

ACCESSIBILITY BARRIERS OF PEOPLE WITH SPINAL CORD INJURY

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We the undersigned certify that we have carefully read and recommended to the Faculty of Medicine, University of Dhaka, for the acceptance of this dissertation entitled

**ACCESSIBILITY BARRIERS OF PEOPLE WITH SPINAL CORD
INJURY**

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DECLARATION

I declare that the work presented here is my own. All sources used have been cited appropriately. Any mistakes or inaccuracies are my own. I also declare that for any publication, presentation or dissemination of information of the study. I would be bound to take written consent of my supervisor & Head of the physiotherapy department of Bangladesh Health Professions Institute (BHPI).

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Acronyms

ADL:	Activities of daily Living
BHPI:	Bangladesh Health Professions Institute
BMRC:	Bangladesh Medical Research Council
CBR:	Community Based Rehabilitation
CRP:	Centre for the Rehabilitation of the Paralyzed
IPA:	Impact on Participation and Autonomy
IRB:	Institutional Review Board
SCI:	Spinal Cord Injury
SPSS:	Statistical Package for the Social Science
WHO:	World Health Organization

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Abstract

Purpose: To identify the accessibility barriers of people with Spinal Cord Injury (SCI). *Objectives:* To find out the accessibility barriers of people with Spinal Cord Injury, to identify the socio-demographic information, to explore the patient's physical, emotional, perceptions, attitudes and environmental barriers, to clarify the socio-demographic factors for such exposure group in relation to age, sex, occupation, living areas. *Methodology:* The study was cross-sectional. Total 40 samples were selected conveniently for this study from the community. Data was collected by using mixed type of questionnaire. Descriptive statistic was used for data analysis which focused through table, pie chart and bar chart. *Results:* The finding of the study was that the participants in the domains family role, work & education and social life & relationships were insufficient, poor and very poor participation was mostly found in items in the domains of family role, work & education and social life & relationships. Especially helping or supporting other people around 31 (77.5%) faces barrier in domains of social life & relationships, 25 (62.5%) faces difficulty in minor repairs and maintenance work done in domains of family role and 33 (82.5%) faces barrier to getting the education or training in domains of work and education. Among association between socio-demographic and all domains of IPA questionnaire most of the items of autonomy indoor are highly significant and access to occupation is the most important variable in predicting perceived severe problems with participation on maximum items such as activities in and around the house, looking after the money & social life and relations, highly association in earning member with leisure. *Conclusion:* Accessibility is a major important issue in people with SCI. The consequences of barriers are higher in the working group in comparison with the non-working population. Appropriate identification may reduce the barriers of people with Spinal Cord Injury. These results of this study also provided background information about spinal cord injury that may be useful in minimize the accessibility barriers of people with spinal cord injury.

1.1 Background

Spinal cord injury refers to a injury to the spinal cord that disrupts normal spinal cord function (McKinley et al., 2005), its result in devastating impairments that can cause severe functional limitations (Scivoletto et al., 2005) & incidence varies depending on age, gender, region and occupation (Vasiliadis, 2012). Internationally, between 12 and 58 SCI cases are reported per million annually (Van den Berg et al., 2010). The severity of the impairments and functional limitations depend on the extent and location of the spinal cord lesion (Itzkovich et al., 2007). When the spinal cord is damaged, communication is disrupted between the brain and parts of the body that are innervated at or below the lesion, the lesion may be complete or incomplete, the cord need not be completely severed to result in a complete injury; the nerve cells may be destroyed as a result of pressure, bruising or loss of blood supply and if they die they do not have the ability to regenerate, here individuals who sustain damage at the cervical level will have impaired function in both their upper and lower extremities, a condition known as tetraplegia & those who are injured at or below the thoracic level will have paraplegia, with function maintained in their upper extremities but some degree of impairment in the trunk and lower extremities, slightly more than half of injuries result in tetraplegia (Brodwin et al., 2009).

At all moments in life, a person interacts with a specific environment that influences his or her behavior; this is true regardless of whether or not the person has spinal cord injuries, the recognition of this interrelationship between living organisms and their environment is become changed, the severity of spinal cord injury is not the best predictor of most long-term outcomes, it has found that while the level and extent of neurologic preservation does predict independence in activities of daily living, certain medical complications, and mortality, they do not strongly predict such post injury outcomes as perceived stress, emotional distress, marital stability, long term job and employment stability, productivity, life satisfaction, perceived well-being or quality of life (Chen et al., 2005).

Persons with a spinal cord injury are at risk for developing a hypoactive lifestyle due to loss of motor, sensory or autonomic innervations below the level of injury (Van

den Berg-Emons et al., 2005). Hypoactivity may have negative effects on physical fitness, social participation and quality of life; it may increase the risk of developing secondary health problems, such as cardiovascular diseases, obesity and non-insulin-dependent diabetes mellitus (Warburton et al., 2006). Cardiovascular diseases are nowadays one of the major causes of morbidity and mortality in the SCI population. Therefore, the level of everyday physical activity is an important aspect and outcome measure of the rehabilitation process of persons with SCI (Vissers et al., 2008).

The importance of environmental factors was included in the models of disability; there is little empirical evidence that supports the conceptualization, research into participation by people with SCI has linked physical impairment and disability to societal participation, but has found that while severity of impairment was strongly related to the performance of ADLs, neither impairment nor disability measures were strongly related to participation (Whiteneck et al., 2005).

Barriers of people with spinal cord injury patient in community depend on several factors like as environmental, physical, emotional/psychological, perceptions and attitudes. The natural environment is inherently inaccessible, this included lack of curb cuts, inaccessible access routes, doorways being too narrow for wheelchair access, facility front desk being too high for persons in wheelchairs to communicate with the person at the desk, and lack of elevators and people with disabilities specifically mentioned difficulty in accessing hot tubs and saunas, explaining that doors to saunas are too narrow and ramps are seldom available for access to hot tubs or whirlpools, members in the architect group also highlighted safety issues, including slippery floors and the absence of handrails on stairs (Rimmer et al., 2005).

1.2 Rationale

Spinal cord injury has been described as “one of the greater calamities” that can befall a human being (Dijkers, 2005) because SCI tends to occur to people in their early adulthood, in the prime of their lives, when they are attending school or developing their careers or establishing a home and starting a family. From a life course perspective, SCI derails people with disabilities leaving them off-track and off-time in regard to socially expectable normative activities and social roles (Pickett et al., 2006).

The extent of life disruption experienced after traumatic SCI cannot be explained by injury severity or demographic factors alone. Patients with spinal cord injury may face range of problems or barriers in their community like as environmental, physical, emotional/psychological, perceptions and attitudes. Environmental & physical barriers are commonly seen in our country after spinal cord injury and it is increasing day by day. In recent past some studies have dealt with spinal cord injury patients in our countries, but the exact barriers of people with spinal cord injury patients in community has not been studied in Bangladesh. This study formulates to fill the gap of knowledge & ideas in this area. The purposes of the study are to find out accessibility barriers of people with spinal cord injury patients in community. This study also helps to explore the patient’s physical, emotional/psychological, perceptions, attitudes and environmental barriers. This study also helps to discover the lacking area of a career, especially after doing any activities in community. By doing this research, the problem may be drawn out & gives proper education about accessibility barriers of people with spinal cord injury patients. This study is helpful in making physiotherapist to aware about the accessibility barriers of people with SCI patients. Physiotherapy plays a vital role in the management of SCI patients, so it is helpful for physiotherapist in working in this area for delivering service. As a result patients become more benefited. Thus the study might create a future prospect of physiotherapy profession in Bangladesh (Whiteneck et al., 2005).

So, my personal interest to work in this area and to aware the people and professionals about the accessibility barriers of people with SCI people in community. It helps to discover the role and importance of physiotherapy in every sector of Bangladesh.

1.3 Research question

What are the accessibility barriers of people with spinal cord injury in their community?

1.4 Study objectives

1.4.1 General objective

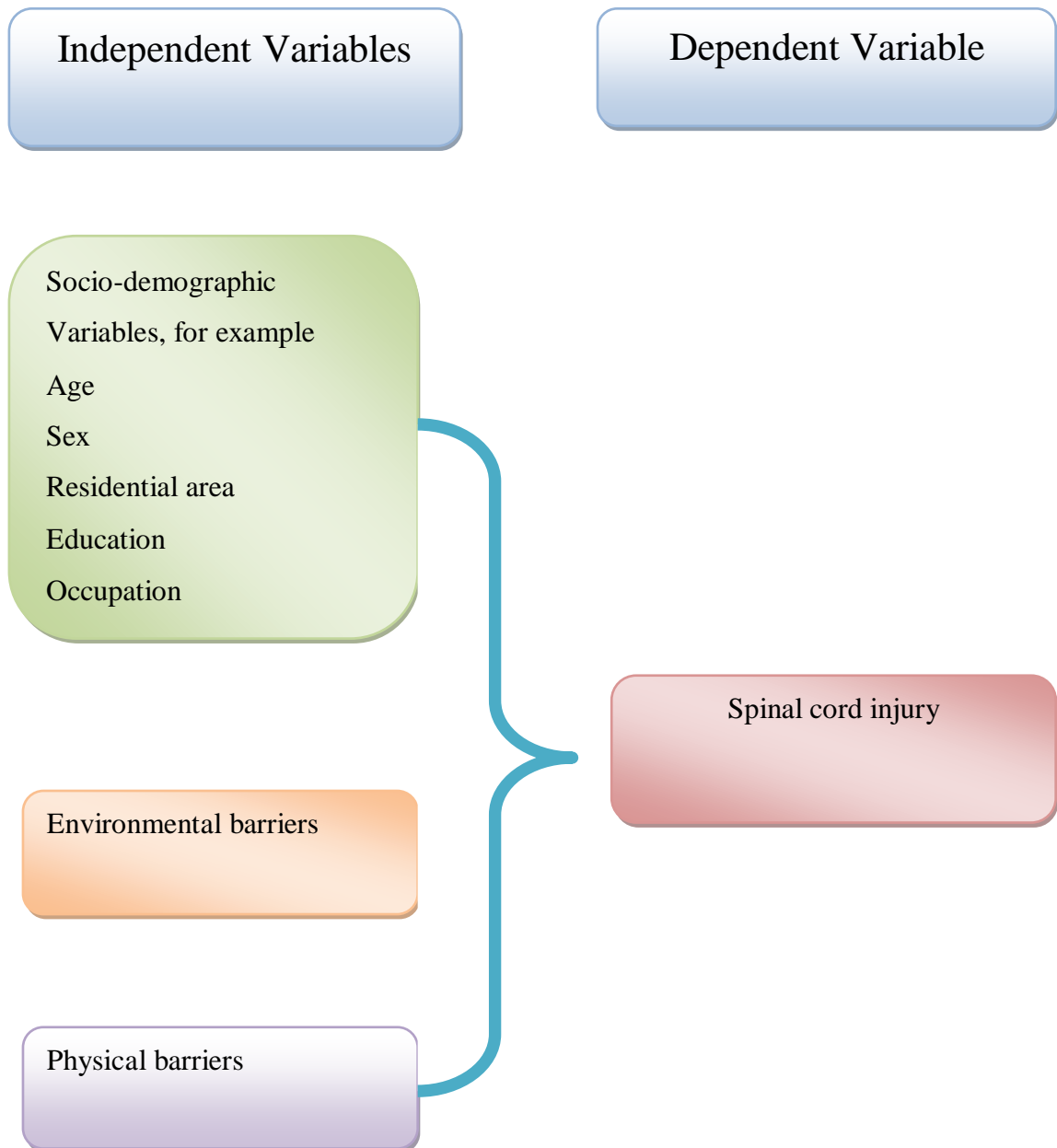
To find out the accessibility barriers of people with spinal cord injury in their community.

