Introduction	2
Section A – Filter Questions	2
Section B – Hearing Filter Questions	4
Section C - Hearing Aids	5
Section D – Seeing Filter	40
Section E - Seeing Aids	44
Section F - Communication Filter Questions	69
Section G - Communication Aids	71
Section H – Mobility Filter	89
Section I - Mobility Aids	90
Section J – Agility Filter	123
Section K – Agility Aids	124
Section L – Learning Filter	143
Section M – Learning Aids	145
Section N - Developmental Filter	182
Section N - Developmental Filter	185
Section P – Chronic Conditions Filter	186
Section Q – False Positive	199
Section R – Main Condition	204
Section S – Diagnostic Questions	206
Section T – General Health Questions	209
Section U - Medications and Drugs Questions	
Section V – Other Aids and Equipment	213
Section W – Health Care Professionals Module	229
Section X – Other Needs Module	
Section Y – Help with Personal Care Module	234
Section Z - Help Moving About Module	235
Section AA - Additional Help Module	236
Section BB - Help with Yousework, Responsibilities and Activities Module	239
Section CC - Help with Appointments Module	245
Section DD - Impact on the Parents Module	247
Section EE – Chila Caré Type Module	254
Section FF - Child Care Satisfaction Module	257
Section GC – General Education Module	264
Section HH - Special Education Module	269
Section II – Education Province Grade Module	273
Section JJ – Education Type Module	277
Section KK - Education Last School Year Module	
Section LL – Education Aids	281
Section MM - Education and School Participation Module	288
Section NN – Education Transportation Module	292
Section OO – Education Assessment Module	293
Section PP – Social Skills Module	
Section QQ - Leisure and Recreation Interest and Activities Module	296
Section RR – Leisure Recreation Computer Questions	
Section SS – Home Accommodation Special Features Module	306

			ion Special Features Modu		
Se	ction U	U – Transporta	tion Specialized Bus Servi	ice Module	316
		1	tion Taxi Module		
Se	ction W	W – Transport	tation Problems Module		319
			tion Expenses Module		
Se	ction Y	Y – Global Dis	sadvantages Module		
			Module		
			Itility Index Module		
Pro	ofile Sh	eet			331
			Introduction		
last N collection	May wi cted in ntary, y	ll be added to this study will	questions we need to a.k. the data provided in this be kept strictly confiden e is essential to ensure tha	interview. A	All information participation is
			estion A – Filter Qu	estions	
		2	**All respondents enter	this module	**
	D.		ny <u>difficulty</u> hearing, seei	ng, commili	nicating wallsing
A1.			nding, learning or doing a		
A1.		bing stairs, be		any similar	
A1.		bing stairs, be	nding, learning or doing a	any similar □>	activities? Check Box "General-Limitation" on Profile
A1.	cliny	Yes, someti	nding, learning or doing a	any similar□>	Check Box "General- Limitation" on Profile Sheet Check Box "General- Limitation" on Profile

	9	Don't Know⊔	
A2.		a physical condition <u>or</u> mental condition <u>or</u> health <u>int or the kind of activity</u> () can do at home?	problem <u>reduce the</u>
	1	Yes, sometimes	Check Box "General- Limitation" on Profile Sheet
	2	Yes, often	Check Box "General- Limitation" on Profile Sheet
	3 8 9	No	2
A3.		a physical condition <u>or</u> mental condition <u>or</u> health ant or the kind of activity () can do at work or	
	1	Yes, sometimes	Check Box "General- Limitation" on Profile Sheet
	2	Yes, often □ >	Check Box "General- Limitation" on Profile Sheet
	3 6 8 9	No	
A4.	amou	a physical condition <u>or</u> mental condition <u>or</u> health <u>int or the kind of activity</u> () can do in other act iple, transportation or leisure?	
	1	Yes, sometimes. \square >	Check Box "General- Limitation" on Profile Sheet

	2	Yes, often□>	Check Box "General- Limitation" on Profile Sheet
	3	No	
	8	Refusal	
	9	Don't Know	
		Section B – Hearing Filter Question	ons
		**All respondents enter this module	**
В.	me or	oing to ask you about ('s) ability to do certain a nly about those difficulties that have lasted, or art hs or more.	
B1.	Does	() use a hearing aid or hearing an's:	
	1	Yes	
	2		Go to B4
	9	Don't know. □ >	
	8	Refusal. \square >	
	Ü		30 10 2 1
B2.	With	hearing aid(s), how would you describe ('s) ab	ility to hear?
	1		
	1 2	(He/She) has no problem hearing	Chaolz "Haaring
	2	(He/She) has difficulty hearing	Limitation" box on
			Profile Sheet
	9	Don't know	Tionic Sheet
		Refusal	
		Refusur	
В3.	How	much difficulty?	
	1	Some difficulty	□ > Go to C
	2	A lot of difficulty	
	9	Don't know.	
	8	Refusal	
			•

B4.	How	would you describe ('s) ability to hear?		
	1 2	(He/She) has no problem hearing \square (He/She) has difficulty hearing \square >	Check "Hearing- Limitation" box o Profile Sheet	n
	3	(He/She) cannot hear□ >	Check "Hearing- Limitation" box o Profile Sheet	n
	9 8	Don't know		
B5.	How	much difficulty?	3	
	1	Some difficulty	П	
	2	A lot of difficulty.	<u> </u>	
	9	Don't know.		
	8	Refusal		
		Section C - Hearing Aids		
** I f	('s)	date of birth is on or before May 16 2001 <u>and</u> hearing on the Profile Sheet then continue; else skip to See		rked
C1.		() <u>use any</u> a.ds, specialized equipment or servi hearing difficulties, for example, a volume control der?		
	1 2 8	Yes. □ No. □ Don't know. □ Refusal. □		
C2.	Does	() now <u>use</u> :	(1) (2) (9) Yes No DK	(8) <u>R</u>
(a) a	compu	ter to communicate (e.g., e-mail or chat services)?		

(b) a	a volun	ne control telephone?					
(c) a	a TTY	or TTD?					
(d) a	a messa	nge relay service?					
(e) (
(f) a closed caption T.V. or decoder?							
(g) a	(g) amplifiers (e.g., FM, acoustic, infa-red)?						
(h) a	(h) a visual or vibrating alarm?						
(i) a	cochle	ear implant?					
(j) a	nother	aid?	\				
Oth	er, Plea	ase Specify:					
C3. (a)	<u>How</u>	ewer: Only read questions in section C3 for the aids(a-j) sec C3(k) if the respondent uses hearing aids (selected yes (1) to content of the respondent uses hearing aids (selected yes (1) to content of the respondent uses hearing aids (selected yes (1) to content of the respondent uses hearing aids (selected yes (1) to content of the respondent use of the respondent of the respondent uses hearing aids (selected yes (1) to content of the respondent of the respondent uses hearing aids (selected yes (1) to content of the respondent very aids (selected yes (1) to content of the respondent very aids (selected yes (1) to content of the respondent very aids (selected yes (1) to content very aids (selected yes (1) to c	o B1)*:	*	· ·		
C4. (a)	Wh	o paid the most for <u>acquiring</u> this item?					
	1	Parent					

	3	Health care system \Box
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
	Г	Other, Please Specify:
		Other, Flease Speerry.
	_	
	9	Not applicable
		Don't know.
		Refusal
C4a.		
(a)	A ro	you making any kind of payment for () you puter,
(a)		example to rent or finance this item?
	101 (example to rent of finance this ftent.
	1	Yes
	2	No. \square > Skip to C3(b) if
	_	C4=7
	0	
	9	Don't know
		C4=7
	8	Refusal
		C4=7
C5.		
(a)	Hov	w often a res ()'s computer need service, such as repairs or
(4)		in'en ance?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once
		every 5 years
	5	Every 5 years or more
	6	Never. $\square > $ Go to C7 (a)
	7	Not applicable \square > Go to C7 (a)
		Don't know
		Refusal. $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{C7} \ (\mathbf{a})$

C6. (a)	How much difficulty do you have paying for the service of this item?
	1 None
	2 Slight
	3 Moderate
	4 Serious
	5 Cannot afford □
	6 Not applicable □
	Don't know□
	Refusal
~-	
C7.	
(a)	How often does ()'s computer need to be replaced?
1	Every 6 months or less. \square > Go to C9 (a)
2	More than 6 months but less than 1 year \square > Go to C9 (a)
3	Once per year to less than 2 years
4	Once every 2 years but less than once every 5 years.
5	Every 5 years or more
6	Never
7	Not applicable $\square > \mathbf{Go}$ to C3 (b)
	Don't know. \square > Go to C3 (b)
	Refusal
C8.	
(a)	Will this item need to be replaced in the next 12 months?
	1 Yes□
	2 N_1 \square > Go to C3 (b)
	9 Long know. \square > Go to C3 (b)
	8 Periusal. \square > Go to C3 (b)
C9.	
(a)	What is the main reason you will need to replace ('s) computer?
	1 Condition is worse
	2 Condition is better □
	3 Outgrew the aid \square
	4 Worn out
	5 New technology available / Aid is outdated
	6 Other□

		\downarrow
		Other, Please Specify:
	<u> </u>	Don't know
C10. (a)	Ho	ow much difficulty <u>will you</u> have paying for a replacement for's) computer?
	1	None
	2	Slight□
	3	Moderate
	4	Serious
	5	Cannot afford
		Don't know
		Refusal
C3.		
(b)	Ho	w often does () use a volume control telephone?
	1	Every day □
	2	A few times a week □
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't 'se because it needs repair
	_	or replacement
	7	Not applicable □
		Don't know
	V	Refusal
		y
C4. (b)	W	Tho paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company

	6 7		It does not belong to () (i.e. belongs to employers, fri	ends / family,
	0		public property, etc	2,
	8		Other	
		[Other, Please Specify:	
		Ĺ	other, Fleuse Specify.	
	9		Not applicable	
			Don't know□ Refusal□	. 1
C4a.			A	
(b)	A	re y	you making any kind of payment for ('s) volume co	ntrol telephone,
	fo	or ex	xample to rent or finance this item?	,
		1	Yes	
		2	No	p to C3(c) if
			C4	=7
		9	Don't know > Ski	p to C3(c) if
			C4:	=7
		8		p to C3(c) if
			C4:	=' <i>1</i>
C7.				
(b)	H	low	often does ()'s volume control telephone need to be	replaced?
	1	Fv	ery 6 morths or less.	> Go to C9
	2		or: to an 6 months but less than 1 year	
3	3	- //	reper year to less than 2 years	
	4		ice every 2 years but less than once every 5 years	
	5		cry 5 years or more	S C 4 C2 (1)
	5	- y	ever	> Go to C3 (c)
	7		or applicable	> Go to C3 (c) > Go to C3 (c)
			fusal	> Go to C3 (c)
C8.				
(b)	V	Vill	this item need to be replaced in the next 12 months?	
	1		Yes	
	2		N_0	to C3 (c)

	8	Pon't know $\square > Go \text{ to } C3 \text{ (c)}$ Refusal $\square > Go \text{ to } C3 \text{ (c)}$
C9.		
(b)		That is the main reason you will need to replace ('s) volume control lephone?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated
	6	Other
		Other, Please Specify:
		Don't know.
		Refusal
		Refusal
C10 (b)	Но	ow much difficulty <u>will you</u> have paying for a replacement for ('s) lume control telephone?
	1 2 3	None
	4	Serious
	5	Cannot a Ford.
		Don't know
		Refurai.
		<u> </u>
~-		
C3. (c)		ow often does () use a TTY or TDD?
(0)		<u> </u>
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement

	7	Not applicable □ Don't know □ Refusal □
C4. (c)	Wh	no paid the most for acquiring this item?
(-)		· · · · · · · · · · · · · · · · · · ·
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5 6	Insurance company
	7	Non-profit organization
	,	public property, etc
	8	Other
		Other, Please Specify:
		Other, I lease specify.
	9	Not applicable
C4a. (c)		e you making a.v kind of payment for ()'s TTY or TTD, for example cent or finance thi, item?
	1	Yes
	2	\square > Skip to C3(d) if
	_ (C4=7
	9	Don't know
	8	Refusal□ > Skip to C3(d) if C4=7
C7. (c)	Ho	w often does ()'s TTY or TDD need to be replaced?
	1 2	Every 6 months or less

	3	Once per year to less than 2 years \Box
	4	Once every 2 years but less than once every 5 years. \square
	5	Every 5 years or more
	6	Never. $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{C3} \ (\mathbf{d})$
	7	Not applicable \square > Go to C3 (d)
	,	Don't know. \square > Go to C3 (d)
		Refusal. \square > Go to C3 (d)
		Refusal
C8.		
(c)	Wi	Ill this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	Don't know
	8	Refusal. $\square > 0$ to C3 (d)
	0	Actusus (a)
C9.		
	1 3/L	nat is the main reason you will need to replace ('s) TTY or TTD?
(c)	VV 1	iat is the main reason you win need to replace (s) 111 or 11D:
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
		_
	4	Worn out
	5	New technology available / Aid is outdated
	6	Other
		Other, Please Sperify:
		_
		Don't knov
		Refural
C10.	V	
(c)	Ho	ow much difficulty will you have paying for a replacement for (his/her)
	TT	Y or TTD?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
	J	Don't know

		Refusal
C3.	11	
(d)	HOW	v often does () use a message relay service?
	1	Every day
	2	A few times a week□
	3	Once a week \square
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
C3.		
(e)	How	v often does () use other phone related devices (e.g., flashers)?
	1	Every day
	2	A few times a week□
	3	Once a week
	4	Less than once a week
	5	Frequent usage but on v
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't k. 'ow
		Re fisal
	(
C4.		
(e)	Wid	paid the most for <u>acquiring</u> this item?
(•)	,	wedaning
	1	Parent
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6 7	Non-profit organization
	/	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc

	8	Other
		Other, Please Specify:
	9	Not applicable
C4a. (e)		you making any kind of payment for ()'s phone related devices, for mple to rent or finance this item?
	1 2 9 8	Yes. □ No. □ > Skip to C3(f) if C4=7 Don't know □ > Skip to C3(f) if C4=7 Refusal □ > Skip to C3(f) if C4=7 > Skip to C3(f) if C4=7
C10. (e)		w much difficulty <u>will you</u> have paying for a replacement for ('s) ume control telephone?
	2 3 4 5	None □ Slight □ Moderate □ Serious □ Cannot afford □ Don't know □ Refusal □
C3. (f)	<u>H</u> ov	<u>s often</u> does () <u>use</u> a closed caption T.V. or decoder?
	1 2 3 4 5 6	Every day

	Refusal
W	ho paid the most for <u>acquiring</u> this item?
1	Parent
2	Family of ()
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization
7	It does not belong to () (i.e. belongs to employers, friends / family,
_	public property, etc
8	Other
	Other, Please Specify:
	other, rease specify.
9	Not applicable
	Don't know
	Refusal
A	so way making any kind Sugarant for () is aloged continu T.V. or
	e you making any kind of payment for ()'s closed caption T.V. or coder, for example to rest of finance this item?
ue	toder, for example in fer t or finance this item:
1	Yes
2	No
_	C4=7
9	Pon't knyw
	C4=7
8	Perfusal
	C4=7
X	·
Ho	ow often does ()'s closed caption T.V. or decoder need to be replaced?
1	Every 6 months or less
1	
2	More than 6 months but less than 1 year \square > Go to C9
	More than 6 months but less than 1 year
2	•

	6	Never
	7	Not applicable \square > Go to C3 (g)
		Don't know
		Refusal
C8.		
(f)	Wi	ll this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	Don't know \Box > Go to Co
	8	Refusal $\square > Go t \land C3 (g)$
C9.		
(f)	Wha	at is the main reason you will need to replace ('s) closed caption T.V. or decoder?
	1	Condition is worse
	2	Condition is better
	3	
	4	Outgrew the aid
	5	New technology available / Aid ≥ outdated □
	6	Other
	_	
	1	Other, Please Specify:
		Y .
		Don't know□
		Refusal.
C10.		
(f)		w n. uc; difficulty will you have paying for a replacement for your
	(nis	her) closed caption T.V. or decoder?
	X	
	1 ′	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know□ Refusal□
		RCIUSAI

Q 1	(g)	Ho	w often does () use amplifiers, e.g., FM, acoustic, infra-red?
2		1	Every day
3			
4 Less than once a week			
5 Frequent usage but only during certain times.			
during certain times.			
6		3	
or replacement		6	
7		U	÷
C4. Who paid the most for acquiring this item? (g) 1 Parent		7	•
Refusal		/	
C4. Who paid the most for acquiring this item? (g) 1 Parent			
Q 1			Refusal
Q 1			
2 Family of ()	C4.	Wh	no paid the most for <u>acquiring</u> this item?
2 Family of ()	(g)	1	Parent
3 Health care system	.0,	2	Family of ()
4 Government program			
5 Insurance company			
6 Non-profit organization			
7 It does not belong to () (i.e. belongs to employers, friends / family, public property, etc			Non-profit organization
public property, etc			
8 Other		,	nublic property, etc.
Other, Please Specify: 9 Not app licable		Q	Other
9 Not app 'icable		o	Oulci
9 Not app 'icable			
9 Not app 'icable			Other, Please Specify:
C4a. (g) Are you making any kind of payment for ()'s amplifiers, for example to rent or finance this item? 1 Yes. 2 No. 3 Skip to C3(h) if C4=7 9 Don't know. 3 Skip to C3(h) if			
C4a. (g) Are you making any kind of payment for ()'s amplifiers, for example to rent or finance this item? 1 Yes. 2 No. 3 Skip to C3(h) if C4=7 9 Don't know. 3 Skip to C3(h) if		0	Not an United
C4a. (g) Are you making any kind of payment for ()'s amplifiers, for example to rent or finance this item? 1 Yes. 2 No. 3 Skip to C3(h) if C4=7 9 Don't know. 5 Skip to C3(h) if		9	
C4a. (g) Are you making any kind of payment for ()'s amplifiers, for example to rent or finance this item? 1 Yes			
(g) Are you making any kind of payment for ()'s amplifiers, for example to rent or finance this item? 1 Yes□ 2 No□ > Skip to C3(h) if C4=7 9 Don't know□ > Skip to C3(h) if			RC USa1
(g) Are you making any kind of payment for ()'s amplifiers, for example to rent or finance this item? 1 Yes□ 2 No□ > Skip to C3(h) if C4=7 9 Don't know□ > Skip to C3(h) if		لمر	
(g) Are you making any kind of payment for ()'s amplifiers, for example to rent or finance this item? 1 Yes□ 2 No□ > Skip to C3(h) if C4=7 9 Don't know□ > Skip to C3(h) if	Q4	\checkmark	
rent or finance this item? 1 Yes□ 2 No□ > Skip to C3(h) if C4=7 9 Don't know□ > Skip to C3(h) if			
1 Yes□ > Skip to C3(h) if C4=7 9 Don't know□ > Skip to C3(h) if	(g)		
2 No□ > Skip to C3(h) if C4=7 9 Don't know□ > Skip to C3(h) if		ren	t or finance this item?
2 No□ > Skip to C3(h) if C4=7 9 Don't know□ > Skip to C3(h) if		1	V
C4=7 9 Don't know□ > Skip to C3(h) if			
9 Don't know. \square > Skip to C3(h) if		2	
			C4= 7
		0	
		9	Don't know

	8	Refusal > Skip to C3(h) C4=7
C7. (g)	Hov	v often does ()'s amplifiers need to be replaced?
	1	Every 6 months or less. \square > Go to C9
	2	More than 6 months but less than 1 year \square > Go to C9
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years. \Box
	5	Every 5 years or more
	6	Never. $\square > \Im \operatorname{c} \operatorname{to} \operatorname{C3} (h)$
	7	Not applicable
		Don't know. \bigcirc > Go to C3 (h)
		Refusal $\square > $ Go to C3 (h)
C8.		40)
(g)	Wil	l this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
C9.		
(g)		t is the main re, son you will need to replace ('s) lifiers?
	1	Condition is worse
	2	Condition is better
	3	Ou grew the aid.
	4	Worn out
	3	New technology available / Aid is outdated □
	6	Other
	C	Other, Please Specify:
	<u> </u>	Don't know

C10. (g)		How much difficulty <u>will you</u> have paying for a replacement for (his/her) amplifiers?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
	U	Don't know
		Refusal
		Retusal
C3. (h)	Hov	w often does () use a visual or vibrating alarm
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
	•	during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
C4.	Wh	o paid the most for <u>acquiring</u> this item?
(b)	1	
(h)	1	Parent
	2	Fa may of ()
	3	h aith care system
	4 5	Government program
		Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
	_	public property, etc
	8	Other
		Other, Please Specify:
	9	Not applicable

		Refusal	
C4a. (h)	Are	e you making any kind of payment for ()'s visual or vibrating alar example to rent or finance this item?	rm,
	1	Yes	
	2	No. \square > Skip to C3(i) if	C4-7
	9	Don't know. \square > Skip to C3(i) if	
	8	Refusal \square > Skip to C3(i) if	
C7.			
(h)	Hov	w often does ()'s visual or vibrating alarm need to be replaced?	
			_
	1	Every 6 months or less.	
	2	More than 6 months but less than 1 year \square > Go to C !	9
	3	Once per year to less than 2 years	
	4	Once every 2 years but less than once every 5 years. \square	
	5	Every 5 years or more	
	6	Never	` '
	7	Not applicable \square > Go to C	` ,
		Don't know \square > Go to C	` '
		Refusal	3 (i)
C8.			
(h)	Wil	ll this item need to be replaced in the next 12 months?	
	1	Yes	
	2	No	
	9	Do n't know. \square > Go to C3 (i)	
	8	ketusal	
	V		
C9.	>	Y	
(h)		t is the main reason you will need to replace ('s)	
	visua	al or vibrating alarm?	
	1	Condition is worse	
	2	Condition is better	
	3	Outgrew the aid	
	4	Worn out	
	5	New technology available / Aid is outdated □	
	6	Other	

	(Other, Please Specify:
		Don't know. Refusal.
C10. (h)		w much difficulty will you have paying for a replacement for her) visual or vibrating alarm?
1	Noı	ne
2		tht
3	_	derate
4	Ser	ious □
5	Car	nnot afford
6		applicable
		n't know
	Ref	usal
C4.	Wh	o paid the most for <u>acquiring (, s)</u> cochlear implant?
(i)	1	Parent
()	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance contrany
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Oth er
	(
		Other, Please Specify:
	X	emer, rease specify.
	9	Not applicable
	9	Don't know
		Refusal
		Korusur

C4a.

(i) Are you making any kind of payment for (....)'s cochlear implant, for example to rent or finance this item?

	1	Yes
	2	No
	9	Don't know. \square > Skip to C3(j) if C4=7
	8	Refusal \square > Skip to C3(j) if C4=7
C5. (i)	or n 1 2 3 4	Every 6 months or less
	5	
	6 7	Never
	/	Not applicable \square > Go to C7 Don't know \square > Go to C7
		Refusal
		Refusal
C6. (i)	How 1 2 3 4 5 6	Mone
C3. (j)	<u>H</u> c w	often does () use (write-in)?
	1	Every day
	2	A few times a week□
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement \square

	7	Not applicable □ Don't know □ Refusal □
C4. (j)	Wh	o paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		Other, Please Specify:
	9	Not applicable Don't know Refusal
C4a. (j)		you making any kind of payment for this aid, for example to rent or ence this item?
	1	Yes
	2	No
/	0	Don't know. \square > Skip to C3(k) if C4=7
	8	Refusal \square > Skip to C3(k) if C4=7
	<u>iewer</u>	1

C5.

(J)	How	often does this aid need service, such as repairs or maintenance?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once
	•	every 5 years
	5	Every 5 years or more
	6	Never
	7	Not applicable \Box > Go to C7
	,	Don't know
		Refusal
		Refusal
C6.		
(j)	How	much difficulty do you have paying for the service of this
•	item	
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford \Box
	6	Not applicable
		Don't know.
		Refusal
C7.		
(j)	How	often does ()'s (write-in) need to be replaced?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year \square > Go to C9
	3	Once per year to less than 2 years \square
	4	Once every 2 years but less than once every 5 years. \square
	5	Livery 5 years or more
	C	Never. $\square > \operatorname{Go} \operatorname{to} \operatorname{C3}(k)$
	7	Not applicable \square > Go to C3 (k)
		Don't know. \square > Go to C3 (k)
		Refusal. $\square > $ Go to C3 (k)
CCC		
C8. (i)	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	this item need to be replaced in the part 12 months?
(j)	V V 111	this item need to be replaced in the next 12 months?
	1	Yes
	2	No $\square > \text{Go to } \mathbb{C}3(\mathbf{k})$

	9	Don't know \supset Go to C3 (k)
	8	Refusal
C9.		
(j)	Wha	at is the main reason you will need to replace ('s) (write-in)?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated
	6	Other
		Other, Please Specify:
		A O
	<u></u>	
		Don't know
		Refusal
~		
C10.		
(j)		w much difficulty <u>will you</u> have paying for a replacement for
	(his	/her) (write-in)?
	1	
	1	None.
	2	Slight
	3	Moderate
	4 5	Serious
	6	
	O	Not applieable
		K-Jusál.
		K-Tusal
**1		$H_{Ab} = \frac{1}{2} \left(\frac{1}{2} \right) \left(\frac{1}{2} $
" "In	tervi)	ewer: If the respondent wears hearing aids $(B1=1)$ then proceed to $C3(k)$, else
		skip to C11**
C3.		
(k)	Но	w often does () use (his/her) hearing sid(s) sid?
(K)	110	w often does () use (his/her) hearing aid(s) aid?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only

	6 7	during certain times
C4.	Wł	no paid the most for <u>acquiring</u> this item?
(k)	1	Parent
` ′	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		Other, Please Specify:
		Other, I lease openly.
	9	Not applicable Don't know Refusal
C4a. (k)	exa	e you making any kind of payment for your (her/his) hearing aid(s), for ample to rem or linance this item?
		Y.S
	2	No
	9	Don't know
/	8	Refusal Skip to C11 if C4=7
		Y
C5.		
(k)		w often does ()'s hearing aid(s) need service, such as repairs or intenance?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once
	•	every 5 years

	5	Every 5 years or more
	6	Never
	7	Not applicable \Box > Go to C7
		Don't know
		Refusal $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{C7}$
C6. (k)	Ном	much difficulty do you have paying for the service of this item?
(K)	110	much difficulty do you have paying for the service of this feem.
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
C7.	TT	
(k)	Hov	<u>often</u> does ()'s hearing aid(s) need to be replaced?
1	Evei	ry 6 months or less
2		e than 6 months but less than 1 year
3		e per year to less than 2 years
4		e every 2 years but less than once every 5 years.
5		ry 5 years or more \square
6		\Box > Go to C11
7	Not	applicable \Box > Go to C11
	Don	't know □ > Go to C11
	Refu	\square > Go to C11
C8.		
(k)	Will	this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
	ð	Keiusai
C9.		
(k)		t is the main reason you will need to replace ('s)

	1 Condition is worse
	2 Condition is better □
	3 Outgrew the aid \square
	4 Worn out
	5 New technology available / Aid is outdated □
	6 Other
	<u> </u>
	Other, Please Specify:
	Dan't Imary
	Don't know
	Refusal
C10.	
(k)	How much difficulty will you have paying for a replacement for ('s)
(11)	hearing aid(s)?
	1 None
	2 Slight
	3 Moderate □
	4 Serious
	5 Cannot afford □
	Don't know□
	Refusal
C11.	Are there any vids, specialized equipment or services for persons who are
0111	deaf or hard of hearing that () currently needs, but does not have?
1	Yes
2	No
	Ecn. know. \square > Go to C15
	Refi sal. \square > Go to C15
C12.	Which aids does () <u>need</u> but does not have?
	Mark all that apply.
1 (a)	a hearing aid
2 (b)	-
` ′	(e.g., e-mail or chat service)
3 (c)	
4 (d)	<u> </u>

5 (e)	a message relay service □
6 (f)	other phone related devices (e.g., flashers) □
7 (g)	a closed caption T.V. or decoder
8 (h)	amplifiers, e.g., FM, acoustic, infra-red □
9 (i)	a visual or vibrating alarm
10 (j)	a cochlear implant
11 (k)	another aid
()	
	1
	<u> </u>
	Other, Please Specify:
12	None selected. $\square > G_2$ to C15
12	
	Refusal
**1	
Inte	rviewer: Ask C13-C14 for aids (a-k) chosen in C12; tise 30 to C15
C13.	
(a)	How frequently would () use a computer to communicate (e.g., e-mail or
	chat services)if you (he/she) did have it?
1	Everyday
1	Everyday
2	A lew times a week
3	Once a week.
4	Less than once a week
5	Frequent usage but only during certain times
6	Not applicable
	Don't know
	Refusal
C14.	
(a)	Way does () not have this aid?
(a)	Mark all that apply.
	wark an mai appry.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You feel that ('s) condition is not severe enough to
+	justify this aid
5	('s) doctor does not feel that (his/her) condition is
5	
6	severe enough.
6	Your insurance company does not feel that (his/her)
	CONCINUITION IN NEVELE CHOUSEL

7	You don't know where to get it
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected
C13.	
(b)	How frequently would () use a computer to communicate if (he/s/e) did have it?
1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times
6	Not applicable
	Don't know□ Refusal□
	Refusal
C14.	
(b)	Why does () not have this aid?
	Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You feel that (s) condition is not severe enough to
_	justify (h) aid
5	() actor does not feel that (his/her) condition is
6	Your insurance company does not feel that (his/her)
6	co. dition is severe enough
7	You don't know where to get it
8	On a waiting list
9	Other
	Other, Please Specify:
	Ouler, I lease specify.
10	None selected
10	None selected

C13. (c)	How frequently would (\dots) use a volume control telephone if (he/she) did have it?
1 2 3 4 5 6	Everyday
C14. (c)	Why does () not have this aid? Mark all that apply.
1 2 3 4	Cost (purchase)
56	('s) doctor does not feel that (his/her) condition is severe enough
7 8 9	You don't know where so get it
10	Other, Fleige Specify:
C13.	
(d)	How frequently would () use a TTY or TTD if you (he/she) did have it? Everyday
2 3 4	A few times a week. Once a week. Less than once a week.
5	Frequent usage but only during certain times

6	Not applicable
	Don't know□
	Refusal
C14.	
(d)	Why does () not have this aid?
	Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You feel that ('s) condition is not severe enough to
	justify this aid
5	('s) doctor does not feel that (his/her) condition is
	severe enough
6	Your insurance company does not feel that (his/her)
_	condition is severe enough.
7	You don't know where to get it
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected
10	None selected
C13.	
(e)	How frequently would () use a message relay service if (he/she) did have
(C)	it?
1	Everya.v. \square
2	A 'ew i mos a week
3	One a week.
4	Less than once a week.
5	Frequent usage but only during certain times
6	Not applicable
	Don't know
	Refusal
C14.	
(e)	Why does () not have this aid?
(-)	Mark all that apply.

1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally □
4	You feel that ('s) condition is not severe enough to
_	justify this aid
5	('s) doctor does not feel that (his/her) condition is
_	severe enough
6	Your insurance company does not feel that (his/her)
_	condition is severe enough
7	You don't know where to get it
8	On a waiting list
9	Other
	Other, Please Specify:
	Other, I lease Specify.
10	None selected
~	
C13.	
(f)	How frequently would () use other phone related devices if you (he/she)
	did have it?
1	
1	Everyday
2	A few times a week
3	Once a week.
4	Less than once a week
5	Frequent usage but only during certain times
6	Not applicable
	Don't know.
	Refusal
	Y
01.1	
C14.	
(f)	Why does () not have this aid?
	wark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You feel that ('s) condition is not severe enough to
7	justify this aid
5	('s) doctor does not feel that (his/her) condition is
J	severe enough
6	Your insurance company does not feel that (his/her)
5	condition is severe enough

7	You don't know where to get it
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected
C13.	
(g)	How frequently would () use a closed caption T.V. or decoder if you (he/she) did have it?
1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times
6	Not applicable
	Don't know
	Refusal
C14.	
(g)	Why does () not have this aid?
(8)	Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
7	justify this aid
5	(s) a ctor does not feel that (his/her) condition is
	severe e nough.
6	Your insurance company does not feel that (his/her)
	condition is severe enough
7	You don't know where to get it
8	On a waiting list
9	Other
	Other, Please Specify:
	Suite, 1 lease speeily.
10	None selected
-	

C13. (h)	How frequently would (\dots) use amplifiers, e.g., FM, acoustic, infra-red if (he/she) did have it?
1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times
6	Not applicable
	Don't know. □
	Refusal
C14. (h)	Why does () not have this aid? Mark all that apply.
	Than it did that apply!
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You feel that ('s) condition is not severe enough to
	justify this aid
5	('s) doctor does not feel that (his/her) condition is
	severe enough
6	Your insurance company does not feel that (his/her)
	condition is severe enough
7	You don't know where to get it
8	On a waiting list
9	Other
	Other, Picase Specify:
	Other, the ase specify.
10	Yone selected
C13.	
(i)	How frequently would (\dots) use a visual or vibrating alarm if you (he/she) did have it?
1	Everyday
2	A few times a week
3	Once a week.
4	Less than once a week

5	Frequent usage but only during certain times
6	Not applicable
	Don't know
	Refusal
	Refusal
C14.	
(i)	Why do does () not have this aid?
(1)	Mark all that apply.
	mark an mai appry.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You feel that ('s) condition is not severe enough to
	justify this aid
5	('s) doctor does not feel that (his/her) condition is
	severe enough
6	Your insurance company does not feel that (his/her)
O	condition is severe enough
7	You don't know where to get it
8	On a waiting list
9	Other
9	Oulci
	Other, Please Specify:
1.0	
10	None selected
C13.	
(j)	How frequently would () use (write-in) if you (he/she) did have it?
1	Everyc'ay
2	A few tines a week
3	On 'e a veek
4	css than once a week
5	Fix quent usage but only during certain times
6	Not applicable
	Don't know□
	Refusal
C14.	
(j)	Why does () not have this aid?
(J)	Mark all that apply.
1	Cost (purchase)

2	Cost (maintenance)
3	Not available locally
4	You feel that ('s) condition is not severe enough to
5	justify this aid
3	severe enough
6	Your insurance company does not feel that (his/her)
	condition is severe enough□
7	You don't know where to get it□
8	On a waiting list
9	Other
	Other, Please Specify:
	o and, i must spring.
10	None selected
10	*
C14.	
(k)	Why does () not have this aid? (Aid refort of to is hearing aid)
` ′	Mark all that apply.
1	Cost (purchase)
2	Cost (purchase) □ Cost (maintenance) □
3	Not available locally
4	You feel that ('s) condition is not severe enough to
•	justify this aid
5	('s) doctor does not feet that (his/her) condition is
	severe enough
6	Your insurance company does not feel that (his/her)
	condition is severe chough
7	You don't kno v where to get it□
8	On a wan ng list
9	Other
	Other, Please Specify:
10	None selected
~ · -	
C15.	The next few questions deal with certain communication skills ()
	may have.
	Does () speech read or lip read?
	Ducs () specch reau Ul Hp reau:

1 2 3	Yes. □ No. □ Not applicable. □ Don't know. □ Refusal. □
C16.	Does () use sign language such as ASL, LSQ or other types of sign language?
1	Yes
2	No
3	Not applicable \square > Go to C19
5	Don't know. \Box > Go to C19
	Refusal. Go to C19
C17.	Which form of sign language does () use most often?
1	ASL
2	LSQ
3	Other.
5	Other
	Other, Please Specify:
4	Not applicable
	Don't know
	Refusal
C18.	How often does () use a sign language interpreter?
1	Eve y jay
2	At least once a week.
3	At least once a month.
4	At least once every 6 months
5	Less than once every 6 months
6	Never
7	Not applicable
,	Don't know.
	Refusal
	тенани

C19. In the past 6 months, how often has (....) had difficulty participating in everyday activities because of (his/her) ability to hear?

1	Daily
2	Weekly
3	Monthly
4	Less than once per month
5	Never \square > Go to C21
6	Not applicable \square > Go to C21
	Don't know. \square > Go to C21
	Refusal
C20.	When ('s) ability to hearr made it difficult to participate in everyday activities, did (he/she) experience:
1	Some difficulty
2	A lot of difficulty
3	(was) completely unable to participate
4	('s) participation was not affected
7	Don't know
	Refusal
	Refusur
C21.	Which of the following categories best describes ('s) situation as a person with a hearing loss?
1	Deaf □
2	Deafened
3	Hard of Hearing
4	Some hearing loss
5	Other
	Other, Fle, se Specify:
6	Not applicable
	Pon't know
	Rerusal
	Section D – Seeing Filter
	All respondents enter this module

D. The next few questions are about (....'s) ability to see. Remember, I am asking about difficulties that have lasted or are expected to last 6 months or more.

