



Participation and Activity Limitation Survey – 2001 (Adults – 15 and over)

FORM 02

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

INTRODUCTION

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

CONFIDENTIAL WHEN COMPLETED

**FOR INFORMATION ONLY
POUR INFORMATION SEULEMENT**

First name(s) Initial(s) Family name

Sex: Male Female Date of Birth: Year Month Day Telephone: Area code Telephone No. —

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

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

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

INFORMATION SOURCE

Source:
 (1) Respondent
 (2) Respondent (via interpreter) . . .
 (3) Proxy

Relationship to respondent:
 (1) Parent
 (2) Guardian
 (3) Child
 (4) Other household member . . .
 (5) Other, specify

Proxy Information
Reason for proxy:
 (1) Does not speak English or French
 (2) Unable to respond
 (3) Absent – duration of survey. . . .
 (4) Parent wishes to respond for child (15 or older).

Proxy name:
 First name(s)
 Family name

SECTION A — FILTER QUESTIONS

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

Interviewer: Read list.

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

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

Interviewer: Read list.

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

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

Interviewer: Read list.

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

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

Interviewer: Read list.

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

SECTION B — ACTIVITY LIMITATIONS

B1. I am going to ask you a series of questions about your (. . . . 's) ability to do certain activities. Please tell me only about those difficulties that have lasted, or are expected to last, six months or more.

Do you (Does) use a hearing aid or hearing aids?

- (1) Yes
- (3) No **Go to B5**
- (x) Don't know
- (r) Refusal

B2. WITH your (his/her) hearing aid(s), how much difficulty do you (does) have hearing what is said in a conversation with ONE other person?

Interviewer: Read list. Mark one only.

- (1) No difficulty
- (2) Some difficulty
- (3) A lot of difficulty
- (4) You (.) cannot hear
- (x) Don't know
- (r) Refusal

▶ Check box Hearing – Limitation on Profile Sheet

B3. WITH your (his/her) hearing aid(s), how much difficulty do you (does) have hearing what is said in a conversation with at least THREE other persons?

Interviewer: Read list. Mark one only.

- (1) No difficulty
- (2) Some difficulty
- (3) A lot of difficulty
- (4) You (.) cannot hear
- (x) Don't know
- (r) Refusal

▶ Check box Hearing – Limitation on Profile Sheet

B4. WITH your (his/her) hearing aid(s), how much difficulty do you (does) have hearing what is said in a TELEPHONE conversation?

Interviewer: Read list. Mark one only.

- (1) No difficulty
- (2) Some difficulty
- (3) A lot of difficulty
- (4) You (.) cannot hear
- (x) Don't know
- (r) Refusal

▶ Check box Hearing – Limitation on Profile Sheet

B4.
edit

Interviewer: If box Hearing – Limitation is checked on Profile Sheet, go to B9. Otherwise, go to B14.

B5. Which of the following best describes your (.'s) ability to hear?

Interviewer: Read list. Mark one only.

- (1) You (.) cannot hear → Check box Hearing – Limitation on Profile Sheet **Go to B9**
- (2) You have (. has) difficulty hearing
- (3) You have (. has) no problem hearing → **Go to B14**
- (x) Don't know
- (r) Refusal → **Go to B14**

B6. How much difficulty do you (does) have hearing what is said in a conversation with ONE other person?

Interviewer: Read list. Mark one only.

- (1) No difficulty
- (2) Some difficulty
- (3) A lot of difficulty
- (4) You (.) cannot hear
- (x) Don't know
- (r) Refusal

▶ Check box Hearing – Limitation on Profile Sheet

B7. How much difficulty do you (does) have hearing what is said in a conversation with at least THREE other persons?

Interviewer: Read list. Mark one only.

- (1) No difficulty
- (2) Some difficulty
- (3) A lot of difficulty
- (4) You (.) cannot hear
- (x) Don't know
- (r) Refusal

▶ Check box Hearing – Limitation on Profile Sheet

B8. How much difficulty do you (does) have hearing what is said in a TELEPHONE conversation?

Interviewer: Read list. Mark one only.

- (1) No difficulty
- (2) Some difficulty
- (3) A lot of difficulty
- (4) You (.) cannot hear
- (x) Don't know
- (r) Refusal

▶ Check box Hearing – Limitation on Profile Sheet

**B9.
edit**

Interviewer: If box Hearing – Limitation is checked on Profile Sheet, continue. Otherwise, go to B14.

B9. Besides hearing aids, do you (does) USE any other aids, specialized equipment or services for persons who are deaf or hard of hearing, for example, a volume control telephone or TV decoder?

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

→ Check box Hearing – USE aid on Profile Sheet

▶ **Go to B11**

B10. Do you (Does) now USE:

Interviewer: Read list.

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) a computer to communicate, e.g., e-mail or chat service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) a volume control telephone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) a TTY or TDD?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) a message relay service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) other phone related devices, e.g., flashers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) a closed caption T.V. or decoder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) amplifiers, e.g., FM, acoustic, infrared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) visual or vibrating alarms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) a Sign language interpreter?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) a hearing ear dog?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(k) another aid? — specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



B11. Are there any aids, specialized equipment or services for persons who are deaf or hard of hearing that you think you NEED (. thinks he/she NEEDS) but do (does) not have?

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

→ Check box Hearing – NEED aid on Profile Sheet

▶ **Go to B13**

B12. Which aids do you (does) NEED but do (does) not have?

Interviewer: Do not read list. Mark all that apply.

- (a) Computer to communicate (e.g., e-mail or chat service)
- (b) Volume control telephone
- (c) TTY or TDD
- (d) Message relay service
- (e) Other phone related devices (e.g., flashers)
- (f) Closed caption T.V. or decoder
- (g) Amplifiers (e.g., FM, acoustic, infrared)
- (h) Visual or vibrating alarms
- (i) Sign language interpreter
- (j) Hearing ear dog
- (k) Other, specify



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

B13. This question deals with certain communication skills. I will read you a list. Please answer Yes or No to each.

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

B14. Do you (Does) wear glasses or contact lenses to see up close?

- (1) Yes
- (3) No **Go to B17**
- (x) Don't know
- (r) Refusal **Go to B29**

B15. WITH your (his/her) glasses or contact lenses, do you (does) have any difficulty seeing ordinary newsprint?

- (1) Yes Check box Seeing – Limitation on Profile Sheet
- (3) No **Go to B19**
- (x) Don't know
- (r) Refusal

B16. How much difficulty?

Interviewer: Read list. Mark one only.

- (1) Some difficulty
- (2) A lot of difficulty
- (3) You (. . . .) cannot see **Go to B19**
- (x) Don't know
- (r) Refusal

B17. Do you (Does) have any difficulty seeing ordinary newsprint?

- (1) Yes Check box Seeing – Limitation on Profile Sheet
- (3) No **Go to B19**
- (x) Don't know
- (r) Refusal

B18. How much difficulty?
Interviewer: Read list. Mark one only.

(1) Some difficulty

(2) A lot of difficulty

(3) You (.) cannot see

(x) Don't know

(r) Refusal

B19. Do you (Does) wear glasses or contact lenses to see at a distance?

(1) Yes

(3) No **▶ Go to B22**

(x) Don't know

(r) Refusal **→ Go to B24edit**

B20. WITH your (his/her) glasses or contact lenses, do you (does) have any difficulty clearly seeing the face of someone across a room, that is, from 4 metres or 12 feet?

(1) Yes **→ Check box Seeing – Limitation on Profile Sheet**

(3) No **▶ Go to B24edit**

(x) Don't know

(r) Refusal

B21. How much difficulty?
Interviewer: Read list. Mark one only.

(1) Some difficulty

(2) A lot of difficulty

(3) You (.) cannot see **▶ Go to B24 edit**

(x) Don't know

(r) Refusal

B22. Do you (Does) have any difficulty clearly seeing the face of someone across a room, that is, from 4 metres or 12 feet?

(1) Yes **→ Check box Seeing – Limitation on Profile Sheet**

(3) No **▶ Go to B24edit**

(x) Don't know

(r) Refusal

B23. How much difficulty?
Interviewer: Read list. Mark one only.

(1) Some difficulty

(2) A lot of difficulty

(3) You (.) cannot see

(x) Don't know

(r) Refusal

B24. edit **Interviewer: If box Seeing – Limitation is checked on Profile Sheet, continue. Otherwise, go to B29.**

B24. Have you (Has) been diagnosed by an eye specialist as being legally blind?

- (1) Yes
- (3) No
- (x) Don't know or not sure
- (r) Refusal

B25. Besides glasses or contact lenses, do you (does) USE any other aids or specialized equipment for persons who are blind or visually impaired, for example, magnifiers or Braille reading materials?

- (1) Yes → Check box Seeing – USE aid on Profile Sheet
- (3) No → **Go to B27**
- (x) Don't know
- (r) Refusal

B26. Do you (Does) now USE . . .

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) magnifiers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Braille reading materials?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) large print reading materials?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) talking books?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) recording equipment or portable note-takers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) closed circuit devices, e.g., CCTV's?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) a computer with Braille, large print or speech access?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) a white cane?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) a guide dog?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) another aid? — specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B27. Are there any aids or specialized equipment for persons who are blind or visually impaired that you think you NEED (. thinks he/she NEEDS) but do (does) not have?

- (1) Yes → Check box Seeing – NEED aid on Profile Sheet
- (3) No → **Go to B29**
- (x) Don't know
- (r) Refusal

B28. Which aids do you (does) NEED but do (does) not have?

Interviewer: Do not read list. Mark all that apply.


- (a) Glasses, contact lenses, or a new prescription
- (b) Magnifiers
- (c) Braille reading materials
- (d) Large print reading materials
- (e) Talking books
- (f) Recording equipment or portable note-takers
- (g) Closed circuit devices (CCTV's)
- (h) Computer with Braille, large print or speech access
- (i) White cane
- (j) Guide dog
- (k) Other, specify

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

B29. Because of a condition or health problem, do you (does) have any difficulty speaking?

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

B30. Because of a condition or health problem, do you (does) have any difficulty making yourself (himself/herself) understood when speaking?

- (1) Yes → Check box Communicating – Limitation on Profile Sheet **Go to B33**
- (3) No  **Go to B40**
- (x) Don't know
- (r) Refusal

B31. How much difficulty do you (does) have speaking?

Interviewer: Read list. Mark one only.

- (1) Some difficulty
- (2) A lot of difficulty
- (3) You (.) cannot speak → **Go to B34**
- (x) Don't know
- (r) Refusal

B32. Because of a condition or health problem, do you (does) have any difficulty making yourself (himself/herself) understood when speaking?

- (1) Yes
- (3) No  **Go to B34**
- (x) Don't know
- (r) Refusal

B33. How well are you (is) able to make yourself (himself/herself) understood when speaking with . . .

Interviewer: Read categories. Mark one only.

Interviewer: Read list.

	(1) <u>Completely</u>	(2) <u>Partially</u>	(3) <u>Not at all</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(a) members of your (his/her) own family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) your (his/her) friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) professionals and service providers, e.g., doctors, home care providers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B34. Do you (Does) use:

Interviewer: Read list. Mark one only.

- | | (1)
<u>Yes</u> | (3)
<u>No</u> | (x)
<u>DK</u> | (r)
<u>Ref</u> |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| (a) Sign language such as ASL or LSQ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) another form of communication? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**B34.
edit**

**Interviewer: If at least one Yes is checked in B34, then continue.
Otherwise, go to B36.**

B35. How well are you (is) able to make yourself (himself/herself) understood when communicating in this manner with . . .

Interviewer: Read categories. Mark one only.

<i>Interviewer: Read list.</i>	(1) <u>Completely</u>	(2) <u>Partially</u>	(3) <u>Not at all</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(a) members of your (his/her) own family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) your (his/her) friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) professionals and service providers, e.g., doctors, home care providers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B36. Do you (Does) USE any aids or specialized equipment for persons who have difficulty speaking or making themselves understood, for example, a keyboard device to communicate?

- (1) Yes → Check box Communicating – USE aid on Profile Sheet
- (3) No **Go to B38**
- (x) Don't know
- (r) Refusal

B37. Do you (Does) now USE:

Interviewer: Read list.

	(1) <u>Yes</u>	(3) <u>No</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(a) a voice amplifier?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) a computer or keyboard device to communicate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) a communications board such as Bliss?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) another aid? — specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B38. Are there any aids or specialized equipment for persons who have difficulty speaking or making themselves understood that you think you NEED (. thinks he/she NEEDS) but do (does) not have?

- (1) Yes → Check box Communicating – NEED aid on Profile Sheet
- (3) No **Go to B40**
- (x) Don't know
- (r) Refusal

B39. Which aids do you (does) NEED but do (does) not have?

Interviewer: Do not read list. Mark all that apply.

- (a) Voice amplifier
- (b) Computer or keyboard device to communicate
- (c) Communications board such as Bliss
- (d) Other, specify

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

B40. The next few questions are about your (. . . . 's) ability to move around, even when using an aid or specialized equipment such as a cane or crutches. Remember, I am asking about difficulties that have lasted or are expected to last 6 months or more.

Are you (Is) able to walk?

(1) Yes

(3) No → Check box Mobility – Limitation on Profile Sheet **Go to B47**

(x) Don't know

(r) Refusal → **Go to B55**

B41. Do you (Does) have any difficulty walking half a kilometre or a quarter mile, that is, about three city blocks, without resting?

Interviewer: Read list. Mark one only.

(1) Yes, sometimes ► Check box Mobility – Limitation on Profile Sheet

(2) Yes, often or always

(3) No ► **Go to B43**

(x) Don't know

(r) Refusal

B42. How much difficulty?

Interviewer: Read list. Mark one only.

(1) Some difficulty

(2) A lot of difficulty

(3) Completely unable

(x) Don't know

(r) Refusal

B43. Do you (Does) have any difficulty walking up and down a flight of stairs, about 12 steps, without resting?

Interviewer: Read list. Mark one only.

(1) Yes, sometimes ► Check box Mobility – Limitation on Profile Sheet

(2) Yes, often or always

(3) No ► **Go to B45**

(x) Don't know

(r) Refusal

B44. How much difficulty?

Interviewer: Read list. Mark one only.

(1) Some difficulty

(2) A lot of difficulty

(3) Completely unable

(x) Don't know

(r) Refusal

B45. Do you (Does) have any difficulty carrying an object of 5 kg or 10 pounds, like a bag of groceries, for 10 metres or 30 feet?

Interviewer: Read list. Mark one only.

(1) Yes, sometimes ► Check box Mobility – Limitation on Profile Sheet

(2) Yes, often or always

(3) No ► **Go to B47**

(x) Don't know

(r) Refusal



B46. How much difficulty?

Interviewer: Read list. Mark one only.

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

B47. Do you (Does) have any difficulty standing in line for more than 20 minutes?

Interviewer: Read list. Mark one only.

- (1) Yes, sometimes  Check box Mobility – Limitation on Profile Sheet
- (2) Yes, often or always
- (3) No
- (x) Don't know  **Go to B49**
- (r) Refusal



B48. How much difficulty?