1.4.2 Specific objectives

- a) To identify the socio-demographic information of SCI patients in community.
- b) To explore the patient's physical, Emotional, Perceptions, attitudes and environmental barriers.
- c) To clarify the socio-demographic factors for such exposure group in relation to age, sex, occupation, living areas.

1.4 List of Variables

CONCEPTUAL FRAMEWORK



1.5 Operational definition

Accessibility

An accessible environment allows for free and safe movement, function and access for all, regardless of age, sex or condition. It is a space or a set of services that can be accessed by all, without obstacles, with dignity and with as much autonomy as possible.

Barriers

Barrier is a physical structure which blocks or impedes something.

Spinal Cord Injury

Any injury to the spinal cord that can cause paralysis of both upper and lower limb called Spinal Cord Injury. Spinal cord injury is an enormous devastating condition often affecting young and male healthy individuals and which result negatively at all the parameters of their life.

Activities of daily living

Task that enable individual to meet basic needs in style

Syringomyelia

Syringomyelia is a generic term referring to a disorder in which a cyst or cavity forms within the spinal cord.

Autonomic Dysreflexia

Autonomic dysreflexia is a potentially life-threatening condition which can be considered a medical emergency.

Bangladesh is one of the most densely populated countries in the world and is situated in the South Asian subcontinent, the total population of this country is about 130 million and about 830 people live in per square kilometer area. More than 80% population lives in the village and about 60% of the total labor forces are involved in agriculture, about 4.6% people are disabled due to spinal cord injury (Hossain, 2005).

The spinal cord is the part of the central nervous system (CNS) in the superior two third of the vertebral canal, it is roughly cylindrical to oval in cross section with a central canal (Drake et al., 2005). It is protected by the vertebra and their associated muscles, ligaments, spinal meninges and the cerebrospinal fluid. The spinal cord begins as a continuation of the medulla oblongata; the caudal part of the brainstem (Moore & Dalley, 2006). The spinal cord is 42-45cm long and extends from the foramen magnum to the level of the L₁ or L₂ vertebra and the function of the spinal cord is to act as the main pathway for all incoming and outgoing impulses from the higher center to the periphery for reflex activities and also exerts traffic control over the muscular system (Drake et al., 2005).

Injuries and diseases affecting the spinal cord and complicated by neurological damage are an important health problem in Bangladesh as they carry high rates of morbidity and mortality, however life expectancy of patients with SCI continues to increase and the median survival time of patients sustaining an SCI between the age of 25 and 34 years has been predicted to be 38 years post injury, with 43% surviving for at least 40 years (Wyndaele & Wyndaele, 2006). Spinal cord injury (SCI) occurs suddenly, primarily to young people, and result in different degrees of impairment (Kreuter et al., 2008).

Spinal cord injury is an enormous devastating condition often affecting young and male healthy individuals and which result negatively at all the parameters of their life including physical, emotional, financial and social cost, which can result in paralysis or paresis of the affected areas of the body and the extent of this injury determined by how high or low on the spine the damage occurs, leading finally to tetraplegia or paraplegia, with an estimated annual incidence of 11,000 cases per year in the United States (Thuret et al., 2006). In India, approximate 20,000 new cases of spinal cord

injury are added every year 60-70% of them are illiterate, poor villagers (Singh et al., 2005).

Spinal cord injury is a demoralizing event on a person and family level, as well as a tremendous financial burden to the society as because of its attendant morbidity, expense and prolonged treatment is required. Near about 40% of patients with spinal cord injury are Complete SCI, 40% with incomplete injury and about 20% with either no cord or root lesions, In Bangladesh the overall age group for SCI is ranged from 10-70 years. The majority of the patient's aged from between 10-40 years, with 19% between 10-20 years, 42% between 20-30 years, 20% between 30-40 years, 15% between 40-50 years and 4% between 50-60 years. The spinal cord lesions are considered to be either traumatic or non-traumatic. In case of traumatic injury, there were three main causes in our country. Resulted from a fall from a height are 43%, 20% are associated with falling while carrying a heavy load on the head which one is a common practice in Bangladesh, 18% are resulted of a road traffic accident and 6% formed a diverse group which included assault, stab injury, sports injury and bull attack. In the 'non-traumatic' spinal cord lesion group the main causes are Pott's disease with a tumor, transverse myelitis, prolapsed inter-vertebral disc and Guillain Barre Syndrome (Rahman, 2008).

Persons with a spinal cord injury are at risk for developing a poor lifestyle due to loss of motor, sensory or autonomic innervations below the level of injury (Van den Berg-Emons et al., 2005). Inactivity may have negative effects on physical fitness, social participation and quality of life; it may increase the risk of developing secondary health problems, such as cardiovascular diseases, obesity and non-insulin-dependent diabetes mellitus, person with a spinal cord injury(SCI) might be at risk for such secondary conditions as pressure ulcers, urinary tract infections, autonomic dysreflexia, spasticity, joint contractures, depression, deconditioning and weight gain, syringomyelia, poor cardiorespiratory function, chronic pain, and bowel and bladder problems and in some cases, the secondary disability may be more limiting than the primary disability (Warburton et al., 2006).

The difficulties of the lived experience of SCI and the differences in that experience around the world mean that, although it is a relatively low-prevalence condition, SCI has wider inferences for supervising health care, such as an individual with SCI will

have to seek help from every clinical setting of his or her country provides: emergency services, intensive care, surgery, stabilizing medical care, and particularly rehabilitation, including return to the community, vocational rehabilitation and ongoing primary care and it also help clinicians, health professionals, researchers and policymakers to understand the strengths and weaknesses of their health-care system (WHO, 2013). In an attempt to reduce health care costs & barriers and to improve the quality of life in persons with SCI, health professionals, advocates, and consumers are calling for a development of health endorsement services for this section of the inhabitants (Rimmer et al., 2010).

Individuals must often cope with various physical, psychological, and social issues, after sustaining a spinal cord injury (SCI) that occurs as a result of their injuries such as poorer health as a result of the injury, reduced employment opportunities, limited social support and family role functioning, limited access to recreational and leisure activities, and a lack of accessible transportation & also some invisible and conceptual barriers that arise from the attitudes and beliefs of the individual with the SCI and from society as a whole that are affect participation (Zinman et al., 2014).

There is a wide-ranging variety of barriers, and most people with SCI experience at least some of these barriers to partaking each day of their lives, in Bangladesh people with spinal cord injury in community facing several barriers like as environmental, physical, emotional, perceptions and attitudes, the physical environment that surrounds people with SCI can either facilitate or obstruct their contribution and inclusion in social, economic, political and cultural life, according to Vissers et al., (2008) statement a large number of barriers were found in the current situation, the 3 most important barriers were problems with the accessibility of stores and buildings ICF: Environmental factor, physical health problems and mental health problems, ICF: Body Functions and Structures.

The impact of the environment on the lives of people with SCI has been a focus of attention, the ability to empirically quantify what effect environmental barriers and facilitators have on a person's participation in society has been limited, it is important that the impact of the environment is understood in an interactive context because the primary tenet of the disability rights movement proposes that environmental factors place important restrictions on the degree to which people with SCI can fully

participate in society and these barriers are discovered progressively; start with housing – where a person who recently developed SCI will have to return after rehabilitation – then ongoing with transport, which will be fundamental to take part in the community, and finishing with public buildings – such as schools and workplaces – where admittance is needed to fulfill rights to education and employment (Whiteneck et al., 2005).

After leaving the rehabilitation hospital SCI people may have some difficulties in accessing their accommodation due to some barriers such as stairs, small bathrooms and inaccessible kitchens which in effect make them “prisoners in their own homes” and as a result they become “bed-blocking” and that’s why when patients healthy enough to go home are enforced to stay in the hospital due to unsatisfactorily accessible housing and also transportation barriers are one of the most important barriers because it’s necessary to participate in education, employment and social activities outside the home, public transport is often inaccessible to people with SCI and ramps, lifts & safety lock-down systems may be absent, poorly maintained or hazardous, and transport personnel may not be trained in the accessibility features. But the fundamental problems are systemic failures such as a discontinuation in the “travel chain” can make wheelchair users cannot reach their destination (Wee & Paterson, 2009).

The attitudes and behaviors of family members, friends, health-care providers, neighbors and strangers contribute to the environmental factors that influence the lives of people with spinal cord injury (SCI), both as barriers and as facilitators; in fact physical, attitudinal, and policy barriers in the environment are viewed as having as great an impact or greater than the underlying organ system impairments in determining a person’s activity limitations, participation restrictions and the development of many secondary conditions. Because of this, disability advocates often are more interested in modifying or adapting the environment to meet the unique needs of people with disabilities than in following the medical model which assumes the problem is in the person rather than the environment (Rimmer et al., 2005).

Meade et al., (2006) reported that people with spinal cord injury facing social ignorance & low employment rates ranging from 13% to 69%. A study in the

Netherlands reported that early after injury participant's expectations of their ability to return to a former job, find other work or be retrained were highly predictive of return to work (Schonherr et al., 2005). Among participants with SCI who were unemployed and indicated that the most prominent barriers endorsed included inability to physically perform the same type of work following injury, health and stamina and financial and health benefit disincentives (Krause & Pickelsimer, 2008).

The people with spinal cord injuries (SCI) are relatively in different age and a high proportion of it falls within the working age range, the unemployment rate of SCI clients after injury ranges from 31% to 87%. The variation in the reported rates is mainly due to the heterogeneity in the characteristics of the subjects sampled and the definitions of employment adopted by different studies (Chapin & Kewman, 2005). In Taiwan, (Wang et al., 2005) reported an unemployment rate of 78.2%, which included 100% of their tetraplegic respondents and 64.7% of their paraplegic respondents.

Perceptions of health limitations, particularly as related to pressure ulcers, appear to be more substantial barriers to employment than previously believed, such that return to work among participants who endorsed any one of these three items was negligible. These findings suggest that self-perceptions of poor health and perhaps health itself ultimately serve as a prominent barrier to employment (Krause & Pickelsimer, 2008).

