



**SII-SAMWED:
Screening and Assessment of
Mental Wellbeing of Deafblind
and Multiple Disabilities**

Developed by
Sense International India



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Screening and Assessment of
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Multiple Disabilities
(Age 10-18 and 19-29)

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Forward

From the Desk of the Chairperson

Over the past decades, the disability sector has made remarkable strides in promoting inclusion, accessibility, and empowerment. Yet, one of the most essential dimensions of human well-being, mental health, has often been overlooked. For individuals with deafblindness and multiple disabilities, the challenges of communication, sensory deprivation, and social isolation can deeply affect emotional balance and psychological resilience. Addressing these dimensions is not only important but also indispensable for achieving true inclusion and quality of life.

The *SII-SAMWED: Screening and Assessment of Mental Wellbeing of Deafblind and Multiple Disabilities* tool is a visionary step in this direction. It reflects a profound understanding that mental health and disability are not separate domains but interconnected realities that influence each other continuously. This tool brings together research, field experience, and empathy, offering caregivers, educators, and professionals a structured way to identify early signs of mental distress and respond with care and confidence.

What makes this initiative truly commendable is its collaborative spirit. The partnership between Sense International India, Gujarat Institute of Mental Health, and Indian Institute of Public Health, Gandhinagar, exemplifies how public health, education, and disability sectors can converge to build sustainable systems of support. It reinforces the belief that every person, regardless of sensory or physical limitations, deserves to be seen, heard, and supported in their emotional journey.

As an advisory mentor and board member, I see *SII-SAMWED* not just as a tool but as a movement, a call to integrate mental health within the heart of disability services, training, and policies. Its application will not only strengthen professional practice but also nurture compassion and awareness within families and communities.

May this initiative inspire many more such collaborations and guide us toward a future where mental well-being is an inseparable part of disability inclusion and human dignity.



Amith Dholakia
Board Member
Sense International India



From the Desk of the CEO

In recent years, there has been a growing recognition that true inclusion extends beyond physical accessibility and educational integration; it must also encompass emotional well-being and mental health. For individuals with disabilities, particularly those with deafblindness and multiple disabilities, mental health remains an area that has long been overlooked within both disability and health systems. The *SII-SAMWED: Screening and Assessment of Mental Wellbeing of Deafblind and Multiple Disabilities* tool represents an important milestone in bridging this gap.

Mental health is a vital component of human development, influencing learning, social relationships, and quality of life. Yet, for persons with dual sensory loss, barriers in communication and interaction often prevent early recognition of emotional or behavioural distress. This calls for inclusive, context-sensitive tools that can help caregivers and professionals identify and address mental health concerns in a timely, compassionate, and informed manner.

The *SII-SAMWED* checklist is a pioneering effort that brings together disability inclusion and mental health in a practical, evidence-based framework. Developed through extensive field testing, cross-sectoral collaboration, and professional validation, it offers a means to systematically observe, record, and respond to the mental well-being of individuals with deafblindness. Importantly, it empowers caregivers, educators, and community workers, those closest to the individual, to play an active role in promoting mental wellness.

As we move towards an inclusive and rights-based approach to disability, integrating mental health within disability care is not just an addition; it is a transformation. It reflects our collective responsibility to ensure that every person, regardless of ability, has the opportunity to live with dignity, emotional stability, and social connectedness.

This initiative by Sense International India, in partnership with public health and academic institutions, reinforces the vision of a holistic disability ecosystem where mental health is recognised, supported, and celebrated as an integral part of human well-being.

Uttam Kumar

Uttam Kumar

CEO

Sense International India



Acknowledgement

We extend our heartfelt gratitude to Mr Akhil Paul (Chief Mentor), Mr Uttam Kumar (CEO), Mr Biju Mathew (COO) and Ms Sampada Shevde (Director of Education and Research) for their unwavering guidance, leadership, and commitment in integrating mental health into the domain of disability care.

We also acknowledge the continued mentorship and vision provided by our Advisory Mentor, Dr Ajit Kumar and Ethical Board Member, whose insights have profoundly shaped the direction and impact of this initiative.

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Our sincere appreciation goes to Dr Paresh Prajapati (Statistician) for their valuable contribution in developing and validating the SII-SAMWED: Screening and Assessment of Mental Wellbeing of Deafblind and Multiple Disabilities tool, ensuring its scientific robustness and reliability.

We acknowledge the contributions and support of Sense India team members, especially those from the Capacity Building and Programme Management team, in bringing perspectives on Deafblindness and Multiple Disabilities to the process. We appreciate the efforts of Mr Shivkumar Sharma and Mr Jaydeep Pandya for designing the art layout of the booklet.

Most importantly, we acknowledge the contributions of all persons with Deafblindness and Multiple Disabilities, their families, teachers, and all partner organisations of Sense International India for wholeheartedly supporting this initiative. We dedicated this work to all the persons with Deafblindness and Multiple Disabilities of India and the world.

Together, the Mental health team, Dr Rutu Trivedi (Master specialist Mental Health and Research) Mr Vishvendu Shastri (Senior Psychologist), Ms Richa Bhutani (Researcher), Nagma Thakor (Lead Specialist Mental Health), Ms Mahek Swadia, Ms Niharika Gurung (Psychologists) and, these collective efforts have made this milestone possible strengthening the bridge between mental health and disability inclusion for individuals with deafblindness and multiple disabilities.

We also wish to acknowledge and thank our former colleagues who contributed significantly during the earlier phases of the project. Ms Harshita (Researcher), Ms Pallavee, Ms Priya Gupta, and Ms Astha Shah (Psychologists and Counsellors) each brought in rich perspectives, compassion, and dedication that laid the foundation for the mental health component of this work.

1. Introduction to Mental Health in Deafblindness

Mental Health is a fundamental aspect of overall well-being, yet it remains one of the least addressed domains in the lives of persons with deafblindness and multiple disabilities. Deafblindness, a unique combination of visual and hearing impairments, poses significant challenges in communication, access to information, and mobility. These challenges can deeply affect an individual's emotional regulation, cognitive processing, social engagement, and sense of identity, particularly when communication access is limited.

For individuals with deafblindness, the journey toward mental wellness is further complicated by limited exposure, inconsistent support systems, and minimal recognition of their psychological needs. Caregivers, educators, and service providers often focus primarily on functional and educational goals, unintentionally overlooking emotional and behavioural dimensions of development.

The onset of the COVID-19 pandemic intensified the urgency to address mental health concerns in this group. Restrictions on movement, disruptions in routine, and reduced tactile interactions led to increased changes in behaviour indicating emotional distress, and signs of psychological trauma. This context underscored the pressing need for a structured, evidence-based mental health screening tool personalised to the needs of individuals with deafblindness.

The “*SII-SAMWED: Screening and Assessment of Mental Wellbeing of Deafblind and Multiple disabilities*” checklist was developed by Sense International India. And informed by field realities in India, this tool is the first of its kind to provide a structured framework for identifying mental health concerns in children and adults with deafblindness and multiple disabilities.

1.1 Objectives

The primary objective of the SII-SAMWED mental health screening tools is:

1. To identify early signs of emotional, behavioural, cognitive, and social challenges or concerns among individuals with deafblindness.
2. To offer caregivers and educators a structured tool for consistent observation and documentation of mental health indicators.
3. To support data-driven decision-making for intervention planning at the individual level.
4. To create evidence that informs systemic mental health service delivery for persons with deafblindness in India.

1.2 Purpose and Application

Purpose:

The tool aims to bridge the critical gap in mental health assessment for individuals with deafblindness. It serves as a foundation for understanding the psychological profile of the individual, enabling timely intervention, therapy, and support.

Application:

- Applicable to children (10-18 years) and Adults (19-29 years) with congenital or acquired deafblindness and/or multiple disabilities.
- Designed for use by caregivers, special educators, CBR workers, and mental health professionals familiar with the individual's day-to-day functioning.
- Can be administered in both institutional (schools, centres) and home-based settings.
- Adaptable for integration with Individualised Education Plans (IEPs) and Mental Health tracking sheets.
- Facilitates baseline and endline comparisons to assess intervention impact over time.

