

**United Nations Statistics Division  
United Nations Children's Fund  
Statistical Office of the European Communities  
Centres for Disease Control and Prevention  
of the United States of America**

ESA/STAT/AC.81/5-3  
21 May 2001

**International Seminar on the  
Measurement of Disability**

**New York  
4-6 June 2001**

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Questionnaire and Survey Design Features for the  
Collection of Data from Persons with Disability:  
Thailand*



**QUESTIONNAIRE AND SURVEY DESIGN FEATURES  
FOR THE COLLECTION OF DATA FROM PERSONS  
WITH DISABILITY : THAILAND**

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**Prepared for United Nations International Seminar on Measurement of  
Disability**

**New York, 4-6 June 2001**

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# **QUESTIONNAIRE AND SURVEY DESIGN FEATURES FOR THE COLLECTION OF DATA FROM PERSONS WITH DISABILITY : THAILAND**

## **1. INTRODUCTION**

The people with disabilities have lower opportunity than the rest of society. They are generally forgotten people living in poverty. According to the structure of population, economic and social have been changed as well as the change of living and working conditions, caused the tendency on number of disabled persons to increase, which considerably responsibility of government towards them. Thailand's 8<sup>th</sup> National Economic and Social Development Plan (1997-2001) stated the objective clearly that people are the center of development.

Disabled persons are valuable national resources. As their disability conditions prohibit them from healthful living, working and participating in social activities. There is a strong need for reliable disability statistics in order to quantify the extent of compassion in a society, to encourage and support disabled persons to access to equal opportunity to live, to work and to participate in social activities as other normal individuals.

## **2. DISABILITY STATISTICS IN THAILAND**

The statistical system of Thailand is a decentralized system. Besides the National Statistical Office (NSO), other government agencies also conduct a number of statistical as well. The collection of disability statistics can be classified into 2 types according to the method of data collection, namely, the data regularly collected and the provisional study.

### **1. Disability Statistics regularly collected:**

- 1.1 From census and survey.
- 1.2 From registration system and recording

## **1.1 From census and survey**

1.1.1 The National Statistical Office, Office of the Prime Minister collected disability statistics in the Health and Welfare Survey (HWS) in 1974, 1976, 1977, 1978, 1981, 1986, 1991 and 1996. The survey has been conducted every 5 years. The 2001 HWS is carrying out.

1.1.2 Health Survey, Provincial Level by Bureau of Health Policy and Planning, Ministry of Public Health.

1.1.3 Health Examination Survey, National Health Foundation, collecting data by interviewing and medical check up.

## **1.2 From registration system and recording**

1.2.1 Ministry of Labour and Social Welfare has two main sources of disability statistics, namely,

(1) Social Security Office has the report of employee who wounded and disabled from working under the Compensation Fund and Social Welfare Act.

(2) Office of the Committee for Rehabilitation of Disabled Persons has some detail on demographic, economic and sociality of persons who registered with the office. Disability data classified by type of disability according to the Rehabilitation of Disabled Persons Act, B.E. 2534, type and severe disability were diagnosed by medical doctor.

1.2.2 Disabled data from association, foundation and organization which work about disabled persons. The basic data only for member of those institutions. They recorded names, addresses and type of disabilities.

## **2. Disability Statistics from provisional study**

The inconsistent of number of disabled persons which come from survey and research is due to the differences of concept, definition of “disabled persons”, classification of type of disability including method of data collection. The provisional study try to avoid those problems. Some important provisional study are as follows:

2.1 Epidemiology study in Payathai District, Bangkok Metropolis of Dr. Chattaya Jitprapai in 1971.

2.2 Epidemiology of disabled and ageing persons in Thailand by Dr. Banlu Siripanich in 1982 using definition of “disabled person” of Rehabilitation of Disabled Persons Act B.E. 2519. Disabled person in this Act means person who have physical and/or mental impairment so that they are unable to perform normal activities. The study classified type of disability as:

Amputation, part of arm and leg and could not perform regular activities as usual or could not work; Two-eyed blindness; Dumb; Total deafness; Paralysis; Psychosis; Mental retard; Be addicted to drugs (excluding cigarette and betel nut); Be addicted to alcoholic drink (could not perform regular activities); Others.

