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Introduction

This study regarding participation and activity limitations collects information on people whose daily activities are limited because of a condition or health problem. The results will help to identify difficulties and barriers these people face and will be used to plan services and programs offered to them.

To reduce the number of questions we need to ask, the Census information collected last May will be added to the data provided in this Interview. All information collected in this study will be kept strictly confidential. While participation is voluntary, your assistance is essential to ensure that the results represent people with activity limitations.

Section A – Filter Questions

Aii respondents enter this module

A1. Do you (Do.s...) have any <u>difficulty</u> hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?

<u>Interviewer</u>: Always read bold answer categories aloud. Only read not bolded answer categories if necessary (for clarification purposes).

1	Yes, sometimes□ >	Check Box "General- Limitation" on Profile Sheet
2	Yes, often □ >	Check Box "General- Limitation" on Profile Sheet
3	No	
8	Refusal	
9	Don't Know	

A2.		Does a physical condition <u>or</u> mental condition <u>or</u> health problem <u>reduce the</u> <u>amount or the kind of activity</u> you () can do at home?		
	1	Yes, sometimes >	Check Box "General- Limitation" on Profile Sheet	
	2	Yes, often□ >	Check Box "General- Limitation" on Profile Sheet	
	3	No		
	8	Refusal		
	9	Don't Know	AV	
A3.	Does	a physical condition <u>or</u> mental condition <u>or</u> Kealth	wohlem reduce the	
AJ .		nt or the kind of activity you () can do a. work		
	amou	int of the kind of activity you () can do at the k	of at school.	
	1	Yes, sometimes	Check Box "General-	
			Limitation" on Profile Sheet	
	2	Yes, often□ >	Check Box "General- Limitation" on Profile Sheet	
	3	No		
	8	Refutal		
	8 9	Don't Know		
A4.	<u>arnou</u>	a physical condition <u>or</u> mental condition <u>or</u> health ní or the kind of activity you () can do in other ple, transportation or leisure?	-	
	1	Yes, sometimes □ >	Check Box "General- Limitation" on Profile Sheet	
	2	Yes, often□ >	Check Box "General- Limitation" on Profile Sheet	

3	No	
8	Refusal	
9	Don't Know	
/		_

Section B – Hearing Filter

All respondents enter this module

B. 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? **B1**. 1 Yes.... 2 No..... > Go to B5 9 ☐ > Go to B5 Don't know..... Refusal 8 > Go to B5

B2. <u>With your (....'s) hearing aid(s) how much difficulty do you (does) have</u> hearing what is said in a conversation with <u>one</u> other person?

1	No difficulty	
2	Some difficulty >	Check "Hearing- Limitation" box on Profile Sheet
3	A lo ⁺ of annculty□ >	Check "Hearing- Limitation" box on Profile Sheet
4	You () cannot hear□ >	Check "Hearing- Limitation" box on Profile Sheet
8 9	Refusal Don't Know	

B3. <u>With your (....'s) hearing aid(s)</u>, how much difficulty do you (does) have hearing what is said in a conversation with at least <u>three</u> other people?

1	No difficulty	
2		\dots Check "Hearing-
	-	Limitation" box on

			Profile Sheet
	3	A lot of difficulty	Check "Hearing- Limitation" box on Profile Sheet
	4	You () cannot hear□ >	Check "Hearing- Limitation" box on Profile Sheet
	8	Refusal	
	9	Don't Know	
B4.		your ('s) hearing aid(s), how much difficulty d ng what is said in a <u>telephone</u> conversation?	lo you (does) have
	1	No difficulty	
	2	Some difficulty	Check "Hearing-
	_		Limitation" box on Profile Sheet
	3	A lot of difficulty	Check "Hearing- Limitation" box on Profile Sheet
	4	You () cannot hear	Check "Hearing- Limitation" box on Profile Sheet
	8	Refusal	
	9	Don't Know	
B5.	Whic	h of the following best describes your ('s) abili	ty to hear?
	1 Y	or (re/she) cannot hear $\Box >$	Check "Hearing- Limitation" box on

Limitation"	box o
Profile Shee	et

2 You have (he/she has) difficulty hearing.....□
3 You have (he/she has) no problem hearing...□
8 Don't know...□
Refusal...□

B6. How much difficulty do you (does) have hearing what is said in a conversation with <u>one</u> other person?

1 No difficulty..... \Box

	2	Some difficulty□ >	Check "Hearing- Limitation" box on Profile Sheet
	3	A lot of difficulty $\Box >$	Check "Hearing- Limitation" box on Profile Sheet
	4	You () cannot hear $\Box >$	Check "Hearing- Limitation" box on Profile Sheet
	8 9	Refusal Don't Know	
B7.		much difficulty do you (does) have hearing wh rsation with at least <u>three</u> other people?	na, is said in a
	1 2	No difficulty	Check "Hearing- Limitation" box on Profile Sheet
	3	A lot of difficulty	Check "Hearing- Limitation" box on Profile Sheet
	4	You () cannot he er	Check "Hearing- Limitation" box on Profile Sheet
	8 9	Refusal	
B8.		much difficulty do you (does) have hearing whom the set of	hat is said in a
	12	No difficulty□ Some difficulty□ >	Check "Hearing- Limitation" box on Profile Sheet
	3	A lot of difficulty >	Check "Hearing- Limitation" box on Profile Sheet
	4	You () cannot hear $\Box >$	Check "Hearing- Limitation" box on

8	Refusal
0	
9	Don't Know
-	

Section C - Hearing Aids

Profile Sheet

If hearing limitation is marked on the Profile Sheet then continue; else skip to Section $D (p 43)^{}$

C1. Do you <u>use</u> any aids, specialized equipment or services for persons who are deaf or hard of hearing, for example, a volume control telephone or *W* decoder?

1	Yes
2	No Go to C11
9	Don't know So to C11
8	Refusal Go to C11

C2. Do you (Does) now <u>use</u>:

	(1)	(2)	(9)	(8)
	Yes	<u>No</u>	<u>DK</u>	<u>R</u>
(a) a computer to communicate (e.g., e mail or chat services)?				
(b) a volume control teleph ne?				
(c) a TTY or TTD?				
(d) a message relay service?				
(e) other phone related devices (e.g., flashers)?				
(f) a closed caption T.V. or decoder?				
(g) am ₁ 'afiers (e.g., FM, acoustic, infa-red)?				
(h) a visual or vibrating alarm?				
(i) a cochlear implant?				
(j) another aid?				
	\downarrow			
Other, Please Specify:				

- ** <u>Interviewer</u>: Only read questions in section C3 for the aids(a-j) selected in C2 Read C3(k) if the respondent uses hearing aids (selected yes (1) to B1)**
- **C3**.

(a) <u>How often</u> do you (does) <u>use</u> a computer to communicate (e.g., e-mail or chat services)?