2. Literature Review and Rationale

Despite significant advances in the field of disability and mental health, the intersection between these domains, particularly in the context of deafblindness, remains critically under-researched. Individuals with deafblindness often experience multiple barriers that directly or indirectly affect their mental well-being, yet structured systems for assessment, support, or policy guidance are severely lacking.

2.1 Mental Health and Disability: The Global Context

Globally, studies confirm that persons with disabilities (PwDs) are at a higher risk of developing mental health disorders due to social exclusion, limited mobility, poverty, and reduced access to care. According to WHO estimates (2020), mental health conditions are one of the leading causes of disability-adjusted life years (DALYs), and this burden is higher among individuals with sensory impairments.

Honey et al. (2011) noted that individuals with disabilities face an elevated risk of emotional distress, low social support, and poor access to services. Mental health is not only affected by biological and psychological factors but also by social and environmental determinants such as stigma, marginalisation, and inaccessibility.

2.2 The Indian Context and the Gap in Assessment

In India, while the Rights of Persons with Disabilities Act (RPwD) 2016 has made substantial strides in recognising mental health as a disability category, practical tools to assess mental well-being among individuals with sensory impairments, especially those with combined vision and hearing loss, remain absent. The national disability framework tends to compartmentalise physical, mental, and sensory impairments, which creates barriers to holistic understanding and care for those with multiple disabilities.

The dual sensory loss characteristic of deafblindness creates unique challenges that are not addressed by generic mental health tools. A person who cannot see expressions or hear speech often misses social-emotional cues, leading to difficulties in forming relationships, interpreting emotions, or developing coping mechanisms. This restricted sensory and communication access has a cascading impact on social identity, emotional development, communication confidence, and stress regulation.

2.3 Evidence of Mental Health Concerns in Deafblindness

Several small-scale studies and practitioner reports have identified elevated risks of depression, anxiety, sleep disorders, and aggressive responses among individuals with deafblindness. McDonnell (2009) identified a lack of social engagement and poor communication support as key predictors of poor mental health in individuals with dual sensory loss.

During the COVID-19 pandemic, Sense International India's rapid assessments and consultations revealed that over 80% of families reported significant changes in the behaviour and emotional stability of their children and young adults with deafblindness and multiple disabilities. These findings aligned with global observations that children and youth with disabilities were disproportionately affected during lockdowns.

However, there was no existing culturally appropriate, age-specific, and context-relevant screening tool available in India to validate these concerns systematically. Most mainstream tools were found to be linguistically and conceptually inaccessible to persons with deafblindness or their caregivers.

2.4 Rationale for the SII-SAMWED Tool

The SII-SAMWED checklist addresses this critical gap by offering:

- Age-differentiated versions for children (10 - 18 years) and young adults (19 - 29 years)
- Five-domain coverage focusing on emotional, behavioural, social, cognitive and physiological, and substance use dimensions
- Validation through pilot testing, statistical analysis, and ethical review
- Standardised scoring system with clear thresholds for intervention

The checklist has been designed not just as a screening tool but also as a foundational step toward mainstreaming mental health within education, rehabilitation, and family support systems for persons with deafblindness in India.

3. Theoretical and Conceptual Framework

The development of the *SII-SAMWED: Screening and Assessment of Mental Wellbeing of Deafblind and Multiple Disabilities* is grounded in a strong theoretical and conceptual foundation that blends established mental health assessment models with the lived realities of individuals with deafblindness and multiple disabilities. The checklist adopts a multidimensional, inclusive, and participatory approach to mental health screening, informed by both global frameworks and field-based adaptation.

3.1 Conceptual Foundation: A Bio-Psycho-Social Lens

The screening tool is built on the bio-psycho-social model of disability, which recognises that mental health and wellbeing are shaped not just by medical or psychological conditions but also by social, environmental, and communication barriers.

For individuals with deafblindness, the interaction between sensory limitations and systemic exclusion compounds their risk of emotional distress, cognitive challenges, and behavioural dysregulation (difficulty managing responses to sensory, emotional, or environmental demands). The checklist, therefore, seeks to assess internal states (e.g., emotions, cognition), observed behaviours (e.g., withdrawal or reduced interaction, aggression), and external stressors (e.g., isolation, communication breakdown).

a. Theoretical Inputs

- a. International Classification of Functioning, Disability and Health (ICF Framework – WHO)

The ICF provides a holistic view of functioning, with mental health treated as a dynamic interaction between the individual and their environment. The checklist uses ICF principles to contextualise behaviours and mental states as functionally observable indicators of well-being.

- b. WHO-05 Well-Being Index

A globally validated instrument that assesses general well-being through five items related to mood, energy, and life satisfaction. While the WHO-5 was not directly administered to persons with deafblindness, it informed the positive framing of select checklist items, especially within the emotional and cognitive dimensions.

- c. Self-Reporting Questionnaire (SRQ-20)

This WHO tool screens for emotional distress and was adapted into simplified, caregiver-friendly language to build the emotional and behavioural components of the SII-SAMWED checklist. The SRQ's focus on common mental health symptoms (e.g., fatigue, irritability, hopelessness) provided a strong clinical base.

3.2 Five-Dimensional Structure

The conceptual framework for SII-SAMWED rests on five interrelated domains, each reflecting key facets of mental health:

Domain	Conceptual Focus
1. Behavioural Regulation	Observed responses to stimuli, task engagement, heightened activity, reduced engagement, or withdrawal
2. Emotional Regulation	Mood fluctuations, irritability, sadness, crying, expressions or indicators of hopelessness
3. Social Functioning	Relationships, interaction with peers/adults, perceived neglect or exclusion
4. Cognitive and Physiological Regulation	Thinking clarity, decision making, sleep patterns, and psychosomatic symptoms
5. Substance Use	Exposure to or engagement in harmful substance-related behaviours

Each domain includes items that are observable, measurable, and amenable to intervention. The domains were finalised after an extensive review of caregiver narratives, educator observations, and expert consultations.

3.3 Application of the Conceptual Model in Field Settings

Unlike standardised psychological tools that require clinical administration, the *SII-SAMWED* tool is designed for use in real-life contexts, homes, inclusive schools, special education centres, and community-based rehabilitation programmes. The conceptual framework ensures that:

- Caregivers can identify early warning signs of distress or decline.
- Educators can track patterns of emotional or social disengagement.
- Mental health professionals can use it as a triaging mechanism for prioritising support.

3.4 Integrative and Dynamic Design

The conceptual model is not static. It encourages iterative understanding and documentation of mental health concerns. Over time, responses to the checklist can help inform:

- Individualised support plans
- IEP (Individualised Education Plan) integration
- Baseline to endline progress analysis
- Group-level needs analysis across schools or states

In summary, the *SII-SAMWED* tool is grounded in global mental health theory, disability-inclusive practice, and real-world application, ensuring that it is both academically sound and practically relevant.

4. Development of the Tool (Checklist)

The development of the *SII-SAMWED: Screening and Assessment of Mental Wellbeing of Deafblind and Multiple disabilities* was initiated as a response to urgent field-level needs during and after the COVID-19 pandemic. It followed a systematic, participatory, and evidence-informed process, incorporating feedback from families, special educators, psychologists, and statisticians.

This section outlines the phases and principles that guided the creation, testing, and finalisation of the checklist.

4.1 Identifying the Need

During the pandemic, over 80% of families reported signs of distress, such as sleep disturbances, loss of interest in activities, irritability, and sadness, among their children and young adults with deafblindness and multiple disabilities. However, caregivers and educators lacked a tool to record and assess these issues systematically.

Recognising this gap, Sense International India (SII), with support from Grand Challenges Canada, prioritised the development of a mental health screening checklist as part of a larger intervention strategy.