Dr. Banlu Siripanitch and his colleagues had collected the data in Bangkok Metropolis and other regions by interviewing. In Bangkok Metropolis interviewed the officers of Public Health Center and in other regions, the head of subdistricts were interviewed and collected more data.

There were still more 2 or 3 provisional studies about disabled persons such as the collection of disabled students in regular schools, etc.

### **3. THE HEALTH AND WELFARE SURVEY**

The Health and Welfare Survey (HWS) is a large scale statistical survey of the National Statistical Office (NSO). This survey is a national household survey and regularly collected every 5 years since 1974. The last survey was carried out in 1996.

#### **3.1 Objective**

The objective of the HWS is to collect data related to :

1. Health status of population and the health service facility
2. Disability
3. Tobacco smoking behaviour
4. Alcoholic drinking behaviour
5. The safety of using vehicles for transportation

Since the HWS is a regular survey, therefore, in the stage of planning, the NSO sent the last questionnaire of the survey to some major users such as the Economic and Social Development Board, the Ministry of Public Health and some universities, etc., and asked them to determine the data they needed as well as adjusting questions.

The objective of the survey was the broad setting or just only guideline for studying some interesting issues. The subject matter of the project had to considered number of variables that should be covered in each objective.

The 1996 Health and Welfare Survey had identified variables as follows:

- Response and non-response variables.
- Demographic and socio-economic variables such as age, sex, marital status, education and working.
- Health status and health service facility such as illness, type of diseases, number of days keeping away from regular activity , the treatment used to cure the disease, injury or accident, etc.
- Disability variables such as type of physical or mental impairment, age and caused when the impairment occurred and type of government assistance need, etc.
- Tobacco smoking behaviour variables such as smoking habit at present and in the past, age of initiation, type of tobacco products smoked and number of tobacco smoked per day, etc.
- Alcoholic drinking behaviour variables such as alcoholic drinking habit, age and reason when start drinking and frequency of drinking, etc.
- The safety of using vehicle for transportation variables such as driving, type of vehicles driven, using seat belt or safety belt, using stimulant drug while driving, using helmet while driving motorcycle, etc.
- Responding to the question variables, self/proxy respond.



### **3.2 Coverage**

Population covered in the HWS was civilian non-institutional population which consist of all persons who reside in private households excluding special households, institutions and households for foreign diplomatic personnel around the whole kingdom.

### **3.3 Methodology**

The NSO collected the data on health and welfare by using face-to-face interviewing method. The interviewers were permanent officers of the NSO and the respondents were the head or adult living in the sample households. The duration of field work was one month (May 1996).

The sample design was stratified two-stage sampling. All provinces (76 provinces) were included in the survey. Provinces were constituted strata. The primary sampling units were blocks for municipal areas and villages for non-municipal areas, and the secondary units were households. The 1996 HWS had the total sample households over 26,000 households.

In Bangkok Metropolis consists of 70 enumerators and 12 supervisors and in other provinces there were 300 enumerators with the Provincial Statistical Officers serving as supervisors for field work.

### **3.4 Data Processing and Dissemination**

After the completion of field work, all data were processed at the central office in Bangkok Metropolis. The result of the survey were published for Bangkok Metropolis and four major regions namely, Central (excluding Bangkok Metropolis), North, Northeast and South Regions by municipal and non-municipal areas. The NSO disseminated the result of the survey in form of publication, diskette, magnetic tape and internet services.

#### **4. DISABILITY STATISTICS IN THE HEALTH AND WELFARE SURVEY**

The NSO collected disability statistics in the HWS since 1974, and had been repeated in 1976, 1977, 1978, 1981, 1986, 1991 and 1996. At present, the HWS is carried out every 5 years, the NSO is conducting the 2001 HWS, field work is during April-June 2001.

##### **4.1 Objective**

The objective of collecting disability data :

1. To collect number of disabled persons by demographic and socio-economic status.
2. To collect characteristic of disabled persons such as type of disability, the age and cause when disability occurred, the reason for unemployed, and type of government assistance need.

##### **4.2 Definition and Classification of Disability**

There are many agencies in Thailand collecting disability statistics to serve the management and administrative works of their own organizations. Definition and classification of disability are different among agencies, pertaining to the purpose for which data are to be used. Therefore, there is a wide range of variation in estimated disability rates reported by various agencies.