Interviewer: Read list. Mark one only.

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

B49. Do you (Does) have any difficulty moving from one room to another?

Interviewer: Read list. Mark one only.

- (1) Yes, sometimes  Check box Mobility – Limitation on Profile Sheet
- (2) Yes, often or always
- (3) No
- (x) Don't know  **Go to B51edit**
- (r) Refusal

B50. How much difficulty?


Interviewer: Read list. Mark one only.

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

**B51.
edit**

Interviewer: If box Mobility – Limitation is checked on Profile Sheet, continue. Otherwise, go to B55.

B51. Do you (Does) USE any aids or specialized equipment for persons who have difficulty moving around?

- (1) Yes → Check box Mobility – USE aid on Profile Sheet
- (3) No
- (x) Don't know  **Go to B53**
- (r) Refusal

B52. Do you (Does) now USE . . .

Interviewer: Read list.

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) orthopaedic footwear?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) a cane or walking stick?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) crutches?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) a manual wheelchair?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) an electric wheelchair?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) a walker?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) a scooter?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) braces or supportive devices?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) lifts or lift type devices?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) grab bars or bathroom aids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(k) another aid? — specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

↓

B53. Are there any aids or specialized equipment for persons who have difficulty moving around that you think you NEED (. thinks he/she NEEDS) but do (does) not have?

(1) Yes → Check box Mobility – NEED aid on Profile Sheet

(3) No → **Go to B55**

(x) Don't know

(r) Refusal

B54. Which aids do you (does) NEED but do (does) not have?

Interviewer: Do not read list. Mark all that apply.

(a) Orthopaedic footwear

(b) Cane or walking stick

(c) Crutches

(d) Manual wheelchair

(e) Electric wheelchair

(f) Walker

(g) Scooter

(h) Braces or supportive devices

(i) Lifts or lift type devices

(j) Grab bars or bathroom aids

(k) Other, specify

↓

(x) Don't know

(r) Refusal

B55. The next questions deal with flexibility and agility. Remember, I am asking about difficulties that have lasted or are expected to last 6 months or more.

Do you (Does) have any difficulty bending down and picking up an object from the floor (for example, a shoe)?

Interviewer: Read list. Mark one only.

(1) Yes, sometimes → Check box Agility – Limitation on Profile Sheet

(2) Yes, often or always

(3) No → **Go to B57**






(x) Don't know

(r) Refusal

B56. How much difficulty?*Interviewer: Read list. Mark one only.*

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






B57. Do you (Does) have any difficulty dressing and undressing yourself (himself/herself)?*Interviewer: Read list. Mark one only.*

- (1) Yes, sometimes  Check box Agility – Limitation on Profile Sheet
- (2) Yes, often or always 
- (3) No  **Go to B59**
- (x) Don't know 
- (r) Refusal 

B58. How much difficulty?*Interviewer: Read list. Mark one only.*

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






B59. Do you (Does) have any difficulty getting into and out of bed?*Interviewer: Read list. Mark one only.*

- (1) Yes, sometimes  Check box Agility – Limitation on Profile Sheet
- (2) Yes, often or always 
- (3) No  **Go to B61**
- (x) Don't know 
- (r) Refusal 

B60. How much difficulty?*Interviewer: Read list. Mark one only.*

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



B61. Is it physically difficult for you (.) to cut your (his/her) own toenails?*Interviewer: Read list. Mark one only.*

- (1) Yes, sometimes  Check box Agility – Limitation on Profile Sheet
- (2) Yes, often or always 
- (3) No  **Go to B63**
- (x) Don't know 
- (r) Refusal 

B62. How much difficulty do you (does) have doing this?
Interviewer: Read list. Mark one only.

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



B63. Do you (Does) have any difficulty using your (his/her) fingers to grasp or to handle an object, such as pliers or scissors?
Interviewer: Read list. Mark one only.

(1) Yes, sometimes  Check box Agility – Limitation on Profile Sheet
 (2) Yes, often or always
 (3) No  **Go to B65**
 (x) Don't know
 (r) Refusal

B64. How much difficulty?
Interviewer: Read list. Mark one only.

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



B65. Do you (Does) have any difficulty reaching in any direction (for example, above your (his/her) head)?
Interviewer: Read list. Mark one only.

(1) Yes, sometimes  Check box Agility – Limitation on Profile Sheet
 (2) Yes, often or always
 (3) No  **Go to B67**
 (x) Don't know
 (r) Refusal

B66. How much difficulty?
Interviewer: Read list. Mark one only.

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

B67. Do you (Does) have any difficulty cutting your (his/her) own food?
Interviewer: Read list. Mark one only.

(1) Yes, sometimes  Check box Agility – Limitation on Profile Sheet
 (2) Yes, often or always
 (3) No  **Go to B69edit**
 (x) Don't know
 (r) Refusal

B68. How much difficulty?


Interviewer: Read list. Mark one only.

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

B69.
edit

Interviewer: If box Agility – Limitation is checked on Profile Sheet, then continue. Otherwise, go to B73.

B69. Do you (Does) USE any aids or specialized equipment designed to support, replace or assist in the use of hands or arms?


- (1) Yes → Check box Agility – USE aid on Profile Sheet
- (3) No  **Go to B71**
- (x) Don't know
- (r) Refusal

B70. Do you (Does) now USE:

Interviewer: Read list.

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

B71. Are there any aids or specialized equipment designed to support, replace or assist in the use of hands or arms that you think you NEED (. thinks he/she NEEDS) but do (does) not have?

- (1) Yes → Check box Agility – NEED aid on Profile Sheet
- (3) No  **Go to B73**
- (x) Don't know
- (r) Refusal

B72. Which aids do you (does) NEED but do (does) not have?

Interviewer: Do not read list. Mark all that apply.

- (a) Hand or arm brace
- (b) Grasping tools or reach extenders
- (c) Other, specify

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

B73. The next few questions deal with long-term pain and discomfort.

Do you (Does) have any pain or discomfort that is ALWAYS present?

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

B74. Do you (Does) have PERIODS of pain or discomfort that REOCCUR from time to time?

- (1) Yes
- (3) No
- (x) Don't know **Go to B77**
- (r) Refusal

B75. Does this pain or discomfort reduce the amount or the kind of activities you (.) can do?

Interviewer: Read list. Mark one only.

- (1) Yes, sometimes **Check box Pain – Limitation on Profile Sheet**
- (2) Yes, often or always
- (3) No
- (x) Don't know **Go to B77**
- (r) Refusal

B76. How many activities does your (. 's) pain or discomfort usually prevent you (him/her) from doing . . .

Interviewer: Read categories. Mark one only.

<i>Interviewer: Read list.</i>	(1)	(2)	(3)	(4)	(5)	(x)	(r)
	<u>None</u>	<u>A few</u>	<u>Many</u>	<u>Most</u>	<u>N/A</u>	<u>DK</u>	<u>Ref</u>
(a) at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
(b) at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) in other areas, such as transportation or leisure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B77. Do you think you have (Does think he/she has) a condition that makes it difficult in general for you (him/her) to learn? Such conditions include attention problems, hyperactivity, dyslexia and others.

- (1) Yes **Check box Learning – Limitation on Profile Sheet**
- (3) No
- (x) Don't know
- (r) Refusal

B78. Has a teacher, doctor or other health professional ever said that you (.) had a learning disability?

- (1) Yes **Check box Learning – Limitation on Profile Sheet**
- (3) No
- (x) Don't know
- (r) Refusal

B78. edit **Interviewer: If B77 is Yes OR B78 is Yes, then continue. Otherwise, go to B85.**

B79. Does this condition reduce the amount or the kind of activities you (.) can do?

Interviewer: Read list. Mark one only.


- (1) Yes, sometimes
- (2) Yes, often or always
- (3) No
- (x) Don't know **Go to B81**
- (r) Refusal

B80. How many activities does this condition usually prevent you (. . . .) from doing . . .

Interviewer: Read categories. Mark one only.

<i>Interviewer: Read list.</i>	(1) <u>None</u>	(2) <u>A few</u>	(3) <u>Many</u>	(4) <u>Most</u>	(5) <u>N/A</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(a) at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
(b) at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) in other areas, such as transportation or leisure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B81. Do you (Does) USE any aids or specialized equipment to help you (him/her) with your (his/her) learning difficulty?


- (1) Yes → Check box Learning – USE aid on Profile Sheet
- (3) No  **Go to B83**
- (x) Don't know
- (r) Refusal

B82. Do you (Does) now USE . . .


Interviewer: Read list.

	(1) <u>Yes</u>	(3) <u>No</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(a) portable spell checkers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) recording equipment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) talking books?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) pocket organizers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) a home computer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Interviewer: If (e) is Yes, ask (f) – (i).

- (f) a scanner or printer?
- (g) spell/grammar checking software?
- (h) voice recognition software?
- (i) software organizational tools?
- (j) another aid? — specify 

B83. Are there any learning aids that you think you NEED (. . . . thinks he/she NEEDS) but do (does) not have?

- (1) Yes → Check box Learning – NEED aid on Profile Sheet
- (3) No  **Go to B85**
- (x) Don't know
- (r) Refusal

B84. Which aids do you (does) NEED but do (does) not have?

Interviewer: Do not read list. Mark all that apply.

- (a) Portable spell checkers
- (b) Recording equipment
- (c) Talking books
- (d) Pocket organizers
- (e) Home computer
- (f) Scanner or printer
- (g) Spell/grammar checking software
- (h) Voice recognition software
- (i) Software organizational tools
- (j) Other, specify



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

B85. Do you (Does) FREQUENTLY have periods of confusion or difficulty remembering things? These difficulties are often associated with diseases such as Alzheimer's or may be the result of a brain injury.

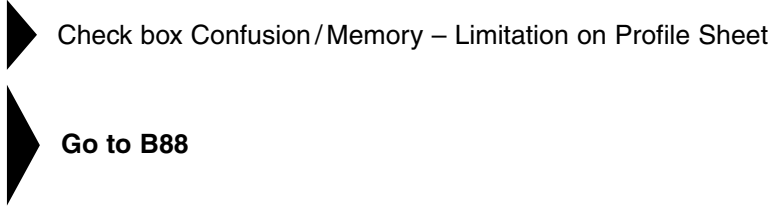
- (1) Yes
- (3) No
- (x) Don't know
- (r) Refusal



B86. Does this condition reduce the amount or the kind of activities you (.) can do?

Interviewer: Read list. Mark one only.

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



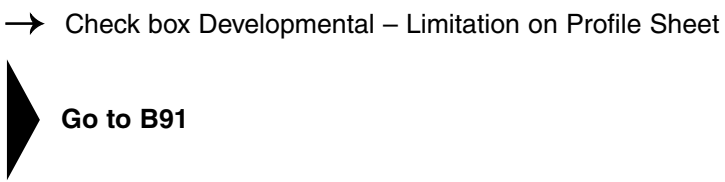
B87. How many activities does this condition usually prevent you (.) from doing . . .

Interviewer: Read categories. Mark one only.

<i>Interviewer: Read list.</i>	(1)	(2)	(3)	(4)	(5)	(x)	(r)
	<u>None</u>	<u>A few</u>	<u>Many</u>	<u>Most</u>	<u>N/A</u>	<u>DK</u>	<u>Ref</u>
(a) at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
(b) at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) in other areas, such as transportation or leisure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B88. Has a doctor, psychologist or other health professional ever said that you (.) had a developmental disability or disorder? These include, for example, Down syndrome, autism, Asperger syndrome, mental impairment due to a lack of oxygen at birth, etc..

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



B89. Does this condition reduce the amount or the kind of activities you (. . . .) can do?*Interviewer: Read list. Mark one only.*

- (1) Yes, sometimes
- (2) Yes, often or always
- (3) No
- (x) Don't know **Go to B91**
- (r) Refusal

B90. How many activities does this condition usually prevent you (. . . .) from doing . . .*Interviewer: Read categories. Mark one only.*

<i>Interviewer: Read list.</i>	(1) <u>None</u>	(2) <u>A few</u>	(3) <u>Many</u>	(4) <u>Most</u>	(5) <u>N/A</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(a) at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
(b) at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) in other areas, such as transportation or leisure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B91. Do you (Does) have any emotional, psychological or psychiatric conditions that have lasted, or are expected to last, 6 months or more? These include phobias, depression, schizophrenia, drinking or drug problems, and others.

- (1) Yes
- (3) No
- (x) Don't know **Go to B94edit**
- (r) Refusal

B92. Does this condition reduce the amount or the kind of activities you (. . . .) can do?*Interviewer: Read list. Mark one only.*

- (1) Yes, sometimes **Check box Emotional/Psychological – Limitation on Profile Sheet**
- (2) Yes, often or always
- (3) No
- (x) Don't know **Go to B94edit**
- (r) Refusal

B93. How many activities does this condition usually prevent you (. . . .) from doing . . .*Interviewer: Read categories. Mark one only.*

<i>Interviewer: Read list.</i>	(1) <u>None</u>	(2) <u>A few</u>	(3) <u>Many</u>	(4) <u>Most</u>	(5) <u>N/A</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(a) at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
(b) at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) in other areas, such as transportation or leisure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B94.
edit**

Interviewer: If any box is checked in the Limitation column on the Profile Sheet, then continue; otherwise, go to the Follow-up question on page 81.

B94. You reported that because of a physical condition, mental condition or health problem, you have (. . . . has) difficulties or limitations in doing certain activities. Do you (Does) think that these difficulties or activity limitations create a disadvantage for you (him/her) at home?

Interviewer: Read list. Mark one only.

- (1) Yes, sometimes
 - (2) Yes, often or always
 - (3) No
 - (x) Don't know
 - (r) Refusal
- Go to B96**

B95. How much of a disadvantage?

Interviewer: Read list. Mark one only.

- (1) Mild
- (2) Moderate
- (3) Severe
- (x) Don't know
- (r) Refusal

B96. Do you (Does) think that these difficulties or activity limitations create a disadvantage for you (him/her) at work?

Interviewer: Read list. Mark one only.

- (1) Yes, sometimes
 - (2) Yes, often or always
 - (3) No
 - (5) Not applicable
 - (x) Don't know
 - (r) Refusal
- Go to B98**

B97. How much of a disadvantage?

Interviewer: Read list. Mark one only.

- (1) Mild
- (2) Moderate
- (3) Severe
- (x) Don't know
- (r) Refusal

B98. Do you (Does) think that these difficulties or activity limitations create a disadvantage for you (him/her) at school?

Interviewer: Read list. Mark one only.

- (1) Yes, sometimes
 - (2) Yes, often or always
 - (3) No
 - (5) Not applicable
 - (x) Don't know
 - (r) Refusal
- Go to B100**

B99. How much of a disadvantage?

Interviewer: Read list. Mark one only.

- (1) Mild
- (2) Moderate
- (3) Severe
- (x) Don't know
- (r) Refusal

B100. Do you (Does) think that these difficulties or activity limitations create a disadvantage for you (him/her) in other areas, such as transportation or leisure?

Interviewer: Read list. Mark one only.