	1	Every day
	2	A few times a week \Box
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
C4.		
(a)	Who	paid the most for <u>acquiring</u> this item?
	1	
		You ()
	2	
	3	Health care system.
	4	Government program
	5	Insurance company
	6	Non-profit or anization
	7	It does not belong to you () (i.e. belongs to employers, friends / family,
	0	public property, etc
	8	Other
	<u>Oth</u> yr	Please Specify:
		Thuse speenly.
	9 🗡	Not applicable
		Don't know
		Refusal

C4a.

(a) Are you (Is) making any kind of payment for your (....)'s computer, for example to rent or finance this item?

1 Yes.....

2	No	>	Skip to C3(b) if C4=7
9	Don't know	>	Skip to C3(b) if C4=7
8	Refusal	>	Skip to C3(b) if C4=7

C5.

(a) <u>How often</u> does your (....)'s computer need service, such as repairs or maintenance?

1	
1	Every 6 months or less
2	More than 6 months but less than 1 year
3	Once per year to less than 2 years
4	Once every 2 years but less than once
	every 5 years
5	Every 5 years or more
6	Never $\Box > $ Go to C7 (a)
7	Not applicable
	Don't know \Box > Go to C7 (a)
	Refusal \Box > Go to C7 (a)

C6.

(a) How much difficulty do you (does) have paying for the service of this item?

1	None
2	Slight
3	Mod. rate
4	Serious
5	Cennot afford
6	Nc ⁺ applicable
	Don't know
	Refusal

C7.

(a) <u>How often</u> does your (....)'s computer need to be replaced?

1	Every 6 months or less \Box > Go to C9 (a)
2	More than 6 months but less than 1 year
3	Once per year to less than 2 years \Box
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more

6	Never	>	Go to C3 (b)
	Not applicable \Box		
	Don't know	>	Go to C3 (b)
	Refusal	>	Go to C3 (b)

C8.

(a) Will this item need to be replaced in the next 12 months?

1	Yes		
2	No	>	Go to C3 (b)
9	Don't know	>	Go to C ³ (b)
8	Refusal	>	Go to C3 (b)

C9.

(a) What is the main reason you (....) will need to replace your (nis/her) computer?

I	Condition is worse \Box
2	Condition is better
3	Outgrew the aid
4	Worn out
5	New technology available / Aid is outdated
6	Other
	Other, Please Specify
	Don't know

C10.

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

......

1	None
2	Slight 🗆
3	Moderate
4	Serious
5	Cannot afford 🗆
	Don't know
	Refusal

Refusal

(b) <u>How often</u> do you (does) <u>use</u> a volume control telephone?

	1	Every day
	2	A few times a week \Box
	3	Once a week
	4	Less than once a week \Box
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
C4.		
(b)	Who	paid the most for <u>acquiring</u> this item?
	1	You ()
	2	Your ('s) family
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to vou () (i.e. belongs to employers, friends / family,
		public property, etc.
	8	Other
	0	ther, Please Specify:
	9	Not applicable
	9	
	(Refusal
<u> </u>	X	
C4a.	A	$(1, \dots)$ making any bind of normal for your (\dots) is values
(b)		you (Is) making any kind of payment for your ()'s volume
	cont	rol telephone, for example to rent or finance this item?
	1	Yes
	2	No
	2	C4=7
	0	
	9	Don't know $\square > $ Skip to C3(c) if

C4=7

8	Refusal	>	Skip to C3(c) if
			C4=7

C7.

(b) <u>How often</u> does your (....)'s volume control telephone need to be replaced?

1	Every 6 months or less \Box > Go to C9
2	More than 6 months but less than 1 year
3	Once per year to less than 2 years
4	Once every 2 years but less than once every 5 years \Box
5	Every 5 years or more
6	Never. $\Box > Go \text{ to } C3 (c)$
7	Not applicable $\square > Co \text{ to } C3 (c)$
	Don't know $\Box > $ Go to C3 (c)
	Refusal \Box > Go to C3 (c)

C8.

(b) Will this item need to be replaced in the rex 12 months?

1	Yes	
2	No	 > Go to C3 (c)
9	Don't know	 > Go to C3 (c)
8	Refusal	 > Go to C3 (c)

C9.

(b) What is the main rea on you (....) will need to replace your (his/her) volume control terraine?

Condition is worse	
Condition is better	
O_{u} to grew the aid	
New technology available / Aid is outdated	
Other	
\checkmark	
Other, Please Specify:	
Other, Please Specify:	
	Outgrew the aid Image: Content of the aid Worn, out Image: Content of the aid New technology available / Aid is outdated Image: Content of the aid Other Image: Content of the aid

C10.

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

your (his/her) volume control telephone?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
	Don't know
	Refusal

C3. (c)

1	v often do you (does) <u>use</u> a TTY or TDD? Every day□
1 2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times
6	Don't use because it needs repair or replacement
7	Not applicable

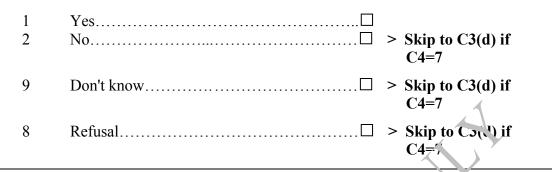
C4.

(c) Who paid the most fo. <u>accuiring</u> this item?

1	You ()
2	Your ('s) family \Box
3	\Box I the care system
4	Government program
5	Insurance company
55	Non-profit organization
7	It does not belong to you () (i.e. belongs to employers, friends / family
	public property, etc \Box
8	Other
	\downarrow
	Other, Please Specify:
9	Not applicable
	Don't know
	Refusal

C4a.

(c) Are you (Is) making any kind of payment for your (....)'s TTY or TTD, for example to rent or finance this item?



C7.

(c) <u>How often</u> does your (....)'s TTY or TDD need to be rolaced?

2 More than 6 months but less than 1 year \Box > Go to C9 3 Once per year to less than 2 years \Box	
$\frac{1}{2}$ Once per year to less than 2 years	
5 Once per year to less than 2 years \ldots \ldots	
4 Once every 2 years but less than once every 5 years. \Box	
5 Every 5 years or more \Box	
6 Never	I)
7 Not applicable \Box > Go to C3 (c	I)
Don't know \Box > Go to C3 (c	
Refusal	I)

C8.

(c) Will this item need to be replaced in the next 12 months?

1Yes. \Box 2No. \Box > Go to C3 (d)9Don't know. \Box > Go to C3 (d)8Nefusal. \Box > Go to C3 (d)

C9.

(c) What is the main reason you (....) will need to replace your (his/her) TTY or TTD?

Condition is worse.
Condition is better. \Box
Outgrew the aid
Worn out
New technology available / Aid is outdated
Other

Other, Please Sp	pecify:

Don't know.....

C10.

(c) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) TTY or TTD?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

C3.

- (d) <u>How often</u> do you (does) <u>use</u> message relay service?
 - Every day..... 1 A few times a week.....□ Once a week.....□ 2 3 4 Less than crice a week...... 5 Frequent usage but only during certain times...... 6 Don't se because it needs repair or replacement...... Not applicable 7 Don't know..... Refusal.....

C3.