Spinal cord injury presents a substantial barrier to return to gainful employment, relatively few individuals return to their pre-injury job after SCI, with recent estimates suggesting that only about 12% return to their pre-injury job. Further, although individuals who are gainfully employed at the time of injury are more likely to work in the first few years after SCI, this advantage disappears after about 10 years post injury. When looking at all people with SCI, studies have generally suggested that less than 30% with SCI are working at any given point in time (Krause & Pickelsimer, 2008).

Exercise rates among persons with SCI are partly low attributed to both real and perceived barriers to exercise participation (Rimmer et al., 2005). Some barriers are common to persons with and without disabilities, including time constraints, lack of internal motivation and lack of knowledge of what to do (Sherwood & Jeffery, 2005). Persons with SCI experience added challenges such as locating facilities with

accessible exercise equipment, lack of disability aware fitness professionals and needing accessible facilities to shower post-exercise (Rimmer et al., 2005). Few studies have attempted to identify perceived barriers to exercise in the spinal cord injury (SCI) population, however mixed disability focus groups have revealed 10 major groups of exercise participation barriers like as environmental, cost, equipment, laws and regulations, information, psychosocial, education and training, perceptions and attitudes, policies and procedures, and resource availability (Cowan et al., 2013).

Scelza et al., (2005) stated that in 72 adults with SCI narrowed these to three primary categories of perceived exercise barriers, internal (lack of motivation, energy, interest and so on resources (cost, knowledge and so on) and structural accessibility and so on, environmental factors and other individual attributes, such as age, educational level, and injury severity, have great effects on the success of reemployment of these SCI clients and this has been confirmed by a variety of studies.

The people with spinal cord injuries facing information-related barriers, there is a lack of information regarding available and accessible facilities and programs in their community, it also indicated that they need more information about adaptive equipment, professional knowledge, education and training in order to make it more accessible to people with disabilities, SCI people also faces equipment-related barriers like as not enough space between equipment for wheelchair access, poor equipment maintenance and lack of adaptive and/or accessible equipment (Rimmer et al., 2005).

Sometimes qualified medical professionals may become discriminatory against SCI people or may fail to treat them with admiration. Some studies found that 8.2% of general practitioners felt uneasiness to treat SCI people and nurses working with SCI care had more unenthusiastic mind-sets to older people with SCI and also some emergency care providers & rehabilitation workers; may be these approaches were associated with less knowledge, lack of medical training about disability and insufficient consultation time and because of they always see folks in a critical state, experiencing high dependency (Dorji &Solomon, 2009).

Many studies find a higher risk of divorce after the SCI that can have a negative impact on relationships, and sexuality is an important element of partner relationships that is often depressingly affected by SCI (Kreuter et al., 2008), studies in the UK and

the Netherlands found that after 12–18 months of discharge sexual pleasure was commonly rated very low by a sample of people with SCI, studies of partnered men with SCI also connected sexual satisfaction to biological factors such as erectile function greater than partner satisfaction and relationship quality although, for some people, sexual activity is deteriorate due to concerns about bowel and bladder incontinence (van Koppenhagen et al., 2008). Sharma et al., (2006) stated that in Greece, India and China shame and other pessimistic convictions become the foremost impediment to sexuality and marriage for people with SCI.

The impact of support tasks is one of the factors for people with SCI that may make personal relationships more difficult, accessibility of social support predominantly emotional support and problem-solving support has been shown to be significant for the life fulfillment of people with SCI in the early phase of injury, in assisting revival and taking on new life roles family and friends can play very vital role, although there is a risk of over-assistance (Pearcey et al., 2007). People with SCI should not be seen simply as inactive receivers of support, but as active and independent representatives who deliberately form their affiliations and environment by using their psychological equipment such as their social skills, coping skills, strengths and resources, an Iranian study found that self-confidence, religious beliefs, social networks and positive thinking were catalysts of surviving (Babamohamadi et al., 2011).

3.1 Study design

A cross sectional study design was used. A cross sectional study was chosen as appropriate to find out the objectives. This design involves identifying group of people and then collecting the information that requires when they use the particular service. All the measurements on each person were made at one point in time. The data were collected all at the same time or within a short time frame. A cross-sectional design provides a snapshot of the variables included in the study, at one particular point in time (Fraenkel, 2005). The data were collected from the community through a standard questionnaire.

3.2 Study site

The study was conducted at the Community of Dhaka division in Bangladesh.

3.4 Study population and Sample population

A population is the total group or set of events or totality of the observation on which a research is carried out. It is the group of interest to the researcher, the group whom the researcher would like to generalize the result of the study. In this study the SCI people in community was chosen as a sample population to carry out this study. About 40 samples were selected for this study.

3.5 Sampling technique

Sampling refers to the process of selecting the subjects/individual. The convenience sampling method was used to draw out the sample from the population.

3.6 Sample size

The actual sample size for this study was calculated as 368, using the calculation. The researcher determined to take samples as large ranging from 50 to 100 or more of it within given time. But number of sample was selected 40 maintaining the inclusion and exclusion criteria and within the scarcity of time.

3.7 Inclusion criteria

- a) People who agree willingly participate in the study as maintaining ethical rules.
- b) At any age.
- c) Both male and female are included.
- d) People having SCI.
- e) By born Bangladeshi people.

3.8 Exclusion criteria

- a) Mentally ill & medically unstable patient.
- b) Patient with cognitive problem as they won't cooperate with researcher.
- c) Patient suffering from serious pathological disease e.g. tumors, tuberous sclerosis etc.
- d) Undiagnosed patient.

3.9 Data collection tools

Data were collected by using a standard questionnaire included IPA questionnaire. In that time some other necessary materials were needed like pen, pencil, and white paper, clip board & note book. Data were analyzed with the software named Statistical Packages for the Social Science (SPSS) version 16.0. Data were presented by using table.

3.10 Data analysis

The data that was collected is descriptive data. The table technique was used for analyzing data, calculated as percentages, and presented this by table by SPSS (Statistical Packages for the Social Science) software version 16.0. SPSS is a comprehensive and flexible statistical analysis and data management solution. SPSS can take data from almost any type of file and use them to generate tabulated reports, charts, and plots of distributions and trends, descriptive statistics, and conduct complex statistical analysis.

3.11 Ethical consideration

The whole process of this research project was done by following the Bangladesh Medical Research Council (BMRC) guidelines and World Health Organization (WHO) Research guidelines. The proposal of the dissertation including methodology was presented to the Institutional Review Board (IRB). Then the research proposal was submitted to the physiotherapy department of BHPI for approval and the proposal was approved by the faculty members and gave permission initially from the supervisor of the research project and from the course coordinator before conducting the study. The necessary information has been approved by the ethical committee of CRP and was permitted to do this research. Also the necessary permission was taken from the in-charge of the rehabilitation division of CRP. The participants were explained about the purpose and goal of the study before collecting data from the participants. Pseudonyms were used in the notes, transcripts and throughout the study. It was ensured to the participants that the entire field notes, transcripts and all the necessary information was kept in a locker to maintain confidentiality and all information was destroyed after completion of the study. The participants were also assured that their comments will not affect them about any bad thing. Written consent (appendix) was given to all participants prior to completion of the questionnaire. The investigator explains to the participants about his or her role in this study. The investigator received a written consent form every participants including signature. So the participant assured that they could understand about the consent form and their participation was on voluntary basis. The participants were informed clearly that their information would be kept confidential. The investigator assured the participants that the study would not be harmful to them. It was explained that there might not a direct benefit from the study for the participants but in the future cases like them might get benefit from it. The participants had the rights to withdraw consent and discontinue participation at any time without prejudice to present or future care at the community. Information from this study was anonymously coded to ensure confidentiality and was not personally identified in any publication containing the result of this study.

The Purpose of this study was to explore the accessibility barriers of people with Spinal Cord Injury. Data were numerically coded and analysis the data by using an SPSS 16.0 version software program and the result calculated as percentages and presented by using in table.

In this study 40 participants of people with Spinal Cord Injury were selected. Out of the participants the mean age of the participants was 36.05 (± 13.529) years. The range is 15-75 with minimum age 15 years and maximum 75 years. Among the participants the higher numbers of the participants were at the age of 30 years and the numbers were 6 (15%). The number of ≤ 35 years were 21 (52.5%) and ≥ 36 were 19 (47.5%). Male were predominantly higher than female, among the participants 27 (67.5%) were male and 13(32.5%) were female and 37 (92.5%) participants were Islam, 2(5%) participants were Hinduism and 1 (2.5%) participant was Christian. Among the participants majority of the participants had secondary school certificate and the numbers were 16 (40%) followed by those who had completed primary education and the numbers were 12 (30%) and their occupation percentage was 7 (17.5%) participants were service holder, 1 (2.5%) participant was student, 11 (27.5%) participants were businessman, 6 (15%) participants were housewife, 1 (2.5%) participant was driver, 14 (35%) participants were unemployed. Among the participants, 14(35%) participants lived in rural and 26 (65%) participants lived in urban area and their marital status was 16 (40%) were unmarried and 24 (60%) were married (Table-1).

Socio-demographic Information		Result n (%)
Age	≤ 35 years	23 (52.5)
	> 35 years	19 (47.5)
Sex	Male	27 (67.5)
	Female	13 (32.5)
Marital status	Married	24 (60)
	Unmarried	16 (40)
Religion	Islam	37 (92.5)
	Hinduism	2 (5)
	Christian	1 (2.5)
Educational Status	Illiterate	4 (10)
	Primary	12 (30)
	Secondary	16 (40)
	Higher Secondary	2 (5)
	Hons or above	6 (15)
Occupation	Unemployed	14 (35)
	Service holder	7 (17.5)
	Businessman	11 (27.5)
	Student	1 (2.5)
	Driver	1 (2.5)
	Housewife	6 (15)
Average monthly family income	≤ 21000	27 (67.5)
	> 21000	13 (32.5)
Earning member	Himself/Herself	19 (47.5)
	Others	21 (52.5)
Residential Area	Rural	14 (35)
	Urban	26 (65)
Family type	Nuclear	35 (87.5)
	Extended	5 (12.5)

Table-1 Socio-demographic study of the participants

Autonomy Indoor

In autonomy indoor there are 7 questions to find out the barriers valued as “getting around in house wherever want, whenever want, getting washed and dressed the way they wish, getting up and going to bed, going to toilet, eating and drinking.” Among 40 participants majority 21 (52.5%) faces difficulty in going to toilet & they mostly faces barrier in going to the toilet. Around 25 (62.5%) said they faces no difficulty & barrier in getting washed and dressed the way they wish& getting up and going to bed (Table-2).