D1.	Does	() wear glasses or contact lenses to see up close	e or at a distance?
	1 2 9 8	Don't know. □ >	Go to D4 Go to D4 Go to D4
D2.	With	glasses or contact lenses, how would you describe	('s) vision ability?
	1	(He/She) has no problem seeing ⊃ >	If ('s) date of birth is on or before May 15, 2001 then go to Section N (p182); else go to Section F (p69)
	2	(He/She) has difficulty seeing	Check Box "Seeing- Limitation" on Profile Sheet
	9	Don't know.	If ('s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to Section F (p69)
	8	Refusal □ >	If ('s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to Section F (p69)
D3.	How	much difficulty?	
	1	Some difficulty	□ > If ('s) date of birth is on or before May 16, 2001 then go to Section N (p182); else

			go to D6
		A lot of difficulty. \square >	If ('s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to D6
	9	Don't know.	of birth is on or before May 16, 2001 then go to Section N (p182); else go to D6
	8	Refusal	of birth is on or before May 16, 2001 then go to Section N (p182); else go to D6
D4.	Hew	we used you describe ('s) vision ability?	
	1	befor 2001 Section	's) date th is on or e May 16, then go to on N (p182); o to Section F
	2	Limit	A Box "Seeing- ation" on Profile and then Go to

	3	(He/She) cannot see	I S C H	Check Box "Seeing- Limitation" on Profile Sheet; If ('s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to D6
	9	Don't know	k 2 5	of ('s) date of birth is on or before May 16, 2001 then go to Section N (p182); when yo to Section F
	8	Refusal.	li 2 S	h ('s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to Section F
D5.	How	much difficulty?		
	1	Some difficulty	l t	f ('s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to D6
	2	A lot of difficulty	l t	('s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to D6
		Don't know	t	f ('s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to D6
		Refusal		f ('s) date of birth is on or

before May 16, 2001 then go to Section N (p182); else go to D6

D6.	Has	() been diagnosed by an eye specialist as being l	egally	y blind	1?	
	1	Yes				
	2	No.				
	9	Don't know.				
	8	Refusal			\	
		Section E - Seeing Aids	1			
** <i>I</i>	f('s	s) date of birth is on or before May 16 2001 <u>and sering</u> on the Profile Sheet then continue; else sk [†] o to Sec	-			ked
E1.		s () <u>use</u> any aids or specialized equipment for ch culties, for example, magnifiers or Braile reading m			vision	
	1	Yes				
	2		Go to	E11		
	9	Don't know. □ >	Go to			
	8		Go to			
E2.	Does	(he/she) rownse;	(4)	(2)	(0)	(0)
			(1)	(2)		(8)
		R-Y	Yes	<u>No</u>	<u>DK</u>	<u>R</u>
(a) 1	magni.	ers.				
(b)	Brain\2	reading materials				
(c) l	large p	rint reading materials				
(d)	talking	books				
(e) 1	recordi	ng equipment or portable note-takers				
(f) c	closed c	circuit devices (e.g., CCTV's)				
(a)	a comn	uter with Braille large print or eneach access				

(h) a	(h) a white cane \Box							
(i) a	(i) another aid							
Oth	er, Ple	ease Specify:						
***	· Inter	rviewer: Only read questions in section E3 for the aids (a-i) selected in E2***						
Е2	2,,,,,	The west of the second as second as 22 years and small (at 1) second as 22						
E3. (a)	Hov	w often does () use magnifiers?						
	1	Every day						
	2	A few times a week						
	3	Once a week						
	4	Less than once a week						
	5	Frequent usage but only						
		during certain times						
	6	Don't use because it needs repair						
		or replacement						
	7	Not applicable						
		Don't know						
		Refusal						
E4.								
(a)	Wh	ho paid the most for <u>acquiring</u> this item?						
	1	Parent						
	2	Family cf ()						
	3	Yee lth care system.						
	4	Go vernment program						
	5	In surance company						
	5	Non-profit organization						
	7	It does not belong to () (i.e. belongs to employers, friends / family,						
		public property, etc						
	8	Other						
		Other, Please Specify:						
	9	Not applicable						
		Don't know						
		Refusal						

E4a. (a)	Are you making any kind of payment for ()'s magnifiers, for example to rent or finance this item?					
	1	Yes				
	2	No				
	9	Don't know				
	8	Refusal \square > Skip to E3(b) if E4=7				
E3.						
(b)	Hov	v often does () use Braille reading materials?				
	1	Every day				
	2	A few times a week□				
	3	Once a week				
	4	Less than once a week				
	5	Frequent usage but only				
		during certain times				
	6	Don't use because it needs repair				
	-	or replacement				
	7	Not applicable				
		Don't know				
		Refusal				
E4.						
(b)	Wh	no paid the most for <u>acquiring</u> this item?				
(6)	***	to paid the most of <u>dequiring</u> this item.				
	1	Parent				
	2	Fan ily of ()				
	3	Health care system.				
	4	G) vernment program				
	5	Insurance company				
	6	Non-profit organization				
	7 ^	It does not belong to () (i.e. belongs to employers, friends / family,				
		public property, etc				
	8	Other				
		Other, Please Specify:				
	9	Not applicable				
		Don't know				

 E4a.		
(b)		you making any kind of payment for ()'s Braille reading materials, example to rent or finance this item?
	1 2 9 8	No. \square > Skip to E3(c) if E4=7 Don't know \square > Skip to E3(c) if E4=7
E3.		
(c)	Hov	w often does () use large print reading materials?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week.
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
E4.	XX/1.	
(c)	VV II	o paid the most for <u>acquiring</u> this item?
	1	Parent
	3	Fε mily of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		Other, Please Specify:

	9	Not applicable
E4a. (c)		you making any kind of payment for ('s) large print reading erials, for example to rent or finance this item?
	1	Yes
	2	No
	9	Don't know. \square > Skip to E3(a') if E4=
	8	Refusal
E3.		
(d)	How	voften does () use talking books?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it need, repair
		or replacement
	7	Not applicable
		Don't know □
		Refusal
E4.		
(d)	Who	poic the most for <u>acquiring</u> this item?
	_(
	$\langle 1 \rangle$	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other

		Other, Please Specify:
	9	Not applicable
E4a. (d)		you making any kind of payment for ()'s talking books, for example ent or finance this item?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
	0	
E3.		
(e)	Hov	v often does () use recording equipment or portable note-takers?
(C)	1101	voicen does () <u>ase</u> recording equipment of portable note takers.
	1	Every day
	2	Every day
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it receds repair
		or replacement
	7	Not applic₂'ble □
		Don't know□
		Refusar
E4.		R
(e)	Wh	o paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
	,	public property, etc
	8	Other

		\downarrow
		Other, Please Specify:
	9	Not applicable
		Don't know
		Refusal
E4a. (e)	Ar	e you making any kind of payment for ('s) recording equipment or
(0)		rtable note-takers, for example to rent or finance this item?
	1	Yes
	2	No. \square > Skip to E3(f) if E4=7
	9	Don't know
	8	Refusal
D7		
E7.	Ц	yy often does (2s) recording equity many or nortable note takens?
(e)	<u> 110</u>	w often does ('s) recording equipment or portable note-takers?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year $\square > $ Go to E9
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years. □
	5	Every 5 years or nare
	6	Never. $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{E3} \ (\mathbf{f})$
	7	Not applicable. $\square > \mathbf{Go}$ to $\mathbf{E3}$ (f)
		Don't l -now
		Refused $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{E3} \ (\mathbf{f})$
		Y Y
E8.		
(e)	Wi	h this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	Don't know
	8	Refusal. \square > Go to E3 (f)
E9.		

(e) What is the main reason you will need to replace (his/her) recording equipment or portable note-takers?

	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
		$oldsymbol{1}$
		Other, Please Specify:
		Don't know
		Refusal
E10.		
(e)		How much difficulty will you have paying for a replacement for (his/her)
	r	ecording equipment or portable note-takers?
	1	None
	2	
	3	
	4	
	5	
	6	Not applicable
		Don't know
		Refusal
E3. (f)	T	<u>Iow often does () use</u> closed circuit devices (e.g., CCTV's)?
(1)	±	iow often de st y use closed circuit devices (e.g., eet v s).
	1	Fvery a.y
	2	
	3	
	4	Less than once a week
	4	Frequent usage but only
	-	during certain times
	6	
	U	
	7	or replacement
	/	rr
		Don't know
		Refusal
E4.		
(f)	V	Vho paid the most for <u>acquiring</u> this item?

51

	1	Parent	
	2	Family of ()	
	3	Health care system□	
	4	Government program	
	5	Insurance company	
	6	Non-profit organization	
	7	It does not belong to () (i.e. belongs to employers, friends / family	٧,
		public property, etc	
	8	Other	
		Other, Please Specify:	
	9	Not applicable	
		Don't know	
		Refusal	
		4	
E4a.			
(f)	Arc	re you making any kind of payment for ()'s closed circuit devices (e.g.,
	CC	CTV's), for example to rent or finance this item?	
	1	Yes	
	2	No	
	9	Don't know	
	8	Refusal	E4=7
E7.			
(f)	How often do ()'s closed circuit devices (e.g., CCTV's) need to be		
	rep	plac (d)	
1	- (
1	EV	\Box > Go to E9	
2		ore man 6 months but less than 1 year	
3		ce per year to less than 2 years	
4		nce every 2 years but less than once every 5 years.	
5		very 5 years or more. \Box	
6 7		ever. $\square > Go \text{ to } E3 (g)$	
1		ot applicable $\square > Go \text{ to } E3 (g)$	
		on't know. $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{E3} \ (\mathbf{g})$ efusal. $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{E3} \ (\mathbf{g})$	
	K ⊕1	-msai	
	ICCI	514541	

E8.

(f)	W	Will this item need to be replaced in the next 12 months?			
	1 2 9 8	Yes. \square No. \square > Go to E3 (g) Don't know. \square > Go to E3 (g) Refusal. \square > Go to E3 (g)			
E9. (f)		at is the main reason you will need to replace (his/her) amplifiers?			
	1 2 3 4 5 6	Condition is worse			
		Other, Please Specify:			
		Don't know			
E10 (f)	Н	Sligh*			
E3. (g)	<u>H</u>	low often does () use a computer with Braille, large print or speech ccess?			
	1 2 3	Every day			

	4 5 6 7	Less than once a week
E4. (g)	Wh	o paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belong: to employers, friends / family,
		public property, etc
	8	Other
	9	Other, Please Specify: Not applicable
E4a. (g)		you making any kind of payment for ()'s computer with Braille, large at or speech access, for example to rent or finance this item?
•	1	Yes
	2	No. \square > Skip to E3(h) if E4=7
	9	Don't know. □ > Skip to E3(h) if E4=7
	8	Refusal
E5. (g)	Hov	w often does this aid need service, such as repairs or maintenance?
	1	Every 6 months or less

	2	More than 6 months but less than 1 year □
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once
		every 5 years
	5	Every 5 years or more
	6	Never
	7	Not applicable
	/	11
		Don't know
		Refusal
E6.		
	Цот	much difficulty doog () have paying for the convice of this
(g)		much difficulty does () have paying for the service of this
	item	
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know □
		Refusal
E7.		
	Нож	often does ('s) computer with Braille, large print or speech access
(g)		to be replaced?
	neeu	to be replaced.
	1	Every 6 months on less
	1	Every 6 month, or less. $\square > \mathbf{Go}$ to $\mathbf{E9}$
	2	More than 6 months but less than 1 year $\square > $ Go to E9
	3	Once per year to less than 2 years
	4	Or ce every 2 years but less than once every 5 years.
	5	Every 5 years or more
	5	Never. $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{E3} \ (\mathbf{h})$
	7	Not applicable \square > Go to E3 (h)
		Don't know $\square > $ Go to E3 (h)
		Refusal $\square > \mathbf{Go}$ to E3 (h)
T C		
E8.	****	
(g)	Will	this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	Don't know $\square > \mathbf{Go}$ to $\mathbf{E3}$ (i)

	8	Refusal > Go to E3 (i)
E9.	Wha	at is the main reason you will need to replace (his/her) computer with ille, large print or speech access?
	1	Condition is worse
	2	Condition is better.
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
		Other Places Cresify
		Other, Please Specify:
		Don't know
		Refusal
E1(
(g)		How much difficulty will you I ave paying for a replacement for (his/her)
	c	omputer with Braille, large print or speech access?
	1	None
	2	
	3	
	4	
	5	
	6	11
		Don't know□
		Perusal
		<u> </u>
Б2		
E3.	,	
(h)	<u>H</u>	<u>ów often</u> do does () <u>use</u> a white cane?
	1	Every day
	1 2	Every day A few times a week
	3	Once a week
	<i>3</i>	Less than once a week
	5	
	3	Frequent usage but only
	6	during certain times
	U	Don't use occause it needs repair

	7	or replacement
E4. (h)	Wł	no paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
	0	public property, etc
	8	Other
	9	Other, Please Specify: Not applicable
E4a. (h)		e you making any kind of payment for this aid, for example to rent or ance this item? Yes
E3. (i)	<u>Ho</u>	w often does () use (write-in)?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only

	6 7	during certain times
E4. (i)	W	ho paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc 🗋
	8	Other
	9	Other, Please Specify: Not applicable
E4a. (i)		re you (making any kind of payment for this aid, for example to rent or ance to is item?
	1 2 9 8	Yes. □ No. □ > Skip to E11 if E4=7 Don't know. □ > Skip to E11 if E4=7 Refusal. □ > Skip to E11 if E4=7
		<u>er</u> : If service or replacement is applicable to this specific write-in then proceed skip to E11.
E5. (i)	<u>Ho</u>	ow often does this aid need service, such as repairs or maintenance?
	1	Every 6 months or less

	2	More than 6 months but less than 1 year □
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once
		every 5 years
	5	Every 5 years or more
	6	Never
	7	Not applicable \Box > Go to E7
		Don't know $\square > \mathbf{Go}$ to $\mathbf{E7}$
		Refusal $\square > \mathbf{Go}$ to $\mathbf{E7}$
E6.		
(i)	How	much difficulty do you have paying for the service of this item?
	1	None
	2	Slight
	3	Moderate
	4	Serious.
	5	Cannot afford
	6	Not applicable
	Ü	Don't know
		Refusal
E7.		
(i)	How	often does ()'s (write-in) need to be replaced?
	1	
	1	Every 6 month; or 1×5 . $\square > 6$ to E9
	2	More than 5 months but less than 1 year
	3	Once per year to less than 2 years
	4 5	Once every 2 years but less than once every 5 years. Every 5 years or more
	6	V vor
	7	Not applicable. \square > Go to E11
		Don't know. \square > Go to E11
		Refusal. \square > Go to E11
		30 10 211
E8.		
(i)	Will 1	this item need to be replaced in the next 12 months?
	1	Yes
	2	No. \square > Go to E11
	9	Don't know. \square > Go to E11
	8	Refusal $\square > \mathbf{Go}$ to E11
	O	

E9. (i)	What is the main reason you will need to replace your (his/her) (write-in)?
	1 Condition is worse
	Other, Please Specify: Don't know
E10. (i)	How much difficulty will you have paying for a 1 epiacement for (his/her) (write-in)?
	1 None. □ 2 Slight. □ 3 Moderate. □ 4 Serious. □ 5 Cannot afford. □ 6 Not applicable. □ Don't know. □ Refusal. □
E11.	Are there any aids, specialized equipment or services for persons who are deaf or nand of hearing that you think (he/she) needs but does not have? Yes
E12.	Which aids do you does () <u>need</u> but does not have? Mark all that apply
	1 (a) magnifiers

	4	(a)	talking books
	5	(e)	recording equipment or
		()	portable note-takers
	6	(f)	closed circuit devices (e.g., CCTV's)
	/	(g)	a computer with Braille, large print
			or speech access \Box
		(h)	a white cane
	9	(i)	glasses or contact lenses
		(j)	specialized telephone, e.g. a large button
		0)	phone or a phone with speech output□
	11	(k)	another aid
	11	(K)	another aid
		Ot	ther, Please Specify:
		Ot	mer, rease specify.
	12	2	None selected
	1.2	_	
			Don't know
			Refusal \longrightarrow Go to E15
			Y
	Inte	rview	er: Ask E13-E14 for aids (a-k) selected in E12; Else go to E15
E13.			
(a)	How	fream	nently would () use n. agnifiers if (he/she) did have them?
(a)	110 11	ncqu	tentry would (/ dsc in againers in (inc/site) and have them.
	1	Exec	oruday.
			eryday
	2		ew times a week
	3		ce a week
	4		s than once a week
	5	Fre	quent use ge but only during certain times
	6		a, plicable
			n't know
			ical \square
		101	wati
	\rightarrow	<u> </u>	
E14.			
(a)	Why	does	() not have this aid?
	Mark	all th	at apply.
		~	
	1		st (purchase)
	2	Cos	st (maintenance)
	3	Not	available locally
	4		a personally feel that (his/her) condition is not
			ere enough to justify this aid
	5		's) doctor does not feel that (his/her) condition
	J		· · · · · · · · · · · · · · · · · · ·
		100	evere enough

	6	Your insurance company does not feel that (his/her)
		condition is severe enough□
	7	You don't know where to get it□
	8	On a waiting list
	9	Other
		Other, Please Specify:
	10	None selected
E13.		
(b)	How	frequently would () use Braille reading materials if (e/she) did
	have	
	1	Everyday
	2	A few times a week
	3	Once a week.
	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable
		Don't know.
		Refusal
-		
E14.		
(b)	Why	does () rot have this aid?
	•	a all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You personally feel that (his/her) condition is not
		severe enough to justify this aid
4	-	('s) doctor does not feel that (his/her) condition
		is severe enough
	6	Your insurance company does not feel that (his/her)
	Ü	condition is severe enough
	7	You don't know where to get it
	8	On a waiting list
	9	_
	9	Other
		Other, Please Specify:
		other, I reade openity.

	10	None selected
E13. (c)		frequently would () use large print reading materials if (he/she) did
	have	it?
	1	Everyday
	2	A few times a week.
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable
	Ü	Don't know
		Refusal
		· · · · · · · · · · · · · · · · · · ·
-		
E14.		
(c)	Why	does () not have this aid?
	Mark	a all that apply.
	1	Cost (purchase)
	2	
	3	Cost (maintenance)
	4	You personally feel that (his/Ler) condition is not
		severe enough to justify this aid
	5	('s) doctor does not feel that (his/her) condition
		is severe enough
	6	Your insurence company does not feel that (his/her)
		condition is severe enough
	7	You don t know where to get it
	8	On a waiting list
	9	O,'her
		Cther, Please Specify:
•	X	Julier, Treuse Species.
	10	None selected
E12		
E13. (d)	How	frequently would () use talking books if (he/she) did have it?
	1	Everyday
	2	A few times a week.
	3	Once a week

	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable
		Don't know□
		Refusal
E14.	XX/b,	y doog () not have this aid?
(d)	•	y does () not have this aid? k all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You personally feel that (his/her) condition is not
	_	severe enough to justify this aid
	5	('s) doctor does not feel that (his/her) condition
	6	is severe enough
	O	condition is severe enough
	7	You don't know where to get it
	8	On a waiting list
	9	Other
		O LING I
		Other, Please Specify
	4.0	
	10	None selected
E13.		
(e)	Ном	v frequenty would () use recording equipment or portable note-
(C)		ers 'f he/she) did have it?
		Everyday
•	2	A few times a week
	2 3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable
		Don't know
		Refusal
E14.		
(e)	Wh	y does () not have this aid?

64

	Mar	k all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You personally feel that (his/her) condition is not
		severe enough to justify this aid
	5	('s) doctor does not feel that (his/her) condition
		is severe enough
	6	Your insurance company does not feel that (his/her)
		condition is severe enough \Box
	7	You don't know where to get it
	8	On a waiting list
	9	Other
		Other, Please Specify:
		Other, I lease specify.
	10	None selected
E13.		
(f)	r frequently would () use closed circuit devices (e.g., CCTV's) if	
	(he/s	she) did have it?
	1	Everyday
	2	A few times a weet
	3	Once a week
	4	Less than or co a week
	5	Frequent usage but only during certain times
	6	Not applicable
		Don't know
		Re fusal
	(<u> </u>
T214		
E14.	VX)	w doog () mot how this side
(f)	-	y does () not have this aid?
	Mar	k all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You personally feel that (his/her) condition is not
		severe enough to justify this aid
	5	('s) doctor does not feel that (his/her) condition
		is severe enough
	6	Your insurance company does not feel that (his/her)

		condition is severe enough
	7	You don't know where to get it□
	8	On a waiting list
	9	Other
		1
		\downarrow
		Other, Please Specify:
	10	None selected
		4
E13.		A Y
(g)	How	frequently would () use a computer with Braille, large print or
	spee	ch access if (he/she) did have it?
	_	
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable
		Don't know
		Refusal
E14.		
(g)	Why	does () not have 'has aid?
	-	k all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not ava. able locally
	4	You personally feel that (his/her) condition is not
		severe enough to justify this aid
	5	('s) doctor does not feel that (his/her) condition
	V)	is severe enough
	6	Your insurance company does not feel that (his/her)
	0 ,	condition is severe enough
	7	You don't know where to get it
	8	On a waiting list
		_
	9	Other
		Other, Please Specify:
		Suit, Lieuse Speeilj.
	10	None selected

E13. (h)	How	frequently would () use a white cane if (he/she) did have it?
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times□
	6	Not applicable
		Don't know
		Refusal
E14.		
	W/b	doog () not have this sid?
(h)	•	does () not have this aid? all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You personally feel that (his/hei) condition is not
		severe enough to justify this a 1
	5	('s) doctor does not feel that (his/her) condition
		is severe enough
	6	Your insurance company does not feel that (his/her)
	_	condition is severe enough.
	7	You don't know where to get it
	8	On a waiting list
	9	Other
		Other, Picase Specify:
		A special spec
/	10	None selected
E13.	Y	
(i)	How	frequently would () use a (write-in) if (he/she) did have it?
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable

		Don't know
E14. (i)	-	does () not have this aid?
	1 2 3 4 5 6 7 8	Cost (purchase)
	10	Other
E15.		he past 6 months, how often has () had difficulty participating in ryday activitie. Because of (his/her) ability to see? Daily.
E16.		When ('s) ability to see made it difficult to participate in everyday ctivities, did (he/she) experience:
	1 2 3 4	A lot of difficulty \square () was completely unable to participate \square

		Section F - Communication Filter Que	estions
*	* I f ('s) date of birth is on or before May 16 2001 then constant $Section\ N\ (p\ 182)**$	ontinue; else skip to
F.		e next few questions are about ('s) ability to commasking about difficulties that have lasted or are expected.	
F1.		ause of a condition or health problem, does () haking?	ave any difficulty
	1	Yes	Check Box Communication- Limitation on Profile Sheet and then Go to F3
	2 9 8	No	
F2.		ause of a condition or health problem, does () having (hix self/herself) understood when speaking?	ave any difficulty
	1	Yes	Check Box Communication- Limitation on Profile Sheet and then Go to F5a
	2 9 8	Don't know \square >	Skip to H (p 89) Skip to H (p 89) Skip to H (p 89)
F3.	Hov	w much difficulty does (he/she) have speaking?	
	1	(He/She) has some difficulty	

	2	(He/She) has a lot of difficulty
	3	(He/she) can not speak \square > Skip to G (p 71)
	9	Don't know
	8	Refusal
F4.		use of a condition or health problem, does () have any difficulty ng (himself/herself) understood when speaking?
	1	Yes
	2	No
	9	Don't know. \square > Skip to G
	8	Refusal. \square > Skip to G
F5a.		well do you feel () is able to make (himself/herser) understood when king with:
	(His/	Her) family members?
	_	
	1	Completely
	2	Partially
	3	Not at all
	4	Not applicable
		Don't know
		Refusal
F5b.		well do you fel () is able to make (himself/herself) understood when ting with:
	other	children.?
	1	Completely
	2	1'artially
	3	Not at all
	4	Not applicable
	' /	Don't know
		Refusal
F5c.		well do you feel () is able to make (himself/herself) understood when ing with:
	other	people?

	1	Completely				
	2	Partially				
	3	Not at all				
	4	Not applicable				
		Don't know□				
		Refusal				
		Section G - Communication Aid	s			
	m) date of birth is on or before May 16 2001 <u>and</u> commarked on the Profile Sheet then continue; else skip to	Secti	10 n H ((p 89)*	
G1.	diffi	s () <u>use</u> any aids or specialized equipment for cl culty speaking or making themselves understood, fo diffier or Blissboard?		_		e
	1	Yes				
	2	No				
	9	Don't know				
	8	Refusal				
G2.	Door	g (ha/gha) naw ugas				
G2.	Does	s (he/she) now <u>use</u> :	(1)	(2)	(9)	(8)
			` ′		` /	
		^()	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>R</u>
(a) a	voice	amplifier?				
(b) a	comp	uter or keyboard device to communicate?	Ц	Ш	Ш	Ш
(c) a	comm	nunleation board, such as a Blissboard?				
(1)	. (10				
(d) a	pieti i	re board?	⊔	Ш	Ш	Ш
(e) aı	10tı.°r	· aid?				
Othe	r, Plea	ase Specify:				

G3.

^{**} Interviewer: Only read questions in section G3 for the aids (a-e) selected in G2 If no aids were selected skip to G11**

(a)	Ho	w often does () <u>use</u> a voice amplifier?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week \square
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
G4.	TX /	ho paid the most for <u>acquiring</u> this item?
(a)	**1	no paid the most for <u>acquiring</u> this item:
	1	Parent
	2	Family of ()
	3	Health care system \square
	4	Government program
	5	Insurance company
	6	Non-profit organization.
	7	It does not belong to () (i.e. belongs to employers, friends / family,
	8	public property, etc Other
	0	Other
		Other, Place Specify:
	9	Not applicable
		Don't know.
		Refusal
		Y
G4a.		
(a)	Ar	e you making any kind of payment for ('s) voice amplifier, for example
	to 1	rent or finance this item?
	1	Yes
	2	No. \square > Skip to G3(b) if
	-	G4=7
	9	Don't know
		G4=7

	8	Refusal
G7. (a)	How	v often does ()'s voice amplifier need to be replaced?
	1 2 3 4 5 6 7	Every 6 months or less
G8. (a)	Will	this item need to be replaced in the next 12 months?
	1 2 9 8	Yes
G9. (a)	Wha	t is the main reason you will need to replace (his/her) voice amplifier?
	1 2 3 4 5 6	Condition is worse
		Other, Please Specify:
		Don't know

G10.

(a) How much difficulty <u>will you</u> have paying for a replacement for (his/her)

	voic	e amplifier?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know.
		Refusal
G3. (b)	Hov	v often does () use a computer or keyboard device to com nunicate?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
	3	during certain times
	6	Don't use because it needs repair
	U	
	7	or replacement
	/	Don't know
		Refusal
		Refusal
G4.		
(b)	1 3/h	no paid the most 1)r acquiring this item?
(D)	VV 11	to paid the most 171 acquiring this item:
	1	DO: UA
	1	Par int
	2 3 4 5	Faruly of ()
		Health care system
	4	Government program
		Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
	•	public property, etc
	8	Other
	ſ	Other, Please Specify:
		, ~p, ·
	9	Not applicable

G4a. (b)		you making any kind of payment for ()'s computer or keyboard ce to communicate, for example to rent or finance this item?
	1	Yes
	2	No
	9	Don't know. \square Skip to G3(c) if $G4=7$
	8	Refusal
G7.	**	
(b)		often does ()'s computer or keyboard device to communicate need replaced?
	to be	replaceu:
	1	Every 6 months or less. \square > Go to G9
	2	More than 6 months but less than 1 year $\square > \mathbf{Go}$ to $\mathbf{G9}$
	3	Once per year to less than Eyears
	4	Once every 2 years but 16.5 than once every 5 years.
	5	Every 5 years or more
	6	Never
	7	Not applicable \square > Go to G3 (c)
		Don't know $\square > \mathbf{Go}$ to $\mathbf{G3}$ (c)
		Refusal \Box > Go to G3 (c)
G8.		Q_ Y
(b)	Will	th's tem need to be replaced in the next 12 months?
,	1	Yes
	1 2 9	No. \square > Go to G3 (c)
	9	Don't know. $\square > \mathbf{Go} \text{ to } \mathbf{G3} \text{ (c)}$
	8	Refusal. $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{G3} \ \mathbf{(c)}$
G9. (b)	What	t is the main reason you will need to replace (his/her) computer or

	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
		↓
		Other, Please Specify:
		Don't know
		Refusal
G10.		
(b)	Hov	w much difficulty will you have paying for a replacement for (his/her)
(0)		iputer or keyboard device to communicate?
	COII	iputer of Reyboard device to communicate.
	1	None
	2	Slight
	3	Moderate.
	4 5	Serious.
		Cannot afford
	6	Not applicable
		Don't know
		Refusal
		Y Y
G3.		
(c)	Ho'	w often does () use a communication board such as Bliss?
	1	Every day
	2	A few three a week
	3	Or ce a week
	4	Let's than once a week
	5	I requent usage but only
•	V	during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
		1018341
$\mathbf{C}\mathbf{A}$		
G4.		

(c) Who paid the most for <u>acquiring</u> this item?

	2 3	Family of ()
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		Other, Please Specify:
		Suite, France Special.
	9	Not applicable
	,	Don't know
		Refusal
G4a.		
(c)		e you making any kind of payment for ()'s communication board such
	as l	Bliss, for example to rent or finance this item?
	1	Vac
	1 2	Yes
	1 2	Yes
		No
	2	No
	2	No
	2 9	No
	2 9	No
	2 9	No
G7.	2 9 8	No
G7. (c)	2 9 8 <u>Hor</u>	No
	2 9 8 <u>Hor</u>	No
	2 9 8 <u>Hor</u>	No
	2 9 8 <u>Horren</u>	No
	2 9 8 <u>Horrel</u>	No
	2 9 8 Ho rep 1 2 3 4	No
	2 9 8 Ho rep 1 2 3 4 5	No
	2 9 8 Ho rep 1 2 3 4 5 6	No
	2 9 8 Ho rep 1 2 3 4 5	No
	2 9 8 Ho rep 1 2 3 4 5 6	No
	2 9 8 Ho rep 1 2 3 4 5 6	No

G8. (c)	Wi	ll this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	Don't know
	8	Refusal \square > Go to G3 (d)
G9.		4
(c)		at is the main reason you will need to replace (his/her) communication rd such as Bliss?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated \(\square\)
	6	Other
		Other, Please Specify:
		The state of the s
		Don't know□
		Refusal
G10. (c)		w much difficulty will you have paying for a replacement for (his/her) nmunication poard such as Bliss?
	1	N ne
	2	
	3 4	Moderate
	4	Cannot afford
	6	Not applicable
	O	Don't know
		Refusal.
G3.	Цα	w often does () use a nicture heard?
(d)	110	w often does () use a picture board?
	1	Every day

2	A few times a week
3	Once a week
4	Less than once a week \square
4	Frequent usage but only
	during certain times
(_
,	or replacement
-	•
,	11
	Don't know
	Refusal
G4.	
(d)	Who paid the most for <u>acquiring</u> this item?
` ,	
]	
4	
3	
4	Government program
4	
(Non-profit organization
	public property, etc
8	
	Other, Please Specify.
Ç	Not applicable
_	Don't know
	Refusal
-	
~ .	
G4a.	
	Are you making any kind of payment for ()'s picture board, for example
1	o rent or finance this item?
]	
2	r (-)
	G4=7
Ģ	1
	G4=7
8	
	G4=7

G7. (d)	Ho	w often does ()'s picture board need to be replaced?
	1	Every 6 months or less. $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{G9}$
	2	More than 6 months but less than 1 year \square > Go to G9
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years.
	5	Every 5 years or more
	6	Never. $\square > \mathbf{Go}$ to $\mathbf{G3}$ (e)
	7	Not applicable \square > Go to G3 (e)
		Don't know. $\square > \mathbf{Go} \bowtie \mathbf{G3}$ (e)
		Refusal
G8.	***	
(d)	Wi	ll this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	Don't know
	8	Refusal \square > Go to G3 (e)
G9.	***	
(d)	wn	at is the main reason you will need to replace (his/her) picture board?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Office 1
	4 >	Other, Please Specify:
		Don't know□
		Refusal
G10.		
(d)		w much difficulty <u>will you</u> have paying for a replacement for (his/her)
	pict	ture board?
	1	None
	1	None

	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
		Rotusai
G3.		
(e)	How	often does () use a (write-in)?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
	-	during certain times
	6	Don't use because it needs repair
	Ü	or replacement
	7	Not applicable
	,	Don't know
		Refusal
		Rolusui
G4.		
	Wh.	o paid the most for <u>a quiring</u> this item?
(e)	VV 110	paid the most for <u>a qualing</u> this item:
	1	Parent
	2	Family of ()
	3	Health care system
	4	ro ernment program□
	5	Insurance company
	7	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
	Г	O.I. Pl. G. 16
		Other, Please Specify:
	0	Ni-4li-abla
	9	Not applicable
		Don't know
		Refusal

G4a. (e)	Are you making any kind of payment for ()'s (write-in), for example to rent or finance this item?			
	1	Yes		
	2	No		
		G4=7		
	9	Don't know. \square > Skip to G11 if G4=7		
	8	Refusal \square > Skip to G11 if G4=7		
		If service or replacement is applicable to this specific write-in then proceed ip to G11.		
G5 .				
(e)	How	often does ()'s (write-in) need service, with as repairs or		
` '		ntenance?		
	1	Every 6 months or less		
	2	More than 6 months but less than 1 year □		
	3	Once per year to less than 2 year.		
	4	Once every 2 years but les. than once		
		every 5 years		
	5	Every 5 years or more		
	6	Never		
	7	Not applicable \square > Go to G7		
		Don't know $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{G7}$		
		Refusal \Box > Go to G7		
06				
G6. (e)	How	Tuch difficulty do you have paying for the service of this item?		
) '		
	1	None		
	2	Slight		
	3	Moderate		
	4	Serious		
	5	Cannot afford		
	6	Not applicable		
		Don't know		
		Refusal		

G7.

(e)	Ho	w often does ()'s (write-in) need to be replaced?
	1	Every 6 months or less. \square > Go to G9
	2	More than 6 months but less than 1 year $\square > \mathbf{Go}$ to $\mathbf{G9}$
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years. □
	5	Every 5 years or more
	6	Never. $\square > \mathbf{Go}$ to $\mathbf{G11}$
	7	Not applicable $\square > \mathbf{Go}$ to $\mathbf{G11}$
		Don't know. $\square > \mathbf{Go}$ to $\mathbf{G11}$
		Refusal $\square > \mathbf{Go}$ to $\mathbf{G11}$
G8.		
(e)	Wil	ll this item need to be replaced in the next 12 months?
	1	Yes
	2	No > Go to G11
	9	Don't know \Box > Go to G11
	8	Refusal > Go to G11
G9.		· · · · · · · · · · · · · · · · · · ·
(e)	Wha	nt is the main reason you will next to replace (his/her) (write-in)?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated
	6	Other
	Othe	er, Plase Specify:
		Don't know
	X	Refusal
C10		
G10.	TT	
(e)		w much difficulty <u>will you</u> have paying for a replacement for (his/her)
	(wri	ite-in)?
	1	None
	_	
	2 3	Slight Moderate
	s 1	

	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
G11.	speak	here any aids or specialized equipment for children who have difficulty king or making themselves understood that () <u>currently</u> needs, but not have?
	1	Yes
	2	No
	9	Don't know. \square > Go to G15
	8	Refusal $\square > Go \text{ to } G'$
G12.	Whic	h aids does (he/she) <u>need</u> , but does not have?
		all that apply.
	1	A voice amplifier
	2	A computer or keyboard device to compunicate
	3	A communication board, such as a b¹issboard □
	4	A picture board
		Another aid
	I	—
		Other, Please Specify.
		None Selecte i
		Don't !mow
		Refusal
Inte	ervie we	r: Proceed to G13-G14 for aids (a-e) selected in G12; Else go to G15
G13. (a)	L'ow	frequently would () use a voice amplifier if (he/she) did have it?
	1	Everydov
		Everyday
	2 3	Once a week
	<i>3</i>	Less than once a week
	5	
		Frequent usage but only during certain times
	6	Not applicable
		Don't know
		Refusal

G14. (a)	Why does () not have this aid? Mark all that apply.			
	1	Cost (purchase)		
	2	Cost (maintenance)		
	3	Not available locally		
	4	You feel that your (his/her) condition is not severe		
		enough to justify this aid		
	5	()'s doctor does not feel that (his/her) condition		
		is severe enough		
	6	Your insurance company does not feel that (his/her)		
		condition is severe enough		
	7	You don't (doesn't) know where to get it		
	8	On a waiting list		
	9	Other		
		Other, Please Specify:		
	10	None selected		
G13. (b)	How frequently would () use a computer or keyboard device to communicate if (he/sl/e) d.d nave it?			
	1	Everyday		
	2	A few times a week.		
	3	Once week		
	4	Less than once a week.		
	5	Frequent usage but only during certain times□		
	6	No. applicable		
	G.	Don't know□		
	*	Refusal		
G14. (b)	-	does () not have this aid? all that apply.		
	1	Cost (purchase)		
	2	Cost (maintenance)		
	3	Not available locally		
	4	You feel that your (his/her) condition is not severe		

		enough to justify this aid
	5	()'s doctor does not feel that (his/her) condition
		is severe enough
	6	Your insurance company does not feel that (his/her)
	7	condition is severe enough
	8	You don't (doesn't) know where to get it□ On a waiting list□
	9	Other
	ĺ	
		Other, Please Specify:
	10	None selected
G13.	How	frequently would () use a communication bo. rd such as Bliss if
(c)		ne) did have it?
	1	Everyday
	2	A few times a week.
	3	Once a week
	4	Less than once a week.
	5	Frequent usage but only during certain times
	6	Not applicable
		Don't know□
		Refusal
C14		
G14. (c)	Why	does () not have this aid?
(C)	-	all that apply.
		Cest (purchase)
	2	Cost (maintenance)
	3 4	You feel that your (his/her) condition is not severe
	X	enough to justify this aid
	5	()'s doctor does not feel that (his/her) condition
		is severe enough
	6	Your insurance company does not feel that (his/her)
		condition is severe enough
	7	You don't (doesn't) know where to get it
	8	On a waiting list
	9	Other

		Other, Please Specify:				
	10	None selected				
G13. (d)	How	frequently would () use a picture board if (he/she) did have it?				
	1	Everyday				
	2	A few times a week.				
	3	Once a week.				
	4	Less than once a week				
	5	Frequent usage but only during certain times				
	6	Not applicable				
	U	Don't know.				
		Refusal				
G14.						
(d)	Why does () not have this aid? Mark all that apply.					
	1/10//					
	1	Cost (purchase)				
	2	Cost (maintenance)				
	3	Not available locally				
	4	You feel that your (his/her) condition is not severe				
		enough to justify d is oid				
	5	()'s doctor loes not feel that (his/her) condition				
		is severe enough				
	6	Your insurance company does not feel that (his/her)				
		condition is severe enough				
	7	You don't (doesn't) know where to get it				
	8	On a waiting list				
	9	Ouher				
	X	Other, Please Specify:				
	<i>y</i>	States, Fieuse Speersy.				
	10	None selected				
	10	None selected				
G13. (e)	How	frequently would () use a (write-in) if (he/she) did have it?				
	1	Everyday				
	2	A few times a week.				
	_	11 10 11 111100 W 11 COIX				

	3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times□
	6	Not applicable
	Ü	Don't know.
		Refusal
		TCTusur
G14.		
(e)	Why	does () not have this aid?
(0)	•	k all that apply.
	1	Cost (purchase)
	2	Cost (maintenance).
	3	Not available locally
	4	You feel that your (his/her) condition is not severe
	•	enough to justify this aid
	5	()'s doctor does not feel that (his/her) condition
	Ü	is severe enough.
	6	Your insurance company does not feel 'hat ('his/her)
	O	condition is severe enough
	7	You don't (doesn't) know where to get it
	8	On a waiting list
	9	Other
		Other, Please Specify:
	1.0	
	10	None selected
~ 4 =	_	
G15.		n the past 5 months, how often has () had difficulty participating in
	e	ve.'v/19v activities because of (his/her) ability to communicate?
	1	De ile
	2	Daily
	2	Weekly
	73	
	4 5	•
	5 6	_ 4 /
	O	Not applicable. \square > Go to H (p 89) Don't know. \square > Go to H (p 89)
		Refusal
		кстизат > Go to п (р 89)

G16. When (....'s) ability to communicate made it difficult to participate in everyday activities, did (he/she) experience:

	1 Some difficulty	□
	· ·	
	3 Child was complete	ely unable to participate□
	4 ('s) participation	was not affected
		□
	8 Refusal	
	Section	on H – Mobility Filter
**		or before May 16 2001 then continu?; else skip to Section N (182)**
Н.	using an aid or mechanical	e about ('s) ability to move a round, even when I support, such as crutches or a walker. Please about difficulties that have lasted or are expected to
H1.		nealth problem does () have any difficulty ing on a hat firm surface, such as a sidewalk or Check "Mobility-Limitation" box on
	2 Yes, often or always	Profile Sheet s□ > Check "Mobility- Limitation" box on Profile Sheet
		□ > Go to J (p 123)
H2.	How much difficulty does	() have walking?
	2 A lot of difficulty 3 (He/She) can not wa 9 Don't know	alk

Section I - Mobility Aids

If (....'s) date of birth is on or before May 16 2001 and mobility limitation is marked on the Profile Sheet then continue; else skip to Section J (p 123) **I1.** Does (....) use any aids or specialized equipment for children who have difficulty walking or moving around, such as braces or lift device? 1 Yes..... 2 No...... > Go to I11 9 Don't know..... > Go to I11 8 Refusal $\square > Go \text{ to } \square$ **I2.** Does (he/she) now use: (2) (9) (8) Yes No DK <u>R</u> (a) orthopedic footware?..... (b) a cane or crutches?..... (c) a walker? (d) a manual wheelchair? (e) an electric wheelchair? (g) grab bars or be throom aids? (h) bath or bed lifts or other lift type devices? П П (i) an adapted motor vehicle? (j) another aid? Other, Please Specify:

I3. <u>How often</u> does (....) <u>use</u> orthopedic footware?