According to the NSO is in charge of statistical projects and activities of the country, most of the users used disability statistics carried out by the NSO. The NSO has tried to improve and develop definition and classification of disability in order to meet the requirement of users. Since 1981, the NSO has used the definition of disability developed by the Committee of 1981 International Year of Disabled Persons.

**Disabled person** means person who has deformity of body which caused by losing some parts of body such as amputation of upper or lower limbs and / or having

organ or body different from common people such as blindness, deafness, etc., including mental impairment such as mental retard, psychosis.

Person who has any type of the following categories will be regard as disabled:

1. Not losing any part of body but the organ lost its function such as one-eyed blindness, two-eyed blindness, total deafness, hearing impairment, paralysis, dumb, etc.
2. Losing some part of body such as amputation of part of arm, leg, finger, toe, etc.
3. Mental impairment such as mental retard, psychosis.

Disability collected by the NSO is the impairment which are problems in mental and body function or structure such as : Amputation, part of arm, part of leg, part of finger and part of toe; one-eyed blindness; two-eyed blindness; dumb; hearing impairment, total deafness; paralysis or pareasis; cleft lip or palate; disability of limbs; psychosis; mental retard; scoliosis or kyphosis, etc.

### **4.3 Sampling Design**

The sampling design used to collect disability statistics was stratified two-stage sampling. The primary sampling units were blocks and villages in municipal and non-municipal areas, and the secondary sampling units were households.

There is no special sampling frame for carrying out the survey. The sampling frame used was the sampling frame of the Labour Force Survey, which included general private households. The Basic Household Information Survey (BHIS) is conducted every year to prepare the sampling frame for various surveys of the NSO. From the BHIS, set of sample private households were selected systematically from a completing list of households in each sample blocks and villages (primary sampling units). Listing of sample households was made prior to the survey.

The NSO planned to separate the questions on disability out of the questionnaire of the HWS and conduct the Disability Survey independently in 2002. People with disabilities are small group of people scatter in the population, the NSO

aims to improve the efficiency of sample selection. Therefore, in 2001, set of questions on disability is adding to the BHIS, in order to screen households with disabled persons and preparing the sampling frame for the 2002 survey.

#### **4.4 Mode of Data Collection**

Disability data in the HWS were collected by using face-to-face interviewing method. The last survey was conducted in May 1996. The enumerators were permanent officers of the NSO. The NSO has Statistical Offices in every province around the whole kingdom under the supervision of the Provincial Statistical Officers.

Prior to the field work, supervisors were trained at the training center and went back to their provinces to train their enumerators later on.

Before going to the sample households, the interviewers made the appointment with all members of households. Most of the questions in questionnaire were perceptive questions that should be respond by non-proxy.

There were some restrictions, the interviewers had no experience on medical knowledge before, it was difficult to judge or limit the wide extent of impairment such as Psychosis, Mental retard, etc. The interviewers had to use technical language in interviewing people with disabilities. These people always sensitive with the language used. If they opposed to give the information to the survey, it will affect to the prevalence rate. Therefore, the used of language are very important, even though it is the technique of each interviewer but it should be addressed in training interviewers everytime.

Pre-testing of the questionnaire is one way to provide information on acceptability of the language used with disabled and also knowing the average time used for interviewing each household.

One more problem is respondents in the sample households have various background of education. The disability statistics collected by the survey are just the basic data used for planning, not for in-depth analysis; especially disability is one type of rare characteristic in population.

## 4.5 Questions

Set of questions on disability was one part in the HWS. Everyone in the sample households was asked about his impairment.

### 4.5.1 Content

In the stage of planning, about one year prior to the survey. The NSO sent the last questionnaire to some major users and asked them to identify the topics they wanted to include in the survey. At the same time, the officers of the project studied topics concerned in the National Economic and Social Development Plan. After gathering the information from various sources, the officers of the project identified contents that should be addressed in the survey. The next step were : studied the detail of each topic, purpose for each topic, how it would be used, the level of data required, the concept and definition, etc., and identified the socio-economic information to be linked to, such as educational attainment, working, etc.

The content of disability statistics in the HWS were :

1. Disabled persons by socio-economic characteristics.
2. Disable persons by type of disabilities
3. The age when disability occurred
4. Cause of disability
5. Type of government assistance need
6. Reasons for not working of unemployed disabled person

### 4.5.2 Questions Wording

1. "Do..... have any physical or mental impairment?"

Interviewer read the type of physical or mental impairment for respondent.

