



**Participation and Activity  
Limitation Survey – 2001  
(Children – under 15)**

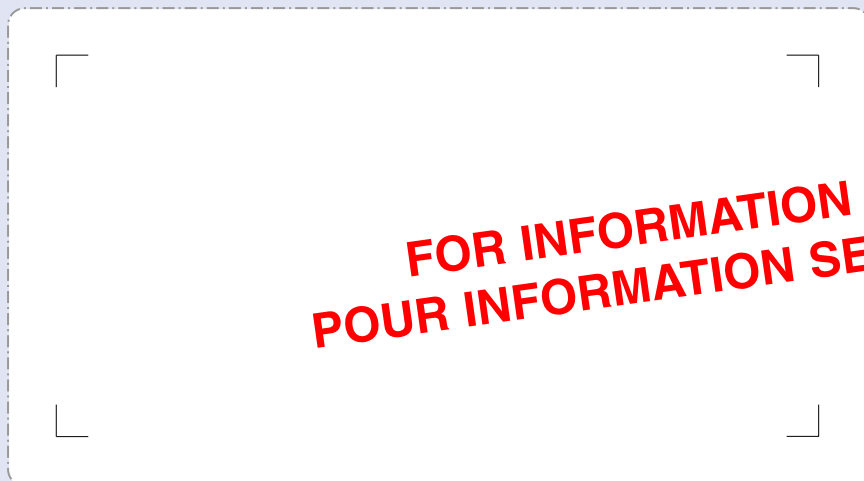
**FORM 03**

Collected under the authority of  
the *Statistics Act*, Statutes of  
Canada, 1985, Chapter S19.

**INTRODUCTION**

Statistics Canada is conducting a survey on children whose day-to-day activities may be limited because of a condition or health problem. Survey results will help to identify difficulties and barriers these children and their families may face. To reduce the number of questions we need to ask, the Census information collected last May will be added to the information provided in this interview. All information will be kept confidential and used for statistical purposes only. While your participation is voluntary, your assistance is very important to ensure that the results are accurate.

**CONFIDENTIAL WHEN COMPLETED**



First name(s)  Initial(s)  Family name

Sex: Male  Female  Date of birth: Year  Month  Day  Telephone: Area code  Telephone No. -

Address: Number and Street or lot and concession or exact location  Apt. No.

City, Town, Village or Municipality  Province or Territory  Postal Code

Number of residents in the household: Adults (15 and over)  Children (0-14)

**INFORMATION SOURCE**

**Non-Proxy:**  
 (1) Parent/Guardian .....   
 (2) Parent/Guardian (via interpreter) ....   
**Proxy:**  
 (3) Other household member .....   
 (4) Other, specify  .....

**Reason for proxy:**  
 (1) Parent/Guardian does not speak English or French .....   
 (2) Parent/Guardian unable to respond.....   
 (3) Parent/Guardian absent – duration of survey...

**Name of parent/guardian or proxy:**

First name(s)

Family name

**SECTION A — FILTER QUESTIONS**

**A1. Does ..... have any DIFFICULTY hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?**

*Interviewer: Read list. Mark one only.*

- (1) Yes, sometimes .....   Check box "General — Limitation" on Profile Sheet
- (2) Yes, often .....
- (3) No .....
- (x) Don't know .....
- (r) Refusal .....


**A2A. Does a physical condition OR mental condition OR health problem REDUCE THE AMOUNT OR THE KIND OF ACTIVITY ..... can do at home?**

*Interviewer: Read list. Mark one only.*

- (1) Yes, sometimes .....   Check box "General — Limitation" on Profile Sheet
- (2) Yes, often .....
- (3) No .....
- (x) Don't know .....
- (r) Refusal .....

**A2B. Does a physical condition OR mental condition OR health problem REDUCE THE AMOUNT OR THE KIND OF ACTIVITY ..... can do at work or at school?**

*Interviewer: Read list. Mark one only.*

- (1) Yes, sometimes .....   Check box "General — Limitation" on Profile Sheet
- (2) Yes, often .....
- (3) No .....
- (5) Not applicable .....
- (x) Don't know .....
- (r) Refusal .....

**A2C. Does a physical condition OR mental condition OR health problem REDUCE THE AMOUNT OR THE KIND OF ACTIVITY ..... can do in other activities, for example, transportation or leisure?**


*Interviewer: Read list. Mark one only.*

- (1) Yes, sometimes .....   Check box "General — Limitation" on Profile Sheet
- (2) Yes, often .....
- (3) No .....
- (x) Don't know .....
- (r) Refusal .....

**SECTION B — ACTIVITY LIMITATIONS**

**B1. I'm going to ask you about .....s ability to do certain activities. Please tell me only about those difficulties that have lasted, or are expected to last six months or more.**

**Does ..... use a hearing aid or hearing aids?**

- (1) Yes .....
- (3) No .....   **Go to B4**
- (x) Don't know .....
- (r) Refusal .....

**B2. WITH HEARING AID(S), how would you describe his/her ability to hear?**

*Interviewer: Read list. Mark one only.*

- (1) Child has no problem hearing . . . .  → **Go to B11**
- (2) Child has difficulty hearing . . . . .  → Check box "Hearing — Limitation" on Profile Sheet
- (x) Don't know . . . . .  ► **Go to B11**
- (r) Refusal . . . . .  ► **Go to B11**

**B3. How much difficulty?**

*Interviewer: Read list. Mark one only.*

- (1) Some difficulty . . . . .
- (2) A lot of difficulty . . . . .  ► **Go to B6.edit**
- (x) Don't know . . . . .
- (r) Refusal . . . . .

**B4. How would you describe ....'s ability to hear?**

*Interviewer: Read list. Mark one only.*

- (1) Child has no problem hearing . . . .  → **Go to B11**
- (2) Child has difficulty hearing . . . . .  → Check box "Hearing — Limitation" on Profile Sheet
- (3) Child cannot hear . . . . .  → Check box "Hearing — Limitation" on Profile Sheet  
**Go to B6.edit**
- (x) Don't know . . . . .  ► **Go to B11**
- (r) Refusal . . . . .  ► **Go to B11**

**B5. How much difficulty?**

*Interviewer: Read list. Mark one only.*

- (1) Some difficulty . . . . .
- (2) A lot of difficulty . . . . .  ► **Go to B6.edit**
- (x) Don't know . . . . .
- (r) Refusal . . . . .



**B6.  
edit**

***Interviewer: If child was born AFTER May 15, 1996, go to B11 (page 04).  
Otherwise, continue.***

**B6. Does .... USE any aids, specialized equipment or services for children with hearing difficulties, for example, a volume control telephone or T.V. decoder?**

- (1) Yes . . . . .  → Check box "Hearing — USE Aid" on Profile Sheet
- (3) No . . . . .
- (x) Don't know . . . . .  ► **Go to B8**
- (r) Refusal . . . . .

**B7. Does he/she now use:**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) a volume control telephone .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) a closed caption TV or decoder .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) a TTY or TDD .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) an amplifier, such as FM or infrared .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) a computer to communicate (e.g. e-mail or chat service) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) a Sign language interpreter .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) other aid, specify .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>




**B8. Are there any aids or services for children with hearing difficulties that ..... CURRENTLY needs, but does not have?**

- (1) Yes .....  → Check box "Hearing — NEED Aid" on Profile Sheet
- (3) No .....
- (x) Don't know .....  **Go to B10**
- (r) Refusal .....

**B9. Which aids or services does he/she NEED, but does not have?**

*Interviewer: Do NOT read list. Mark all that apply.*

- (a) A hearing aid or hearing aids.....
- (b) A volume control telephone .....
- (c) A closed caption T.V. or decoder .....
- (d) A TTY or TDD .....
- (e) An amplifier, such as FM or infrared.....
- (f) A computer to communicate (e.g. e-mail or chat service) .....
- (g) A Sign language interpreter .....
- (h) Other aid, specify .....




- (x) Don't know .....
- (r) Refusal .....

**B10. This question deals with certain communication skills. Does ..... :**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) use Sign Language, such as ASL or LSQ? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) speech read or lip read? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B11. Does ..... wear glasses or contact lenses to see up close or at a distance?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....  **Go to B14**
- (r) Refusal .....

**B12. With GLASSES or CONTACT LENSES, how would you describe his/her vision ability?**

*Interviewer: Read list. Mark one only.*

- (1) Child has no problem seeing . . . .  → **Go to B13.edit**
- (2) Child has difficulty seeing . . . . .  → Check box "Seeing — Limitation" on Profile Sheet  
**Go to B13**
- (x) Don't know . . . . .  ► **Go to B13.edit**
- (r) Refusal . . . . .  ► **Go to B13.edit**



**B13.  
edit**

**Interviewer: If child was born AFTER May 15, 1996, go to B51 (page 12).  
Otherwise, go to B21 (page 06).**

**B13. How much difficulty?**

*Interviewer: Read list. Mark one only.*

- (1) Some difficulty . . . . .
- (2) A lot of difficulty . . . . .  ► **Go to B16.edit**
- (x) Don't know . . . . .
- (r) Refusal . . . . .

**B14. How would you describe .....’s vision ability?**

*Interviewer: Read list. Mark one only.*

- (1) Child has no problem seeing . . . .  → **Go to B15.edit**
- (2) Child has difficulty seeing . . . . .  → Check box "Seeing — Limitation" on Profile Sheet  
**Go to B15**
- (3) Child cannot see . . . . .  → Check box "Seeing — Limitation" on Profile Sheet  
**Go to B16.edit**
- (x) Don't know . . . . .  ► **Go to B15.edit**
- (r) Refusal . . . . .  ► **Go to B15.edit**



**B15.  
edit**

**Interviewer: If child was born AFTER May 15, 1996, go to B51 (page 12).  
Otherwise, go to B21 (page 06).**

**B15. How much difficulty?**

*Interviewer: Read list. Mark one only.*

- (1) Some difficulty . . . . .
- (2) A lot of difficulty . . . . .  ► **Go to B16.edit**
- (x) Don't know . . . . .
- (r) Refusal . . . . .



**B16.  
edit**

**Interviewer: If child was born AFTER May 15, 1996, go to B51 (page 12).  
Otherwise, continue.**

**B16. Has ..... been diagnosed by an eye specialist as being legally blind?**

- (1) Yes . . . . .
- (3) No . . . . .
- (x) Don't know . . . . .
- (r) Refusal . . . . .