- (1) Yes, sometimes
- (2) Yes, often or always
- (3) No
- (5) Not applicable
- (x) Don't know
- (r) Refusal

Go to B102

B101. How much of a disadvantage?

Interviewer: Read list. Mark one only.


- (1) Mild
- (2) Moderate
- (3) Severe
- (x) Don't know
- (r) Refusal

B102. At what age did you (. . . .) first start having any difficulty or activity limitation?

(0-120) Years (if age less than 1 year, enter 00)

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

B103. What is the MAIN condition which causes you (. . . .) difficulty or limits your (his/her) activities, e.g., cataracts, arthritis, multiple sclerosis, etc.?

Specify 

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

Go to B112

B104. Did this condition exist at birth?

- (1) Yes → **Go to B107**
- (3) No
- (x) Don't know
- (r) Refusal

B105. Which one of the following best describes the CAUSE of this condition?

Interviewer: Read list. Mark one only.

- (1) A disease or illness
- (2) Ageing
- (3) Work conditions
- (4) Stress
- (5) An accident
- (6) Another cause, specify



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

B106. What type of accident?

Interviewer: Read list. Mark one only.

- (1) An accident at home
- (2) A motor vehicle accident
- (3) An accident at work
- (4) A sports related accident
- (5) Another type of accident
- (x) Don't know
- (r) Refusal

B107. Is there a SECOND condition which causes you (. . . .) difficulty or limits your (his/her) activities?

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



B108. What is this second condition?

Specify

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



B109. Did this condition exist at birth?

- (1) Yes → **Go to B112**
- (3) No
- (x) Don't know
- (r) Refusal

B110. Which one of the following best describes the CAUSE of this condition?

Interviewer: Read list. Mark one only.

- (1) A disease or illness
- (2) Ageing
- (3) Work conditions
- (4) Stress
- (5) An accident
- (6) Another cause, specify



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

B111. What type of accident?

Interviewer: Read list. Mark one only.

- (1) An accident at home
- (2) A motor vehicle accident
- (3) An accident at work
- (4) A sports related accident
- (5) Another type of accident
- (x) Don't know
- (r) Refusal

B112. The next few questions are about your (.....'s) use of medication or drugs.

Do you (Does) use any medication or drugs, prescription or non-prescription, on a regular basis, that is AT LEAST ONCE A WEEK?

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



B113. How many kinds of PRESCRIPTION drugs do you (does) take EACH DAY?

 (0-99)

B113. edit Interviewer: If more than 10 kinds of drugs, confirm response.

B114. How many kinds of NON-PRESCRIPTION medication do you (does) take EACH DAY?

 (0-99)

B114. edit Interviewer: If more than 10 kinds of medication, confirm response.

B115. Are there any other kinds of medication or drugs you take (..... takes) regularly BUT NOT DAILY?

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



B116. How many kinds of PRESCRIPTION drugs do you (does) take regularly BUT NOT DAILY?

(0-99)

B116. edit Interviewer: *If more than 10 kinds of drugs, confirm response.*

B117. How many kinds of NON-PRESCRIPTION medication do you (does) take regularly BUT NOT DAILY?

(0-99)

B117. edit Interviewer: *If more than 10 kinds of medication, confirm response.*

B118. In the past 12 months, did you (. . . .) have any OUT-OF-POCKET or DIRECT EXPENSES for prescription and non-prescription drugs?

INCLUDE amounts not covered by insurance such as exclusions, deductibles and expenses over limits. **EXCLUDE** payments for which you have (. . . . has) been or will be reimbursed by any insurance or government program.

- (1) Yes
- (3) No
- (x) Don't know **Go to B121**
- (r) Refusal

B119. What is your (. . . . 's) best estimate of the OUT-OF-POCKET or DIRECT COSTS to you (him/her) in the past 12 months, for prescription and non-prescription drugs?

(INCLUDE amounts not covered by insurance such as exclusions, deductibles and expenses over limits. EXCLUDE payments for which you have (. . . . has) been or will be reimbursed by any insurance or government program.)

\$.00 Range: 1-999999

- (x) Don't know **Go to B120**
- (r) Refusal

B119. edit Interviewer: *If costs are over \$5,000., confirm response. Go to B121.*

B120. Which of the following expense groups is the best estimate of the DIRECT COSTS to you (. . . .) in the past 12 months, for prescription and non-prescription drugs?

Interviewer: Read list. Mark one only.

- (1) less than \$100
- (2) \$100 to less than \$200
- (3) \$200 to less than \$500
- (4) \$500 to less than \$1,000
- (5) \$1,000 to less than \$2,000
- (6) \$2,000 to less than \$5,000
- (7) \$5,000 or more
- (x) Don't know
- (r) Refusal

B121. In the past 12 months, were you (was) ever UNABLE TO GET the medication or drugs you were (he/she was) supposed to use, because of the COST?

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

B122. In the past 12 months, did you (. . . .) ever use your (his/her) medication or drugs LESS OFTEN than you were (he/she was) supposed to, because of the COST?

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

B123. In the past 12 months, did you (. . . .) ever NOT USE the medication or drugs you were (he/she was) supposed to use, because of the SIDE EFFECTS?

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

B124. Because of your (his/her) condition, do you (does) USE any other aids or specialized equipment that have not already been mentioned?

- (1) Yes → Check box Other – USE aid on Profile Sheet
- (3) No
- (x) Don't know **Go to B126edit**
- (r) Refusal

B125. Do you (Does) now USE:

Interviewer: Read list.

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

**B126.
edit**

Interviewer: If any box is checked in the USE aid column on the Profile Sheet, then continue; otherwise, go to B129.

B126. I would now like you (. . . .) to think of all the aids and specialized equipment that you USE (he/she USES).

In the past 12 months, did you (. . . .) have any OUT-OF-POCKET or DIRECT EXPENSES for the purchase and maintenance of aids and specialized equipment?


(INCLUDE amounts not covered by insurance such as exclusions, deductibles and expenses over limits. EXCLUDE payments for which you have (. . . . has) been or will be reimbursed by any insurance or government program.)

- (1) Yes
- (3) No
- (x) Don't know **Go to B129**
- (r) Refusal

B127. What is your (. . . . 's) best estimate of the OUT-OF-POCKET or DIRECT COSTS to you (him/her) in the past 12 months, for the purchase and maintenance of aids and specialized equipment?

(INCLUDE amounts not covered by insurance such as exclusions, deductibles and expenses over limits. EXCLUDE payments for which you have (. . . . has) been or will be reimbursed by any insurance or government program.)

\$.00 Range: 1-999999

- (x) Don't know  **Go to B128**
- (r) Refusal


B127. edit **Interviewer: If costs are over \$5,000., confirm response. Go to B129.**

B128. Which of the following expense groups is the best estimate of the DIRECT COSTS to you (. . . .) in the past 12 months, for the purchase and maintenance of aids and specialized equipment?

Interviewer: Read list. Mark one only.


- (1) less than \$200
- (2) \$200 to less than \$500
- (3) \$500 to less than \$1,000
- (4) \$1,000 to less than \$2,000
- (5) \$2,000 to less than \$5,000
- (6) \$5,000 or more
- (x) Don't know
- (r) Refusal

B129. Do you (Does) NEED any other aids or specialized equipment that have not already been mentioned?

- (1) Yes → Check box Other – NEED aid on Profile Sheet
- (3) No  **Go to B131edit**
- (x) Don't know
- (r) Refusal

B130. Which aids do you (does) NEED but do (does) not have?

Interviewer: Do not read list. Mark all that apply.

- (a) Respiratory aids, e.g., inhalers, puffers, oxygen
- (b) Pain management aids, e.g., a TENS machine
- (c) Other, specify 

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

B131. edit **Interviewer: If any box is checked in the NEED aid column on the Profile Sheet, then continue; otherwise, go to C1.**

B131. Now, I would like you (. . . .) to think about all the aids and specialized equipment you NEED (he/she NEEDS) but do (does) not have.

Why do you (does) not have these aids? I will read you a list of possible reasons. Please answer yes or no to each.

Interviewer: Read list.

- | | (1) | (3) | (x) | (r) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | <u>Yes</u> | <u>No</u> | <u>DK</u> | <u>Ref</u> |
| (a) It is not covered by insurance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) It is too expensive | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) Your (. . . . 's) condition is not serious enough | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) You do (. . . . does) not know where or how to obtain it | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (e) It is not available | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (f) Another reason, specify | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

SECTION C — HELP WITH EVERYDAY ACTIVITIES

C1. The next questions are about the help you receive (. . . . receives) with everyday activities BECAUSE OF YOUR (HIS/HER) CONDITION. Include help received from your (his/her) spouse or partner, from family members, friends or neighbours, and from organizations, whether paid or unpaid.

Because of your (his/her) condition, do you (does) usually RECEIVE help with preparing meals?

- (1) Yes → Check box Meals – RECEIVE help on Profile Sheet
Go to C3
- (3) No
- (x) Don't know ► **Go to C5**
- (r) Refusal

C2. Do you think you NEED (Does think he/she NEEDS) help with preparing meals?

- (1) Yes → Check box Meals – NEED help on Profile Sheet
Go to C5
- (3) No ► **Go to C5**
- (x) Don't know
- (r) Refusal

C3. WHO usually helps you (. . . .) with preparing meals? I will read you a list. Please answer yes or no to each.

Interviewer: Read list.

For each "Yes" response, ask: C3A.

- | | (r) | (x) | (3) | (1) |
|---|-----------------------|-----------------------|-----------------------|-------------------------|
| | <u>Ref</u> | <u>DK</u> | <u>No</u> | <u>Yes</u> |
| (a) Family living with you (him/her) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> → |
| (b) Family not living with you (him/her) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> → |
| (c) Friends or neighbours | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> → |
| (d) Organization or agency (Include voluntary, private and government agencies) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> → |
| (e) Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> → |

C3A. HOW OFTEN do they help with preparing meals?

Interviewer: Read categories. Mark one only.

- | | (1) | (2) | (3) | (x) | (r) |
|--|-----------------------|-----------------------------|------------------------------|-----------------------|-----------------------|
| | <u>Every-day</u> | <u>At least once a week</u> | <u>Less than once a week</u> | <u>DK</u> | <u>Ref</u> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

C4. Do you (Does) need ADDITIONAL help with preparing meals?

- (1) Yes → Check box Meals – NEED help on Profile Sheet
- (3) No
- (x) Don't know
- (r) Refusal

C5. Because of your (his/her) condition, do you (does) usually RECEIVE help with everyday housework, such as dusting and tidying up?

- (1) Yes → Check box Housework – RECEIVE help on Profile Sheet
Go to C7
- (3) No
- (x) Don't know ► **Go to C9**
- (r) Refusal

C6. Do you think you NEED (Does think he/she NEEDS) help with everyday housework?

- (1) Yes → Check box Housework – NEED help on Profile Sheet
Go to C9
- (3) No ► **Go to C9**
- (x) Don't know
- (r) Refusal

C7. WHO usually helps you (.) with everyday housework? I will read you a list. Please answer yes or no to each.

*Interviewer: Read list.
For each "Yes" response, ask: C7A.*

	(r)	(x)	(3)	(1)	
	<u>Ref</u>	<u>DK</u>	<u>No</u>	<u>Yes</u>	
(a) Family living with you (him/her)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(b) Family not living with you (him/her)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(c) Friends or neighbours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(d) Organization or agency (Include voluntary, private and government agencies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(e) Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→

Specify ↓

C7A. HOW OFTEN do they help with everyday housework?

*Interviewer: Read categories.
Mark one only.*

	(1)	(2)	(3)	(x)	(r)
	<u>Every-day</u>	<u>At least once a week</u>	<u>Less than once a week</u>	<u>DK</u>	<u>Ref</u>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C8. Do you (Does) need ADDITIONAL help with everyday housework?

- (1) Yes → Check box Housework – NEED help on Profile Sheet
- (3) No
- (x) Don't know
- (r) Refusal

C9. Because of your (his/her) condition, do you (does) usually RECEIVE help with heavy household chores, such as spring cleaning or yard work?

- (1) Yes → Check box Chores – RECEIVE help on Profile Sheet
Go to C11
- (3) No
- (x) Don't know ► **Go to C13**
- (r) Refusal

C10. Do you think you NEED (Does think he/she NEEDS) help with heavy household chores?

- (1) Yes → Check box Chores – NEED help on Profile Sheet
Go to C13
- (3) No
- (x) Don't know **Go to C13**
- (r) Refusal

C11. WHO usually helps you (.) with heavy household chores? I will read you a list. Please answer yes or no to each.

*Interviewer: Read list.
For each "Yes" response, ask: C11A.*

C11A. HOW OFTEN do they help with heavy household chores?

*Interviewer: Read categories.
Mark one only.*

	(r)	(x)	(3)	(1)	(1)	(2)	(3)	(x)	(r)
	<u>Ref</u>	<u>DK</u>	<u>No</u>	<u>Yes</u>	At least once a week	At least once a month	Less than once a month	<u>DK</u>	<u>Ref</u>
(a) Family living with you (him/her)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Family not living with you (him/her)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Friends or neighbours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Organization or agency (Include voluntary, private and government agencies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify ↓

C12. Do you (Does) need ADDITIONAL help with heavy household chores?

- (1) Yes → Check box Chores – NEED help on Profile Sheet
- (3) No
- (x) Don't know
- (r) Refusal

C13. Because of your (his/her) condition, do you (does) usually RECEIVE help with getting to appointments and running errands, such as shopping for groceries?

- (1) Yes → Check box Appointments – RECEIVE help on Profile Sheet
Go to C15
- (3) No
- (x) Don't know
- (r) Refusal

C14. Do you think you NEED (Does think he/she NEEDS) help with getting to appointments and running errands, such as shopping for groceries?

- (1) Yes → Check box Appointments – NEED help on Profile Sheet
Go to C17
- (3) No
- (x) Don't know **Go to C17**
- (r) Refusal

C15. WHO usually helps you (. . . .) with getting to appointments and running errands? I will read you a list. Please answer yes or no to each.

*Interviewer: Read list.
For each "Yes" response, ask: C15A.*

	(r)	(x)	(3)	(1)	
	<u>Ref</u>	<u>DK</u>	<u>No</u>	<u>Yes</u>	
(a) Family living with you (him/her)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(b) Family not living with you (him/her)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(c) Friends or neighbours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(d) Organization or agency (Include voluntary, private and government agencies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(e) Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→

C15A. HOW OFTEN do they help with getting to appointments and running errands?

Interviewer: Read categories. Mark one only.

	(1)	(2)	(3)	(x)	(r)
	<u>Every-day</u>	<u>At least once a week</u>	<u>Less than once a week</u>	<u>DK</u>	<u>Ref</u>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C16. Do you (Does) need ADDITIONAL help with getting to appointments and running errands?

- (1) Yes → Check box Appointments – NEED help on Profile Sheet
- (3) No
- (x) Don't know
- (r) Refusal

C17. Because of your (his/her) condition, do you (does) usually RECEIVE help with looking after your (his/her) personal finances, such as making bank transactions or paying bills?