4.2 Development Phase

Phase 1: Literature Review and Tool Mapping

- Reviewed existing tools including WHO-5, SRQ-20, and disability-specific checklists
- Identify key dimensions relevant to deafblindness
- Mapped observable indicators to each domain

Phase 2: Item Generation

- Drafted items under five domains:
 1. Behavioural Regulation
 2. Emotional Regulation
 3. Social Functioning
 4. Cognitive and Physiological Regulation
 5. Substance Use
- Items were caregiver-friendly and framed using clear, accessible language
- A Likert scale (0-4) was designed for frequency-based responses

Phase 3: Expert Consultation

- Field and Mental health professionals, psychologists, special educators, and family counsellors reviewed the draft checklist
- Items were reviewed for:
 - Clarity
 - Cultural appropriateness
 - Age relevance

Sensory accessibility

- A few redundant or highly clinical terms were dropped or reworded for simplicity

Phase 4: Field and Translation

- Two versions created:
 - Children (10-18 years)
 - Young Adults (19-29 years)
- Final checklist translated into Hindi and other regional languages too, back translated to ensure fidelity
- A visual/emotional glossary was added to assist non-professionals

4.3 Tool Design Principles

Design Principle	Implementation
Age-Appropriate	Separate versions for children and young adults
Culturally Valid	Bilingual checklist and consideration of regional idioms/emotional expressions
Field-Feasible	Designed for use by caregivers and educators, not requiring clinical supervision
Multi-Dimensional	Covers five key domains, offering a holistic view of mental health
Scalable and Repeatable	Allows baseline and follow-up comparison for monitoring intervention impact
Ethically Sound	Approved by an ethical committee and validated by statisticians
Validity and Reliability	The checklist was tested to ensure the questions are suitable for understanding the person's feelings and behaviour. The results are consistent and reliable, allowing us to use them with confidence to support children and young adults.

4.4 Statistical Validation

Following pilot testing, the tool underwent rigorous statistical validation with a sample of:

- 308 children and
- 117 young adults with deafblindness

Statistical methods used:

- Reliability testing
- Paired t-tests (baseline vs endline)
- Factor analysis for domain coherence
- Correlation matrix to check item interdependence

The tools were approved for standardised use and found suitable for both contextual (educational, home) and clinical settings.

4.5 Tool Format

- Total of 37 items per version (child and adult)
- Each item rated from 0 (Never) to 4 (Mostly)
- Structured under five domains
- Includes basic demographic section and instructions
- Accompanied by a word glossary and administration guide

The checklist has since been integrated into mental health awareness and intervention programmes in over 23 states in India. It forms the backbone of SII's ongoing support to children and young adults with deafblindness and multiple disabilities.

5. Administration Guidelines

The SII-SAMWED checklist is designed to be a field-friendly, non-clinical tool for identifying mental health concerns in children and young adults with deafblindness and multiple disabilities. It can be used by caregivers, educators, community-based rehabilitation (CBR) workers, and professionals working in settings related to disability and mental health.

5.1 Who can Administer the Tool?

The checklist is intended for administration by non-specialist respondents who are familiar with the daily behaviours and routines of the individual being assessed. These include:

- Parents and primary caregivers
- Special educators or resource teachers
- Community-Based Rehabilitation (CBR) workers
- Mental health professionals and allied health professionals (as part of assessment protocols)

While clinical qualifications are not required, it is important that the person administering the tool has adequate familiarity with the individual to ensure the responses are valid and representative.

5.2 When to Administer the Tool?

The tool can be used in the following contexts:

- At Baseline: Before the introduction of a new programme, IEP, or behaviour intervention plan.
- Periodically: Every 6–12 months to track emotional and behavioural changes over time.
- Crisis or Incident-Based: When there are concerns about a significant shift in behaviour, mood, or interaction patterns.
- Post-Intervention: To evaluate the impact of counselling, medication, play therapy, or environmental changes.

5.3 Setting for Administration

- The checklist can be filled out during in-person meetings, home visits, or school-based reviews.
- It is encouraged that the administrator finds a quiet, distraction-free environment where they can reflect and respond without haste.
- Multiple respondents (e.g., parent and teacher) may complete separate forms for triangulation.

5.4 Instructions for Respondents

1. Read and explain each item carefully.

The checklist includes 37 statements related to observable behaviours or reported feelings.

2. Rate the frequency of each behaviour in the past 4 weeks on a 5-point Likert scale:

- 0 = Never
- 1 = Rarely
- 2 = Sometimes
- 3 = Often
- 4 = Mostly

3. Do not skip any item, unless it is completely inapplicable to the age or functioning level of the individual.

4. Use supporting examples or notes if clarification is needed later during review.

5.5 Ethical Considerations

- **Voluntary Participation:** Respondents should not be compelled to fill out the checklist. Their consent - verbal or written - must be obtained before administration.
- **Confidentiality:** All completed checklists must be stored securely, and findings shared only with relevant professionals or family members.
- **Non-Stigmatisation:** Responses should not be used to label or isolate the individual but rather to understand and support their mental well-being.
- **Referral Pathways:** If scores indicate serious concerns, referral to a psychologist, psychiatrist, or trained counsellor should be initiated promptly.

5.6 Materials Needed

- Printed or digital version of the checklist (in preferred language: English or Hindi)
- Demographic form (attached with checklist)
- Pencil or pen (if printed)
- Guidance manual or glossary for reference (if applicable)

5.7 Time Required

- The checklist takes approximately 30 - 40 minutes to complete.
- For young adults or individuals with complex needs, a follow-up discussion may be helpful after completion.

The checklist's simplicity in language, structure, and administration format makes it suitable for routine integration into IEP review meetings, mental health awareness camps, family counselling sessions, and community-based screenings.

6. Scoring and Interpretation

The SII-SAMWED Screening Checklist uses a structured, quantitative scoring system to capture the frequency and intensity of behaviours, emotions, and functional patterns observed in individuals with deafblindness and multiple disabilities. The tool does not provide a clinical diagnosis but helps screen for potential concerns and prioritise referrals for psychological or psychiatric support.

6.1 Scoring

Each item on the checklist is rated using a **5-point Likert Scale**:

Score	Meaning
0	Never
1	Rarely
2	Sometimes
3	Often
4	Mostly/Always

- Respondents are required to **circle or mark** the number that best describes the individual's behaviour over the **last 4 weeks**.
- The checklist consists of **37 items**. Total scores can range from **0 to 148**.

6.2 Domain-wise Scoring

The 37 items are divided across **five domains**, each reflecting a different aspect of mental well-being:

Domain	Items (Questions) for Children	Number of Items	Items (Questions) for Adults	Number of Items
Behavioural Regulation	2, 7, 11, 12, 20, 21, 22, 23, 29, 32, 34, 35	12	2, 7, 11, 12, 20, 21, 22, 28, 31, 34, 35	11
Emotional Regulation	4, 5, 6, 8, 17, 28	6	4, 5, 6, 8, 16, 17, 27	7
Social Regulation	9, 18, 30, 31, 33, 37	6	9, 18, 29, 30, 32, 33, 37	7
Cognitive and Physiological Regulation	1, 3, 10, 13, 14, 15, 16, 19, 36	9	1, 3, 10, 13, 14, 15, 19, 36	8
Substance Use	24, 25, 26, 27	4	23, 24, 25, 26	4
Total		37		37

6.3 Total Score Calculation

- Add individual item scores within each domain to get domain-specific subtotals.
- Sum all domain subtotals to get the overall total score.
- Use the total score and domain scores for interpretation and prioritisation.