**B17. Does ..... USE any aids or specialized equipment for children with vision difficulties, for example, magnifiers or Braille reading materials?**

- (1) Yes .....  → Check box "Seeing — USE Aid" on Profile Sheet
- (3) No .....
- (x) Don't know .....  **Go to B19**
- (r) Refusal .....

**B18. Does he/she now use:**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) magnifiers .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Braille reading materials .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) large print reading materials .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) talking books .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) recording equipment .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) a closed circuit TV .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) a computer with Braille, large print, or speech access .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) other aid, specify .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B19. Are there any aids or specialized equipment for children with vision difficulties that ..... CURRENTLY needs, but does not have?**

- (1) Yes .....  → Check box "Seeing — NEED Aid" on Profile Sheet
- (3) No .....
- (x) Don't know .....  **Go to B21**
- (r) Refusal .....

**B20. Which aids does he/she NEED, but does not have?**

*Interviewer: Do NOT read list. Mark all that apply.*


- (a) Glasses or contact lenses .....
- (b) Magnifiers .....
- (c) Braille reading materials .....
- (d) Large print reading materials .....
- (e) Talking books .....
- (f) Recording equipment .....
- (g) A closed circuit TV .....
- (h) A computer with Braille, large print, or speech access .....
- (i) Other aid, specify .....

- (x) Don't know .....
- (r) Refusal .....

**B21. Because of a condition or health problem, does ..... have any difficulty speaking?**

- (1) Yes .....  → Check box "Communicating — Limitation" on Profile Sheet  
**Go to B23**
- (3) No .....
- (x) Don't know .....
- (r) Refusal .....

**B22. Because of a condition or health problem, does ..... have any difficulty making himself/herself understood when speaking?**


- (1) Yes .....  → Check box "Communicating — Limitation" on Profile Sheet  
**Go to B25**
- (3) No .....
- (x) Don't know .....   **Go to B31**
- (r) Refusal .....

**B23. How much difficulty does he/she have speaking?**

*Interviewer: Read list. Mark one only.*

- (1) Child has some difficulty .....
- (2) Child has a lot of difficulty .....
- (3) Child cannot speak .....  → **Go to B26**
- (x) Don't know .....
- (r) Refusal .....

**B24. Because of a condition or health problem, does ..... have any difficulty making himself/herself understood when speaking?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....   **Go to B26**
- (r) Refusal .....

**B25. How well do you feel ..... is able to make himself/herself understood when speaking with:**

*Interviewer: Read categories. Mark one only.*

	(1)	(2)	(3)	(x)	(r)
<i>Interviewer: Read list.</i>	<u>Completely</u>	<u>Partially</u>	<u>Not at all</u>	<u>DK</u>	<u>Ref</u>
(a) his/her family members? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) his/her friends? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) other people? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B26. Does he/she use:**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Sign language, such as ASL or LSQ .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) other form of communication, specify .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B27. Does ..... USE any aids or specialized equipment for children who have difficulty speaking or making themselves understood, for example, a voice amplifier or Blissboard?**

- (1) Yes .....  → Check box "Communicating — USE Aid" on Profile Sheet
- (3) No .....
- (x) Don't know .....   **Go to B29**
- (r) Refusal .....

**B28. Does he/she now use:**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) a voice amplifier .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) a computer or keyboard device to communicate .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) a communication board, such as a Blissboard .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) other aid, specify .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**B29. Are there any aids or specialized equipment for children who have difficulty speaking or making themselves understood that ..... CURRENTLY needs, but does not have?**

- (1) Yes .....  → Check box "Communicating — NEED Aid" on Profile Sheet
- (3) No .....
- (x) Don't know .....  **Go to B31**
- (r) Refusal .....

**B30. Which aids does he/she NEED, but does not have?**

*Interviewer: Do NOT read list. Mark all that apply.*

- (a) A voice amplifier .....
- (b) A computer or keyboard device to communicate .....
- (c) A communication board, such as a Blissboard .....
- (d) Other aid, specify .....



- (x) Don't know .....
- (r) Refusal .....

**B31. The next few questions are about .....’s ability to move around, even when using an aid or mechanical support, such as crutches or a walker. Please remember that I am asking about difficulties that have lasted or are expected to last six months or more.**

**Because of a condition or health problem, does ..... have any difficulty walking? This means walking on a flat firm surface, such as a sidewalk or floor.**

*Interviewer: Read list. Mark one only.*

- (1) Yes, sometimes .....  → Check box "Walking — Limitation" on Profile Sheet
- (2) Yes, often or always .....
- (3) No .....
- (x) Don't know .....  **Go to B37**
- (r) Refusal .....

**B32. How much difficulty does he/she have walking?**

*Interviewer: Read list. Mark one only.*

- (1) Some difficulty .....
- (2) A lot of difficulty .....
- (3) Child cannot walk .....
- (x) Don't know .....
- (r) Refusal .....



**B33. Does ..... USE any aids or specialized equipment for children who have difficulty walking or moving around, such as a cane or crutches?**

- (1) Yes .....  → Check box "Walking — USE Aid" on Profile Sheet
- (3) No .....
- (x) Don't know .....  **Go to B35**
- (r) Refusal .....

**B34. Does he/she now use:**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) orthopaedic or medically prescribed shoes. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) a cane or crutches. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) a walker. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) a manual wheelchair. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) an electric wheelchair. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) braces, such as a leg brace (Exclude dental braces.) ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) lift devices, such as a bed lift device. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) other aid, specify. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B35. Are there any aids or specialized equipment for children who have difficulty walking or moving around that ..... CURRENTLY needs, but does not have?**

- (1) Yes .....  → Check box "Walking — NEED Aid" on Profile Sheet
- (3) No .....
- (x) Don't know .....  **Go to B37**
- (r) Refusal .....

**B36. Which aids does he/she NEED, but does not have?**

*Interviewer: Do NOT read list. Mark all that apply.*

- (a) Orthopaedic or medically prescribed shoes .....
- (b) A cane or crutches .....
- (c) A walker .....
- (d) A manual wheelchair .....
- (e) An electric wheelchair .....
- (f) Braces, such as a leg brace (Exclude dental braces.) .....
- (g) Lift devices, such as a bed lift device .....
- (h) Other aid, specify .....

- (x) Don't know .....
- (r) Refusal .....

**B37. Because of a condition or health problem, does ..... have any difficulty USING his/her HANDS or FINGERS to grasp or hold small objects, such as a pencil or scissors?**

*Interviewer: Read list. Mark one only.*


- (1) Yes, sometimes .....  → Check box "Hands/Fingers — Limitation" on Profile Sheet
- (2) Yes, often or always .....
- (3) No .....
- (x) Don't know .....  **Go to B43**
- (r) Refusal .....

**B38. How much difficulty?**

*Interviewer: Read list. Mark one only.*

- (1) Some difficulty . . . . .
- (2) A lot of difficulty . . . . .
- (3) Completely unable . . . . .
- (x) Don't know . . . . .
- (r) Refusal . . . . .

**B39. Does ..... USE any aids or specialized equipment designed to support, replace or assist in the use of hands or fingers, such as a hand or arm brace, or grasping tools?**


- (1) Yes . . . . .  → Check box "Hands/Fingers — USE Aid" on Profile Sheet
- (3) No . . . . .   **Go to B41**
- (x) Don't know . . . . .
- (r) Refusal . . . . .

**B40. Does he/she now use:**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) a hand or arm brace . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) grasping tools or reach extenders . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) other aid, specify . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B41. Are there any aids or specialized equipment designed to support, replace or assist in the use of hands or fingers that ..... CURRENTLY needs, but does not have?**

- (1) Yes . . . . .  → Check box "Hands/Fingers — NEED Aid" on Profile Sheet
- (3) No . . . . .   **Go to B43**
- (x) Don't know . . . . .
- (r) Refusal . . . . .

**B42. Which aids does he/she NEED, but does not have?**

*Interviewer: Do NOT read list. Mark all that apply.*

- (a) A hand or arm brace . . . . .
- (b) Grasping tools or reach extenders . . . . .
- (c) Other aid, specify . . . . .

- (x) Don't know . . . . .
- (r) Refusal . . . . .

**B43. Do you think that ..... has a learning disability, such as dyslexia, hyperactivity or attention problems?**

- (1) Yes . . . . .  → Check box "Learning — Limitation" on Profile Sheet
- (3) No . . . . .
- (x) Don't know . . . . .
- (r) Refusal . . . . .

**B44. Has a teacher, doctor or other health professional ever said that ..... had a learning disability?**

- (1) Yes .....  → Check box "Learning — Limitation" on Profile Sheet
- (3) No .....
- (x) Don't know .....
- (r) Refusal .....

**B45.  
edit**

**Interviewer: If B43 OR B44 is "Yes", continue. Otherwise, go to B53 (page 12).**

**B45. Does this condition reduce the amount or the kind of activities ..... can do?**

*Interviewer: Read list. Mark one only.*

- (1) Yes, sometimes .....
- (2) Yes, often or always .....
- (3) No .....
- (x) Don't know .....  **Go to B47**
- (r) Refusal .....

**B46. How many ACTIVITIES does this condition USUALLY prevent him/her from doing:**

*Interviewer: Read categories. Mark one only.*

	(1)	(2)	(3)	(4)	(x)	(r)
<i>Interviewer: Read list.</i>	<u>None</u>	<u>A few</u>	<u>Many</u>	<u>Most</u>	<u>DK</u>	<u>Ref</u>
(a) at home? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) at school? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) at play or recreational activities? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B47. Does ..... USE any aids, specialized equipment or services to help him/her with his/her learning difficulty?**

- (1) Yes .....  → Check box "Learning — USE Aid" on Profile Sheet
- (3) No .....
- (x) Don't know .....  **Go to B49**
- (r) Refusal .....

**B48. Does he/she now use:**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) a computer as a learning aid .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) a voice activated or voice synthesis computer software (e.g. Dragon Dictate, Via Voice) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) talking books .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) recording equipment .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) a tutor .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) other aid, specify .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\_\_\_\_\_

**B49. Are there any learning aids, specialized equipment or services that ..... CURRENTLY needs, but does not have?**

- (1) Yes .....  → Check box "Learning — NEED Aid" on Profile Sheet
- (3) No .....
- (x) Don't know .....  **Go to B51.edit**
- (r) Refusal .....

**B50. Which aids or services does he/she NEED, but does not have?**

*Interviewer: Do NOT read list. Mark all that apply.*

- (a) A computer as a learning aid .....
- (b) A voice activated or voice synthesis computer software  
(e.g. Dragon Dictate, Via Voice) .....
- (c) Talking books .....
- (d) Recording equipment .....
- (e) A tutor .....
- (f) Other aid, specify .....