^{**} Interviewer: Only read questions in section I3 for the aids (a-j) selected in I2

If no aids were selected skip to I11**

1	(a)		
3		1	Every day
4		2	A few times a week□
S		3	Once a week
during certain times.		4	Less than once a week \square
during certain times.		5	Frequent usage but only
6		•	
14. Who paid the most for acquiring this item? 1		6	
1		U	
Don't know		7	
1		/	
1			
1			Refusal
1			
1	T.4	***	
1		W	ho paid the most for <u>acquiring</u> this item?
2 Family of ()	(a)		
2 Family of ()		1	Parent
3 Health care system			
4 Government program			
5			
6 Non-profit organization			<u> </u>
7 It does not belong to () (i.e. 'belongs to employers, friends / family, public property, etc			
public property, etc		6	
8 Other		7	It does not belong to () (i.e. belongs to employers, friends / family,
8 Other			public property, etc
9 Not applicable		8	Other
9 Not applicable			
9 Not applicable			
Don't know			Other, Please Specify:
Don't know			
Don't know		0	Not apply an
I4a. Aze you making any kind of payment for ('s) orthopedic footware, for (a) ex.,mple to rent or finance this item? 1 Yes. □ 2 No. □ > Skip to I3(b) if I4=7 9 Don't know □ > Skip to I3(b) if I4=7 8 Refusal □ > Skip to I3(b) if I4=7 I7.		9	
I4a. Are you making any kind of payment for ('s) orthopedic footware, for (a) example to rent or finance this item? 1 Yes			
(a) example to rent or finance this item? 1 Yes			Rei Isal
(a) example to rent or finance this item? 1 Yes			
(a) example to rent or finance this item? 1 Yes			
1 Yes	I4a.	42	e you making any kind of payment for ('s) orthopedic footware, for
2 No	(a)	ex.	imple to rent or finance this item?
2 No		,	
9 Don't know		1	Yes
9 Don't know		2	No. \square > Skip to I3(b) if I4=7
8 Refusal			<u> </u>
I7.			- · · · · · · · · · · · · · · · · · · ·
		O	
	I7 .		
		Но	w aften da ()'s arthonedic faatweer need to be replaced?

1 2 3 4 5 6 7	Every 6 months or less.
I8. (a)	Will this item need to be replaced in the next 12 months? 1 Yes
I9. (a)	What is the main reason you will ne 's' to replace (his/her) orthopedic footwear? 1
I10. (a)	How much difficulty will you have paying for a replacement for (his/her) orthopedic footwear? 1 None

	4	Serious
	5	Cannot afford
	6	Not applicable
	Ü	Don't know
		Refusal
		Refusur
I3. (b)	Hov	v often does () use a cane or crutches?
` /	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
I4. (b)	Who	o paid the most for <u>acquiring</u> this hom?
(D)		
	1	Parent
	2	Family of ()
	3	Health care syst m
	4	Government program
	5	Insurance com ₁ any
	6	Non-pront organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		ruc'ic property, etc
	8	Ou'rer
		Other, Please Specify:
		Other, Flease Specify.
	9	Not applicable
	-	Don't know.
		Refusal

I4a. Are you making any kind of payment for (....'s) cane or crutches, for(b) example to rent or finance this item?

	1	Yes		
	2	No	>	Skip to I3(c) if I4=7
	9	Don't know□		Skip to I3(c) if I4=7
	8	Refusal		Skip to I3(c) if I4=7
		_		F •• •• •• ••
I7.				
(b)	How	often do ()'s cane or crutches need to be rej	plac	ced?
1	Ever	y 6 months or less	>	Go to I9
2		e than 6 months but less than 1 year		
3		e per year to less than 2 years		
4		e every 2 years but less than once every 5 years.		
5		y 5 years or more		
6		er	>	Go to 13 (c)
7		applicable	>	G) to I3 (c)
		t know		Go to I3 (c)
		sal		* *
				、 /
I8.				
(b)	Will	this item need to be replaced in the next 12 mon	ths	?
	1	Vas		
	1	Yes		Co to 12 (a)
	2 9	No	_	G0 t0 13 (c)
	8	Don't know□ Refusal□	_	G0 t0 13 (c)
	0	Refusal	_	G0 t0 13 (C)
19 .				
(b)	What	t is the main reason you will need to replace (his	/ho	r) cono or crutchos?
(D)	vv IIa	t is the day reason you will need to replace (his	/ IIC) cane of crutches.
	1	Concition is worse		
	2	Condition is better.		
		Ou grew the aid.		
	4	worn out		
		New technology available / Aid is outdated		
	6	Other		
	Ü			
		<u> </u>		
	О	ther, Please Specify:		
		Don't know		
		Refusal.		
		Kerusur		

I10. (b)	How much difficulty <u>will you</u> have paying for a replacement (his/her) cane or crutches?				
	1	None			
	2	Slight			
	3	Moderate			
	4	Serious			
	5	Cannot afford			
	6	Not applicable			
		Don't know			
		Refusal			
I3. (c)	Hov	w often does () use a walker?			
` /	1	Every day			
	2	A few times a week			
	3	Once a week			
	4	Less than once a week			
	5	Frequent usage but only			
		during certain times			
	6	Don't use because it needs repair			
		or replacement			
	7	Not applicable□			
		Don't know□			
		Refusal			
I4.	Wh	o paid the most tor <u>acquiring</u> this item?			
(c)	V V 11	o paid the most it? <u>acquiring</u> this item:			
(C)					
	1	Par int			
	2	Faruly of ()			
	3 4 5	H aith care system			
	4	Government program			
	5	Insurance company			
	6	Non-profit organization			
	7	It does not belong to () (i.e. belongs to employers, friends / family,			
		public property, etc			
	8	Other			
		Other, Please Specify:			
		Other, I lease Specify.			
	9	Not applicable			

	Refusal
I4a. (c)	Are you making any kind of payment for ('s) walker, for example to rent or finance this item?
	1 Yes
I7.	
(c)	<u>How often</u> does ()'s walker need to be replaced?
1 2 3 4 5	Every 6 months or less
6 7	Every 5 years or more □ Never □ > Go to I3 (d) Not applicable □ > Go to I3 (d) Don't know □ > Go to I3 (d) Refusal □ > Go to I3 (d)
I8. (c)	Will this item need to be replaced in the next 12 months?
	1 Yes
T 0	
19. (c)	What is the main reason you will need to replace (his/her) walker?
	1 Condition is worse

	(Other, Please Specify:
	L_	Don't know
I10. (c)		w much difficulty <u>will you</u> have paying for a replacement for (his/her) ker?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
I3. (d)	<u>Ho</u>	w often does () use a manual wheelchair?
()	1	Every day
	2	A few times a week□
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
	_	or replacement
	7	Not applicable
		Don't know
	_	Ryfusal
I4. (d)	W)d	to paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc

	8	Other
		Other, Please Specify:
	9	Not applicable Don't know Refusal
I4a. (d)		e you making any kind of payment for ('s) manual wheelchair, for ample to rent or finance this item?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
I5.		
(d)	ma	w often does ()'s manual wheelchair need service, such as repairs or intenance?
1		ery 6 months or less
2		ore than 6 months but less than 1 year
3		ce per year to less than 2 rears
4	On	ce every 2 years bu less than once
-		ery 5 years
5	EV	ery 5 years or more
6	Ne	ver
7		_
	_	_
	Ke.	fuscl
I6.	X	
(d)	H	ow much difficulty do you have paying for the service of this item?
1	No	ne
2		ght
3		oderate
4		rious
5		nnot afford
6		t applicable
		n't know

[7. (d)	How often does ()'s manual wheelchair need to be replaced?
1	Every 6 months or less. \square > Go to 19
2	More than 6 months but less than 1 year \square > Go to 19
3	Once per year to less than 2 years
4	Once every 2 years but less than once every 5 years. □
5	Every 5 years or more
6	Never \square > Go to I3 (e)
7	Not applicable \square > Go to I3 (e)
	Don't know
	Refusal
8.	
(d)	Will this item need to be replaced in the next 12 months?
	1 Yes□
	2 No
	9 Don't know ☐ > Go to I3 (e)
	8 Refusal
[9. (d)	What is the main reas in you will need to replace (his/her) manual wheelchair? 1 Condition is worse
	Y .
	<u> </u>
	Other, Please Specify:
	Other, Please Specify:

I10.

(d) How much difficulty will you have paying for a replacement for (his/her)

	man	nual wheelchair?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
I3. (e)	<u>Ho</u>	w often does () <u>use</u> an electric wheelchair?
` ,	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable□
		Don't know□
		Refusal□
I4. (e)	Wh	no paid the most for acquiring this item?
	1	Paren [†]
	2	Family of ()
	3	I tallify 6 ()
		So rernment program
	4 5 6	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
	/ >	public property, etc
	8	Other
	0	Oulei
		\downarrow
		Other, Please Specify:
	9	Not applicable
		Don't know.
		Refusal
		······· —

I4a. (e)	Are you making any kind of payment for ('s) electric wheelchair, for example to rent or finance this item?
	1 Yes
	2 No
	9 Don't know. \square > Skip to I3(1) if I4=7
	8 Refusal
	6 Refusal
I5.	1
(e)	How often does ()'s electric wheelchair need service, such as repoirs or
` ,	maintenance?
1	Every 6 months or less
2	More than 6 months but less than 1 year □
3	Once per year to less than 2 years
4	Once every 2 years but less than once
	every 5 years
5	Every 5 years or more
6	Never
7	Not applicable \square \triangleleft
	Don't know
	Refusal
•	
I6.	
(e)	How much difficulty do you have paying for the service of this item?
1	None
2	Slight
3	Moderate
4	Seriov
5	Carnot . ttord
6	Nc t app icable
	Den . know
	Refusal
I7.	
(e)	How often does ()'s electric wheelchair need to be replaced?
1	Every 6 months or less
2	More than 6 months but less than 1 year \square > Go to 19
3	Once per year to less than 2 years
4	Once every 2 years but less than once every 5 years.

5	Eve	ery 5 years or more
6	Ne	ver
7	No	t applicable \square > Go to I3 (f)
	Do	n't know \square > Go to I3 (f)
	Ref	fusal
I8.		
(e)	Wi	ll this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
19.	***	
(e)	Wha	at is the main reason you will need to replace (bis/her) electric wheelchair?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / A d is outdated □
	6	Other
	O	J
	Г	Other, Please Specify:
		Outer, Flease Specify.
	_	
		Don't know
		Refusai
		-O
I10.	(
(e)	Ho	much difficulty will you have paying for a replacement for (his/her)
		tric wheelchair?
	1	Name -
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal

I3. (f)	Ho	w often does () use braces, such as a leg brace (exclude dental braces)?
(1)	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week \square
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement \square
	7	Not applicable
		Don't know
		Refusal
I4.	Wl	ho paid the most for <u>acquiring</u> this item?
(f)		
	1	Parent
	2	Family of ()
	3	Hoolth care system
	4	Government program
	5	Insurance company
	6	Insurance company □ Non-profit organization □
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		Other, Place Specify:
		Outer, Free Education
	0	
	9	Not applicable
		Pon't know
		IV/Iusai
	\sim	· ~
I4a.	Ar	e you making any kind of payment for ('s) braces, such as a leg brace
(f)		clude dental braces), for example to rent or finance this item?
(-)		
		1 3
		1
	ð	Netusai > 5kip to 15(g) if 14=7
	1 2 9 8	Yes. □ No. □ > Skip to I3(g) if I4=7 Don't know. □ > Skip to I3(g) if I4=7 Refusal. □ > Skip to I3(g) if I4=7

I7.

(1)		<u>w often</u> do ()'s braces, such as a leg brace (exc be replaced?	clu	de dental braces) need
1 2 3 4 5 6 7	Mo Ond Eve Nev Not Do	ery 6 months or less	> > > > > > > > > > > > > > > > > > > >	
I8. (f)	Wil	ll this item need to be replaced in the next 12 mon	iths	3?
	1	Yes		
	2	No	>	Go to I3 (g)
	9	Don't know	>	Go to I3 (g)
	8	Refusal	>	Go to I3 (g)
19. (f)		t is the main reason you will read to replace (his/e (exclude dental braces)?	hei	r) braces, such as a leg
	1	Condition is worse		
	2	Condition is t etter.		
	3	Outgrew the aia.		
	4	Worn out.		
	5	New technology available / Aid is outdated		
	6	O'ne :		
		\		_
		ther, Please Specify:		
		Don't Irrow		_
		Don't know. \square Refusal. \square		
I10. (f)		v much difficulty <u>will you</u> have paying for a replaces, such as a leg brace (exclude dental braces)?	cer	ment for (his/her)

	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
I3. (g)	Ho	w often does () use grab bars or bathroom aids?
(8)	1	Every day
	2	A few times a week
	3	Once a week.
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal□
I4.	Wh	no paid the most for <u>acquiring</u> this item?
(g)		
	1	Parent
	2	Family of ()
	3	Health care sys. 2m. □
	4	Government program
	5	Insurance company
	6	Yoi -profit organization
	7	It uses not belong to () (i.e. belongs to employers, friends / family,
		pi blic property, etc
	8	Other
		Oth Bill C 1C
		Other, Please Specify:
	Q	Not applicable
	,	
	9	Not applicable

I4a. Are you making any kind of payment for (....'s) grab bars or bathroom aids,

(g)	for	example to rent or finance this item?
	1	Yes
	2	No
	9	Don't know. \square > Skip to I3(h) if I4=7
	8	Refusal
I3. (h)	Hov	v often does () use bath or bed lifts or other lift type devices?
()	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
I4.	Wh	o paid the most for <u>acquirin</u> , this item?
(h)	V V 11	o paid the most for <u>acquiring</u> this item:
	1	Parent
	2	Family of ()
	3	Health care syste n
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		p.blic property, etc
	8	Cthyr
	(X	
		Other, Please Specify:
	9	Not applicable
		Don't know
		Refusal

I4a. Are you making any kind of payment for (....'s) bath or bed lifts or other lift type devices, for example to rent or finance this item?

(ii) type devices, for example to rent or illiance this item

	1	Yes
	2	No
	9	Don't know. \square > Skip to I3(i) if I4=7
	8	Refusal
		• \\
I5.		
(h)	Hov	v often does ()'s bath or bed lifts or other lift type devices need
()		rice, such as repairs or maintenance?
	202 (
1	Eve	ry 6 months or less
2	Mor	e than 6 months but less than 1 year
3		e per year to less than 2 years
4		e every 2 years but less than once
•		y 5 years
5		ry 5 years or more
6		er
7		applicable Go to I7
/		't know
	Ken	usal \Box > Go to I7
I6.		
(h)	Hov	w much difficulty do you ha repaying for the service of this item?
` ′		
1	Non	le
2	Slig	ht
3	Mod	lerate
4	Seri	ous
5	Can	not afford
6	Not	applicable
		't know
		usa'
	ROTE	
	(
17		
I7.		
(h)		<u>v often</u> does ()'s bath or bed lifts or other lift type devices need to be
	repl	aced?
	1	Example months on loss
	1	Every 6 months or less
	2	More than 6 months but less than 1 year $\square > $ Go to 19
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years.
	5	Every 5 years or more
	6	Never $\square > \mathbf{Go} \text{ to } \mathbf{I3} \text{ (i)}$
	7	Not applicable \square > Go to I3 (i)

	Don't know. $\square > $ Go to I3 (i) Refusal. $\square > $ Go to I3 (i)
I8. (h)	Will this item need to be replaced in the next 12 months?
	1 Yes
I9. (h)	What is the main reason you will need to replace (his/ber) bath or bed lifts or other lift type devices?
	1 Condition is worse
	Other, Please Specify: Don't know
I10. (h)	How much difficulty will you have paying for a replacement for (his/her) bath or hed hets or other lift type devices?
	1 None

I3. <u>How often</u> does (....) <u>use</u> an adapted motor vehicle?

(i)		
	1	Every day
	2	A few times a week□
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
	-	during certain times
	6	Don't use because it needs repair
	U	
	7	or replacement
	7	Not applicable
		Don't know
		Refusal
I4.	1 376	a noid the most for acquiring this item?
	VV II	o paid the most for <u>acquiring</u> this item?
(i)		
	1	Parent
	2	Family of ()
	3	Health care system
	4	
		Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
	ı	OI DI CO
		Other, Please Specify:
	9	Not applicable
		Don't k, ow.
		Per isal.
		CH 15th
T.4		
I4a.		you making any kind of payment for ('s) adapted motor vehicle, for
(i)	ex.	mple to rent or finance this item?
	1	Yes
	2	No
	9	Don't know. \square > Skip to I3(j) if I4=7
	8	Refusal \square > Skip to I3(j) if I4=7
	O	Ketusai > 5Kip to 15(j) ii 14–7
I5.		
(i)	Ноч	w often does ()'s adapted motor vehicle need service, such as repairs
(1)		naintenance?
	UI I	namuchanec;

	1	Every 6 months or less
	2	More than 6 months but less than 1 year □
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once
		every 5 years
	5	Every 5 years or more
	6	Never
	7	Not applicable \square > Go to 17
	,	Don't know
		Refusal
		Refusal
I6. (i)	Но	w much difficulty do you have paying for the service or this item?
1	Non	ne
2		ht
3	_	derate
4		ious
5		nnot afford
6		applicable
		't know
		usal
	1101	
I7.		
(i)	Нох	w often does ()'s acapted motor vehicle need to be replaced?
(1)	1101	voiten does () s'ad apteu motor venicle need to be replaced:
1	Evo	ry 6 months or le.s
2		re than 6 mounts but less than 1 year
3		
4		te per year to less than 2 years
	Erro	with 5 years our news
5	Na	ry 5 years or more. \square > Go to I3 (j)
6 7		
/		applicable $\square > $ Go to I3 (j)
	- Y	\square > Go to I3 (j)
	Ren	usal
TO.		
I8.	¥¥7•1	
(i)	Wil	I this item need to be replaced in the next 12 months?
	1	Yes
	2	No. \square > Go to I3 (j)
	9	Don't know. $\square > \mathbf{Go}$ to I3 (j)

	8	Refusal \supset Go to I3 (j)
I9. (i)	Wha vehi	nt is the main reason you will need to replace (his/her) adapted motor cle?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
	Ü	
	_	<u> </u>
		Other, Please Specify:
		Don't know.
		Refusal
		Refusal
I10. (i)		w much difficulty will you have paving for a replacement for (his/her) pted motor vehicle? None
I3. (j)	<u>Ho</u>	w often does () use a (write-in)?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
	_	during certain times
	6	Don't use because it needs repair
		or replacement

	7	Not applicable Don't know Refusal
I4. (j)	Wl	no paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, Friends / family,
	8	public property, etc
	0	Other
		Other, Please Specify:
	9	Not applicable□
		Don't know
		Refusal
		Y Y
T4.	A .	
I4a. (j)	. Are you making any kind of payment for ('s) (write-in), for example to rent or finance this it m?	
(J)	1 61	it of finance this to hir.
	1	Yes
	2	No
	9	Don't 'mow
	8	Refusal \square > Skip to I11 if I4=7
Inter	vioud	r: If . ervice or replacement is applicable to this specific write-in then proceed
		skip to 111.
10 15,	c se	omp to 111.
I5.		
(j)		w often does ()'s (write-in) need service, such as repairs or
	ma	intenance?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once
		every 5 years

	5	Every 5 years or more
	6	Never $\square > \mathbf{Go}$ to I7
	7	Not applicable $\square > \mathbf{Go}$ to I7
		Don't know
		Refusal $\square > \mathbf{Go}$ to I7
I6.	Шот	was a difficulty do you have noving for the couries of this item?
(j)	Hov	w much difficulty do you have paying for the service of this item?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5 6	Cannot afford
	O	Not applicable
		Refusal
		Refusal
I7.		
(j)	How	v often does ()'s (write-in) need to be replaced?
	1	Every 6 months or less \square > Go to 19
	2	More than 6 months but $\log t$ than 1 year
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years.
	5	Every 5 years or more
	6	Never
	7	Not applicable \square > Go to I11
		Don' know. $\square > $ Go to I11
		Refusar. $\square > \mathbf{Go}$ to I11
I8.		
(j)	Vill	this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	Don't know
	8	Refusal $\square > \mathbf{Go}$ to I11
	·	
19.		
(j)	What	is the main reason you will need to replace (his/her) (write-in)?

	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
	U	Other
	Г	Other, Please Specify:
		Other, I lease Specify.
	L	
		Don't know
		Refusal
T10		
I10.	**	
(j)		w much difficulty will you have paying for a replacement for (his/her)
	(wr	rite-in)?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Doli t kilow
		Refusal
I11.	Ar	re there any aids or specialized equipment for children who have difficulty
		lking or moving around that () <u>currently</u> needs, but does not have?
	,,,	ming of the major state (viv.) <u>earrowy</u> needs) but does not have
	1	You D
	-	\square S
	2	
	9	Pon't know
	8	Refusal□ > Go to II15
		<u> </u>
	/	
I12.	\mathbf{W}	hich aids does (he/she) <u>need</u> , but does not have?
	Mc	ark all that apply
	1 ((a) Orthopedic or medically prescribed shoes□
	2	
		<u> </u>
		· ·
	4 (
		(e) An electric wheelchair
	6	(f) Braces, such as a leg brace (exclude dental braces)□

	7 (g) Lift devices, such as a bed lift device
	8 (h) Grab bars or bathroom aids
	9 (i) Adapted motor vehicle
	10 (j) Other aid
	11 None selected
	Don't know
	Refusal
	Interviewer: Ask I13-I14 for aids (a-j) selected in I12; Else go to I15
I13. (a)	How frequently would you () use orthopedic footwear if you (ho/she) did have it?
1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times
6	Not applicable
	Don't know.
	Refusal
	y
I14	
(a)	Why do you (does) not have this aid?
· /	Mark all that apply.
1	
1	Cost (purchase)
2 3	Not available locally
4	You () personally feel (s) that your (his/her)
7	condition is not severe enough to justify this aid
5	Your () doctor does not feel that your (his/her)
J	condition is severe enough
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it
8	On a waiting list
9	Other
	Other Please Specify:
	Other, Please Specify:
10	None selected

I13. (b)	How frequently would (\dots) use a cane or crutches if (he/she) did have it?			
	1	Everyday		
	2	A few times a week		
	3	Once a week.		
	4	Less than once a week		
	5	Frequent usage but only during certain times		
	6	Not applicable		
	O	Don't know		
		Refusal		
		Telusur		
I14				
(b)	Why	does () not have this aid?		
()	·	k all that apply.		
	1	Cost (purchase)		
	2	Cost (maintenance)		
	3	Not available locally		
	4	You feel that ('s) condition is not severe enough to		
		justify this aid		
	5	('s) doctor does not feel that (his/her) condition is		
		severe enough		
	6	Your insurance company does not feel that (his/her)		
		condition is severe enough□		
	7	You don't know where to get it		
	8	On a waiting list		
	9	Other		
	0.1			
	Other	r, Please Specify:		
	10	None selected		
	X,			
I13.				
(c)	How	frequently would () use a walker if (he/she) did have it?		
	1	Everyday		
	2	A few times a week		
	3	Once a week		
	4	Less than once a week		
	5	Frequent usage but only during certain times		
	6	Not applicable		

		Don't know
I14 (c)	-	does () not have this aid? all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You feel that ('s) condition is not severe enough to justify this aid
	5	('s) doctor does not feel that (his/her) condition is severe enough
	6	Your insurance company does not feel that (his/her) condition is severe enough
	7	You don't know where to get it □
	8	On a waiting list
	9	Other
	Other,	Please Specify:
	10	None selected
I13. (d)	How	frequently would () use a manual wheelchair if (he/she) did have it?
	1	Ever/day
	2	A few times a week.
	3	Oi ce a week
	4	Less than once a week
	5	Frequent usage but only during certain times
	5	Not applicable
		Don't know
		Refusal
I14 (d)	-	does () not have this aid? all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally

	4	You reel that (s) condition is not severe enough to
		justify this aid
	5	('s) doctor does not feel that (his/her) condition is
		severe enough
	6	Your insurance company does not feel that (his/her)
		condition is severe enough
	7	You don't know where to get it
	8	On a waiting list
	9	Other
	9	Oulci
	Other	, Please Specify:
	Other	, I lease openly.
	10	None selected
I13.		
(e)	How	frequently would () use an electric wheercanir if (he/she)
(0)		nave it?
	uiu ii	are it.
	1	Everyday
	_	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only ouring certain times
	6	Not applicable
		Don't know
		Refusal
I14		
(e)	Why	does () not have this aid?
(0)	-	a all that apply.
	Mark	и и. пррту.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You feel that ('s) condition is not severe enough to
		justify this aid
	5	('s) doctor does not feel that (his/her) condition is
	3	severe enough
	6	Your insurance company does not feel that (his/her)
	U	
	7	condition is severe enough
	7	You don't know where to get it
	8	On a waiting list
	9	Other

		<u> </u>
	Other,	Please Specify:
_	10	None selected
13. f)		frequently would () use braces, such as a leg brace (exclude dentales) if (he/she) did have it?
	1	Everyday
	2	A few times a week
	3	Once a week.
	4	Less than once a week.
	5	Frequent usage but only during certain times
	6	Not applicable
	O	Don't know.
		Refusal
		Refusal
[14 (f)	-	does () not have this aid? all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You feel that ('s) condition is not severe enough to
		justify this gia
	5	('s) doctor does not feel that (his/her) condition is
		severe chough
	6	Your insurance company does not feel that (his/her)
		condition is severe enough
		co antion is severe enough
	7	
_	7.	You don't know where to get it
<i>A</i>	7 8 9	
_	7. 8. 9	You don't know where to get it□ On a waiting list□
_	7 9 Other	You don't know where to get it□ On a waiting list□ Other□
	7 9 Other,	You don't know where to get it□ On a waiting list□

I13. (g) How frequently would (\dots) use grab bars or bathroom aids if (he/she) did

	have	it?
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable
		Don't know
		Refusal
I14	***	
(g)	•	does () not have this aid?
	Mark	all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You feel that ('s) condition is not severe yough to
	•	justify this aid
	5	('s) doctor does not feel that (h.\tag{h}er) condition is
	Č	severe enough
	6	Your insurance company (see not feel that (his/her)
	O	condition is severe enough
	7	You don't know where to get it
	8	On a waiting list
	9	Other
		Other
	Other,	, Please Specify:
	10	Numa galacted
	10	None selected
		
T12		
I13.	T	
(h)		frequently would () use bath or bed lifts or other lift type devices if
	(ne/s	he) did have it?
	1	Everyday
	2	A few times a week.
	3	Once a week.
	4	Less than once a week.
	5	Frequent usage but only during certain times
	6	Not applicable
	-	Don't know

		Refusal
I14 (h)	•	does () not have this aid? all that apply.
	1 2 3 4 5 6 7 8 9	Cost (purchase)
	Other,	Please Specify: None selected.
I13. (i)	How have 1 2 3 4 5 6	frequently would () use an adapted motor vehicle if (he/she) did it? Everyday
I14 (i)	-	does () not have this aid? all that apply.
	1 2 3	Cost (purchase)

	4	You feel that ('s) condition is not severe enough to justify this aid
	5	('s) doctor does not feel that (his/her) condition is severe enough
	6	Your insurance company does not feel that (his/her)
		condition is severe enough□
	7	You don't know where to get it□
	8	On a waiting list
	9	Other
		<u> </u>
	Other,	Please Specify:
	10	None selected.
I13.		
(j)	How	frequently would () (write-in) use orthopeuic footwear if (he/she) did
•	have	
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week□
	5	Frequent usage but only our ing certain times
	6	Not applicable
		Don't know
		Refusal
I14		
(j)	Why	does () not have this aid?
	Mark	all that apply.
	1	Cost (purchase)
	2.	Cost (maintenance)
	3	Not available locally
	4	You feel that ('s) condition is not severe enough to
		justify this aid□
	5	('s) doctor does not feel that (his/her) condition is_
		severe enough
	6	Your insurance company does not feel that (his/her)
		condition is severe enough
	7	You don't know where to get it
	8	On a waiting list
	9	Other

	Othe	er, Please Specify:
	10	None selected
I15.		the past 6 months, how often has () had difficulty participating in ryday activities because of (his/her) ability to move around?
	1	Daily
	2	Weekly
	3	Monthly
	4	Less than once per month
	5	Never
	6	Not applicable $\square > $ Skip to J
		Don't know. $\square > $ Skip to J
		Refusal□ > Skip to J
I16.		some difficulty
		Section J – Agility Filter
*:	*17(.	. 's) date of birth is on or before May 16 2001 then continue; else skip to Section N (182)**
J.		e next questions deal with flexibility and agility. Remember, I am asking out difficulties that have lasted or are expected to last 6 months or more.
J1.	usi	cause of a condition or health problem, does () have any difficulty ng (his/her) hands or fingers to grasp or hold small objects, such as a neil or seissors?

	1	Yes, sometimes	> Chec Limi Shee	tation	Agility on Prof	
	2	Yes, often or always		tation	Agility on Prof	
	3	No	> Skip	to L (144)	
	8	Refusal	> Skip	to L (p 144)	
	9	Don't Know	> Skip	to L (144)	
J2.	How	much difficulty?	~			
	1	Some difficulty				
	2	A lot of difficulty				
	3	Child was completely unable to participate				
	9	Don't know	🗆			
	8	Refusal	🗆			
** <i>If</i>	on	Section K – Agility Aids date of birth is on or before May 16 2001 and agile the Profile Sheet the continue; else skip to Section () use any aids or specialized equipment design.	on L (p	144)**	•	ked
KI.	repla	Ace or assist in the use of hands or fingers or that later) agility or dexibility, such as a hand or arm by the second of the se	helps (h	oim/he grasp K11 K11	r) with	
K2.	<u> </u>	(he/she) now use:				
Ν2.	Dues	(He/She) now use.	(1) <u>Yes</u>	(2) <u>No</u>	(9) <u>DK</u>	(8) <u>R</u>
(a) a	hand o	or arm brace?				
(b) g	rasping	g tools or reach extenders?	□			
		-				

(c) p	encil g	rip?			
(d) a	dapted	l kitchen tools and utensils?			
(e) g	rab ba	rs or bathroom aids?			
(f) b	ath or	bed lifts or other lift type devices?			
(g) a	nother	aid?			
		J			
Oth	er, Plea	se Specify:			
**	: Interv	viewer: Ask questions K3-K10 for the aids selected in $K \angle \alpha$ - $K11**$; Els	se skip	to
K3.					
(a)	How	often does () use a hand or arm brace?			
	1	Every day			
	2	A few times a week			
	3	Once a week			
	4	Less than once a week □			
	5	Frequent usage but only			
		during certain times			
	6	Don't use because it reeds repair			
	_	or replacement			
	7	Not applicable			
		Don't knov			
		Refusal			
-					
TZ 4					
K4. (a)	Wh.	ane'd we most for acquiring this item?			
(a)	VV 12.	e paid the most for <u>acquiring</u> this item?			
	(X)	Parent			
	2				
	3	Family of ()			
	4	Government program			
	5	Insurance company			
	6	Non-profit organization			
	7	It does not belong to () (i.e. belongs to employers, frie	nds / f	family.	
		public property, etc		,	
	8	Other			

		Other, Please Specify:
	9	Not applicable
K4a. (a)		you making any kind of payment for ()'s hand or arm brace, for mple to rent or finance this item?
	1 2	Yes. \square No. \square > Skip to K3(b) if
	9	Don't know
	8	Refusal \longrightarrow Skip to K3(b) if K4=7
K7. (a)	<u>Ho</u>	w often do ()'s hand or arm brace need to be replaced?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year
	3	Once per year to 16.38 than 2 years
	4	Once every 2 y ars but less than once every 5 years. □
	5	Every 5 years or more
	6	Never $\square > \text{Go to K3 (b)}$
	7	Not applicable
		Don't k ₁ \circ w \square > Go to K3 (b)
		\mathbb{Q}_{ϵ} fusal $\square > \mathbf{Go}$ to K3 (b)
	(<u> </u>
170		
K8.	VX 7.	I this item need to be venlessed in the part 12 months?
(a)	VV 11	It this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	Don't know
	8	Refusal

K9.

(a) What is the main reason you will need to replace (his/her) hand or arm brace?

	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
		Other, Please Specify:
		Don't know
		Refusal
		Refusal
K10.		
	Цо	w much difficulty <u>will you</u> have paying for a replacement for (his/her)
(a)		nd or arm brace?
	IIai	id of arm brace:
	1	None
	2	
	3	Slight□ Moderate□
	4	Serious.
	5	
	3	Cannot afford
		Dofinal
		Refusal
T 7.0		
K3.		
(b)	<u>H0</u>	w often axes () use grasping tools or reach extenders?
	1	Fvery day
	2	A rew times a week
	2 3	Once a week
	_	Less than once a week
	5	Frequent usage but only
	_	during certain times
	6	Don't use because it needs repair
	_	or replacement
	7	Not applicable
		Don't know
		Refusal

K4.

	1	Parent
	2	Family of ()
	3	Health care system □
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		Other Please Specific
		Other, Please Specify:
	9	Not applicable
		Don't know
		Refusal
K4a.		
(b)		e you making any kind of payment for ()'s grasping tools or reach
	ext	enders, for example to rent or finance this item?
	1	Yes
	2	No
		K4=7
	9	Don't kncw. \square > Skip to K3(c) if
		K4=7
	8	Refusa' \square > Skip to K3(c) if
	o	K4=7
		IXT=/
K7.		
(b)	\overline{F}_{0}	w often do ()'s grasping tools or reach extenders need to be replaced?
	,	
	1	Every 6 months or less. \square > Go to K9
	2	More than 6 months but less than 1 year $\square > \mathbf{Go}$ to $\mathbf{K9}$
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years.
	5	Every 5 years or more
	6	Never $\square > \mathbf{Go} \text{ to } \mathbf{K3} (\mathbf{c})$
	7	Not applicable $\square > \mathbf{Go} \text{ to } \mathbf{K3} \text{ (c)}$
		Don't know. $\square > \mathbf{Go} \text{ to } \mathbf{K3} (\mathbf{c})$
		Refusal $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{K3} \ (\mathbf{c})$

Who paid the most for <u>acquiring</u> this item?