6.4 Interpretation

Total Score Range	Interpretation	Suggested Action
0-37	Minimal or no concern	Continue regular monitoring
38-50 51-62 62-74	Mild to moderate (Below Moderate) (Moderate) (Above Moderate)	Discuss with team, implement intervention
75-111	This range shows serious issues. The person may need urgent care, close attention, and help from a mental health expert.	Refer to a trained psychologist/counsellor/Mental health Professional
112-148	High risk of psychological distress	Immediate referral to Mental Health services

Caution: Scoring thresholds are indicative and not diagnostic. Final interpretation must consider:

- Context (e.g., life events, medication)
- Functional level
- Communication preferences
- Primary or Secondary Caregivers' insights

6.5 Interpreting Domain Scores

While the total score gives an overall snapshot, **domain scores** are equally critical:

- **High Behavioural Score** may indicate hyperactivity, self-injurious, or rigidity
- **High Emotional Score** reflects sadness, fear, tearfulness, and hopelessness
- **High Social Score** may signal isolation, bullying, or rejection by peers
- **High Cognitive and Physiological Score** may relate to difficulty sustaining attention or engagement, sleep issues, or somatic complaints
- **Substance Use Score** helps flag serious concerns requiring immediate attention

Patterns across domains can be used to create a **mental health profile** for each individual, allowing for targeted interventions.

6.6 Sample Case Interpretation

Case Example for Child:

- Age: 12 years
- Total Score: 86
- High scores in Emotional (28/36) and Social (25/32) domains

Interpretation: The child may be experiencing sustained emotional distress and social exclusion. Immediate steps may include emotional regulation strategies and inclusive peer engagement.

Case Example for Adult:

- Age: 24 years
- Total Score: 105
- High in Behavioural (30/32), Substance Use (10/12), and Emotional (29/36)

Interpretation: Indicates urgent risk behaviours and possible substance dependence. Referral to a clinical mental health team is recommended.

6.7 Repeat Administration and Progress Tracking

- The checklist can be re-administered after 3 to 6 months to track changes following interventions.
- Changes in domain scores offer insight into which aspects are improving or need intensified support.

7. The Checklist

The **SII-SAMWED** screening tools consist of two age-specific checklists, each comprising a total of 37 items distributed across five key psychological domains. These tools are designed for use by caregivers, educators, and allied professionals to screen for potential mental health concerns in individuals with deafblindness and multiple disabilities.

7.1 Screening Checklist for Children (Ages 10-18 Years)

The child checklist includes 37 items, with a focus on the five domains:

- Behavioural Regulation
- Emotional Regulation
- Social Functioning
- Cognitive & Physiological Regulation
- Substance Use

Format Highlights:

- Each item is rated from 0 to 4 (Never to Mostly).
- The tool includes visual and linguistic aids in both English/Hindi and includes a few in regional languages for accessibility.
- Scoring is cumulative, allowing interpretation at both domain and total levels.

Sample items:

- Cries or appears sad without reason.
- Has difficulty adjusting to a change in routine.
- Sleeps more or less than usual.
- Withdraws from interaction or avoids eye contact.

7.2 Screening Checklist for Young Adults (Ages 19-29)

The child checklist includes 37 items, with a focus on the five domains:

Substance Use and Exposure (3 additional items)

The Checklist covers:

- Emotional and behavioural concerns
- Cognitive and physical health symptoms
- Social isolation or neglect
- Risk behaviours including substance use

Sample Items:

- Often appears irritable or agitated.
- Expresses or displays hopelessness.
- Avoids public or social spaces.
- Is exposed to or engages in substance use.

7.3 Customisation for Field Use

- The checklists have been field-tested across multiple states and cultural contexts.
- Available in different language formats for ease of use.
- May be adapted into easy-to-read, pictorial, or audio-assisted formats for caregivers with low literacy or visual impairments.
- Recommended to be used in supportive conversations, not as standalone documentation.

7.4 Case Examples/Use Cases

This section presents **realistic field-based scenarios** in which the *SII-SAMWED* screening checklist was applied. These cases illustrate how the tool facilitates early identification, caregiver awareness, and informed **referral decision-making**.

Case 1: Early Emotional Distress in a child (Age 13)

Background:

A 13-year-old girl with deafblindness and mild intellectual disability was reported to be more withdrawn and irritable over the past two months. She had also stopped participating in routine play/activity and became fearful during transitions.

Screening Outcome:

- Total Score: 91
- Emotional Regulation: 32/36
- Social Functioning: 24/32

Interpretation:

- Referred for expressive clay activity
- Daily 10-minute routine for guided emotional expression
- Peer-bonding exercises introduced at the centre

Case 2: Rising Aggression and Isolation in a Young Adult (Age 22)

Background:

A 22-year-old with congenital deafblindness started showing increased aggression in his vocational class. He began avoiding group activities and had frequent meltdowns.

Screening Outcome:

- Total Score: 80
- Behavioural Regulation: 29/32
- Social Functioning: 26/32

Interpretation:

High scores in behavioural and social domains indicated frustration and unmet communication needs rather than psychiatric illness.

Intervention:

- Adjusted vocational expectations to match energy cycles
- Trained caregiver in sensory regulation strategies

Case 3: Mild Concerns, Monitored for Growth (Age 17)

Background:

A 17-year-old with deafblindness and cerebral palsy scored in the mild range but had no acute symptoms.

Screening Outcome:

- Total Score: 27
- Balanced scores across domains

Interpretation:

No alarming signs, but the checklist helped structure a strengths-based support plan with emphasis on:

- Maintaining consistent routines
- Encouraging peer interactions
- Monitoring for future changes

Reflections from the Field:

“Earlier, we used to say, ‘he’s moody’ or ‘not interested’. Now, we can **track** what we see and understand it better.”

Special Educator, Khammam

“When I saw the score, I realised it was not just stubbornness, my son was showing distress, and I needed to listen differently.”

Parent, Gujarat

These examples demonstrate the checklist's strength in promoting **awareness, empathy, and action**, even in non-clinical settings. It bridges the gap between observation and support, especially for individuals whose communication needs are complex and sensory-based.

8 Annexure

8.1 Screening Checklist for Children with Deafblindness and Multiple Disabilities (10-18 years)

SII-SAMWED:

Screening and Assessment of Mental Wellbeing of Deafblind and Multiple Disabilities (10-18 years)

बधिरांधता (Db) और बहु विकलांगता (MD) बच्चों (10-18 वर्ष) के मानसिक स्वास्थ्य की पहचान एवं
आंकलन के लिए चेकलिस्ट

Start Time (शुरुआत का समय):

Basic Information	
Name (नाम):	
Age (उम्र):	
Gender (Child): Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	
लिंग (बच्चे का): लड़का <input type="checkbox"/> लड़की <input type="checkbox"/> अन्य <input type="checkbox"/>	
Your relationship with child: बच्चे के साथ आपका रिश्ता:	
Type of Disability: Acquired (अधिग्रहीत) <input type="checkbox"/> Congenital (जन्म से) <input type="checkbox"/>	
You can tick more than one option for this question: आप इस प्रश्न के लिए एक से अधिक विकल्पों पर निशान लगा सकते हैं:	
Visual Impairment with Hearing Impairment दृष्टि अक्षमता के साथ श्रवण अक्षमता	<input type="checkbox"/>
Total Deafblindness पूर्ण बधिरांधता	<input type="checkbox"/>
Functional Deafblindness कार्यात्मक बधिरांधता	<input type="checkbox"/>
Multiple Disabilities बहु विकलांगता	<input type="checkbox"/>
Deafblindness with Additional Disability/ies बधिरांधता के साथ अतिरिक्त विकलांगता	<input type="checkbox"/>
Specify Additional Disability/ies: _____ अतिरिक्त विकलांगता/ विकलांगताये निर्दिष्ट करें: _____	
Location (स्थान): Urban (शहरी) <input type="checkbox"/> Rural (ग्रामीण) <input type="checkbox"/>	
Name of the state (राज्य का नाम):	
Religion: Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Christian <input type="checkbox"/> Others <input type="checkbox"/>	हिंदू <input type="checkbox"/> मुसलमान <input type="checkbox"/> सिख <input type="checkbox"/> ईसाई <input type="checkbox"/> अन्य <input type="checkbox"/>