- (x) Don't know .....
- (r) Refusal .....

**B51. edit** *Interviewer: Go to B53.*

**B51. Because of a condition or health problem, does ..... have a delay in his/her development, either a physical, intellectual or another type of delay?**

- (1) Yes .....  → Check box "Developmental — Limitation" on Profile Sheet
- (3) No .....
- (x) Don't know .....  **Go to B59**
- (r) Refusal .....

**B52. What kind of delay is this? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) A delay in his/her PHYSICAL development .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) A delay in his/her INTELLECTUAL development .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Other type of delay, specify .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





**B53. edit** *Interviewer: Go to B59 (page 14).*

**B53. Has a doctor, psychologist or other health professional ever said that ..... has a developmental disability or disorder? These may include autism, Down syndrome, or mental impairment due to a lack of oxygen at birth.**

- (1) Yes .....  → Check box "Developmental — Limitation" on Profile Sheet
- (3) No .....
- (x) Don't know .....  **Go to B56**
- (r) Refusal .....

**B54. Does this condition reduce the amount or the kind of activities ..... can do?**

*Interviewer: Read list. Mark one only.*

- (1) Yes, sometimes .....
- (2) Yes, often or always ....
- (3) No .....
- (x) Don't know .....   **Go to B56**
- (r) Refusal .....

**B55. How many ACTIVITIES does this condition USUALLY prevent him/her from doing:**

*Interviewer: Read categories. Mark one only.*



	(1)	(2)	(3)	(4)	(x)	(r)
<i>Interviewer: Read list.</i>	<u>None</u>	<u>A few</u>	<u>Many</u>	<u>Most</u>	<u>DK</u>	<u>Ref</u>
(a) at home? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) at school?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) at play or recreational activities?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B56. Does ..... have any emotional, psychological or behavioural conditions that have lasted or are expected to last six months or more?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....   **Go to B59**
- (r) Refusal .....

**B57. Does this condition reduce the amount or the kind of activities ..... can do?**

*Interviewer: Read list. Mark one only.*

- (1) Yes, sometimes .....   Check box "Emotional/Psychological — Limitation" on Profile Sheet
- (2) Yes, often or always ....
- (3) No .....
- (x) Don't know .....   **Go to B59**
- (r) Refusal .....

**B58. How many ACTIVITIES does this condition USUALLY prevent him/her from doing:**

*Interviewer: Read categories. Mark one only.*

	(1)	(2)	(3)	(4)	(x)	(r)
<i>Interviewer: Read list.</i>	<u>None</u>	<u>A few</u>	<u>Many</u>	<u>Most</u>	<u>DK</u>	<u>Ref</u>
(a) at home? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) at school?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) at play or recreational activities?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B59. Now I'd like to ask about any CHRONIC health conditions ..... may have. (Chronic conditions refer to conditions that have lasted or are expected to last six months or more.)**

**Does ..... have any of the following LONG-TERM conditions which have been DIAGNOSED by a health professional?**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Asthma or severe allergies.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Heart condition or disease.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Kidney condition or disease.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Cancer.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Diabetes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Epilepsy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Autism.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Cerebral Palsy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) Spina Bifida.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) Cystic Fibrosis.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(k) Muscular Dystrophy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(l) Migraines.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(m) Arthritis or rheumatism.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(n) Paralysis of any kind.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(o) Missing or malformed arms, legs, fingers or toes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(p) Fetal Alcohol Syndrome.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(q) Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(r) Down syndrome.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(s) Complex medical care needs.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(t) Any other LONG-TERM condition that has been diagnosed by a health professional, specify.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**B60.  
edit**

**Interviewer: If there is at least one "Yes" checked in B59, continue. Otherwise, go to B62.edit (page 15).**

**B60. Does this condition (Do these conditions) reduce the amount or the kind of activities ..... can do?**

*Interviewer: Read list. Mark one only.*

- (1) Yes, sometimes  Check box "Chronic — Limitation" on Profile Sheet
- (2) Yes, often or always
- (3) No
- (x) Don't know  **Go to B62.edit**
- (r) Refusal

**B61. How many ACTIVITIES does this condition (do these conditions) USUALLY prevent him/her from doing:**

*Interviewer: Read categories. Mark one only.*

	(1)	(2)	(3)	(4)	(x)	(r)
	<u>None</u>	<u>A few</u>	<u>Many</u>	<u>Most</u>	<u>DK</u>	<u>Ref</u>
<i>Interviewer: Read list.</i>						
(a) at home?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) at school?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) at play or recreational activities?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B62.**  
*edit*

**Interviewer:** *If any box is checked in the "Limitation Column" on the Profile Sheet, go to B62. Otherwise, go to the Follow-up Question (page 52).*

**B62. You mentioned earlier that because of a physical condition, mental condition or health problem ..... has difficulties or activity limitations.**


**How old was ..... when you suspected that he/she has a long-term condition or health problem?**


(0-14) Years *Interviewer: If age is less than 1 year, enter 00.*

(x) Don't know .....

(r) Refusal .....

**B63. What is the MAIN condition or health problem which causes him/her difficulties or activity limitations?**

*Interviewer: Specify ONE condition or health problem only.* 

(x) Don't know .....   **Go to B65**

(r) Refusal .....

**B64. Which one of the following best describes the CAUSE of this condition or health problem?**

*Interviewer: Read list. Mark one only.*

(1) Existed at birth, was due to premature birth or accident at birth .....

(2) A disease or illness .....

(3) Accident at home or at school. ....

(4) Motor vehicle accident .....

(5) Other, specify .....  


(x) Don't know .....

(r) Refusal .....

**B65. Did you get a diagnosis for .....’s condition or health problem?**

(1) Yes .....

(3) No .....

(x) Don't know .....   **Go to B68**

(r) Refusal .....

**B66. How old was ..... when you obtained a diagnosis for his/her condition or health problem?**

(0-14) Years *Interviewer: If age is less than 1 year, enter 00.*

(x) Don't know .....

(r) Refusal .....

**B67. Did you experience any of the following situations when you were trying to obtain a diagnosis for ....'s condition or health problem?**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Doctor or health professional took a wait and see approach . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Long waiting period to get the diagnosis . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Difficulty getting referrals or appointments . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Doctor or health professional not available locally. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Too expensive . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Did not know where to get the diagnosis . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Other, specify . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**B68. How would you describe ....'s general health? Would you say that his/her health is:**

*Interviewer: Read list. Mark one only.*

- (1) excellent? . . . . .
- (2) very good? . . . . .
- (3) good? . . . . .
- (4) fair? . . . . .
- (5) poor? . . . . .
- (x) Don't know . . . . .
- (r) Refusal . . . . .

**B69. The next questions are about the use of medications or drugs. Does .... USE any prescription or non-prescription medications on a regular basis, that is, AT LEAST ONCE A WEEK?**

- (1) Yes . . . . .
- (3) No . . . . .
- (x) Don't know . . . . .
- (r) Refusal . . . . .



**B70. How many kinds of PRESCRIPTION medications does he/she take EVERYDAY?**

*Interviewer: Read list. Mark one only.*

- (1) None . . . . .
- (2) 1-3 kinds . . . . .
- (3) 4 kinds or more . . . . .
- (x) Don't know . . . . .
- (r) Refusal . . . . .

**B71. How many kinds of NON-PRESCRIPTION medications does he/she take EVERYDAY?**

*Interviewer: Read list. Mark one only.*

- (1) None . . . . .
- (2) 1-3 kinds . . . . .
- (3) 4 kinds or more . . . . .
- (x) Don't know . . . . .
- (r) Refusal . . . . .



**B72. Does ..... USE any medications regularly, but NOT DAILY?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....  **Go to B75**
- (r) Refusal .....

**B73. How many kinds of PRESCRIPTION medications does he/she take (regularly, but NOT DAILY)?**

- Interviewer: Read list. Mark one only.*
- (1) None .....
  - (2) 1-3 kinds .....
  - (3) 4 kinds or more .....
  - (x) Don't know .....
  - (r) Refusal .....

**B74. How many kinds of NON-PRESCRIPTION medications does he/she take (regularly, but NOT DAILY)?**

- Interviewer: Read list. Mark one only.*
- (1) None .....
  - (2) 1-3 kinds .....
  - (3) 4 kinds or more .....
  - (x) Don't know .....
  - (r) Refusal .....

**B75. IN THE PAST 12 MONTHS, did you or your family have any OUT-OF-POCKET expenses, that are not reimbursed by any sources, for .....s prescription or non-prescription medications?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....  **Go to B78**
- (r) Refusal .....

**B76. What is your best estimate of the OUT-OF-POCKET or DIRECT costs to you or your family for these extra expenses?**

**INCLUDE** amounts not covered by insurance. **EXCLUDE** payments for which you have been or will be reimbursed by any insurance or government program.

\$           .00 Range: 1-999999 → **Go to B78**

- (x) Don't know .....
- (r) Refusal .....

**B77. Which one of the following expense groups is the best estimate of the direct costs to you or your family? I will read you a list.**

- Interviewer: Read list. Mark one only.*
- (1) Less than \$100 .....
  - (2) \$100 to less than \$200 .....
  - (3) \$200 to less than \$500 .....
  - (4) \$500 to less than \$1000 .....
  - (5) \$1000 to less than \$2000 .....
  - (6) \$2000 to less than \$5000 .....
  - (7) \$5000 or more .....
  - (x) Don't know .....
  - (r) Refusal .....

**B78. Because of a condition or health problem, does ..... CURRENTLY need any prescription or non-prescription medications on a regular basis, which he/she does not have?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....  **Go to B80**
- (r) Refusal .....

**B79. Why doesn't he/she have these medications? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1) <u>Yes</u>	(3) <u>No</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(a) Not covered by insurance .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Too expensive .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Not approved or recommended by health professionals .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Other reason, specify. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B80. The next few questions are about your contact with health professionals because of .....’s condition or health problem.**

**IN THE PAST 12 MONTHS, how OFTEN has ..... seen or received care from a:**

*Interviewer: Read categories. Mark one only.*

	(1) <u>At least once a week</u>	(2) <u>At least once a month</u>	(3) <u>Less than once a month</u>	(4) <u>Never</u>	(x) <u>DK</u>	(r) <u>Ref</u>
<i>Interviewer: Read list.</i>						
(a) family doctor or general practitioner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) medical specialist (such as a heart specialist)? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) nurse? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) speech therapist? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) physiotherapist? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) psychologist or psychotherapist? ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) chiropractor? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) other health professional, specify ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B81. edit Interviewer: If there is at least one check mark in column (1) (2) or (3) of B80, continue. Otherwise, go to B84 (page 19).**

**B81. IN THE PAST 12 MONTHS, did you or your family have any OUT-OF-POCKET expenses, that are not reimbursed by any sources, for the services that ..... received from health professionals?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....  **Go to B84**
- (r) Refusal .....