Autonomy Indoor	Very Good n (%)	Good n (%)	Fair n (%)	Poor n (%)	Very Poor n (%)
Getting around in my house where I want	3 (7.5)	18 (45)	8 (20)	9 (22.5)	2 (5)
Getting around in my house when I want	3 (7.5)	17 (42.5)	8 (20)	10 (25)	2 (5)
Getting washed and dressed the way I wish	3 (7.5)	22 (55)	8 (20)	5 (12.5)	2 (5)
Getting washed and dressed when I want	4 (10)	16 (40)	13 (32.5)	6 (15)	1 (2.5)
Getting up and going to bed	3 (7.5)	22 (55)	12 (30)	3 (7.5)	—
Going to the toilet	1 (2.5)	5 (12.5)	13 (32.5)	12 (30)	9 (22.5)
Eating and drinking	3 (7.5)	23 (57.5)	11 (27.5)	2 (5)	1 (2.5)

Table-2 Autonomy indoor of the participants

Family Role

Among 40 participants majority 25 (62.5%) faces difficulty in minor repairs and maintenance work done & they mostly faces barrier in doing minor repairs and maintenance work around and outside the house. Around 19 (47.5%) said they faces no difficulty & barrier in fulfilling their role at home & choosing how they spend their own money (Table-3).

Family Role	Very Good n (%)	Good n (%)	Fair n (%)	Poor n (%)	Very Poor n (%)
Contributing to looking after my home	3 (7.5)	13 (32.5)	12 (30)	9 (22.5)	3 (7.5)
Getting light tasks done	3 (7.5)	12 (30)	16 (40)	7 (17.5)	2 (5)
Getting heavy tasks done	2 (5)	3 (7.5)	13 (32.5)	16 (40)	6 (15)
Getting housework done	2 (5)	11 (27.5)	15 (37.5)	10 (25)	2 (5)
Minor repairs and maintenance work done	2 (5)	1 (2.5)	12 (30)	19 (47.5)	6 (15)
Fulfilling my role at home	5 (12.5)	14 (35)	15 (37.5)	4 (10)	2 (5)
Choosing how I spend my own money	4 (10)	15 (37.5)	9 (22.5)	2 (5)	10 (25)

Table-3 Family Role of the participants

Autonomy Outdoor

Autonomy outdoor consists of 5 questions valued as “visiting relatives and friends, going on the sort of trips and holidays, using leisure time, seeing people as often, living life the way I want.” Among 40 participants majority 24 (59.5%) faces difficulty in going on the sort of trips and holidays & they mostly faces barrier in going on the sort of trips and holidays. Around 22 (55%) said they faces no difficulty in using leisure time (Table-4).

Autonomy Outdoor	Very Good n (%)	Good n (%)	Fair n (%)	Poor n (%)	Very Poor n (%)
Visiting relatives and friends	1 (2.5)	6 (15)	14 (35)	9 (22.5)	10 (25)
Going on the sort of trips and holidays	1 (2.5)	6 (15)	9 (22.5)	13 (32.5)	11 (27)
Using leisure time	2 (5)	20 (50)	12 (30)	5 (12.5)	1 (2.5)
Seeing people as often	2 (5)	10 (25)	16 (40)	6 (15)	6 (15)
Living life the way I want	1 (2.5)	16 (40)	17 (42.5)	5 (12.5)	1 (2.5)

Table-4 Autonomy Outdoor of the participants

Social life and relationships

In the domain of social life and relationships more than 90% reported their participation as sufficient in most of those items (very good, good or fair) except having intimate relationship. Among 40 participants majority 31 (77.5%) faces difficulty in helping or supporting other people & mostly faces barrier in helping or supporting other people. Around 32 (80%) said they faces no difficulty in relationships with closed ones (Table-5).

Social life and relationships	Very Good n (%)	Good n (%)	Fair n (%)	Poor n (%)	Very Poor n (%)
Talking to people close to me	4 (10)	26 (65)	8 (20)	2 (5)	—
Relationships with closed ones	7 (17.5)	25 (62.5)	6 (15)	2 (5)	—
Respect I receive from closed ones	6 (15)	15 (37.5)	17 (42.5)	2 (5)	—
Relationships with acquaintances	2 (5)	6 (15)	26 (65)	5 (12.5)	1 (2.5)
Having an intimate relationship	2 (5)	4 (10)	23 (57.5)	10 (25)	1 (2.5)
Helping or supporting other people	1 (2.5)	4 (10)	4 (10)	2 (5)	29 (72.5)

Table-5 Social life and relationships of the participants

Work and Education

In the domain of work and education about 47.5% of the participants are missing due to unemployment. Among 40 participants 19 (47.5%) were missing due to their unemployment. So among rest of 21 participants majority 14 (35%) faces difficulty in getting different paid or voluntary work& mostly faces barrier in getting different paid or voluntary work. Around 16 (40%) said they faces no difficulty in doing their paid or voluntary work. Among all participants 33 (82.5%) participants perceived that their participation in getting education and training was insufficient (Table-6).

Work and Education	Very Good n(%)	Good n (%)	Fair n (%)	Poor n (%)	Very Poor n (%)	Missing n (%)
Getting or keeping a paid or voluntary job	1 (2.5)	16 (40)	2 (5)	2 (5)	19 (47.5)	—
Doing my paid or voluntary work	1 (2.5)	15 (37.5)	3 (7.5)	2 (5)	—	19 (47.5)
Contacts with people of working place	2 (5)	13 (32.5)	4 (10)	2 (5)	—	19 (47.5)
Achieving or keeping the position in working place	2 (5)	12 (30)	6 (15)	1 (2.5)	—	19 (47.5)
Getting different paid or voluntary work	1 (2.5)	1 (2.5)	5 (12.5)	8 (20)	6 (15)	19 (47.5)
Getting the education or training	1 (2.5)	1 (2.5)	5 (12.5)	4 (10)	29 (72.5)	—

Table-6 Work and Education of the participants

Problems Experience

A large proportion (40–55%) of the respondents perceived minor problems in most of the aspects of participation, and 30–67.5% of the respondents perceived that they had severe problems with mobility, helping and support other people, paid or voluntary work, education and training. Among 40 participants majority 27 (67.5%) experienced major problems in continuing education and training & mostly faces barrier in education and training. Around 22 (55%) said they faces no problems in spending leisure time and 22 (55%) said they experience minor problems in social life and relations (Table-7).

Problems Experience	No Problems n (%)	Minor Problem n (%)	Major Problems n (%)
Mobility	10 (25)	18 (45)	12 (30)
Self-care	14 (35)	19 (47.5)	7 (17.5)
Activities in and around the house	14 (35)	16 (40)	10 (25)
Looking after the money	20 (50)	10 (25)	10 (25)
Leisure	22 (55)	16 (40)	2 (5)
Social life and relations	11 (27.5)	22 (55)	7 (17.5)
Helping and support other people	10 (25)	17 (42.5)	13 (32.5)
Paid or voluntary work	7 (17.5)	12 (30)	21 (52.5)
Education and Training	3 (7.5)	10 (25)	27 (67.5)

Table-7 Problems Experience of the participants

Association between socio-demographic information and autonomy indoor

The Chi-Square Test was performed between autonomy indoor and the socio-demographic information. Highly significant was found getting around in house wherever want with occupation & sex; getting washed and dressed whenever want with sex and getting up and going to bed with sex ($P < 0.05$). Significant association was observed getting around in house whenever want with occupation and going to the toilet with family type ($P < 0.05$) (Table-8).

Autonomy Indoor	Sex	Occupation	Family type
Getting around in my house where I want	0.04	0.01	—
Getting around in my house when I want	—	0.02	—
Getting washed and dressed when I want	0.01	—	—
Getting up and going to bed	0.01	—	—
Going to the toilet	—	—	0.02

Table-8 Association between socio-demographic information and autonomy indoor

Association between socio-demographic information and family role

The Chi-Square Test was performed between family role and the socio-demographic information. Highly significant association was observed contributing to looking after home with earning member, marital status and occupation ($P < 0.05$). Significant association was observed getting light tasks done with Sex; getting housework done with occupation and fulfilling role at home with earning member ($P < 0.05$) (Table-9).

Family Role	Sex	Marital status	Occupation	Earning member
Contributing to looking after my home	—	0.04	0.02	0.01
Getting light tasks done	0.04	—	—	—
Getting housework done	—	—	0.04	—
Fulfilling my role at home	—	—	—	0.02

Table-9 Association between socio-demographic information and family role

Association between socio-demographic information and autonomy outdoor

The Chi-Square Test was performed between socio-demographic information and autonomy outdoor. Highly significant association was observed visiting relatives and friends and going on the sort of trips & holidays with family type ($P < 0.05$). Significant association was observed using leisure time with marital status, earning member and residential area ($P < 0.05$) (Table-10).

Autonomy Outdoor	Marital status	Earning member	Residential Area	Family type
Visiting relatives and friends	—	—	—	0.01
Going on the sort of trips and holidays	—	—	—	0.01
Using leisure time	0.02	0.03	0.02	—

Table-10 Association between socio-demographic information and autonomy outdoor

Association between socio-demographic information and social life and relationships

The Chi-Square Test was performed between socio-demographic information with social life and relationships. Highly significant association was observed respect receive from closed ones with marital status ($P < 0.05$). Significant association was observed talking to close people with family type; relationships with acquaintances with marital status and having an intimate relationship with occupation ($P < 0.05$) (Table-11).

Social life and relationships	Marital status	Occupation	Family type
Talking to people close to me	—	—	0.04
Respect I receive from closed ones	0.01	—	—
Relationships with acquaintances	0.03	—	—
Having an intimate relationship	—	0.03	—

Table-11 Association between socio-demographic information and social life and relationships

Association between socio-demographic information and work& education

The Chi-Square Test was performed between socio-demographic information with work & education. Highly significant association was observed achieving or keeping the position in working place with occupation and earning member (P<0.05). Significant association was observed getting or keeping a paid or voluntary job with marital status; doing paid or voluntary work with marital status & occupation and getting different paid or voluntary work with family type (P<0.05) (Table-12).

Work and Education	Marital status	Occupation	Earning member	Family type
Getting or keeping a paid or voluntary job	0.03	—	—	—
Doing my paid or voluntary work	0.05	0.03	—	—
Achieving or keeping the position in working place	—	0.01	0.01	—
Getting different paid or voluntary work	—	—	—	0.03

Table-12 Association between socio-demographic information and work & education

Association between socio-demographic information and problems experience

The Chi-Square Test performed between socio-demographic information with Problems Experience. Highly significant association was observed activities in and around the house with occupation, sex & marital status; looking after the money with occupation & marital status; leisure with earning member & marital status and social life and relations with occupation & sex ($P < 0.05$). Significant association was observed self-care with sex, marital status & occupation and education and training with educational status & earning member ($P < 0.05$) (Table-13).