Caste:	General (सामान्य)	<input type="checkbox"/>	SC (अनुसूचित जाति)	<input type="checkbox"/>
जाति	OBC (अन्य पिछड़ा वर्ग)	<input type="checkbox"/>	ST (अनुसूचित जनजाति)	<input type="checkbox"/>
Child's Educational Status (बच्चे की शिक्षात्मक स्थिति):				
No education	<input type="checkbox"/>	Inclusive / Regular School	<input type="checkbox"/>	
कोई शिक्षा नहीं		समावेशी / नियमित स्कूल		
Special Education	<input type="checkbox"/>	Undergraduation	<input type="checkbox"/>	
विशेष विद्यालय		कॉलेज छात्र		
NIOS	<input type="checkbox"/>	Pre Vocational Education	<input type="checkbox"/>	
एन.आई.ओ.एस		पूर्व व्यावसायिक शिक्षा		
Specify Class:		Vocational Education	<input type="checkbox"/>	
कक्षा निर्दिष्ट करें	_____	व्यवसायिक शिक्षा		
Number of family members irrespective of age including the child with Db/Md (Db/Md बच्चे सहित परिवार के सदस्यों की संख्या चाहे उनकी उम्र कितनी भी हो): <input type="text"/> <input type="text"/>				
Type of the family:	Nuclear <input type="checkbox"/>	Joint <input type="checkbox"/>		
(परिवार का प्रकार)	(एकल परिवार)	(संयुक्त परिवार)		
Does the child with Db/MD have siblings? Yes <input type="checkbox"/> No <input type="checkbox"/> क्या डीबी/एमडी बच्चे के भाई-बहन हैं? हाँ <input type="checkbox"/> नहीं <input type="checkbox"/>				
Annual family income (वार्षिक पारिवारिक आय):				
Below poverty line (BPL)	<input type="checkbox"/>	Upto 5 lakhs	<input type="checkbox"/>	
गरीबी रेखा के नीचे		5 लाख तक		
Above poverty line (APL)	<input type="checkbox"/>	Above 5 lakhs	<input type="checkbox"/>	
गरीबी रेखा से ऊपर		5 लाख से ऊपर		
Any previous psychiatric diagnosis? Yes <input type="checkbox"/> No <input type="checkbox"/> कोई पिछला मनोरोग निदान? हाँ <input type="checkbox"/> नहीं <input type="checkbox"/>				
If yes, then please specify: यदि हाँ, तो कृपया बतायें				

Instructions (निर्देश):

- The following questions are related to certain issues, pains and problems, that may have affected child with Db/MD due to or during Covid 19.
निम्नलिखित प्रश्न कुछ मुद्दों, पीड़ाओं और समस्याओं से संबंधित हैं, जो कोविड-19 के कारण या उसके दौरान डीबी/एमडी बच्चे को प्रभावित कर सकते हैं।
- Please tick on the option which is best applicable as per your assessment of child with Db/MD.

कृपया उस विकल्प पर टिक करें जो आपके आकलन के अनुसार डीबी/एमडी बच्चे पर सटीकता से लागू हो।

3. No question to be skipped while probing.
जांच करते समय कोई प्रश्न नहीं छोड़ा जाना चाहिए।
4. It is mandatory to answer every question.
प्रत्येक प्रश्न का उत्तर देना अनिवार्य है।
5. A sheet of alternate words as dictionary has been attached at the end of the checklist.
Please refer to it if you need to find any alternate words for certain terms.
शब्दकोश के रूप में वैकल्पिक शब्दों की एक शीट चेकलिस्ट के अंत में संलग्न की गई है। कृपया इसे देखें यदि आपको कुछ शब्दों के लिए कोई वैकल्पिक शब्द खोजने की आवश्यकता है।

S.No.	Question (प्रश्न)	Never कभी नहीं	Rarely शायद ही कभी	Sometimes कभी - कभी	Often अक्सर	Mostly ज़्यादातर
1	Does the child with Db/MD complain of headaches? क्या डीबी/एमडी बच्चा सरदर्द की शिकायत करता है?					
2	Does the child with Db/MD feel irritable and annoyed? क्या डीबी/एमडी बच्चा चिड़चिड़ा और परेशान महसूस करता है?					
3	Does the child with Db/MD get upset or angry over small things quickly? क्या डीबी/एमडी बच्चा छोटी-छोटी बातों पर जल्दी गुस्सा या उदास हो जाता है?					
4	Does the child with Db/MD feel sad, unhappy? क्या डीबी/एमडी बच्चा उदास, दुखी महसूस करता है?					
5	Does the child with Db/MD generally feel calm and relaxed? क्या डीबी/एमडी बच्चा आमतौर पर शांत और तनावमुक्त महसूस करता है?					
6	Does the child with Db/ MD express their emotional feelings more often by crying?					

	क्या डीबी/एमडी बच्चा ज़्यादातर रो कर अपनी भावनाओं को व्यक्त करता है?					
S.No.	Question (प्रश्न)	Never कभी नहीं	Rarely शायद ही कभी	Sometimes कभी - कभी	Often अक्सर	Mostly ज़्यादातर
7	Does the child with Db/MD lose interest in everyday activities (ADL)? क्या डीबी/एमडी बच्चे की रोजमर्रा की गतिविधियों (एडीएल) में रुचि कम हो रही है?					
8	Does the child with Db/MD feel exhausted all the time? क्या डीबी/एमडी बच्चा हर समय थका हुआ महसूस करता है?					
9	Does the child with Db/MD consider themselves less than others? क्या डीबी/एमडी बच्चा खुद को दूसरों से कम समझता है?					
10	Does the child with Db/MD get easily tired? क्या डीबी/एमडी बच्चा आसानी से थक जाता है?					
11	Does the child with Db/MD get tensed easily? क्या डीबी/एमडी बच्चा आसानी से तनाव में आ जाता है?					
12	Does the child with Db/MD get nervous or scared quickly? क्या डीबी/एमडी बच्चा जल्दी घबरा या डर जाता है?					
13	Does the child with Db/MD stay awake all night or sleeps less? क्या डीबी/एमडी बच्चा रात भर जागता रहता है या कम सोता है?					
14	Does the child with Db/MD have difficulty thinking clearly? क्या डीबी/एमडी बच्चे को स्पष्ट रूप से सोचने में कठिनाई होती है?					
15	Does the child with Db/MD find it difficult to make decisions on their own or the primary caregivers make the decision for the child?					

S.No.	Question (प्रश्न)	Never कभी नहीं	Rarely शायद ही कभी	Sometimes कभी - कभी	Often अक्सर	Mostly ज्यादातर
	क्या डीबी/एमडी बच्चे को स्वयं निर्णय लेने में कठिनाई होती है या प्राथमिक रूप से देखभाल करने वाले बच्चे के लिए निर्णय लेते हैं?					
16	Does the child with Db/MD sleep more than usual? क्या डीबी/एमडी बच्चा सामान्य से अधिक सोता है?					
17	Does the child with Db/MD feel uncertain/hopeless about future? क्या डीबी/एमडी बच्चा भविष्य के बारे में अनिश्चित/ निराशाजनक महसूस करता है?					
18	Does the child with Db/MD avoid going to known places? क्या डीबी/एमडी बच्चा परिचित/ज्ञात स्थानों पर जाने से टालते/ कतराता है?					
19	Does the child with Db/MD have bad dreams as per their experience? क्या डीबी/एमडी बच्चे को अपने अनुभव के अनुसार बुरे सपने आते हैं?					
20	Does the child with Db/MD gets restless easily while doing any task? क्या डीबी/एमडी बच्चा कोई भी कार्य करते समय आसानी से बेचैन हो जाता है?					
21	Has the appetite changed for the child with Db/MD (eating less or more)? क्या डीबी/एमडी बच्चे की भूख लगने की क्षमता बदल गई है (कम या ज्यादा खाना)?					
22	Does the child with Db/MD indulge in long sessions of self-stimulatory/sexual behavior? (Eg: Masturbation, touching oneself /self-touching) क्या डीबी/एमडी बच्चा आत्म-उत्तेजक/यौन व्यवहार में अक्सर लिप्त होता है? (जैसे: हस्तमैथुन, स्वयं को छूना)					