(b)

K8. (b)	Wi	ll this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
K9.	***	
(b)		at is the main reason you will need to replace (his/her) grasping tools or ch extenders?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
		Other, Please Specify:
		Other, Freuse speerly.
		Don't know. □ Refusal. □
K10. (b)		w much difficulty <u>yill you</u> have paying for a replacement for (his/her) sping toc ⁴ s or reach extenders?
	1	None
	2	Si'gh*
	3	Mo lerate
	4	Serious.
	5	Cannot afford
	,	Don't know
		Refusal
K3.	TT	
(c)	<u>H0</u>	w often does () use a pencil grip?
	1	Every day
	2	A few times a week \Box

	3	Once a week
	4 5	Less than once a week
	3	Frequent usage but only during certain times
	6	Don't use because it needs repair
	O	
	7	or replacement
	/	Not applicable
		Refusal
172		
K3.	Har	wy often does () was adopted bitchen tools and utangile?
(d)	<u> 1101</u>	w often does () <u>use</u> adapted kitchen tools and utensils?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
	3	during certain times
	6	Don't use because it needs repair
	O	or replacement
	7	Not applicable
	/	Don't know
		Refusal
		Refusal
		<u> </u>
K4.		
(d)	1 3/1	no paid the most for <u>acquiring</u> this item?
(u)	**1	no paid the most for <u>acquiring</u> this item:
	1	Parent
	2	Fan ily of ()
	3	Health care system
	4	G)vernment program
	5 \	Insurance company
	6	Non-profit organization
	7 ^	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
	ĺ	Out Pl q 'c
		Other, Please Specify:
	9	Not applicable
		Don't know

K4a. (d)	Are	e you making any kind of payment for ()'s adapted kitchen tools and
	ute	nsils, for example to rent or finance this item?
	1	Yes
	2	No
	9	Don't know. \square > Skip to $\mathbb{K}^{3}(z)$ if $\mathbb{K}^{4}=7$
	8	Refusal□ > Skip to 7.3(e) if K4=7
K7. (d)	Ho	w often do ()'s adapted kitchen tools and utensils need to be replaced?
	1	Every 6 months or less
	1 2	, , , , , , , , , , , , , , , , , , ,
	3	More than 6 months but less than 1 y ar
	4	Once every 2 years but less than once every 5 years.
	5	Every 5 years or more
	6	Never
	7	Not applicable
	,	Don't know \square > Go to K3 (e)
		Refusal
K8.		
(d)	Wil	l this tem need to be replaced in the next 12 months?
	1	ĭes□
	2)	No
	9	Don't know. $\square > \mathbf{Go} \text{ to } \mathbf{K3} \text{ (e)}$
	8	Refusal $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{K3} \ (\mathbf{e})$
K9. (d)		at is the main reason you will need to replace (his/her) adapted kitchen s and utensils?
	1 2	Condition is worse

	3	Outgrew the aid
	4 5	Worn out
	<i>5</i>	New technology available / Aid is outdated □ Other□
	O	Oulei
		<u> </u>
		Other, Please Specify:
		Don't know
		Refusal
1710		
K10. (d)		w much difficulty will you have paying for a replacement for (nis/her)
(u)		apted kitchen tools and utensils?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
		Don't know□
		Refusal
K3.		
(e)	<u>Ho</u>	w often does () use 3r, b bars or bathroom aids?
	1	Every day
	2	A few times a week
	3	Once week
	4	Less that once a week
	5	Frequent usage but only
		luring certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
TZ 4		
K4. (e)	W	ho paid the most for <u>acquiring</u> this item?
(0)	* *	no para the most for acquiring this item.
	1	Parent

	2	Family of ()
	3	Health care system □
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
	Ü	1
		Other, Please Specify:
	9	Not applicable
		Don't know
		Refusal
		Refusai
K4a.		
(e)	A ro	you making any kind of payment for ()'s grab bars or bathroom aids,
(c)		example to rent or finance this item?
	101	example to rent of infance this item.
	1	Vec
	2	Yes
	4	No
	9	Don't know
		K4=7
	8	Refusal \square > Skip to K3(f) if
	O	K4=7
K3.		
(f)	<u>Hov</u>	<u>v of (e1)</u> does () <u>use</u> bath or bed lifts or other lift type devices?
	. (
		1) very day
4	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
	_	during certain times
	6	Don't use because it needs repair
	_	or replacement
	7	Not applicable
		Don't know
		Refusal

K4. (f)	Who	o paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system.
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends framily,
		public property, etc
	8	Other
	Γ	Other Bloom Specify
		Other, Please Specify:
	_	
	9	Not applicable
		Don't know
		Refusal
K4a. (f)		you making any kind of revine at for ()'s bath or bed lifts or other lift e devices, for example to rent or finance this item? Yes
		K4=7
	9	Don't know. \square > Skip to K3(g) if K4=7
	8	ketusal
	^(K4=7
K5.		
(f)	Hov	v often does ()'s bath or bed lifts or other lift type devices need
	serv	ice, such as repairs or maintenance?
	1	Every 6 months or less
	2	Every 6 months or less
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once
	-r	
	5	
	5	every 5 years

	6	Never
	7	Not applicable \Box > Go to K7
		Don't know $\square > \mathbf{Go}$ to $\mathbf{K7}$
		Refusal $\square > \mathbf{Go}$ to K7
K6.		
(f)	How	much difficulty do you have paying for the service of this item?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
177		
K7.	II.	often do () la both on had lifted a at on lift type devices need to be
(f)		often do ()'s bath or bed lifts or other lift type devices need to be
	repla	cea?
	1	Every 6 months or less \square > Go to K9
	2	More than 6 months but were than 1 year
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years. □
	5	Every 5 years or mo e
	6	Never
	7	Not applicable $\square > \text{Go to K3 (g)}$
		Don' know. $\square > \text{Go to K3 (g)}$
		Refusar. $\square > \mathbf{Go} \text{ to } \mathbf{K3} (\mathbf{g})$
T70		
K8.		
(f)	\VIII 1	this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	Don't know
	8	Refusal $\square > \text{Go to K3 (g)}$

K9.

(f) What is the main reason you will need to replace (his/her) bath or bed lifts or other lift type devices?

	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
		OI DI G :C
		Other, Please Specify:
		Don't know
		Refusal
-		
K10.		Y Y
(f)	Ho	w much difficulty will you have paying for a replacement for (his/her) bath
(-)		ped lifts or other lift type devices?
		J. C.
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford.
		Cannot afford
		Refusal
K3.		
(g)	Ho	w often down (.) use a (write-in)?
(8)	110	worten age (with this).
	1	Every day
	2	New times a week
	_	Once a week
	3	Less than once a week
	3	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
	-	or replacement
	7	Not applicable
	,	Don't know
		Refusal

K4.

(g) Who paid the most for <u>acquiring</u> this item?

	1	Parent
	2	Family of ()
	3	Health care system □
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		Other, Please Specify:
	9	Not applicable
		Don't know
		Refusal
K4a.		
(g)		you making any kind of payment for ()'s (write-in), for example to
	ren	t or finance this item?
	1	Yes
	2	No
		K4=7
	9	Don't know > Skip to K11 if
		K4=7
	0	D - Cl.: . 4. V11 :6
	8	Refusal. \square > Skip to K11 if K4=7
		K4=/
Interv	iewer	: Its rvise or replacement is applicable to this specific write-in then proceed
		skip to K11.
,		
	V	
K5.		
(g)	Hov	w often does ()'s (write-in) need service, such as repairs or
	mai	intenance?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year □
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once
		every 5 years
	5	Every 5 years or more

	6	Never
	7	Not applicable
		Don't know
		Refusal $\square > \mathbf{Go}$ to K7
K6.		
(g)	Hov	w much difficulty do you have paying for the service of this item?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
	Ü	Don't know
		Refusal
K7.		
K /.		
(g)	How	v often do ()'s (write-in) need to be replaced?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year
	3	Once per year to les inan 2 years
	4	Once every 2 years but less than once every 5 years.
	5	Every 5 years or mo e
	6	Never. \square > Go to K11
	7	Not applicable $\square > \mathbf{Go}$ to $\mathbf{K}11$
		Don know. $\square > $ Go to K11
		Refusar. $\square > \mathbf{Go}$ to K11
K8.	C .	
(g)	√ill	this item need to be replaced in the next 12 months?
	1	Yes
	2	No \Box > Go to K11
	9	Don't know
	8	Refusal $\square > \mathbf{Go}$ to K11
K9.		
(g)	What	t is the main reason you will need to replace (his/her) (write-in)?
(5)	7 7 11A	is the main reason you will need to replace (ms/ner) (write-ut):

	1 Condition is worse
	Other, Please Specify:
	Don't know
K10. (g)	How much difficulty will you have paying for a replacement for (his/her) (write-in)?
	None
K11.	Are there any aids or rectalized equipment designed to support, replace or assist in the use of rands or arms that () currently needs, but does not have? 1
K12.	Which aids does () need, but does not have? Mark all that apply. 1 (a) hand or arm brace

		Other, Please Specify:
	5 9 8	None Selected
In	tervi	ewer: Ask K13-I14 for aids (a-d) selected in K12; Else go to K15
K13. (a)	Ho	w frequently would () use a hand or arm brace if (he/she) due have it?
	1 2 3 4 5 6	Everyday
K14 (a)		ny does () not have this aid? rk all that apply.
	1 2 3 4 5 6 7 8 9	Cost (purchase)
	Othe	er, Please Specify:
!	10	None selected

K13. (b)		frequently would () use grasping tools or reach extenders if (he/she) ave it?
	1	Everyday
	2	A few times a week.
	3	Once a week.
	4	Less than once a week.
	5	Frequent usage but only during certain times
	6	Not applicable
	O	Don't know
		Refusal
K14		
(b)	•	does () not have this aid?
	Mark	all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally.
	4	You feel that ('s) condition is not severe enough to
	4	justify this aid
	5	
	3	('s) doctor does not fee! that (his/her) condition is
	(severe enough
	6	Your insurance company does not feel that (his/her)
	7	condition is severe erough
	7	You don't know where to get it
	8	On a waiting list.
	9	Other
	Other	Dlaga Stroify
	Other,	Please Specify:
	10	None selected
K13.	,	
(c)	How f	frequently would () use adapted kitchen tools and utensils if
(C)		ne) did have it?
	(HC/SH	ic) the nave it:
	1	Everyday
	2	A few times a week.
	3	Once a week.
	4	Less than once a week
	5	Frequent usage but only during certain times

	6	Not applicable
K14 (c)	-	does () not have this aid? all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You feel that ('s) condition is not severe enough to justify this aid
	5	('s) doctor does not feel that (his/her) condition is
	3	severe enough
	6	Your insurance company does not feel that (his/he.)
		condition is severe enough
	7	You don't know where to get it□
	8	On a waiting list
	9	Other
	Other	, Please Specify:
	Other,	, I lease Specify.
	10	None selected
K13. (d)	How	frequently would () use a (write-in) if (he/she) did have it?
(4)	220 11	request, wears (vivi) use u (with the little state) and have to
	1	Everya.v
	2	A few times a week
	3	Orce a week
	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable
		Don't know
		Refusal
K14 (d)	-	does () not have this aid? all that apply.
	1	Cost (purchase)
	2	Cost (maintenance).

	3	Not available locally
	4	You feel that ('s) condition is not severe enough to
		justify this aid
	5	('s) doctor does not feel that (his/her) condition is
		severe enough
	6	Your insurance company does not feel that (his/her)
		condition is severe enough
	7	You don't know where to get it □
	8	On a waiting list
	9	Other
		1 1
	Othe	er, Please Specify:
	10	None selected
	10	
K15.	In 1	the past 6 months, how often has () had oxurculty participating in
1115.		ryday activities because of (his/her) ability to use (his/her) hands or arms
		because of (his/her) agility or flexibility?
	UI I	because of (mis/net) aginty of nexibility
	1	Doily
	2	Daily
		Weekly
	3	Monthly
	4	Less than once per month
	5	Never □ > Skip to L (p 144)
	6	Not applicable
		Don't know
		Refusal
		<u> </u>
K16.		nen ('s) use of hands or arms made it difficult to participate in
	eve	rya. v activities, did (he/she) experience:
		_
	Î	Some difficulty
	2	A lot of difficulty
	3	Child was completely unable to participate□
	4	('s) participation was not affected
	9	Don't know
	8	Refusal
		Section L – Learning Filter
		_

If (....'s) date of birth is on or before May 16 2001 then continue; else skip to Section N (195)

L1.	Do you think that () has a learning disability, such as dyslexia, hyperactivity or attention problems?			
	1	Yes□ > Check Box "Learning. Limitation" on Profile Sheet		
	2	No		
	9	Don't know. Refusal.		
L2.		teacher, doctor or other health professional ever said that () had a ng disability?		
	1	Yes		
	2	No		
	9	Don't know		
	8	Refusal		
L3.	Does	this condition reduce the amount or the kind of activities () can do?		
	1	Yes, sematimes		
	2	Yes, often or always		
	3	No		
	8	$\begin{array}{ccc} & & & & & & & & & & & \\ & & & & & & &$		
	9	$\Box \text{ So to M (p 145)}$ $\Box \text{ So to M (p 145)}$		
L4a.	How i	many <u>activities</u> does this condition <u>usually</u> prevent (him/her) from :		
	at hor	me?		
	1	None		
	2	A few□		
	3	Many		
	4	Most		
		D 24 V		

L4b.	How many <u>activities</u> does this condition <u>usually</u> prevent (him/her) from doing:
	at school?
	1 None □ 2 A few □ 3 Many □ 4 Most □ Don't Know □ Refusal □
L4c.	How many <u>activities</u> does this condition <u>usually</u> prevent 'him/her) from doing:
	at play or recreational activities?
	1 None □ 2 A few □ 3 Many □ 4 Most □ Don't Know □ Refusal □
	Section M – Learning Aids *If ('s) day of birth is on or before May 16 2001 and learning limitation is marked or the Profile Sheet then continue; else skip to Section N (p 182)**
M1.	Does () <u>use</u> any aids or specialized equipment to help (him/her) with (his/her) learning difficulty, for example, a home computer, a pocket organizer or recording equipment? Do not include human support or medication.
	1 Yes. □ 2 No. □ > Go to M11 9 Don't know. □ > Go to M11 8 Refusal. □ > Go to M11
M2.	Does (he/she) now <u>use</u> : (1) (2) (9) (8)

	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>R</u>
(a) mantable small absolvence				
(a) portable spell checkers?		Ш	Ш	Ш
(b) recording equipment?				
(c) talking books?	. 🗆			
(d) a pocket organizer?	. 🗆			
(e) a home computer?	. 🗆			
(f) a scanner or printer?	. 🗆	Ĺ		
(g) spell/grammar checking software?	. []			
(h) voice recognition software?	C).			
(i) software organizational tools?				
(j) a laptop or notebook computer?				
(k) another aid?	. 🗆			
	\downarrow			
Other, Please Specify:				
** Interviewer: Ask questions 1/3 M10 for the aids selected in 1	M2(a-	k): Els	e skip i	to
M11**	,	,,	1	
M3. (a) How often does (use portable spell checkers?				
1 Fvery a. y □ 2 A ew times a week□				
2 A few times a week				
Less than once a week□ Frequent usage but only				
during certain times				
6 Don't use because it needs repair				
or replacement				
7 Not applicable				
Don't know□ Refusal□				

M4.

(a) Who paid the most for <u>acquiring</u> this item?

	1	Parent
	2	Family of ()
	3	Health care system □
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
	Γ	Other, Please Specify:
	L	
	9	Not applicable
		Don't know
		Refusal
M4a.		
(a)		you making any kind of payment for ()'s portable spell checkers, for
	exai	mple to rent or finance this item.
	1	V
	1	Yes
	2	No
		IVI4=1
	9	Don't know \square > Skip to M3(b) if
		M4=7
	8	Refusal. \square > Skip to M3(b) if
	O	M4=7
		Y
M7.	_ (
(a)	<u>H</u> 57	often does ()'s portable spell checkers need to be replaced?
	1	Every 6 months or less. $\square > \mathbf{Go to M9}$
	2	More than 6 months but less than 1 year $\square > \mathbf{Go}$ to $\mathbf{M9}$
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years.
	5	Every 5 years or more
	6	Never. $\square > \text{Go to M3 (b)}$
	7	Not applicable $\square > \text{Go to M3 (b)}$
		Don't know $\square > $ Go to M3 (b)
		Refusal

M8. (a)	Wi	ill this item need to be replaced in the next 12 months?
(4)		_
	1 2	Yes
	9	No
	8	Don't know
	8	Refusal
M9.		4
(a)		at is the main reason you will need to replace (his/her) portable well ckers?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
		Other, Please Specify:
		Suiter, 1 tease speetry.
		Don't know□ Refusal□
		Refusal
M10		
(a)		w much difficulty <u>will you</u> have paying for a replacement for (his/her)
` ,		table spel checkers?
	1	None
	2	Si'gh*
	3	Molerate
	4	Serious.
	5	Cannot afford
	,	Don't know.
		Refusal.
M3.		
(b)	<u>Ho</u>	w often does () <u>use</u> recording equipment?
	1	Every day
	2	A few times a week

	3	Once a week
	4	Less than once a week \square
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
	,	Don't know
		Refusal
		Refusar
M4.		
(b)	\mathbf{W}	ho paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		Other, Please Specify.
		Sulet, France Special
	0	
	9	Not applicat 'e
		Don't know
		Refusal
M4a.		
(b)	Δr	you making any kind of payment for ()'s portable spell checkers, for
(6)		ample to rent or finance this item?
	1	with the first of finance time item.
	1	Yes
	2	No. \square > Skip to M3(c) if
	2	M4=7
	9	Don't know
		M4=7
	8	Refusal
		M4=7

1	M7. (b)	Ho	w often does ()'s recording equipment need to be replaced?
2 More than 6 months but less than 1 year		1	Every 6 months or less $\square > \mathbf{Goto} \mathbf{M9}$
3			•
4			· · · · · · · · · · · · · · · · · · ·
5			
6			
7 Not applicable			
Don't know			
Refusal		,	11
M8. (b) Will this item need to be replaced in the next 12 months? 1			
1			
1 Yes	M8.		
2 No	(b)	Wi	ll this item need to be replaced in the next 12 months?
2 No		1	Ves
9 Don't know			
M9. (b) What is the main reason vo. will need to replace (his/her) recording equipment? 1 Condition is viorse			
M9. (b) What is the main reason vo. will need to replace (his/her) recording equipment? 1 Condition is vorse		-	Refusal $\square > \text{Go to M3}(c)$
What is the main reason you will need to replace (his/her) recording equipment? 1		O	Refusal 7 Go to N13 (c)
2 Condition is ben'er			
2 Condition is better		1	Condition is yorse
3 Outgrew the aid			
Worn out			
5 New technology available / Aid is outdated			
6 Other			
Other, Please Specify: Don't know.			
Don't know		. (
Don't know			
		X	Other, Please Specify:
			Don't know
V-MDW1			Refusal

M10.

(b) How much difficulty <u>will you</u> have paying for a replacement for (his/her) recording equipment?

	1	None
	2	Slight□
	3	Moderate
	4	Serious
	5	Cannot afford
	5	Don't know.
		Refusal.
		Kctusai
M3.		
(c)	Ho	ow often does () use talking books?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
	5	during certain times
	6	Don't use because it needs repair
	U	or replacement
	7	Not applicable
	/	Don't know
		Refusal
		Refusai
M4.		
	XX 7	The noid the most for an ining this item?
(c)	VV	ho paid the most for <u>arquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Go ernment program
	5	Insurance company
	6	Non-profit organization.
	7)	It does not belong to () (i.e. belongs to employers, friends / family,
	X	public property, etc
	8	Other
	O	J
		↓
		Other, Please Specify:
	9	Not applicable
	フ	Don't know
		Refusal
		RCIuSai □

M4a. (c)	Are	Are you making any kind of payment for ()'s talking books, for example to rent or finance this item?				
	1	Yes				
	2	No. \square > Skip to M3(d) if M4=7				
	9	Don't know. \square > Skip to M3(d) if M4=7				
	8	Refusal \square > Skip to Mo(1) if M4=.7				
M7.						
(c)	Hov	v often does ()'s talking books need to be replaced?				
	1	Every 6 months or less				
	2	More than 6 months but less than 1 year \square > Go to M9				
	3	Once per year to less than 2 years				
	4	Once every 2 years but less than once every 5 years.				
	5	Every 5 years or more				
	6	Never $\square > Go to M3 (d)$				
	7	Not applicable $\square > \text{Go to M3 (d)}$				
		Don't know 30 to 143 (a)				
		Refusal				
MO						
M8. (c)	Wil	I this item need to be replaced in the next 12 months?				
	1	Ves				
	2	\square > Go to M3 (d)				
	9	\Box > Go to M3 (d)				
	8	Refusal				
M9. (c)	Wha	t is the main reason you will need to replace (his/her) talking books?				
	1	Condition is worse				
	2	Condition is better				
	3	Outgrew the aid				
	4	Worn out				
	5	New technology available / Aid is outdated □				
	6	Other				

		<u> </u>
		Other, Please Specify:
		Don't know
		Refusal
		_
M10.		
(c)		w much difficulty <u>will you</u> have paying for a replacement for (his/her)
	tal	king books?
	1	None
	2	Slight.
	3	Moderate
	4	Serious
	5	Cannot afford.
	3	Don't know
		Refusal
		Refusal
M		
M3.	II.	
(d)	<u>H0</u>	ow often does () use a pocket organizer?
	1	Every day
	2	Every day
	3	Once a week
	4	Less than once week
	5	Frequent usage but only
	5	during cortain times
	6	Don't use because it needs repair
	U	or replacement
	7	Not applicable
	,	Oo₁'t know
		Kefusal
	V	ACTUSAI
		
M4.		
	TX 7	The maid the most for a conjuing this item?
(d)	VV	Tho paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system □
	4	Government program
	5	Insurance company

	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		Ī
		↓
		Other, Please Specify:
	9	Not applicable
		Don't know
		Refusal
		Refusal
M4a.		
(d)	An	e you making any kind of payment for ()'s pocket organizer, for
(u)		ample to rent or finance this item?
	exa	unple to rent or infance this item:
	1	V
	1	Yes
	2	No
		M4=7
	9	Don't know
		M4=7
	8	Refusal
		M4=7
-		
M7.		
(d)	<u>Ho</u>	w often does ()'s pocket organizer need to be replaced?
	1	Every 6 months or less. $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{M9}$
	2	More than 6 months but less than 1 year $\square > \mathbf{Go}$ to $\mathbf{M9}$
	3	On ce per year to less than 2 years
	4	Once every 2 years but less than once every 5 years.
	4 5	Every 5 years or more
,	()	Never. $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{M3} \ \mathbf{(e)}$
	7	Not applicable. \square > Go to M3 (e)
	, ,	Don't know. \square > Go to M3 (e)
		Refusal. \square > Go to M3 (e)
		Totasai
M8.		
(d)	Wi	ll this item need to be replaced in the next 12 months?
	1	Yes
	2	No. \square > Go to M3 (e)
	9	Don't know. $\square > \mathbf{Go}$ to M3 (e)
	,	

	8	Refusal \triangleright Go to M3 (e)
M9. (d)	Wh	nat is the main reason you will need to replace (his/her) pocket organizer?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
		Other, Please Specify:
		Don't know
		Refusal
M10. (d)	Ho	None
M3. (e)	Ήo	<u>ow often</u> does () <u>use</u> a home computer?
	X	
	1	Every day
	1 2	Every day
	1 2 3	Every day □ A few times a week □ Once a week □
	1 2 3 4	Every day
	1 2 3	Every day
	1 2 3 4 5	Every day
	1 2 3 4	Every day

		Don't know□ Refusal□
M4. (e)	Wh	no paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, Friends / family,
	8	public property, etc
	0	Other
		Other, Please Specify:
	9	Not applicable
		Don't know
		Refusal
M4a.		
(e)	Are	you making any lind of payment for ()'s home computer, for example
	to r	ent or finance 'bis iwin?
	1	Yes
	2	No
		M4=7
	9	Pon't know. \square > Skip to M3(f) if
		M4=7
	8	Refusal \square > Skip to M3(f) if
		M4=7
M7.		
(e)	Hov	w often does ()'s home computer need to be replaced?
	1	Every 6 months or less. $\square > \mathbf{Go} \mathbf{to} \mathbf{M9}$
	1 2	Every 6 months or less
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years.

	5	Every 5 years or more
	6	Never
	7	Not applicable \square > Go to M3 (f)
		Don't know. $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{M3} \ (\mathbf{f})$
		Refusal $\square > \text{Go to M3 (f)}$
M8.		
(e)	Wi	ll this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	Don't know. $\square > \mathbf{Go} \ \mathbf{M3} \ (\mathbf{f})$
	8	Refusal $\square > \mathbf{Go} to \mathcal{N}(\mathbf{f})$
M9.		
(e)	Wha	at is the main reason you will need to replace (his/her) home computer?
` _		
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / ∧ d is outdated □
	6	Other
		Other, Please Specify.
		Don't lyn ovy
		Don't know□ Refusa!□
		Ketusa
M10.		
(e)		much difficulty will you have paying for a replacement for (his/her)
(-)		ne computer?
		•
	1	None
	2	Slight
	3	Moderate □
	4	Serious
	5	Cannot afford
		Don't know
		Refusal

M3. (f)	Hov	v often does () use a scanner or printer?
	1	Every day
	2	A few times a week
	3	Once a week.
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
M4.		4 O Y
(f)	Wh	no paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system□
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		Other, Please Specify:
		Other, F. Fast Specify.
		1
	9	No ⁺ applicable
		D)n't know
-	V	Refusal
N/I/I-		
M4a. (f)	Are	you making any kind of payment for ()'s scanner or printer, for
		mple to rent or finance this item?
	1	Yes
	2	No
		M4=7
	9	Don't know. $\square > $ Skip to M3(g) if

					M4=7
	8	Refusal		>	Skip to M3(g) if M4=7
M7. (f)	Ho	ow often does ()'s scanner or printer need	to be	re	placed?
,					•
	1	Every 6 months or less			
	2	More than 6 months but less than 1 year			
	3	Once per year to less than 2 years			
	4	Once every 2 years but less than once every	7 5 ye	ars	. 🗆
	5	Every 5 years or more			. 🗆 🧷
	6	Never			\square > Co to M3 (g)
	7	Not applicable			
		Don't know			
		Refusal			\sim Go to M3 (g)
			1>		
M8.					
(f)	Wi	ill this item need to be replaced in the next 12	mon	ths	?
	1	Yes			
	2	No		>	Co to M3 (g)
	9	Don't know		>	Go to M3 (g)
	8	Refusal			Go to M3 (g)
	O	retusui			Go to M3 (g)
M9.					
(f)	Who	at is the main reas in you will need to replace	(big/l	30 P) cooppor or printor?
(1)	V V 112	at is the main reas in you will need to replace	(1115/1	161) scanner or printer:
	1	Condition is worse	П		
	2	C in ition is better			
	3	Cuts rew the aid			
	4	Wern out			
	4)	New technology available / Aid is outdated			
	6	Vother			
	,		<u>—</u>		
			\downarrow		
		Other, Please Specify:			
		Don't know			
		Refusal			
		itorusur	. ⊔		

M10.

(f)	How much difficulty <u>will you</u> have paying for a replacement for (his/her) scanner or printer?				
	1	None			
	2	Slight			
	3	Moderate			
	4	Serious.			
	5	Cannot afford			
	3	Don't know			
		Refusal			
		Refusal			
M3. (g)	<u>Ho</u>	ow often does () use spell/grammar checking software?			
	1	Every day			
	2	A few times a week			
	3	Once a week			
	4	Less than once a week			
	5	Frequent usage but only			
		during certain times			
	6	Don't use because it needs repair			
		or replacement			
	7	Not applicable			
		Don't know□			
		Refusal			
M4. (g)	W	ho paid the most 1, r <u>acquiring</u> this item?			
	1	Par ent			
	1				
	2	Fairly of ()			
	3 4 5	Health care system.			
	4	Government program			
		Insurance company			
	6	Non-profit organization			
	7	It does not belong to () (i.e. belongs to employers, friends / family,			
	O	public property, etc			
	8	Other			
		Other, Please Specify:			
	9	Not applicable			

Software, for example to rent or finance this item?	M4a.		
Skip to M3(h) if M4=7	(g)		
M4=7			
M4=7 Skip to M3(h) if M4=7		2	± ' '
M7. (g) How often does ()'s spell/grammar checking software need to be replaced? 1 Every 6 months or less		9	7
How often does ()'s spell/grammar cbec 'sing software need to be replaced? 1		8	
How often does ()'s spell/grammar cbec 'sing software need to be replaced? 1	M7.		
2 More than 6 months but less than 1 year			
2 More than 6 months but less than 1 year		1	Every 6 months or less
3 Once per year to less tl. m 2 y, ars			More than 6 months but less than 1 year $\square > \mathbf{Go}$ to $\mathbf{M9}$
4 Once every 2 years b, t less than once every 5 years. 5 Every 5 years or mo			
6 Never		4	Once every 2 years but less than once every 5 years. □
7 Not applicable		5	Every 5 years or mo
Don't know		6	
M8. (g) Will this item need to be replaced in the next 12 months? 1 Yes □ 2 No □ > Go to M3 (h) 9 Don't know □ > Go to M3 (h) 8 Refusal □ > Go to M3 (h) M9. (g) What is the main reason you will need to replace (his/her) spell/grammar		7	** /
M8. (g) Will this item need to be replaced in the next 12 months? 1 Yes			
(g) Wi'l thi; item need to be replaced in the next 12 months? Yes			Refusar. \square > Go to M3 (h)
(g) Wi'l thi; item need to be replaced in the next 12 months? Yes	MQ		Q.
2 No		Will	this item need to be replaced in the next 12 months?
9 Don't know		1	Yes
8 Refusal		2	No
M9. (g) What is the main reason you will need to replace (his/her) spell/grammar		9	Don't know
(g) What is the main reason you will need to replace (his/her) spell/grammar		8	Refusal
	M9.		
	(g)		

	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
		l l
		Other, Please Specify:
		Don't know
		Refusal
		Refusal
M10.		
(g)	Ho	ow much difficulty will you have paying for a replacement for (his/her)
	spe	ell/grammar checking software?
	1	None
	2	Slight□
	3	Moderate
	4	Serious
	5	Cannot afford
	Ü	Don't know
		Refusal.
		Terusur
M3.		
	TT.	over often doog (
(h)	<u> </u>	ow often does () use voice recognition software?
	1	
	1	Every day
	2	A few times a week
	3	Cnce a v eek
	4	Yese than once a week
	5	Frequent usage but only
		auring certain times
	Ċ	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know□
		Refusal
MA		

M4.

(h) Who paid the most for <u>acquiring</u> this item?

	3 4 5 6 7	Once per year to less than 2 years
	4 5 6	Once every 2 years but less than once every 5 years. ☐ Every 5 years or more. ☐ Never. ☐ > Go to M3 (i)
	4	Once every 2 years but less than once every 5 years. □
	3	Once per year to less than 2 years
	2	More than 6 months but less than 1 year
	1	Every 6 months or less. $\square > \mathbf{Go} \mathbf{to} \mathbf{M9}$
(h)	Ho	w of en does ()'s voice recognition software need to be replaced?
M7.		
		M4=7
	8	Refusal > Skip to M3(i) if
	-	M4=7
	9	Don't know
	2	No
	1 2	Yes
(h)		you making any kind of payment for ()'s voice recognition software, example to rent or finance this item?
M4a.		
		Refusal
	9	Not applicable
	9	Not applicable
		Other, Please Specify:
	8	Other
	,	public property, etc
	6 7	Non-profit organization
	5	Insurance company
	4	Government program
	3	Health care system. □
	2	Family of ()
	1	

M8. (h)	Will this item need to be replaced in the next 12 months?					
	1	Yes				
	2	No. \square > Go to M3 (i)				
	9	Don't know				
	8	Refusal. \square > Go to M3 (i)				
M9. (h)		at is the main reason you will need to replace (his/her) voice reconition ware?				
	1	Condition is worse				
	2	Condition is better				
	3	Outgrew the aid				
	4	Worn out				
	5	New technology available / Aid is outdated □				
	6	Other				
		Other, Please Specify:				
		Don't know				
M10. (h)	Ho	w much difficulty <u>yill you</u> have paying for a replacement for (his/her) ce recognition software?				
	1	None				
	2					
	3	Moderate				
	4	Serious.				
	5	Cannot afford				
	,	Don't know.				
		Refusal				
M3. (i)	Hov	<u>w often</u> does () <u>use</u> software organizational tools?				
	1	r 1				
	1	Every day				
	2	A few times a week				

	3	Once a week
	4	Less than once a week \square
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
	•	Don't know
		Refusal
		Rolusui
N/I		
M4.	XX 71.	
(i)	VV II	o paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
	/	
	0	public property, etc
	8	Otner
		Other, Please Specify.
		Other, I lease Specify.
	_	
	9	Not applicable
		Don't know
		Refusal
M4a.		
(i)	Are	vou making any kind of payment for ()'s software organizational
	400	ls, for example to rent or finance this item?
	1	Yes
	2	No
		M4=7
	0	Double beauty
	9	Don't know
		M4=7
	8	Refusal \square > Skip to M3(j) if
		M4=7

M7. (i)	Ho	w often does ()'s software organizational tools need to be replaced?
	1	Every 6 months or less. $\square > \mathbf{Go} \mathbf{to} \mathbf{M9}$
	2	More than 6 months but less than 1 year. \square > Go to M9
	3	Once per year to less than 2 years.
	4	Once every 2 years but less than once every 5 years.
	5	Every 5 years or more
	6	Never. \square > Go to M3 (j)
	7	Not applicable. \square > Go to M3 (j)
	,	Don't know. $\square > \mathbf{Go} \times \mathbf{M3}$ (j)
		Refusal $\square > \operatorname{Go} \setminus \operatorname{M3}(\mathbf{j})$
		3)
M8.		
(i)	Wil	Il this item need to be replaced in the next 12 months?
	1	Yes
	2	No So to M3 (j)
	9	Don't know \square > Go to M3 (j)
	8	Refusal
M9. (i)		t is the main reason you vill need to replace (his/her) software nizational tools? Condition is worse
	1	Other, Please Specify:
	*	Don't know
		Refusal
M10. (i)	Hov	w much difficulty <u>will you</u> have paying for a replacement for (his/her) tware organizational tools? None

	2	Slight
	3	Moderate
	4 5	Serious
	3	Don't know
		Refusal.
		Kciusai
M3.		
(j)	<u>Ho</u>	ow often does () use a laptop or notebook computer?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable L
		Don't know
		Refusal
N/I/A		
M4.	TX 7	The maid the most for a savining this item?
(j)	VV	Tho paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Jas, rance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		Other, Please Specify:
		Susse, Estate Speciely.
	9	Not applicable
	9	Not applicable
		Refusal
		Norusai

M4a. (j)		ou making any kind of payment for ()'s laptop or notebook uter, for example to rent or finance this item?
	1	Yes
	2	No
	9	Don't know
	8	Refusal \square > Skip to M3(k) if M4=7
M7.		
(j)	How	often does ()'s laptop or notebook computer need to be replaced?
	1 2 3	Every 6 months or less
	4	Once every 2 years but less than once every 5 years.
	5	Every 5 years or more
	6	Never. $\square > \text{Go to M3 (k)}$
	7	Not applicable. $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{M3} \ (\mathbf{k})$
		Don't know. \square > Go to M3 (k) Refusal. \square > Go to M3 (k)
M8. (j)	Will	this item need to be replaced in the next 12 months?
(J)		
	1	Yes
	2	\square > Go to M3 (d)
	9 8	$ \begin{array}{ccc} \text{Der't know.} & \square & > \text{ Go to M3 (d)} \\ \text{Re fusal.} & \square & > \text{ Go to M3 (d)} \end{array} $
	0	Ce usai
M9.		
(j)	What compu	is the main reason you will need to replace (his/her) laptop or notebook iter?
	2 3 4 5 5 1	Condition is worse

		<u> </u>
		Other, Please Specify:
		Don't know
		Refusal
		Refusur
-		
M10.		
(j)		w much difficulty will you have paying for a replacement for (his/her)
•		top or notebook computer?
	•	
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
		Don't know
		Refusal
M3.		
(k)	<u>Ho</u>	w often does () use (write in)?
	1	Every day
	2	A few times a week □
	3	Once a week
	4	Less than once \cdot week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		cr replacement
	7	Not applicable
		Do₁¹t know □
	()	Kefusal□
)	
M4.		
(k)	W	ho paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	5	mourance company

	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family, public property, etc
	8	Other
	o	Outer
		Other, Please Specify:
	9	Not applicable
		Don't know
		Refusal
M4a.		
(k)	Are	e you making any kind of payment for ()'s (write-i), for example to
(K)		at or finance this item?
	1	Yes.
	2	No
		M4=7
	9	Don't know > Skip to M11 if
		M4=7
	8	Refusal > Skip to M11 if M4=7
M5. (k)	Ho	w often does ()'s (write-in), such as repairs or maintenance?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year
	3	Or ce per year to less than 2 years
	4	Once every 2 years but less than once
		every 5 years
-	5	Every 5 years or more
	6	Never
	7	Not applicable \square > Go to M7
		Don't know
		Refusal
M6.		
(k)	Ho	ow much difficulty do you have paying for the service of this item?
	1	None

	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
M7.	TT.	
(k)	<u>H0</u>	ow often does ()'s (write-in) need to be replaced?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year $\square > 0$ to M9
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years.
	5	Every 5 years or more
	6	Never $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{M11}$
	7	Not applicable \square > Go to M11
		Don't know. $\square > \mathbf{Go}$ to M11
		Refusal
M8.		
(k)	Wi	ill this item need to be replaced in the next 12 months?
	1	Yes
	2	No. \square > Go to M11
	9	Don't know \square > Go to M11
	8	Refusal \Box > Go to M11
	Ü	50 (6 1727
3.50		
M9.	***	
(k)	wn	at is the main reason you will need to replace (his/her) (write-in)?
		Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
	U	Umu
		↓
		Other, Please Specify:
		Day 24 law area
		Don't know

	Refusal
M10. (k)	How much difficulty will you have paying for a replacement for (his/her) (write-in)?
	1 None
M11.	v o i ii
	1 Yes. □ 2 No. □ > Go to M15 (p 181) 9 Don't know. □ > Go to M15 (p 181) Refusal. □ > Go to M15 (p 181)
M12.	Which aids or services does (he/she) need, but does not have? Mark all that apply
	1 (a) portable spen' checkers
	Other, Please Specify:
12	None selected □ Don't Know □ Refusal □

Int	terview	ver: Ask M13-M14 for aids (a-k) selected in M12; Else go to M15
M13. (a)	How it?	frequently would (\dots) use portable spell checkers if (he/she) did have
	1 2 3 4 5 6	Everyday
M14 (a)	•	do you (does) not have this aid? a all that apply.
	1 2 3 4 5 6 7 8 9	Cost (purchase)
M13. (b)	How	frequently would (\dots) use recording equipment if (he/she) did have it?
	1 2 3	Everyday

	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable
		Don't know
		Refusal.
M14		
(b)	•	do you (does) not have this aid?
	Mark	all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You () personally feel (s) that your (his/her)
		condition is not severe enough to justify this aid \(\sigma\)
	5	Your () doctor does not feel that your (his/her)
		condition is severe enough□
	6	Your () insurance company does not feel that
		your (his/her) condition is severe enough□
	7	You don't (doesn't) know where in get it
	8	On a waiting list
	9	Other
		Other Place Consider
		Other, Please Specify
	10	None selected
M13.		
(c)	How	frequently would () use talking books if (he/she) did have it?
		(10,0210) (100) 400 (101)
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times□
	6	Not applicable
		Don't know
		Refusal
		Ketusai
-		

M14

(c) Why do you (does) not have this aid?

Mark all that apply.