Problems Experience	Sex	Marital status	Educational Status	Occupation	Earning member
Self-care	0.05	0.03	—	0.02	—
Activities in and around the house	0.04	0.05	—	0.01	—
Looking after the money	—	0.04	—	0.01	—
Leisure	—	0.02	—	—	0.01
Social life and relations	0.03	—	—	0.01	—
Education and Training	—	—	0.02	—	0.03

Table-13 Association between socio-demographic information and Problems Experience

The investigator used a cross sectional study to find out the accessibility barriers of people with Spinal Cord Injury. The result of this study showed that a majority of the persons with SCI perceived their participation to be sufficient in most of the activities addressed. Still most of the persons perceived themselves to have problems with several aspects of their participation, even if these problems in most cases were minor except education and training cases were major around 27 (67.5%). In case of autonomy indoor majority being sufficient except 21 (52.5%) faces difficulty to going to toilet & not being sufficient 22 (55%) in getting washed and dressed the way they wish & getting up and going to bed. Lund et al., (2005) reported that their autonomy indoors, measured in terms of several items related to self-care and mobility, was sufficient.

In this study it was found that among the participants in the domains family role, work & education and social life & relationships were insufficient, poor and very poor participation were mostly found in items in the domains of family role, work & education and social life & relationships. Especially helping or supporting other people around 31 (77.5%) faces barrier in domains of social life & relationships, 25 (62.5%) faces difficulty in minor repairs and maintenance work done in domains of family role and 33 (82.5%) faces barrier to getting the education or training in domains of work and education. At Lund university hospital in Sweden a cross sectional study about perceptions of participation and predictors of perceived problems with participation in persons with spinal cord injury by Nordlund et al., (2005) reported that insufficient, poor or very poor participation were mostly found in items in the domains of family life, autonomy outdoors, work and education. More restrictions in participation were perceived in the domains of family role and autonomy outdoors than in autonomy indoors, social relations and in work and education.

Analysis showed that among the participants in autonomy indoor majority 21 (52.5%) faces barrier in going to the toilet, in autonomy outdoor valued as visiting relatives and friends, going on the sort of trips and holidays, using leisure time, seeing people as often, living life the way they want & majority 24 (59.5%) faces barrier in going on

the sort of trips and holidays & in family role valued as contributing to looking after home, getting light task done, getting heavy task done, getting housework done, minor repairs and maintenance work done, fulfilling role at home, choosing how spend own money & majority 25 (62.5%) faces barrier in minor repairs and maintenance work done. According to van Twillert et al., (2014) stated that the main limitations in participation and autonomy were observed in the autonomy outdoors and family role domains with scores of fair to poor, a majority perceived severe problems with one or several aspects of their participation, these severe problems with participation were to a greater extent associated with access to social support, an environmental factor, compared with the factors related to the person.

The study also showed association between socio-demographic information and all domains of IPA questionnaire where highly significant associations ($P < 0.05$) found getting around in house wherever want with occupation & sex; getting washed and dressed whenever want with sex and getting up and going to bed with sex (autonomy indoor), contributing to looking after home with earning member, marital status and occupation (family role), visiting relatives and friends and going on the sort of trips & holidays with family type (autonomy outdoor), receive from closed ones with marital status (social life and relationships), achieving or keeping the position in working place with occupation and earning member (work and education). Association between socio-demographic information and problems experience also done in the analysis which showed that access to occupation is the most important variable in predicting perceived severe problems with participation on maximum items such as activities in and around the house, looking after the money & social life and relations, highly association in earning member with leisure ($P < 0.05$) is found. Lund et al., (2005) stated that most of the persons perceived themselves to have problems with all domains for participation; however a majority perceived severe problems with one or several aspects of their participation in addition to these severe problems with participation were to a greater extent associated with access to social support, an environmental factor, compared with the factors related to the person (sex, marital status, educational status, occupation and earning member).

Regarding this study, there were some limitations or barriers to consider the result of the study as below:

The first limitation of this study was small sample size. It was taken only 40 samples. A very few researches have been done on accessibility barriers of SCI people. So there was little evidence to support the result of this project study in the context of Bangladesh. Another major limitation was time. The time period was very limited to conduct the research project on this topic. As the study period was short so the adequate number of sample could not arrange for the study.

6.1 Conclusion

SCI is one of the foremost causes of morbidity, mortality and a socioeconomic challenge. This is particularly true for developing countries like Bangladesh, where health support system including the rehabilitation system is not within the reach of ordinary people. It is crystal clear that, this devastating condition not only affects the patient but also their family. Accessibility is a major important issue in SCI people. It tends to require for every person in activities of daily living especially for people with disability like SCI people require very much. Literature showed that 30%-72% SCI people faces barrier in ADL. The prevalence and consequences of barriers is higher in the working group in comparison with the non-working population and most of them were males. From this study, it was found that among the participants in the domains family role, work & education and social life & relationships were insufficient, poor and very poor participation were mostly found in items in the domains of family role, work & education and social life & relationships. Especially helping or supporting other people around 31 (77.5%) faces barrier in domains of social life & relationships, 25 (62.5%) faces difficulty in minor repairs and maintenance work done in domains of family role and 33 (82.5%) faces barrier to getting the education or training in domains of work and education and males (67.5%) faces more barrier than females. The investigator has tried to show the accessibility barriers of people with SCI according to participants view. According to the participant view some socio-demographic characteristic (age, living area and marital status) among the SCI patients.

6.2 Recommendation

The purpose of the study was to find out the accessibility barriers of people with SCI. Though the study had some limitations but investigator identified some further step that might be taken for the better accomplishment of further research. The main recommendations would be as follow:

The random sampling technique rather than the convenient would be chosen in further in order to enabling the power of generalization the results, the duration of the study was short, so in future wider time would be taken for conducting the study, investigator use only 40 participants as the sample of this study, in future the sample size would be more, the ratio of rural and urban participants were not equal, in case of further the equality of the rural and urban participant should be maintained for the accuracy of the result, in this study, the investigator took the people only recommended from area of Dhaka and in the neighborhood of the city as a sample for the study. So for further study investigator strongly recommended to include the patients from all over the Bangladesh to ensure the generalizability of this study.

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APPENDIX



বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)

Ref. CRP-BHPI/09/15/6196

Date: 06.09.15

To
Farhana Akhter
4th year B.Sc in Physiotherapy
Session: 2010-2011.

Subject: Data Collection.

Dear Farhana Akhter,
In response to your request, you are permitted to collect data from persons with spinal cord injury who has been discharged after completion rehabilitation from CRP and living in their community.

Your research title is "Accessibility barriers of people with spinal cord injury."

Md. Obaidul Haque
Associate Professor & Head
Dept. of Physiotherapy
BHPI, CRP.

নিম্নস্বাক্ষিত-চাপাইন, সাজার, ডাকা-১৩৩৩, বাংলাদেশ, ফোন : ৭৭৪৫৪৬৪-৫, ৭৭৪১৪০৪ ফ্যাক্স : ৭৭৪৫০৬৯

CRP-Chapain, Savar, Dhaka-1343, Tel : 7745464-5, 7741404, Fax : 7745069, E-mail : contact@crp-bangladesh.org, www.crp-bangladesh.org

Verbal Consent Statement

(Please read out to the participants)

Assalamualaikum/Namasker,

My name is Farhana Akhter, I am conducting this study as a part of my academic work of B. Sc. in Physiotherapy under Bangladesh Health Professions Institute (BHPI), which is affiliated to University of Dhaka. My study title is “fo sreirraB tneitap derujni droc lanips ni esicrexe emoh gnimrofrep”. I would like to know about some personal and other related information regarding Spinal cord injury. You will need to answer some questions which are mentioned in this form. It will take approximately 20-25 minutes.

I would like to inform you that this is a purely academic study and will not be used for any other purpose. All information provided by you will keep in a locker as confidential and in the event of any report or publication it will be ensured that the source of information remains anonymous and also all information will be destroyed after completion of the study.

Your participation in this study is voluntary and you may withdraw yourself at any time during this study without any negative consequences. You also have the right not to answer a particular question that you don't like or do not want to answer during interview.

If you have any query about the study or your right as a participant, you may contact with me and/or Md. malsI luqifohS, Assistant Professor of Physiotherapy, Bangladesh Health Professions Institute (BHPI), Savar, Dhaka.

Do you have any questions before I start? Yes / No

So, may I have your consent to proceed with the interview or work?

Yes

No

Signature of the Participant _____

Signature of the Interviewer _____

মৌখিক অনুমতি পত্র/সম্মতি পত্র

(অংশগ্রহনকারীকে পড়ে শোনাতে হবে)

আসসালামু আলাইকুম/নমস্কার,

আমার নাম ফারহানা আক্তার, আমি এই গবেষণা প্রকল্পটি বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)-এ পরিচালনা করছি যা আমার ৪র্থ বর্ষ বি এস সি ইন ফিজিওথেরাপী কোর্সের অধিভুক্ত। আমার গবেষণার শিরোনাম হল- "স্নায়ুরঞ্জুতে আঘাত প্রাপ্ত রোগীদের অভিজ্ঞতায় বাঁধা সমূহ"। আমি এক্ষেত্রে আপনাকে কিছু ব্যক্তিগত এবং আনুষঙ্গিক প্রশ্ন মেবুরঞ্জু ক্ষতিগ্রস্ত সম্পর্কে করতে চাচ্ছি। এতে আনুমানিক ২০-৩০মিনিট সময় নিবো।

আমি আপনাকে অনুগত করছি যে, এটা আমার অধ্যয়নের অংশ এবং যা অন্যকোন উদ্দেশ্যে ব্যবহৃত হবে না। আপনি যে সব তথ্য প্রদান করবেন তার গোপনীয়তা বজায় থাকবে এবং আপনার প্রতিবেদনের ঘটনা প্রবাহে এটা নিশ্চিত করা হবে যে এই তথ্যের উৎস অপ্রকাশিত থাকবে।

এই অধ্যয়নে আপনার অংশগ্রহণ স্বেচ্ছাপ্রণোদিত এবং আপনি যে কোন সময় এই অধ্যয়ন থেকে কোন নেতিবাচক ফলাফল ছাড়াই নিজেকে প্রত্যাহার করতে পারবেন। এছাড়াও কোন নির্দিষ্ট প্রশ্ন অপছন্দ হলে উত্তর না দেয়ার এবং সাক্ষাৎকারের সময় কোন উত্তর না দিতে চাওয়ার অধিকারও আপনার আছে।

এই অধ্যয়নে অংশগ্রহনকারী হিসেবে যদি আপনার কোন প্রশ্ন থাকে তাহলে আপনি আমাকে অথবা/এবং মোঃ সফিকুল ইসলাম, সহকারী অধ্যাপক, ফিজিওথেরাপি বিভাগ, সিআরপি, সাভার, ঢাকা-১৩৪৩-তে যোগাযোগ করতে পারেন।

সাক্ষাৎকার শুরু করার আগে আপনার কি কোন প্রশ্ন আছে?

আমি আপনার অনুমতি নিয়ে এই সাক্ষাৎকার শুরু করতে যাচ্ছি।

হ্যাঁ

না

১। অংশগ্রহনকারীর সাক্ষর.....

২। সাক্ষাৎগ্রহনকারীর সাক্ষর.....

Title: Accessibility barriers of people with spinal cord injury.