**B82. What is your best estimate of the OUT-OF-POCKET or DIRECT costs to you or your family for these extra expenses?**

**INCLUDE** amounts not covered by insurance. **EXCLUDE** payments for which you have been or will be reimbursed by any insurance or government program.

\$  .00 Range: 1-999999 → **Go to B84**

- (x) Don't know .....
- (r) Refusal .....

**B83. Which one of the following expense groups is the best estimate of the direct costs to you or your family? I will read you a list.**

*Interviewer: Read list. Mark one only.*

- (1) Less than \$200 .....
- (2) \$200 to less than \$500 .....
- (3) \$500 to less than \$1000 .....
- (4) \$1000 to less than \$2000 .....
- (5) \$2000 to less than \$5000 .....
- (6) \$5000 or more .....
- (x) Don't know .....
- (r) Refusal .....

**B84. IN THE PAST 12 MONTHS, was there ever a time when ..... needed health services because of his/her condition, but did not receive them?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....
- (r) Refusal .....

**Go to B87.edit**

**B85. What kind of health services did he/she NEED, but did not receive?**

*Interviewer: Do NOT read list. Mark all that apply.*

- (a) Family doctor or general practitioner .....
- (b) Medical specialist (such as a heart specialist) .....
- (c) Nurse for care .....
- (d) Speech therapist .....
- (e) Physiotherapist .....
- (f) Psychologist or psychotherapist .....
- (g) Chiropractor .....
- (h) Other, specify .....

- (x) Don't know .....
- (r) Refusal .....

**Go to B87.edit**

**B86. Why didn't ..... receive the health service that he/she needed? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

- |                                    | (1)                   | (3)                   | (x)                   | (r)                   |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                    | <u>Yes</u>            | <u>No</u>             | <u>DK</u>             | <u>Ref</u>            |
| (a) Not covered by insurance ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) Too expensive .....            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) Not available locally .....    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) Long waiting period .....      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (e) Other reason, specify .....    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



**B87.  
edit**

**Interviewer: If child was born AFTER May 15, 1996, go to C12 (page 24). Otherwise, continue.**

**B87. Because of a condition or health problem, does ..... USE any aids or specialized equipment that you have not already mentioned?**

- (1) Yes .....  → Check box “Chronic/Other — USE Aid” on Profile Sheet
- (3) No .....
- (x) Don't know .....  **Go to B89.edit**
- (r) Refusal .....

**B88. Does he/she now use:**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) respiratory aids, such as inhalers, puffers, oxygen .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) pain management aids, such as a TENS machine .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) other aid or specialized equipment, specify .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B89. edit Interviewer: If any box is checked in the “USE — Aid” column on the Profile Sheet, continue. Otherwise, go to B93 (page 21).**

**B89. I would like you to think about all the aids and specialized equipment that ..... currently uses.**

**What kind of funding was used to get these aids? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Your own money .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Friends and family members .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Private health insurance .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Government program .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Other funding, specify .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B90. IN THE PAST 12 MONTHS, did you or your family have any OUT-OF-POCKET expenses (that are not reimbursed by any sources) for the purchase or maintenance of aids or specialized equipment that ..... uses?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....  **Go to B93**
- (r) Refusal .....

**B91. What is your best estimate of the OUT-OF-POCKET or DIRECT costs to you or your family for these extra expenses?**

**INCLUDE amounts not covered by insurance. EXCLUDE payments for which you have been or will be reimbursed by any insurance or government program.**

\$  .00 Range: 1-999999 → **Go to B93**


- (x) Don't know .....
- (r) Refusal .....

**B92. Which one of the following expense groups is the best estimate of the direct costs to you or your family? I will read you a list.**

*Interviewer: Read list. Mark one only.*

- (1) Less than \$200 .....
- (2) \$200 to less than \$500 .....
- (3) \$500 to less than \$1000 .....
- (4) \$1000 to less than \$2000 .....
- (5) \$2000 to less than \$5000 .....
- (6) \$5000 or more .....
- (x) Don't know .....
- (r) Refusal .....

**B93. Does ..... CURRENTLY need any aids or specialized equipment that you have not already mentioned?**

- (1) Yes .....  → Check box "Chronic/Other — NEED Aid" on Profile Sheet
- (3) No .....
- (x) Don't know .....   **Go to B95.edit**
- (r) Refusal .....

**B94. Which aids does ..... NEED, but does not have?**

*Interviewer: Do NOT read list. Mark all that apply.*

- (a) Respiratory aids, such as inhalers, puffers, oxygen ....
- (b) Pain management aids, such as a TENS machine ....
- (c) Other aid or specialized equipment, specify .....

- (x) Don't know .....
- (r) Refusal .....

**B95.  
edit**

**Interviewer: If any box is checked in the "NEED Aid" column on the Profile Sheet, continue. Otherwise, go to C1 (page 22).**

**B95. I would like you to think about all the aids ..... CURRENTLY needs, but does not have.**

**Why doesn't he/she have these aids or specialized equipment? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

- |  | (1)                   | (3)                   | (x)                   | (r)                   |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
|  | <u>Yes</u>            | <u>No</u>             | <u>DK</u>             | <u>Ref</u>            |
| (a) Not covered by insurance .....               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) Too expensive .....                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) Not available locally .....                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) Do not know where to obtain the aid .....    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (e) Child's condition is not serious enough .... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (f) Only needed occasionally .....               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (g) Other reason, specify .....                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**B96. Now, I would like you to think about all the aids or specialized equipment that he/she NEEDS, but does not have. Do you think that there is an impact on ..... because he/she does not have these aids?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....
- (r) Refusal .....



**B97. What is the impact of not having these aids or specialized equipment? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Child's participation in regular everyday activity is reduced. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Child is frustrated .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Child's self-esteem is affected .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Other, specify .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



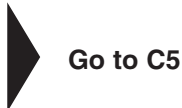
**SECTION C — HELP WITH EVERYDAY ACTIVITIES**



**Interviewer: If child was born AFTER May 15, 1996, go to C12 (page 24). Otherwise, continue.**

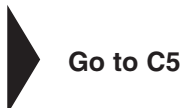
**C1. Does ..... USUALLY receive help with personal care, such as bathing, toileting, dressing or feeding?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....
- (r) Refusal .....



**C2. Is this because of his/her condition or health problem?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....
- (r) Refusal .....



**C3. How much help does he/she need?**

*Interviewer: Read list. Mark one only.*

- (1) Some help .....
- (2) A lot of help .....
- (x) Don't know .....
- (r) Refusal .....

**C4. Who provides most of the help to ..... for his/her personal care?**

*Interviewer: Read list. Mark one only.*

- (1) Mostly the mother .....
- (2) Mostly the father .....
- (3) Both the mother and the father ...
- (4) Other family members .....
- (5) Other, specify .....




- (x) Don't know .....
- (r) Refusal .....

**C5. Does ..... USUALLY receive help with moving about inside his/her residence, such as moving from one room to another?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....
- (r) Refusal .....



**Go to C9**

**C6. Is this because of his/her condition or health problem?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....
- (r) Refusal .....



**Go to C9**

**C7. How much help does he/she need?**

*Interviewer: Read list. Mark one only.*

- (1) Some help .....
- (2) A lot of help .....
- (x) Don't know .....
- (r) Refusal .....

**C8. Who provides most of the help to ..... for moving about inside his/her residence?**

*Interviewer: Read list. Mark one only.*

- (1) Mostly the mother .....
- (2) Mostly the father .....
- (3) Both the mother and the father ...
- (4) Other family members .....
- (5) Other, specify .....




- (x) Don't know .....
- (r) Refusal .....

**C9. Because of .....’s condition, do you CURRENTLY need help or additional help with:**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) his/her personal care? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) moving him/her about inside his/her residence? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**C10.**  
**edit**

**Interviewer: If C9(a) OR C9(b) is "Yes", continue. Otherwise, go to C12.**

**C10. How many hours per week of help or additional help do you need?**

*Interviewer: Read list. Mark one only.*

- (1) 1-4 hours per week .....
- (2) 5-10 hours per week .....
- (3) More than 10 hours per week ....
- (x) Don't know .....
- (r) Refusal .....

**C11. Why do you not receive this help? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) It is too expensive .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Help from family and friends is not available. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Services or special programs (for help) are not available locally ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Child is presently on a waiting list .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Do not know where to look for help .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Child's condition is not serious enough .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) You have not asked for help .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Other, specify .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**C12. The next few questions are about the help YOU or YOUR FAMILY may be receiving because of ....'s condition or health problem. The help could be from family members, friends or from agencies or organizations.**

**Because of ....'s condition, do you USUALLY receive help with the following:**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) help with everyday housework, such as house cleaning or meal preparation .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) help to allow you to attend to other family responsibilities. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) help to allow you to take time off for personal activities. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**C13.**  
**edit**

**Interviewer: If at least one "Yes" is checked in C12, continue. Otherwise, go to C17 (page 25).**

**C13. Who USUALLY provides you this help? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Family living with you .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Family not living with you .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Friends or neighbours .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Government organization or agency .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Private organization or agency .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Voluntary organization or agency .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Other, specify .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**C14. You mentioned earlier that you usually receive help with everyday housework or help to allow you to attend to other family or personal activities.**

**IN THE PAST 12 MONTHS, did you or your family have any OUT-OF-POCKET expenses (that are not reimbursed by any sources) for this help?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....  **▶ Go to C17**
- (r) Refusal .....

**C15. What is your best estimate of the OUT-OF-POCKET or DIRECT costs to you or your family for these extra expenses?**

**INCLUDE** amounts not covered by insurance. **EXCLUDE** payments for which you have been or will be reimbursed by any insurance or government program.

\$         .00 Range: 1-999999 → **Go to C17**

- (x) Don't know .....
- (r) Refusal .....