	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You () personally feel (s) that your (his/her)
		condition is not severe enough to justify this aid □
	5	Your () doctor does not feel that your (his/her)
		condition is severe enough
	6	Your () insurance company does not feel that
	O	your (his/her) condition is severe enough
	7	You don't (doesn't) know where to get it
	8	
		On a waiting list
	9	Other
		Other, Please Specify:
		Other, I lease Specify.
	10	None selected
M13.		
(d)	How	frequently would () use a pocket organizer if (he/she) did have it?
(u)	110W	requently would () use a bocket of gamzer if (ne/sne) and have it:
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a vice.
	5	
		Frequent usage but only during certain times
	6	Not applicable
		Don't know
		Refu al
M14		
(d)	Why	do you (does) not have this aid?
	Mark	all that apply.
	1	Cost (nurshage)
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You () personally feel (s) that your (his/her)
	_	condition is not severe enough to justify this aid □
	5	Your () doctor does not feel that your (his/her)
		condition is severe enough
	6	Your () insurance company does not feel that
		your (his/her) condition is severe enough□
	7	You don't (doesn't) know where to get it □

	8	On a waiting list
	9	Other
		\downarrow
		Other, Please Specify:
	10	None selected
M13.		
(e)	How	frequently would () use a home computer if (he/she) did have it?
	1	Everyday
	2	A few times a week.
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable
		Don't know
		Refusal
M14		
(e)	Why	do you (does) not have this aid?
(•)	-	a all that apply.
	1	Cost (nurshaga)
	2	Cost (purchase)
	3	Not available locally
	4	You () per onally feel (s) that your (his/her)
		condition is not severe enough to justify this aid □
	5	Your () doctor does not feel that your (his/her)
		condition is severe enough
	6	Yeur () insurance company does not feel that
		your (his/her) condition is severe enough
		You don't (doesn't) know where to get it
	8 7	On a waiting list
	9	Other
		Other, Please Specify:
	10	None selected

M13.

(f)	How	frequently would () use a scanner or printer if (he/she) did have it?
	1	Everyday
	2	A few times a week
	3	Once a week.
	4	Less than once a week.
	5	Frequent usage but only during certain times
	6	Not applicable
	Ü	Don't know
		Refusal
M14 (f)	-	do you (does) not have this aid? k all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You () personally feel (s) that your (his/her)
	•	condition is not severe enough to justify this aid
	5	Your () doctor does not feel that your (his/her)
		condition is severe enough
	6	Your () insurance con pany does not feel that
	Ü	your (his/her) condition is severe enough
	7	You don't (does.'t) know where to get it
	8	On a waiting list
	9	Other
		Other, Please Specify:
	10	None selected
	~	
M13.	()	
(g)	How	frequently would () use spell/grammar checking software if (he/she)
\ B /		nave it?
		<u> </u>
	1	Everyday
	2	A few times a week
	3	Once a week.
	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable
		Don't know

M14 (g) Why do you (does) not have this aid? Mark all that apply. 1 Cost (purchase)			Refusal
2 Cost (maintenance)		•	·
3 Not available locally. 4 You () personally feel (s) that your (his/her) condition is not severe enough to justify this aid 5 Your () doctor does not feel that your (his/her) condition is severe enough 6 Your () insurance company does not feel that your (his/her) condition is severe enough 7 You don't (doesn't) know where to get it 8 On a waiting list 9 Other		1	Cost (purchase)
3 Not available locally. 4 You () personally feel (s) that your (his/her) condition is not severe enough to justify this aid 5 Your () doctor does not feel that your (his/her) condition is severe enough 6 Your () insurance company does not feel that your (his/her) condition is severe enough 7 You don't (doesn't) know where to get it 8 On a waiting list 9 Other		2	u /
condition is not severe enough to justify this aid		3	
5 Your () doctor does not feel that your (his/her) condition is severe enough		4	
condition is severe enough			
6 Your () insurance company does not feel that your (his/her) condition is severe enough		5	
your (his/her) condition is severe enough		_	
7 You don't (doesn't) know where to get it		6	
8 On a waiting list		7	
Other.			
Other, Please Specify: 10 None selected			
M13. (h) How frequently would () use voice recognition software if (he/she) did have it? 1 Everyday			
M13. (h) How frequently would () use voice recognition software if (he/she) did have it? 1 Everyday			Other, Please Specify:
the How frequently weak! () use voice recognition software if (he/she) did have it? 1		10	None selected.
the How frequently weak! () use voice recognition software if (he/she) did have it? 1	M13		
2 A few times a week			
3 Or ce a week		1	Everyday
4		2	A few times a week
M14 (h) Why do you (does) not have this aid? Mark all that apply. Cost (purchase).		3	
Not applicable □		4	
Don't know		5	
M14 (h) Why do you (does) not have this aid? Mark all that apply. 1 Cost (purchase)			**
M14 (h) Why do you (does) not have this aid? Mark all that apply. 1 Cost (purchase)		7	
(h) Why do you (does) not have this aid? Mark all that apply. 1 Cost (purchase)			Refusal
Mark all that apply. 1 Cost (purchase)		W/h	do vou (doos) not hove this oid?
4 /	(II <i>)</i>	-	· · · · ·
4 /		1	Cost (purchase)
		2	u /

	3	Not available locally
	4	You () personally feel (s) that your (his/her)
	_	condition is not severe enough to justify this aid □
	5	Your () doctor does not feel that your (his/her)
	(condition is severe enough
	6	Your () insurance company does not feel that
	7	your (his/her) condition is severe enough□ You don't (doesn't) know where to get it□
	8	On a waiting list
	9	Other
	,	other
	-	
		Other, Please Specify:
	L	
	10	None selected.
	10	None selected
7.540		
M13.	TT. (
(i)	have i	frequently would () use software o gan zational tools if (he/she) did
	nave	
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable
		Don't know
		Refusal
3.64.4		
M114	XX/1 '	(1)
(i)	//- '	do vou (does) not have this aid?
	MUCK	ai' that apply.
	Y .	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You () personally feel (s) that your (his/her)
	_	condition is not severe enough to justify this aid
	5	Your () doctor does not feel that your (his/her)
	6	condition is severe enough
	6	Your () insurance company does not feel that
	7	your (his/her) condition is severe enough□ You don't (doesn't) know where to get it□
	8	On a waiting list
	O	On a waiting not

	9	Other
		\downarrow
		Other, Please Specify:
	10	None selected
M13. (j)	How	frequently would () use a laptop or notebook computer if (he/she)
•		nave it?
	1	Everyday
	2	A few times a week.
	3	Once a week.
	4	Less than once a week
	5	Frequent usage but only during certain times□
	6	Not applicable
		Don't know
		Refusal
N/1/		
M14	Why	y do you (doos) not hove this sid?
M14 (j)	•	do you (does) not have this aid?
	•	k all that apply.
	Mark 1	c all that apply. Cost (purchase)□
	<i>Mark</i> 1 2	Cost (purchase)
	Mark 1 2 3	Cost (purchase)
	<i>Mark</i> 1 2	Cost (purchase)
	Mark 1 2 3 4	Cost (purchase)
	Mark 1 2 3	Cost (purchase)
	Mark 1 2 3 4 5	Cost (purchase)
	Mark 1 2 3 4	Cost (purchase)
	Mark 1 2 3 4 5	Cost (purchase)
	Mark 1 2 3 4 5	Cost (purchase)
	Mark 1 2 3 4 5	Cost (purchase)
	Mark 1 2 3 4 5	Cost (purchase)
	Mark 1 2 3 4 5	Cost (purchase)
	Mark 1 2 3 4 5	Cost (purchase)
	Mark 1 2 3 4 5	Cost (purchase)

M13.

(k)	Hov	v frequently would () use (write-in) if (he/she) did have it?
	1	Everyday
	2	A few times a week.
	3	Once a week
	4	Less than once a week.
	5	Frequent usage but only during certain times
	6	Not applicable
		Don't know
		Refusal
N/1/		
M14 (k)	11/b	y do you (does) not have this aid?
(K)		k all that apply.
	Mui	k dii indi appiy.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally □
	4	You () personally feel (s) that your (his/her)
		condition is not severe enough to justify this aid
	5	Your () doctor does not feel that your (his/her)
		condition is severe enough \square
	6	Your () insurance con pany does not feel that
		your (his/her) condition is severe enough□
	7	You don't (does. 't) know where to get it \square
	8	On a waiting list
	9	Other
		Other, Plage Specify:
		other, 2 de opeeny.
	10	None selected
M15.	Ya tl	he past 6 months, how often has () had difficulty participating in
	ever	ryday activities because of (his/her) learning difficulty?
	1	Daily
	2	Weekly
	3	Monthly
	4	Less than once per month
	5	Never□ > Skip to N
	6	Not applicable. $\square > $ Skip to N
	Ü	Don't know. $\square > $ Skip to N
		Refusal

M16.		n ('s) learning difficulty made it difficult to par day activities, did (he/she) experience:	ticipate in			
	1 2 3	Some difficulty	. 🗆			
	4 9 8	('s) participation was not affected				
		Section N - Developmental Filte	r			
**A	All respo	ondents enter this module; If ('s) date of birth is 2001 then proceed; else skip to N3 $(P 102)$ *				
N1.	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			
	2 9 8	Don't kncw □ >	Skip to P Skip to P Skip to P			
N2a.	What each.	kiral of delay is this? I will read you a list. Please	answer yes or no to			
	A delay in (his/her) <u>physical</u> development?					
	1	Yes	Check Box Developmental- Limitation on Profile Sheet			
	2 9 8	No				

N2b.	• What kind of delay is this? I will read you a list. Please answer yes or no to each.						
	A de	A delay in (his/her) intellectual development?					
	1	Yes	Check Box Developmental- Limitation on Profile Sheet				
	2	No					
	9	Don't know.					
	8	Refusal	A				
N2c.	Who	t kind of delay is this? I will read you a list. Please ans	war vag ar na ta				
1 12 C.	each.		swel yes of no to				
	Othe	er type of delay?					
	1	Yes.	Check Box				
			Developmental- Limitation on Profile Sheet				
		Other, Please Specify:					
			_				
	2	No					
	9	En't know					
	8	refueal					
	_) ′					
N3.	has a	a doctor, psychologist or other health professional a developmental disability or disorder? These may rome, or mental impairment due to a lack of oxyge	include autism, Down				
	1	Yes	Check Box Developmental- Limitation on Profile Sheet				
	2	No	Go to O (p 185)				

N4. Does this condition reduce the amount or the kind of activities () can do Yes, sometimes		9	Don't know			
1		8	Refusal			
2 Yes, often or always	N4.	Does	s this condition reduce the amount or the kind of activities () can do?			
2 Yes, often or always		1	Yes, sometimes			
3		2	Yes, often or always			
So to O (p 185) So to O (p 185)			<u> </u>			
9 Don't Know			•			
at home?						
at home?	N5a.	How	many activities does this condition usually prevent (him/her) from			
None						
None		4.1				
2 A few		at ho	ome?			
2 A few		1				
3 Many						
A Most						
N5b. How many activities does 'hi. condition usually prevent (him/her) from doing at school? 1 None						
N5b. How many activities does 'hi. condition usually prevent (him/her) from doing at school? 1 None		4				
N5b. How many activities does 'hi. condition usually prevent (him/her) from doing at school? 1 None						
at school? 1 None			Refusal			
at school? 1 None						
at school? 1 None						
at school? 1 None	N5b.	How	many activities does his condition usually prevent (him/her) from			
at school? 1 None						
1 None						
2 A f w		at sc	chool?			
2 A f w						
Nost		_				
N5c. How many activities does this condition usually prevent (him/her) from doing at play or recreational activities? 1 None.			A f w			
N5c. How many activities does this condition usually prevent (him/her) from doing at play or recreational activities? 1 None.		3				
N5c. How many activities does this condition usually prevent (him/her) from doing at play or recreational activities? 1 None		4	Most			
N5c. How many <u>activities</u> does this condition <u>usually</u> prevent (him/her) from doing at play or recreational activities? 1 None		V	Don't Know			
at play or recreational activities? None		Y	Refusal			
at play or recreational activities? None		**				
at play or recreational activities? 1 None	N5c.					
1 None		uoin	K···			
		at pl	ay or recreational activities?			
		1	None			
/ AIPW		2	A few			

	3 4	Many □ Most □ Don't Know □ Refusal □	
	Sec	tion O – Emotional / Psychological Filte	er Questions
** I f	('s)) date of birth is on or before May 16 2001 continue; (p 186)**	else skip to Section P
O1.	1. Does () have any emotional, psychological or behavioural conditions th have lasted or are expected to last six months or more?		
	1 2 9 8	Don't know	Go to P (p 186) Go to P (p 186) Go to P (p 186)
O2.	2. Does this condition reduce the amount or 'he kind of activities () can de		
	1	Yes, sometimes	Check Box Emotional- Limitation on Profile Sheet
	2	Yes, often or .!ways $\square >$	Check Box Emotional- Limitation on Profile Sheet
,	3 8 9	Refusal	Go to P (p 186) Go to P (p 186) Go to P (p 186)
O3a.	How doing	many <u>activities</u> does this condition <u>usually</u> prevent	t (him/her) from
	at ho	me?	
	1 2	None□ A few□	

	Many □					
	4	Most				
		Don't Know				
		Refusal				
		_				
O3b.	How	many <u>activities</u> does this condition <u>usually</u> prevent (him/her) from doing:				
	at so	chool?				
	1	None				
	2	A few□				
	3	Many				
	4	Most				
	•	Don't Know.				
		Refusal				
		Telusus.				
O3c.	How	many <u>activities</u> does this condition <u>usual</u> 'y pr vent (him/her) from doing:				
	at pl	at play or recreational activities?				
	1	None				
	2	A few				
	3	Many				
	4	Most				
	7					
		Don't Know□ Refusal□				
		Refusai				
		Caption B. Chyania Canditions Filter				
		Section P – Chronic Conditions Filter				
	^(**All respondents enter this module**				
P.	1 ow	I'd like to ask about any <u>chronic</u> health conditions () may have.				
	(Caronic conditions refer to conditions that have lasted or are expected to					
		six months or more.)				
D1o	Door	g () have any of the following long term conditions which have been				
P1a.		Does () have any of the following <u>long-term</u> conditions which have been <u>diagnosed</u> by a health professional?				
	Asth	ama or severe allergies				
	1	Yes				

	2	No			
	9	Don't know			
	8	Refusal			
P1b.	Does	() have any of the following <u>long-term</u> conditions which have been			
	<u>diagr</u>	nosed by a health professional?			
	Heart condition or disease				
	1	Yes			
	2	No			
	9	Don't know			
	8	Refusal			
P1c.		() have any of the following <u>long-term</u> conditions which have been			
	<u>diagr</u>	nosed by a health professional?			
	Kidn	ney condition or disease			
	1	Yes			
	2	No			
	9	Don't know.			
	8	Refusal.			
P1d.		() have any c the following <u>long-term</u> conditions which have been			
	nosed by a hearth professional?				
	Can	cer			
	1				
	1	V _E c			
	2	No			
	9	Don't know			
	C	Refusal			
P1e.	Daar	() have any of the following long term conditions which have been			
rie.		() have any of the following <u>long-term</u> conditions which have been <u>nosed</u> by a health professional?			
	Diab	etes			
	Dian				
	1	Yes			
	2	No			
	Q	Don't know			

	8 Refusal				
P1f.	f. Does () have any of the following <u>long-term</u> conditions which have been <u>diagnosed</u> by a health professional?				
	Epilepsy				
	1 Yes□ 2 No□ 9 Don't know□ 8 Refusal□				
P1g.	Does () have any of the following <u>long-term</u> conditions which have been <u>diagnosed</u> by a health professional?				
	Autism				
	1 Yes. □ 2 No. □ 9 Don't know □ 8 Refusal. □				
P1h.	Does () have any of the following <u>long-term</u> conditions which have been <u>diagnosed</u> by a health processional?				
	Cerebral Palsy				
	1 Yes				
	8 Refusal				
P1i.	Does () have any of the following <u>long-term</u> conditions which have been <u>diagnosed</u> by a health professional?				
	Spina Bifida				
	1 Yes. □ 2 No. □ 9 Don't know □ 8 Refusal □				

P1j.	Does () have any of the following <u>long-term</u> conditions which have been <u>diagnosed</u> by a health professional?			
	Cystic Fibrosis			
	1 2 9 8	Yes		
P1k.	Does () have any of the following <u>long-term</u> conditions which have been <u>diagnosed</u> by a health professional?			
	Musci	ular Dystrophy		
	1	Yes		
	2	No		
	9	Don't know		
	8	Refusal		
P1l.	Does () have any of the following <u>long-term</u> conditions which have been <u>diagnosed</u> by a health professional.			
	Migra	ines		
	1	Yes		
	2	No		
	9	Don't knew		
	8	Refusar.		
P1m.	Docs () have any of the following <u>long-term</u> conditions which have been <u>c'agnosed</u> by a health professional?			
	Arthr	itis or rheumatism		
	1	Yes		
	2	No		
	9	Don't know		
	8	Refusal		

P1n.	Does () have any of the following <u>long-term</u> conditions which have been <u>diagnosed</u> by a health professional?				
	Paralysis of any kind				
	1	Yes			
	2	No			
	9	Don't know□			
	8	Refusal			
P1o.		s () have any of the following <u>long-term</u> conditions which have been <u>nosed</u> by a health professional?			
	Miss	sing or malformed arms, legs, fingers or toes			
	1	Yes			
	2	No			
	9	Don't know			
	8	Refusal			
P1p.	diagnosed by a health professional?				
	Fetal Alcohol Syndrome				
	1	Yes			
	2	No			
	9	Don't know			
	8	Refu. al			
		<u> </u>			
P1q.		s () have any of the following <u>long-term</u> conditions which have been posed by a health professional?			
,	Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Dis				
	(ADI	HD)			
	1	Yes			
	2	No			
	9	Don't know			
	8	Refusal			

P1r.	Does () have any of the following <u>long-term</u> conditions which have been <u>diagnosed</u> by a health professional?			
Down syndrome				
	1 Yes. □ 2 No. □ 9 Don't know. □ 8 Refusal. □			
P1s.	Does () have any of the following <u>long-term</u> conditions which have been <u>diagnosed</u> by a health professional?			
	Complex medical care needs			
	1 Yes			
P1t.	Does () have any of the following <u>long-term</u> conditions which have been <u>diagnosed</u> by a health professional:			
	Any other long-term condition that has been diagnosed by a health			
	professional			
	1 Yes			
	2 No			
>	** Interviewer: If a chronic condition was selected in P1a-t (P1a-t one or more			

** Interviewer: If a chronic condition was selected in P1a-t (P1a-t one or more conditions = I(yes)) then proceed through questions P2-3c for aids selected in P1a-t; else skip to Q^{**}

P2a. Does asthma or severe allergies reduce the amount or the kind of activities (....) can do?

	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile Sheet
	2	Yes, often or always \Box	>	Check Box "Chronic- Limitation" on Profile Sheet
	3	No	>	Go to P2b
	8	Refusal		Go to P2b
	9	Don't Know	>	Go to P2b
Dai				1 6 11 11
P2b.		heart condition or disease reduce the amount	or	the kill of activities
	()	can do?)
	1	Yes, sometimes	>	Check Box "Chronic-
				Limitation" on Profile Sheet
	2	Yes, often or always	>	Check Box "Chronic-
				Limitation" on Profile Sheet
	3	No	>	Go to P2c
	8	Refusal		Go to P2c
	9	Don't Know	>	Go to P2c
P2c.	Doos a	a kidney condition or disease reduce the amoun	ıt o	r the kind of activities
1 20.		can do?	ii o	the kind of activities
	1	Yes, sometimes□	>	Check Box "Chronic- Limitation" on Profile
				Sheet
	2	Yes, often or always	>	
				Limitation" on Profile Sheet
	3	No		Go to P2d
	8	Refusal		Go to P2d
	9	Don't Know	>	Go to P2d

P2d.	Does	Does cancer reduce the amount or the kind of activities () can do?				
	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile Sheet		
	2	Yes, often or always	>	Check Box "Chronic- Limitation" on Profile Sheet		
	3	No	>	Go to P2e		
	8	Refusal	>	Go to P2e		
	9	Don't Know.	>	Gu to P2e		
P2e.	Does	diabetes reduce the amount or the kind of activ	itie	es () can do?		
	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile Sheet		
	2	Yes, often or always	>	Check Box "Chronic- Limitation" on Profile Sheet		
	3	No.	_	Go to P2f		
	8	Refusal		Go to P2f		
	9	Don't Know		Go to P2f		
P2f.	Does	er ilensy reduce the amount or the kind of activ	itie	es () can do?		
	^(\				
	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile Sheet		
	2	Yes, often or always	>	Check Box "Chronic- Limitation" on Profile Sheet		
	3	No	>	Go to P2g		
	8	Refusal		Go to P2g		
	9	Don't Know.		Go to P2g		

P2g.	Does a	autism reduce the amount or the kind of activit	ies	() can do?
	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile Sheet
	2	Yes, often or always	>	Check Box "Chronic- Limitation" on Profile Sheet
	3	No		Go to 1'2b
	8	Refusal		Go to P2h
	9	Don't Know.		Co to P2h
P2h.	Does o	cerebral palsy reduce the amount or the land o	f ac	ctivities () can do?
	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile
	2	Yes, often or always	>	Sheet Check Box "Chronic-
	2	Tes, orten of always		Limitation" on Profile Sheet
	3	No.	>	Go to P2i
	8	Refuse \		Go to P2i
	9	Don' Know.		Go to P2i
P2i.	Does s	s _k in,. bifida reduce the amount or the kind of a	cti	vities () can do?
	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile Sheet
	2	Yes, often or always	>	Check Box "Chronic- Limitation" on Profile Sheet
	3	No	>	Go to P2j
	8	Refusal		Go to P2j

	9	Don't Know	>	Go to P2j
P2j.	Does	s cystic fibrosis the amount or the kind of activit	ies	() can do?
	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile Sheet
	2	Yes, often or always	>	Check Box "Chronic- Limitation on Profile Sheet
	3	No	>	Ovio P2k
	8	Refusal		Co to P2k
	9	Don't Know	1	Go to P2k
			_	
P2k.	Does can o	s muscular dystrophy reduce the amount or the do?	kin	d of activities ()
	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile Sheet
	2	Yes, often or always	>	Check Box "Chronic- Limitation" on Profile Sheet
	3	No.	>	Go to P2l
	8	Refusal.		Go to P2l
	9	Ocn't Know.		
P2l.	Lo n	nigraines reduce the amount or the kind of activ	itie	es () can do?
	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile Sheet
	2	Yes, often or always	>	Check Box "Chronic- Limitation" on Profile Sheet
	3	No	>	Go to P2m

	8 9	Refusal		Go to P2m Go to P2m		
P2m.		arthritis or rheumatism reduce the amount o	or the	kind of activities		
	1	Yes, sometimes	□ >	Check Box "Chronic- Limitation" on Profile Sheet		
	2	Yes, often or always] >	Check Box "Chronic- Limitation" on Profile Sheet		
	3	No		Go to P2n		
	8	Refusal	< /	Go to P2n		
	9	Don't Know	7 >	Go to P2n		
P2n.	Does paralysis of any kind reduce the amount or the kind of activities () can do?					
	1	Yes, sometimes] >	Check Box "Chronic- Limitation" on Profile Sheet		
	2	Yes, often or always	□ >	Check Box "Chronic- Limitation" on Profile Sheet		
	3	V	┐ >	Go to P2o		
	8	Re ^c usal		Go to P2o		
-	9	Don't Know		Go to P2o		
P2o.		missing or malformed arms, legs, fingers or tind of activities () can do?	toes r	reduce the amount or		
	1	Yes, sometimes	□ >	Check Box "Chronic- Limitation" on Profile Sheet		
	2	Yes, often or always	┐ >	Check Box "Chronic-		

				Limitation" on Profile Sheet
	3	No	>	Go to P2p
	8	Refusal		Go to P2p
	9	Don't Know.		Go to P2p
P2p.	Does can d	fetal alcohol syndrome reduce the amount or the	ne k	xind of activities ()
	1	Yes, sometimes	>	Check Box 'Chronic- Limitation' on Profile
	2	Yes, often or always		Check Box "Chronic- Limitation" on Profile Sheet
	3	No	>	Go to P2q
	8	Refusal		Go to P2q
	9	Don't Know.		Go to P2q
	,	Doll t Kilow		G0 t0 1 2q
P2q.		attention deficit disorder (ADD) or attention de der (ADHD) reduce the amount or the kind of a Yes, sometimes	ctiv	vities () can do? Check Box "Chronic-
				Limitation" on Profile Sheet
	2	Ves. often or always	>	Check Box "Chronic- Limitation" on Profile Sheet
	3	No	>	Go to P2r
	8	Refusal	>	Go to P2r
	9	Don't Know	>	Go to P2r
P2r.	Does do?	down syndrome reduce the amount or the kind	of :	activities () can
	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile

				Sheet
	2	Yes, often or always	>	Check Box "Chronic- Limitation" on Profile Sheet
	3	No	>	Go to P2s
	8	Refusal		Go to P2s
	9	Don't Know.	>	Go to P2s
P2s.		complex medical care needs reduce the amount can do?	or	the kind or a ctivities
				AY
	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile Sheet
	2	Yes, often or always	>	Check Box "Chronic- Limitation" on Profile Sheet
	3	No	>	Go to P2t
	8 9	Refusal		Go to P2t Go to P2t
P2t.	Does	(write-in) reduce the amount or the kind of acti	viti	ies () can do?
	1	Yes, cometimes	>	Check Box "Chronic- Limitation" on Profile Sheet
	2	Yes, often or always	>	Check Box "Chronic- Limitation" on Profile Sheet
	3	No	>	Go to R
	8	Refusal		Go to R
	9	Don't Know.	>	Go to R
P3i.		many <u>activities</u> does this (do these) condition(s) doing:	us	ually prevent ()

	at ho	ome?
	1	None
	2	A few
	3	Many
	4	Most
		Don't Know
		Refusal
P3ii.		many <u>activities</u> does this (do these) condition(s) <u>usually</u> prevent () doing:
	at sc	hool?
	1	None
	2	A few
	3	Many
	4	Most.
		Don't Know
		Refusal
P3iii.		many <u>activities</u> does this (do these) condition(s) <u>usually</u> prevent () doing:
	at pl	ay or recreational activaties?
	1	None
	2	
		_
	3	Many
	4	Most
		Don't Know
		Referred
	-	
	X	Section Q – False Positive
** Ij	f there	are no limitations marked on the Profile sheet then proceed; Else skip to Module R (p 204)**
Q1.	(him	s () have any physical, mental or health condition that you feel causes /her) difficulty, limits (his/her) activities or restricts (his/her) icipation in daily life that we have not mentioned yet?
	1	Vas

	2	No
	9	Don't know
	8	Refusal
Q2.		t is the main physical, mental or health condition which causes () ulty, limits (his/her) activities or restricts (his/her) participation in daily
		num of 3. Only one condition per text box.
		fy #1 [
	-	fy #2 [fy #3 [
	Don't	know. \square > Go to Q4
	Refus	al \square > Go to Q4
		Interviewer: Ask Q3a-c for conditions memiced in Q2
Q3a.		often does (specify # 1) cause () difficulty, limit (his/her) activities or ct (his/her) participation in daily life?
	1 2	Sometimes or periodically Often or always Don't know Refusal
Q3b.		often does (sp *cify # 2) cause () difficulty, limit (his/her) activities or ct (his/her) participation in daily life?
	1	Sometimes or periodically
	2	Often or always
		Don't know
		Refusal □
Q3c.		often does ($specify # 3$) cause () difficulty, limit (his/her) activities or ct (his/her) participation in daily life?
	1	Sometimes or periodically
	2	Often or always
		Don't know□ Refusal□

Q4.	Interviewer: Accept up to <u>5 responses</u> . Only one activity per text box.
	Specify #1 [] Specify #2 []
	Specify #3 [
	Specify #4 [
	Specify #5 [
	Don't know
	Refusal
	Interviewer: Proceed to Section AAA – Health Utility Index Module (p 3.25)
Q5.	Thinking back to the 2006, which was last May 16th, did () have any physical, mental or health condition that caused (him her) difficulty, limited (his/her) activities or restricted (his/her) participation in Jaily life?
	1 Yes
	2 No
	9 Don't know
	8 Refusal
Q6.	At the time of the Census (last Noy 16th), what was the main physical, mental, or health condition which caused () difficulty, limited (his/her)
	activities or restricted (n. s/h.er) participation in daily life?
	Interviewer: Maximum of 3. Only one condition per text box.
	Specify #1 [
	Specify #2 [
	Specify #3 [
	Don't know. $\square > $ Go to Q8
	Refusa' $\square > $ Go to $\bigcirc $ 8
-	
	Interviewer: Ask Q7a-c for conditions mentioned in $Q6$
Q7a.	At the time of the Census (last May 16th), how often did ($specify \# 1$) cause () difficulty, limit (his/her) activities or restrict (his/her) participation in daily life?
	1 Sometimes or periodically
	2 Often or always
	Don't know
	P of use 1

Q7b.	At the time of the Census (last May 16th), how often did (specify # 2) cause () difficulty, limit (his/her) activities or restrict (his/her) participation in daily life? 1			
		Often or always		
Q7c.		difficulty, limit (his/her) activities or restrict (his/her) part cipation in		
	1 2	Sometimes or periodically Often or always Don't know Refusal		
Q8.	Interv Speci Speci	th types of activities did () find difficult most often? viewer: Accept up to 5 responses. Only one activity per text box. fy #1 [fy #2 [fy #3 [
	Speci Speci	fy #4 [] fy #5 [] t know		
Q9.	Has ('s) physical, mental or health condition changed since last May?		
	1 2 9 8	Yes. \square No. \square > Go to Q11 Don't know. \square > Go to Q11 Refusal. \square > Go to Q11		
Q10.		did the condition that () had last May change so that he/she does not		

have any difficulties, activity limitations or participation restrictions anymore?

Interviewer: Mark all that apply.

	1	Condition completely cured or healed
	2	Condition stabilized
	3	He/She outgrew the condition□
	4	Learned to live with the difficulty or limitation□
	5	Use aids
	6	Other
		Other, Please Specify:
		Don't know
		Refusal
		Refusal
	Interv	iewer: Proceed to Section AAA – Health Utility Index Mality (p 325)
		(F 12)
Q11.	Since	e ('s) physical, mental or health condition hasn't changed since the
•		Census (last May 16th), is there any reason why () is no longer
	repoi	rting the difficulty, activity limitation or participation restriction that
		reported last May?
		viewer: Mark all that apply.
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Terrett Mante and Man appropr
	1	Learned to live with the difficulty or limitation□
	2	Use aids
	3	Do not feel that the difficulty, activity limitation
	5	or participation restriction is important enough
	4	Other
	•	Other
		Other, Plage Specify:
		Don't know
		k tusal.
		K Tusai
	Tuckow	Juan Proceed to Section AAA Health Utility Index Medule (n. 225)
	Tusiv	iewer: Proceed to Section AAA – Health Utility Index Module (p 325)
-		
Q12.	At th	e time of the Census (last May 16th), did () have a short term injury
Q12.		ness from which (he/she) has since recovered?
	OI III	ness from which (he/she) has since recovered;
	1	Yes
	2	No > Go to Q14
	9	Don't know. \Box > Go to Q14
	8	Refusal
	O	Netusal > 60 w Q14

Q13.	What was the short-term injury or illness?
	[
Q14.	The Census (last May 16th) indicates () had an activity limitation or participation restriction. Do you know why an activity limitation or participation restriction was reported for ()? Mark all that apply.
	Condition is or was very mild
	Other, Please Specify: None Selected
	Section R – Main Condition
**	Intervieves: If disability is indicated on the Profile Sheet proceed; Else skip to Section YY (p 320)**
R1a.	You mentioned earlier that because of a physical condition, mental condition of health problem () has difficulties or activity limitations. How old was () when you suspected that (he/she) had a long-term condition or health problem? Interviewer: If child is under 2 years please leave year blank and record age in months. If condition existed at birth enter "0" in the "months".
	[] (2-14) Years Don't know. □ Refusal. □

R1b.	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) had a long-term condition or health problem?			
	Interviewer: If child is under 2 years please leave year blank and record age in months. If condition existed at birth enter "0" in the "months".			
	[] (0-23) Months Don't know. Refusal.			
R2.	We've been discussing various limitations as well as chronic conditions that children may face. Now, I'd like to ask you about the <u>mea'cal</u> conditions that may contribute to the difficulties you have mentioned.			
	What are the <u>main</u> medical conditions that caus? () the most difficulty or limit (his/her) activities? Interviewer: Maximum of 3. Only one condition per text box.			
	Specify #1 [] Specify #2 [] Specify #3 [] Don't know. □ > Go to S Refusal. □ > Go to S			
	Interviewer: A.sk R31-c for the conditions mentioned in R2			
R3a.	Which one of the following best describes the <u>cause</u> of (his/her) (specify # 1)			
	1 Existed at birth/congenital			
	A disease or illness			
	5 Motor vehicle accident			
	6 Other			
	Other, Please Specify:			
•	Don't know			

R3b.	Which	one of the following best describes the <u>cause</u> of (his/her) (specify # 2)
	1	Existed at birth/congenital
	2	Premature birth or accident at birth
	3	A disease or illness
	4	Accident at home or at school
	5	Motor vehicle accident.
	6	Other.
	O	J
·		<u> </u>
	Other, l	Please Specify:
		Don't know.
		Refusal
		iciusai
R3a.	Which	one of the following best describes the saw (hig/hor) (specify # 2)
KSa.	VV IIICI	one of the following best describes the cause of (his/her) (specify # 3)
	1	Existed at birth/congenital
	2	Premature birth or accident at Lirth
	3	A disease or illness
	<i>3</i>	Accident at home or at school
	5	Motor vehicle accident
	6	
	O	Other
	Other, 1	Please Specify:
	,	
		D 2/1
		Don't how
		Refus.l
		O ,
		Caption C. Diagnostic Overtions
		Section S – Diagnostic Questions
ala ala T		
**1	nterview	ver: If disability was indicated on the Profile Sheet proceed; Else skip to
		Section AAA (p 323)**
C1	D. I	
S1.	Did yo	ou get a diagnosis for ('s) condition(s) or health problem(s)?
	1	Yes
	2	No. \square > Got to T (p 209)
	9	•
		L /
	8	Refusal

S2.	How old was () when you obtained a diagnosis for (his/her) condition(s) or health problem(s)? Interviewer: If age is less than 1 year, enter 0.		
] (Range 0-14) Years 't know□ usal□	
S3a.	Did you experience any of the following situations when you were trying to obtain a diagnosis for ('s) condition(s) or health problem(s)? Doctor or health professional took a wait and see approach		
	1 2 9 8	Yes. □ No. □ Don't know. □ Refusal. □	
S3b.	Did you experience any of the following situations when you were trying to obtain a diagnosis for ('s) condition(s) or health problem(s)? Long waiting period to get the Cognosis		
	1 2 9 8	Yes. □ No. □ Don't know. □ Refusal □	
S3c.		you experience any of the following situations when you were trying to in a algnosis for ('s) condition(s) or health problem(s)?	
/	Pifficulty getting referrals or appointments		
	1 2 9 8	Yes. □ No. □ Don't know. □ Refusal. □	

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

S3d.

	Docto	or or health professional not available locally		
	1 2 9 8	Yes. □ No. □ Don't know. □ Refusal. □		
S3e.	_	ou experience any of the following situations when you were trying to a diagnosis for ('s) condition(s) or health problem(s)?		
	Too e	expensive		
	1 2 9 8	Yes		
S3f.	obtaii	Did you experience any of the following situations when you were trying to obtain a diagnosis for ('s) condition(s) or health problem(s)?		
	Did n	not know where to get the diagnosic		
	1 2 9 8	Yes. □ No. □ Don't know. □ Refusal. □		
S3g.		ou experience any of the following situations when you were trying to a diagnosis for ('s) condition(s) or health problem(s)?		
	Healt	th or fessional not familiar with condition		
,	2 9 8	Yes. □ No. □ Don't know □ Refusal □		
S3h.		ou experience any of the following situations when you were trying to a diagnosis for ('s) condition(s) or health problem(s)?		
	Othe	r		

	1	Yes
		\downarrow
		Other, Please Specify:
	2	No
	9	Don't know□
	8	Refusal
		Section T – General Health Questions
]	Intervi	ewer: If disability was indicated on the Profile Sheet p. occed; Else skip to Section YY (p 320)
T1.		would you describe ('s) general health? would you say that ther) health is:
	1	excellent?
	2	very good?
	3	good?
	4	fair?
	5	poor?
	Č	Don't know
		Refusal
		Section D - Medications and Drugs Questions
]	Intervi	ewe". If disability was indicated on the Profile Sheet proceed; Else skip to Section YY (p 320)
U.	The drug	next questions are about the use of doctor recommended medications or gs.
U1.		s () <u>use</u> any prescription or non-prescription medications on a lar basis, that is, <u>at least once a week</u> ?
	1	Yes
	2	No
	9	Don't know □ > Go to U7
	0	Defined $\square > 0$ to U7

U2.	How	How many kinds of <u>prescription</u> medications does (he/she) take <u>everyday</u> ?			
	1 2 3	None □ 1-3 kinds □ 4 kinds or more □ Don't know □ Refusal □			
U3.	How every	many kinds of <u>non-prescription</u> medications does (he/she) take <u>day</u> ?			
	1 2 3	None □ 1-3 kinds □ 4 kinds or more □ Don't know □ Refusal □			
U4.	Does	() <u>use</u> any medications regularly, but <u>not daily</u> ?			
	1 2 9 8	Yes. □ No. □ > Go to U7 Don't know. □ > Go to U7 Refusal. □ > Go to U7			
U5.		many kinds of prescription medications does () take (regularly, but aily)? Note			
U6.		many kinds of <u>non-prescription</u> medications does (he/she) take larly, but <u>not daily</u>)?			
	1 2 3	None□ 1-3 kinds□ 4 kinds or more□ Don't know□			

	Refusal
U7.	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 of non-prescription medications?
	1 Yes
	2 No
	9 Don't know. \square > Go to U10
	8 Refusal \square > Go to U10
U9.	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.
	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
	Don't know
U10.	Because of a condition or health problem, does () <u>currently</u> need any prescription or non-prescription medications on a regular basis, which (he/she) does not have?
	1 Ves
	2 No
	9 On't know. \square > Go to V (p 213)
	8 Refusal. \square > Go to V (p 213)
U11a	Why doesn't () have these medications? I will read you a list. Please answer yes or no to each.
	Not covered by insurance
	1 Yes
	2 No
	9 Don't know
	8 Refusal
	O DV.1118(1)

U11b.	Why doesn't () have these medications? I will read you a list. Please answer yes or no to each.		
	Too expensive		
	1 Yes. □ 2 No. □ 9 Don't know □ 8 Refusal. □		
U11c.	Why doesn't () have these medications? I will read you a list. Please answer yes or no to each.		
	Not approved or recommended by health professionals		
	1 Yes. □ 2 No. □ 9 Don't know □ 8 Refusal. □		
U11d.	Why doesn't () have these medications? I will read you a list. Please answer yes or no to each.		
	Side effects		
	1 Yes		
U11e.	V'hy doesn't () have these medications? I will read you a list. Please answer yes or no to each.		
	Other reason		
	1 Yes. □ 2 No. □ 9 Don't know. □ 8 Refusal. □		

Section V - Other Aids and Equipment

If (....'s) date of birth is on or before May 16 2001 and a disability was indicated on the Profile Sheet then proceed; Else skip to Section W (p 229) **V1.** Because of a condition or health problem, does (....) use any aids or specialized equipment that you have not already mentioned? Yes..... 2 No. $\square >$ If "Use $\triangle : \square$ " is checked of on Profile Sheet then go to V11 (p 226); Else go te V14 (p 227) If "Use Aid" is 9 Don't know..... checked of on Profile Sheet then go to V11; Else go to V14 8 Refusal..... $\square >$ If "Use Aid" is checked of on Profile Sheet then go to V11; Else go to V14 Does (he/she) now use ... V2a. respiratory aids (e.g., innalers, puffers, oxygen)? 1 Yes 2 No...... 9 Don't know..... 8 Refusal. V2b. Does (he/she) now use... pain management aids (e.g., a TENS machine)? 1 Yes..... 2 No...... 9 Don't know..... 8 Refusal.....