- (1) Yes → Check box Finances – RECEIVE help on Profile Sheet
Go to C19
- (3) No
- (x) Don't know ► **Go to C21**
- (r) Refusal

C18. Do you think you NEED (Does think he/she NEEDS) help with looking after your (his/her) personal finances?

- (1) Yes → Check box Finances – NEED help on Profile Sheet
Go to C21
- (3) No
- (x) Don't know ► **Go to C21**
- (r) Refusal

C19. WHO usually helps you (. . . .) with looking after your (his/her) personal finances? I will read you a list. Please answer yes or no to each.

Interviewer: Read list.

For each "Yes" response, ask: C19A.

- | | (r) | (x) | (3) | (1) | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|---|
| | <u>Ref</u> | <u>DK</u> | <u>No</u> | <u>Yes</u> | |
| (a) Family living with you (him/her) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | → |
| (b) Family not living with you (him/her) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | → |
| (c) Friends or neighbours | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | → |
| (d) Organization or agency (Include voluntary, private and government agencies) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | → |
| (e) Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | → |

C19A. HOW OFTEN do they help with looking after your (his/her) personal finances?

Interviewer: Read categories. Mark one only.

- | (1) | (2) | (3) | (x) | (r) |
|-----------------------------|------------------------------|-------------------------------|-----------------------|-----------------------|
| <u>At least once a week</u> | <u>At least once a month</u> | <u>Less than once a month</u> | <u>DK</u> | <u>Ref</u> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

C20. Do you (Does) need ADDITIONAL help with looking after your (his/her) personal finances?

- (1) Yes → Check box Finances – NEED help on Profile Sheet
- (3) No
- (x) Don't know
- (r) Refusal

C21. Are there any children less than 15 years of age living with you (. . . .)?

- (1) Yes
- (3) No
- (x) Don't know → **Go to C26**
- (r) Refusal

C22. Because of your (his/her) condition, do you (does) usually RECEIVE help with child care?

- (1) Yes → Check box Childcare – RECEIVE help on Profile Sheet
Go to C24
- (3) No
- (x) Don't know → **Go to C26**
- (r) Refusal

C23. Do you think you NEED (Does think he/she NEEDS) help with child care?

- (1) Yes → Check box Childcare – NEED help on Profile Sheet
Go to C26
- (3) No
- (x) Don't know → **Go to C26**
- (r) Refusal

C24. WHO usually helps you (. . . .) with child care? I will read you a list. Please answer yes or no to each.

*Interviewer: Read list.
For each "Yes" response, ask: C24A.*

	(r)	(x)	(3)	(1)	
	<u>Ref</u>	<u>DK</u>	<u>No</u>	<u>Yes</u>	
(a) Family living with you (him/her)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(b) Family not living with you (him/her)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(c) Friends or neighbours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(d) Organization or agency (Include voluntary, private and government agencies) . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(e) Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→

C24A. HOW OFTEN do they help with child care?

Interviewer: Read categories. Mark one only.

	(1)	(2)	(3)	(x)	(r)
	Every-day	At least once a week	Less than once a week	DK	Ref
(a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C25. Do you (Does) need ADDITIONAL help with child care?

(1) Yes → Check box Childcare – NEED help on Profile Sheet

(3) No

(x) Don't know

(r) Refusal

C26. Because of your (his/her) condition, do you (does) usually RECEIVE help with personal care, such as washing, dressing or taking medication?

(1) Yes → Check box Personal Care – RECEIVE help on Profile Sheet
Go to C28

(3) No

(x) Don't know ► **Go to C30**

(r) Refusal

C27. Do you think you NEED (Does think he/she NEEDS) help with personal care?

(1) Yes → Check box Personal Care – NEED help on Profile Sheet
Go to C30

(3) No ► **Go to C30**

(x) Don't know

(r) Refusal

C28. WHO usually helps you (. . . .) with personal care? I will read you a list. Please answer yes or no to each.

*Interviewer: Read list.
For each "Yes" response, ask: C28A and C28B.*

	(r)	(x)	(3)	(1)	
	<u>Ref</u>	<u>DK</u>	<u>No</u>	<u>Yes</u>	
(a) Family living with you (him/her)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(b) Family not living with you (him/her)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(c) Friends or neighbours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(d) Organization or agency (Include voluntary, private and government agencies) . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(e) Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→

C28A	AND	C28B
On average, how many days a week do they help with <u>personal care</u> ?		On average, how many hours a day?
(1-7)		(0.5-24)
<input type="text"/>		<input type="text"/> <input type="text"/> . <input type="text"/>
<input type="text"/>		<input type="text"/> <input type="text"/> . <input type="text"/>
<input type="text"/>		<input type="text"/> <input type="text"/> . <input type="text"/>
<input type="text"/>		<input type="text"/> <input type="text"/> . <input type="text"/>
<input type="text"/>		<input type="text"/> <input type="text"/> . <input type="text"/>

C29. Do you (Does) need ADDITIONAL help with personal care?

- (1) Yes → Check box Personal Care – NEED help on Profile Sheet
- (3) No
- (x) Don't know
- (r) Refusal

C30. Because of your (his/her) condition, do you (does) usually RECEIVE specialized nursing care or medical treatment at home such as injections, therapy, blood, urine testing or catheter care?

- (1) Yes → Check box Nursing/ Treatment – RECEIVE help on Profile Sheet
Go to C32
- (3) No
- (x) Don't know ► **Go to C34**
- (r) Refusal

C31. Do you think you NEED (Does think he/she NEEDS) specialized nursing care or medical treatment at home?

- (1) Yes → Check box Nursing/ Treatment – NEED help on Profile Sheet
Go to C34
- (3) No
- (x) Don't know ► **Go to C34**
- (r) Refusal

C32. WHO usually provides you (.) specialized nursing care or medical treatment at home? I will read you a list. Please answer yes or no to each.

*Interviewer: Read list.
For each "Yes" response, ask: C32A.*

	(r)	(x)	(3)	(1)	
	<u>Ref</u>	<u>DK</u>	<u>No</u>	<u>Yes</u>	
(a) Family living with you (him/her)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(b) Family not living with you (him/her)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(c) Friends or neighbours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(d) Organization or agency (Include voluntary, private and government agencies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(e) Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→

C32A. HOW OFTEN do they provide specialized nursing care or medical treatment at home?

*Interviewer: Read categories.
Mark one only.*

(1)	(2)	(3)	(x)	(r)
<u>Every-day</u>	<u>At least once a week</u>	<u>Less than once a week</u>	<u>DK</u>	<u>Ref</u>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


C33. Do you (Does) need ADDITIONAL specialized nursing care or medical treatment at home?

- (1) Yes → Check box Nursing/ Treatment – NEED help on Profile Sheet
- (3) No
- (x) Don't know
- (r) Refusal

C34. Because of your (his/her) condition, do you (does) usually RECEIVE help with moving about inside your (his/her) residence?

- (1) Yes → Check box Moving About – RECEIVE help on Profile Sheet
Go to C36
- (3) No
- (x) Don't know ► **Go to C38edit**
- (r) Refusal

C35. Do you think you NEED (Does think he/she NEEDS) help with moving about inside your (his/her) residence?

- (1) Yes → Check box Moving About – NEED help on Profile Sheet
Go to C38edit
- (3) No 
- (x) Don't know **Go to C38edit**
- (r) Refusal

C36. WHO usually helps you (.) with moving about inside your (his/her) residence? I will read you a list. Please answer yes or no to each.

Interviewer: Read list.

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Family living with you (him/her)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Family not living with you (him/her)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Friends or neighbours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Organization or agency (Include voluntary, private and government agencies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C37. Do you (Does) need ADDITIONAL help with moving about inside your (his/her) residence?


- (1) Yes → Check box Moving About – NEED help on Profile Sheet
- (3) No
- (x) Don't know
- (r) Refusal

C38. edit

Interviewer: If any box is checked in the RECEIVE help column on the Profile Sheet, then continue; otherwise, go to C45edit.

C38. Now, I would like you (.) to think of all the help you RECEIVE (he/she RECEIVES) with everyday activities.

Was it difficult to make the arrangements for the help you receive (. receives)?

- (1) Yes
- (3) No 
- (x) Don't know **Go to C40**
- (r) Refusal

C39. What were the difficulties? I will read you a list. Please answer yes or no to each.

Interviewer: Read list.

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Finding qualified help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Delay in obtaining assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Did not know where to look for help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Other, specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C44. Which of the following expense groups is the best estimate of the DIRECT COSTS to you (. . . .), or your (his/her) family living with you (him/her), for the help you (he/she) received in the past 12 months?

Interviewer: Read list. Mark one only.

(1) Less than \$200

(2) \$200 to less than \$500

(3) \$500 to less than \$1,000

(4) \$1,000 to less than \$2,000

(5) \$2,000 to less than \$5,000

(6) \$5,000 or more

(x) Don't know

(r) Refusal

C45. edit **Interviewer: If any box is checked in the NEED help column on the Profile Sheet, then continue; otherwise, go to C46.**

C45. Now, I would like you (. . . .) to think about all the help you NEED (. . . . NEEDS) but do (does) not have.

Why do you (does) not receive the help you NEED (he/she NEEDS)? I will read you a list of possible reasons. Please answer yes or no to each.

Interviewer: Read list.

	(1) <u>Yes</u>	(3) <u>No</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(a) You (. . . .) applied for home care and were (was) turned down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) You are (. . . . is) presently on a waiting list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) It is not covered by insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) It is too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) You do (. . . . does) not know where to obtain it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Help is not available in the area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Informal help, e.g., from family or friends, is not available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Another reason, specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

↓

C46. Which of the following best describes the control you have (. . . . has) in making decisions:

Interviewer: Read list. Mark one only.

(1) I make (He/She makes) all decisions about my (his/her) everyday activities

(2) I make (He/She makes) the majority of decisions about my (his/her) everyday activities

(3) I make (He/She makes) some of the decisions about my (his/her) everyday activities

(4) I don't (He/She does not) make any decisions about my (his/her) everyday activities

(x) Don't know

(r) Refusal

C47. The next few questions are about the contacts you have (. . . . has) with health care and social service providers because of your (his/her) condition.

EXCLUDE any contacts AT HOME with health professionals providing you (. . . .) specialized nursing care or medical treatment.

In the PAST 12 MONTHS, how often have you (has) seen or talked about your (his/her) physical, emotional or mental condition, with . . .

Interviewer: Read categories. Mark one only.

<i>Interviewer: Read list.</i>	(1)	(2)	(3)	(4)	(x)	(r)
	At least once a week	At least once a month	Less than once a month	Never	DK	Ref
(a) a physician (including general practitioners and specialists)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) a physiotherapist or occupational therapist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) an audiologist or speech therapist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) a chiropractor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) a massage therapist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) a psychologist, social worker or counsellor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) another health care or social service provider?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify

C48. edit *Interviewer: If there is at least one checkmark in columns (1), (2) OR (3) of C47, then continue. Otherwise, go to C51.*

C48. In the past 12 months, did you (. . . .) have any OUT-OF-POCKET or DIRECT EXPENSES for the health care and social services you (he/she) received?

INCLUDE amounts not covered by insurance such as exclusions, deductibles and expenses over limits. **EXCLUDE** payments for which you have (. . . . has) been or will be reimbursed by any insurance or government program.

- (1) Yes
- (3) No
- (x) Don't know **Go to C51**
- (r) Refusal

C49. What is your (. . . . 's) best estimate of the OUT-OF-POCKET or DIRECT COSTS to you (him/her) for the health care and social services you (he/she) received in the past 12 months?

(INCLUDE amounts not covered by insurance such as exclusions, deductibles and expenses over limits. EXCLUDE payments for which you have (. . . . has) been or will be reimbursed by any insurance or government program.)

\$.00 Range: 1-999999

- (x) Don't know **Go to C50**
- (r) Refusal

C49. edit *Interviewer: If costs are over \$5,000., confirm response. Go to C51.*

C50. Which of the following expense groups is the best estimate of the DIRECT COSTS to you (. . . .), for the health care and social services you (he/she) received in the past 12 months?

Interviewer: Read list. Mark one only.

- (1) Less than \$200
- (2) \$200 to less than \$500
- (3) \$500 to less than \$1,000
- (4) \$1,000 to less than \$2,000
- (5) \$2,000 to less than \$5,000
- (6) \$5,000 or more
- (x) Don't know
- (r) Refusal

C51. In the past 12 months, was there ever a time when you felt you (. . . . felt that he/she) NEEDED health care or social services because of your (his/her) condition, but you (he/she) did not receive them?

- (1) Yes
 - (3) No
 - (x) Don't know
 - (r) Refusal
- Go to D1**

C52. Why did you (. . . .) not get these services? I will read you a list of reasons. Please answer yes or no to each.

Interviewer: Read list.

	(1) <u>Yes</u>	(3) <u>No</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(a) They are not covered by insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) They are too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Your (. . . . 's) condition is not serious enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) You do (. . . . does) not know where or how to obtain them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) They are not available in the area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Another reason, specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION D — EDUCATION



Interviewer: If respondent was born AFTER May 15, 1936, continue. Otherwise, go to Section F (page 65).

D1. The next few questions are on education.

In April 2001, were you (was) attending a school, college or university? (Include private schools, colleges or universities.)

- (1) Yes → **Go to D3**
- (3) No
- (x) Don't know
- (r) Refusal

D2. Did you (. . . .) attend school after April, 1996?

- (1) Yes → **Go to D13**
 - (3) No
 - (x) Don't know
 - (r) Refusal
- Go to D18**

D3. Were you (Was) enrolled as a:

Interviewer: Read list. Mark one only.

- (1) full-time student → **Go to D5**
- (2) part-time student
- (x) Don't know ► **Go to D5**
- (r) Refusal

D4. Were you (Was) studying part-time because of your (his/her) condition?

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

D5. Were you (Was) taking any courses by correspondence or home study in April 2001? Consider only courses which can be used as credits towards a certificate, diploma or degree.

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

D6. In April 2001, in what kind of school were you (was) enrolled? I will read you a list. Please specify one only.

Interviewer: Read list. Mark one only.

- (1) Regular primary or secondary school
- (2) Special education school
- (3) Community college, CEGEP or technical institute
- (4) Private training institutes, for example, business schools or trade or vocational schools ► **Go to D8**
- (5) University
- (6) Other

Specify ↓

- (x) Don't know ► **Go to D9**
- (r) Refusal

D7. In what grade were you (was) enrolled in April 2001?

Grade (1-13) → **Go to D9**

- (0) Non-graded ► **Go to D9**
- (x) Don't know
- (r) Refusal

D8. What type of certificate, diploma or degree were you (was) seeking? I will read you a list. Please indicate all that apply.

Interviewer: Read list. Mark all that apply.

- (a) Trades certificate or diploma
- (b) Other non-university certificate or diploma (obtained at community college, CEGEP, technical institute, etc.)
- (c) University certificate or diploma **below** bachelor level
- (d) Bachelor's degree(s) (e.g., B.A., B.Sc., LL.B.)
- (e) University certificate or diploma **above** bachelor level
- (f) Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)
- (g) Degree in medicine, dentistry, veterinary medicine or optometry (e.g., M.D., D.D.S., D.M.D., D.V.M., O.D.)
- (h) Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)
- (x) Don't know
- (r) Refusal

D9. Did you (. . . .) require modified building features or services to attend school?