S.No.	Question (प्रश्न)	Never कभी नहीं	Rarely शायद ही कभी	Sometimes कभी - कभी	Often अक्सर	Mostly ज्यादातर
23	Has the child with Db/MD tried harming someone else? (Eg: cutting, biting, scratching) क्या डीबी/एमडी बच्चे ने किसी और को नुकसान पहुंचाने की कोशिश की है? (जैसे: काटना, खरोंचना)					
24	Has the child with Db/MD started using drugs or given by someone else such as peers /parents/ caregiver? (Eg: unprescribed sleep medicine) क्या डीबी/एमडी बच्चे ने ड्रग्स लेना शुरू कर दिया है या किसी और जैसे साथियों/माता-पिता/देखभाल करने वाले के द्वारा दिया गया है? (जैसे : अनिर्धारित नींद की दवा)					
25	Has the child with Db/MD started using alcohol or given by someone else (peers/parents/caregiver)? क्या डीबी/एमडी बच्चे ने शराब का सेवन करना शुरू कर दिया है या किसी और (साथियों/माता-पिता/देखभाल करने वाले) के द्वारा दिया गया है?					
26	Has the child with Db/MD started smoking or given by someone else (peers/parents/caregiver)? क्या डीबी/एमडी वाले ने धूम्रपान करना शुरू कर दिया है या किसी और (साथियों/माता-पिता/देखभाल करने वाले) के द्वारा दिया गया है?					
27	Has the child with Db/MD started sniffing glue/ whitener/ eating tobacco or anything else or given by someone else (peers/parents/caregivers)? क्या डीबी/एमडी बच्चे ने गोंद/व्हाइटनर सूंघना/तंबाकू या कुछ और खाना शुरू कर दिया है या किसी					

S.No.	Question (प्रश्न)	Never कभी नहीं	Rarely शायद ही कभी	Sometimes कभी - कभी	Often अक्सर	Mostly ज्यादातर
	और (साथियों/माता-पिता/देखभाल करने वालों) के द्वारा दिया गया है?					
28	Does the child with Db/MD feel rested and fresh after sleeping? क्या डीबी/एमडी बच्चा सोने के बाद आराम और ताजगी महसूस करता है?					
29	Has the child with Db/MD tried to attempt suicide? क्या डीबी/एमडी बच्चे ने आत्महत्या करने की कोशिश की है?					
30	Does the child with Db/MD feel neglected? क्या डीबी/एमडी बच्चा उपेक्षित महसूस करता है?					
31	Does the child with Db/MD feel that they have no one to talk too? क्या डीबी/एमडी बच्चे को लगता है कि उनके पास बात करने वाला कोई नहीं है?					
32	Does the child with Db/MD show disruptive or destructive behaviour? (Eg: breaking, throwing, kicking things/ shouting/yelling/ physically overpowering someone) क्या डीबी/एमडी बच्चा हानिकारक या घातक व्यवहार दिखाता है? (जैसे: तोड़ना, फेंकना, लातमारना/ चिल्लाना/ शारीरिक रूप से किसी को नियंत्रण करना)					
33	Does the child with Db/MD feel they have no friend group? क्या डीबी/एमडी बच्चे को लगता है कि उनका कोई मित्र समूह नहीं है?					
34	Has the child with Db/MD been bullied at school/ home? क्या डीबी/एमडी बच्चे को स्कूल/घर पर धमकाया गया है?					
35	Has the school work been impacted/affected for child with Db/MD?					

S.No.	Question (प्रश्न)	Never कभी नहीं	Rarely शायद ही कभी	Sometimes कभी - कभी	Often अक्सर	Mostly ज्यादातर
	क्या डीबी/एमडी बच्चे का स्कूल का काम प्रभावित हुआ है?					
36	Does the child with Db/MD show distrust or suspicion with everyone or everything? क्या डीबी/एमडी बच्चा हर किसी या हर चीज पर अविश्वास या संदेह करता है?					
37	Does the child with Db/MD show attention seeking behaviour (If the needs/wants are not met)? क्या डीबी/एमडी बच्चा ध्यान आकर्षित करने वाला व्यवहार दिखाता है (यदि जरूरतें/इच्छाएं पूरी नहीं होती हैं)?					

Any other remarks or observations:
कोई अन्य टिप्पणी या अवलोकन:

End Time (समाप्त समय):

Duration of the interview (साक्षात्कार की अवधि):

Signature (हस्ताक्षर):

Date (दिनांक):

Please Note (कृपया ध्यान दें):

Attached is a sheet of glossary for easy reference to find alternate words for certain terms. Please feel free to add regional words for any term in the questions asked.

आपके सन्दर्भ के लिए नीचे शब्दों की एक सूची दी गई है जिससे आप कुछ शब्दों के वैकल्पिक शब्द ढूंढ सकें। पूछे गए प्रश्नों में प्रयुक्त किये गए शब्दों के स्थान पर आप स्थानीय शब्दों का उपयोग कर सकते हैं।

DICTIONARY (शब्दावली)

ADL: Activities of Daily Living (दैनिक जीवन की गतिविधियां)

Anxious and worried: concerned, distressed, bothered, disturbed, not at ease

चिंतित और आकुलता: व्याकुल, अशान्त, आकुल रहना, तंग

Dreams /Nightmares and Flashbacks: Night terrors, thoughts of the past, flash from the past;
Through smell or touch for congenital disability

सपने / दुःस्वप्न और फ़्लैश बैक: रात्रि भय, अतीत के विचार, अतीत से फ़्लैश बैक; जन्मजात विकलांगता के लिए गंध या स्पर्श के माध्यम से

Uncertain: Doubtful, unsettled, questionable

अनिश्चित/ दुलमुल: संदिग्ध, संदेहास्पद, अस्थिर

Worthless: Insignificant, Unimportant, Unproductive

अयोग्य/ व्यर्थ: महत्त्वहीन, निरर्थक, बेकार

Unprescribed: Deliberate, intended, Done on purpose.

अनिर्धारित: जानबूझकर, इरादा, उद्देश्य पर किया गया

8.2 Screening Checklist for Adults with Deafblindness and Multiple Disabilities (19-29 years)

SII-SAMWED:

Screening and Assessment of Mental Wellbeing of Deafblind and Multiple Disabilities (19-29 years)

बधिरांधता (Db) और बहु विकलांगता (MD) युवा (19-24 वर्ष) के मानसिक स्वास्थ्य की पहचान एवं आंकलन के लिए चेकलिस्ट

Start Time (शुरुआत का समय):

Basic Information	
Name (नाम):	
Age (उम्र):	
Gender (Young Adult): Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/> लिंग (युवा वयस्क): लड़का लड़की अन्य	
Your relationship with young adult: युवा वयस्क के साथ आपका रिश्ता:	
Type of Disability: Acquired (अधिग्रहीत) <input type="checkbox"/> Congenital (जन्म से) <input type="checkbox"/>	
You can tick more than one option for this question: आप इस प्रश्न के लिए एक से अधिक विकल्पों पर निशान लगा सकते हैं:	
Visual Impairment with Hearing Impairment दृष्टि अक्षमता के साथ श्रवण अक्षमता	<input type="checkbox"/>
Total Deafblindness पूर्ण बधिरांधता	<input type="checkbox"/>
Functional Deafblindness कार्यात्मक बधिरांधता	<input type="checkbox"/>
Multiple Disabilities बहु विकलांगता	<input type="checkbox"/>
Deafblindness with Additional Disability/ies बधिरांधता के साथ अतिरिक्त विकलांगता	<input type="checkbox"/>
Specify Additional Disability/ies: अतिरिक्त विकलांगता/ विकलांगताये निर्दिष्ट करें: _____	
Location (स्थान): Urban (शहरी) <input type="checkbox"/> Rural (ग्रामीण) <input type="checkbox"/>	
Name of the state (राज्य का नाम):	
Religion: Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Christian <input type="checkbox"/> Others <input type="checkbox"/> हिंदू मुसलमान सिख ईसाई अन्य	