Questionnaire

Interview Schedule Part I : Patient's Identification (to be provided by patient or attendant)		
Identification number:		Date:
Address :		
Contact number:		
Part II : Patient's Socio-demographic Information (To be collected from Patient/ Care provider)		
QN	Questions and filters	Responses
2.1	Age (in year):	_ _ yrs
2.2	Sex:	
2.3	Marital status:	
2.4	Religion:	
2.5	Educational status:	
2.6	Occupations:	
2.7	Average monthly family income:	_____ (Taka)
2.8	Earning member: _ _	
2.9	Residential Area:	
3.0	Family type	

Impact on Participation and Autonomy (IPA)

Mobility: getting around where and when you want (with or without aids or assistance)	Score: for office use only
1a. My chances of getting around in my house where I want to are	
Very Good <input type="checkbox"/>	0
Good <input type="checkbox"/>	1
Fair <input type="checkbox"/>	2
Poor <input type="checkbox"/>	3
Very Poor <input type="checkbox"/>	4
1b. My chances of getting around in my house when I want to are	
Very Good <input type="checkbox"/>	0
Good <input type="checkbox"/>	1
Fair <input type="checkbox"/>	2
Poor <input type="checkbox"/>	3
Very Poor <input type="checkbox"/>	4
1c. My chances of visiting relatives and friends when I want to are	
Very Good <input type="checkbox"/>	0
Good <input type="checkbox"/>	1
Fair <input type="checkbox"/>	2
Poor <input type="checkbox"/>	3
Very Poor <input type="checkbox"/>	4
1d. My chances of going on the sort of trips and holidays I want to are	
Very Good <input type="checkbox"/>	0
Good <input type="checkbox"/>	1
Fair <input type="checkbox"/>	2
Poor <input type="checkbox"/>	3
Very Poor <input type="checkbox"/>	4
1e. If your health or your disability affect your chances of getting around where and when you want, to what extent does this cause you problems?	
No problems <input type="checkbox"/>	0
Minor problems <input type="checkbox"/>	1
Major problems <input type="checkbox"/>	2
<u>Space for further comments on your mobility (optional):</u>	

Self care (with or without aids or assistance)	Score: for office use only
2a. My chances of getting washed and dressed the way I wish are	
Very Good <input type="checkbox"/>	0
Good <input type="checkbox"/>	1
Fair <input type="checkbox"/>	2
Poor <input type="checkbox"/>	3
Very Poor <input type="checkbox"/>	4
2b. My chances of getting washed and dressed when I want to are	
Very Good <input type="checkbox"/>	0
Good <input type="checkbox"/>	1
Fair <input type="checkbox"/>	2
Poor <input type="checkbox"/>	3
Very Poor <input type="checkbox"/>	4

2c. My chances of getting up and going to bed when I want to are	Very Good <input type="checkbox"/>	0
	Good <input type="checkbox"/>	1
	Fair <input type="checkbox"/>	2
	Poor <input type="checkbox"/>	3
	Very Poor <input type="checkbox"/>	4
2d. My chances of going to the toilet when I wish and need to are	Very Good <input type="checkbox"/>	0
	Good <input type="checkbox"/>	1
	Fair <input type="checkbox"/>	2
	Poor <input type="checkbox"/>	3
	Very Poor <input type="checkbox"/>	4
2e. My chances of eating and drinking when I want to are	Very Good <input type="checkbox"/>	0
	Good <input type="checkbox"/>	1
	Fair <input type="checkbox"/>	2
	Poor <input type="checkbox"/>	3
	Very Poor <input type="checkbox"/>	4
2f. If your health or your disability affects yourself care, to what extent does this cause you problems?	No problems <input type="checkbox"/>	0
	Minor problems <input type="checkbox"/>	1
	Major problems <input type="checkbox"/>	2
Space for further comments on yourself care (optional):		

Activities in and around the house (with or without aids or assistance)	Score: for office use only
3a. My chances of contributing to looking after my home the way I want to are	
	Very Good <input type="checkbox"/> 0
	Good <input type="checkbox"/> 1
	Fair <input type="checkbox"/> 2
	Poor <input type="checkbox"/> 3
	Very Poor <input type="checkbox"/> 4
3b. My chances of getting light tasks done around the house (e.g. making tea or coffee), either by myself or by others, the way I want them done are	
	Very Good <input type="checkbox"/> 0
	Good <input type="checkbox"/> 1
	Fair <input type="checkbox"/> 2
	Poor <input type="checkbox"/> 3
	Very Poor <input type="checkbox"/> 4
3c. My chances of getting heavy tasks done around the house (e.g. cleaning), either by myself or by others, the way I want them done are	
	Very Good <input type="checkbox"/> 0
	Good <input type="checkbox"/> 1
	Fair <input type="checkbox"/> 2
	Poor <input type="checkbox"/> 3
	Very Poor <input type="checkbox"/> 4
3d. My chances of getting housework done, either by myself or by others, when I want them done are	

	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4
3e. My chances of getting minor repairs and maintenance work done in my house and garden, either by myself or by others, the way I want them done are	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4
3f. My chances of fulfilling my role at home as I would like are	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4
3g. If your health or your disability affect your activities in and around your home, to what extent does this cause you problems?	No problems	<input type="checkbox"/>	0
	Minor problems	<input type="checkbox"/>	1
	Major problems	<input type="checkbox"/>	2
Space for further comments on activities in and around the house (optional):			

Looking after your money (with or without aids or assistance)	Score: for office use only		
4a. My chances of choosing how I spend my own money are	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4
4b. If your health or your disability affect the opportunities you have over spending your own money, to what extent does this cause you problems?	No problems	<input type="checkbox"/>	0
	Minor problems	<input type="checkbox"/>	1
	Major problems	<input type="checkbox"/>	2
Space for further comments on your control over your financial situation (optional):			

Leisure (with or without aids or assistance)	Score: for office use only		
5a. My chances of using leisure time the way I want to are	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3

5b. If your health or your disability affects how you use your leisure time, to what extent does this cause you problems?	Very Poor	<input type="checkbox"/>	4
	No problems	<input type="checkbox"/>	0
	Minor problems	<input type="checkbox"/>	1
	Major problems	<input type="checkbox"/>	2
Space for further comments on your leisure time (optional):			

Social life and relationships (with or without aids or assistance)	Score: for office use only		
6a. My chances of talking to people close to me on equal terms are	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4
6b. The quality of my relationships with people who are close to me	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4
6c. The respect I receive from people who are close to me is	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4
6d. My relationships with acquaintances are	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4
6e. The respect I receive from acquaintances is	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4
6f. My chances of having an intimate relationship are	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4
6g. My chances of seeing people as often as I want are	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1

	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4
6h. If your health or your disability affects your social life and relationships, to what extent do this cause you problems?			
	No problems	<input type="checkbox"/>	0
	Minor problems	<input type="checkbox"/>	1
	Major problems	<input type="checkbox"/>	2
Space for further comments on your social life and relationships (optional):			

Helping and supporting other people (with or without aids or assistance)	Score: for office use only		
7a. My chances of helping or supporting people in any way are			
	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4
7b. If your health problems or disability affect your opportunities to help other people, to what extent does this cause you problems?			
	No problems	<input type="checkbox"/>	0
	Minor problems	<input type="checkbox"/>	1
	Major problems	<input type="checkbox"/>	2
Space for further comments on helping and supporting other people (optional)			

Paid or voluntary work (with or without aids or assistance)	Score: for office use only		
8a. My chances of getting or keeping a paid or voluntary job that I would like to do are			
	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4

Please only answer questions 8b to 8f if you do have some form of paid or voluntary work, even if you are not working at the moment due to illness. Otherwise please proceed to question 9.	Score: for office use only		
8b. My chances of doing my paid or voluntary work the way I want to are			
	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4
8c. My contacts with other people at my paid or voluntary work are			
	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2

	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4
8d. My chances of achieving or keeping the position that I want, in my paid or voluntary work are			
	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4
8e. My chances of getting different paid or voluntary work are			
	Very Good	<input type="checkbox"/>	0
	Good	<input type="checkbox"/>	1
	Fair	<input type="checkbox"/>	2
	Poor	<input type="checkbox"/>	3
	Very Poor	<input type="checkbox"/>	4
8f. If your health or your disability affect your paid or voluntary work, to what extent does this cause you problems?			
	No problems	<input type="checkbox"/>	0
	Minor problems	<input type="checkbox"/>	1
	Major problems	<input type="checkbox"/>	2
Space for further comments on paid or voluntary work (optional):			

Education and Training (with or without aids or assistance)	Score: for office use only	
9a. My chances of getting the education or training I want are		
	Very Good	<input type="checkbox"/> 0
	Good	<input type="checkbox"/> 1
	Fair	<input type="checkbox"/> 2
	Poor	<input type="checkbox"/> 3
	Very Poor	<input type="checkbox"/> 4
	Not applicable	<input type="checkbox"/>
9b. If your health problems or disability affect your opportunities in education or training, to what extent does this cause you problems?		
	No problems	<input type="checkbox"/> 0
	Minor problems	<input type="checkbox"/> 1
	Major problems	<input type="checkbox"/> 2
Space for further explanation regarding your chances of education or training (optional):		

Concluding IPA questions	Score: for office use only	
10. My chances of living life the way I want to are		
	Very Good	<input type="checkbox"/> 0
	Good	<input type="checkbox"/> 1
	Fair	<input type="checkbox"/> 2
	Poor	<input type="checkbox"/> 3
	Very Poor	<input type="checkbox"/> 4

Thank you for taking the time to complete this questionnaire

শিরোনামঃ সুস্থতা আঘাতের সঙ্গে অভিজ্ঞতা বাঁধা

প্রশ্নাবলী/প্রশ্নমালা

<p>সাক্ষাৎকারের সময়সূচী</p> <p>পর্ব-১ঃ রোগীর সনাক্তকরণ/পরিচয়</p> <p>(রোগী অথবা রোগীর সহকারী তথ্য প্রদান করবেন)</p>		
সনাক্তকরণ নম্বরঃ		সাক্ষাৎকারের তারিখঃ
ঠিকানাঃ		
যোগাযোগ/ফোন নম্বরঃ		
<p>পর্ব- ২ঃ রোগীর আর্থসামাজিক অবস্থার তথ্যাবলী</p> <p>(রোগী অথবা রোগীর সহকারী তথ্যপ্রদান করবেন)</p>		
ক্রমিক নং	প্রশ্ন	উত্তর
২.১	আপনার বয়সঃ	<input type="text"/> <input type="text"/> বছর
২.২	লিঙ্গঃ	
২.৩	বৈবাহিক অবস্থাঃ	
২.৪	ধর্মঃ	
২.৫	শিক্ষাগত যোগ্যতাঃ	
২.৬	পেশা :	
২.৭	পরিবারের মাসিক আয় :	----- (টাকা)
২.৮	রোজগার সদস্যঃ	<input type="text"/> <input type="text"/>
২.৯	আবাসিক এলাকা :	
৩.০	পরিবার প্রকারঃ	