**C16. Which one of the following expense groups is the best estimate of the direct costs to you or your family? I will read you a list.**

*Interviewer: Read list. Mark one only.*

- (1) Less than \$200 .....
- (2) \$200 to less than \$500 .....
- (3) \$500 to less than \$1000 .....
- (4) \$1000 to less than \$2000 .....
- (5) \$2000 to less than \$5000 .....
- (6) \$5000 or more .....
- (x) Don't know .....
- (r) Refusal .....

**C17. Because of .....’s condition, do you CURRENTLY need help or additional help with the following:**

*Interviewer: Read list.*

- |  | (1)                   | (3)                   | (x)                   | (r)                   |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
|  | <u>Yes</u>            | <u>No</u>             | <u>DK</u>             | <u>Ref</u>            |
| (a) help with everyday housework, such as house cleaning or meal preparation ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) help to allow you to attend to other family responsibilities.....              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) help to allow you to take time off for personal activities.....                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**C18.  
edit**

**Interviewer: If at least one "Yes" is checked in C17, continue. Otherwise, go to C19 (page 26).**

**C18. Why do you not receive this help or additional help? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) It is too expensive .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Help from family and friends is not available.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Services or special programs (for help) are not available locally ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Child is presently on a waiting list .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Do not know where to look for help .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Child's condition is not serious enough .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) You have not asked for help.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Other, specify .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>




**C19. IN THE PAST 12 MONTHS, did you have any difficulty with coordinating the care of ....., for example, making appointments, phoning or visiting health professionals and specialists?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....
- (r) Refusal .....



**Go to C21**

**C20. What kind of difficulty did you have? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Difficulty obtaining appointments .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Health professional or specialist not available locally .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) A lack of communication between health professionals .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Difficulty getting information.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Your lack of time to coordinate the care .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Work conflicts .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Other difficulty, specify.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>




**C21. Who USUALLY coordinates the care of .....**

*Interviewer: Read list. Mark one only.*

- (1) Mostly the mother .....
- (2) Mostly the father .....
- (3) Both the father and the mother ...
- (4) Other family members .....
- (5) Other, specify .....




- (x) Don't know .....
- (r) Refusal .....

**C22. Because of .....’s condition or health problem, has anyone in your family EVER:**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) not taken a job in order to take care of the child? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) quit working (other than normal maternity or paternity leave)? . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) changed work hours to different time of day (or night)? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) turned down a promotion or a better job? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) worked fewer hours? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**C23.**  
*edit*

**Interviewer: If at least one “Yes” is checked in C22, continue. Otherwise, go to C24.**

**C23. Who was most affected by these work-related issues?**

*Interviewer: Read list. Mark one only.*

- (1) Mostly the mother . . . . .
- (2) Mostly the father . . . . .
- (3) Both the mother and the father . . .
- (4) Other family members . . . . .
- (5) Other, specify . . . . .



\_\_\_\_\_

- (x) Don’t know . . . . .
- (r) Refusal . . . . .

**C24. DURING THE PAST 12 MONTHS, has your family had financial problems because of .....’s condition or health problem?**

- (1) Yes . . . . .
- (3) No . . . . .
- (x) Don’t know . . . . .
- (r) Refusal . . . . .

**SECTION D — CHILD CARE**

**D1. Now, I’d like to ask you some questions about child care arrangements for ..... .**

**Do you CURRENTLY use child care such as day care, babysitting or a before and after school program for ..... while you (or your spouse/partner) are at work or studying?**

- (1) Yes . . . . .
- (3) No . . . . .
- (x) Don’t know . . . . .
- (r) Refusal . . . . .



**Go to D6**

**D2. What is your MAIN child care arrangement for ..... ?**

*Interviewer: Read list. Mark one only.*

- (1) Before and after school program .....
- (2) Nursery school .....
- (3) Day care centre. ....
- (4) Care in someone else's home by a non-relative .....
- (5) Care in someone else's home by a relative .....
- (6) Care in child's home by a non-relative .....
- (7) Care in child's home by a relative .....
- (8) Other, specify .....

- (x) Don't know .....  **Go to D6**
- (r) Refusal .....

**D3. Approximately how many hours per WEEK is that?**

*Interviewer: This is for the MAIN child care arrangement only.*

Hours per WEEK *Interviewer: Round to the nearest full hour.*

- (x) Don't know .....
- (r) Refusal .....

**D4. Do you use any other child care arrangement for ..... ?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....  **Go to D6**
- (r) Refusal .....

**D5. Approximately how many hours per WEEK is that?**

Hours per WEEK *Interviewer: Round to the nearest full hour.*

- (x) Don't know .....
- (r) Refusal .....

**D6. Has a child care program or service ever refused to take care of ..... because of his/her condition or health problem?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....  **Go to D8.edit**
- (r) Refusal .....

**D7. What type of child care programs or services refused to provide care to ..... ? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Before and after school program .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Nursery school .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Day care centre .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Care in someone else's home .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Care in child's home .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Other, specify .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





**D8.**  
*edit*

**Interviewer: If child was born AFTER May 15, 1996, go to I1 (page 50). Otherwise, go to E1.**

**SECTION E — EDUCATION**



**Interviewer: This section is NOT asked if child was born AFTER May 15, 1996.**

**E1. The next few questions are about education. In APRIL 2001 was ..... :**

*Interviewer: Read list. Mark one only.*

- (1) going to school or kindergarten .....  → **Go to E6**
- (2) being tutored at home through the school system .....
- (3) neither of the above (i.e. neither going to school or being tutored at home). .....  → **Go to E3**
- (x) Don't know .....  ► **Go to E4**
- (r) Refusal .....

**E2. Why was ..... being tutored at home through the school system? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Personal care such as feeding and toileting needed, but not available at school .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Teacher's aides or special education classes not available in REGULAR SCHOOL .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) SPECIAL EDUCATION SCHOOL not available locally .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Child's condition or health problem prevented him/her from going to school .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Parents preferred home tutoring for the child .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Other reason, specify .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>




**E3.**  
*edit*

**Interviewer: Go to E37 (page 39).**

**E3. Why was ..... not attending school in April 2001? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

- |   | (1)                   | (3)                   | (x)                   | (r)                   |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
|   | <u>Yes</u>            | <u>No</u>             | <u>DK</u>             | <u>Ref</u>            |
| (a) Personal care such as feeding and toileting needed, but not available at school ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) Teacher's aides or special education classes not available in REGULAR SCHOOL .....    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) SPECIAL EDUCATION SCHOOL not available locally .....                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) Child's condition or health problem prevented him/her from going to school .....      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (e) Child not ready or too young to attend school .....                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (f) Other reason, specify. ....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**E4. Did ..... ever go to school?**

- (1) Yes .....  → **Go to E37**
- (3) No .....
- (x) Don't know .....  ► **Go to E37**
- (r) Refusal .....

**E5. Why did ..... never attend school?**

*Interviewer: Do NOT read list. Mark all that apply.*

- (a) Personal care such as feeding and toileting needed, but not available at school .....
- (b) Teacher's aides or special education classes not available in REGULAR SCHOOL .....
- (c) SPECIAL EDUCATION SCHOOL not available locally .....
- (d) Child's condition or health problem prevented him/her from going to school .....
- (e) Child not ready or too young to attend school .....
- (f) Other reason, specify. ....

- (x) Don't know .....
- (r) Refusal .....

**E6. edit Interviewer: Go to E37 (page 39).**

**E6. In APRIL 2001, what type of school was ..... attending?**

*Interviewer: Read list. Mark one only.*

- (1) Special education school .....  → **Go to E10**
- (2) Regular school .....
- (3) Regular school with special education classes .....
- (4) Other, specify .....

- (x) Don't know .....
- (r) Refusal .....  → **Go to E8**

**E7. At this school, what type of classes was ..... attending?**

*Interviewer: Read list. Mark one only.*

- (1) Only regular classes .....
- (2) Some regular classes and some special education classes .....
- (3) Only special education classes .....
- (x) Don't know .....
- (r) Refusal .....

**E8. Did ..... ever attend a special education school?**

- (1) Yes .....
  - (3) No .....
  - (x) Don't know .....
  - (r) Refusal .....
- ▶ Go to E10.edit**

**E9. Why didn't he/she attend a special education school in April 2001?**

*Interviewer: Do NOT read list. Mark all that apply.*

- (a) Special education school no longer available locally .....
- (b) Child has moved into regular school .....
- (c) Other reason, specify .....

\_\_\_\_\_

- (x) Don't know .....
- (r) Refusal .....

**E10.  
edit**

**Interviewer: If E7 is (1) "Only regular classes", go to E11. Otherwise, continue.**

**E10. What is the MAIN condition or health problem which required ..... to receive special education services? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

- |  | (1)<br><u>Yes</u>     | (3)<br><u>No</u>      | (x)<br><u>DK</u>      | (r)<br><u>Ref</u>     |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| (a) Learning disabilities .....                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) Developmental disability or disorder .....               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) Speech or language difficulties .....                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) Emotional, psychological or behavioural conditions ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (e) Hearing difficulties, including deafness .....           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (f) Vision difficulties, including blindness .....           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (g) Difficulty with walking or moving around .....           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (h) Other condition, specify .....                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

\_\_\_\_\_

**E11. Did you ever have any difficulty in trying to get special education services for ..... ?**

- (1) Yes .....
  - (3) No .....
  - (x) Don't know .....
  - (r) Refusal .....
- ▶ Go to E13**

**E12. What kind of difficulty did you have? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Special education services not available locally . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Insufficient level of staffing or special education services . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Communication problems with school . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Difficulty to have the child tested for special education services . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Other difficulty, specify . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**E13. In APRIL 2001, in which province or territory did ..... attend school?**

*Interviewer: Do NOT read list. Mark one only.*

- (01) Newfoundland . . . . .  → **Go to E14**
- (02) Prince Edward Island . .  → **Go to E15**
- (03) Nova Scotia . . . . .  → **Go to E16**
- (04) New Brunswick . . . . .  → **Go to E19**
- (05) Quebec . . . . .  → **Go to E17**
- (06) Ontario . . . . .  → **Go to E18**
- (07) Manitoba . . . . .
- (08) Saskatchewan . . . . .
- (09) Alberta . . . . .
- (10) British Columbia . . . . .
- (11) Northwest Territory . . . .  → **Go to E19**
- (12) Nunavut . . . . .
- (13) Yukon . . . . .
- (14) Other, specify . . . . .