(e) <u>How often</u> do you (does) <u>use</u> other phone related devices (e.g., flashers)?

1	Every day
2	A few times a week
3	Once a week \Box
4	Less than once a week \Box
5	Frequent usage but only
	during certain times \Box

Don't use because it needs repair
or replacement
Not applicable
Don't know
Refusal

C4.

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

	1	You ()
	2	Your ('s) family
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers, friends / family,
	/	public property, etc
	8	Other
	0	
		Other, Please Specify:
	9	Not applicable
		Don't know
		Refusal
C4a.		
(e)	A	re you (Is) mking any kind of payment for your ()'s phone
	re	elated devices, for example to rent or finance this item?
		1 Yes
		2 No Skip to C3(f) if C4=7 \geq
,	K,	$\square > Skip to C3(f) if C4=7$
		$ Refusal \square > Skip to C3(f) if C4=7 $

C10.

(e) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) volume control telephone?

1	None
2	Slight
3	Moderate
4	Serious

5	Cannot afford
	Don't know
	Refusal

C3.

(f) <u>How often</u> do you (does) <u>use</u> a closed caption T.V. or decoder?

	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know 🗆 🗸 💙
		Refusal
C4.		
(f)	Whe	o paid the most for <u>acquiring</u> this it.m?
	1	
		You () The second
	2	Your (S) family
	3	Health care system.
	4 5	Government program.
	6	Insurance company
	7	It does not belong to you () (i.e. belongs to employers, friends / family,
	/	public property, etc
	8	Other
	0	
		¥
	0	thei, Please Specify:
	9	Not applicable
	2	Don't know
		Refusal

C4a.

(f) Are you (Is) making any kind of payment for your (....)'s closed caption T.V. or decoder, for example to rent or finance this item?

1 Yes.....

2	No	>	Skip to C3(g) if C4=7
9	Don't know	>	Skip to C3(g) if C4=7
8	Refusal	>	Skip to C3(g) if C4=7

C7.

(f) <u>How often</u> does your (....)'s closed caption T.V. or decoder need to be replaced?

1	Every 6 months or less
1	
2	More than 6 months but less than 1 year
3	Once per year to less than 2 years
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never
7	Not applicable
	Don't know \Box > Go to C3 (g)
	Refusal

C8.

(f) Will this item need to be r_{c_1} laced in the next 12 months?

1	Yes	
2	No	> Go to C3 (g)
9	Don't knew.	> Go to C3 (g)
8	Refus ²	> Go to C3 (g)

С9.

(f) What is the main reason you (....) will need to replace your (his/her) closed caption T.V. or decoder?

1	Condition is worse.
2	Condition is better \Box
3	Outgrew the aid \Box
4	Worn out
5	New technology available / Aid is outdated \Box
6	Other
_	\downarrow
	Other, Please Specify:

Don't know	
Refusal	

C10.

(f) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) closed caption T.V. or decoder?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

C3.

(g) <u>How often</u> do you (does) <u>use</u> amplifiers, e.g., FM, acoustic, infra-red?

1	Every day
2	A few times a week
3	Once a week
4	Less than once a week \dots
5	Frequent usage but crly
	during certain times.
6	Don't use because i nueds repair
	or replacement.
7	Not applicable
	$Don't$ Nuclear \Box
	Refus. 1

C4.

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

1	You ()
2	Your ('s) family
3	Health care system.
4	Government program
5	Insurance company
6	Non-profit organization \Box
7	It does not belong to you () (i.e. belongs to employers, friends / family,
	public property, etc
8	Other

		\downarrow
	Other, Please Specify:	
9	Not applicable Don't know Refusal.	. 🗆 . 🗆 . 🗆

C4a.

C4a. (g)	Are	יטט (15) makin	g any kind of	navment for	vour	()'s ar ml	fiers for
(5)			,	nce this item?		your	() 5 a	
	1	Vec					X	

1	
2	No
	C4=7
9	Don't know Skip to C3(h) if
	C4=7
8	Refusal $\square > $ Skip to C3(h)
	C4=7

C7.

How often does your (...., 's amplifiers need to be replaced? (g)

1	Every 6 months or less	>	Go to C9
2	More than 6 nonths but less than 1 year \Box	>	Go to C9
3	Once put year to less than 2 years		
4	Once very 2 years but less than once every 5 years. \Box		
5	Every 5 years or more		
6	Nover.	>	Go to C3 (h)
7	No. applicable	>	Go to C3 (h)
	Don't know	>	Go to C3 (h)
	Refusal	>	Go to C3 (h)

C8.

Will this item need to be replaced in the next 12 months? **(g)**

1	Yes		
2	No	>	Go to C3 (h)
9	Don't know	>	Go to C3 (h)
8	Refusal	>	Go to C3 (h)

С9.

(g) What is the main reason you (....) will need to replace your (his/her) amplifiers?

	1	Condition is worse \Box
	2	Condition is better \Box
	3	Outgrew the aid \Box
	4	Worn out
	5	New technology available / Aid is outdated
	6	Other
		Other, Please Specify:
		Don't know
		Refusal
C10.		
(g)		How much difficulty <u>will you ()</u> have raying for a replacement for
		your (his/her) amplifiers?
	1	None
	2	Slight
	3	
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
C3.		
(h)	Н	<u>ow fun</u> do you (does) <u>use</u> a visual or vibrating alarm?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week \Box
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal

C4. (h) Who paid the most for <u>acquiring</u> this item?

	1	You ()
	2	Your ('s) family
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		Other, Please Specify:
		Other, Flease Specify.
	9	Not applicable
		Don't know
		Refusal
C4a.		
(h)	Α.	re you (Is) making any xind of payment for your ()'s visual or
(II)		brating alarm, for example to rent or finance this item?
	V I	brating alarm, for example to vent of finance this item.
	1	Yes
	2	No
	9	Don't know \Box > Skip to C3(i) if C4=7
	8	Refu ^{al} \Box > Skip to C3(i) if C4=7
C7.		
(h)	Н	<u>dw ot.en</u> does your ()'s visual or vibrating alarm need to be replaced?
()	Ĉ	divide a state of the state of
	1	Every 6 months or less \Box > Go to C9
	2	More than 6 months but less than 1 year $\Box > $ Go to C9
	3	Once per year to less than 2 years \Box
	4	Once every 2 years but less than once every 5 years. \Box
	5	Every 5 years or more
	6	Never. \Box > Go to C3 (i)
	7	Not applicable
	,	Don't know \Box > Go to C3 (i)
		Refusal

C8.

(h) Will this item need to be replaced in the next 12 months?

1	Yes		
2	No	>	Go to C3 (i)
9	Don't know	>	Go to C3 (i)
8	Refusal	>	Go to C3 (i)

C9.

(h)	What is the main reason you () will need to replace your	(his/her)
	visual or vibrating alarm?	

1	Condition is worse \Box	
2	Condition is better	

- 2 Condition is better.....
- 3 Outgrew the aid.....
- 4 Worn out
 5 New technology available / Aid is outdated......
- 5 New technology available / Aid is outdated......
 6 Other.....