- (1) Yes
- (3) No **Go to D11**
- (x) Don't know
- (r) Refusal

D10. Did you (. . . .) require . . .

*Interviewer: Read list.
For each "Yes" response, ask: D10A.*

D10A. Was this available to you (. . . .)?

	(1) <u>Yes</u>	(3) <u>No</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(1) Yes <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(x) Don't know <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(r) Refusal <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | (r)
<u>Ref</u> | (x)
<u>DK</u> | (3)
<u>No</u> | (1)
<u>Yes</u> | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|---|
| (a) accessible classrooms? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | → |
| (b) accessible washrooms? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | → |
| (c) accessible residences? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | → |
| (d) accessible buildings, excluding residences? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | → |
| (e) accessible transportation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | → |
| (f) other feature or service? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | → |

Specify

D11. Did you (. . . .) need any assistive devices or services to follow your (his/her) courses?

- (1) Yes
- (3) No **Go to D20**
- (x) Don't know
- (r) Refusal

D12. Did you (. . . .) need . . .

*Interviewer: Read list.
For each "Yes" response, ask: D12A.*

	(r) <u>Ref</u>	(x) <u>DK</u>	(3) <u>No</u>	(1) <u>Yes</u>	
(a) note takers or readers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(b) a tutor or teacher's aide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(c) a computer with Braille, large print or speech access?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(d) talking books?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(e) magnifiers or CCTV's (Closed circuit television readers)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(f) Braille or large print reading materials?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(g) a Sign language interpreter?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(h) recording equipment or portable note-takers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(i) attendant care services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(j) other aid or service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→

Specify ↓

D12A. Was it made available to you (. . . .)?

(1) <u>Yes</u>	(3) <u>No</u>	(x) <u>DK</u>	(r) <u>Ref</u>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D12. edit

Interviewer: Go to D20.

D13. Did you (. . . .) have your (his/her) condition when you were (he/she was) attending school (after April, 1996)?

- (1) Yes
 - (3) No
 - (x) Don't know
 - (r) Refusal
- ▶ Go to D18**

D14. Did you (. . . .) require modified building features or services to attend school?

- (1) Yes
 - (3) No
 - (x) Don't know
 - (r) Refusal
- ▶ Go to D16**

D15. Did you (. . . .) require . . .

*Interviewer: Read list.
For each "Yes" response, ask: D15A.*

	(r) <u>Ref</u>	(x) <u>DK</u>	(3) <u>No</u>	(1) <u>Yes</u>	
(a) accessible classrooms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(b) accessible washrooms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(c) accessible residences?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(d) accessible buildings, excluding residences?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(e) accessible transportation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(f) other feature or service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→

Specify ↓

D15A. Was this available to you (. . . .)?

(1) <u>Yes</u>	(3) <u>No</u>	(x) <u>DK</u>	(r) <u>Ref</u>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D16. Did you (. . . .) need any assistive devices or services to follow your (his/her) courses?

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



D17. Did you (. . . .) need . . .

*Interviewer: Read list.
For each "Yes" response, ask: D17A.*

D17A. Was it made available to you (. . . .)?

	(r) <u>Ref</u>	(x) <u>DK</u>	(3) <u>No</u>	(1) <u>Yes</u>		(1) <u>Yes</u>	(3) <u>No</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(a) note takers or readers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) a tutor or teacher's aide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) a computer with Braille, large print or speech access?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) talking books?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) magnifiers or CCTV's (Closed circuit television readers)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Braille or large print reading materials?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) a Sign language interpreter?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) recording equipment or portable note-takers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) attendant care services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) other aid or service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify ↓

D18. Did you (. . . .) have your (his/her) condition before completing all your (his/her) formal education or training?

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



D19. Did you (. . . .) discontinue your (his/her) formal education or training because of your (his/her) condition?

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

D20. What is the highest level of schooling you have (. . . . has) completed?

Interviewer: Read list. Mark one only.

- (1) No schooling
- (2) Elementary school
- (3) Some high (secondary) school
- (4) High (secondary) school graduation certificate or equivalent
- (5) Some trade, technical or vocational school; or business college
- (6) Trades certificate or diploma
- (7) Some community college, CEGEP or nursing school
- (8) Diploma or certificate from a community college, CEGEP or nursing school
- (9) Some university
- (10) University certificate or diploma **below** bachelor level
- (11) Bachelor's degree(s) (e.g., B.A., B.Sc., LL.B.)
- (12) University certificate or diploma **above** bachelor level
- (13) Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)
- (14) Degree in medicine, dentistry, veterinary medicine or optometry (e.g., M.D., D.D.S., D.M.D., D.V.M., O.D.)
- (15) Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)
- (x) Don't know
- (r) Refusal

D21. Because of your (. . . . 's) condition . . .

Interviewer: Read list.

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) did you (he/she) begin school later than most other people your (his/her) age?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) was your (his/her) education interrupted for long periods of time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) did you (he/she) ever attend a special education school or special education classes in a regular school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) did you (he/she) take fewer courses or subjects than you (he/she) otherwise would have?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) did you (he/she) take any courses by correspondence or home study?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) did you (he/she) have to leave your (his/her) community to attend school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) did it take you (him/her) longer to achieve your (his/her) present level of education?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D21. edit

Interviewer: If D21(g) is Yes, go to D22. Otherwise, go to Section E (page 44).

D22. How much longer?

Interviewer: Round year to nearest whole number.

(1-10) Years

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

SECTION E — EMPLOYMENT STATUS



Interviewer: *If respondent was born AFTER May 15, 1936, continue. Otherwise, go to Section F (page 65).*

E1. The next few questions will help us establish your (. . . . 's) employment status.

LAST WEEK, how many hours did you (he/she) spend working for pay OR in self-employment?

Interviewer: Include

- working for wages, salary, tips or commission;
- working in your (his/her) own business, farm or professional practice, alone or in partnership;
- working directly towards the operation of a family farm or business without formal pay arrangements (e.g., assisting in seeding, doing accounts).

(0) None → **Go to E2**

Interviewer: Round to the nearest hour.

(1-168) Hours → **Go to E1edit**

(x) Don't know ► **Go to E2**

(r) Refusal

**E1.
edit**

Interviewer: *If hours are over 80, confirm response. Otherwise, go to E7.*

E2. **LAST WEEK, were you (was) on temporary layoff or absent from your (his/her) job or business?**

Interviewer: Read list. Mark one only.

- (1) Yes, on temporary layoff from a job or business to which you (he/she) expect(s) to return → **Go to E4**
- (2) Yes, on vacation, ill, on strike or locked out → **Go to E7**
- (3) Yes, absent for other reasons
- (4) No ► **Go to E4**
- (x) Don't know
- (r) Refusal

E3. **Why were you (was) absent?**

Interviewer: Do not read list. Mark one only.

- (1) Caring for own children
- (2) Caring for elder relative (60 years of age or older)
- (3) Maternity or parental leave
- (4) Other personal or family responsibilities ► **Go to E7**
- (x) Don't know
- (r) Refusal

E4. **LAST WEEK, did you (.) have definite arrangements to start a new job within the next four weeks?**

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

E5. Did you (. . . .) look for paid work DURING THE PAST FOUR WEEKS? For example, did you (he/she) contact an employment centre, check with employers, place or answer newspaper ads, etc.?

Interviewer: Read list. Mark one only.

- (1) Yes, looked for full-time work **Go to E6**
- (2) Yes, looked for part-time work (less than 30 hours per week)
- (3) No
- (x) Don't know **Go to E5edit**
- (r) Refusal

**E5.
edit**

Interviewer: If E2 is (1) and E5 is (x) or (r) OR if E4 is Yes and E5 is (x) or (r), go to E49 (page 53). Otherwise, continue.

E6. Could you (. . . .) have started a job last week had one been available?

Interviewer: Read list. Mark one only.

- (1) Yes, could have started a job **Go to E49 (page 53)**
- (2) No, already had a job
- (3) No, because of temporary illness or disability
- (4) No, because of personal or family responsibilities
- (5) No, going to school **Go to E73 (page 58)**
- (6) No, other reasons (includes retired)
- (x) Don't know
- (r) Refusal

Employed

E7. How many hours do you (does) usually work per week?

Interviewer: Round to the nearest hour.

(1-168) Hours → **Go to E7edit**

- (x) Don't know **Go to E9**
- (r) Refusal

**E7.
edit**

Interviewer: If E7 is less than 30 hours, go to E8. If E7 is over 80, confirm hours entered in E7. Otherwise, go to E9.

E8. What is the main reason you (. . . .) usually work(s) less than 30 hours per week?

Interviewer: Do not read list. Mark one only.

- (1) Own illness, condition or disability
- (2) Caring for own children
- (3) Caring for elder relative (60 years of age or older)
- (4) Other personal or family responsibilities
- (5) Going to school
- (6) Business conditions
- (7) Could not find work with 30 or more hours per week
- (8) Other, specify ↓

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

E9. On what date did you (. . . .) start this job?

Day (1-31)

Month (1-12)

Year

(x) Don't know

(r) Refusal

E10. In what kind of business, industry or service is this job? For example, a wheat farm, department store, fish plant.

(x) Don't know

(r) Refusal

E11. What is your (. . . . 's) work or occupation? For example, accountant, secondary school teacher, sales clerk.

(x) Don't know

(r) Refusal

E12. In this work, what are your (his/her) main activities? For example, administering accounts, teaching mathematics, selling men's clothing.

(x) Don't know

(r) Refusal

E13. In this job are you (is) mainly . . .

Interviewer: Read list. Mark one only.

(1) working for wages, salary, tips or commission?

(2) working without pay for your (his/her) spouse or another relative in a family farm or business?

(3) self-employed alone or in partnership?

(x) Don't know

(r) Refusal



Go to E26

E14. In this job, are you (is) a union member?

(1) Yes → **Go to E16**

(3) No

(x) Don't know

(r) Refusal

E15. Are you (is) covered by a union contract or collective agreement?

(1) Yes

(3) No


(x) Don't know

(r) Refusal

E22. What are your (. . . . 's) usual tips or commissions in that job?

Interviewer: Obtain the estimate for a period of time that is easy to calculate for the respondent.

\$, .

(x) Don't know  **Go to E24**

(r) Refusal

E23. Is that . . .

Interviewer: Read list. Mark one only.

(1) per hour?

(2) per day?

(3) per week?

(4) bi-weekly?

(5) twice per month?

(6) per month?

(7) per year?

(x) Don't know


(r) Refusal

E24. Is your (. . . . 's) job a permanent job?

Interviewer: It is a permanent job if the employer did not hire the employee on the understanding that the job would last only for a fixed duration, or until a given date or until the end of the project.

(1) Yes → **Go to E26**

(3) No

(x) Don't know  **Go to E26**

(r) Refusal

E25. In what way is your (. . . . 's) job not permanent?


Interviewer: Do not read list. Mark one only.

(1) It is seasonal

(2) Temporary, term or contract (non-seasonal)

(3) Casual job

(4) Work done through a temporary help agency


(5) Other, specify 

(x) Don't know

(r) Refusal

E26. Have you (Has) had any periods of unemployment in the last twelve months, that is to say, periods when you were (he/she was) unemployed or did not have a job?

(1) Yes

(3) No  **Go to E29**

(x) Don't know

(r) Refusal

E27. How many different periods of unemployment did you (. . . .) have?*Interviewer: Do not read list. Mark one only.*

- (1) One
- (2) Two
- (3) Three or more
- (x) Don't know **Go to E29**
- (r) Refusal

E28. What was the length of the longest period of unemployment?*Interviewer: Do not read list. Mark one only.*

- (1) Under three months
- (2) Three to five months
- (3) Six months or more
- (x) Don't know
- (r) Refusal

E29. Because of your (. . . . 's) condition, have you (has) ever:*Interviewer: Read list.*

- | | (1) | (3) | (x) | (r) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | <u>Yes</u> | <u>No</u> | <u>DK</u> | <u>Ref</u> |
| (a) changed the kind of work you do (he/she does)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) changed the amount of work you do (he/she does)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) changed your (his/her) job? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

E30. Does your (. . . . 's) condition limit the amount or kind of work you (he/she) can do at your (his/her) present job or business?

- (1) Yes
- (3) No **Go to E35edit**
- (x) Don't know
- (r) Refusal

E31. Where were you (was) employed when you (he/she) first experienced work limitations?*Interviewer: Read list. Mark one only.*

- (1) Present employer
- (2) Elsewhere
- (3) Not working **Go to E35edit**
- (x) Don't know
- (r) Refusal

E32. Are you (Is) now doing the same kind of work as you were (he/she was) doing at the time you (he/she) first experienced work limitations?

- (1) Yes **Go to E34**
- (3) No
- (x) Don't know **Go to E34**
- (r) Refusal

E33. Is your (. . . . 's) condition the reason you are (he/she is) now doing a different kind of work?

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

E34. Because of your (. . . . 's) condition, would you say that you are (he/she is) now doing:

Interviewer: Read list. Mark one only.

(1) about the same amount of work? **Go to E35edit**

(2) more work now?

(3) less work now?

(x) Don't know **Go to E35edit**

(r) Refusal

E35. Is your (. . . . 's) condition the reason you are (he/she is) doing less?

(1) Yes

(3) No

(x) Don't know

(r) Refusal

E35. edit **Interviewer: If E13 is (1) (on page 46), go to E36. Otherwise, go to E40.**

E36. Do you (Does) believe that your (his/her) condition makes it difficult for you (him/her) to change jobs or to advance at your (his/her) present job?

Interviewer: Read list. Mark one only.

(1) Yes, very difficult

(2) Yes, difficult

(3) No, not difficult

(x) Don't know

(r) Refusal

E37. Does your (. . . . 's) job give you (him/her) the opportunity to use all your (his/her) education, skills or work experience?

(1) Yes

(3) No

(x) Don't know

(r) Refusal

E38. Does your (. . . . 's) job require the level of education you have (he/she has)?

(1) Yes

(3) No

(x) Don't know

(r) Refusal

E39. Because of your (his/her) condition, do you (does) require any of the following to be able to work?

*Interviewer: Read list.
For each "Yes" response, ask: E39A.*

E39A. Has this been made available to you (him/her)?

	(r) <u>Ref</u>	(x) <u>DK</u>	(3) <u>No</u>	(1) <u>Yes</u>		(1) <u>Yes</u>	(3) <u>No</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(a) Job redesign (modified or different duties)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Modified hours or days or reduced work hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Human support, such as a reader, Sign language interpreter, job coach or personal assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Technical aids, such as a voice synthesizer, a TTY or TDD, an infrared system or portable note-takers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) A computer with Braille, large print or speech access, or a scanner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Communication aids, such as Braille or large print reading material or recording equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Other equipment, help or work arrangement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify ↓

E40. Because of your (his/her) condition, do you (does) require any of the following to be able to work?