More than one types of disability was possible. Type of disabilities were precoded as:

- Amputation,	part of arm .....	01
	part of leg .....	02
	part of finger .....	03

part of toe .....	04
- One-eyed blindness .....	05
- Two-eyed blindness .....	06
- Dumb .....	07
- Hearing impairment .....	08
- Total deafness .....	09
- Paralysis or paresis .....	10
- Cleft lip or palate .....	11
- Disability of limb .....	12
- Psychosis .....	13
- Mental retard .....	14
- Scoliosis or kyphosis .....	15
- Others (Specify) .....	16

2. “When did the impairment occur?”

Record full year of age correspond to the physical or mental impairment.

3. “What caused of the impairment?”

Record the code correspond to the physical or mental impairment.

Cause of impairment were precoded as:

- Home accident .....	01
- Accident from playing, playing sport .....	02
- Accident from working in the farmland .....	03
- Accident from working in the factory .....	04
- Accident from working in the office .....	05
- Accident in school .....	06
- Accident from land traffic .....	07
- Accident from water traffic .....	08
- Burn / scald .....	09
- Illness .....	10
- Congenital Anomaly .....	11

- Don't know the caused of impairment ..... 12
- Others (Specify) ..... 13

4. "Why did ..... unemploy?"

Ask only unemployed disable-person whose aged 13 years and over.

Reasons for unemployed were recoded as :

- Having severe impairment, till could not work ..... 1
- Able to work, but there is no work available ..... 2
- Able to work, but lack of capital ..... 3
- Being supported by relatives ..... 4
- Being supported by another persons ..... 5
- Others (Specify) ..... 6

5. “What type of government assistance do ..... need?”

More than one answers was possible.

The type of government assistance precoded as:

- None ..... 1
- Medical care ..... 2
- Special education for handicap ..... 3
- Provide instrument aid for handicap ..... 4
- Skill training for handicap ..... 5
- Provide job ..... 6
- Provide loan for earning a living ..... 7
- Provide lodging ..... 8
- Others (Specify) ..... 9

#### 4.5.3 Screening Questions

The respondents in the sample households were asked that “Do..... have any physical or mental impairment?”, then interviewers read type of impairments. If respondents answered “Yes” they had some type of impairments, they would be recorded as disabled. If respondents answered “No”, they would be recorded as not disabled. The disability prevalence rate in one way, depends on the answer of respondents and the technique of interviewers, reading and describing type of disabilities to the respondents.

#### 4.5.4 Global Questions

The set of questions on disability was correspond to the Thailand’s 8<sup>th</sup> National Economic and Social Development Plan and depend on the requirements of major users. Some questions would benefit to various purposes such as for social policy, statistician, researcher, etc. The comparison across agencies and countries are still have problems, because the concept and definition used for collecting disability statistics are not standard.



#### **4.6 Context Effects**

In the past, prevalence rate of disability collected in the HWS had the higher rate than in the Population Census and in the Basic Household Information Survey. The set of questions on disability in the health and welfare questionnaire was placed after set of questions on health status, health service facility and admission to hospital. Respondents in the sample households were asked about their health before, therefore they gradually realized about those before asking about their mental and physical impairments. But the questions of disability in the Population Census and the Basic Household Information Survey were limited by many reasons, and other questions did not connected with health or disability manners.

#### **4.7 Culture Issues**

People always view that disability is inferior characteristic of household. Other members of household try to conceal them from people outside household because they feel ashamed. So, disabled people are neglected in the dark shadow. When interviewers came to the sample households, they may not reported that there were disabled persons in their households. In some cases, many households reluctant to mention about disabled persons. If disabled could help themselves, they would reported that there were no disabled in their households. These are some resistant which affect to the prevalence rate.

#### **4.8 Self/Proxy**

Almost half of the respondents of the HWS were non-proxy. Before going to the sample households, the interviewers made appointments with them. If could not meet all members of household, they were instructed to interview head of households or adult persons whose aged 11 years and over living in those households. Most of the questions in the HWS were perceptive questions and should respond by non-proxy. Some members of household had mild or moderate disability, they might not be noticed by proxy. If proxy answered the questions, it might lead to lower rate on the prevalence.

#### 4.9 Response Scale

Response rate of the HWS quite high, about 90 percent of total sample households. And non-response rate only 10 percent, of which were sample households unoccupied, demolish or burn down; incooperate, went to the sample households 3 times but could not see respondents, etc.