অংশগ্রহণ এবং স্বায়ত্তশাসনের উপর প্রভাব

চলাফেরাঃ যেখানে এবং যখন ইচ্ছা চলাফেরা করা(সহায়ক উপকরন এবং সাহায্যসহ অথবা ছাড়া)	স্কোরঃ শুধুমাত্র অফিস ব্যবহারের জন্য
১ক. নিজের ঘরের চারপাশে যেখানে ইচ্ছা চলাফেরা করার সুযোগ	<p>খুব ভালো <input type="checkbox"/> ০</p> <p>ভালো <input type="checkbox"/> ১</p> <p>মোটামুটি <input type="checkbox"/> ২</p> <p>খারাপ <input type="checkbox"/> ৩</p> <p>খুব খারাপ <input type="checkbox"/> ৪</p>
১খ. নিজের ঘরের চারপাশে যে কোন সময় চলাফেরার সুযোগ	<p>খুব ভালো <input type="checkbox"/> ০</p> <p>ভালো <input type="checkbox"/> ১</p> <p>মোটামুটি <input type="checkbox"/> ২</p> <p>খারাপ <input type="checkbox"/> ৩</p> <p>খুব খারাপ <input type="checkbox"/> ৪</p>
১গ. আত্মীয়-স্বজন এবং বন্ধুবান্ধবের কাছে যে কোন সময় ঘুরতে যাওয়ার সুযোগ	<p>খুব ভালো <input type="checkbox"/> ০</p> <p>ভালো <input type="checkbox"/> ১</p> <p>মোটামুটি <input type="checkbox"/> ২</p> <p>খারাপ <input type="checkbox"/> ৩</p> <p>খুব খারাপ <input type="checkbox"/> ৪</p>
১ঘ. নিজের ইচ্ছেমত ভ্রমণ এবং ছুটিতে যাওয়ার সুযোগ	<p>খুব ভালো <input type="checkbox"/> ০</p> <p>ভালো <input type="checkbox"/> ১</p> <p>মোটামুটি <input type="checkbox"/> ২</p> <p>খারাপ <input type="checkbox"/> ৩</p> <p>খুব খারাপ <input type="checkbox"/> ৪</p>
১ঙ. আপনার স্বাস্থ্য এবং অসামর্থ্যতা আপনার চলাফেরার সুযোগকে প্রভাবিত করে আপনার জন্য কি পরিমাণ সমস্যায় পরিণত হয়?	<p>কোন সমস্যা নয় <input type="checkbox"/> ০</p> <p>ছোটখাট সমস্যা <input type="checkbox"/> ১</p> <p>প্রধান সমস্যা <input type="checkbox"/> ২</p>
আপনার চলাফেরার ব্যাপারে আরও মন্তব্যের স্থান (ঐচ্ছিক)	

নিজস্ব যত্ন (সহায়ক উপকরন এবং সাহায্যসহ অথবা ছাড়া)	স্কোরঃ শুধুমাত্র অফিস ব্যবহারের জন্য
২ক. নিজের মত করে গোসল এবং পোশাক পরিধানের সুযোগ	<p>খুব ভালো <input type="checkbox"/> ০</p> <p>ভালো <input type="checkbox"/> ১</p> <p>মোটামুটি <input type="checkbox"/> ২</p> <p>খারাপ <input type="checkbox"/> ৩</p> <p>খুব খারাপ <input type="checkbox"/> ৪</p>

২খ. নিজের প্রয়োজন মত যেকোন সময় গোসল এবং পোশাক পরিধানের সুযোগ	খুব ভালো <input type="checkbox"/>	০
	ভালো <input type="checkbox"/>	১
	মোটামুটি <input type="checkbox"/>	২
	খারাপ <input type="checkbox"/>	৩
	খুব খারাপ <input type="checkbox"/>	৪
২গ. নিজের ইচ্ছেমত ঘুমুতে যাওয়ার এবং ঘুম থেকে উঠার সুযোগ	খুব ভালো <input type="checkbox"/>	০
	ভালো <input type="checkbox"/>	১
	মোটামুটি <input type="checkbox"/>	২
	খারাপ <input type="checkbox"/>	৩
	খুব খারাপ <input type="checkbox"/>	৪
২ঘ. নিজের প্রয়োজন মত যেকোন সময় শৌচাগার ব্যবহারের সুযোগ	খুব ভালো <input type="checkbox"/>	০
	ভালো <input type="checkbox"/>	১
	মোটামুটি <input type="checkbox"/>	২
	খারাপ <input type="checkbox"/>	৩
	খুব খারাপ <input type="checkbox"/>	৪
২ঙ. নিজের প্রয়োজন মত যেকোন সময় পানাহার ও খাওয়া-দাওয়া করার সুযোগ	খুব ভালো <input type="checkbox"/>	০
	ভালো <input type="checkbox"/>	১
	মোটামুটি <input type="checkbox"/>	২
	খারাপ <input type="checkbox"/>	৩
	খুব খারাপ <input type="checkbox"/>	৪
২চ. আপনার স্বাস্থ্য এবং অসামর্থ্যতা আপনার নিজস্ব যত্ন নেওয়ার সুযোগকে প্রভাবিত করে আপনার জন্য কি পরিমাণ সমস্যা পরিণত হয়?	কোন সমস্যা নয় <input type="checkbox"/>	০
	ছোটখাট সমস্যা <input type="checkbox"/>	১
	প্রধান সমস্যা <input type="checkbox"/>	২
আপনার নিজস্ব যত্ন নেওয়ার ব্যাপারে আরও মন্তব্যের স্থান (ঐচ্ছিক)		

গৃহস্থালীর ভিতরে ও বাইরের কাজকর্ম (সহায়ক উপকরন এবং সাহায্যসহ অথবা ছাড়া)	স্কোরঃ শুধুমাত্র অফিস ব্যবহারের জন্য	
৩ক. নিজের ইচ্ছেমত গৃহস্থালী দেখাশোনার কাজে অংশগ্রহনের সুযোগ	খুব ভালো <input type="checkbox"/>	০
	ভালো <input type="checkbox"/>	১
	মোটামুটি <input type="checkbox"/>	২
	খারাপ <input type="checkbox"/>	৩
	খুব খারাপ <input type="checkbox"/>	৪
৩খ. গৃহস্থালীর হালকা কাজকর্ম (যেমনঃ চা, কফি বানানো) নিজের মত করে নিজে অথবা অন্য কাউকে দিয়ে করানোর সুযোগ	খুব ভালো <input type="checkbox"/>	০

	ভালো <input type="checkbox"/>	১
	মোটামুটি <input type="checkbox"/>	২
	খারাপ <input type="checkbox"/>	৩
	খুব খারাপ <input type="checkbox"/>	৪
৩গ. গৃহস্থালীর ভারী কাজকর্ম (যেমনঃ পরিষ্কার করা) নিজের মত করে নিজে অথবা অন্য কাউকে দিয়ে করানোর সুযোগ		
	খুব ভালো <input type="checkbox"/>	০
	ভালো <input type="checkbox"/>	১
	মোটামুটি <input type="checkbox"/>	২
	খারাপ <input type="checkbox"/>	৩
	খুব খারাপ <input type="checkbox"/>	৪
৩ঘ. গৃহস্থালীর কাজকর্ম নিজের প্রয়োজন মত যেকোন সময় নিজে অথবা অন্য কাউকে দিয়ে করানোর সুযোগ		
	খুব ভালো <input type="checkbox"/>	০
	ভালো <input type="checkbox"/>	১
	মোটামুটি <input type="checkbox"/>	২
	খারাপ <input type="checkbox"/>	৩
	খুব খারাপ <input type="checkbox"/>	৪
৩ঙ. নিজস্ব গৃহস্থালীর অথবা বাগানের ছোটখাট মেরামত ও দেখাশোনার কাজ নিজের ইচ্ছেমত নিজে অথবা অন্য কাউকে দিয়ে করানোর সুযোগ		
	খুব ভালো <input type="checkbox"/>	০
	ভালো <input type="checkbox"/>	১
	মোটামুটি <input type="checkbox"/>	২
	খারাপ <input type="checkbox"/>	৩
	খুব খারাপ <input type="checkbox"/>	৪
৩চ. নিজস্ব গৃহস্থালীর নিজের ভূমিকা পালন করার সুযোগ		
	খুব ভালো <input type="checkbox"/>	০
	ভালো <input type="checkbox"/>	১
	মোটামুটি <input type="checkbox"/>	২
	খারাপ <input type="checkbox"/>	৩
	খুব খারাপ <input type="checkbox"/>	৪
৩ছ. আপনার স্বাস্থ্য এবং অসামর্থ্যতা আপনার ঘরের ভিতরে ও বাইরের কাজকর্মে অংশগ্রহণের সুযোগকে প্রভাবিত করে আপনার জন্য কি পরিমাণ সমস্যায় পরিণত হয়?		
	কোন সমস্যা নয় <input type="checkbox"/>	০
	ছোটখাট সমস্যা <input type="checkbox"/>	১
	প্রধান সমস্যা <input type="checkbox"/>	২
আপনার গৃহস্থালীর ভিতরে ও বাইরের কাজকর্ম সম্পন্ন হলে ব্যাপারে আরও মন্তব্যের স্থান (ঐচ্ছিক)		

নিজস্ব টাকা দেখাশোনা(সহায়ক উপকরণ এবং সাহায্যসহ অথবা ছাড়া)	স্কেলঃ শুধুমাত্র অফিস ব্যবহারের জন্য	
৪ক. নিজস্ব টাকা নিজের ইচ্ছেমত খরচ করতে পারার সুযোগ		
	খুব ভালো <input type="checkbox"/>	০
	ভালো <input type="checkbox"/>	১

	মোটামুটি <input type="checkbox"/>	২
	খারাপ <input type="checkbox"/>	৩
	খুব খারাপ <input type="checkbox"/>	৪
৪খ. আপনার স্বাস্থ্য এবং অসামর্থ্যতা ব্যক্তিগত টাকা নিজের ইচ্ছেমত খরচের সুযোগকে প্রভাবিত করে আপনার জন্য কি পরিমাণ সমস্যায় পরিণত হয়?		
	কোন সমস্যা নয় <input type="checkbox"/>	০
	ছোটখাট সমস্যা <input type="checkbox"/>	১
	প্রধান সমস্যা <input type="checkbox"/>	২
আপনার নিজস্ব টাকা দেখাশোনার ব্যাপারে আরও মন্তব্যের স্থান (ঐচ্ছিক)		