*Interviewer: Read list.
For each "Yes" response, ask: E40A.*

E40A. Has this been made available to you (. . . .)?

	(r) <u>Ref</u>	(x) <u>DK</u>	(3) <u>No</u>	(1) <u>Yes</u>		(1) <u>Yes</u>	(3) <u>No</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(a) Handrails, ramps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Appropriate parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Accessible elevator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Modified workstation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Accessible washrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Accessible transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify ↓

E41. In the past five years, have you (has) taken any work-related training courses to either improve your (his/her) skills or to learn new skills?

- (1) Yes
- (3) No
- (x) Don't know **Go to E44**
- (r) Refusal

E42. What was the main reason you (. . . .) took this course? Was it . . .

Interviewer: Read list. Mark one only.

- (1) for your (his/her) current or a future job?
- (2) because of your (his/her) condition?
- (3) for personal interest?
- (4) for another reason?
- (x) Don't know
- (r) Refusal

E43. At work, to what extent are you (is he/she) using the skills or knowledge acquired in this course?

Interviewer: Read list. Mark one only.

- (1) To a great extent
 - (2) Somewhat
 - (3) Very little
 - (4) Not at all
 - (x) Don't know
 - (r) Refusal
- Go to E46**

E44. Did you (. . . .) want to take some work-related training courses?

- (1) Yes
 - (3) No
 - (x) Don't know
 - (r) Refusal
- Go to E46**

E45. Did any of the following prevent you (. . . .) from taking work-related training courses? I will read you a list. Please answer yes or no to each.

Interviewer: Read list.

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Location was not physically accessible to you (him/her)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Courses were not adapted to your (his/her) needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) You (He/She) requested courses, but were denied them (by employer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Your (His/Her) condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Inadequate transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Too costly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Other reason, specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E46. In the past five years, do you (does) believe that because of your (his/her) condition, you have (he/she has) been refused . . .

*Interviewer: Read list.
If answer categories are not applicable, enter "No".
For each "Yes" response, ask: E46A.*

E46A. How many times?

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

	(r)	(x)	(3)	(1)		(1)	(2)	(3)	(x)	(r)
	<u>Ref</u>	<u>DK</u>	<u>No</u>	<u>Yes</u>		<u>Once</u>	<u>2 to 4 times</u>	<u>More than 4 times</u>	<u>DK</u>	<u>Ref</u>
(a) employment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) a promotion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) access to training programs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) or, has your (his/her) employment been terminated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E47. Do you (Does) consider yourself (himself/herself) to be disadvantaged in employment because of your (his/her) condition?

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

E48. Do you (Does) believe that your (his/her) current employer or any potential employer would be likely to consider you (him/her) disadvantaged in employment because of your (his/her) condition?

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



Go to Section F (page 65)

Unemployed

E49. When did you (.) last work, even for a few days? Include as work, working without pay at a family farm or business. Do not include volunteer work, housework, maintenance or repairs for your (his/her) own home.

(1) Never worked → **Go to E58**

Year → **Go to E49edit**

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



Go to E50

E49. edit

Interviewer: If E49 is before 1996, go to E58. Otherwise, continue.

E50. When you (.) last worked, how many hours did you (he/she) usually work per week?

Interviewer: Round to the nearest hour.

(1-168) Hours → **Go to E50edit**

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



Go to E51

E50.
edit

Interviewer: If hours are over 80, confirm response. Otherwise, continue.

E51. What kind of business, industry or service was this? For example, a wheat farm, department store, fish plant.

(x) Don't know

(r) Refusal

E52. What was your (. . . . 's) work or occupation? For example, accountant, secondary school teacher, sales clerk.

(x) Don't know

(r) Refusal

E53. In this work, what were your (. . . . 's) main activities? For example, administering accounts, teaching mathematics, selling men's clothing.

(x) Don't know

(r) Refusal

E54. In that job, were you (was) mainly . . .

Interviewer: Read list. Mark one only.

(1) working for wages, salary, tips or commission?

(2) working without pay for spouse or another relative in a family farm or business?

(3) self-employed alone or in partnership?

(x) Don't know

(r) Refusal

E54.
edit

Interviewer: If E49 is after 1999, go to E55. Otherwise, go to E58.

E55. Have you (Has) had any periods of employment in the last twelve months; that is to say, periods when you (he/she) had a job?

(1) Yes

(3) No

(x) Don't know **Go to E58**

(r) Refusal

E56. How many different periods of employment did you (. . . .) have?

Interviewer: Do not read list. Mark one only.

(1) One

(2) Two

(3) Three or more

(x) Don't know **Go to E58**


(r) Refusal

E57. What was the length of the longest period of employment?

Interviewer: Do not read list. Mark one only.

- (1) Under three months
- (2) Three to five months
- (3) Six months or more
- (x) Don't know
- (r) Refusal

E58. Does your (. . . . 's) condition limit the amount or kind of work you (he/she) can do at a job or business?

- (1) Yes → **Go to E58edit**
- (3) No 
- (x) Don't know **Go to E60**
- (r) Refusal

**E58.
edit**

Interviewer: If E49 is (1), go to E60. Otherwise, continue.

E59. Were you (Was) working at a job or business at the time you (he/she) became limited in the kind or amount of work you (he/she) can do?



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

E60. Does your (. . . . 's) condition affect your (his/her) ability to look for work?

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

E61. Would you (. . . .) prefer to work . . .

Interviewer: Read list. Mark one only.

- (1) either full-time or part-time?  **Go to E63**
- (2) full-time only?
- (3) part-time only?
- (x) Don't know  **Go to E63**
- (r) Refusal

E62. Because of your (. . . . 's) condition, are you (is he/she) limited in your (his/her) ability to:

Interviewer: Read list.

- | | (1) | (3) | (x) | (r) |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | <u>Yes</u> | <u>No</u> | <u>DK</u> | <u>Ref</u> |
| (a) work at a full-time job? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) work at a part-time job? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

E63. Because of your (his/her) condition, do you (does) require any of the following to be able to work? I will read you a list. Please answer yes or no to each.

Interviewer: Read list.

- | | (1)
<u>Yes</u> | (3)
<u>No</u> | (x)
<u>DK</u> | (r)
<u>Ref</u> |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| (a) Job redesign (modified or different duties) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) Modified hours or days or reduced work hours | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) Human support such as a reader, Sign language interpreter, job coach or personal assistant | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) Technical aids, such as a voice synthesizer, a TTY or TDD, an infrared system or portable note-takers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (e) A computer with Braille, large print or speech access, or a scanner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (f) Communication aids, such as Braille or large print reading material or recording equipment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (g) Other equipment, help or work arrangement, specify | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



E64. Do you (Does) require modified features or arrangements in the workplace, such as:

Interviewer: Read list.

- | | (1)
<u>Yes</u> | (3)
<u>No</u> | (x)
<u>DK</u> | (r)
<u>Ref</u> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| (a) handrails, ramps? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) appropriate parking? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) accessible elevator? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) modified workstation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (e) accessible washrooms? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (f) accessible transportation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (g) Other, specify | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



E65. In the past five years, have you (has) taken any work-related training courses to either improve your (his/her) skills or to learn new skills?

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



E66. What was the main reason you (.) took the course? Was it . . .

Interviewer: Read list. Mark one only.

- (1) for your (his/her) job or a future job?
- (2) because of your (his/her) condition?
- (3) for personal interest?
- (4) for another reason?
- (x) Don't know
- (r) Refusal

E67. At work, to what extent were you (was he/she) using the skills or knowledge acquired in the course?

Interviewer: Read list. Mark one only.

- (1) To a great extent
 - (2) Somewhat
 - (3) Very little
 - (4) Not at all
 - (x) Don't know
 - (r) Refusal
- Go to E70**

E68. Did you (. . . .) want to take some work-related training courses?

- (1) Yes
 - (3) No
 - (x) Don't know
 - (r) Refusal
- Go to E70**

E69. Did any of the following prevent you (. . . .) from taking those courses?

Interviewer: Read list.

	(1) <u>Yes</u>	(3) <u>No</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(a) Location was not physically accessible to you (him/her)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Courses were not adapted to your (his/her) needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) You (He/She) requested courses, but were denied them (by employer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Your (His/Her) condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Inadequate transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Too costly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Other reason, specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E70. In the past five years, do you (does) believe that because of your (his/her) condition, you have (he/she has) been refused . . .

Interviewer: Read list.

*If answer categories are not applicable, enter "No".
For each "Yes" response, ask: E70A.*

	(r) <u>Ref</u>	(x) <u>DK</u>	(3) <u>No</u>	(1) <u>Yes</u>	
(a) employment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(b) a promotion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(c) access to training programs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(d) or, has your (his/her) employment been terminated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→

E70A. How many times?


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

(1) <u>Once</u>	(2) <u>2 to 4 times</u>	(3) <u>More than 4 times</u>	(x) <u>DK</u>	(r) <u>Ref</u>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E71. Would you (. . . .) consider yourself (himself/herself) to be disadvantaged in employment because of your (his/her) condition, if you (he/she) were employed?

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

E72. Do you (Does) believe that any potential employer would be likely to consider you (him/her) disadvantaged in employment because of your (his/her) condition?

(1) Yes  **Go to Section F (page 65)**

(3) No

(x) Don't know

(r) Refusal

Not in the Labour Force

E73. When did you (.) last work, even for a few days? Include as work, working without pay at a family farm or business. Do not include volunteer work, housework, maintenance or repairs for your (his/her) own home.

Year

(1) Never worked → **Go to E81**

(x) Don't know

(r) Refusal

E74. Are you (Is) permanently retired?

Interviewer: If the respondent was retired in September, 2001 and did not work at any time between January 1, 2000 and September, 2001, mark "Yes". Some retired persons may have returned to the workforce following official retirement. If the respondent returned to the work force between January 1, 2000 and September, 2001, mark "No".

(1) Yes → **Go to E75**


(3) No

(x) Don't know

(r) Refusal

E74. edit **Interviewer: If E73 is before 1996, go to E81. Otherwise, go to E76.**

E75. Is that because of your (his/her) condition?

(1) Yes  **Go to E101 (page 63)**

(3) No

(x) Don't know

(r) Refusal

E76. When you (.) last worked, how many hours did you (he/she) usually work per week?

Interviewer: Round to the nearest hour.

(1-168) Hours → **Go to E76edit**

(x) Don't know

(r) Refusal

E76. edit **Interviewer: If hours are over 80, confirm response. Otherwise, continue.**

E77. What kind of business, industry or service was this? For example, a wheat farm, department store, fish plant.

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

E78. What was your (. . . . 's) work or occupation? For example, accountant, secondary school teacher, sales clerk.

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

E79. In this work, what were your (. . . . 's) main activities? For example, administering accounts, teaching mathematics, selling men's clothing.

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

E80. In that job, were you (was) mainly . . .

Interviewer: Read list. Mark one only.

- (1) working for wages, salary, tips or commission?
- (2) working without pay for spouse or another relative in a family farm or business?
- (3) self-employed alone or in partnership?
- (x) Don't know
- (r) Refusal

E81. Does your (. . . . 's) condition completely prevent you (him/her) from working at a job or business?

- (1) Yes → **Go to E86**
- (3) No
- (x) Don't know
- (r) Refusal

E82. Does your (. . . . 's) condition limit the amount or kind of work you (he/she) could do at a job or business?

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

E82.
edit

Interviewer: If E73 is (1), go to E84. Otherwise, continue.

E83. Were you (Was) working at a job or business at the time you (he/she) became limited in the amount or kind of work you (he/she) can do?

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

E84. Does your (. . . . 's) condition affect your (his/her) ability to look for work?

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

E85. Have you (Has) looked for work in the past two years?

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

E86. Some people have encountered barriers which have discouraged them from looking for work. Could you (.) think about your (his/her) own situation and indicate which of the following situations might apply to you (him/her)? Please answer yes or no to each of the statements.

Interviewer: Read list.

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) You (He/She) would lose some or all of your (his/her) current income if you (he/she) went to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) You (He/She) would lose some or all of your (his/her) current additional supports such as your (his/her) drug plan or housing if you (he/she) went to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Your (His/Her) family or friends have discouraged your (him/her) going to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Family responsibilities prevent you (him/her)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Information about jobs is not accessible to you (him/her)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) You (He/She) worry(ies) about being isolated by other workers on the job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) You have (He/She has) been a victim of discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) You feel (He/She feels) your (his/her) training is not adequate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) Lack of accessible transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) No jobs available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(k) Other reason, specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



E87. If you were (. was) to find employment, would you (he/she) prefer to work:

Interviewer: Read list. Mark one only.

- (1) either full-time or part-time? ► **Go to E89**
- (2) full-time only?
- (3) part-time only?
- (x) Don't know ► **Go to E89**
- (r) Refusal

E88. Is this because of your (his/her) condition?

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

E89. Do you (Does) think you (he/she) will look for work at any time in the next twelve months?

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



E90. Is this:

Interviewer: Read list.

- | | (1)
<u>Yes</u> | (3)
<u>No</u> | (x)
<u>DK</u> | (r)
<u>Ref</u> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| (a) because you (.) expect(s) your (his/her) condition to improve? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) because there will be changes or improvements in the workplace? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) because you (.) will be taking training? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) because of another reason? — Specify | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



E91. Because of your (. 's) condition, would you (he/she) require any of the following to be able to work? I will read you a list. Please answer yes or no to each.

Interviewer: Read list.

- | | (1)
<u>Yes</u> | (3)
<u>No</u> | (x)
<u>DK</u> | (r)
<u>Ref</u> |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| (a) Job redesign (modified or different duties) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) Modified hours or days or reduced work hours | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) Human support such as a reader, Sign language interpreter, job coach or personal assistant | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) Technical aids, such as a voice synthesizer, a TTY or TDD, an infrared system or portable note-takers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (e) A computer with Braille, large print or speech access, or a scanner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (f) Communication aids, such as Braille or large print reading material or recording equipment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (g) Other equipment, help or work arrangement, specify | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



E92. Because of your (. 's) condition, would you (he/she) require modified features or arrangements in the workplace, such as:

Interviewer: Read list.

- | | (1)
<u>Yes</u> | (3)
<u>No</u> | (x)
<u>DK</u> | (r)
<u>Ref</u> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| (a) handrails, ramps? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) appropriate parking? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) accessible elevator? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) modified workstation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (e) accessible washrooms? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (f) accessible transportation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (g) Other, specify | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



E93. In the past five years, have you (has) taken any work-related training courses to either improve your (his/her) skills or to learn new skills?

- (1) Yes
 - (3) No
 - (x) Don't know
 - (r) Refusal
- Go to E96**

E94. What was the main reason you (.) took the course? Was it . . .

Interviewer: Read list. Mark one only.

- (1) for your (his/her) job or a future job?
- (2) because of your (his/her) condition?
- (3) for personal interest?
- (4) for another reason?
- (x) Don't know
- (r) Refusal

E95. To what extent were you (was) using the skills or knowledge acquired in the course at work?

Interviewer: Read list.