Other, Please Specify:

Don't know...... Refusal.....

C10.

(h) How much difficulty <u>w'll you (....)</u> have paying for a replacement for your (his/her) visual or vibrating alarm?

None
Slight.
Moderate
Se ious
Can of afford
Not applicable□
Don't know
Refusal

C4.

(i) Who paid the most for <u>acquiring</u> your (....)'s cochlear implant?

 1
 You (....).
 □

 2
 Your (....'s) family......□

	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers, friends / family,
	,	public property, etc
	8	Other
	0	
		Other, Please Specify:
	ľ	Sulei, riease specify.
	9	Not applicable
		Don't know
		Refusal
C4-		
C4a.	A	$(1, \dots)$ molting one bind of norm on the basis $(\dots)^2$ and been
(i)		e you (Is) making any kind of payment for your ()'s cochlear
	•	
	imp	plant, for example to rent or finance this item
	-	
	1	Yes
	1 2	Yes□ No□ > Skip to C3(j) if C4=7
	1 2 9	Yes□ No□ Don't know□ > Skip to C3(j) if C4=7 > Skip to C3(j) if C4=7
	1 2	Yes□ No□ > Skip to C3(j) if C4=7
	1 2 9	Yes□ No□ Don't know□ > Skip to C3(j) if C4=7 > Skip to C3(j) if C4=7
C5.	1 2 9 8	Yes.
C5. (i)	1 2 9 8 <u>Ho</u>	Yes No
	1 2 9 8 <u>Ho</u>	Yes.
	1 2 9 8 <u>Hov</u> or	Yes. > No. > Don't know. > Skip to C3(j) if C4=7 Refusal. > Skip to C3(j) if C4=7 No. > Skip to C3(j) if C4=7 No. > Skip to C3(j) if C4=7 Skip to C3(j) if C4=7 No. > Skip to C3(j) if C4=7
	1 2 9 8 <u>Ho</u> or 1	Yes. > No. > Don't know. > Refusal. > Skip to C3(j) if C4=7 woften does your woften does your woften does your Skip to C3(j) if C4=7 Every 6 months or less.
	1 2 9 8 <u>Hov</u> or 1 2	Yes. No. > Skip to C3(j) if C4=7 Don't know. > Skip to C3(j) if C4=7 Refusal. > Skip to C3(j) if C4=7 w often does your > Skip to C3(j) if C4=7 w often does your > schip to C3(j) if C4=7 w often does your > schip to C3(j) if C4=7 Every 6 months or less. > More thon 6 months but less than 1 year. >
	1 2 9 8 Hov or 1 2 3	Yes. > No. > Don't know. > Skip to C3(j) if C4=7 Refusal. > Skip to C3(j) if C4=7 Nore the nonths or less. More then 6 months but less than 1 year. Orce per year to less than 2 years.
	1 2 9 8 <u>Hov</u> or 1 2	Yes. No. > Skip to C3(j) if C4=7 Don't know. > Skip to C3(j) if C4=7 Refusal. > Skip to C3(j) if C4=7 w often does your > Skip to C3(j) if C4=7 w often does your > scher to C3(j) if C4=7 Every 6 months or less. > More thore 6 months but less than 1 year. > Once per year to less than 2 years. > Once every 2 years but less than once >
	1 2 9 8 Hov or 1 2 3	Yes. No. > Skip to C3(j) if C4=7 Don't know > Skip to C3(j) if C4=7 Refusal. > Skip to C3(j) if C4=7 w often does your > Skip to C3(j) if C4=7 w often does your > s cochlear implant need service, such as repairs maintenance? > Skip to C3(j) if C4=7 Every 6 months or less. More thon 6 months but less than 1 year. Or ce per year to less than 2 years. On pe every 2 years but less than once every 5 years.
	1 9 8 <u>Hor</u> or 1 2 3 4	Yes. > No. > No. > Skip to C3(j) if C4=7 Pon't know. > Refusal. > Skip to C3(j) if C4=7 Skip to C3(j) if C4=7 No. > Skip to C3(j) if C4=7 Skip to C3(j) if C4=7 No. > Skip to C3(j) if C4=7 Skip to C3(j) if C4=7 No. > Skip to C3(j) if C4=7 Nore the nonths or less Nore then 6 months but less than 1 year. Nore every 2 years but less than once every 5 years. Every 5 years or more
	1 9 8 <u>Hov</u> or 1 2 3 4 -	Yes > Skip to C3(j) if C4=7 No > Skip to C3(j) if C4=7 Don't know > Skip to C3(j) if C4=7 Refusal > Skip to C3(j) if C4=7 w often does your > Skip to C3(j) if C4=7 w often does your
	1 9 8 <u>Hor</u> or 1 2 3 4	Yes. > No. > No. > Don't know > Skip to C3(j) if C4=7 Refusal. > Skip to C3(j) if C4=7 Refusal. > Skip to C3(j) if C4=7 woften does your > Skip to C3(j) if C4=7 woften does your > Skip to C3(j) if C4=7 woften does your > Skip to C3(j) if C4=7 woften does your > Skip to C3(j) if C4=7 woften does your > Skip to C3(j) if C4=7 woften does your > Skip to C3(j) if C4=7 woften does your > woften does your > woften does your > woften does your > Yes > More thom 6 months but less than 1 year > Once per year to less than 2 years > Once every 2 years but less than once > every 5 years or more > Never > > Never
	1 9 8 <u>Hov</u> or 1 2 3 4 -	Yes > Skip to C3(j) if C4=7 No > Skip to C3(j) if C4=7 Don't know > Skip to C3(j) if C4=7 Refusal > Skip to C3(j) if C4=7 w often does your > Skip to C3(j) if C4=7 w often does your

C6.

How much difficulty do you (does) have paying for the service of this item? (i)

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable \Box
	Don't know
	Refusal

C3.

(j) How often do you (does) use (write-in)?

<u>How</u>	<u>v often</u> do you (does) <u>use</u> (write-in)?
1	Every day
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only
	during certain times L'
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

C4.

Who paid the most fo. accuiring this item? (j)

Á.

1	You ()
2	Your (, 's) family \Box
3	T ex Ith care system
4	Covernment program
5	In surance company
5 5 7	Non-profit organization
7	✓ It does not belong to you () (i.e. belongs to employers, friends / family,
	public property, etc
8	Other
	\downarrow
Oth	er, Please Specify:
9	Not applicable
	Don't know
	Refusal

C4a.

(j)	Are you (Is) making any kind of payment for this aid, for example to rent
	or finance this item?

1	Yes	
2	No	> Skip to C3(k) if C4=7
9	Don't know	> Skip to C3(k) if C4=7
8	Refusal	> Skip to ~3(k) if C4=7

<u>Interviewer</u>: If service or replacement is applicable to this specific write-in then proceed to C5, else skip to C3(k).

C5.

(j) <u>How often</u> does this aid need servic. such as repairs or maintenance?