Caste: जाति	General (सामान्य) OBC (अन्य पिछड़ा वर्ग)	<input type="checkbox"/> <input type="checkbox"/>	SC (अनुसूचित जाति) ST (अनुसूचित जनजाति)	<input type="checkbox"/> <input type="checkbox"/>
Young Adult's Educational Status (युवा वयस्क की शिक्षात्मक स्थिति):				
No education कोई शिक्षा नहीं	<input type="checkbox"/>	Undergraduation कॉलेज छात्र	<input type="checkbox"/>	
Special Education विशेष विद्यालय	<input type="checkbox"/>	Post Graduation पोस्ट ग्रेजुएशन	<input type="checkbox"/>	
NIOS एन.आई.ओ.एस	<input type="checkbox"/>	Pre Vocational Education पूर्व व्यावसायिक शिक्षा	<input type="checkbox"/>	
Inclusive / Regular School समावेशी / नियमित स्कूल	<input type="checkbox"/>	Vocational Education व्यवसायिक शिक्षा	<input type="checkbox"/>	
Specify Class: कक्षा निर्दिष्ट करें _____				
Number of family members irrespective of age including the young adult with Db/Md (Db/Md युवा वयस्क सहित परिवार के सदस्यों की संख्या चाहे उनकी उम्र कितनी भी हो):				
<input type="text"/> <input type="text"/>				
Type of the family: Nuclear <input type="checkbox"/> Joint <input type="checkbox"/> (परिवार का प्रकार): (एकल परिवार) (संयुक्त परिवार)				
Does the young adult with Db/MD have siblings? Yes <input type="checkbox"/> No <input type="checkbox"/> क्या डीबी/एमडी युवा वयस्क के भाई-बहन हैं? हाँ नहीं				
Annual family income (वार्षिक पारिवारिक आय):				
Below poverty line (BPL) गरीबी रेखा के नीचे	<input type="checkbox"/>	Upto 5 lakhs 5 लाख तक	<input type="checkbox"/>	
Above poverty line (APL) गरीबी रेखा से ऊपर	<input type="checkbox"/>	Above 5 lakhs 5 लाख से ऊपर	<input type="checkbox"/>	
Any previous psychiatric diagnosis? Yes <input type="checkbox"/> No <input type="checkbox"/> कोई पिछला मनोरोग निदान? हाँ नहीं				
If yes, then please specify: यदि हाँ, तो कृपया बतायें				
Occupation (Young Adult) पेशा (युवा वयस्क):				
Not working काम नहीं कर रहा	<input type="checkbox"/>	Public sector सार्वजनिक क्षेत्र	<input type="checkbox"/>	
Self employed स्व नियोजित	<input type="checkbox"/>	Private sector निजी क्षेत्र	<input type="checkbox"/>	
Government sector सरकारी क्षेत्र	<input type="checkbox"/>			

Instructions (निर्देश):

1. The following questions are related to certain issues, pains and problems, that may have affected young adult with Db/MD due to or during Covid 19.
निम्नलिखित प्रश्न कुछ मुद्दों, पीड़ाओं और समस्याओं से संबंधित हैं, जो कोविड-19 के कारण या उसके दौरान डीबी/एमडी युवा वयस्क को प्रभावित कर सकते हैं।
2. Please tick on the option which is best applicable as per your assessment of young adult with Db/MD.
कृपया उस विकल्प पर टिक करें जो आपके आकलन के अनुसार डीबी/एमडी युवा वयस्क पर सटीकता से लागू हो।
3. No question to be skipped while probing.
जांच करते समय कोई प्रश्न नहीं छोड़ा जाना चाहिए।
4. It is mandatory to answer every question.
प्रत्येक प्रश्न का उत्तर देना अनिवार्य है।
5. A sheet of alternate words as dictionary has been attached at the end of the checklist.
Please refer to it if you need to find any alternate words for certain terms.
शब्दकोश के रूप में वैकल्पिक शब्दों की एक शीट चेकलिस्ट के अंत में संलग्न की गई है। कृपया इसे देखें यदि आपको कुछ शब्दों के लिए कोई वैकल्पिक शब्द खोजने की आवश्यकता है।

S.No.	Question (प्रश्न)	None कभी नहीं	Rarely शायद ही कभी	Sometimes कभी-कभी	Often अक्सर	Mostly ज़्यादातर
1	Does the young adult with Db/MD complain of headaches? क्या डीबी/एमडी युवा वयस्क सरदर्द की शिकायत करता है?					
2	Does young adult with Db/MD feel irritable and annoyed? क्या डीबी/एमडी युवा वयस्क चिड़चिड़ा और परेशान महसूस करता है?					
3	Does the young adult with Db/MD get upset or angry over small things quickly? क्या डीबी/एमडी युवा वयस्क छोटी-छोटी बातों पर जल्दी गुस्सा या उदास हो जाता है?					
4	Does the young adult with Db/MD feel sad, unhappy? क्या डीबी/एमडी युवा वयस्क उदास, दुखी महसूस करता है?					

S.No.	Question (प्रश्न)	None कभी नहीं	Rarely शायद ही कभी	Sometimes कभी-कभी	Often अक्सर	Mostly ज़्यादातर
5	Does the young adult with Db/MD feel calm and relaxed? क्या डीबी/एमडी युवा वयस्क शांत और तनावमुक्त महसूस करता है?					
6	Does the young adult with Db/MD express their emotional feelings more often by crying? क्या डीबी/एमडी युवा ज़्यादातर रो कर अपनी भावनाओं को व्यक्त करता है?					
7	Does the young adult with Db/MD lose interest in everyday activities (ADL)? क्या डीबी/एमडी युवा वयस्क रोजमर्रा की गतिविधियों (एडीएल) में रुचि खो देता है?					
8	Does the young adult with Db/MD feel exhausted all the time? क्या डीबी/एमडी युवा वयस्क हर समय थका हुआ महसूस करता है?					
9	Does the young adult with Db/MD consider themselves less than others? क्या डीबी/एमडी युवा खुद को दूसरों से कम समझता है?					
10	Does the young adult with Db/MD get easily tired? क्या डीबी/एमडी युवा वयस्क आसानी से थक जाता है?					
11	Does the young adult with Db/MD get tensed easily? क्या डीबी/एमडी युवा आसानी से तनाव में आ जाता है?					
12	Does the young adult with Db/MD get nervous or scared quickly? क्या डीबी/एमडी युवा वयस्क जल्दी घबरा या डर जाता है?					
13	Does the young adult with Db/MD stay awake all night or sleeps less? क्या डीबी/एमडी युवा वयस्क पूरी रात जागता रहता है या कम सोता है?					

S.No.	Question (प्रश्न)	None कभी नहीं	Rarely शायद ही कभी	Sometimes कभी-कभी	Often अक्सर	Mostly ज्यादातर
14	Does the young adult with Db/MD sleep more than usual? क्या डीबी/एमडी युवा वयस्क सामान्य से अधिक सोता है?					
15	Does young adult with Db/MD find it difficult to make decisions on their own or the primary caregivers make the decision for the young adult? क्या डीबी/एमडी युवा वयस्कों को स्वयं निर्णय लेने में कठिनाई होती है या प्राथमिक रूप से देखभाल करने वाले युवा वयस्क के लिए निर्णय लेते हैं?					
16	Does the young adult with Db/MD have difficulty thinking clearly? क्या डीबी/एमडी युवा वयस्क को स्पष्ट रूप से सोचने में कठिनाई होती है?					
17	Does young adult with Db/MD feel uncertain/hopeless about future? क्या डीबी/एमडी युवा वयस्क भविष्य के बारे में अनिश्चित/निराशा महसूस करता है?					
18	Does young adult with Db/MD avoid going to known places? क्या डीबी/एमडी युवा वयस्क ज्ञात/परिचित स्थानों पर जाने से टालते/कतराता है?					
19	Does the young adult with Db/MD have bad dreams as per their experience? क्या डीबी/एमडी युवा वयस्क को अपने अनुभव के अनुसार बुरे सपने आते हैं?					
20	Does the young adult with Db/MD gets restless easily while doing any task? क्या डीबी/एमडी युवा वयस्क कोई भी कार्य करते समय आसानी से बेचैन हो जाता है?					