- (1) To a great extent
 - (2) Somewhat
 - (3) Very little
 - (4) Not at all
 - (x) Don't know
 - (r) Refusal
- Go to E97**

E96. Did you (.) want to take some work-related training courses?

- (1) Yes
 - (3) No
 - (x) Don't know
 - (r) Refusal
- Go to E98**

E97. Did any of the following prevent you (.) from taking those courses?

Interviewer: Read list.

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Location was not physically accessible to you (him/her)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Courses were not adapted to your (his/her) needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) You (He/She) requested courses, but were denied them (by employer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Your (His/Her) condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Inadequate transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Too costly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Other reason, specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E98. In the past five years, do you (does) believe that because of your (his/her) condition or health problem, you have (he/she has) been refused . . .

*Interviewer: Read list.
If answer categories are not applicable, enter "No".
For each "Yes" response, ask: E98A.*

	(r)	(x)	(3)	(1)	
	<u>Ref</u>	<u>DK</u>	<u>No</u>	<u>Yes</u>	
(a) employment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(b) a promotion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(c) access to training programs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→
(d) or, has your (his/her) employment been terminated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→

E98A. How many times?

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

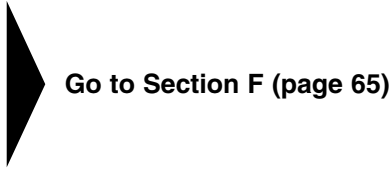
(1)	(2)	(3)	(x)	(r)
<u>Once</u>	<u>2 to 4 times</u>	<u>More than 4 times</u>	<u>DK</u>	<u>Ref</u>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E99. Would you (. . . .) consider yourself (himself/herself) to be disadvantaged in employment because of your (his/her) condition, if you (he/she) were employed?

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

E100. Do you (Does) believe that any potential employer would be likely to consider you (him/her) disadvantaged in employment because of your (his/her) condition?

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



Retired

E101. Does your (. . . . 's) condition completely prevent you (him/her) from working at a job or business?

- (1) Yes → **Go to E103**
- (3) No
- (x) Don't know
- (r) Refusal

E102. Does your (. . . . 's) condition limit the amount or kind of work you (he/she) could do at a job or business?

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

E103. Some people have encountered barriers which have discouraged them from looking for work. Could you (. . . .) think about your (his/her) own situation and indicate which of the following situations might apply to you (him/her)? Please answer yes or no to each of the statements.

Interviewer: Read list.

- | | (1) | (3) | (x) | (r) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | <u>Yes</u> | <u>No</u> | <u>DK</u> | <u>Ref</u> |
| (a) You (He/She) would lose some or all of your (his/her) current income if you (he/she) went to work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) You (He/She) would lose some or all of your (his/her) current additional supports such as your (his/her) drug plan or housing if you (he/she) went to work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) Your (His/Her) family or friends have discouraged your (him/her) going to work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) Family responsibilities prevent you (him/her) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (e) Information about jobs is not accessible to you (him/her) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (f) You (He/She) worry(ies) about being isolated by other workers on the job | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (g) You have (He/She has) been a victim of discrimination | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (h) You (He/She) feel(s) your (his/her) training is not adequate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (i) Lack of accessible transportation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (j) No jobs available | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (k) Other reason, specify | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



E104. Because of your (. . . . 's) condition, would you (he/she) require any of the following to be able to work? I will read you a list. Please answer yes or no to each.

Interviewer: Read list.

- | | (1) | (3) | (x) | (r) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| | <u>Yes</u> | <u>No</u> | <u>DK</u> | <u>Ref</u> |
| (a) Job redesign (modified or different duties) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) Modified hours or days or reduced work hours | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) Human support such as a reader, Sign language interpreter, job coach or personal assistant | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) Technical aids, such as a voice synthesizer, a TTY or TDD, an infrared system or portable note-takers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (e) A computer with Braille, large print or speech access, or a scanner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (f) Communication aids, such as Braille or large print reading material or recording equipment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (g) Other equipment, help or work arrangement, specify | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



E105. Because of your (. . . . 's) condition, would you (he/she) require modified features or arrangements in the workplace, such as:

Interviewer: Read list.

- | | (1) | (3) | (x) | (r) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | <u>Yes</u> | <u>No</u> | <u>DK</u> | <u>Ref</u> |
| (a) handrails, ramps? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) appropriate parking? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) accessible elevator? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) modified workstation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (e) accessible washrooms? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (f) accessible transportation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (g) Other, specify | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



E106. In the past five years, do you (does) believe that because of your (his/her) condition, you have (he/she has) been refused . . .

*Interviewer: Read list.
If answer categories are not applicable, enter "No".
For each "Yes" response, ask: E106A.*

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|---|
| | (r) | (x) | (3) | (1) | |
| | <u>Ref</u> | <u>DK</u> | <u>No</u> | <u>Yes</u> | |
| (a) employment? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | → |
| (b) a promotion? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | → |
| (c) access to training programs? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | → |
| (d) or, has your (his/her) employment been terminated? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | → |

E106A. How many times?

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

- | | | | | |
|-----------------------|-----------------------|--------------------------|-----------------------|-----------------------|
| (1) | (2) | (3) | (x) | (r) |
| <u>Once</u> | <u>2 to 4 times</u> | <u>More than 4 times</u> | <u>DK</u> | <u>Ref</u> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

E107. Would you (. . . .) consider yourself (himself/herself) to be disadvantaged in employment because of your (his/her) condition, if you (he/she) were employed?

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

E108. Do you (Does) believe that any potential employer would be likely to consider you (him/her) disadvantaged in employment because of your (his/her) condition?

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

SECTION F — SOCIAL PARTICIPATION

F1. This section will collect information on your (. . . . 's) day to day activities such as leisure and recreation, unpaid voluntary activities, local and long distance transportation and housing facilities.

**I'll start with a few questions concerning your (. . . . 's) health in general.
In general, would you say your (. . . . 's) health is:**

Interviewer: Read list. Mark one only.

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

F2. Do you (Does) smoke cigarettes?

Interviewer: Read list. Mark one only.

- (1) Not at all
- (2) Regularly, that is usually every day
- (3) Occasionally, not every day?
- (x) Don't know
- (r) Refusal

F3. Now I would like to ask you (. . . .) a question about alcohol consumption. When I use the word drink, it means one beer, one small glass of wine or 1½ ounces of liquor.

In the past twelve months, how often have you (has) had a drink?

Interviewer: Read list.

- (1) Never
- (2) Every day
- (3) 4 to 6 times a week
- (4) 2 to 3 times a week
- (5) Once a week
- (6) Once or twice a month
- (7) Less than once a month
- (x) Don't know
- (r) Refusal

Leisure and Recreation

F4. Now I will ask you (. . . .) some questions about activities you do (he/she does) in your (his/her) spare time.

In the past 12 months did you (. . . .) do any of the following activities WITHIN YOUR (HIS/HER) HOME?

Interviewer: Read categories. Mark one only.

Interviewer: Read list.

	(1)	(2)	(3)	(4)	(5)	(x)	(r)
	Every-day	At least once a week	At least once a month	Less than once a month	Never	DK	Ref
(a) exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) stay in touch by email with family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) participate in electronic news groups or chat groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) surf the internet for information or e-commerce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) do arts, crafts or hobbies within the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F5. How often do you (does he/she):

Interviewer: Read categories. Mark one only.

Interviewer: Read list.

	(1)	(2)	(3)	(4)	(5)	(x)	(r)
	Every-day	At least once a week	At least once a month	Less than once a month	Never	DK	Ref
(a) watch TV or videos, listen to radio or CD's?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many hours a day?

Interviewer: Round to the nearest full hour.

(b) read?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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How many hours a day?

Interviewer: Round to the nearest full hour.

(c) talk on the telephone with family or friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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How many hours a day?

Interviewer: Round to the nearest full hour.

F6. In the past 12 months, how often did you (. . . .) participate in any of the following activities OUTSIDE YOUR (HIS/HER) HOME?

Interviewer: Read categories. Mark one only.

	(1)	(2)	(3)	(4)	(5)	(x)	(r)
<i>Interviewer: Read list.</i>	Every-day	At least once a week	At least once a month	Less than once a month	Never	DK	Ref
(a) visit family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) do physical activities such as exercise, walk or play sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) do hobbies outside the home such as playing cards, bridge or bingo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) shop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) attend sporting or cultural events, such as plays or movies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) take personal interest courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) visit museums, libraries or national or provincial parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) travel for business or personal reasons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F7. Would you (. . . .) like to do more activities during your (his/her) spare time?

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

F8. What PREVENTS you (. . . .) from doing more leisure activities?

Interviewer: Read list.

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Your (His/Her) condition prevents you (him/her) from doing more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) You need (He/She needs) specialized aid(s) or equipment that you don't (he/she doesn't) have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) You need (He/She needs) someone's assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Your (His/Her) transportation services are inadequate or not accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Your (His/Her) community has no facilities or programs available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) The facilities, equipment or programs are not accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) It is too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Other, specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F9. Does the design and layout of buildings and places in your (. . . . 's) community make it DIFFICULT for you (him/her) to participate in leisure activities?

- (1) Yes
- (3) No
- (x) Don't know **Go to F12**
- (r) Refusal

F10. In the past 12 months, how often has the design and layout of buildings and places made it DIFFICULT for you (. . . .) to participate in leisure activities?

Interviewer: Read list. Mark one only.

- (1) Daily
- (2) Weekly
- (3) Monthly
- (4) Less than once a month
- (x) Don't know
- (r) Refusal

F11. When this problem occurred, was it a big problem or a little problem?

Interviewer: Read list. Mark one only.

- (1) Big problem
- (2) Little problem
- (x) Don't know
- (r) Refusal

Unpaid Volunteer Activities

F12. The next question is about UNPAID VOLUNTEER activities which you (. . . .) may have participated in.

In the past 12 months, did you (. . . .):

Interviewer: Read list. Mark all that apply.

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) help to organize or supervise activities or events for an organization?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) canvass, campaign or fund raise as an unpaid volunteer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) sit as an unpaid member of a board or committee?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) do any consulting, executive, office or administrative work as a volunteer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) provide information, help to educate, lobby or influence public opinion on behalf of an organization?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) teach, coach, provide care or friendly visits through an organization?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) collect, serve or deliver food or other goods as a volunteer through an organization?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) do any other unpaid volunteer activities (including help given to schools, religious organizations and community organizations)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Local Transportation for Personal or Business Reasons

F13. I am now going to ask you (. . . .) some questions about local travel for personal or business reasons, by which I mean trips of less than 80 kms or 50 miles.

In the past 12 months, did you (. . . .) travel locally by CAR for personal or business reasons?

- (1) Yes → **Go to F16**
- (3) No
- (x) Don't know
- (r) Refusal

F14. Were you (Was) PREVENTED from travelling locally by car?

- (1) Yes
- (3) No
- (x) Don't know  **Go to F25**
- (r) Refusal

F15. What PREVENTED you (. . . .) from travelling locally by car?

Interviewer: Read list. Mark all that apply.

- | | (1) | (3) | (x) | (r) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | <u>Yes</u> | <u>No</u> | <u>DK</u> | <u>Ref</u> |
| (a) The lack of proper equipment on your (his/her) car (for example, hand or brake controls, power steering, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) You need (. . . . needs) an attendant to help you (him/her) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) The lack of space for wheelchairs or other specialized equipment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) Other reason, specify | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Interviewer: Go to F25.

F16. In the past 12 months, did you (. . . .) have DIFFICULTY travelling locally by car due to your (his/her) condition?

- (1) Yes
- (3) No
- (x) Don't know **Go to F25**
- (r) Refusal



F17. Does this DIFFICULTY occur when you are (he/she is) the driver?

- (1) Yes
- (3) No
- (x) Don't know **Go to F21**
- (r) Refusal



F18. Is this DIFFICULTY . . .

Interviewer: Read list. Mark all that apply.

- | | (1) | (3) | (x) | (r) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| | <u>Yes</u> | <u>No</u> | <u>DK</u> | <u>Ref</u> |
| (a) because you (he/she) lack(s) the proper equipment on your (his/her) car? (e.g., hand or brake controls, power steering) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (b) because you need (he/she needs) an attendant to help you (him/her)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) due to the lack of space for wheelchairs or other specialized equipment? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) due to another reason? — specify | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



F19. How often was this a problem for you (. . . .)?

Interviewer: Read list. Mark one only.

- (1) Daily
- (2) Weekly
- (3) Monthly or less often
- (4) Never **Go to F21**
- (x) Don't know
- (r) Refusal

F20. When this problem occurred, was it a big problem or a little problem?

Interviewer: Read list. Mark one only.

- (1) Big problem
- (2) Little problem . . .
- (x) Don't know
- (r) Refusal

F21. Does this DIFFICULTY occur when you are (. . . . is) a passenger?

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



F22. Is this DIFFICULTY . . .

Interviewer: Read list. Mark all that apply.

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) because you need (. . . . needs) an attendant to help you (him/her)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) because there is no space for wheelchairs or other specialized equipment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) due to another reason? — specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



F23. How often was this a problem for you (. . . .)?

Interviewer: Read list. Mark one only.

- (1) Daily
- (2) Weekly
- (3) Monthly or less often
- (4) Never
- (x) Don't know
- (r) Refusal



F24. When this problem occurred, was it a big problem or a little problem?

Interviewer: Read list. Mark one only.

- (1) Big problem
- (2) Little problem . . .
- (x) Don't know
- (r) Refusal

F25. In the past 12 months, did you (. . . .) travel locally by specialized bus services, or local public transportation, including buses, subways and taxis?

- (1) Yes → **Go to F28**
- (3) No
- (x) Don't know
- (r) Refusal



F26. Were you (Was) PREVENTED from travelling locally by specialized bus services, or local public transportation, including buses, subways and taxis?

- (1) Yes
- (3) No
- (x) Don't know **Go to F32**
- (r) Refusal

F27. What PREVENTS you (. . . .) from travelling locally by specialized bus services, or local public transportation (including buses, subways and taxis)?

Interviewer: Read list.

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) service not available on a 24 hour, 7 day a week basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) booking rules don't allow for last minute arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) getting to or locating bus stops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) getting on or off vehicles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) seeing signs or notices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) other, specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Interviewer: Go to F32.

F28. In the past 12 months, did you (. . . .) have any DIFFICULTY travelling locally by specialized bus or van services, or local public transportation, because of your (his/her) condition?

- (1) Yes
- (3) No
- (x) Don't know **Go to F32**
- (r) Refusal

F29. What type of difficulty did you (. . . .) have?

Interviewer: Read list. Mark all that apply.

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) service not available on a 24 hour, 7 day a week basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) booking rules don't allow for last minute arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) getting to or locating bus stops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) getting on or off vehicles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) seeing signs or notices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) other, specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



F30. How often was this a problem for you (. . . .)?

Interviewer: Read list. Mark one only.

- (1) Daily
- (2) Weekly
- (3) Monthly or less often
- (4) Never **Go to F32**
- (x) Don't know
- (r) Refusal

F31. When this problem occurred, was it a big problem or a little problem?