### 5. SURVEY RESULT

Table 1 Number and percentage of disabled persons by source of data.

(Number in Thousands)

Source of data	Population	Disabled Persons	Percentage Of Disabled Persons
1974 Health and Welfare Survey	39,796.9	209.0	0.5
1976 Health and Welfare Survey	42,066.9	245.0	0.6
1977 Health and Welfare Survey	44,211.5	296.2	0.7
1978 Health and Welfare Survey	45,344.2	324.6	0.7
1981 Health and Welfare Survey	47,621.4	367.5	0.8
1986 Health and Welfare Survey	51,960.0	385.6	0.7
1991 Health and Welfare Survey	57,046.5	1,057.0	1.8
1996 Health and Welfare Survey	59,902.8	1,024.1	1.7

Source : National Statistical Office, Office of the Prime Minister.

The number and percentage of disabled persons were quite constant during 1974-1986 but increased highly during 1991 and 1996. Before 1991, the objective of the survey stressed on social welfare which view disability as burden and problems to society and since 1991, the objective of the survey changed to the medical purpose which included inability to use any part of body and mental incompetence.

Table 2 Number and Percentage of Population Reported Disabled by Sex, Region and Area

(Number in Thousands)

Region and Area	Population Reported Disabled			Percentage of Population Reported Disabled		
	Total	Male	Female	Total	Male	Female
<b>Whole Kingdom</b>	<b>1,024.1</b>	<b>596.6</b>	<b>427.5</b>	<b>1.7</b>	<b>1.0</b>	<b>0.7</b>
Municipal Area	119.6	67.4	52.2	1.0	0.6	0.4
Non-Municipal Area	904.5	529.2	375.3	1.9	1.1	0.8
<b>Bangkok Metropolis</b>	<b>48.3</b>	<b>26.1</b>	<b>22.2</b>	<b>0.7</b>	<b>0.4</b>	<b>0.3</b>
<b>Central (Excluding BKK.)</b>	<b>205.7</b>	<b>128.7</b>	<b>77.0</b>	<b>1.5</b>	<b>1.0</b>	<b>0.6</b>
Municipal Area	23.6	13.3	10.3	1.2	0.7	0.5
Non-Municipal Area	182.1	115.4	66.7	1.6	1.0	0.7
<b>North</b>	<b>232.1</b>	<b>146.4</b>	<b>85.7</b>	<b>2.1</b>	<b>1.3</b>	<b>0.8</b>
Municipal Area	15.9	8.4	7.5	1.9	1.0	0.9
Non-Municipal Area	216.2	138.0	78.2	2.1	1.3	0.8
<b>Northeast</b>	<b>386.7</b>	<b>210.9</b>	<b>175.8</b>	<b>1.9</b>	<b>1.0</b>	<b>0.9</b>
Municipal Area	18.3	12.1	6.2	1.4	0.9	0.5
Non-Municipal Area	368.4	198.8	169.6	1.9	1.0	0.9
<b>South</b>	<b>151.3</b>	<b>84.5</b>	<b>66.8</b>	<b>1.9</b>	<b>1.1</b>	<b>0.8</b>
Municipal Area	13.5	7.5	6.0	1.3	0.7	0.6
Non-Municipal Area	137.8	77.0	60.8	2.0	1.1	0.9

Note : Percentage calculated from total population in the same region and area.

Source : 1996 Health and Welfare Survey, National Statistical Office.

The result from 1996 Health and Welfare Survey related to disabled persons was founded that in 1996, Thailand had disabled persons about 1 million persons or 1.7 percent of the total population. Of which male was more than female, male 1.0 percent and female 0.7 percent.

Disabled persons resided more in Non-municipal area than in Municipal area, 1.9 percent and 1.0 percent respectively.

North Region had the highest percentage of disabled (2.1 percent of population in North Region), followed by Northeast and South Regions which had the same percentage of 1.9 percent. Central Region (excluding Bangkok Metropolis) 1.5 percent, and Bangkok Metropolis had the lowest percentage of 0.7 percent.