S.No.	Question (प्रश्न)	None कभी नहीं	Rarely शायद ही कभी	Sometimes कभी-कभी	Often अक्सर	Mostly ज्यादातर
21	Has the appetite changed for young adult with Db/MD (eating less or more)? क्या डीबी/एमडी युवा वयस्कों की भूख लगने की क्षमता (कम या ज़्यादा) बदल गई है?					
22	Has the young adult with Db/MD tried harming someone else? (Eg: scratching, biting, cutting) क्या डीबी/एमडी युवा वयस्क ने किसी और को नुकसान पहुंचाने की कोशिश की है? (जैसे: काटना, खरोंचना)					
23	Has the young adult with Db/MD started smoking or given by someone else (peers/ parents/ caregiver)? क्या डीबी/एमडी युवा वयस्क ने धूम्रपान करना शुरू कर दिया है या किसी और (साथियों/माता-पिता/देखभाल करने वाले) के द्वारा दिया गया है?					
24	Has the young adult with Db/MD started using alcohol or given by someone else (peers/ parents/ caregiver)? क्या डीबी/एमडी वाले युवा वयस्क ने शराब का सेवन करना शुरू कर दिया है या किसी और (साथियों/माता-पिता/देखभाल करने वाले) के द्वारा दिया गया है?					
25	Has the young adult with Db/MD started using drugs or given by someone else such as peers/ parents/ caregiver? (Eg: unprescribed sleep medicine) क्या डीबी/एमडी युवा वयस्क ने ड्रग्स लेना शुरू कर दिया है या किसी और जैसे साथियों/माता-पिता/देखभाल करने वाले के द्वारा दिया गया है? (जैसे: अनिर्धारित नींद की दवा)					

S.No.	Question (प्रश्न)	None कभी नहीं	Rarely शायद ही कभी	Sometimes कभी-कभी	Often अक्सर	Mostly ज्यादातर
26	Has the young adult with Db/MD started sniffing glue/ whitener/ eating tobacco or anything else or given by someone else (peers/parents/caregiver)? क्या डीबी/एमडी युवा वयस्क ने गोंद/व्हाइटनर सूंघना/तंबाकू या कुछ और खाना शुरू कर दिया है या किसी और (साथियों/माता-पिता/देखभाल करने वालों) के द्वारा दिया गया है?					
27	Does the young adult with Db/MD feel rested and fresh after sleeping? क्या डीबी/एमडी युवा वयस्क सोने के बाद आराम और ताजगी महसूस करता है?					
28	Has the young adult with Db/MD tried to attempt suicide? क्या डीबी/एमडी युवा वयस्क ने आत्महत्या करने की कोशिश की है?					
29	Does the young adult with Db/MD feel neglected? क्या डीबी/एमडी युवा वयस्क उपेक्षित महसूस करता है?					
30	Does the young adult with Db/MD feel that they have no one to talk too? क्या डीबी/एमडी युवा वयस्क को लगता है कि उनके पास बात करने वाला कोई भी नहीं है?					
31	Does the young adult with Db/MD show disruptive or destructive behaviour? (Eg: breaking, throwing, kicking things/ shouting/yelling/ physically overpowering someone) क्या डीबी/एमडी युवा वयस्क हानिकारक या घातक व्यवहार दिखाता है? (जैसे: तोड़ना, फेंकना, लात मारना/चिल्लाना/शारीरिक रूप से किसी को नियंत्रण में करना)					

S.No.	Question (प्रश्न)	None कभी नहीं	Rarely शायद ही कभी	Sometimes कभी-कभी	Often अक्सर	Mostly ज्यादातर
32	Does the young adult with Db/MD feel they have no social circle (friends/colleagues)? क्या डीबी/एमडी युवा वयस्कों को लगता है कि उनका कोई सामाजिक समूह (मित्र/सहकर्मी) नहीं है?					
33	Does the young adult with Db/MD feel they have no livelihood opportunities? क्या डीबी/एमडी युवा वयस्कों को लगता है कि उनके पास आजीविका के कोई अवसर नहीं हैं?					
34	Has the young adult with Db/MD ran away from home for few days/months at a time? क्या डीबी/एमडी युवा वयस्क कुछ दिनों/महीनों के लिए घर से भाग जाता है?					
35	Does the young adult with Db/MD indulge in long sessions of self-stimulatory/sexual behavior? (Eg: Masturbation, self-touch/touching oneself) क्या डीबी/एमडी युवा वयस्क आत्म-उत्तेजक/यौन व्यवहार में अक्सर लिप्त होता है? (जैसे: हस्तमैथुन, स्वयं को छूना)					
36	Does the young adult with Db/MD show distrust or suspicion with everyone or everything? क्या डीबी/एमडी युवा वयस्क हर किसी या हर चीज पर अविश्वास या संदेह करता है?					
37	Does the young adult with Db/MD show attention seeking behaviour (If the needs/wants are not met)? क्या डीबी/एमडी युवा वयस्क ध्यान आकर्षित करने वाला व्यवहार दिखाता है (यदि जरूरतें/इच्छाएं पूरी नहीं होती हैं)?					

Any other remarks or observations:
कोई अन्य टिप्पणी या अवलोकन:

End Time (समाप्त समय):

Duration of the interview (साक्षात्कार की अवधि):

Signature (हस्ताक्षर):

Date (दिनांक):

Please Note (कृपया ध्यान दें):

Attached is a sheet of glossary for easy reference to find alternate words for certain terms.
Please feel free to add regional words for any term in the questions asked.

आपके सन्दर्भ के लिए नीचे शब्दों की एक सूची दी गई है जिससे आप कुछ शब्दों के वैकल्पिक शब्द ढूंढ सकें। पूछे गए प्रश्नों में प्रयुक्त किये गए शब्दों के स्थान पर आप स्थानीय शब्दों का उपयोग कर सकते हैं।

DICTIONARY (शब्दावली)

ADL: Activities of Daily Living (दैनिक जीवन की गतिविधियां)

Anxious and worried: concerned, distressed, bothered, disturbed, not at ease

चिंतित और आकुलता: व्याकुल, अशान्त, आकुल रहना, तंग

Dreams /Nightmares and Flashbacks: Night terrors, thoughts of the past, flash from the past;
Through smell or touch for congenital disability

सपने / दुःस्वप्न और फ़्लैश बैक: रात्रि भय, अतीत के विचार, अतीत से फ़्लैश बैक; जन्मजात विकलांगता के लिए गंध या स्पर्श के माध्यम से

Uncertain: Doubtful, unsettled, questionable

अनिश्चित/ दुलमुल: संदिग्ध, संदेहास्पद, अस्थिर

Worthless: Insignificant, Unimportant, Unproductive

अयोग्य/ व्यर्थ: महत्त्वहीन, निरर्थक, बेकार

Unprescribed: Deliberate, intended, Done on purpose.

अनिर्धारित: जानबूझकर, इरादा, उद्देश्य पर किया गया

8.3 References

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Sense International India, also known as Sense India, was established in 1997 as the first and only non-governmental organisation to support the development of comprehensive services for people with deafblindness and multiple disabilities throughout India. Sense India works with local organisations to develop sustainable services for children and adults with deafblindness and collaborates with the government at centre and state levels. With our effort, children with deafblindness and multiple disabilities have been identified and are being prepared to attend mainstream schools. We are also partnering with leading organisations in Bangladesh, Nepal, Sri Lanka, Maldives and Malaysia to train educators and set up needs-based services for deafblindness.



2nd Floor, Admin Block, Andhjan Mandal Campus,
Opp. IIM Vastrapur, Ahmedabad 380015

Phone: +91 79 26301282

Email: info@senseintindia.org