Interviewer: Read list. Mark one only.

- (1) Big problem
- (2) Little problem . . .
- (x) Don't know
- (r) Refusal

Long Distance Travel for Personal or Business Reasons

F32. I am now going to ask you (. . . .) some questions about long distance travel for personal or business reasons, by which I mean trips of 80 kms or 50 miles or more.

In the past 12 months, did you (. . . .) take any long distance trips for personal or business reasons?

- (1) Yes → **Go to F35**
- (3) No
- (x) Don't know
- (r) Refusal

F33. Are you (Is) PREVENTED from travelling long distance?

- (1) Yes
- (3) No → **Go to F41**
- (x) Don't know
- (r) Refusal

F34. What PREVENTS you (. . . .) from travelling long distance?

Interviewer: Read list. Mark all that apply.

	(1) <u>Yes</u>	(3) <u>No</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(a) Flight or ride aggravates your (his/her) condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Lack of appropriate transportation to and from terminal or station	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Moving around terminal or station	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Boarding or disembarking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Seating on board	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Seeing signs or notices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Hearing announcements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Washroom facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) Unsupportive staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) Transporting wheelchair or other specialized aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(k) Too costly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(l) Other, specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Interviewer: Go to F38.

F35. In the past 12 months, did you (. . . .) travel long distance for personal or business reasons by:

Interviewer: Read list. Mark all that apply.

	(1) <u>Yes</u>	(3) <u>No</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(a) Car?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Inter-city bus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Train?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Airplane?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**F35.
edit**

**Interviewer: If F35(b) or F35(c) or F35(d) is Yes, then continue.
Otherwise, go to F38.**

F36. In the past 12 months, did you (. . . .) have any DIFFICULTY travelling by bus, train or airplane?

- (1) Yes
- (3) No
- (x) Don't know **Go to F38**
- (r) Refusal

F37. What kind of DIFFICULTY did you (. . . .) have travelling by bus, train or airplane? I will read you a list. Please answer Yes or No to each.

Interviewer: Read list.

	(1) <u>Yes</u>	(3) <u>No</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(a) Flight or ride aggravates your (his/her) condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Lack of appropriate transportation to and from terminal or station	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Moving around terminal or station	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Boarding or disembarking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Seating on board	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Seeing signs or notices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Hearing announcements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Washroom facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) Unsupportive staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) Transporting wheelchair or other specialized aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(k) Too costly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(l) Other, specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F38. In the past 12 months, was long distance travel a problem for you (. . . .) because of your (his/her) condition?

- (1) Yes
- (3) No
- (x) Don't know **Go to F41**
- (r) Refusal

F39. How often was this a problem for you (. . . .)?

Interviewer: Read list. Mark one only.

- (1) Daily
- (2) Weekly
- (3) Monthly or less often
- (4) Never → **Go to F41**
- (x) Don't know
- (r) Refusal

F40. When this problem occurred, was it a big problem or a little problem?

Interviewer: Read list. Mark one only.

- (1) Big problem
- (2) Little problem . . .
- (x) Don't know
- (r) Refusal

Interviewer: The last few questions in this section are asked about BOTH local transportation and long distance travel.

F41. In the past 12 months, did you (. . . .) have any OUT-OF-POCKET or DIRECT EXPENSES for transportation, for example, travel to and from treatment, therapy or other medical or rehabilitation services; or extra expenses due to the need for more expensive transportation?

INCLUDE amounts not covered by insurance such as exclusions, deductibles and expenses over limits. **EXCLUDE** payments for which you have (he/she has) been or will be reimbursed by any insurance or government program.

- (1) Yes
- (3) No → **Go to F44**
- (x) Don't know
- (r) Refusal

F42. What is your (. . . . 's) best estimate of the DIRECT cost to you (. . . .), for these extra expenses?

(INCLUDE amounts not covered by insurance such as exclusions, deductibles and expenses over limits. EXCLUDE payments for which you have (he/she has) been or will be reimbursed by any insurance or government program.)

\$.00 → **Go to F44**

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

F43. Which one of the following groups is the best estimate of the DIRECT costs to you (. . . .), for these expenses?

Interviewer: Read list. Mark one only.

- (1) less than \$100
- (2) \$100 to less than \$200
- (3) \$200 to less than \$500
- (4) \$500 to less than \$1,000
- (5) \$1,000 to less than \$2,000
- (6) \$2,000 to less than \$5,000
- (7) \$5,000 or more
- (x) Don't know
- (r) Refusal

Housing

F44. I am now going to ask you (. . . .) some questions about your (his/her) residence and any specialized features you (he/she) may have.

Because of your (. . . . 's) condition, do you (does) use any specialized features to enter or leave your (his/her) residence, or inside your (his/her) residence?

- (1) Yes
- (3) No
- (x) Don't know **Go to F47**
- (r) Refusal

F45. Do you (Does) now use:

Interviewer: Read list. Mark all that apply.

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) ramps or street level entrances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) automatic or easy to open doors (includes lever handles)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) widened doorways or hallways?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) elevator or lift device?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) visual alarms or audio warning devices?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) grab bars or a bath lift (in the bathroom)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) lowered counters in the kitchen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) other, specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F46. Do you (Does) need any other specialized features, which you do (he/she does) not already have?

- (1) Yes → **Go to F48**
- (3) No
- (x) Don't know **Go to F50**
- (r) Refusal

F47. Are there any specialized features that you NEED (. . . . NEEDS) but do not have (does not have)?

- (1) Yes
- (3) No
- (x) Don't know **Go to F50**
- (r) Refusal

F48. Which specialized features do you (does) need, but do(es) not have?

Interviewer: Read list. Mark all that apply.

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Ramps or street level entrances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Automatic or easy to open doors (includes lever handles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Widened doorways or hallways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Elevator or lift device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Visual alarms or audio warning devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Grab bars or a bath lift (in the bathroom)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Lowered counters in the kitchen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Other, specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

↓

F49. Why don't you (doesn't) have this (these) feature(s)?

Interviewer: Read list. Mark all that apply.

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Not covered by insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Specialized features not approved or recommended by health professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Currently on a waiting list for aids (features)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Other reason, specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

↓

F50. Has the design and layout of your (. . . . 's) home, including entrance and exits, made it difficult to participate in the activities you (he/she) want(s) or need(s) to do? (INCLUDE ALL activities of daily living, not just leisure or recreational activities.)

(1) Yes

(3) No

(x) Don't know

(r) Refusal

▶ **Go to F53**

F51. In the past 12 months, how often has the design and layout of your (. . . . 's) home, including entrance and exits, made it difficult to participate in the activities you (he/she) want(s) or need(s) to do? (INCLUDE ALL activities of daily living, not just leisure or recreational activities.)

Interviewer: Read list. Mark one only.

(1) Daily

(2) Weekly

(3) Monthly or less often

(x) Don't know

(r) Refusal

F52. When this problem occurred, was it a big problem or a little problem?

Interviewer: Read list. Mark one only.

- (1) Big problem
- (2) Little problem . . .
- (x) Don't know
- (r) Refusal

F53. In the past 12 months, did you (. . . .) or your (his/her) family living with you (him/her), have any OUT-OF-POCKET or DIRECT EXPENSES for modifications to your (his/her) residence because of your (his/her) condition?

INCLUDE amounts not covered by insurance such as exclusions, deductibles and expenses over limits. **EXCLUDE** payments for which you have (he/she has) been or will be reimbursed by any insurance or government program.

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



F54. What is your (. . . . 's) best estimate of the DIRECT costs to you (him/her), or your (his/her) family living with you (him/her), for these extra expenses?

(INCLUDE amounts not covered by insurance such as exclusions, deductibles and expenses over limits. EXCLUDE payments for which you have (he/she has) been or will be reimbursed by any insurance or government program.)

\$.00 → **Go to Section G**

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



F55. Which one of the following groups is your best estimate of the DIRECT costs to you (. . . .), or your (his/her) family living with you (him/her), for these expenses? I will read you a list.

Interviewer: Read list. Mark one only.

- (1) less than \$100
- (2) \$100 to less than \$200
- (3) \$200 to less than \$500
- (4) \$500 to less than \$1,000
- (5) \$1,000 to less than \$2,000
- (6) \$2,000 to less than \$5,000
- (7) \$5,000 or more
- (x) Don't know
- (r) Refusal

SECTION G — ECONOMIC CHARACTERISTICS

G1. The next question is about insurance coverage. Please include any private, government or employer-paid plans.

Do you (Does) have insurance that covers all or part of:

Interviewer: Read list.

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

G2. Did you (. . . .) claim a Medical Expense Tax Credit with your (his/her) 2000 income tax return?

(1) Yes

(3) No **Go to G4**

(x) Don't know

(r) Refusal

G3. Did you (. . . .) receive it?

(1) Yes

(3) No

(x) Don't know

(r) Refusal

G4. Did you (. . . .), or someone else on your (his/her) behalf, claim the Disability Tax Credit on an income tax return for the year 2000?

(1) Yes

(3) No **Go to G6**

(x) Don't know **Go to G7**

(r) Refusal

G5. Did you (. . . .) receive it?

(1) Yes **Go to G7**

(3) No

(x) Don't know

(r) Refusal

G6. Why did you (. . . .) not claim the Disability Tax Credit? I will read you a list. Please answer yes or no to each.

Interviewer: Read list.

	(1) <u>Yes</u>	(3) <u>No</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(a) You (. . . .) did not know it existed	<input type="radio"/> Go to G7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) You (. . . .) did not think that you (he/she) would meet the eligibility requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) You were (. . . . was) not able to obtain the disability certificate (Form T2201) from your (his/her) doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Other reason, specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

↓

G7. Did you (. . . .), or someone else on your (his/her) behalf, claim the following on an income tax return for the year 2000? I will read you a list. Please answer yes or no to each.

Interviewer: Read list.

	(1) <u>Yes</u>	(3) <u>No</u>	(x) <u>DK</u>	(r) <u>Ref</u>
(a) Attendant care expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Caregiver amount	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Tuition and education amounts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Child care expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Other, specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

↓

G8. The next few questions are about income. Although many health expenses are covered by health insurance, there is still a relationship between health and income. Please be assured that, like all the other information which you have provided, these answers will be kept strictly confidential.

In the year 2000, did you (. . . .) personally receive income from the following sources? I will read you a list. Please answer yes or no to each source.

Interviewer: Read list.

	(1)	(3)	(x)	(r)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
(a) Wages and salaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Income from self-employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Employment Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Worker's Compensation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Benefits from Canada or Quebec Pension Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Old Age Security Pension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Guaranteed Income Supplement or Spouse's Allowance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Disability pension from the Canada or Quebec Pension Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) Insurance plans, such as private or employer disability insurance plan or motor vehicle accident insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) Child Tax Benefit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(k) Provincial or municipal social assistance or welfare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(l) Other income, such as retirement pensions, dividends and interest on bonds, deposits and savings; alimony, child support, scholarships, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(m) Other (for example, Veteran's Disability Pension or Allowance, federal or provincial assistance not mentioned above, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



G9. For the year ending December 31, 2000, what is your (. . . . 's) best estimate of your (his/her) total PERSONAL income, before taxes and deductions, from all sources?

\$.00

Go to G11

(a) No income or loss

(x) Don't know

Go to G10

(r) Refusal

G10. Can you (. . . .) estimate in which of the following groups your (his/her) personal income fell? I will read you a list.

Interviewer: Read list. Mark one only.

- (1) \$1 to less than \$5,000
- (2) \$5,000 to less than \$10,000
- (3) \$10,000 to less than \$15,000
- (4) \$15,000 to less than \$20,000
- (5) \$20,000 to less than \$30,000
- (6) \$30,000 to less than \$40,000
- (7) \$40,000 to less than \$50,000
- (8) \$50,000 to less than \$60,000
- (9) \$60,000 to less than \$80,000
- (10) \$80,000 or more
- (x) Don't know
- (r) Refusal

G11. Is this a one person household?

- (1) Yes → **Go to Follow-up question**
- (3) No
- (x) Don't know ► **Go to Follow-up question**
- (r) Refusal

G12. For the year ending December 31, 2000, what is your (. . . . 's) best estimate of the total income, before taxes and deductions, of all household members, including yourself (himself/herself), from all sources?

- \$.00 ► **Go to Follow-up question**
- (a) No income or loss
 - (x) Don't know ► **Go to G13**
 - (r) Refusal

G13. Can you (. . . .) estimate in which of the following groups your (his/her) household income fell? I will read you a list.

Interviewer: Read list. Mark one only.

- (1) \$1 to less than \$5,000
- (2) \$5,000 to less than \$10,000
- (3) \$10,000 to less than \$15,000
- (4) \$15,000 to less than \$20,000
- (5) \$20,000 to less than \$30,000
- (6) \$30,000 to less than \$40,000
- (7) \$40,000 to less than \$50,000
- (8) \$50,000 to less than \$60,000
- (9) \$60,000 to less than \$80,000
- (10) \$80,000 or more
- (x) Don't know
- (r) Refusal

Interviewer: Go to Follow-up question.



RECORD OF CALLS AND VISITS

Visit/call number	Date	Time	Observations

RECORD OF INTERVIEWS

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

FIELD STATUS CODE

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

- 00 Complete
- 01 Partial
- 20 Duplicate (already interviewed)
- 28 Death
- 50 Refusal
- 52 Unable to respond – Proxy not available
- 53 Does not speak English or French – Proxy not available
- 54 Impossible to contact/recontact
- 55 Impossible to trace
- 56 Absent for duration of survey – Proxy not available
- 57 No longer living in Canada

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



PROFILE SHEET

Case Identification Number: _____

ACTIVITY LIMITATIONS

<u>SECTION</u>	<u>ACTIVITY/CONDITION</u>	<u>LIMITATION</u>	<u>USE aid</u>	<u>NEED aid</u>
A	General	<input type="checkbox"/>		
B	Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Communicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pain	<input type="checkbox"/>		
	Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Confusion/Memory	<input type="checkbox"/>		
	Developmental	<input type="checkbox"/>		
	Emotional/Psychological	<input type="checkbox"/>		
	Other			<input type="checkbox"/>

HELP WITH EVERYDAY ACTIVITIES

<u>SECTION</u>	<u>ACTIVITY</u>	<u>RECEIVE help</u>	<u>NEED help</u>
C	Meals	<input type="checkbox"/>	<input type="checkbox"/>
	Housework	<input type="checkbox"/>	<input type="checkbox"/>
	Chores	<input type="checkbox"/>	<input type="checkbox"/>
	Appointments	<input type="checkbox"/>	<input type="checkbox"/>
	Finances	<input type="checkbox"/>	<input type="checkbox"/>
	Childcare	<input type="checkbox"/>	<input type="checkbox"/>
	Personal Care	<input type="checkbox"/>	<input type="checkbox"/>
	Nursing/Treatment	<input type="checkbox"/>	<input type="checkbox"/>
	Moving About	<input type="checkbox"/>	<input type="checkbox"/>