1	Every 6 months or less	l	
2	More than 6 months but less than 1 year \Box	1	
3	Once per year to lest than 2 years	1	
4	Once every 2 years 'vu, less than once		
	every 5 years	l	
5	Every 5 years or more	1	
6	Never	>	Go to C7
7	Not applicable	>	Go to C7
	∠n't know□	>	Go to C7
	Refusal	>	Go to C7

C6.

(j) How much difficulty do you (does) have paying for the service of this item?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable \Box
	Don't know

Refusal	
	_

C7. (j)	<u>Ho</u>	w often does your ()'s (write-in) need to be replaced?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years. \Box
	5	Every 5 years or more
	6	Never. $\Box > C_0$ to C3 (k)
	7	Not applicable $\Box > \operatorname{Got} C3(k)$
		Don't know $\Box > $ Go to C3 (k)
		Refusal
C8.		
(j)	Wi	Il this item need to be replaced in the next 12 months?
	1	Yes
	2	No \Box > Go to C3 (k)
	9	Don't know $\Box > Go to C3 (k)$
	8	Refusal
С9.		
(j)	Wha (writ	t is the main reason you () will need to replace your (his/her) te-in)?
	1	Condition is wate
	2	Condition is better
	$\frac{2}{3}$	Outgrey, the aid
	4	Worn out
	5	New technology available / Aid is outdated
	6	O_i here \Box
		Other, Please Specify:
		Don't know
		Refusal

C10.

(j) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) (*write-in*)?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

<u>Interviewer</u>: If the respondent wears hearing aids (B1=1) then proceed to C3(k), else skip to C11

C2	
L J	
~-	٠

(k) <u>How often</u> do you (does) <u>use</u> your (his/her) hearing and sy ...id?

1	Every day \Box
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

C4.

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

	Y
1	Yo, ()
2	Vour (\dots 's) family
3	H alth care system
3	Government program
5	Insurance company
6	Non-profit organization \Box
7	It does not belong to you () (i.e. belongs to employers, friends / family,
	public property, etc
8	Other
Other	, Please Specify:
9	Not applicable

Don't know	
Refusal	

C4a.

- (k) Are you (Is) making any kind of payment for your (her/his) hearing aid(s), for example to rent or finance this item?
 - 1
 Yes.
 □

 2
 No.
 □
 > Skip to C11 if C4=7

 9
 Don't know.
 □
 > Skip to C11 if C4=7

 8
 Refusal.
 □
 > Skip to C11 if C4=7

C5.

(k) <u>How often</u> does your (....)'s hearing aid(s) need service, such as repairs or maintenance?

1	Every 6 months or less
2	More than 6 months but less than 1 year \Box
3	Once per year to less than 2 years \Box
4	Once every 2 years but less than once
	every 5 years
5	Every 5 years or more
6	Never
7	Not applicable \Box > Go to C7
	Don't know \Box > Go to C7
	Refusal \Box > Go to C7

C6.

(k) How much difficulty do you (does) have paying for the service of this item?

1	No.ie
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

C7.

(k) <u>How often</u> does your (....)'s hearing aid(s) need to be replaced?

1	Every 6 months or less \Box	> Go to C9
2	More than 6 months but less than 1 year \Box	> Go to C9
3	Once per year to less than 2 years	
4	Once every 2 years but less than once every 5 years. \Box	
5	Every 5 years or more	
6	Never.	> Go to C11
7	Not applicable	> Go to C11
	Don't know	> Go to C11
	Refusal	> Go to C11

C8.

C8. (k)	Wil	I this item need to be replaced in the next 12 months?
	1	Yes
	2	No \Box > Go to C11 Don't know \Box > G) to C11
	9	Don't know $\Box > G$) to C11
	8	Refusal So to C11

C9.

- What is the main reason you (....) will reed 'o replace your (his/her) (k) hearing aid(s)?
 - 1 Condition is worse..... 🗆
 - Condition is better. 2 Outgrew the aid..... 3
 - Worn out 4
 - New technology a vailable / Aid is outdated...... 5
 - Other..... 6

Other, Please Specify:

Den't know. Refusal.....

C10. (k)

How much difficulty <u>will you (will</u>) have paying for a replacement for your (his/her) hearing aid(s)?

1	None
2	Slight 🗆
3	Moderate
4	Serious 🗆
5	Cannot afford

Don't know	
Refusal	

C11.	Are there any aids, specialized equipment or services for persons who are deaf or hard of hearing that you think (thinks) you <u>need</u> (he/she <u>needs</u>) but do (does) not have?
1	Yes
2	No
	Don't know \Box > Go to C ¹⁵ Refusal \Box > Go to C15
C12.	Which aids do you (does) <u>need</u> but do (does) not have?
	Mark all that apply.
1 (a)	a hearing aid
2 (b)	a computer to communicate
	(e.g., e-mail or chat service)
3 (c)	a volume control telephone
4 (d)	a TTY or TDD
5 (e)	a message relay service
6 (f)	other phone related devices (2 g., Tashers)
7 (g)	a closed caption T.V. cc a coder
8 (h)	amplifiers, e.g., FM, coostic, infra-red
9 (i)	a visual or vibrating alarm
10 (j)	a cochlear impion
11 (k)	another aid \square
_	Y
(Other, PRase Specify:
12	None selected \Box > Go to C15
	Don't know \Box > Go to C15
	Refusal \Box > Go to C15

Interviewer: Ask C13-C14 for aids (a-k) chosen in C12; Else go to C15

C13.

(a) How frequently would you (....) use a hearing aid if you (he/she) did have it?

1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only during certain times
6	Not applicable
	Don't know
	Refusal

C14

C14. (a)	Why do you (does) not have this aid? Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid
5	Your () doctor does not feel that your (his her)
	condition is severe enough
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough \Box
7	You don't (doesn't) know where to \mathfrak{g} it it
8	On a waiting list \Box
9	Other
	Other, Please Specify:
10	None selected

C13

(b)	Ho v frequently would you () use a computer to communicate if you (he/she) did have it?
1	Everyday
2	A few times a week \Box
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only during certain times \dots
6	Not applicable
	Don't know \Box
	Refusal

C14.

(b) Why do you (does) not have this aid? Mark all that apply.

1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a waiting list \Box
9	Other

Other, Please Specify:

10 None selected.....

......

C13.

(c) How frequently would yo (....) use a volume control telephone if you (he/she) did have it?

.....

1	Everyday	🗆
2	A few times a week	🗆
3	Once a viewk	🗆
4	Less than once a week	
5	Frequent usage but only during certain times	
6	Not roplicable	🗆
	L'on't know	🗆
	Refusal	🗆

C14.

(c) Why do you (does) not have this aid? Mark all that apply.

1	Cost (purchase)	🗆
2	Cost (maintenance)	
3	Not available locally	
4	You () personally feel (s) that your (his/her)	

	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \Box
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough \Box
7	You don't (doesn't) know where to get it \Box
8	On a waiting list \Box
0	Other \Box

9 Other.....

Other, Please Specify:

10 None selected. \Box

C13.

