

Screening Activity Limitation & Safety Awareness



Client Information Form¹

Country _____ Client ID _____

Name of Interviewer _____ Interv. ID _____

Location _____ Urban / Rural

Client's age in years _____ Gender. Male / Female Date of interview / /200-

Main Diagnosis: Leprosy / Diabetes / Other (specify) _____

Other medical conditions affecting daily activity: _____
 (can think of hip restrictions, back pain, shoulder or knee problems, hand trauma...)

Occupation _____

List any assistive devices used by the respondent: _____
 (can think of glasses, wheelchair, walking stick or frame, crutches, callipers, straps or splints, adapted eating utensils, adapted work tools, gloves or cloths, special footwear etc.)

Please record impairment data according to your system. This is for your information to help you interpret the responses:

| Visual acuity | | |
|---------------|------|---|
| R | | L |
| | Near | |
| | Far | |

| Muscle Strength | | |
|-----------------|----------|---|
| R | | L |
| | Eye | |
| | Hand | |
| | Foot | |
| | Other... | |
| | | |

| Loss of feeling | | |
|-----------------|----------|---|
| R | | L |
| | Eye | |
| | Hand | |
| | Feet | |
| | Other... | |
| | | |

| R | Wound count | L |
|---|------------------------------|---|
| | Hand – palm and back of hand | |
| | Arm | |
| | Foot – sole and top of foot | |
| | Leg | |
| | Other | |

| WHO / EHF grades* | | |
|-------------------|------|---|
| R | | L |
| | Eye | |
| | Hand | |
| | Feet | |

* for leprosy affected clients only

¹ The purpose of this form is to help you collect some basic information about each client interviewed. It is a suggested format and you are free to adapt it to your own needs and preferences.

| | Domains | <h1>SALSA scale</h1> <p>Screening of Activity Limitation & Safety Awareness</p> <p>Tick one box on each line in response to each question.</p> | If Yes, how easy is it for you? | | | If No, why not? | | |
|--|-------------------|--|---------------------------------|------------------|----------------|-------------------------|---------------------|-------------------------|
| | | | Easy | Little difficult | Very difficult | I don't need to do this | I physically cannot | I avoid because of risk |
| 1. | | Can you see (enough to carry out your daily activities)? | 1 | 2 | 3 | | 4 | |
| 2. | Mobility (feet) | Do you sit or squat on the ground? | 1 | 2 | 3 | 0 | 4 | 4 |
| 3. | | Do you walk barefoot? e.g. most of the time | 1 | 2 | 3 | 0 | ④ | ④ |
| 4. | | Do you walk on uneven ground? | 1 | 2 | 3 | 0 | ④ | ④ |
| 5. | | Do you walk longer distances? i.e. longer than 30 minutes | 1 | 2 | 3 | 0 | ④ | ④ |
| 6. | Self care | Do you wash your whole body? (using soap, sponge, jug; standing or sitting....) | 1 | 2 | 3 | 0 | 4 | 4 |
| 7. | | Do you cut your finger or toenails? e.g. using scissors or clippers... | 1 | 2 | 3 | 0 | ④ | ④ |
| 8. | | Do you hold a cup or basin with <u>hot</u> contents? e.g. drinks, food ... | 1 | 2 | 3 | 0 | 4 | 4 |
| 9. | Work (hands) | Do you work with tools? i.e. tools which you hold in your hands to help you work ... | 1 | 2 | 3 | 0 | ④ | ④ |
| 10. | | Do you carry heavy objects or bags? e.g. shopping, food, water, wood ... | 1 | 2 | 3 | 0 | ④ | ④ |
| 11. | | Do you lift objects above your head? e.g. to place on a shelf, on your head, to hang clothes to dry ... | 1 | 2 | 3 | 0 | ④ | ④ |
| 12. | | Do you cook? i.e. prepare food both hot and cold | 1 | 2 | 3 | 0 | ④ | ④ |
| 13. | | Do you pour hot liquids? | 1 | 2 | 3 | 0 | ④ | ④ |
| 14. | | Do you open/close screw capped bottles? e.g. oil, water .. | 1 | 2 | 3 | 0 | 4 | 4 |
| 15. | | Do you open jars with screw-on lids? e.g. jam... | 1 | 2 | 3 | 0 | ④ | ④ |
| 16. | Dexterity (hands) | Do you handle or manipulate small objects? e.g. coins, nails, small screws, grains and seeds ... | 1 | 2 | 3 | 0 | 4 | 4 |
| 17. | | Do you use buttons? e.g. buttons on clothing, bags... | 1 | 2 | 3 | 0 | 4 | 4 |
| 18. | | Do you thread needles? i.e. pass thread through the eye of a needle | 1 | 2 | 3 | 0 | ④ | ④ |
| 19. | | Do you pick up pieces of paper, handle paper or put it in order? | 1 | 2 | 3 | 0 | 4 | 4 |
| 20. | | Do you pick up things from the floor? | 1 | 2 | 3 | 0 | 4 | 4 |
| Sub total scores | | | (S1) | (S2) | (S3) | (S4) | (S5) | (S6) |
| SALSA score (add up all sub total scores) | | | (S1+S2+S3+S4+S5+S6) | | | | | |
| Safety Awareness score (Count the number of ticked ④ 's in each column) | | | | | | | | |