- (x) Don't Know . . . . .  → **Go to E19**
- (r) Refusal . . . . .  → **Go to E19**

**E14. In what grade was ..... enrolled in APRIL 2001? (Newfoundland)**

*Interviewer: Do NOT read list. Mark one only.*

- (01) Kindergarten . . . . .  → **Go to E24**
- (02) Grade 1 Elementary . . .
- (03) Grade 2 Elementary . . .
- (04) Grade 3 Elementary . . .
- (05) Grade 4 Elementary . . .
- (06) Grade 5 Elementary . . .
- (07) Grade 6 Elementary . . .
- (08) Grade 7 . . . . .
- (09) Grade 8 . . . . .  → **Go to E20**
- (10) Grade 9 . . . . .
- (11) Level 1 Secondary . . . .
- (12) Level 2 Secondary . . . .
- (13) Level 3 Secondary . . . .
- (14) Ungraded . . . . .
- (x) Don't know . . . . .
- (r) Refusal . . . . .



**E15. In what grade was ..... enrolled in APRIL 2001? (Prince Edward Island)**

*Interviewer: Do NOT read list. Mark one only.*

- (01) Grade 1 .....
- (02) Grade 2 .....
- (03) Grade 3 .....
- (04) Grade 4 .....
- (05) Grade 5 .....
- (06) Grade 6 .....
- (07) Grade 7 .....
- (08) Grade 8 .....  → **Go to E20**
- (09) Grade 9 .....
- (10) Grade 10 .....
- (11) Grade 11 .....
- (12) Grade 12 .....
- (13) Ungraded .....
- (x) Don't know .....
- (r) Refusal .....

**E16. In what grade was ..... enrolled in APRIL 2001? (Nova Scotia)**

*Interviewer: Do NOT read list. Mark one only.*

- (01) Primary .....  → **Go to E24**
- (02) Grade 1 .....
- (03) Grade 2 .....
- (04) Grade 3 .....
- (05) Grade 4 .....
- (06) Grade 5 .....
- (07) Grade 6 .....
- (08) Grade 7 .....
- (09) Grade 8 .....  → **Go to E20**
- (10) Grade 9 .....
- (11) Grade 10 .....
- (12) Grade 11 .....
- (13) Grade 12 .....
- (14) Ungraded .....
- (x) Don't know .....
- (r) Refusal .....

**E17. In what grade was ..... enrolled in APRIL 2001? (Quebec)**

*Interviewer: Do NOT read list. Mark one only.*

- (01) Junior Kindergarten ...  **Go to E24**
- (02) Kindergarten .....
- (03) Grade 1 Elementary ...
- (04) Grade 2 Elementary ...
- (05) Grade 3 Elementary ...
- (06) Grade 4 Elementary ...
- (07) Grade 5 Elementary ...
- (08) Grade 6 Elementary ...
- (09) Secondary I .....  **Go to E20**
- (10) Secondary II .....
- (11) Secondary III .....
- (12) Secondary IV .....
- (13) Secondary V .....
- (14) Ungraded .....
- (x) Don't know .....
- (r) Refusal .....

**E18. In what grade was ..... enrolled in APRIL 2001? (Ontario)**

*Interviewer: Do NOT read list. Mark one only.*

- (01) Junior Kindergarten ...  **Go to E24**
- (02) Kindergarten .....
- (03) Grade 1 .....
- (04) Grade 2 .....
- (05) Grade 3 .....
- (06) Grade 4 .....
- (07) Grade 5 .....
- (08) Grade 6 .....
- (09) Grade 7 .....
- (10) Grade 8 .....  **Go to E20**
- (11) Grade 9 .....
- (12) Grade 10 .....
- (13) Grade 11 .....
- (14) Grade 12 .....
- (15) OAC Grade 13 .....
- (16) Ungraded .....
- (x) Don't know .....
- (r) Refusal .....

**E19. In what grade was ..... enrolled in APRIL 2001?**

*Interviewer: Do NOT read list. Mark one only.*

- (01) Kindergarten .....  → **Go to E24**
- (02) Grade 1 .....
- (03) Grade 2 .....
- (04) Grade 3 .....
- (05) Grade 4 .....
- (06) Grade 5 .....
- (07) Grade 6 .....
- (08) Grade 7 .....
- (09) Grade 8 .....  → **Go to E20**
- (10) Grade 9 .....
- (11) Grade 10 .....
- (12) Grade 11 .....
- (13) Grade 12 .....
- (14) Ungraded .....
- (x) Don't know .....
- (r) Refusal .....

**E20. In APRIL 2001, what type of education, training or therapy was ..... receiving at school? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Academic subjects .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Life skills .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Speech and language therapy .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Mental health or counselling services .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**E21. The next few questions are about the last school year, that is to say, the one which finished in June 2001.**

**Based on your knowledge of his/her school work, including his/her report cards, how did ..... do during the last school year?**

*Interviewer: Read list. Mark one only.*

- (1) Very well .....
- (2) Well .....
- (3) Average .....
- (4) Poorly .....
- (5) Very poorly .....
- (6) Not applicable .....
- (x) Don't know .....
- (r) Refusal .....

**E22. How often did you (or your spouse/partner) check .....’s homework or provide help with his/her homework during the last school year?**

*Interviewer: Read list. Mark one only.*

- (1) Never or rarely .....
- (2) Less than once a month .....
- (3) At least once a month .....
- (4) At least once a week .....
- (5) A few times a week .....
- (6) Every day .....
- (x) Don’t know .....
- (r) Refusal .....

**E23. Because of a condition or health problem:**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) did ..... have to leave his/her community to attend school? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) was his/her schooling interrupted for long periods of time? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) did ..... take fewer courses or academic subjects at school? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) did it take ..... longer to achieve his/her present level of education? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**E24. Did a condition or health problem limit .....’s participation in any of the following SCHOOL ACTIVITIES during the last school year (which ended in June 2001)?**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Taking part in physical education or organized games requiring physical activity . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Playing with others during recess or lunch hour . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Taking part in school outings, such as visits to a museum . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Classroom participation . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**E25. Please remember the questions are about the last school year, that is to say, the one which finished in June 2001.**

**Because of a condition or health problem, did ..... USE any special building features or equipment, such as ramps or automatic door openers AT SCHOOL?**

- (1) Yes .....
  - (3) No .....
  - (x) Don’t know .....
  - (r) Refusal .....
- Go to E27**

**E26. Which kind of special features did he/she USE at school? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Ramps or street level entrances . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Widened doorways or hallways . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Automatic or easy to open doors. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) An elevator or lift device . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Special railings in washrooms . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Other feature, specify . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**E27. Because of a condition or a health problem, did ..... NEED any special features or equipment, such as ramps or automatic door openers AT SCHOOL, which were not available?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....
- (r) Refusal .....



**E28. What kind of special features or equipment did he/she need AT SCHOOL, but did not have?**

*Interviewer: Do NOT read list. Mark all that apply.*

- (a) Ramps or street level entrances .....
- (b) Widened doorways or hallways .....
- (c) Automatic or easy to open doors .....
- (d) An elevator or lift device .....
- (e) Special railings in washrooms .....
- (f) Other feature, specify .....




- (x) Don't know .....
- (r) Refusal .....

**E29. During the last school year, did ..... USE any assistive aids, devices or services AT SCHOOL? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Tutors or teacher's aides .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Note takers or readers .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Sign language interpreters .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Attendant care services .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Amplifiers, such as FM or infrared.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Talking books .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Magnifiers.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Recording equipment .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) A computer with Braille or speech access..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) Other aid or service, specify .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>




**E30. Were there any assistive aids, devices or services that ..... needed AT SCHOOL, but did not have?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....
- (r) Refusal .....



**E31. What kind of assistive aids or services did he/she need AT SCHOOL, but did not have?**

*Interviewer: Do NOT read list. Mark all that apply.*

- (a) Tutors or teacher's aides . . . . .
- (b) Note takers or readers . . . . .
- (c) Sign language interpreters . . . . .
- (d) Attendant care services . . . . .
- (e) Amplifiers, such as FM or infrared. . . . .
- (f) Talking books . . . . .
- (g) Magnifiers. . . . .
- (h) Recording equipment . . . . .
- (i) A computer with Braille or speech access . . . . .
- (j) Other aid or service, specify . . . . .

- (x) Don't know . . . . .  **▶ Go to E33**
- (r) Refusal. . . . .

**E32. Why didn't ..... have these aids or services AT SCHOOL? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) School funding cutbacks or lack of funding in the school system . . . . .	○	○	○	○
(b) School did not think child needed assistive aids or services . . . . .	○	○	○	○
(c) Child did not want to use assistive aids or services . . . . .	○	○	○	○
(d) Other reason, specify. . . . .	○	○	○	○

**E33. During the last school year, have you (or your partner/spouse) done any of the following for ..... ? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Spoken to, visited or corresponded with child's teacher . . . . .	○	○	○	○
(b) Attended a school event in which child participated, for example, a play, sports competition, or science fair . . . . .	○	○	○	○
(c) Volunteered in child's class or helped with a class trip . . . . .	○	○	○	○
(d) Helped elsewhere in the school, such as in the library or computer room . . . . .	○	○	○	○
(e) Attended a parent-school association, parent advisory committee or parent council meeting . . . . .	○	○	○	○
(f) Fundraising for school . . . . .	○	○	○	○
(g) Other activity, specify. . . . .	○	○	○	○

**E34. Do you strongly agree, agree, disagree, or strongly disagree with the following descriptions of the school that ..... attended during the last school year?**

*Interviewer: Read list.*

	(1)	(2)	(3)	(4)	(x)	(r)
	Strongly agree	Agree	Disagree	Strongly disagree	DK	Ref
(a) The school offered parents many opportunities to be involved in the school activities. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Parents were made to feel welcome in the school. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Overall, the school accommodated the child's condition or health problem .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**E35. With regard to how he/she feels about school, how often did ..... look forward to going to school during the last school year?**

*Interviewer: Read list. Mark one only.*

- (1) Almost never .....
- (2) Rarely .....
- (3) Sometimes .....
- (4) Often .....
- (5) Almost always .....
- (x) Don't know .....
- (r) Refusal .....

**E36. During the last school year, what was the method of transportation ..... used MOST OFTEN to get to school?**

*Interviewer: Read list. Mark one only.*

- (1) Was driven to school by family motor vehicle .....
- (2) School bus .....
- (3) Regular city bus .....
- (4) Specialized bus services for persons with disabilities . . .
- (5) Walked or biked to school .....
- (6) Other, specify .....



Empty text box for specifying the method of transportation.

- (x) Don't know .....
- (r) Refusal .....

**E37. Has a professional assessment ever been done to determine .....s educational needs?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....
- (r) Refusal .....