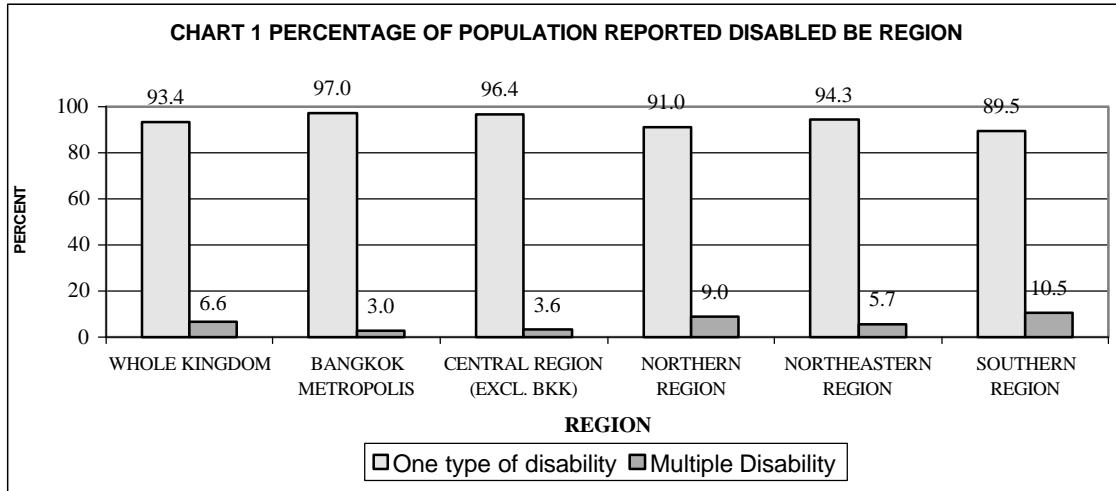
Table 3 Percentage of Population Reported Disabled by Age Group, Sex and Area  
(Number in Thousand)

Age group (Years)	Total			Municipal Area			Non- Municipal Area		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
<b>Total</b>	<b>100.0</b> (1,024.1)	<b>100.0</b> (596.6)	<b>100.0</b> (427.5)	<b>100.0</b> (119.6)	<b>100.0</b> (67.4)	<b>100.0</b> (52.2)	<b>100.0</b> (904.5)	<b>100.0</b> (529.2)	<b>100.0</b> (375.3)
0-6	3.0	2.4	3.8	3.4	2.3	4.8	2.9	2.4	3.6
7-10	2.6	2.9	2.2	0.7	0.7	0.7	2.9	3.2	2.4
11-14	4.0	3.8	4.2	2.3	2.8	1.8	4.2	3.9	4.5
15-19	8.6	8.9	8.1	5.3	6.9	3.1	9.0	9.2	8.8
20-24	12.5	15.9	7.7	10.5	14.1	5.9	12.7	16.1	7.9
25-29	8.0	7.8	8.2	11.4	10.8	12.2	7.5	7.4	7.6
30-34	7.6	7.1	8.4	7.0	7.9	5.8	7.7	7.0	8.8
35-39	4.8	6.1	3.0	6.1	8.9	2.5	4.6	5.7	3.1
40-49	11.7	12.4	10.6	19.9	23.1	15.8	10.6	11.1	9.9
50-59	11.9	12.5	11.0	8.1	5.9	10.9	12.4	13.4	11.0
60 and over	25.4	20.1	32.8	25.4	16.6	36.6	25.4	20.6	32.3