(d) How frequently would you (....) use a TTY or **TTD** if you (he/she) did have it?

1	Everyday
2	A few times a week.
3	Once a week
4	Less than once a week
5	Frequent usage but only during vertaily times
6	Not applicable
	Don't know
	Refusal

C14.

(d) Why do you (does) not have this aid? Mark all that apply.

1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \Box
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough \Box
7	You don't (doesn't) know where to get it \Box
8	On a waiting list \Box
9	Other

	\downarrow
Other, Please Specify:	
None selected	

C13.

10

(e)	How frequently would you () use a message relay set	rvice if you (he/she)
	did have it?	
		A

1	
1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times
6	Not applicable
	Don't know
	Refusal

C14.

(e) Why do you (does) not have this aid? Mark all that apply.

1	Cost (purchase).
2	Cost (maintenance)
3	Not available locally
4	You () personally it el (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () do tor does not feel that your (his/her)
	condition is sovere enough
6	Your () insurance company does not feel that
	your (h. /hcr) condition is severe enough
7	Ycu do, 't (doesn't) know where to get it \Box
8	On a waiting list
9	C th er
	7

Other, Please Specify:

10 None selected..... \Box

C13.

How frequently would you (\dots) use other phone related devices if you (f) (he/she) did have it?

1	Everyday	
2	A few times a week \Box	
3	Once a week	
4	Less than once a week \Box	
5	Frequent usage but only during certain times \dots	
6	Not applicable	
	Don't know	
	Refusal	1
C14.		

C14.

(f)	Why do you (does) not have this aid? Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (i.is/her)
	condition is not severe enough to justify this 2id \Box
5	Your () doctor does not feel that your (his/her) condition is severe enough
6	Your (\ldots) insurance company dc 's not feel that your (his/her) condition is revere enough
7	You don't (doesn't) K ov where to get it \Box
8	
9	On a waiting list
	Other, Please Specify:
10	Non selected

C13.

How frequently would you (....) use a closed caption T.V. or decoder if you **(g)** (he/she) did have it?

1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only during certain times \dots

6	Not applicable Don't know Refusal
C14. (g)	Why do you (does) not have this aid? <i>Mark all that apply.</i>
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You (\ldots) personally feel (s) that your (his/her) condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her) condition is severe enough
6	Your () insurance company does not feel that your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected
C13.	
(h)	How frequency would you () use amplifiers, e.g., FM, acoustic, infra-red if you (he/she) did have it?
	n you (ne/sne, un, nave n.

1	Everyday
2	A few times a week.
3	Onc. 9 week
4	Less than once a week
5	Frequent usage but only during certain times \dots
6	Not applicable
	Don't know
	Refusal

C14.

(h) Why do you (does) not have this aid? Mark all that apply.

1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally \Box
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected
10	

C13.

(i) How frequently would you (....) use a visual or vibrating alarm if you (he/she) did have it?

1	Everyday	
2	A few times a week	
3	Once a week	
4	Less than once a week	
5	Frequent usage but only during certain times	
6	Not applicable	🗆
	Don't know	. 🗆
	Refusal	

C14.

U I I	
(i)	Why do you (does) not have this aid?
	Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her) condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her) condition is severe enough
6	Your () insurance company does not feel that your (his/her) condition is severe enough \Box

7 8 9	You don't (doesn't) know where to get it On a waiting list Other
10	None selected
C13. (j)	How frequently would you () (<i>write-in</i>) if you (he/she) did have : ?
1 2 3 4 5 6	Everyday A few times a week. Once a week. Uess than once a week. Frequent usage but only during certain times Not applicable. Don't know. Refusal.
C14. (j)	Why do you (does) not bave this aid? Mark all that apply.
1 2 3 4	Cost (purchase) Cost (maintenance) Cost (maintenance)
5	Your () doctor does not feel that your (his/her) condition is severe enough

7 On a waiting list..... 8 9 Other.....

Other, Please Specify:

6

None selected. 10

C14. Why do you (does) not have this aid? (k) Mark all that apply. Cost (purchase)..... 1 2 Cost (maintenance)..... 3 Not available locally..... 4 You (....) personally feel (s) that your (his/her) condition is not severe enough to justify this aid..... \Box Your (....) doctor does not feel that your (his/her) 5 condition is severe enough..... \Box 6 Your (....) insurance company does not feel that vour (his/her) condition is severe enough...... \Box 7 You don't (.... doesn't) know where to get it...... \Box 8 On a waiting list..... \Box 9 Other..... Other, Please Specify: 10 None selected..... C15. The next few questions deal with certain communication skills you (....) may have. Do you (Does) speech read or lip read? Yes..... 1 2 No...... Not applic. bla 3 Don't kno v..... Refucal. C16. Do you (Does) use sign language such as ASL, LSQ or other types of sign language? 1 Yes..... 2 Not applicable..... \Box > Go to C19 3 Don't know..... \Box > Go to C19 Refusal..... \Box > Go to C19

C17. Which form of sign language do you (does) use most often?

1 2 3	ASL
0	Other, Please Specify:
4	Not applicable
C18.	How often do you (does) use a sign language interpreter?
1	
1	Every day
2	At least once a week
3 4	At least once a month
5	Less than once every 6 months
6	Never.
0 7	Not applicable
/	Don't know
	Refusal
C19.	In the past 6 months, here often have you (has) had difficulty participating in every ay activities because of your (his/her) ability to hear?
1	Daily
2	Weekly
3	Moathly
4	Less that once per month
5	Never \Box > Go to C21
6	Not applicable \Box > Go to C21
	Don't know \Box > Go to C21
	Refusal \Box > Go to C21
C20.	When your ('s) ability to hear made it difficult to participate in everyday activities, did you (he/she) experience:
1	Some difficulty
2	A lot of difficulty
3	You were (was) completely
-	unable to participate

4	Your ('s) participation was not affected \Box
	Don't know
	Refusal

C21. Which of the following categories best describes your (....'s) situation as a person with a hearing loss?

Deaf
Deafened
Hard of Hearing
Some hearing loss
Other
Other, Please Specify:
Not applicable
Don't know
Refusal

Section D - Secing Filter

All respondents enter this module

- **D.** The next few questions are about your (....'s) ability to see. Remember, I am asking about difficulties that have lasted or are expected to last 6 months or more.
- D1. Do you (Does) wear glasses or contact lenses to see up close?

