short Set) has been used by some humanitarian actors as a tool for collecting information on children in humanitarian settings. While the tool is appropriate for adults, the CFM-HV is the tool to use for children. The WG Short Set and the CFM-HV differ in terms of

[3] See: *Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities*, p. 164. As mentioned earlier, the inclusion of specific questions on the use of assistive devices in the CFM was intended to improve survey administration and mirrors the inclusion of these questions in the WG Enhanced Set and WG Extended Set.

question structure and the domains included. The WG Short Set comprises questions on difficulty in six domains of functioning: seeing, hearing, walking, remembering or concentrating, self-care (formulated as washing all over or dressing) and communicating. Results from countries that used both the CFM and the WG Short Set show that the number of children who are identified as having functional difficulties by the six domains covered by the Short Set is substantially lower than the number identified by the domains included in the CFM. While this underestimation is mostly due to the larger number of domains in the CFM, other sources of underestimation should be considered, given that the two instruments are typically implemented under different conditions. For example, while the CFM is intended to be administered to the child's mother (or, if the mother is deceased or living in another household, to the child's primary caregiver), the WG Short Set is typically administered to the household head. Regarding domains included, the WG Short Set and Tier 1 and Tier 2 of the CFM-HV include the same three domains – seeing, hearing, and walking. However, the formulation of the questions across the two instruments is slightly different, and these differences also affect the proportion of children who are defined as having functional difficulties in these domains. The other domains covered in Tier 1 and Tier 2 of the CFM-HV are either different (for example, self-care is not covered in the CFM-HV Tier 1 and Tier 2, for the reasons explained earlier) or are formulated very differently (remembering or concentrating, and communicating), which also makes comparisons between the WG Short Set and the CFM-HV inappropriate. For these reasons, comparisons cannot be made if data on children are collected using the CFM-HV and the WG Short Set.

Questionnaires

TIER 1 - CHILD FUNCTIONING MODULE - HUMANITARIAN VERSION (AGE 2–4)		CFH
CFH1. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DIFFICULTIES YOUR CHILD MAY HAVE. DOES (*name*) WEAR GLASSES?	Yes ..... 1 No 2	 2⇨CFH3
CFH2. WHEN WEARING HIS/HER GLASSES, DOES (*name*) HAVE DIFFICULTY SEEING? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	1⇨CFH4 2⇨CFH4 3⇨CFH4 4⇨CFH4
CFH3. DOES (*name*) HAVE DIFFICULTY SEEING? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CFH4. DOES (*name*) USE A HEARING AID?	Yes ..... 1 No 2	 2⇨CFH6
CFH5. WHEN USING HIS/HER HEARING AID, DOES (*name*) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLE'S VOICES OR MUSIC? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	1⇨CFH7 2⇨CFH7 3⇨CFH7 4⇨CFH7
CFH6. DOES (*name*) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLE'S VOICES OR MUSIC? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CFH7. DOES (*name*) USE ANY EQUIPMENT OR RECEIVE ASSISTANCE FOR WALKING?	Yes ..... 1 No 2	 2⇨CFH9
CFH8. WITHOUT HIS/HER EQUIPMENT OR ASSISTANCE, DOES (*name*) HAVE DIFFICULTY WALKING? WOULD YOU SAY (*name*) HAS: SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CFH9. COMPARED WITH CHILDREN OF THE SAME AGE, DOES (*name*) HAVE DIFFICULTY WALKING? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CFH10. COMPARED WITH CHILDREN OF THE SAME AGE, DOES (*name*) HAVE DIFFICULTY PICKING UP SMALL OBJECTS WITH HIS/HER HAND? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	

TIER 2 - CHILD FUNCTIONING MODULE - HUMANITARIAN VERSION (AGE 2–4)		CFH
CFH1. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DIFFICULTIES YOUR CHILD MAY HAVE. DOES (*name*) WEAR GLASSES?	Yes ..... 1 No 2	 2⇨CFH3
CFH2. WHEN WEARING HIS/HER GLASSES, DOES (*name*) HAVE DIFFICULTY SEEING? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	1⇨CFH4 2⇨CFH4 3⇨CFH4 4⇨CFH4
CFH3. DOES (*name*) HAVE DIFFICULTY SEEING? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CFH4. DOES (*name*) USE A HEARING AID?	Yes ..... 1 No 2	 2⇨CFH6
CFH5. WHEN USING HIS/HER HEARING AID, DOES (*name*) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLE'S VOICES OR MUSIC? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	1⇨CFH7 2⇨CFH7 3⇨CFH7 4⇨CFH7
CFH6. DOES (*name*) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLE'S VOICES OR MUSIC? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CFH7. DOES (*name*) USE ANY EQUIPMENT OR RECEIVE ASSISTANCE FOR WALKING?	Yes ..... 1 No 2	 2⇨CFH9
CFH8. WITHOUT HIS/HER EQUIPMENT OR ASSISTANCE, DOES (*name*) HAVE DIFFICULTY WALKING? WOULD YOU SAY (*name*) HAS: SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CFH9. COMPARED WITH CHILDREN OF THE SAME AGE, DOES (*name*) HAVE DIFFICULTY WALKING? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CFH10. COMPARED WITH CHILDREN OF THE SAME AGE, DOES (*name*) HAVE DIFFICULTY PICKING UP SMALL OBJECTS WITH HIS/HER HAND? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CFH11. DOES (*name*) HAVE DIFFICULTY UNDERSTANDING YOU? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CFH12. COMPARED WITH CHILDREN OF THE SAME AGE, HOW MUCH DOES (*name*) KICK, BITE OR HIT OTHER CHILDREN OR ADULTS? WOULD YOU SAY: NOT AT ALL, THE SAME OR LESS, MORE OR A LOT MORE?	Not at all ..... 1 The same or less ..... 2 More ..... 3 A lot more 4	