অবসর সময় (সহায়ক উপকরন এবং সাহায্যসহ অথবা ছাড়া)	স্কোরঃ শুধুমাত্র অফিস ব্যবহারের জন্য
৫ক. নিজের ইচ্ছেমত অবসর সময় কাটানোর সুযোগ	
	খুব ভালো <input type="checkbox"/> ০
	ভালো <input type="checkbox"/> ১
	মোটামুটি <input type="checkbox"/> ২
	খারাপ <input type="checkbox"/> ৩
	খুব খারাপ <input type="checkbox"/> ৪
৫খ. আপনার স্বাস্থ্য এবং অসামর্থ্যতা নিজের ইচ্ছেমত অবসর সময় কাটানোর সুযোগকে প্রভাবিত করে আপনার জন্য কি পরিমাণ সমস্যায় পরিণত হয়?	
	কোন সমস্যা নয় <input type="checkbox"/> ০
	ছোটখাট সমস্যা <input type="checkbox"/> ১
	প্রধান সমস্যা <input type="checkbox"/> ২
আপনার নিজস্ব অবসর সময় কাটানোর ব্যাপারে আরও মন্তব্যের স্থান (ঐচ্ছিক)	

সামাজিক জীবন ও সম্পর্ক (সহায়ক উপকরন এবং সাহায্যসহ অথবা ছাড়া)	স্কোরঃ শুধুমাত্র অফিস ব্যবহারের জন্য
৬ক. কাছের মানুষদের সাথে আগের মত কথা বলতে পারার সুযোগ	
	খুব ভালো <input type="checkbox"/> ০
	ভালো <input type="checkbox"/> ১
	মোটামুটি <input type="checkbox"/> ২
	খারাপ <input type="checkbox"/> ৩
	খুব খারাপ <input type="checkbox"/> ৪
৬খ. আপনজনদের সাথে সম্পর্কের মান	
	খুব ভালো <input type="checkbox"/> ০
	ভালো <input type="checkbox"/> ১
	মোটামুটি <input type="checkbox"/> ২
	খারাপ <input type="checkbox"/> ৩
	খুব খারাপ <input type="checkbox"/> ৪
৬গ. আপনজনদের কাছ থেকে সম্মানপ্রাপ্তির পরিমাণ	
	খুব ভালো <input type="checkbox"/> ০
	ভালো <input type="checkbox"/> ১
	মোটামুটি <input type="checkbox"/> ২

	খারাপ <input type="checkbox"/>	৩
	খুব খারাপ <input type="checkbox"/>	৪
৬ঘ. পরিচিতদের সাথে সম্পর্কের মান		
	খুব ভালো <input type="checkbox"/>	০
	ভালো <input type="checkbox"/>	১
	মোটামুটি <input type="checkbox"/>	২
	খারাপ <input type="checkbox"/>	৩
	খুব খারাপ <input type="checkbox"/>	৪
৬ঙ. পরিচিতদের কাছ থেকে সম্মানপ্রাপ্তির পরিমাণ		
	খুব ভালো <input type="checkbox"/>	০
	ভালো <input type="checkbox"/>	১
	মোটামুটি <input type="checkbox"/>	২
	খারাপ <input type="checkbox"/>	৩
	খুব খারাপ <input type="checkbox"/>	৪
৬চ. ঘনিষ্ঠ সম্পর্কে থাকার সুযোগ		
	খুব ভালো <input type="checkbox"/>	০
	ভালো <input type="checkbox"/>	১
	মোটামুটি <input type="checkbox"/>	২
	খারাপ <input type="checkbox"/>	৩
	খুব খারাপ <input type="checkbox"/>	৪
৬ছ. নিজের ইচ্ছামত মানুষের সাথে দেখা করতে পারার সুযোগ		
	খুব ভালো <input type="checkbox"/>	০
	ভালো <input type="checkbox"/>	১
	মোটামুটি <input type="checkbox"/>	২
	খারাপ <input type="checkbox"/>	৩
	খুব খারাপ <input type="checkbox"/>	৪
৬জ. আপনার স্বাস্থ্য এবং অসামর্থ্যতা নিজের ইচ্ছামত সামাজিক জীবন ও সম্পর্ক স্থাপনের সুযোগকে প্রভাবিত করে আপনার জন্য কি পরিমাণ সমস্যায় পরিণত হয়?		
	কোন সমস্যা নয় <input type="checkbox"/>	০
	ছোটখাট সমস্যা <input type="checkbox"/>	১
	প্রধান সমস্যা <input type="checkbox"/>	২
আপনার সামাজিক জীবন ও সম্পর্ক স্থাপনের ব্যাপারে আরও মন্তব্যের স্থান (ঐচ্ছিক)		

অন্যান্য মানুষকে সাহায্য ও সমর্থন (সহায়ক উপকরণ এবং সাহায্যসহ অথবা ছাড়া)	স্কোরঃ শুধুমাত্র অফিস ব্যবহারের জন্য
৭ক. কোন মানুষকে যেকোন উপায়ে সাহায্য ও সমর্থন করার সুযোগ	
	খুব ভালো <input type="checkbox"/> ০
	ভালো <input type="checkbox"/> ১
	মোটামুটি <input type="checkbox"/> ২
	খারাপ <input type="checkbox"/> ৩
	খুব খারাপ <input type="checkbox"/> ৪
৭খ. আপনার স্বাস্থ্য এবং অসামর্থ্যতা নিজের ইচ্ছামত অন্যান্য মানুষকে সাহায্য ও সমর্থন করার সুযোগকে প্রভাবিত করে আপনার জন্য কি পরিমাণ সমস্যায় পরিণত হয়?	

কোন সমস্যা নয়	<input type="checkbox"/>	০
ছোটখাট সমস্যা	<input type="checkbox"/>	১
প্রধান সমস্যা	<input type="checkbox"/>	২
আপনার অন্যান্য মানুষকে সাহায্য ও সমর্থন করার ব্যাপারে আরও মন্তব্যের স্থান (ঐচ্ছিক)		

প্রদত্ত বা স্বেচ্ছাসেবী কাজ (সহায়ক উপকরণ এবং সাহায্যসহ অথবা ছাড়া)	স্কোরঃ শুধুমাত্র অফিস ব্যবহারের জন্য
৮ক. নিজের ইচ্ছামত একটি প্রদত্ত বা স্বেচ্ছাসেবী কাজ পাওয়ার এবং করতে পারার সুযোগ	
খুব ভালো	<input type="checkbox"/> ০
ভালো	<input type="checkbox"/> ১
মোটামুটি	<input type="checkbox"/> ২
খারাপ	<input type="checkbox"/> ৩
খুব খারাপ	<input type="checkbox"/> ৪

দয়া করে ৮খ থেকে ৮ঘ পর্যন্ত প্রশ্নের উত্তর দিন যদি আপনার কাছে কোন প্রদত্ত বা স্বেচ্ছাসেবী কাজ থেকে থাকে যদিও অসুস্থতার দরুন আপনি তা করতে পারছেন না। নতুবা ৯ নম্বর প্রশ্নের উত্তর দিন।	স্কোরঃ শুধুমাত্র অফিস ব্যবহারের জন্য
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৮খ. নিজের ইচ্ছামত প্রদত্ত বা স্বেচ্ছাসেবী কাজ করতে পারার সুযোগ	
খুব ভালো	<input type="checkbox"/> ০
ভালো	<input type="checkbox"/> ১
মোটামুটি	<input type="checkbox"/> ২
খারাপ	<input type="checkbox"/> ৩
খুব খারাপ	<input type="checkbox"/> ৪

৮গ. প্রদত্ত বা স্বেচ্ছাসেবী কাজের সাথে সম্পৃক্ত মানুষদের সাথে যোগাযোগ	
খুব ভালো	<input type="checkbox"/> ০
ভালো	<input type="checkbox"/> ১
মোটামুটি	<input type="checkbox"/> ২
খারাপ	<input type="checkbox"/> ৩
খুব খারাপ	<input type="checkbox"/> ৪

৮ঘ. প্রদত্ত বা স্বেচ্ছাসেবী কাজে নিজের অবস্থান নিজের ইচ্ছামত অর্জন ও ধরে রাখতে পারার সুযোগ	
খুব ভালো	<input type="checkbox"/> ০
ভালো	<input type="checkbox"/> ১
মোটামুটি	<input type="checkbox"/> ২
খারাপ	<input type="checkbox"/> ৩
খুব খারাপ	<input type="checkbox"/> ৪

৮ঙ. নিজের ইচ্ছামত বিভিন্ন প্রদত্ত বা স্বেচ্ছাসেবী কাজ পাবার সুযোগ	
খুব ভালো	<input type="checkbox"/> ০
ভালো	<input type="checkbox"/> ১
মোটামুটি	<input type="checkbox"/> ২
খারাপ	<input type="checkbox"/> ৩
খুব খারাপ	<input type="checkbox"/> ৪

৮চ. আপনার স্বাস্থ্য এবং অসামর্থ্যতা আপনার প্রদত্ত বা স্বেচ্ছাসেবী কাজকে প্রভাবিত করে আপনার জন্য কি পরিমাণ সমস্যায় পরিণত হয়?	
কোন সমস্যা নয়	<input type="checkbox"/> ০

	ছোটখাট সমস্যা <input type="checkbox"/>	১
	প্রধান সমস্যা <input type="checkbox"/>	২
আপনার প্রদত্ত বা স্বেচ্ছাসেবী কাজের ব্যাপারে আরও মন্তব্যের স্থান (ঐচ্ছিক)		

শিক্ষা ও প্রশিক্ষণ(সহায়ক উপকরণ এবং সাহায্যসহ অথবা ছাড়া)	স্কোরঃ শুধুমাত্র অফিস ব্যবহারের জন্য	
৯ক. নিজের ইচ্ছামত শিক্ষা ও প্রশিক্ষণ পাবার সুযোগ	খুব ভালো <input type="checkbox"/>	০
	ভালো <input type="checkbox"/>	১
	মোটামুটি <input type="checkbox"/>	২
	খারাপ <input type="checkbox"/>	৩
	খুব খারাপ <input type="checkbox"/>	৪
	প্রযোজ্য নহে <input type="checkbox"/>	
৯খ. আপনার স্বাস্থ্য এবং অসামর্থ্যতা নিজের ইচ্ছামত শিক্ষা ও প্রশিক্ষণ পাবার সুযোগকে প্রভাবিত করে আপনার জন্য কি পরিমাণ সমস্যায় পরিণত হয়?	কোন সমস্যা নয় <input type="checkbox"/>	০
	ছোটখাট সমস্যা <input type="checkbox"/>	১
	প্রধান সমস্যা <input type="checkbox"/>	২
আপনার শিক্ষা ও প্রশিক্ষণের ব্যাপারে আরও মন্তব্যের স্থান (ঐচ্ছিক)		

সমাপ্তি প্রশ্ন	স্কোরঃ শুধুমাত্র অফিস ব্যবহারের জন্য	
১০. নিজের মত করে জীবনযাপন করার সুযোগ	খুব ভালো <input type="checkbox"/>	০
	ভালো <input type="checkbox"/>	১
	মোটামুটি <input type="checkbox"/>	২
	খারাপ <input type="checkbox"/>	৩
	খুব খারাপ <input type="checkbox"/>	৪

এই প্রশ্নোত্তর পর্ব সম্পন্ন করার জন্য আপনাকে অসংখ্য ধন্যবাদ।