V2c.

Does (he/she) now use...

213

	blo	od glucose monitor, needles, other diabetic aids?
	1	Yes
	2	No.
	9 8	Don't know□ Refusal□
	0	Refusai
V2d.		es (he/she) now use lominal, back or neck support (e.g., ergonomic cushion, support belt)?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
V2e.		es (he/she) now use other aid or other specialized equipment?
	1	Yes
		Other, Please Specify:
	2	No
	9	Don't know□
	8	Refusal
		Inverviewer: Ask V 3-10 a-e for aids selected in V2 a-e
V 3		
(a)		w or 'er_ does () use (his/her) respiratory aids (e.g., inhalers, puffers,
4	оху	gan)?
	1	Every day
	2	A few times a week
	3	Once a week.
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable

		Don't know□ Refusal□
V4. (a)	Wł	no paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5 6	Insurance company □ Non-profit organization □
	7	It does not belong to () (i.e. belongs to employers, iriends / family,
	,	public property, etc
	8	Other
		Other, Please Specify:
		Other, Flease Specify.
	9	Not applicable
	,	Don't know
		Refusal
V4a		
(a)		e you making any kind of payment for (his/her) respiratory aids (e.g., alers, puffers, xygen), for example to rent or finance this item?
	1	Yes
	1	
	2	\square > If V4=7 then go to
		V3b; else continue
	9	Don't know
	V	V3b; else continue
	8	Refusal
		V3b; else continue
(a)	Ho	w often does (his/her) respiratory aids (e.g., inhalers, puffers, oxygen)
		ed service, such as repairs or maintenance?
	1	Every 6 months or less

	2	More than 6 months but less than 1 year □
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once
		every 5 years
	5	Every 5 years or more
	6	Never
		Not applicable
		Don't know.
		Refusal
V6.		
(a)	How	much difficulty do you have paying for the service of this item?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
V7.		
(a)	How	often does ()'s respiratory aids (e.g., inhalers, puffers, oxygen) need
(u)		replaced?
	10 00	replaced
	1	Every 6 months or less. \square > Go to V9
	2	More than 6 months but less than 1 year
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years.
	5	Fvery 5 years or more
	6	V_{ever} \square > Go to V3 (b)
	7	No applicable \square > Go to V3 (b)
		Don't know. \square > Go to V3 (b)
	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Refusal. \square > Go to V3 (b)
V8.		
(a)	Will	this item need to be replaced in the next 12 months?
	1	Yes
	2	No. \square > Go to V3 (b)
	9	Don't know. \square > Go to V3 (b)
	8	Refusal \Box > Go to V3 (b)
	U	1010001 / OU to 13 (D)

V9. (a)		at is the main reason you will need to replace ('s) respiratory aids , inhalers, puffers, oxygen)?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
	(Other, Please Specify:
		Don't know
V10.		
(a)		w much difficulty will you have paying for a replacement for (his/her) n management aids (e.g., a TENC machine)?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford.
	6	Not applicab. \(\sigma\)
	Ü	Don't know
		Refus. 1
V3		
(b)	Ho	w <u>often</u> does () <u>use</u> (his/her) pain management aids (e.g., a TENS
		chine)?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
	-	during certain times
	6	Don't use because it needs repair
	-	or replacement
	7	Not applicable

		Don't know□ Refusal□
V4. (b)	Wł	no paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4 5	Government program
	6	Insurance company □ Non-profit organization □
	7	It does not belong to () (i.e. belongs to employers, triends / family,
		public property, etc
	8	Other
		Other, Please Specify:
	9	Not applicable
		Don't know□ Refusal□
V4a		
(b)		e you making any kind of payment for (his/her) pain management aids g., a TENS machine), for example to rent or finance this item?
	1	Yes
	2	No
		Don't know. \square > If V4=7 then go to V3c; else continue
	8	Refusal
V5.		
(b)		w often does (his/her) pain management aids (e.g., a TENS machine) ed service, such as repairs or maintenance?
	1	Every 6 months or less

	2	More than 6 months but less than 1 year □
	3	Once per year to less than 2 years \square
	4	Once every 2 years but less than once
		every 5 years
	5	Every 5 years or more
	6	Never
	O	Not applicable
		Don't know
		Refusal
		Refusal
V6.		
(b)	How	much difficulty do you have paying for the service of this item?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
	Ü	Don't know.
		Refusal
		Telusul
V7.		
	Цот	often doog ()'s nois management side (e.g. a TENS machine) need to
(b)		often does ()'s pair management aids (e.g., a TENS machine) need to
	be re	placed?
	1	Every 6 months or less. \square > Go to V9
	2	
		More than 6 Pronths but less than 1 year
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years.
	5	Every 5 years or more
	6	\square > Go to V3 (c)
	7	Not applicable $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{V3} \ (\mathbf{c})$
	\\	\square > Go to V3 (c)
		Refusal
-		
V8. (b)	Will	this item need to be replaced in the next 12 months?
(U)		_
	1	Yes
	2	No
	9	Don't know
	8	Refusal

V9. (b)	What is the main reason you will need to replace ('s) pain management aids (e.g., a TENS machine)?			
	1	Condition is worse		
	2	Condition is better		
	3	Outgrew the aid		
	4	Worn out		
	5	New technology available / Aid is outdated □		
	6	Other		
		Other, Please Specify:		
		s mes, e seme speciely.		
		Don't know		
		Refusal		
		, Y		
V10.				
(b)	Hov	w much difficulty will you have paying for a replacement for (his/her)		
	paiı	n management aids (e.g., a TENC machine)?		
	1	None		
	2	Slight ⊔		
	3	Moderate		
	4	Serious		
	5	Cannot afford.		
	6	Not applicable		
		Don't know		
		Refus. 1		
V3				
(c)	Ĥ ⁷	w often does () use (his/her) blood glucose monitor, needles, other		
	a's	betic aids?		
	/			
	1	Every day		
	2	A few times a week□		
	3	Once a week		
	4	Less than once a week \square		
	5	Frequent usage but only		
		during certain times		
	6	Don't use because it needs repair		
		or replacement		
	7	Not applicable		

		Don't know□ Refusal□
V4. (c)	Wł	no paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4 5	Government program
	<i>5</i>	Insurance company □ Non-profit organization □
	7	It does not belong to () (i.e. belongs to employers, irrends / family,
		public property, etc
	8	Other
		Other, Please Specify:
	9	Not applicable
		Don't know
		Refusal
V4a (c)		e you making any kind of payment for (his/her blood glucose monitor, edles, other diaketic aids, for example to rent or finance this item?
	1	Yes
	2	No
	(V3d; else continue
	9	Don't know. \square > If V4=7 then go to V3d; else continue
	8	Refusal
V3 (d)		w often does () use (his/her) abdominal, back or neck support (e.g., conomic cushion, support belt)?
	1	Every day

	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
	Ü	or replacement
	7	Not applicable
	,	Don't know
		Refusal
		Kerusar
V4.		
(d)	Wh	no paid the most for <u>acquiring</u> this item?
	1	Doront
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		Other, Please Specify.
	9	Not applicable
		Don't know
		Refusal
T 7.4		
V4a		
(d)		e you making any kind of payment for (his/her) abdominal, back or neck
	**	port (e.g., ergonomic cushion, support belt), for example to rent or
	fina	ance this item?
	1	Yes
	2	No
		V3e; else continue
	9	Don't know
	J	V30: also continue
		V 40' DICO CONTINIA

Interviewer: If service or replacement is applicable to this specific write-in then proceed to V5, else skip to V11. V3		8	Refusal
How often does () use (his/her) (write-in)?			
1		Ho	w often does () use (his/her) (write-in)?
2	(-)		
3			
4 Less than once a week			
5 Frequent usage but only during certain times			
during certain times			
6 Don't use because it needs repair or replacement		5	
Or replacement		6	
7 Not applicable		O	
Don't know		7	
V4. (e) Who paid the most for acquaing this item? 1 Parent □ 2 Family : (*) □ 3 Health care system □ 4 Government program □ 5 Insurance company □ 6 Non-profit organization □ It does not belong to () (i.e. belongs to employers, friends / family, public property, etc □ 8 Other □ Other, Please Specify: □ 9 Not applicable □ Don't know □		/	
V4. (e) Who paid the most for acquiring this item? 1 Parent			
Who paid the most for acq uning this item?			Refusal
Who paid the most for acq uning this item?			
Who paid the most for acq uning this item?	V4 .		
1 Parent		Wh	no paid the most for accounting this item?
2 Family C()	(-)	,,	, , , , , , , , , , , , , , , , , , ,
2 Family C()			
 Health care system			
4 Government program			
5 Insurance company			
6 Non-profit organization			
It does not belong to () (i.e. belongs to employers, friends / family, public property, etc			
public property, etc		0	
Other. Other, Please Specify: 9 Not applicable. Don't know.		1	
Other, Please Specify: 9 Not applicable		Q	
9 Not applicable		0	Oulei
9 Not applicable			
Don't know			Other, Please Specify:
Don't know			
Don't know		9	Not applicable
		,	11

V4a (e)	Are you making any kind of payment for (his/her) (write-in), for example to rent or finance this item?				
	1	Yes			
	2	No. \square > If V4=7 then go to V11; else continue			
	9	Don't know. \square > If V4=7 then go to V11; else continue			
	8	Refusal □ > If V4=7 uncy go to V11, else continue			
V5. (e)	How	often does (his/her) (write-in), such as repairs or maintenance?			
	1 2 3 4 5 6	Every 6 months or less			
V6. (e)	How	much difficulty do you have paying for the service of this item?			
	1 2 3 4 5 6	None □ Slight □ Moderate □ Serious □ Cannot afford □ Not applicable □ Don't know □ Refusal □			
V7. (e)	How	often does ()'s (write-in) need to be replaced?			
	1	Every 6 months or less $\square > \mathbf{Goto} \mathbf{V9}$			

	2	More than 6 months but less than 1 year $\square > \mathbf{Go}$ to $\mathbf{V9}$
	3	Once per year to less than 2 years \square
	4	Once every 2 years but less than once every 5 years. □
	5	Every 5 years or more
	6	Never. $\square > \mathbf{Go}$ to V11
	7	Not applicable
	,	Don't know. \square > Go to V11
		Refusal
V8.		.1
(e)	Wi	ll this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	Don't know. $\Box > 0$ to $V11$
	8	Refusal
	O	Totasai Sara VII
1 70		
V9.	XX71.	
(e)	Wha	at is the main reason you will need to replace ('s) (write-in)?
	1	Condition is worse.
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
		Other, Pleas Specify:
		Den't know.
		Refueal
V10.		Y
(e)	Ho	ow much difficulty <u>will you</u> have paying for a replacement for (his/her)
(0)		rite-in)?
	(,,,	<i>iie iii)</i>
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable \Box

		Don't know. Refusal.
In	terviewe	er: If (any) use aid is selected on the profile sheet or in V2a-e then proceed; Else go to V14
V11.		ld now like you to think of all the aids and specialized equipment that ne) uses.
		e past 12 months, did you have any <u>out-of-pocket</u> or <u>direct expenses</u> for urchase and maintenance of aids and specialized equipment?
	and e	de amounts not covered by insurance such as exclusions, deductibles expenses over limits. Exclude payments for which you have been or will be sursed by any insurance or government program.
	1 2 9 8	Yes □ No. □ > Go to V14 Don't know □ > Go to V14 Refusal □ > Go to V14
V13.	or <u>ou</u> t	h of the following expense groups is the best estimate of the <u>direct costs</u> to you is the past 12 months, for the purchase and renance of aids and recialized equipment?
	1	Less than \$200
	2	\$200 to less than \$500
	3	\$506 to less than \$1,000
	4	\$1,000 \(\gamma \) less than \$2,000 \(\ldots \)
	5	\$2 000 to less than \$5,000
	6	\$5,900 or more
		Don't know.
,	1	Refusal
V14.	alreac	() <u>need</u> any other aids or specialized equipment that have not ly been mentioned? Please note, we will be discussing accessibility es such as ramps and elevators in a later section.
	1	Yes
	2	No
	9	Don't know. \square > Skip to W (p 229)
	8	Refusal

V15.		h aids does (he/she) <u>need</u> , but does not have? all that apply.
	1 (a) 2 (b) 3 (c) 8 (d)	Respiratory aids (e.g., inhalers, puffers, oxygen) Pain management aids (e.g., a TENS machine) Bath, shower, or toilet aids
		Other, Please Specify:
	9 (e)	None selected
V16.		I would like you to think about all the aids and specialized equipment ne) needs but does not have.
		does () not have these aids? I win' read you a list of possible reasons. all that apply.
	1	It is not covered by insurance
	2	It is too expensive
	3	('s) condition is not serious enough
	4	You do not kn w where or how to obtain it □
	5	It is not available
	6	() is on a waiting list
	7	You haven't looked into it yet
	8	Another reason.
V17.		Lwould like you to think about all the aids or specialized equipment he/she) needs, but does not have.
	•	these aids?
	1	Yes
	2	No. \square > Go to W (p 229)
	9	Don't know. \square > Go to W (p 229)
	8	Refusal. $\square > Go \text{ to } W \text{ (p 229)}$

V18a.	What is the impact of not having these aids or specialized equipment? I will read you a list. ('s) participation in regular everyday activity is reduced?			
	1 2 9	Yes		
	8	Refusal		
V18b.		at is the impact of not having these aids or specialized equipment? I vill I you a list.		
	(.) is frustrated?		
	1 2 9	Yes		
	8	Refusal		
V18c.	What is the impact of not having these aids or specialized equipment? I will read you a list.			
	(. 's) self-esteem is affected?		
	1 2 9 8	Yes□ No□ Don't know□ Refu. al. □		
V18d.		at 1. th impact of not having these aids or specialized equipment? I will you a list.		
	Ota	er impact?		
	1	Yes		
		Other, Please Specify:		
	2 9 8	No		

Section W – Health Care Professionals Module

I1	nterv	iewer: If disability was indicated on the Profile Sheet proceed; Else skip to Section AAA (p 323)	
W.		e next few questions are about your contact with health professionals ause of ('s) condition or health problem.	
W1a.	V1a. <u>In the past 12 months</u> , how <u>often</u> has () seen or received care from a family doctor or general practitioner?		
	1 2 3 4	At least once a week. At least once a month. Less than once per moth. Never. Don't Know. Refusal.	
W1b.		he past 12 months, how often has () seen or received care from a: ediatrician?	
	1	At least once a week	
	2	At least once a month	
	3 4	Less than once per moth	
	7	Don't Know	
		Refusal	
W1c.	X	ner specialist medical doctor (such as a cardiologist or neurologist)?	
	1 2 3 4	At least once a week. At least once a month. Less than once per moth. Never. Don't Know. Refusal.	

W1d.	<u>In the past 12 months</u> , how <u>often</u> has () seen or received care from a: Social worker?			
	1 2 3 4	At least once a week		
W1e.		ne past 12 months, how often has () seen or received care from a.		
	1 2 3 4	At least once a week. At least once a month. Less than once per moth. Never. Don't Know. Refusal.		
W1f.		ne past 12 months, how often has () seen or received care from a: ech therapist?		
	1 2 3 4	At least once a week		
W1g.		ne past 12 months, how often has () seen or received care from a: riotherapist?		
	1 2 3 4	At least once a week. At least once a month. Less than once per moth. Never. Don't Know. Refusal.		

W1h. <u>In the past 12 months</u>, how <u>often</u> has (....) seen or received care from a: **psychologist or psychotherapist?**

	1	At least once a week		
	2	At least once a month		
	3	Less than once per moth		
	4	Never		
		Don't Know□		
		Refusal		
W1i.		he past 12 months, how often has () seen or received care from a: upational therapist?		
	1	At least once a week		
	2	At least once a month		
	3	Less than once per moth		
	4	Never		
		Don't Know		
		Refusal		
W1j.	In the past 12 months, how often has () seep or received care from a:			
	chi	ropractor?		
	1	At least once a week		
	2	At least once a month		
	3	Less than once per Noth		
	4	Never		
		Don't Know□ Refusal□		
		Refusai		
W1k.	In t	he past 12 months, how often has () seen or received care from a:		
WIK.		er harth professional		
	Oth	ci ii a i pi otessionai		
	A\	At least once a week		
		I		
		<u> </u>		
		Other, Please Specify:		
	2	At least once a month		
	3	Less than once per moth		
	4	Never		
		Don't Know□		
		Refusal		

Inte	erview	er: If one or more of W1a-k is selected as 1 or 2 or 3 then continue; else go to $X(p\ 232)^{}$
W2.	expe	ne past 12 months, did you or your family have any <u>out-of-pocket</u> enses, that are not reimbursed by any sources, for the services that) received from health professionals?
	1	Yes
	2	No. \square > Go to X (p 232)
	9	Don't know. $\square > \text{Go to X (p 232)}$
	8	Refusal
W4.		ch one of the following expense groups is the best estimate of the <u>out-of-</u> <u>set</u> or <u>direct</u> costs to you or your family? I will read you a list.
	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
		Don't know□
		Refusal
		Section X - Other Needs Module
]	ntervi	ewer: If disability was indicated on the Profile Sheet proceed; Else skip to Section AAA (p 323)
X1.	In th	ne vact 12 months, was there ever a time when () needed health
	serv	ice: because of (his/her) condition, but did not receive them?
	X	Yes
	2	No
	9	Don't know. \square > Go to Y (p 234)
	8	Refusal
X2.		at kind of health services did (he/she) <u>need</u> , but did not receive? k all that apply.
	Mari	k dii indi appiy.
	Mari 1	Family doctor or family practitioner

		cardiologist, neurologist)
	3	Nurse for care
	4	Speech therapist
	5	Physiotherapist
	6	Psychologist or psychotherapist□
	7	Chiropractor
	8	Other, specify
		Other Blace Consider
		Other, Please Specify:
	0	
	9	None selected. \square > Go to Y (p \angle 34)
		Don't know. \square > Go to Y (p 234)
		Refusal. $\square > Go \text{ to } Y \text{ (p 234)}$
T 72	***	
X3a.		didn't () receive the health service that (he/she) needed? I will read
	you a	a list. Please answer yes or no to each.
	Not o	covered by insurance
	1	Yes
	2	No
	9	Don't know□
	8	Refusal
X3b.		didn't () receive the health service that (he/she) needed? I will read
	you a	a list. Please answer yes or no to each.
	Too	expensi (e
	100 (expensive
	1	Vc:
	2	Vo
	9	Don't know□
		Refusal
X3c.	-	didn't () receive the health service that (he/she) needed? I will read
	you a	a list. Please answer yes or no to each.
	Not a	available locally
	1	Yes
	2	No.
	9	Don't know.

	8	Refusal	
X3d.	d. Why didn't () receive the health service that (he/she) needed? I will read you a list. Please answer yes or no to each.		
	Long	waiting period	
	1 2 9 8	Yes	
X3e. Why didn't () receive the health service that (he/she) needed? you a list. Please answer yes or no to each.		didn't () receive the health service that (he/she) no edd? I will read list. Please answer yes or no to each.	
	Othe	r reason	
	1	Yes	
		Other, Please Specify:	
	2 9 8	No	
		Section V Help with Personal Care Module	
** I f('s)	da. of birth is on or before May 16 2001 and a disability was indicated on the Profile Sheet proceed; Else skip to YY (p 320)**	
Y1.		() <u>usually</u> receive help with personal care, such as bathing, toileting, ing or feeding?	
	1 2 9 8	Yes	

Y2. Is this because of (his/her) condition or health problem?

	1	Yes
	2	No
	9	Don't know
	8	Refusal
Y3.	How	much help does (he/she) need?
	1	Some help
	2	A lot of help.
		Don't know
		Refusal
Y4.	Who	provides most of the help to () for (his/her) perconal care?
	1	Mostly the Mother
	2 3	Mostly the Father
	4	Other family members
	•	
		Other, Please Specify:
		Don't Know
		Refusal
		Continue 7 Halo Marrinos Abarre Madrela
		Section Z - Help Moving About Module
** I f	(\ldots,s)	dan of birth is on or before May 16 2001 and a disability was indicated on
v	`	the firsfile Sheet proceed; Else skip to Section AAA (p 323)**
Z1.		() <u>usually</u> receive help with moving about inside (his/her) residence,
	sech	as moving from one room to another?
	1	Yes
	2	No
	9	Don't know. \square > Go to AA (p 236)
	8	Refusal \square > Go to AA (p 236)
Z2.	Is th	is because of (his/her) condition or health problem?
	1	Yes
	1	1 v 0

	2	No
	9	Don't know. \square > Go to AA (p 236)
	8	Refusal
Z3.	How	much help does (he/she) need?
	1	Some help
	2	A lot of help □
		Don't know□
		Refusal
Z4.	Who	provides most of the help to () for moving about inside (his/her)
		lence?
	1	Mostly the Mother
	2	Mostly the Father
	3	Both the Mother and the Father
	4	Other family members
		Other, Please Specify:
		Don't Know
		Refusal
		Ketusai
		Section AA - Additional Help Module
**	Intervi	ewe. If disability was indicated on the Profile Sheet proceed; Else skip to
		Section AAA (p 323)**
AAI		use of ('s) condition, do you <u>currently</u> need help or additional help
	with (bis/	: her) personal care?
	(1115/	ner) personal care:
	1	Yes
	2	No
	9	Don't know.
	8	Refusal

AA1b. Because of (....'s) condition, do you <u>currently</u> need help or additional help with:

movin	ng (him/her) about inside (his/her) residence?
1	Yes
2	No
9	Don't know□
8	Refusal
Intervie	ewer: If AA1a= 1 or AA1b= 1 then go to AA2; Else skip to BB (p 239)**
How 1	many hours per week of help or additional help do you need?
1	1-4 hours per week
2	5-10 hours per week
3	More than 10 hours per week□
	Don't know
	Refusal
no to	do you not receive this help? I will real you a list. Please answer yes or each. Oo expensive Yes
no to e	
Help i	non family and friends is not available
2 9 8	Yes. □ No. □ Don't know □ Refusal □
	1 2 9 8

AA3c. Why do you not receive this help? I will read you a list. Please answer yes or no to each.

Services or special programs (for help) are not available locally

	1	Yes
	2	No
	9	Don't know□
	8	Refusal
AA3d.	Why no to	do you not receive this help? I will read you a list. Please answer yes or each.
	Child	l is presently on a waiting list
	1	Yes
	2	No
	9	Don't know□
	8	Refusal
AA3e.	Why	do you not receive this help? I will read you a iist. Please answer yes or
	no to	
	_	
	Do no	ot know where to look for help
	1	Yes
	2	No
	9	Don't know
	8	Refusal
	O	Refusal
AA3f.	_	do you not receive this help? I will read you a list. Please answer yes or
	no to	each.
	Child	l's conditan is not serious enough
	1	Ye'
	2	No
	2	Don't know
	8 /	Refusal
AA3g.	Why no to	do you not receive this help? I will read you a list. Please answer yes or each.
	You l	have not asked for help
	1	Vos.
	1 2	Yes□
	4	1NU

	9	Don't know
AA3h	-	do you not receive this help? I will read you a list. Please answer yes or each.
	Othe	er
	1	Yes
		Other, Please Specify:
	2 9 8	No
	Sect	tion BB - Help with Housework, Responsibilities and Activities Module
]	ntervio	ewer: If disability was indicated on the Profile Sheet proceed; Else skip to Section AAA (p 323)
BB.	recei	next few questions are about the help <u>you</u> or <u>your family</u> may be iving because of ('s) condition or health problem. The help could be a family members, friends or from agencies or organizations.
BB1a.	. Beca	nuse of ('s) condition, do you <u>usually</u> receive help with the following?
	Help	with everyday housework, such as house cleaning or meal preparation
	1 2 9 8	Yes. □ No. □ Don't know. □ Refusal. □
BB1b		nuse of ('s) condition, do you <u>usually</u> receive help with the following?
	Help	to allow you to attend to other family responsibilities
	1	Ves

	2	No		
	9	Don't know□		
	8	Refusal		
BB1c.	Becau	use of ('s) condition, do you <u>usually</u> receive help with the following?		
	Help	to allow you to take time off for personal activities		
	1	Yes		
	2	No		
	9	Don't know.		
	8	Refusal		
	Inte	rviewer: If BB1a = 1 or BB1b = 1 or BB1c = 1 to en proceed BB2a; Else go to BB6a		
BB2a.		usually provides you this help? I will read you a list. Please answer yes		
	or no	to each.		
	Famil	Family living with you		
	1	Yes		
	2	No		
	9	Don't know□		
	8	Refusal		
BB2b.	Who i	usually provides you this help? I will read you a list. Please answer yes		
		to each.		
	Famil	y not living with you		
	T.	Yes		
	2	No		
	9	Don't know□		
	8	Refusal		
RR2c	Who	usually provides you this help? I will read you a list. Please answer yes		
DD2C.		to each.		
	Frien	ds or neighbours		
	1	Yes		

	2 No□	
	9 Don't know□	
	8 Refusal□	
BB2d.	Who <u>usually</u> provides you this help? I will read you a list. Please answer yes	
	or no to each.	
	Government organization or agency	
	1 Yes	
	2 No	
	9 Don't know	
	8 Refusal	
BB2e.	Who <u>usually</u> provides you this help? I will read you a list. Please answer yes	
	or no to each.	
	Private organization or agency	
	1 Yes□	
	2 No	
	9 Don't know	
	8 Refusal	
	1010001	
		_
BR2f.	Who usually provides you this help? I will read you a list. Please answer yes	
<i>DD2</i> 1.	or no to each.	
	or no to turn.	
	Voluntary organization or agency	
	, comment of agone,	
	1 V _f ·	
	2 No	
	9 Don't know	
	Refusal	
		_
BB2g.	Who <u>usually</u> provides you this help? I will read you a list. Please answer yes	
8	or no to each.	
	Other	
	1 Yes□	
	1	

		Other, Please Specify:
	2	No
	9	Don't know
	8	Refusal
	8	Refusal
BB3.	hous activ	mentioned earlier that you usually receive help with everyday sework or help to allow you to attend to other family or personal vities. In the past 12 months, did you or your family have any <u>cut-of-</u> <u>ket</u> expenses (that are not reimbursed by any sources) for this help?
	1	Yes
	2	No □ > Gy i B6a
	9	Don't know. $\square > \square > \square > BB6a$
	8	Refusal
	O	Refusal
BB5.		ch one of the following expense groups is the best estimate of the direct
	costs	s to you or your family? I will read you \ list.
	1	Less than \$200
	2	\$200 to less than \$500
	3	\$500 to less than \$1063
	4	\$1000 to less than \$2000
	5	\$2000 to less than \$2000
	6	\$5000 or more
	U	Don't knov
		Refusal
RR6a	Race	au. e (f ('s) condition, do you <u>currently</u> need help or additional help
DDUa		the following?
	*******	att Cronowing.
1	Help	with everyday housework, such as house cleaning or meal preparation
	1	Yes
	2	No
	9	Don't know
	8	Refusal

BB6b. Because of (....'s) condition, do you <u>currently</u> need help or additional help with the following?

	Help	to allow you to attend to other family responsibilities
	1	Yes
	2	No
	9	Don't know.
	8	Refusal
BB6c.		tuse of ('s) condition, do you <u>currently</u> need help or additional help the following?
	Help	to allow you to take time off for personal activities
	1	Yes
	2	No.
	9	Don't know.
	8	Refusal
	O	Telusur
BB7a.	Pleas	do you not receive this help or additional help? I will read you a list. se answer yes or no to each.
	1	Yes
	2	No
	9	Don't know
	8	Refusai
BB7b.	// -	to you not receive this help or additional help? I will read you a list. Please
	ans w	ver yes or no to each.
	Hylp	from family and friends is not available
	1	Yes
	2	No
	9	Don't know.
	8	Refusal

BB7c. Why do you not receive this help or additional help? I will read you a list. Please answer yes or no to each.

	Servic	es or special programs (for help) are not available locally	
	1	Yes	
	2	No	
	9	Don't know	
	8	Refusal	
BB7d.	• Why do you not receive this help or additional help? I will read you a list. Please answer yes or no to each.		
	Child	is presently on a waiting list	
	1	Yes.	
	2	No.	
	9	Don't know	
	8	Refusal	
BB7e.	Why d	lo you not receive this help or additional 'velp'. I will read you a list. Please	
	-	r yes or no to each.	
	Do not know where to look for help		
	1	Yes.	
	2	No	
	9	Don't know	
	8	Refusal	
-			
BB7f.	Why d	lo you not receive this help or additional help? I will read you a list. Please	
		r ves or noto each.	
	Child	. condition is not serious enough	
		<u>_</u>	
	X	Yes	
	2 🗡	No	
	9	Don't know	
	8	Refusal	

BB7g. Why do you not receive this help or additional help? I will read you a list. Please answer yes or no to each.

You have not asked for help

	1	Yes
	2	No
	9	Don't know□
	8	Refusal
BB7h.	-	do you not receive this help or additional help? I will read you a list. Please er yes or no to each.
	Othe	er .
	1	Yes
		Other, Please Specify:
	2	No.
	9	Don't know
	8	Refusal
		Section CC - Help with Appointments Module wer: If disability was indicated on the Profile Sheet proceed; Else skip to \$2ction AAA (p. 323)***
CC1.	of (e past 12 months. did you have any difficulty with coordinating the care), for example, making appointments, phoning or visiting health essionals and specialists?
	1	V _{eS}
	2	$ \square > Go to DD (p 247) $
	9	
	8	Refusal
CC2a.	Wha	t kind of difficulty did you have? I will read you a list. Please answer
		r no to each.
	Diffi	culty obtaining appointments
	1	Yes
	2	No
	9	Don't know□
	Q	Particol

CC2b		kind of difficulty did you have? I will read you a list. Please answer no to each.	
	Healt	h professional or specialist not available locally	
	1 2 9 8	Yes □ No □ Don't know □ Refusal □	
CC2c.	yes or	kind of difficulty did you have? I will read you a list. Please answer no to each.	
	A lack	k of communication between health professionals	
	1 2 9 8	Yes □ No □ Don't know □ Refusal □	
CC2d	CC2d. What kind of difficulty did you have? I will read you a list. Please answer yes or no to each.		
	Diffic	ulty getting information	
	1 2 9 8	Yes	
CC2e.	CC2e. Vhat kind of difficulty did you have? I will read you a list. Please answer yes or no to each.		
	Your	lack of time to coordinate the care	
	1 2 9 8	Yes. □ No. □ Don't know. □ Refusal. □	

CC2f.	• What kind of difficulty did you have? I will read you a list. Please answer yes or no to each.		
	Wor	k conflicts	
	1 2 9 8	Yes. □ No. □ Don't know. □ Refusal. □	
CC2g		t kind of difficulty did you have? I will read you a list. Please answer or no to each.	
	Othe	er	
	1	Yes	
		Other, Please Specify:	
	2 9 8	No	
		Section DD - Impact on the Parents Module	
Int	erview	ver: If disability was indicated on the Profile Sheet and Proxy is a parent or guaraian of () then continue; else skip to EE (p 254)	
DD.		next fow questions are directed towards you and how your child's lit in may have affected you and your family.	
DD1.		apared to other people your age, how would you describe your usual state ealth? Would you say it is	
	lastii	ERVIEWER: This question refers to long term health, i.e., a condition ng or expected to last more than 6 months. If the respondent suffers from a porary injury, ask about (his/her) usual condition.	
	1 2 2	Excellent?	

	4	Fair?
	5	Poor?
		Don't know□
		Refusal
DD2.		would you describe your satisfaction with life in general at present?
	Wou	ıld you say it is
	1	Excellent?
	2	Very good?
	3	Good?
	4	Fair?
	5	Poor?
	J	Don't know
		Refusal
		Refusal
DD2a.		iking about the amount of stress in your life, would you say that most
	days	are:
	1	not at all stressful? □ > Go to DD3
	2	not very stressful? \square > Go to DD3
	3	a bit stressful?□
	4	quite a bit stressful?
	5	extremely stres. fu ?
	J	Don't Know
		Refusal \Box > Go to DD3
		Refusal 2 Go to DD3
DD2b	. Wha	at is your main source of stress?
	1	Wyrk
		Fin ancial concerns.
	2 3	Jamily
	J.A.	School work
	5	Child's health
	6	Other
	O	
		Other Places Specify
		Other, Please Specify:
		Don't Know
		Refusal
		1010001

DD3.	Because of ('s) condition or health problem, has anyone in your family
	<u>ever</u>
	Mark all that apply.
	not taken a job in order to take care of ()? □
	2 quit working (other than normal maternity
	or paternity leave)?
	3 changed work hours to different times of day
	or night?
	4 turned down a promotion or a better job? □
	5 worked fewer hours?
	6 worked more hours?□
	7 lost a job?
	8 none selected. $\square > C_2$ to DD4
	Don't know.
	Refusal
DD3a	. Who was most affected by these work-related is rues?
	1 Mostly the Mother□
	2 Mostly the Father□
	Both the Mother and the Father \Box
	4 Other family members
	4 Other raining members
	Other, Please Specify
	Don't Know
	Refus ²¹
DD4.	During the past 12 months, has your family had financial problems
<i>DD</i>	be aus. of ('s) condition or health problem?
	be aust of (s) condition of nearth problem.
/	Yes
	9 Don't know
	8 Refusal
DD5	How often do you
DDS.	How often do you
	feel that because of the time you mand coving for () that you death to
	feel that because of the time you spend caring for () that you don't have
	enough time for yourself?