TIER 1 - CHILD FUNCTIONING MODULE - HUMANITARIAN VERSION (AGE 5–17)		CFH
CFH1. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DIFFICULTIES YOUR CHILD MAY HAVE. DOES (*name*) WEAR GLASSES OR CONTACT LENSES?	Yes.....1 No.....2	 2⇨CFH3
CFH2. WHEN WEARING HIS/HER GLASSES OR CONTACT LENSES, DOES (*name*) HAVE DIFFICULTY SEEING? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty.....1 Some difficulty.....2 A lot of difficulty.....3 Cannot do at all.....4	1⇨CFH4 2⇨CFH4 3⇨CFH4 4⇨CFH4
CFH3. DOES (*name*) HAVE DIFFICULTY SEEING? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty.....1 Some difficulty.....2 A lot of difficulty.....3 Cannot do at all.....4	
CFH4. DOES (*name*) USE A HEARING AID?	Yes.....1 No.....2	 2⇨CFH6
CFH5. WHEN USING HIS/HER HEARING AID, DOES (*name*) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLE'S VOICES OR MUSIC? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty.....1 Some difficulty.....2 A lot of difficulty.....3 Cannot do at all.....4	1⇨CFH7 2⇨CFH7 3⇨CFH7 4⇨CFH7
CFH6. DOES (*name*) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLE'S VOICES OR MUSIC? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty.....1 Some difficulty.....2 A lot of difficulty.....3 Cannot do at all.....4	
CFH7. DOES (*name*) USE ANY EQUIPMENT OR RECEIVE ASSISTANCE FOR WALKING?	Yes.....1 No.....2	 2⇨CFH9
CFH8. WITHOUT HIS/HER EQUIPMENT OR ASSISTANCE, DOES (*name*) HAVE DIFFICULTY WALKING? WOULD YOU SAY (*name*) HAS: SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	Some difficulty.....2 A lot of difficulty.....3 Cannot do at all.....4	
CFH9. COMPARED WITH CHILDREN OF THE SAME AGE, DOES (*name*) HAVE DIFFICULTY WALKING? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty.....1 Some difficulty.....2 A lot of difficulty.....3 Cannot do at all.....4	
CFH10. COMPARED WITH CHILDREN OF THE SAME AGE, DOES (*name*) HAVE DIFFICULTY PICKING UP SMALL OBJECTS, FOR EXAMPLE A PENCIL, WITH HIS/HER HAND? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty.....1 Some difficulty.....2 A lot of difficulty.....3 Cannot do at all.....4	

TIER 2 - CHILD FUNCTIONING MODULE - HUMANITARIAN VERSION (AGE 5–17)		CFH
CFH1. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DIFFICULTIES YOUR CHILD MAY HAVE. DOES (*name*) WEAR GLASSES OR CONTACT LENSES?	Yes ..... 1 No 2	 2⇨CFH3
CFH2. WHEN WEARING HIS/HER GLASSES OR CONTACT LENSES, DOES (*name*) HAVE DIFFICULTY SEEING? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	1⇨CFH4 2⇨CFH4 3⇨CFH4 4⇨CFH4
CFH3. DOES (*name*) HAVE DIFFICULTY SEEING? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CFH4. DOES (*name*) USE A HEARING AID?	Yes ..... 1 No 2	 2⇨CFH6
CFH5. WHEN USING HIS/HER HEARING AID, DOES (*name*) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLE'S VOICES OR MUSIC? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	1⇨CFH7 2⇨CFH7 3⇨CFH7 4⇨CFH7
CFH6. DOES (*name*) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLE'S VOICES OR MUSIC? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CFH7. DOES (*name*) USE ANY EQUIPMENT OR RECEIVE ASSISTANCE FOR WALKING?	Yes ..... 1 No 2	 2⇨CFH9
CFH8. WITHOUT HIS/HER EQUIPMENT OR ASSISTANCE, DOES (*name*) HAVE DIFFICULTY WALKING? WOULD YOU SAY (*name*) HAS: SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CFH9. COMPARED WITH CHILDREN OF THE SAME AGE, DOES (*name*) HAVE DIFFICULTY WALKING? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CFH10. COMPARED WITH CHILDREN OF THE SAME AGE, DOES (*name*) HAVE DIFFICULTY PICKING UP SMALL OBJECTS, FOR EXAMPLE A PENCIL, WITH HIS/HER HAND? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CFH11. WHEN (*name*) SPEAKS, DOES HE/SHE HAVE DIFFICULTY BEING UNDERSTOOD BY PEOPLE OUTSIDE OF THIS HOUSEHOLD? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	

CFH12. DOES (*name*) HAVE DIFFICULTY CONCENTRATING ON AN ACTIVITY THAT HE/SHE ENJOYS DOING? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CFH13. COMPARED WITH CHILDREN OF THE SAME AGE, DOES (*name*) HAVE DIFFICULTY CONTROLLING HIS/HER BEHAVIOUR? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
CFH14. HOW OFTEN DOES (*name*) SEEM VERY ANXIOUS, NERVOUS OR WORRIED? WOULD YOU SAY: DAILY, WEEKLY, MONTHLY, A FEW TIMES A YEAR OR NEVER?	Daily ..... 1 Weekly ..... 2 Monthly ..... 3 A few times a year ..... 4 Never 5	

UNICEF Data and Analytics Section
Division of Data, Analytics, Planning and Monitoring
3, United Nations Plaza
New York, NY 10017, USA

Email: data@unicef.org
Website: data.unicef.org

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