1	Ve,		
2	No		
•	Don't know	>	Go to D4
8	Refusal	>	Go to F

D2. <u>With your (....'s) glasses or contact lenses, do you (does he/she) have any difficulty seeing ordinary newsprint?</u>

1	Yes	>	Check Seeing-
			Limitation box on
			Profile Sheet
2	No	>	Go to D6
9	Don't know	>	Go to D6

8	Refusal	>	Go to D6
---	---------	---	----------

D3.	How	much difficulty?
1 2 3	A lot You Don'	e difficulty. \Box > Go to D6of difficulty. \Box > Go to D6() cannot see. \Box > Go to D6t know. \Box > Go to D6sal. \Box > Go to D6
D4.	Do ye	ou (Does) have any difficulty seeing ordinary newsprint?
	1 2 9	Yes□ > Check Seeing- L.mitation box on Profile Sheet No
	8	Refusal□ > Go to D6
D5.	How	much difficulty?
	1 2 3	Some difficulty. □ A lot of difficulty. □ You () cannot s ² c □ Don't know. □ Refusal □
D6.	Do ye	ou (Doe) wear glasses or contact lenses to see at a distance?
	1 2 9 8	Vcc
D7.	diffic	your (his/her) glasses or contact lenses, do you (does he/she) have any culty clearly seeing the face of someone across a room, that is, from 4 es or 12 feet?

1	Yes	> Check Seeing-
		Limitation box on
		Profile Sheet

	2	No		 > If Seeing Limitation is Marked on Profile Sheet Go to D11; Else go to F
	9	Don't know		 > If Seeing Limitation is Marked on Profile Sheet Go to D11; Else go to F
	8	Refusal		> If Seeing Limitation is Marked on Profile Sheet Co to D11; List go to F
D8.	How n	nuch difficulty?	5	
1	Some	difficulty		 > If Seeing Limitation is Marked on Profile Sheet Go to D11; Else go to F
2	A lot o	of difficulty		 > If Seeing Limitation is Marked on Profile Sheet Go to D11; Else go to F
3	You () cannot ree		 If Seeing Limitation is Marked on Profile Sheet Go to D11; Else go to F
A	Dor.':	kn vw		 > If Seeing Limitation is Marked on Profile Sheet Go to D11; Else go to F
	Refusa	ป		 If Seeing Limitation is Marked on Profile Sheet Go to D11; Else go to F

D9. 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 Seeing- Limitation box on Profile Sheet
	2	No If Seeing Limitation is Marked on Profile Sheet Go to D11; Else go to F
	9	Don't know If Seeing Limitation is Marked on Profile Sheet Go to D11; Else go '7 F
	8	Refusal Refusal
D10.	How r	nuch difficulty?
1 2 3	A lot o You (Don't	difficulty □ of difficulty □) cannot see □ know □ al □
D11.	Have blind?	you (Has) been diagnosed by an eye specialist as being legally Yes

Section E - Seeing Aids

If seeing limitation is marked on the Profile Sheet then continue; else skip to Section $F(p 79)^{}$

E1. Besides glasses or contact lenses, do you (does) use any aids or specialized equipment for persons who are blind or visually impaired, for example, magnifiers or Braille reading materials?

1	Yes	
2	No	> Go to E11
9	Don't know	> Go to E11
8	Refusal	> Go to E11

E2. Do you (Does) now <u>use</u>:

	(1)	(2)	(9)	(8)
	Yes	<u>No</u>	<u>DK</u>	<u>R</u>
	X			
(a) magnifiers	E.	3		
(b) Braille reading materials				
(c) large print reading materials				
(d) talking books				
(e) recording equipment or portable note-takers				
(f) closed circuit devices (e.g., CCTV's)				
(g) a computer with Braille, large print or speech access				
(h) a white cane				
(i) another aid				
	\downarrow			
Other, Please Specify:				

*** Interview ?r. Only read questions in section E3 for the aids (a-i) selected in E2***

E3.

(a) <u>How often</u> do you (does) <u>use</u> magnifiers?

1	Every day
2	A few times a week
3	Once a week \Box
4	Less than once a week \Box
5	Frequent usage but only
6	during certain times□ Don't use because it needs repair or replacement□

7	Not applicable \Box
	Don't know
	Refusal

E4. (a)

Who paid the most for acquiring this item? 1 Your (....'s) family..... 2 3 Health care system..... \Box 4 Government program...... 5 Insurance company..... 6 Non-profit organization..... 7 It does not belong to you (....) (i.e. belongs to employers, friends / family, public property, etc.)..... 8 Other..... \Box Other, Please Specify: Not applicable..... 9 Don't know..... Refusal.....

E4a.

(a) Are you (Is) making any kind of payment for your (....)'s magnifiers, for example to rent or finance this item?

1	Yes	
2	No	 > Skip to E3(b) if E4=7
9	Pon't know	 > Skip to E3(b) if E4=7
8		
\wedge		

E5.

(a) <u>How often</u> do your (....)'s magnifiers need service, such as repairs or maintenance?

1	Every 6 months or less
2	More than 6 months but less than 1 year \Box
3	Once per year to less than 2 years
4	Once every 2 years but less than once
	every 5 years.
5	

6	Never	>	Go to E7 (b)
7	Not applicable	>	Go to E7 (b)
	Don't know		
	Refusal	>	Go to E7 (b)

E6.

(a) How much difficulty do you (does) have paying for the service of this item?

1	None
2	Slight
3	Moderate
4	Serious 🗆 🗸
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

E7.

(a) <u>How often</u> do your (....)'s magnifier; heed ty be replaced?

1	Every 6 months or less $\Box > $ Go to E9 (b)
2	More than 6 months but less than 1 year
3	Once per year to less than 2 years \Box
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never \Box > Go to E3 (c)
7	Not applicable \Box > Go to E3 (c)
	Don't know. \Box > Go to E3 (c)
	Refusal

E8.

(a)	a) Will this item need to be replaced in the next 12 months?				
	2 9	Yes No Don't know Refusal.	$\begin{array}{ll} \Box &> \mathbf{Go \ to \ E3 \ (c)} \\ \Box &> \mathbf{Go \ to \ E3 \ (c)} \\ \end{array}$		

E9.

(a) What is the main reason you (....) will need to replace your (his/her) magnifiers?

1 Condition is worse..... \Box

	2	Condition is better
	3	Outgrew the aid \Box
	4	Worn out
	5	New technology available / Aid is outdated \Box
	6	Other
	U	
	(Other, Please Specify:
		Don't know
		Refusal
E10.		
(a)	Ho	w much difficulty <u>will you ()</u> have paying for a rcp ¹ acement for
(a)		r (his/her) computer?
	you	
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	5	Don't know
		Refusal
E3.		
	Цол	<u>v often</u> do you (do 's) <u>use</u> Braille reading materials?
(b)	110	v onen do you (do s) <u>use</u> brane reading materials.
	1	Every day.
	2	A few times a week
	$\frac{2}{3}$	Once a week
	4	Less than once a week
	5	Fequent usage but only
	5	curing certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
	/	Don't know
		Refusal
E4.		
(b)	Wł	no paid the most for <u>acquiring</u> this item?
(~)		- Land and and and and and and and and and

1	You ()
2	Your ('s) family \Box

	3	Health care system \Box
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.)
	8	Other
	Ũ	
	0	ther, Please Specify:
	Ŭ	(1)
	9	Not applicable
		Don't know
		Refusal
E4a.		
цта. (b)		you (Is) making any kind of payment for your ()'s Braille reading
(0)		erials, for example to rent or finance this ite n?
	1	Yes
	2	No \square > Skip to E3(c) if E4=7
	9	Don't know
	8	Refusal
	0	
E3.		
ЕЗ. (с)	Ном	<u>v often</u> do you (dc es) <u>use</u> large print reading materials?
(C)	<u>110 w</u>	voiten do you (dees,) <u>use</u> large print reading materials.
	1	Every day
	2	A few times a week
	$\frac{2}{3}$	Once a week
	4	Let ss than once a week
	5	Fequent usage but only
	5	
	6	Curing certain times
		Don't use because it needs repair
	7	or replacement
	/	Not applicable \Box
		Don't know
		Refusal

E4.