	1	Rarely/Never
	2	Sometimes
	3	Often/Always
		Don't know□ Refusal□
		Refusal
DD6.	How	often do you
		stressed between taking care of () and trying to meet other onsibilities for your family or work?
	1	Rarely/Never
	2	Sometimes
	3	Often/Always
		Don't know
		Refusal
DD9.	How	often do you
	wish	that someone else would help vou with your responsibilities for (\dots)?
	1	Rarely/Never.
	2	Rarely/Never
	3	Often/Always
		Don't know □
		Refusal
DD10	. How	often de you
	feel y	or should be doing more for ()?
	T.	Rarely/Never
	2	Sometimes.
	3	Often/Always
		Don't know
		Refusal
DD11	. How	often do you
	feel y	ou could do a better job taking care of ()?
	1	Rarely/Never

	2 3	Sometimes □ Often/Always □ Don't know □ Refusal □
DD12.		things can help a family to cope better. I am going to read you a per of possible supports.
	Is sup	oport available to you from
	-	spouse, partner or child's parent (for example sharing of child care or onal support)?
	1 2 3	Yes-fully □ Yes-partially □ No □ Don't know □ Refusal □
DD12a		pport available to you from
		family members? This might include practical help at home, respite financial assistance or emotional support.
	1 2 3	Yes-fully □ Yes-partially □ No □ Don't know □ Refu. al □
DD12b	rofe nation	proravailable to you from ssionals and from the community? This would include local and nal support groups, help from the school and medical support from ssionals.
	1 2 3	Yes-fully □ Yes-partially □ No □ Don't know □ Refusal □

DD14. A1	re you currently married or in a common-law relationship?
1	Yes
2	No. \square > Go to DD15
9	Don't know. \square > Go to DD15
8	Refusal
DD14a. H	Iow long have you been married or in this common-law relationship?
	nterviewer: Enter response in years, If less than one year enter "0"
Г] number of years
D,	on't know
	efusal
N	iusai
DD15 C'	
	nce ('s) birth, have you ever been married or in a common-law
re	lationship?
1	V
1	Yes > Go to DD20
2	No
9	Don't know
8	Refusal \square > Go to EE (p 254)
	ow would you describe your relationship with your current spouse or
pa	ertner?
1	Very good
2	Good
3	Fair
4	Poor
5	V _e ry poor.
	Don't know
	Refusal□
	y
DD17. W	hat effect has ('s) condition had on this relationship?
1	Brought couple closer together \square > Go to DD19
2	Little or no effect. \square > Go to DD19
3	Caused some problems.
4	Cause major problems
•	Don't know
	Refusal

DD18.		kind of problems has it caused? all that apply.
	1	Stress or depression
	2	Disagreements or arguments
	3	Tiredness/lack of sleep
	4	Financial difficulties
	5	Problems at work
	6	Domestic violence
	7	Drug or alcohol problems
	8	None selected.
		Don't know
		Refusal
** I f	DD14a	= a higher value than Child's current age, then skip to EE; else proceed**
1) 1	DDITA	- a nighter value than Chila's current age, then skip to EE, cise proceed
DD19.		('s) birth, were you in any other marri, ge or common-law onship?
	1	Yes
	2	No. \square > Go to EE (p 254)
	9	Don't know. \Box > Go to EE (p 254)
	8	Refusal \Box > Go to EE (p 254)
	O	Refusal
DD20.	impa	king of your previous partner or spouse, did ('s) condition have an et on this relationship? iewer: If multiple previous relationships, ask about the most recent. Ves.
DD21.		kind of problems did it cause? all that apply.
	1	Stress or depression
	2	Disagreements or arguments
	3	Tiredness/lack of sleep
	4	Financial difficulties
	5	Problems at work
	6	Domestic violence

	7 8	Drug or alcohol problems □ None selected □ Don't know □ Refusal □
		Section EE – Child Care Type Module
I1	ntervio	ewer: If disability was indicated on the Profile Sheet proceed; Else skip to Section AAA (p 323)
EE1.	Now (, I'd like to ask you some questions about child care arrangements for).
	after	ou <u>currently</u> use child care such as day care, babysith ag or a before and school program for () while you (or your spouse/partner) are at a or studying?
	1 2 9 8	Yes
EE1a.	Wo	uld you like to use child care for your child?
	1 2 9 8	Yes □ No □ > Go to EE1d Don't know □ > Go to EE1d Refu.al □ > Go to EE1d
EE1b.	. Wh	nat knid of care would you prefer to use?
	2 3 4	Care in someone else's home by a non-relative Care in someone else's home by a relative Care in child's home by a non-relative
	5 6 7	child's brother or sister
	8 9 10	Nursery school/Preschool

		\downarrow
		Other, Please Specify:
		Don't know
EE1c.		hy are you not using your preferred form of child care? ark all that apply.
	1	Cost for preferred arrangement is too high \Box > Go to FF (p. 58)
	2	Preferred arrangement is not available in my
		community
	3	Preferred arrangement is not available to fit my
		schedule
	4	On a waiting list
	5	Transportation to/from the preferred arrangement
		is a problem \square > Go to FF (p 258)
	6	No relatives in my community (if preferred
		arrangement is with relative) \Box > Go to FF (p 258)
	7	Can't afford to stay home (if preferred a rangement
		is child in own care)
	8	Preferred arrangement did not have places for
		children with special needs \Box > Go to FF (p 258)
		Other \square > Go to FF (p 258)
		Other, Please Specify:
		Survi, 1900 Spring.
		Dan 24 15 and DEC (n. 259)
		Don't know. \square > Go to FF (p 258)
		Refusal \square > Go to FF (p 258)
EE1D		Why are you not using child care?
LEID	V.	Mark all that apply.
	1	Cost for preferred arrangement is too high \square > Go to FF (p 258)
	2	Preferred arrangement is not available in my
		community
	3	Preferred arrangement is not available to fit my
		schedule \Box > Go to FF (p 258)
	4	On a waiting list. \square > Go to FF (p 258)
	5	Transportation to/from the preferred arrangement
		is a problem. \square > Go to FF (p 258)
	6	No relatives in my community (if preferred

	7	arrangement is with relative)
	,	is child in own care)
	8	Preferred arrangement did not have places for
		children with special needs
		Other
		Other Place Consider
		Other, Please Specify:
		Don't know
		Refusal \square > Go to FF (p 258)
EE2.	Wh	nat is your <u>main</u> child care arrangement, that is the one used for the
	mo	st number of hours?
1	Ca	re in someone else's home by a non-relative□
2		re in someone else's home by a relative□
3	Ca	re in child's home by a non-relative
4	Ca	re in child's home by a relative other than child's
	bro	other or sister
5		re in child's home by child's brother or sister
6		ycare centre (this does not include a home based
	•	ycare)
7		fore and after school program
8		rsery school/ Preschool.
9	Otl	her child care arrangement
	Oth	er, Please Specify:
		3-,
	Do	n't knew
		rusa.
	KC.	tusa
DD2	X	
EE3.	_	proximately how many hours per week is that?
		erviewer: This is for the <u>main</u> child care arrangement only. Round to the
	nea	arest full hour.
	Г	[Range 0 - 168]
	L	n't know□
		fusal
	1(0)	шин ш

EE4. What is the main reason why you chose this type of childcare for (\ldots) ?

	1 Close to home
	2 Affordable□
	3 Hours fit my schedule□
	4 Was recommended by friend/relative□
	5 Only option available□
	6 Recommended by a health care professional□
	Other
	Í
	Other, Please Specify:
	Other, I lease specify.
	D 3/1
	Don't know
	Refusal
DD5	Is there are no living in your household are not from your areas.
EE5.	Is there anyone living in your household apart from you or your
	partner/spouse who takes care of () on a regular basis? Interviewer: Do not include ad-hoc babysitting.
	Thierviewer. Do not include da-noc babyshing.
	1 Yes□
	2 No. \square > Go to FF (p 258)
	9 Don't know. \square > Go to FF (p 258)
	8 Refusal
EE6.	Who is this newson/those year le living in your household who take some of
EE0.	Who is this person/these people living in your household who take care of () on a regular bask. Is it:
	Mark all that apply.
	mark an mai appry.
	1 grand arent?
	2 on other or sister?
	3 other relative?
	4 • ther non-relative, including a live-in nanny? □ 5 None selected□
	Don't know
	Refusal
	Section FF - Child Care Satisfaction Module

^{**}Interviewer: If disability was indicated on the Profile Sheet and respondent uses child care (EE1=1 (yes)) then proceed; Else skip to Section GG (p 264)**

FF1.	How satisfied are you with the type of childcare you are currently using for (\ldots) ?			
	1 2	Very satisfied?□ Somewhat satisfied?□		
	3	Somewhat dissatisfied?		
	4	Very dissatisfied?		
		Don't know		
FF2.		ng aside cost, do you feel you have enough choices to find the best care for ()?		
	1	Yes		
	2	No		
	9	Don't know.		
	8	Refusal.		
FF3.	Has a child care program or service ever released to take care of () because of (his/her) condition or health peoblem?			
	1	Yes		
	2	Yes		
	9	Don't know. \Box > Go to FF4a		
	8	Refusal		
FF3a.		at type of child care programs or services refused to provide care)? I will read you a list. Please answer yes or no to each.		
	Bef	or and after school program?		
	^1	Yes		
A	2	No		
	Ç	Don't know		
	8	Refusal		
FF3b.		at type of child care programs or services refused to provide care)? I will read you a list. Please answer yes or no to each.		
	Nu	rsery school?		
	1	Yes		

	2 No. □ 9 Don't know □ 8 Refusal. □	
FF3c.	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.	
	Day care centre?	
	1 Yes. □ 2 No. □ 9 Don't know □ 8 Refusal. □	
FF3d.	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.	
	Care in someone else's home?	
	1 Yes□ 2 No□ 9 Don't know□ 8 Refusal□	
FF3e.	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.	
	Care in ch.'d's home?	
4	1 Ves	
FF3f.	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.	
	Other?	
	1 Yes	

		Other, Please Specify:	
	2	No	
	9	Don't know□	
	8	Refusal	
FF4a.	a. I'm going to read a list of things that people might consider when choosing a child care arrangement. Please think back to when you were selecting an arrangement for () and indicate to me how important each of the following criteria was to you.		
	Ca	regiver characteristics (personality, experience etc.)	
	1	Essential	
	2	Important	
	3	Not very important	
		Don't know	
		Refusal L ¹	
FF4b.	Ib. Please think back to when you were selecting an arrangement for () and indicate to me how important each of the following criteria was to you.		
		aining of caregiver (fo. example, formally trained in early hood education)	
	1	Essential	
	2	Important	
	3	Not very important	
		Don't know	
		Refusal	
FF4c.		se think back to when you were selecting an arrangement for () and	
	in he	ate to me how important each of the following criteria was to you.	
	Но	ours fit your schedule	
	1	Essential	
	1 2	Important	
	3	Not very important	
	5	Don't know	
		Refusal	

FF4d.	F4d. Please think back to when you were selecting an arrangement for () are indicate to me how important each of the following criteria was to you.		
	A place close to your home or place of work		
	2 Impor 3 Not ve Don't	tial	
FF4e.		e how important each of the following criteric was to you.	
	A reasonal	ole cost	
	2 Impor 3 Not ve Don't	tial	
FF4f.		ack to when you were selecting an arrangement for () and e how important each of the following criteria was to you.	
	A caregive	r who speaks to () in your language of choice	
	Den't		
FF4g.		e how important each of the following criteria was to you.	
	•	address ('s) special needs (for example, special mobility al impairment, hearing impairment, intellectual impairment etc)	
	2 Impor	tial	

		Don't know
FF4h.		think back to when you were selecting an arrangement for () and the to me how important each of the following criteria was to you.
	A sti	mulating learning environment
	2 3	Essential □ Important □ Not very important □ Don't know □ Refusal □
FF5. Would you prefer to use a form of care for your caild other than you are now using?		
	9	Yes □ No □ > Go to FF8 Don't know □ > Go to FF8 Refusal □ > Go to FF8
FF6.	What l	xind of care would you prefer to use?
	1 2 3 4	Care in someone else's home by a non-relative
<i>A</i>	8 9	daycare)
		Don't know

FF7.	Why are you not using your preferred form of child care?			
	1	Cost for preferred arrangement is too high □		
	2	Preferred arrangement is not available in my		
		community		
	3	Preferred arrangement is not available to fit my		
	4	schedule		
	4	On a waiting list		
	5	Transportation to/from the preferred arrangement		
	6	is a problem		
	O	arrangement is with relative)		
	7	Can't afford to stay home (if preferred arrangement		
	,	is child in own care)		
	8	Preferred arrangement did not have places for		
		children with special needs		
		Other		
		O(I DI C :C		
		Other, Please Specify:		
		Don't know.		
		Refusal		
EEO	D			
FF8.	-	ou receive any financia assistance or subsidies for your child care nses?		
		viewer: Child care expense deduction should not be included here.		
	mer	viewer. Child tark expense deduction should not be included here.		
	1	Yes		
	2	No		
	9	Don't k₁. w□		
	8	Re filsal		
FF9.	Poes	s () qualify for subsidized childcare?		
		_		
	1	Yes		
	2	No		
	9	Don't know		
	8	Refusal		

FF10. What is the main reason why you are not using the childcare subsidy for (\ldots) ?

	1	No subsidized spaces available
	2	Don't like the childcare centre where subsidy
	2	is available
	3	Can't afford the fees even with the subsidy□ Other□
	4	
		Other, Please Specify:
	L	
		Don't know
		Refusal
		Section GG – General Education Module
** I f ('s) date of birth is on or before May 16 2001 and a disability was indicated on the Profile Sheet proceed; Else skip to Section VY (320)**
GG.	The	next few questions are about education.
GG1.	In <u>A</u>	<u>April</u> 2006 was ()
	1	going to school or kingergarten? \square > Go to GG6
	2	being tutored at kome through the
		school system?
	3	neither of the Above (neither going to
		school or bying tutored at home)
		Don't know \square > Go to GG4
		Refural \Box > Go to GG4
-		
GG2a.		hy va. () being tutored at home through the school system? I will ad you a list. Please answer yes or no to each.
		ersonal care such as feeding and toileting needed, but not available at hool
	1	Yes
	2	No.
	9	Don't know.
	8	Refusal
	5	

GG2b.	Why was () being tutored at home through the school system? I will read you a list. Please answer yes or no to each.					
	Teacher's aides or special education classes not available in <u>regular school</u>					
	1 Yes					
GG2c.	Why was () being tutored at home through the school system? I will read you a list. Please answer yes or no to each.					
	Special education school not available locally					
	1 Yes					
	2 No					
	9 Don't know					
	8 Refusal					
GG2d.	Why was () being tutored at home drough the school system? I will read you a list. Please answer yes or no to each.					
	('s) condition or health problem prevented (him/her) from going to school					
	1 Yes					
	2 No					
	9 Don', know					
	8 Refusar.					
GG2e.	Way was () being tutored at home through the school system? I will read you a list. Please answer yes or no to each.					
	Parents preferred home tutoring for ()					
	1 Yes□					
	2 No					
	9 Don't know.					
	8 Refusal					

GG2f.	2f. Why was () being tutored at home through the school system? I will read you a list. Please answer yes or no to each.			
	Oth	ner reason		
	1	Yes		
		Other, Please Specify:		
	2	No		
	9	Don't know \square > Go to GG4Refusal \square > Go to GG4		
GG3a.		y was () not attending school in April 2006? I will read you a list. ase answer yes or no to each.		
	Per sch	sonal care such as feeding and toileting needed, but not available at ool		
	1 2 9 8	Yes. □ No. □ Don't know. □ Refusal. □		
GG3b.		y was () not at ending school in April 2006? I will read you a list. ase answer yes or no to each.		
	Teac	ther's ardes or special education classes not available in <u>regular school</u>		
<u> </u>	1 2 9	Vf.c		
GG3c.	-	was () not attending school in April 2006? I will read you a list. ase answer yes or no to each.		
	Spec	ial education school not available locally		
	1 2 9	Yes□ No□ Don't know□		

	8	Refusal
GG3d.	-	was () not attending school in April 2006? I will read you a list. se answer yes or no to each.
	('s	s) condition or health problem prevented (him/her) from going to school
	1 2 9 8	Yes. □ No. □ Don't know. □ Refusal. □
GG3e.	_	was () not attending school in April 2006? I will read you a list. se answer yes or no to each.
	()	is not ready or too young to attend school
	1 2 9 8	Yes □ No □ Don't know □ Refusal □
GG3f.		was () not attending school in April 2006? I will read you a list. se answer yes or no to each.
	Other	reason
	1	Yes
<i>A</i>	2 9 8	No□ Don't know□ Refusal□
GG4.	Did () ever go to school?
	1	Yes > Go to GG7
	2	No
	9	Don't know
	8	Refusal > Go to HH (269)

GG5.	-	did () never attend school? all that apply.				
	1	Personal care such as feeding and toileting needed, but not available at school				
	Teacher's aid or special education classes not available in regular school. □ Special education school not available locally. □ Child's condition or health problem prevented (him/her) from going to school. □ Child not ready or too young to go to school. □					
	6	Other reason				
		Other, Please Specify:				
		None selected. Don't know. Refusal.				
	Interviewer: Sky, to HH (p 269)					
GG6.	G6. In April 2006, what type of school was () attending?					
		prii 2006, what type of school was () attending?				
	1 2	Special Education school□ > Go to HH Regular school□				
	1	Special Education school□ > Go to HH				
	1 2 3	Special Education school				
	1 2 3	Special Education school				
A	1 2 3	Special Education school > Go to HH Regular school Regular school with special education classes Other Calcar, Please Specify:				
GG7.	1 2 3 4	Special Education school > Go to HH Regular school Regular school with special education classes Other Other Don't know > Go to GG8				
GG7.	1 2 3 4	Special Education school				
GG7.	1 2 3 4 4 At th	Special Education school				
GG7.	1 2 3 4 At th	Special Education school				

		Refusal	🗆
GG8.	Do yo	u think () <u>requires</u> special education servi	ces?
	1	Yes	
	2	No.	> Go to II (p 274)
	9	Don't know	
	8	Refusal	> Go to II (p 274)
		Section HH – Special Education	Module
and l	has eve	Interviewer: If ('s) date of birth is on or befor attended school (GG1= 1 or GG4 = 1) and a di se Profile Sheet then proceed; Else skip to Section	scbility was indicated on
НН1.	Did () ever attend a special education school?	
	1	Yes	> If GG7=1 then go to HH4; If GG1= 8 or 9 then go to HH3a; Else proceed to HH2
	2	No	> If GG7=1 then go to HH4; If GG1= 8 or 9 then go to HH3a; Else proceed to HH2
	9	Don't know.	> If GG7=1 then go to HH4; If GG1= 8 or 9 then go to HH3a; Else proceed to HH2
	8	Refusal	> If GG7=1 then go to HH4; If GG1= 8 or 9 then go to HH3a; Else proceed to HH2

HH2. Why didn't (he/she) attend a special education school in April 2006? Mark all that apply.

	1	Special education school no longer available locally
	2	Child has moved into regular school
	8	Other
		Other, Please Specify:
	9	None selected. Don't know. Refusal.
НН3а	receiv	is the <u>main</u> condition or health problem which required () to e special education services? I will read you a l st. Please answer yes to each.
	or no	to each.
	Learn	ing disabilities
	1	Yes
	2	No
	9	Don't know□
	8	Refusal
НН3ь		is the <u>main</u> condition or nealth problem which required () to receive l education services? I will read you a list. Please answer yes or no to
	Develo	opmertal disability or disorder
	1 2 0 8	Yes
НН3с.		is the <u>main</u> condition or health problem which required () to receive l education services? I will read you a list. Please answer yes or no to
	Speech	h or language difficulties
	1 2	Yes

9	Don't know
	is the <u>main</u> condition or health problem which required () to receive deducation services? I will read you a list. Please answer yes or no to
Emoti	onal, psychological or behavioural conditions
1 2 9 8	Yes □ No □ Don't know □ Refusal □
special each.	is the <u>main</u> condition or health problem which required () to receive leducation services? I will read you a list. Fread answer yes or no to
Heari	ng difficulties, including deafness
1 2 9 8	Yes
special each.	is the <u>main</u> condition or health problem which required () to receive deducation services? I will read you a list. Please answer yes or no to
Vision	difficulties, including blindness
1 2 9 8	Yes. □ No. □ Don't know. □ Refusal. □
	What is special each. Emotion 1 2 9 8 What is special each. Hearing 1 2 9 8 What is special each. Vision 1

HH3g. What is the <u>main</u> condition or health problem which required (....) to receive special education services? I will read you a list. Please answer yes or no to each.

Difficulty with walking or moving around

	1	Yes
	2	No
	9	Don't know□
	8	Refusal
HH3h		at is the <u>main</u> condition or health problem which required () to receive cial education services? I will read you a list. Please answer yes or no to h.
	Oth	ner condition
	1	Yes
		Other, Please Specify:
	2	No
	9	Don't know
	8	Refusal
НН4.		I you ever have any difficulty in trying to get special education services for)?
	1	Yes
	2	No
	9	Don't know \square > Go to II (p 274)
	8	Refusal
НН5а		nat kind of alfficulty did you have? I will read you a list. Please answer or note each.
	. (cial education services not available locally
	1	√ Vog
	1 /	Yes
	2	No
	9 8	Don't know□ Refusal□

HH5b. What kind of difficulty did you have? I will read you a list. Please answer yes or no to each.

Insufficient level of staffing or special education services

2 N 9 I 8 H HH5c. What king yes or no Commundation of the second of the	Yes
HH5c. What king yes or not community to the community of	Refusal
HH5c. What king yes or not community to the community of	nd of difficulty did you have? I will read you a list. Please answer to to each. Inication problems with school Yes
yes or no Commu 1	nication problems with school Yes
1	Yes
2 M 9 I 8 F HH5d. What king yes or not the property of the pr	No
9 I 8 F HH5d. What king yes or not Difficult	nd of difficulty did you have? I will read you a list. Please answer to to each. ty to have () tested for special education services
HH5d. What king yes or not be a second of the second of th	nd of difficulty did you have? I will read you a list. Please answer to to each. ty to have () tested for special education services
HH5d. What king yes or no Difficult	nd of difficulty did you have? I will read you a list. Please answer to to each. ty to have () tested for special education services
yes or no Difficult 1	ty to have () tested for special education services
yes or no Difficult 1	ty to have () tested for special education services
Difficul:	ty to have () tested for special education services
1 Y	
	Yes
	No
9 I	Oon't know□
	Refusal
-	
	nd of difficulty did you have? I will read you a list. Please answer to to each.
Other &	i <u>f Sculty</u>
Γ	Yes□
Oth	ner, Please Specify:
	ier, Freuse Speerry.
2 N	No
	Oon't know□
8 F	Refusal

**Interviewer: If **If (....'s) date of birth is on or before May 16 2001

and (....) has ever attended school (GG1=1) and a disability was indicated on the Profile Sheet then proceed; Else skip to Section JJ (p 277)**

II1.		pril 2006, in which province or territory did () attend school?
	10	Newfoundland & Labrador □ > Go to II2
	11	Prince Edward Island ☐ > Go to II3
	12	Nova Scotia □ > Go to II4
	13	New Brunswick□ > Go to II7
	24	Quebec \square > Go to II5
	35	Ontario
	46	Manitoba □ > Ge to 117
	47	Saskatchewan
	48	Alberta
	59	British Columbia > Go to II7
	60	Yukon Territory $\square > \mathbf{Go}$ to II7
	61	Northwest Territories ☐ > Go to II7
	62	Nunavut \Box > Go to II7
	77	Other
		Other, Please Specify:
		Don't Know □ > Go to II7
		Refusal ☐ > Go to II7
II2.	Labr	hat grade was () enrolled in <u>April</u> 2006? (Newfoundland and rador)
	61	Vindergesten
	01	Kindergarten \square > Go to KK4 (p 280)
	03	Grade 1 Elementary
	03/	Grade 3 Elementary \square > Go to JJ1 Grade 3 Elementary \square > Go to JJ1
	05	Grade 4 Elementary
	06	Grade 5 Elementary \square > Go to JJ1
	07	Grade 6 Elementary \Box > Go to JJ1
	08	Grade 7. \square > Go to JJ1
	08	Grade 8. \square > Go to JJ1
	10	Grade 9. \square > Go to JJ1
	11	Level 1 Secondary
	12	Level 2 Secondary \square > Go to JJ1

	13	Level 3 Secondary \square > Go to JJ1
	14	Ungraded \Box > Go to JJ1
		Don't Know
		Refusal. \square > Go to JJ1
II3.		nat grade was () enrolled in <u>April</u> 2006? (Prince Edward Island) one only
	01	Grade 1 □ > Go to JJ1 (p 277)
	02	Grade 2 \square > Go to JJ1 \backslash
	03	Grade 3. \square > Go to JJ1
	04	Grade 4. \square > Go to IJ1
	05	Grade 5. $\square > Go \text{ to } J_2$?
	06	Grade 6
	07	Grade 7
	08	Grade 8
	09	Grade 9. — > Go to JJ1
	10	Grade 10 > Go to JJ1
	11	Grade 11 \Box > Go to JJ1
	12	Grade 12 \supset So to JJ1
	13	Ungraded
		Don't Know \square > Go to JJ1
		Refusal \square > Go to JJ1
II4.		nat grade was () en rolled in <u>April</u> 2006? (Nova Scotia)
	Mark	one only
	01	Primary □ > Go to KK4 (p 280)
	02	Grad: 1 \square > Go to IXI4 (p 250)
	03	Grade 2 \Box > Go to JJ1
	03	Grade 3. \square > Go to JJ1
		_
	05	Grade 4. \square > Go to JJ1
	66 25	Grade 5 □ > Go to JJ1
	27	Grade 6
	08	Grade 7 \square > Go to JJ1
	09	Grade 8
	10	Grade 9. \square > Go to JJ1
	11	Grade 10 \square > Go to JJ1
	12	Grade 11 \square > Go to JJ1
	13	Grade 12 \Box > Go to JJ1
	14	Ungraded \Box > Go to JJ1
		Don't Know
		Refusal

II5.	In wh	nat grade was () enrolled in <u>April</u> 2006?	(Qu	ıeb	ec)
	01	Junior Kindergarten		>	Go to KK4 (p 280)
	02	Kindergarten			Go to KK4
	03	Grade 1			Go to JJ1 (p 277)
	04	Grade 2			Go to JJ1
	05	Grade 3.			Go to JJ1
	06	Grade 4		>	Go to JJ1
	07	Grade 5.			Go to JJ1
	08	Grade 6.			Go to JJ1
	09	Secondary I			Go to JJ1
	10	Secondary II			Go to JJ1
	11	Secondary III			Go to JJ1
	12	Secondary IV			Ge to JJ1
	13	Secondary V			G) to JJ1
	14	Ungraded.			Co to JJ1
	17	Don't Know			Go to JJ1
		Refusal			Go to JJ1
		Refusal			G0 t0 331
II6.		nat grade was () enrolled in Apr.' 2006? one only	(Or	ıta	rio)
	01	Junior Kindergarten		>	Go to KK4 (p 280)
	02	Kindergarten			Go to KK4
	03	Grade 1			Go to JJ1 (p 277)
	04	Grade 2			Go to JJ1
	05	Grade 3			Go to JJ1
	06	Grade 4		>	Go to JJ1
	07	Grade			Go to JJ1
	08	Grade 6			Go to JJ1
	09	G. ade 7			Go to JJ1
	10	Craix 8.			Go to JJ1
	11	Grade 9.			Go to JJ1
	12	Grade 10		>	Go to JJ1
	13	Grade 11			Go to JJ1
	14	Grade 12		>	Go to JJ1
	15	Ungraded			Go to JJ1
		Don't Know.			Go to JJ1
		Refusal			Go to JJ1
II7.	Mark	nat grade was () enrolled in April 2006? one only			Co to KK4 (n 280)

03	Grade I Elementary	*
	Grade 2 Elementary	
04	Grade 3 Elementary	\square > Go to JJ1
05	Grade 4 Elementary	
06	Grade 5 Elementary	
07	Grade 6 Elementary	
08	Grade 7.	
09	Grade 8.	□ > Go to JJ1
10	Grade 9.	□ > Go to JJ1
11	Grade 10.	
12	Grade 11	
13	Grade 12	
14	Ungraded	,
	Don't Know	
	Refusal	
	Section JJ – Educatio	on Type Wodule
and has JJ1a. In	Sheet then proceed; Else skip to April 2006, what type of education, t	a is abuity was indicated on the Profile of Section KK (p 278)** training or therapy was ()
rec	eiving at school? I will . `ad you a lis	st. Please answer yes or no to each.
Aca	demic subjects	
	deline susjects	
1		
1 2	Yes	
1 2 9	Yes No	
2 9	Yes No Don't i now.	
2	Yes No	
2 9 8	Yes	
2 9 8 JJ1b. In 2	Yes No Don't rnow Kr fusal April 2006, what type of education, tra	
2 9 8 JJ1b. In 2	Yes	
2 9 8 JJ1b. In 2	Yes No Don't rnow Kr fusal April 2006, what type of education, tra	
2 9 8 JJ1b. In 2 reso	Yes	ining or therapy was () Please answer yes or no to each.
2 9 8 JJ1b. In 2 reco	Yes	ining or therapy was () Please answer yes or no to each.
2 9 8 JJ1b. In 2 reco	Yes	ining or therapy was () Please answer yes or no to each.
2 9 8 JJ1b. In 2 resolution 1 2 9	Yes	ining or therapy was () Please answer yes or no to each.
2 9 8 JJ1b. In 2 reco	Yes	ining or therapy was () Please answer yes or no to each.

JJ1c.		pril 2006, what type of education, training or therapy was () ving at school? I will read you a list. Please answer yes or no to each.
	Speed	ch and language therapy
	1 2	Yes
	9 8	Don't know
JJ1d.		oril 2006, what type of education, training or therapy was () ving at school? I will read you a list. Please answer yes or no to each.
	Ment	al health or counselling services
	1 2	Yes
	9	Don't know.
	8	Refusal
	has ev	*Interviewer: If (°) late of birth is on or before May 16 2001 ver attended school (CG!= 1) and a disability was indicated on the Profile Sheet then proceed; Else skip to Section LL (p 281)** If II2 = 01 II04 = 01 or II5 = 01 or 02 or II6 = 01 or 02 and II7 = 01 then
	KK04a	
KK.		next few questions are about the last school year, that is to say, the one in Shed in June 2006.
KK1.		d on your knowledge of (his/her) school work, including (his/her) report s, how did () do during the last school year?
	1	Very well
	2	Well
	3	Average
	4	Uo o miss
		Poorly
	5	Very poorly
		· · · · · · · · · · · · · · · · · · ·

		Refusal
KK2.		often did you (or your spouse/partner) check ('s) homework or de help with (his/her) homework during the last school year?
	1	Every day
	2	A few times a week
	3	At least once a week.
	4	At least once a month
	5	Less than once a month
	6	Never or rarely
	7	Not applicable
	,	Don't know
		Refusal
		Retusai
KK2a	Recor	use of a condition or health problem:
KAZA	. Decal	ise of a condition of health problem:
) have to leave (his/her) neighbourh od or community to d school?
	1	Yes
	2	No
	9	Don't know.
	8	Refusal
	O	North State Control of the Control o
KK3b	. Becau	se of a conduion or health problem:
	woo (I	hig/has schooling intonwented for long nariods of time?
	was (I	his/her) schooling interrupted for long periods of time?
	1	V _E c
	2	No
_	9	Don't know□ Refusal□
	C	Refusar
KK3c	. Becau	use of a condition or health problem:
		1
	did (.) take fewer courses or academic subjects at school?
	1	Yes
	2	No.
	9	Don't know.
		Refusal
	8	Keiusai⊔

KK3d.	KK3d. Because of a condition or health problem:	
	d it take () longer to achieve (his/her) present level of education?	
	Yes	
	KK4a. Did a condition or health problem limit ('s) participation is any of the following school activities during the last school year (which ended in June 2006)?	
	aking part in physical education or organized games requiring physical etivity	
	Yes□ No□ Don't know□ Refusal□	
KK4b.	id a condition or health problem limit ('s) participation in any of the llowing school activines during the last school year (which ended in June 006)?	
	Ves	
KK4c. 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 2006)?		
	aking part in school outings, such as visits to a museum	
	Yes	

	8 Refusal
KK4d	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 2006)?
	Classroom participation
	1 Yes
	Section LL – Education Aids
and	**Interviewer: **If ('s) date of birth is on o. before May 16 2001 () has ever attended school (GG1=1) and a disability was indicated on the Profile Sheet then proceed; Else skip to Section MM (p 289)** Please remember the questions are about the last school year, that is to say,
LL.	the one which finished in June 2006.
LL1.	Because of a condition of health problem, did () use any special building features or equipment such as ramps or automatic door openers at school? 1 Yes
LL 2a.	Which kind of special features did () <u>use</u> at school? I will read you a list. Please answer yes or no to each.
	Ramps or street level entrances
	1 Yes

2b.	Which kind of special features did () <u>use</u> at school? I will read you a list. Please answer yes or no to each.		
	Wid	ened doorways or hallways	
	1 2 9 8	Yes. □ No. □ Don't know. □ Refusal. □	
LL 2c.		ch kind of special features did () <u>use</u> at school? I will read you a list. se answer yes or no to each.	
	Auto	omatic or easy to open doors	
	1 2 9 8	Yes	
LL 2d.	Pleas	ch kind of special features did () <u>use</u> at school? I will read you a list. se answer yes or no to each.	
	An e	elevator or lift de <i>r</i> ice	
	1 2 9 8	Yes □ No □ Don't know □ Ilefusal □	
T T	7		
LL 2e.		ch kind of special features did () <u>use</u> at school? I will read you a list. se answer yes or no to each.	
	Spec	cial railings in washrooms	
	1 2	Yes	

	8	Refusal
LL	XX 71	
2f.		ase answer yes or no to each.
	Otl	ner feature
	1	Yes
		Other, Please Specify:
	2	No
	9 8	Don't know
		cause of a condition or a health problem, Cid () <u>need</u> any special tures or equipment, such as ramps or automatic door openers <u>at school</u> , ich were not available?
	1	Yes
	2 9	No
	8	Refusal
LL4.	did	nat kind of pocial reatures or equipment did (he/she) need at school, but not have? rk all that apply.
	1	Ramps or street level entrances
	3	Automatic or easy to open doors
	4 ⁷ 5	An elevator or lift device□ Special railings in washrooms□
	6	Other feature
		Other, Please Specify:
	7	None selected□ Don't Know□ Refusal□

LL 5a.	During the <u>last school year</u> , did () <u>use</u> any assistive aids, devices or services <u>at school</u> ? I will read you a list. Please answer yes or no to each. Tutors or teacher's aides		
	1 Yes□ 2 No□ 9 Don't know□ 8 Refusal□		
LL 5b.	During the <u>last school year</u> , did () <u>use</u> any assistive a ids, cevices or services <u>at school</u> ? I will read you a list. Please answer yes or no to each.		
	Note takers or readers		
	1 Yes		
LL 5c.	During the <u>last school</u> <u>rear</u> , did () <u>use</u> any assistive aids, devices or services <u>at school</u> ? Will read you a list. Please answer yes or no to each.		
	Sign language interpreters		
	1 V _€ s □ 2 No. □ 9 Don't know □ Refusal □		
LL 5d.	During the <u>last school year</u> , did () <u>use</u> any assistive aids, devices or services <u>at school</u> ? I will read you a list. Please answer yes or no to each.		
	Attendant care services		
	1 Yes		

	9	Don't know.
	8	Refusal
LL 5e.		ng the <u>last school year</u> , did () <u>use</u> any assistive aids, devices or ees <u>at school</u> ? I will read you a list. Please answer yes or no to each.
	Ampl	lifiers, such as FM or infrared
	1 2 9 8	Yes. □ No. □ Don't know. □ Refusal. □
LL		
5f.	During the <u>last school year</u> , did () <u>use</u> any assistive aids, devices or services <u>at school</u> ? I will read you a list. Please answer yes or no to each. Talking books	
	1 2 9 8	Yes
LL 5g.	Durin service	ng the <u>last school year</u> , did () <u>use</u> any assistive aids, devices or ees <u>at school</u> ? I will read you a list. Please answer yes or no to each.
	Magr	Yes
LL 5h.		ng the <u>last school year</u> , did () <u>use</u> any assistive aids, devices or ees <u>at school</u> ? I will read you a list. Please answer yes or no to each.

Recording equipment

	1	Yes
	2	No
	9	Don't know□
	8	Refusal
LL		
5i.	Dur	ing the <u>last school year</u> , did () <u>use</u> any assistive aids, devices or
J1.		rices at school? I will read you a list. Please answer yes or no to each.
	3C1 V	ices <u>at senoor</u> : I will read you a list. I lease allswer yes of no to each.
	A co	omputer with Braille or speech access
	1	Yes
	2	No
	9	Don't know.
	8	Refusal
LL		
5j.		ing the <u>last school year</u> , did () <u>use</u> at vessistive aids, devices or
	serv	ices at school? I will read you a list. Pleas answer yes or no to each.
	Ton	ich screen
	100	ich sereen
	1	Yes
	2	No
	9	Don't know□
	8	Refusal
LL		
5k.		ing the <u>last 2hool year</u> , did () <u>use</u> any assistive aids, devices or
	serv	ice. a. school? I will read you a list. Please answer yes or no to each.
	Oth	ar ald or service
	1	Yes
	Ī	
		Other, Please Specify:
	ا	
	2	No
	9	Don't know
	8	Refusal

LL6.		Were there any assistive aids, devices or services that (\dots) needed $\underline{at\ school},$ but did not have?		
	1	Yes		
	2	No. \square > Go to MM (p 289)		
	9	Don't know. \Box > Go to MM (p 289)		
	8	Refusal \Box > Go to MM (p 289)		
LL7.	have			
	Mark	a all that apply.		
	01	Tutor's or teacher's aids		
	02	Note takers or readers.		
	03	Sign language interpreters		
	04	Attendant care services		
	05	Amplifiers such as FM or infrared		
	06	Talking books		
	07	Magnifiers		
	08	Recording equipment		
	09	A computer with Braille or speech access		
	10	Voice activated software/scanne./reader		
	11	Other aid or service		
	11	Other aid of service		
		Other, Please Specify:		
	12	None selected. \square > Go to MM (p 289)		
	12			
		Don't know \square > Go to MM (p 289)		
		Refu. al. \square > Go to MM (p 289)		
		<u> </u>		
T T				
LL	2271	didn't () have these side on convices at school? I will need you a		
8a.		didn't () have these aids or services <u>at school</u> ? I will read you a Please answer yes or no to each.		
	i.St. I	rease answer yes or no to each.		
	Scho	ol funding cutbacks or lack of funding in the school system		
	Scho	or running entoness or men or running in the sensor system		
	1	Yes		
	2	No		
	9	Don't know□		
	8	Refusal		

LL

8b.	Why didn't () have these aids or services <u>at school</u> ? I will read you a list. Please answer yes or no to each. School did not think () needed assistive aids or services		
	1	Yes	
	2	No	
	9	Don't know	
	8	Refusal	
LL			
8c.	Why	didn't () have these aids or services at school? I will read you a list.	
		se answer yes or no to each.	
	() did not want to use assistive aids or services	
	1	Yes	
	2	No	
	9	Don't know□	
	8	Refusal	
LL			
8d.		didn't () have these are or services at school? I will read you a list.	
	Pleas	se answer yes or no to each.	
	Othe	er reason	
	1	Yes	
		Ott er, Please Specify:	
		of the fire of the	
	<i>☆</i>	No.	
		No□ Don't know□	
	8	Refusal	

Section MM - Education and School Participation Module

Interviewer: **If (....'s) date of birth is on or before May 16 2001 and (....) has ever attended school (GGI=1) and a disability was indicated on the Profile Sheet then proceed; Else skip to Section NN (292)**

MM 1a.	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. Spoken to, visited or corresponded with ('s) teacher			
	1 Yes. □ 2 No. □ 9 Don't know. □ 8 Refusal. □			
MM 1b.	During the last school year, have you (or your partner/spouce) done any of the following for ()? I will read you a list. Please answer yes or no to each.			
	Attended a school event in which () participated for example, a play, sports competition, or science fair			
	1 Yes			
MM 1c.	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.			
	Volunteered in ('s) class or helped with a class trip			
,	1 Yes □ 2 No □ 9 Don't know □ 2 Refusal □			
MM 1d.	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.			
	Helped elsewhere in the school, such as in the library or computer room			
	1 Yes			

	8	Don't know□ Refusal□	
NN 1e.	the fo	ng the last school year, have you (or your partner/spouse) done any of ollowing for ()? I will read you a list. Please answer yes or no to each. Indeed a parent-school association, parent advisory committee or parent	
		cil meeting	
	1 2 9 8	Yes	
MM 1f.		ng the last school year, have you (or your part, er/spouse) done any of ollowing for ()? I will read you a list. Nease answer yes or no to each.	
	Attended a parent-school association, parent advisory committee or pare council meeting		
	1 2 9 8	Yes □ No □ Don't know □ Refusal □	
MM 1g.		ng the last school year, have you (or your partner/spouse) done any of blicking for ()? I will read you a list. Please answer yes or no to each.	
		r activity	
	1	Yes	
		Other, Please Specify:	
	2 9 8	No□ Don't know□ Refusal□	
	O	1€1u5a1	

MM 2a.	Do you strongly agree, agree, disagree, or strongly disagree with the following descriptions of the school that () attended during the last school year?			
	The school offered parents many opportunities to be involved in the school activities			
	1 2 3 4	Strongly agree □ Agree □ Disagree □ Strongly disagree □ Don't know □ Refusal □		
MM 2b.	-	ou strongly agree, agree, disagree, or strongly disagree with the ving descriptions of the school that () attended during the last school		
	Paren	ats were made to feel welcome in the school		
	1 2 3 4	Strongly agree		
MM 2c.	follow year?	all, the school accommodated the child's condition or health problem		
	1 2 3 4	Strongly agree □ Agree □ Disagree □ Strongly disagree □ Don't know □ Refusal □		

forward to going to school during the last school year?		
	1	Almost never
	2	Rarely
	3	Sometimes
	4	Often
	5	Almost always
		Don't know
		Refusal
		Section NN – Education Transportation Moc'ule
<u>and</u>		Interviewer: If ('s) date of birth is on or before May 16 2001 er attended school (GG1=1) and a disability was indicated on the Profile Sheet then proceed; Else skip to Section CC (2 293)**
NN1.	Durin	ng the last school year, what was the method of transportation ()
		most often to get to school?
	-	
	1	Was driven to school by the facily motor
		vehicle
	2	Schoolbus□ > Go to OO
	3	Regular city bus \Box > Go to OO
	4	Specialized trans, or ation services
	5	Walked or biked to school□ > Go to OO
	6	Other \Box > Go to OO
	Г	Other, Please Specify:
		Other, i lease specify.
	Ļ	
		\Box > Go to OO
	X	
NN2.	Was t	hat because no other transportation was provided or available?
	1	Yes
	2	No.
	9	Don't know.
	8	Refusal
	=	······································

Section OO – Education Assessment Module

Interviewer: If (....'s) date of birth is on or before May 16 2001 and a disability was indicated on the Profile Sheet proceed; Else skip to Section YY (p 320)

		$(p \ 320)^{aa}$
001.		a professional assessment ever been done to determine ('s) ational needs?
	1	Yes
	2	No. \square > Go to PP (p.294)
	9	Don't know. \Box > Go to PP (p 294)
	8	Refusal. \square > Go to Pr (p 294)
	O	(p 234)
OO2a	. Who	completed this assessment? I will read you a list. Please answer yes or
0 0 - 11	no to	
	Psych	ologist or psychiatrist
	•	
	1	Yes
	2	No
	9	Don't know
	8	Refusal
OO2b	. Who o	completed this as essment? I will read you a list. Please answer yes or each.
	Socia	l worker
	1	
	2	Vo
	2	Don't know.
		Refusal
		Nortusui
OO2c	. Who	completed this assessment? I will read you a list. Please answer yes or
	no to	each.
	Specia	al education consultant
	1	Yes
	2	No
	9	Don't know

	8	Refusal
0020		o completed this assessment? I will read you a list. Please answer yes or o each.
	Spe	ech or language therapist
	1	Yes
	2	No
	9	Don't know□
	8	Refusal
OO2e		o completed this assessment? I will read you a list. Please answer yes or o each.
	Oth	er professional or specialist
	Oth	or professional or specialist
	1	Yes
		Other, Please Specify:
	2	No
	9	Don't know□
	8	Refusal
		Section PP – Social Skills Module
and		**Interviewer: If ('s) date of birth is on or before May 16 2001 abulty was indicated on the Profile Sheet then proceed; Else skip to Section YY (p 320)**
PP1.		ring the past six months, how well has () gotten along with other dren, such as friends or classmates (excluding brothers or sisters)?
	1	Very well (or any 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)
	6	Not applicable
	-	Don't know.