**Go to F1 (page 40)**

**E38. Who completed this assessment? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1) <u>Yes</u>	(3) <u>No</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(a) Psychologist or psychiatrist . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Social worker . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Special education consultant . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Speech or language therapist . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Other professional or specialist, specify . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**SECTION F — LEISURE AND RECREATION ACTIVITIES**



***Interviewer: This section is NOT asked if child was born AFTER May 15, 1996.***

**F1. The next few questions are about .....’s interests and activities.**

**In the last 12 months, OUTSIDE OF SCHOOL HOURS, how often has he/she:**

*Interviewer: Read categories. Mark one only.*

	(1) <u>Every-day</u>	(2) At least once a week	(3) At least once a month	(4) Less than once a month	(5) <u>Never</u>	(x) <u>DK</u>	(r) <u>Ref</u>
--	-------------------------	-----------------------------	------------------------------	-------------------------------	---------------------	------------------	-------------------

*Interviewer: Read list.*

- (a) taken part in sports with a coach or instructor (except dance or gymnastics)? . . .

**How many hours a day?**

*Interviewer: Round to the nearest full hour.*

- (b) taken lessons or instruction in other organized physical activities with a coach or instructor, such as dance, gymnastics or martial arts? . . . . .

**How many hours a day?**

*Interviewer: Round to the nearest full hour.*

- (c) taken part in unorganized sports or physical activities without a coach or instructor? . . . . .

**How many hours a day?**

*Interviewer: Round to the nearest full hour.*

- (d) taken lessons or instruction in music, art or other non-sport activities? . . . . .

**How many hours a day?**

*Interviewer: Round to the nearest full hour.*

- (e) taken part in clubs, groups or community programs, such as church groups, Girl or Boy Scouts? . . . . .

**How many hours a day?**

*Interviewer: Round to the nearest full hour.*



**F2. How often does he/she:**

*Interviewer: Read categories. Mark one only.*

- |                                |               |                               |                                |                                 |       |     |     |
|--------------------------------|---------------|-------------------------------|--------------------------------|---------------------------------|-------|-----|-----|
|                                | (1)           | (2)                           | (3)                            | (4)                             | (5)   | (x) | (r) |
|                                |               | At<br>least<br>once<br>a week | At<br>least<br>once<br>a month | Less<br>than<br>once<br>a month | Never | DK  | Ref |
| <i>Interviewer: Read list.</i> | Every-<br>day |                               |                                |                                 |       |     |     |

(a) watch T.V.? .....



**How many hours a day?**

*Interviewer: Round to the nearest full hour.*

(b) play computer or video games .....



**How many hours a day?**

*Interviewer: Round to the nearest full hour.*

(c) talk on the phone with friends .....



**How many hours a day?**

*Interviewer: Round to the nearest full hour.*

**F3. How often does ..... read or have books read to him/her (for pleasure)? Please do not include reading that is required for school.**

*Interviewer: Read list. Mark one only.*

(1) Everyday .....



**How many hours a day?**

*Interviewer: Round to the nearest full hour.*

- (2) At least once a week .....
- (3) At least once a month .....
- (4) Less than once a month .....
- (5) Never .....
- (x) Don't know .....
- (r) Refusal .....

**F4. Outside of school hours, how often does he/she play alone, for example, riding a bike or doing a craft?**

*Interviewer: Read list. Mark one only.*

- (1) Often .....
- (2) Sometimes .....
- (3) Seldom .....
- (4) Never .....
- (x) Don't know .....
- (r) Refusal .....

**F5. Has ..... ever gone to summer camps (including regular or special camps)?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....
- (r) Refusal .....



**F6. Was this a camp for children with a health problem or condition?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....
- (r) Refusal .....

**F7. Because of a condition or health problem, is ..... prevented from taking part in any social or physical leisure activities?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....  **Go to F9**
- (r) Refusal .....

**F8. What prevents ..... from doing more social or physical leisure activities? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Recreational facilities or programs not available locally. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Buildings and equipment not physically accessible. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Inadequate transportation services. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Too expensive. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Child is physically unable to do more. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Child needs someone's assistance. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Child needs specialized aids or equipment, but he/she doesn't have them. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Other reason, specify. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**F9. DURING THE PAST SIX MONTHS, how well has ..... gotten along with other children, such as friends or classmates (excluding brothers or sisters)?**

*Interviewer: Read list. Mark one only.*

- (1) Very well (or no problems) .....
- (2) Quite well (or hardly any problems) .....
- (3) Pretty well (or occasional problems) .....
- (4) Not too well (or frequent problems) .....
- (5) Not well at all (or constant problems) .....
- (x) Don't know .....
- (r) Refusal. ....

**F10. The next few questions deal with the use of the computer and the Internet.**

**How many personal computers are there in your home?**

*Interviewer: Do NOT read list. Mark one only.*

- (1) None .....
- (2) One .....
- (3) Two .....  **Go to F12**
- (4) Three or more .....
- (x) Don't know .....  **Go to G1 (page 45)**
- (r) Refusal .....

**F11. What are the reasons that keep you from purchasing a personal computer?**

*Interviewer: Do NOT read list. Mark all that apply.*

- (a) Cost .....
- (b) Not needed at home .....
- (c) Not interested .....
- (d) Lack of computer skills or training .....
- (e) Fear of technology .....
- (f) Disability .....
- (g) Other, specify .....




- (x) Don't know .....
- (r) Refusal .....

**F12.** *Interviewer: Go to G1 (page 45).*

**F12. Is your household connected to the Internet?**

- (1) Yes .....  → **Go to F14**
- (3) No .....
- (x) Don't know .....  ► **Go to G1 (page 45)**
- (r) Refusal .....

**F13. What are the reasons that keep you from getting Internet access for your HOME?**

*Interviewer: Do NOT read list. Mark all that apply.*

- (a) Cost .....
- (b) Not needed at home .....
- (c) Not interested .....
- (d) Lack of computer skills or training .....
- (e) Fear of technology .....
- (f) Disability .....
- (g) Other, specify .....




- (x) Don't know .....
- (r) Refusal .....

**F13.** *Interviewer: Go to G1 (page 45).*

**F14. Does ..... use the Internet AT HOME?**

- (1) Yes .....  → **Go to F16**
- (3) No .....
- (x) Don't know .....  ► **Go to G1 (page 45)**
- (r) Refusal .....

**F15. What are the reasons that keep ..... from using the Internet at home?**

*Interviewer: Do NOT read list. Mark all that apply.*

- (a) Child too young or not ready to use it .....
- (b) Child does not need it .....
- (c) Child is not interested .....
- (d) Child does not have the computer skills or training. ....
- (e) Child's condition or health problem .....
- (f) Other, specify .....

- (x) Don't know .....
- (r) Refusal .....

**F16. edit Interviewer: Go to G1 (page 45).**

**F16. AT HOME, how often does he/she use:**

*Interviewer: Read categories. Mark one only.*

	(1)	(2)	(3)	(4)	(5)	(x)	(r)
	Every-day	At least once a week	At least once a month	Less than once a month	Never	DK	Ref

*Interviewer: Read list.*

- (a) Internet to participate in newsgroups or chat groups? .....

**How many hours a day?**

*Interviewer: Round to the nearest full hour.*

- (b) Internet for school work? .....

**How many hours a day?**

*Interviewer: Round to the nearest full hour.*

- (c) Internet for personal interest or entertainment? .....

**How many hours a day?**

*Interviewer: Round to the nearest full hour.*

- (d) E-mail to stay in touch with friends? .....

**How many hours a day?**

*Interviewer: Round to the nearest full hour.*

**SECTION G — HOME ACCOMMODATION**



**Interviewer: This section is NOT asked if child was born AFTER May 15, 1996.**

**G1. Because of a condition or health problem, does ..... USE any special features, such as access ramps or automatic door openers to ENTER or LEAVE his/her residence?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....  **Go to G3**
- (r) Refusal .....

**G2. Which special features does he/she use? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Ramps or street level entrances .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Widened doorways or hallways .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Automatic or easy to open doors.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) An elevator or lift device .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Other feature, specify .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**G3. Does ..... CURRENTLY need any special features to enter or leave his/her residence, which he/she does not have?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....  **Go to G6**
- (r) Refusal .....

**G4. Which special features does ..... NEED, but does not have?**

*Interviewer: Do NOT read list. Mark all that apply.*

- (a) Ramps or street level entrances .....
- (b) Widened doorways or hallways .....
- (c) Automatic or easy to open doors.....
- (d) An elevator or lift device .....
- (e) Other feature, specify .....

- (x) Don't know .....  **Go to G6**
- (r) Refusal.....

**G5. Why doesn't ..... have these special features that he/she needs to enter or leave his/her residence? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Not covered by insurance . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Too expensive. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Landlord/landlady not willing . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Only needed occasionally . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Other reason, specify . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**G6. Because of a condition or health problem, does ..... USE any special features, such as special railings, grab bars or lift devices INSIDE his/her residence?**

- (1) Yes . . . . .
- (3) No . . . . .
- (x) Don't know . . . . .  **Go to G8**
- (r) Refusal . . . . .



**G7. Which special features does ..... use INSIDE his/her residence? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Grab bars or bath lift device in the bathroom . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Lowered counters, sinks or switches in the kitchen. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) An elevator or lift device. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Widened doorways or hallways . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Automatic or easy to open doors . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Visual or flashing alarms . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Audio warning devices. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Other feature, specify . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**G8. Does ..... CURRENTLY need any special features INSIDE his/her residence, which he/she does not have?**

- (1) Yes . . . . .
- (3) No . . . . .
- (x) Don't know . . . . .  **Go to H1 (page 47)**
- (r) Refusal . . . . .



**G9. Which special features does ..... NEED, but does not have?***Interviewer: Do NOT read list. Mark all that apply.*

- (a) Grab bars or bath lift device in the bathroom . . . . .
- (b) Lowered counters, sinks or switches in the kitchen . . . . .
- (c) An elevator or lift device . . . . .
- (d) Widened doorways or hallways . . . . .
- (e) Automatic or easy to open doors . . . . .
- (f) Visual or flashing alarms . . . . .
- (g) Audio warning devices. . . . .
- (h) Other feature, specify . . . . .




- (x) Don't know . . . . .  **▶ Go to H1 (page 47)**
- (r) Refusal . . . . .

