

Annex: Proposed self-identification form for persons with disabilities in the national parliament

Q1: Do you have a disability?

Yes/No

Q2: If yes, please put an “X” in each row of the table below, that describes the degree of difficulty you have doing that activity.

	No difficulty	Some difficulty	A lot of difficulty	Unable to do
Seeing (wearing your glasses, if you have them)				
Hearing (wearing your hearing aid, if you have one)				
Walking or climbing steps				
Communication (understanding or being understood by others)				
Remembering or concentrating				
Self-care, such as washing all over or dressing				