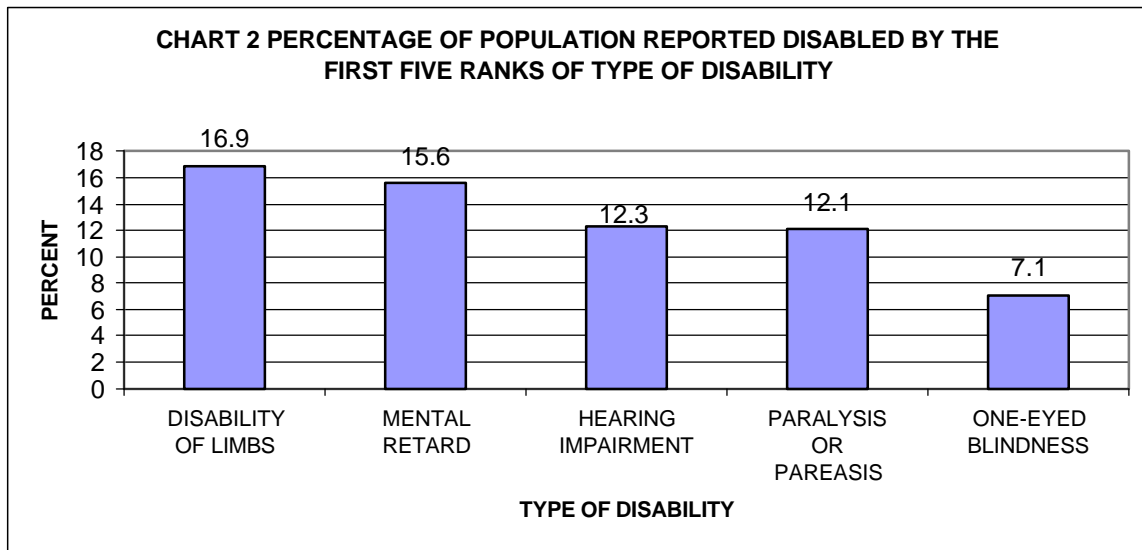
Source : 1996 Health and Welfare Survey, National Statistical Office.

Considered disabled persons by age group, most of them were in the age group of 60 years and over (25.4 percent of total disabled persons).

Type of disabilities were classified by medical purpose, namely, amputation, part of arm, leg, finger, toe; one-eyed blindness; two-eyed blindness; dumb; hearing impairment; total deafness, etc. Disabled persons who had one type of disability was 93.4 percent and more than one types was 6.6 percent of total disabled persons.



Disabled persons with five ranks of disability were disability of limbs 16.9 percent, mental retard 15.6 percent, hearing impairment 12.3 percent, paralysis or pareasis 12.1 percent and one-eyed blindness 7.1 percent.



## **6. PROBLEMS OF COLLECTING DISABILITY STATISTICS IN THAILAND**

Disability statistics collected by conducting the survey have some problems as follows :

1. Concept, definition and classification of disability are not standard.
2. Lack of sampling frame for carrying out disability survey.
3. Interviewers have no experience on medical knowledge and need skill training on technical language which used in interviewing people with disabilities.
4. Respondents in the sample households have various background of education and always view disability as the inferior characteristic of households which try to conceal.
5. Questions on disability are not standard for various purposes and for comparison across agencies.

## **7. FUTURE PLAN**

The first independent Disability Survey will be carried out in 2002. The NSO is reviewing concepts, definitions and classifications, developing methodology and coordinating with users. The ICIDH-2, International Classification of Impairments, Disabilities and Handicaps, is under study for applying classification of human functioning and disability to the survey. The main purposes of the survey are : to help develop policies, programs and services for the disabled, to determine the health status of people and to develop the Disability-Free Life Expectancy.

The NSO plans to arrange the sampling frame of households with disabled persons in September-October 2001, which will be used for selecting the sample households of 2002 Disability Survey.

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## **HIGHLIGHT OF THE PAPER : QUESTIONNAIRE AND SURVEY DESIGN FEATURES FOR THE COLLECTION OF DATA FROM PERSONS WITH DISABILITY, THAILAND**

Thailand has encountered with the economic crisis since the end of 1996. The changes in economic and social, structure of population, living and working conditions as well as environment caused the tendency of population with disabilities to increase, Thailand's 8<sup>th</sup> National Economic and Social Development Plan has campaigned to raise public understanding, improve attitude towards disabled persons and upgrade the living condition of disabled. There is a strong need on disability statistics for identifying problems, monitoring, implementing and evaluating the situation of the disabled.

There are various agencies collecting disability statistics to serve their own organizations. These statistics can not be compared across agencies, because the differences in concept, definition, classification and data collection. The National Statistical Office (NSO) which is in charge of the statistical activities of the country has tried to improve and eradicate these problems.

Most of the agencies in Thailand used disability statistics carried out by the NSO. The NSO has collected them in the Health and Welfare Survey since 1974 by using face-to-face interviewing method. There are some shortcomings such as methodology, definition, classification of type of disability, questionnaire design, etc., which the NSO are trying to made the improvements.

Lessons learned from the past will help to develop the collecting disability statistics in Thailand in the future. The first independent Disability Survey will be carried out by the NSO in 2002. Reviewing concepts, definitions, classification, developing methodology and coordinating with main users are in operating as well as trying to apply the ICDH-2 to the survey.