SALSA - Question by Question Explanation

It is OK if clients make use of an assistive device to do an activity.

You may wish to record any devices which are used on the client information form.

- 1 **To see** means to perceive with your eyes (possibly aided by glasses etc.) the environment around you, near or far, sufficiently to carry out your daily activities.
- 2 **To sit** means to place your bottom / backside on or near the floor or ground - you may sit on a cushion, mat or very low platform. You may also sit cross-legged
To squat is to sit in a crouching position, your knees bent, with your body weight passing through your feet not through your bottom / backside.
- 3 **To walk barefoot** means to walk without any footwear or protective covering on your feet.
- 4 **To walk on uneven ground** or surfaces means to walk on stony ground or the earth that is broken up – any rough surface.
- 5 **To walk longer distances** means you walk for 30 minutes or more.
- 6 **To wash your whole body** means you wash or rub your neck, chest, stomach, back, arms and legs, usually with water and soap (if available) until your body is clean and then rinse off the soap.
- 7 **To cut your nails** means to trim or cut away excess nail growth from **either** your finger or toe nails. Record difficulty or avoid because of risk if there are problems with either the finger or toenails or both.
- 8 **To hold a cup or basin with hot contents** means to grasp or place in your hand or hands a container with or without handles.
- 9 **To work with tools** means to use various tools, held in your hand, to assist you with your work.
- 10 **Heavy objects** are those that weigh above 10-20 kilos and may be carried on your head, back, shoulders, hands or arms. They may or may not be carried in a bag, box, or basket.
- 11 **To lift objects up above your head** means to lift an object with your hands and arms above your head, and place it on a high shelf, hook, roof beam, line or rope or on your head for example.
- 12 **To cook** means to prepare food, both hot and cold.
- 13 **To pour hot liquids** means to pour hot liquids from a pot, vessel, jug or ladle, usually into another container.
- 14 **To open or close screw capped bottles** means you twist or turn the cap to open the bottle, and turn it in the opposite direction to close it. Screw caps are small and turned with the fingers
- 15 **A jar with a screw on lid** usually means that the lid is larger in diameter than a bottle lid to turn or twist the lid in one direction to open it and the opposite direction to close it. Screw on lids are relatively large and turned with the whole hand.
- 16 **To handle or manipulate small objects** means, picking up, holding and turning over small objects in your hands such as, coins, nails, small stones, grains and seeds, for example.
- 17 **A button** is a disc or knob usually attached to a garment or bag, which is used for holding two surfaces or pieces together by passing it through a loop or buttonhole.
To button or unbutton means to open and close your garments or objects using buttons.
- 18 **To thread needles** means to pass a length of cotton thread, yarn or string through the hole or eye of a sewing needle.
- 19 **To pick up pieces of paper, handle paper / put it in order** means you pick up loose pieces of paper to sort, arrange, fold or shred them; you may also use the paper for wrapping.
- 20 **To pick up objects from the floor** means, bending, kneeling, squatting so you can reach the floor with your arm to pick up something with your hand.