	Refusal
PP 2a.	In the past 12 months, how many times did another child say something personal about () that made (him/her) extremely upset:
	While at school or on a school bus?
	1 Never
PP 2b.	In the past 12 months, how many times did another child say something personal about () that made (him/her) extremely uplet:
	While at home or elsewhere?
	1 Never
PP 3a.	In the past 12 months, how many times did another child threaten to hurt () (but not actually hurt (him/her)):
	While at school or on a school bus? 1 Never
PP 3b.	In the past 12 months, how many times did another child threaten to hurt () (but not actually hurt (him/her)):
	While at home or elsewhere?
	1 Never□ 2 Once or twice□

	3 4	3 or 4 times
PP 4a.		he past 12 months, how many times did another child physically attack or nult ():
	Whi	ile at school or on a school bus?
	1	Never
	2	Once or twice
	3	3 or 4 times
	4	5 times or more
PP		
4b .	In th	ne past 12 months, how many times did another child physically attack or
		ult ():
	Wh	ile at home or elsewhere?
	1	Never
	2	Once or twice
	3	3 or 4 times
	4	5 times or more
9	Section	on QQ - Leisure and Recreation Interest and Activities
`		Module
		Module
**/	ntorvia	ewer
		cate I on the Profile Sheet then proceed; Else skip to Section YY (p 320)**
,, •		on the frequency and the first the f
QQ1	. The	next few questions are about ('s) interests and activities.
~ ~ -		he last 12 months, <u>outside of school hours</u> , how often has (he/she):
		aken part in sports with a coach or instructor (except dance or mastics)?
	1	Everyday
	2	At least once a week
	3	At least once a week
	4	Less than once a month
	5	Never

		Don't know. \square > Go to QQ3 Refusal. \square > Go to QQ3
QQ2.	Was t	this activity altered in any way to accommodate ('s) condition?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
QQ3.	In the	last 12 months, outside of school hours, how often has (he):
		en lessons or instruction in other organized physical activities with a
	coach	or instructor, such as dance, gymnastics or martial arts?
	1	Everyday
	2	At least once a week.
	3	At least once a month
	4	Less than once a month
	5	Never
	_	Don't know. \square > Go to QQ5
		Refusal \Box > Go to QQ5
QQ4.	Was t	this activity altered in . my way to accommodate ('s) condition?
	1	Yes
	2	No
	9	Don't know
	8	Refusal.
	,	
QQ5.	În tre	last 12 months, outside of school hours, how often has (he/she):
	X	
		n part in unorganized sports or physical activities without a coach or
i	nstruct	tor?
	1	Fveryday
	2	Everyday At least once a week
	3	At least once a week
	4	Less than once a month
	5	Never. \square > Go to QQ7
	-	Don't know. \square > Go to QQ7
		Refusal $\Box > Go \text{ to } OO7$

QQ6.	Was t	this activity altered in any way to accommodate ('s) condition?
	1	Yes
	2	No.
	9	Don't know.
	8	Refusal
QQ7.	In the	last 12 months, <u>outside of school hours</u> , how often has (he/she):
	tak	en lessons or instruction in music, art or other non-sport activities?
	1	Everyday
	2	At least once a week
	3	At least once a week
	4	Less than once a month
	5	Never
		Don't know
		Refusal \Box > Go to QQ9
QQ8.	Was t	this activity altered in any w.v to accommodate ('s) condition?
	1	Yes
	2	No
	9	Don't know □
	8	Refusal
QQ9.	In the	last 12 months, outside of school hours, how often has (he/she):
		ken part in clubs, groups or community programs, such as church os, Girl or Boy Scouts?
	1 /	Everyday
	2	At least once a week
	3	At least once a month
	5	Never □ > Go to QQ11
	J	Don't know \Box > Go to QQ11
		Refusal $\square > Go \text{ to } QQ11$

QQ10. Was this activity altered in any way to accommodate (\dots 's) condition?

	1	Yes
	2	No
	9 8	Don't know□ Refusal□
	8	Refusal
0011	1. W	ere there any specific activities that you would have liked () to
QQ		articipate in but the program was not adapted for (his/her) condition?
	1	Yes
		Other, Please Specify:
	2	No
	9	Don't know
	8	Refusal
00		
QQ 12a.	Hov	w often does (he/she):
	W	vatch T.V.?
	1	Everyday
	2	At least once a week.
	3	At least once a month
	4	Less than once a month
	5	Never
		Don knew.
		Refusal.
	. (
QQ		
12b.	I. ov	y often does (he/she):
	р	lay computer or video games?
	1	Everyday
	2	At least once a week
	3	At least once a month
	4	Less than once a month
	5	Never
		Don't know

QQ 12c.	How c	often does (he/she):
	talk	on the phone with friends?
	1 2 3 4 5	Everyday. At least once a week. At least once a month. Less than once a month. Never. Don't know. Refusal.
QQ13.		often does () read by (himself/herself) for pleasure? Please do not de reading that is required for school.
	1	Evenuder
	1	Everyday
	2 3	At least once a week
		At least once a month.
	4 5	Less than once a month
		Don't know
QQ14.		often does () have books read to (him/her)? Please do not include ing that is required for school.
	1	Fveryda /
	2	At least once a week
	3	At 'east once a month
	4	Less than once a month.
	6	Never
		Don't know
		Refusal
QQ16.	Has (() ever gone to summer camps (including regular or special os)?
	1	Voc.
	1	Yes
	2	No

1 2 9 8	this a camp for children with a health problem or condition? Yes
2 9 8	No
9 8	No
8	Don't know
	Refusal
OO18 Recai	in any social or physical leisure activities?
	Yes
1	
2	No. \square > Go to RR (p 304)
9	Don't know. $\square > \mathfrak{Go}$ to RR (p 304)
8	Refusal. Go to RR (p 304)
	prevents () from doing more social or physical leisure ies? I will read you a list. Please answer yes or no to each.
Recrea	ational facilities or programs not available locally?
1	Yes
2	No
9	Don't knew.
8	Refuse ¹
	D. ev. ents () from doing more social or physical leisure activities? I will ou a list. Please answer yes or no to each.
Buildin	ngs and equipment not physically accessible?
1	Yes
2	No
9	Don't know
8	Refusal

QQ

19c.	What prevents () from doing more social or physical leisure activities? I will read you a list. Please answer yes or no to each.		
	Inad	equate transportation services?	
	1	Yes	
	2	No	
	9	Don't know□	
	8	Refusal	
QQ 19d.	Wha	t prevents () from doing more social or physical leisure artivities? I will	
		you a list. Please answer yes or no to each.	
	Too	expensive?	
	1	Yes	
	2	No	
	9	Don't know	
	8	Refusal	
QQ 19e.		t prevents () from doing more social or physical leisure activities? I will you a list. Please answer ves or no to each.	
	Cone	dition limits (bim 'her) from doing more?	
	1	Yes	
	2	No	
	9	Don't k₁. ɔw□	
	8	R_{ϵ} fusal.	
		<u> </u>	
QQ	X.		
19f.		t prevents () from doing more social or physical leisure activities? I will	
	read	you a list. Please answer yes or no to each.	
	() needs someone's assistance?	
	1	Yes	
	2	No.	
	9	Don't know	
	8	Refusal	
	o	Kerusar	

QQ 19g.			
	() needs specialized aids or equipment, but (he/she) doesn't have them?	
	1 2 9 8	Yes	
QQ 19h.		prevents () from doing more social or physical leisure activities? I will you a list. Please answer yes or no to each.	
	Too l	busy?	
	1 2 9 8	Yes	
QQ 19i.		prevents () from coing more social or physical leisure activities? I will you a list. Please answer yes or no to each.	
	Othe	r reason?	
	1	V(s	
	()	Other, Please Specify:	
	2 9 8	No□ Don't know□ Refusal□	

Section RR – Leisure Recreation Computer Questions

^{**}Interviewer: If (....'s) date of birth is on or before May 16 2001

<u>and</u> a disability was indicated on the Profile Sheet then proceed; Else skip to Section YY (p 320)**

1	None	
2	One	> Go to RR3
3	Two	> Go to RR3
4	Three or more	> Go to RR3
	Don't know	> Go to SS (p 307)
	Don't know. □ Refusal. □	> Go to S5 (p 307)

RR2. What are the reasons that keep you from purchasing a personal computer? Mark all that apply.

	Y	
1	Cost	> Go to SS (p 307)
2	Not needed at home	> Go to SS (p 307)
3	Not interested	> Go to SS (p 307)
4	Lack of computer skills or training	> Go to SS (p 307)
5	Fear of technology	> Go to SS (p 307)
6	Disability	> Go to SS (p 307)
7	Other	> Go to SS (p 307)
	Other, Please Specify:	

8	None selected	>	Go to SS (p 307)
	Pon't k. ow.	>	Go to SS (p 307)
/	Refusal	>	Go to SS (p 307)

RR3. It your household connected to the Internet?

	Yes	>	Go to RR5
	Don't know. □ Refusal. □		
O	Refusai		GO 10 35 (P 301)

RR4. What are the reasons that keep you from getting Internet access for your home?

Mark all that apply.

	1	Cost \square > Go to SS (p 307)
	2	Not needed at home \Box > Go to SS (p 307)
	3	Not interested \square > Go to SS (p 307)
	4	Lack of computer skills or training
	5	Fear of technology
	6	Disability. \square > Go to SS (p 307)
	7	Other $\square > \operatorname{Go} \operatorname{to} \operatorname{SS} (p 307)$
	,	Outer
		Other, Please Specify:
	8	None selected. \square > Go to SS (p 307)
	o	
		Refusal
DD 5	ъ	
RR5.	Does	s () use the Internet <u>at home</u> ?
	1	V C. A. DDZ
	1	Yes > Go to RR7a
	2	No
	9	Don't know
	8	Refusal \square > Go to SS (p 307)
RR6.	Wha	at are the reasons that keep () from using the Internet at home?
	Mar	k all that apply.
	1	Child is too young or not ready to use it
	2	Child does not need it
	3	Chila is not interested
	4	Child does not have the computer skills or training \square > Go to SS
	5	Child's condition or health problem
	6	Other $\square > \text{Go to SS}$
	6 T	None selected \square > Go to SS
	Ay.	Don't know. $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{SS}$
		Refusal \square > Go to SS
		101000000000000000000000000000000000000
RR7a.	. At	home, how often does (he/she) use the:
		ernet to participate in newsgroups or chat groups?
		_
	1	Everyday
	2	At least once a week
	3	At least once a month
	4	Less than once a month

	5	Never
RR7b.		ome, how often does (he/she) use the: rnet for school work?
	1 2 3 4 5	Everyday
RR7c.		ome, how often does (he/she) use the: rnet for personal interest or entertainment? Everyday
RR7d.		ome, how ofter does (he/she) use the: ail to stay in fouch with friends? Everyary

Section SS – Home Accommodation Special Features Module

**Interviewer: If (....'s) date of birth is on or before May 16 2001

and a disability was indicated on the Profile Sheet then proceed; Else skip to Section

YY (p 320)**

SS1. Because of a condition or health problem, does () <u>use</u> any special features, such as access ramps or automatic door openers to <u>enter</u> or (his/her) residence?		res, such as access ramps or automatic door openers to <u>enter</u> or <u>leave</u>
	1	Yes
	2	No. \square > Go to SS3
	9	Don't know. □ > Go to SS3
	8	Refusal \square > Go to SS3
SS2a.		h special features does (he/she) use? I will read you a list. Pleaser yes or no to each.
	Ramp	os or street level entrances
	1	Yes
	2	No
	9	Don't know
	8	Refusal
SS2b.	or no	n special features does (he/she) use? I will read you a list. Please answer yes to each. ned doorways or ha lways
	1	Yes
	2	No
	9	Don't know
	8	Refu. al.
SS2c.		n :pezial features does (he/she) use? I will read you a list. Please answer yes
_	or no	to each.
	Autor	natic or easy to open doors
	1	Yes
	2	No.
	9	Don't know.
	8	Refusal

SS2d. Which special features does (he/she) use? I will read you a list. Please answer yes or no to each.

	An e	levator or lift device
	1 2	Yes
	9	No
	8	Refusal \square
		TOTUSUI
SS2e.		ch special features does (he/she) use? I will read you a list. Please answer yes to each.
	Othe	er feature
	1	Yes
		Other, Please Specify:
	2	No
	9	Don't know
	8	Refusal
SS3.		s () <u>currently</u> need any special features to enter or leave (his/her) lence, which (he/she) does not have?
	1	Yes
	2	No
	9	Don't know. \square > Go to SS6
	8	Refused \Box > Go to SS6
		- Y
SS4.		ch pe cial features does () <u>need</u> , but does not have?
	X	
	1	Ramps or street level entrances
	2	Widened doorways or hallways
	3	Automatic or easy to open doors
	4	An elevator or lift device
	5	Other feature
	6	None selected \square > Go to SS6
		Don't know. $\square > \mathbf{Go} \text{ to } \mathbf{SS6}$
		Refusal \square > Go to SS6

SS5a.	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.	
	Not covered by insurance	
	1 Yes. □ 2 No. □ 9 Don't know. □ 8 Refusal. □	
SS5b.	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 ves or no to each.	
	Too expensive	
	1 Yes	
SS5c.	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.	
	Landlord not willing	
	1 Yes	
SS5d.	Why doesn't () have these special features that (he/she) needs to enter or ave (his/her) residence? I will read you a list. Please answer yes or no to each.	
	Only needed occasionally	
	1 Yes. □ 2 No. □ 9 Don't know. □ 8 Refusal. □	

SS5e.	• 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.			
	Other reason			
1 Yes□				
		Other, Please Specify:		
	2	No		
	8	Refusal		
SS6.	6. Because of a condition or health problem, does () <u>vse</u> any special features, such as special railings, grab bars or lift devices <u>inside</u> (his/her) residence?			
	1 2 9 8	Yes		
SS7a.	. Which special features are () use <u>inside</u> (his/her) residence? I will read you a list. Please answer yes or no to each.			
	Grab bars or bath lift device in the bathroom			
	1 2 9 8	Yes		
SS7b.		ich special features does () use <u>inside</u> (his/her) residence? I will read u a list. Please answer yes or no to each.		
	Lo	wered counters, sinks or switches in the kitchen		
	1 2 9 8	Yes. □ No. □ Don't know. □ Refusal. □		

SS7c.	which special features does () use <u>inside</u> (his/her) residence? I will read you a list. Please answer yes or no to each.			
	An elevator or lift device			
	1	Yes		
	2	No		
	9 8	Don't know		
SS7d.	d. Which special features does () use <u>inside</u> (his/her) residence? I will read you a list. Please answer yes or no to each.			
	Wi	dened doorways or hallways		
	1	Yes		
	2	No		
	9	Don't know□		
	8	Refusal		
SS7e.	Which special features does () use <u>inside</u> (his/her) residence? I will read you a list. Please answer yes or ro to each.			
	Au	tomatic or easy to or en doors		
	1	Yes		
	2	No		
	9	Don't know		
	8	Refusar		
SS7f.		ch special features does () use <u>inside</u> (his/her) residence? I will read a list. Please answer yes or no to each.		
	Vis	sual or flashing alarms		
	1	Yes		
	2	No		
	9	Don't know.		
	8	Refusal		

 $\textbf{SS7g.} \quad \text{Which special features does (....) use } \underline{\text{inside}} \text{ (his/her) residence? I will read}$

311

you a list. Please answer yes or no to each.

	dio warning devices		
	1	Yes	
	2	No	
	9	Don't know□	
	8	Refusal	
SS7h.	7h. Which special features does () use <u>inside</u> (his/her) residence? I will read you a list. Please answer yes or no to each.		
	Bat	th chair	
	1	Yes	
	2	No	
	9	Don't know	
	8	Refusal	
		Y	
SS7i.	you	ch special features does () use <u>ms. 1e</u> (his/her) residence? I will read a list. Please answer yes or no to each. her feature Yes	
		Other, Please Specify:	
	2	No	
	9	O(n't know□	
	8	Refusal	
	4	<u>) </u>	
SS8.		() <u>currently</u> need any special features <u>inside</u> (his/her) residence, h (he/she) does not have?	
	1	Yes	
	1	I	
		Other, Please Specify:	
	2	No.	
	2 9	No	
	フ	Don't know > Go to 11 (p 314)	

	8	Refusal > Go to TT (p 314)		
SS 10a. Why doesn't () have these special features <u>inside</u> (his/her) rewill read you a list. Please answer yes or no to each.				
	Not o	covered by insurance		
	1 2 9 8	Yes		
SS 10b.	doesn't () have these special features <u>inside</u> (his/ner) residence? I read you a list. Please answer yes or no to each			
	Too expensive			
	1 2 9 8	Yes		
SS 10c.				
	Landlord not villing			
	1 2 2 8	Yey □ No. □ Don't know □ Refusal □		
SS 10d.		doesn't () have these special features <u>inside</u> (his/her) residence? I read you a list. Please answer yes or no to each.		
	Only	needed occasionally		
	1	Yes \square		

	2	No			
	9	Don't know			
	8	Refusal			
aa					
SS 10e.	W/bx	doesn't () have these special features <u>inside</u> (his/her) residence? I			
ive.		read you a list. Please answer yes or no to each.			
	Oth	er reason			
	1	Yes			
	1	r es			
		Other, Please Specify:			
		Other, Flease specify.			
	2	No			
	9	Don't know			
	8	Refusal			
	Section TT - Transportation Special Features Module				
		*Interviewer: If ('s) date of birth is on or before May 16 2001			
<u>ana</u>	a aisa	bility was indicated on the Profile Sheet then proceed; Else skip to Section YY (p. 320)**			
TT.		uld like to ask, ou about the means of transportation that () uses			
		ocal travel on (his/her) own or with someone else. This includes trips to loctor, i creational events or any other local trips under 80 km (50			
		s).			
TT 1	(C)				
111.		pment, such as a lift device or a large trunk to carry a wheelchair?			
		Principle with the warmen of the same of t			
	1	Yes			
	2 5	No. \square > Go to TT3			
	5 9	Do not own a car			
	8	Refusal \square > Go to TT3			

112.	('s) condition?			
	1	Yes		
	2	No		
	9	Don't know. \square > Go to UU		
	8	Refusal		
TT3.	Because of ('s) condition, do you <u>need</u> any special features or equipment (for your car)?			
	1	Yes		
	2	No		
	9	Don't know		
	8	Refusal		
TT4a.	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.			
	Not covered by insurance			
	1	Yes		
	2	No.		
	9	Don't know		
	8	Refusal		
	0	TC1dSd1		
TT4b.		do you not have these special features or equipment for your car? I will you a list. Please answer yes or no to each.		
	Too	ex ₁ 'e_reive		
	Î.	Yes		
	2	No		
	9	Don't know		
	8	Refusal		
TT4c.		do you not have these special features or equipment for your car? I will you a list. Please answer yes or no to each.		
	Only	needed occasionally		
	1	Yes		

	2	No
	9	Don't know
	8	Refusal
TT4d.	-	do you not have these special features or equipment for your car? I will you a list. Please answer yes or no to each.
	Othe	er reason
	1	Yes
		Other, Please Specify:
	2	No
	9	Don't know.
	8	Refusal
Se	ctioi	n UU – Transportation Specialized Bus Service Module
and o		*Interviewer: If ('s) date of bit th is on or before May 16 2001 bility was indicated on the Profile Sheet then proceed; Else skip to Section YY (p 320)**
UU.	diffic	e communities have a specialized bus service for people who have culty using regular transportation services. To use this service, people call ahead and ask to be picked up.
UU1.	Is th	is savice available in your area?
	1	Yes□ > Go to UU3
	2	No
	9	Don't know
	8	Refusal
UU2.	Does	s () <u>need</u> this service?
	1	Yes
	2	No. \square > Go to VV (p 319)
	0	Don't know $\square > \text{Co to VV} (p 310)$

	8	Refusal \square > Go to VV (p 319)		
UU3.	Does () use this service?			
	1	Yes		
	2	No		
	9	Don't know. \square > Go to VV (p 319)		
	8	Refusal \square > Go to VV (p 319)		
	o	Refusal		
UU4.	How	How often does (he/she) use this service?		
	1	Almost everyday for at least some part of the year		
	2	Frequently		
	3	Occasionally.		
	4	Seldom.		
	•	Don't know.		
		Refusal		
		Rolusal		
UU5.	In the	In the past 12 months, did () have any difficulty using this service?		
	1	V.		
	1	Yes		
	2			
	9	Don't know		
	8	Refusal \square > Go to VV (p 319)		
-				
UU6a	. What	kind of difficulty did (he/she) have? I will read you a list. Please		
		er yes or no to each.		
	Comi	and ad many often then anymently offened		
	Servi	needed more often than currently offered		
	1)	Yes		
	2	<u> </u>		
	2 7	No.		
	9	Don't know		
	8	Refusal		

UU6b. What kind of difficulty did (he/she) have? I will read you a list. Please answer yes or no to each.

Impractical scheduling for child's needs

	1	Yes	
	2	No	
	9	Don't know□	
	8	Refusal	
		kind of difficulty did (he/she) have? I will read you a list. Please answer r no to each.	
	Book	ing rules don't allow for last minute arrangements	
	1	Yes	
	2	No	
	9	Don't know	
	8	Refusal	
111164	What	kind of difficulty did (he/she) have? I will read you a list. Please answer	
		r no to each.	
	y C B O	ino to cucii.	
	Too expensive		
	1	Yes	
	2	No	
	9	Don't know□	
	8	Refusal	
		kind of difficulty did (he/she) have? I will read you a list. Please answer	
	yes o	r no to each.	
	Otho		
	Othe	r re. son	
	1	′es	
_		J	
Ì	X		
	<i>y</i>	Other, Please Specify:	
	2	No	
	9	Don't know	
	8	Refusal	
		Section VV – Transportation Taxi Module	

Interviewer: If (....'s) date of birth is on or before May 16 2001 and a disability was indicated on the Profile Sheet then proceed; Else skip to Section $YY(p\ 320)$

VV1.	1. <u>In the past 12 months</u> has () had to use a taxi service because of (his/her) condition or health problem?		
	1	Yes	
	2	No	
	9	Don't know	
	8	Refusal \square > Go to W w	
VV2.	How	often did (he/she) use a taxi service?	
	1	Almost everyday for at least some part of the year	
	2	Frequently	
	3	Occasionally	
	4	Seldom	
		Don't know	
		Refusal	
	a disabi . <u>In the</u> you ha	Interviewer: If ('s) date of birth is on or before May 16 2001 lity was in the red on the Profile Sheet then proceed; Else skip to Section YY (p 320)** past 12 ponths, for local trips which you must take with (), have	
,	transp	Yes	
	2	No	
	9	Don't know.	
	8	Refusal	
		Section XX – Transportation Expenses Module	

^{**}Interviewer: If (....'s) date of birth is on or before May 16 2001

 \underline{and} a disability was indicated on the Profile Sheet then proceed; Else skip to Section YY (p 320)**

XX1.	<u>In the past 12 months</u> , did you or your family have any <u>out-of-pocket</u> expenses for ('s) transportation, for example, (his/her) travel to and from treatment, therapy or other medical or rehabilitation services?					
	1	Yes				
	2	No. \square > Go to YY				
	9	Don't know. $\square > \mathbf{Go}$ to \mathbf{YY}				
	8	Refusal \square > Go to YY				
XX3.	XX3. Which one of the following expense groups is the best estimate of the costs to you or your family? I will read you a list.					
	1	Less than \$100				
	2	4100 to 1000 that 4100				
		3 \$200 to less than \$500				
	4 \$500 to less than \$1000□ 5 \$1000 to less than \$2000□					
	6					
	7	\$5000 or more				
	,	Don't know				
		Refusal				
		Section YY – Global Disadvantages Module				
	A	ll respondents with a disability limitation marked on Profile sheet enter this module; Else skip to AAA (p 323)				
YY1.	You reported that because of a physical condition, mental condition or health					
	problem, () has difficulties or limitations in doing certain activities. Do					
		you think that these difficulties or activity limitations create a disadvantage				
		him/her) at home?				
	1	Yes, sometimes				
	2	Yes, often or always				
	3	No				
	8	Refusal				
	9	Don't Know				

YY2.	How much of a disadvantage?				
	1	Mild			
	2	Moderate			
	3	Severe			
		Don't know			
		Refusal			
YY3.	•	ou think that these difficulties or activity limitate vantage for (him/her) while playing?	tions create a		
	1	Yes, sometimes	X		
	2	Yes, often or always			
	3	No.	> Go to YY5		
	5	Not applicable	1000 - 110		
	8	Refusal	> Go to YY5		
	9	Don't Know.			
		Don't Know	y 00 to 112		
YY4.		much of a disadvantage?			
	1	Mild	> If ('s) date of birth is < May 16 2001 proceed to YY5; Else go to AAA		
	2	Moderate	> If ('s) date of birth is < May 16 2001 proceed to YY5; Else go to AAA		
1	3	Se vere.	> If ('s) date of birth is < May 16 2001 proceed to YY5; Else go to AAA		
	y	Don't know	> If ('s) date of birth is < May 16 2001 proceed to YY5; Else go to AAA		
		Refusal	> If ('s) date of birth is < May 16 2001 proceed to YY5; Else go to AAA		

YY5.	Do you think that these difficulties or activity limitations create a disadvantage for (him/her) at school?				
	1	Yes, sometimes			
	2	Yes, often or always			
	3	No \Box > Go to YY7			
	5	Not Applicable \square > Go to YY7			
	8	Refusal \Box > Go to YY7			
	9	Don't Know			
YY6.	How	much of a disadvantage?			
	1	Mild			
	2	Moderate			
	3	Severe			
		Don't know.			
		Refusal			
YY7.	Do yo	ou think that these difficulties or activity limitations create a			
	disad	vantage for (him/her) in other axxys, such as transportation or leisure?			
	1	Yes, sometimes			
	2	Yes, often or always			
	3	No			
	5	Not Applicable			
	8	Refusal			
	9	Don't Know			
¥7¥70					
Y Y 8.	How	much of a disadvantage?			
		Mela			
	1	Mild			
	2	Moderate			
	3 /	Severe			
		Refusal			
		Kciusai □			
		Section ZZ – Insurance Module			

^{**}All respondents with a disability limitation marked on Profile sheet enter this module; Else skip to AAA (P 323)**

ZZ1a.	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:			
	the co	st of ('s) prescription medications?		
	1	Yes		
	2	No		
	9	Don't know		
	8	Refusal		
ZZ1b.		uestion is about insurance coverage. Please include any private, ament or employer-paid plans. Do you have insurance that covers all or		
	the co	st of ('s) eye glasses or contact lenses?		
	1 2 9 8	Yes. □ No. □ Don't know. □ Refusal. □		
ZZ1c.		uestion is about insurar ce coverage. Please include any private, ament or employer-paid plans. Do you have insurance that covers all or		
	hospit	al charges for a private or semi-private room?		
_	1 2 9 8	Yes □ No □ De p't know □ Lefusal □		
		Section AAA – Health Utility Index Module		

All respondents enter this module

AAA. We have reached the last section and I want to thank you for your cooperation and for the patience that you have shown. As part of this survey, we may need to get in touch in the future. Although some of the following questions may seem repetitive, these last questions deal with another way of

measuring health status and it is important that we ask the same questions to everyone.

** I f	'('s)	date of birth is on or before May 16 2002 go to AAA32; Else proceed to AAA1**
AAA 1.		a) <u>usually</u> able to see clearly, and without distortion, the words in a book <u>without</u> glasses or contact lenses?
	1 2 9 8	Yes
AAA		
2.) <u>usually</u> able to see clearly, and without distortion, the words in a book <u>with</u> glasses or contact lenses?
	1 2 3 9 8	Yes
AAA 3.	Is (.) able to see a) all?
,	1 2 9 8	Ves \square Ne \square > Go to AAA6Don't know \square > Go to AAA6Refusal \square > Go to AAA6
AAA 4.) able to see well enough to recognize a friend on the other side of the without glasses or contact lenses?
	1 2 9 8	Yes. □ > Go to AAA6 No. □ Don't know. □ > Go to AAA6 Refusal. □ > Go to AAA6

AAA 5.	Is () <u>usually</u> able to see well enough to recognize a friend on the other side					
	of the street with glasses or contact lenses?					
	1	Yes				
	2	No				
	3	Doesn't wear glasses or contact lenses□				
	9	Don't know□				
	8	Refusal				
AAA						
6.	Is () <u>usually</u> able to hear what is said in a group conversation with at least				
		other people without a hearing aid?				
	1	Yes				
	2	No				
	9	Don't know > Go to AAA11				
	8	Refusal \square > Go to AAA11				
AAA						
7.	Is () usually able to hear what is said in a group conversation with at least				
	three	other people with a hearing aid?				
	1	Yes				
	2	No				
	3	Doesn't wear a hearing aid				
	9	Don't know				
	8	Refu. al				
$\mathbf{A}\mathbf{A}\mathbf{A}$						
8.	is () able to hear at all?				
,	V					
	1	Yes				
	2	No				
	9	Don't know				
	8	Refusal				
AAA						

Is (....) <u>usually</u> able to hear what is said in a conversation with one other person in a quiet room <u>without</u> a hearing aid?

9.

325

	1	Yes
	2	No
	9	Don't know
	8	Refusal
AAA		
10.	Is(.) usually able to hear what is said in a conversation with one other
		on in a quiet room <u>with</u> a hearing aid?
	•	
	1	Yes
	2	No.
	3	Doesn't wear a hearing aid
	9	Don't know
	8	Refusal
AAA		
11.	Is () usually able to be understood completely when speaking with
11.		gers in (his/her) own language?
	1	Yes
	2	No
	9	Don't know.
	8	Refusal
	O	Terusur
•		
AAA		
12.	Is () usually tole to be understood partially when speaking with
		gers in (his/he.) own language?
	1	V.
	1	Yes
	2 9	No
	8	Perusal \square
	2	iterusar
AAA	/	
13.	Is () <u>usually</u> able to be <u>understood completely</u> when speaking with those
	who l	know (him/her) well?
	1	Yes > Go to AAA15
	2	No
	9	Don't know
	8	Refusal
	J	

AAA 14.	Is () <u>usually</u> able to be <u>understood partially</u> when speaking with those who know (him/her) well?				
	1	Yes			
	2	No			
	9	Don't know□			
	8	Refusal			
AAA 15.) <u>usually</u> able to walk <u>without</u> difficulty and <u>without</u> n. echanical ort such as braces, a cane or crutches?			
	1	Yes			
	2	No			
	9	Don't know > Go to AAA22			
	8	Refusal > Go to AAA22			
AAA					
16.	Is () able to walk at all?			
100	25 (**	(iv) doie to wain do die			
	1	Yes			
	2	No. \square > Go to AAA19			
	9	Don't know			
	8	Refusal > Go to AAA19			
AAA 17.		s () require mechanical support such as braces, a cane or crutches to			
	be al	bic to walk?			
	. (_			
	Î	Уеs			
	2	No			
	9 7	Don't know			
	8	Refusal			
AAA					
18.	Does	s () require the help of another person to be able to walk?			
	1	Yes			
	2	No			
	9	Don't know□			

	8	Refusal
AAA	D	- ()
19.	Does	s () require a wheelchair to get around?
	1	Yes
	2	No
	9	Don't know. \square > Go to AAA22
	8	Refusal
AAA		
20.	How	often does () use a wheelchair?
	1	Always
	2	Often
	3	Sometimes
	4	Never
		Don't Know
		Refusal
AAA		
21.	Does	s () need the help of another person to get around in the wheelchair?
	1	Vas
	1 2	Yes
	9	No
	8	Refus ²¹
	O	Retus
$\mathbf{A}\mathbf{A}\mathbf{A}$		
22.) <u>usually</u> able to grasp and handle small objects such as a pencil or
	scis.	ors?
	1	
	1 /	Yes
	2	No
	9 8	Don't know \square > Go to AAA26 Refusal. \square > Go to AAA26
	0	Refusal
AAA 23.	Door	s () require the help of another person because of limitations in the
43.		of hands or fingers?
	use (or manus or migers:

	1	Yes
	2	No
	9	Don't know
	8	Refusal
AAA 24.	Does	() require the help of another person with:
	1	some tasks?
	2	most tasks?
	3	almost all tasks?
	4	all tasks?
		Don't know□
		Refusal Go to AAA26
AAA		
25.	Does	() require special equipment, for exan plo, devices to assist in
20.		sing, because of limitations in the use of hands or fingers?
	022 000	2-1-g) 2-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	1	Yes
	2	No
	9	Don't know
	8	Refusal
	Ü	
AAA		
26.	Woul	d you describe () as being usually
	1	happy and interested in life? □
	2	some what happy?
	3	Somewhat unhappy? □
	4	unhappy with little interest in life?
	5	\square so unhappy that life is not worthwhile?
	V,	Don't Know
		Refusal
AAA		
27.	How	would you describe ('s) <u>usual</u> ability to remember things? Is ():
		· · · · · · · · · · · · · · · · · · ·
	1	able to remember most things? \Box
	2	somewhat forgetful?□
	3	very forgetful?
	4	unable to remember anything at all?

	Refusal
AAA 28.	How would you describe ('s) <u>usual</u> ability to think and solve day to day problems? Is ():
	 able to think clearly and solve problems?
AAA 29.	Is () usually free of pain and discomfort?
	1 Yes
AAA 30.	How would you describe the <u>usual</u> intensity of ('s) pain or discomfort?
	1 Mild. □ 2 Mod. rate. □ 3 Severe. □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
AAA 31.	How many activities does ('s) pain or discomfort prevent (him/her) from doing?
	1 None □ 2 A few □ 3 Some □ 4 Most □ Don't Know □ Refusal □

AAA 32.	A Thinking back to the Census held in May 2006, can you tell me who completed your household's Census questionnaire? Mark up to 6 responses								
11 Me									
	12	Spouse/common law partr							
	13	Mother/father (birth, adop	tive, step or foste	er)	🗆 🗸				
	Brother/sister (biological, half, adoptive, step or foster)								
	15	Child (birth, adopted, step	/						
	16	Other relative – mother's							
	17	Other relative – father's si	ide						
	18	Other relative – side unkn							
	19	Relative of spouse / comm			<i>.</i> ∐				
	20	Roommate/renter/boarder			⊔				
	21 Other								
				>	\downarrow				
	Other, Please Specify:								
		Don't Know	<i>.</i>		📙				
	Refusal								
		w completed the Participat	cion Activity and	l Limitations	Survey.				
1 110111	ı your	or your coeperation.							
	Profile Sheet								
Case]	Identif	ication Number:							
Activ	ity Li	mitations							
Sectio	<u>n</u>	Activity / Condition	<u>Limitation</u>	Use Aid	Need Aid				
A		General							

B & C	Hearing		
D & E	Seeing		
F & G	Communicating		
Н&І	Walking		
J & K	Hands / Fingers		
L & M	Learning		
N	Developmental		
O	Emotional / Psychological	(0)	
P	Chronic / Other		
	SR-TITE OF		