**G10. Why doesn't ..... have these special features INSIDE his/her residence? I will read you a list. Please answer yes or no to each.***Interviewer: Read list.*

- |   | (1)                   | (3)                   | (x)                   | (r)                   |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
|   | <u>Yes</u>            | <u>No</u>             | <u>DK</u>             | <u>Ref</u>            |
| (a) Not covered by insurance . . . . .      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) Too expensive. . . . .                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) Landlord/landlady not willing . . . . . | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) Only needed occasionally . . . . .      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (e) Other reason, specify . . . . .         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



**SECTION H — TRANSPORTATION*****Interviewer: This section is NOT asked if child was born AFTER May 15, 1996.*****H1. I would like to ask you about the means of transportation that ..... uses for local travel on his/her own or with someone else. This includes trips to the doctor, recreational events or any other local trips under 80 km (50 miles).****Because of .....s condition, does your car have special features or equipment, such as a lift device or a large trunk to carry a wheelchair?**

- (1) Yes . . . . .
- (3) No . . . . .  **→ Go to H3**
- (5) DO NOT OWN A CAR . . . . .  **→ Go to H5**
- (x) Don't know . . . . .  **▶ Go to H3**
- (r) Refusal . . . . .

**H2. Do you NEED ANY OTHER special features or equipment for your car because of .....s condition?**

- (1) Yes . . . . .  **→ Go to H4**
- (3) No . . . . .
- (x) Don't know . . . . .  **▶ Go to H5**
- (r) Refusal . . . . .

**H3. Because of .....’s condition, do you NEED any special features or equipment (for your car)?**

- (1) Yes .....
  - (3) No .....
  - (x) Don’t know .....
  - (r) Refusal .....
- Go to H5**

**H4. Why do you not have these special features or equipment for your car? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

- |  | (1)                   | (3)                   | (x)                   | (r)                   |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
|  | <u>Yes</u>            | <u>No</u>             | <u>DK</u>             | <u>Ref</u>            |
| (a) Not covered by insurance . . . . . | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) Too expensive . . . . .            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) Only needed occasionally . . . . . | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) Other reason, specify . . . . .    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**H5. Some communities have a specialized bus service for people who have difficulty using regular transportation services. (To use this service, people can call ahead and ask to be picked up).**

**Is this service available in your area?**

- (1) Yes .....  → **Go to H7**
- (3) No .....
- (x) Don’t know .....
- (r) Refusal .....

**H6. Does ..... NEED this service?**

- (1) Yes .....
  - (3) No .....
  - (x) Don’t know .....
  - (r) Refusal .....
- Go to H11**

**H7. Does ..... use this service?**

- (1) Yes .....
  - (3) No .....
  - (x) Don’t know .....
  - (r) Refusal .....
- Go to H11**

**H8. How often does he/she use this service?**

*Interviewer: Read list. Mark one only.*

- (1) Almost everyday for at least some part of the year. . . . .
- (2) Frequently . . . . .
- (3) Occasionally . . . . .
- (4) Seldom . . . . .
- (x) Don’t know . . . . .
- (r) Refusal . . . . .

**H9. IN THE PAST 12 MONTHS, did ..... have any difficulty using this service?**

- (1) Yes .....
  - (3) No .....
  - (x) Don’t know .....
  - (r) Refusal .....
- Go to H11**



**H10. What kind of difficulty did he/she have? I will read you a list. Please answer yes or no to each.**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Service is needed more often than currently offered. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Impractical scheduling for child's needs . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Booking rules don't allow for last minute arrangements . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Too expensive . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Other reason, specify. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**H11. IN THE PAST 12 MONTHS has ..... had to use a taxi service because of his/her condition or health problem?**

- (1) Yes . . . . .
- (3) No . . . . .
- (x) Don't know . . . . .  **Go to H13**
- (r) Refusal . . . . .

**H12. How often did he/she use a taxi service?**

*Interviewer: Read list. Mark one only.*

- (1) Almost everyday for at least some part of the year. . . . .
- (2) Frequently. . . . .
- (3) Occasionally . . . . .
- (4) Seldom . . . . .
- (x) Don't know . . . . .
- (r) Refusal . . . . .

**H13. IN THE PAST 12 MONTHS, for local trips which you must take with ....., have you had to cancel or reschedule some activities because of problems with transportation services?**

- (1) Yes . . . . .
- (3) No . . . . .
- (x) Don't know . . . . .
- (r) Refusal . . . . .

**H14. IN THE PAST 12 MONTHS, did you or your family have any OUT-OF-POCKET expenses for .....s transportation, for example, his/her travel to and from treatment, therapy or other medical or rehabilitation services?**

- (1) Yes . . . . .
- (3) No . . . . .
- (x) Don't know . . . . .  **Go to I1 (page 50)**
- (r) Refusal . . . . .

**H15. What is your best estimate of the OUT-OF-POCKET or DIRECT costs to you or your family for these extra expenses?**

\$           .00 Range: 1-999999 → **Go to I1 (page 50)**

- (x) Don't know . . . . .
- (r) Refusal . . . . .



**H16. Which one of the following expense groups is the best estimate of the direct costs to you or your family? I will read you a list.**

*Interviewer: Read list. Mark one only.*

- (1) Less than \$100 .....
- (2) \$100 to less than \$200 .....
- (3) \$200 to less than \$500 .....
- (4) \$500 to less than \$1000 .....
- (5) \$1000 to less than \$2000 .....
- (6) \$2000 to less than \$5000 .....
- (7) \$5000 or more .....
- (x) Don't know .....
- (r) Refusal .....

**SECTION I — ECONOMIC CHARACTERISTICS**

**I1. This question is about insurance coverage. Please include any private, government or employer-paid plans. Do you have insurance that covers all or part of:**

*Interviewer: Read list.*

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) the cost of .....’s prescription medications? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) the cost of ....’s eye glasses or contact lenses? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) hospital charges for a private or semi-private room? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**I2. The next few questions are about FEDERAL income tax credits. Did you claim Child Care Expenses for ..... with your 2000 income tax return?**

- (1) Yes .....
  - (3) No .....
  - (x) Don't know .....
  - (r) Refusal .....
- ▶ Go to I4**

**I3. Did you receive it?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....
- (r) Refusal .....

**I4. Did you claim Medical Expenses for ..... with your 2000 income tax return?**

- (1) Yes .....
  - (3) No .....
  - (x) Don't know .....
  - (r) Refusal .....
- ▶ Go to I6**

**I5. Did you receive it?**

- (1) Yes .....
- (3) No .....
- (x) Don't know .....
- (r) Refusal .....

**I6. Did you claim a Disability Tax Credit for ..... with your 2000 income tax return?**

- (1) Yes .....
- (3) No .....  → **Go to I8**
- (x) Don't know .....  ► **Go to I9**
- (r) Refusal .....

**I7. Did you receive it?**

- (1) Yes .....
- (3) No .....  ► **Go to I9**
- (x) Don't know .....
- (r) Refusal .....

**I8. Why did you not claim the Disability Tax Credit?**

*Interviewer: Read list.*

	(1) <u>Yes</u>	(3) <u>No</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(a) You did not know it existed .....	<input type="radio"/> → <b>Go to I9</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) You did not think that ..... would meet the eligibility requirements.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) You were not able to obtain the disability certificate (Form T2201) from your doctor .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Other reason, specify .....	<input type="radio"/> ↓	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\_\_\_\_\_

**I9. For the year ending December 31, 2000, what is your best estimate of the total income, before taxes and deductions, of all household members, including yourself, from all sources?**

- \$           .00 .....
- (a) No income or loss .....  ► **Go to Follow-up Question (page 52)**
  - (x) Don't know .....
  - (r) Refusal .....

**I10. Can you estimate in which of the following groups your HOUSEHOLD INCOME fell? I will read you a list.**

*Interviewer: Read list. Mark one only.*

- (1) \$1 to less than \$5000 .....
- (2) \$5,000 to less than \$10,000 ....
- (3) \$10,000 to less than \$15,000 ...
- (4) \$15,000 to less than \$20,000 ...
- (5) \$20,000 to less than \$30,000 ...
- (6) \$30,000 to less than \$40,000 ...
- (7) \$40,000 to less than \$50,000 ...  ► **Go to Follow-up Question (page 52)**
- (8) \$50,000 to less than \$60,000 ...
- (9) \$60,000 to less than \$80,000 ...
- (10) \$80,000 or more .....
- (x) Don't know .....
- (r) Refusal .....

### FOLLOW-UP

That's the end of our questions. Someone from Statistics Canada may contact you (.....'s parent/guardian) in a year or two to find out more about ..... . In case there are difficulties reaching you (them), could you please give me the name, address and telephone number of a family member or friend we could contact? We will only call this person if you move (the parent/guardian moves) and then only to obtain the new address or telephone number.

- (1) Yes .....  → **Go to Name and Address of Other Contact**
- (3) No .....  ► **Go to End of Interview**
- (r) Refusal .....

**Name and Address of Other Contact:**

First name(s)	Initial(s)	Family name
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

Address:

Number and Street or lot and concession or exact location	Apt. No.
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

City, Town, Village or Municipality	Province or Territory	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Telephone:

Area code	Telephone No.
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**END OF INTERVIEW  
THANK RESPONDENT**

### COMMENTS

Question No.	



**RECORD OF CALLS AND VISITS**

Visit/call number	Date	Time	Observations

**RECORD OF INTERVIEWS**

Interview number	Date	Month	Began	Ended
1	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>

**FIELD STATUS CODE**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**FINAL STATUS CODE**

- 00 Complete
- 01 Partial
- 20 Duplicate (already interviewed)
- 28 Death of the child
- 50 Refusal
- 52 Parent/Guardian unable to respond — Proxy not available
- 53 Parent/Guardian does not speak English or French — Proxy not available
- 54 Impossible to contact/recontact parent/guardian
- 55 Impossible to trace parent/guardian
- 56 Parent/Guardian absent for duration of survey — Proxy not available
- 57 Child no longer living in Canada

Interviewer's Name (Please print)	Interviewer's Telephone Number	Interviewer's Identification Number
	<input type="text"/>	<input type="text"/>







**PROFILE SHEET**

**Case Identification Number:** \_\_\_\_\_

**ACTIVITY LIMITATIONS**

<u>SECTION</u>	<u>ACTIVITY/CONDITION</u>	<u>LIMITATION</u>	<u>USE aid</u>	<u>NEED aid</u>
A	General	<input type="checkbox"/>		
B	Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Communicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hands/Fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Developmental	<input type="checkbox"/>		
	Emotional/Psychological	<input type="checkbox"/>		
Chronic/Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