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

	•	
	2	Your $(\dots$'s) family
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.)
	8	Other
	U	
	_	\downarrow
		Other, Please Specify:
	9	Not applicable
		Don't know
		Refusal
		Y
E4a.		
(c)	Ar	e you (Is) making any kind of payment tor your ()'s large print
	rea	ading materials, for example to rent or finance this item?
	1	Yes
	2	No \square > Skip to E3(d) if E4=7
	9	Don't know $\square > $ Skip to E3(d) if E4=7
	8	Refusal
	0	
E3.		
(d)	Ho	ow often do you (does) <u>use</u> talking books?
(u)	110	<u>us you uses) use</u> unting books.
	1	Every day
	2	A few times a week
	$\frac{2}{3}$	\Box
		Less than once a week
	4 5	
	À	irequent usage but only
	X	during certain times
	6	Don't use because it needs repair
	_	or replacement
	7	Not applicable
		Don't know
		Refusal.

E4.

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

1		You ()
2		Your ('s) family
3		Health care system
4		Government program
5		Insurance company
6		Non-profit organization
7		It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.)
8		Other
		\downarrow
	Oth	er, Please Specify:
	9	Not applicable

E4a.

(d) Are you (Is) making any kind of payment for your (....)'s talking books, for example to rent or finance this item':

1	Yes	
2	No	> Skip to E3(e) if E4=7
9	Don't know	
8	Refusal	> Skip to E3(e) if E4=7

- E3.
- (e) <u>How often</u> do you (does) <u>use</u> recording equipment or portable notetakers?

1	
2	A new times a week \Box
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

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

1	You ()
2	Your ('s) family
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization
7	It does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.)
8	Other
	Other, Please Specify:
	9 Not applicable
	Don't know.
	Refusal.

E4a.

(e) Are you (Is) making any kind of payment for your (....)'s recording equipment or portable note-takers, for example to rent or finance this item?

1	Yes	
2	No	> Skip to E3(f) if E4=7
9	Don't know	> Skip to E3(f) if E4=7
8	Refusal	> Skip to E3(f) if E4=7

E7.

(e) <u>How often</u> does your (....)'s recording equipment or portable note-takers?

	Every 6 months or less	>	Go to E9
2 3	More than 6 months but less than 1 year \Box	>	Go to E9
3	Once per year to less than 2 years \Box		
4	Once every 2 years but less than once every 5 years. \Box		
5	Every 5 years or more		
6	Never.	>	Go to E3 (f)
7	Not applicable	>	Go to E3 (f)
	Don't know	>	Go to E3 (f)
	Refusal	>	Go to E3 (f)

E8.

(e) Will this item need to be replaced in the next 12 months?

1	Yes	
2	No	> Go to E3 (f)
9	Don't know	> Go to E3 (f)
8	Refusal	> Go to E3 (f)

E9.

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

1	Condition is worse \Box
2	Condition is better
3	Outgrew the aid
4	Worn out
5	New technology available / Aid is outdated
6	Other
г	
	Other, Please Specify:
_	
	Don't know
	Refusal

E10.

(e) How much difficulty <u>will y, u (....)</u> have paying for a replacement for your (his/her) recording equipment or portable note-takers?

1	None
2	Slight
3	Mod erate
4	Seriou
5	Cannot afford
6	Not applicable
	Don't know \Box
$\boldsymbol{\mathcal{A}}$	Refusal.

E3.

(f) <u>How often</u> do you (does) <u>use</u> closed circuit devices (e.g., CCTV's)?

1	Every day
2	A few times a week
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only
	during certain times

6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

E4.

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

1	You ()
2	Your ('s) family
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization
7	It does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.)
8	Other
	Other, Please Specify:
9	Not applicable
	Don't know
	Refusal

E4a.

(f) Are you (Is) making any kind of payment for your (....)'s closed circuit devices (e.g., CCTV's), for example to rent or finance this item?



E7.

(f) <u>How often</u> do your (....)'s closed circuit devices (e.g., CCTV's) need to be replaced?

1	Every 6 months or less	> Go to E9
2	More than 6 months but less than 1 year \Box	> Go to E9
3	Once per year to less than 2 years \Box	
4	Once every 2 years but less than once every 5 years. \Box	

5	Every 5 years or more	
6	Never	> Go to E3 (g)
7	Not applicable	> Go to E3 (g)
	Don't know	> Go to E3 (g)
	Refusal	> Go to E3 (g)

E8.

(f)	Will this item	need to be rep	placed in the n	next 12 months?
L	±J		need to be rep	flaced in the l	icat 12 months.

1	Yes		
2	No	>	Go to E ³ (g)
9	Don't know	>	Go to E3 (g)
8	Refusal] >	Go to E3 (z)

E9.

(f) What is the main reason you (....) will need to replace your (his/her) amplifiers?

1	Condition is worse.
2	Condition is better
3	Outgrew the aid
4	Worn out
5	New technology available / Aid is outdated \Box
6	Other
(Other, Please Specify:
	Don't knew

Refusal.

E10.

(f) Ho v much difficulty <u>will you (....)</u> have paying for a replacement for your (bis/her) amplifiers?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

E3.

(g) <u>How often</u> do you (does) <u>use</u> a computer with Braille, large print or speech access?

	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week \Box
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
E4.		
(g)	Who	paid the most for <u>acquiring</u> this item?
(8)		para the most for <u>acquiring</u> this feelily
	1	You ()
	2	Your ('s) family
	3	Health care system
	4	Government program.
	5	Insurance company.
	6	Non-profit organization
	7	It does not be ong to you () (i.e. belongs to employers,
		friends / family, public property, etc.)
	8	Other
	Of	her, Please Specify:
		int, theuse speeny.
	4	
	9	Not applicable
	\mathbf{X}	Don't know
		Refusal

E4a.

(g) Are you (Is) making any kind of payment for your (....)'s computer with Braille, large print or speech access, for example to rent or finance this item?

1	Yes		
2	No	>	Skip to E3(h) if E4=7
9	Don't know	>	Skip to E3(h) if E4=7

E7.

(g) <u>How often</u> does your (....)'s computer with Braille, large print or speech access need to be replaced?

1	Every 6 months or less \Box > Go to E9
2	More than 6 months but less than 1 year
3	Once per year to less than 2 years \Box
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never $\Box > $ Go to £3 (h)
7	Not applicable $\Box > \operatorname{Ge}$ to E3 (h)
	Don't know Crow Go to E3 (h)
	Refusal

E8.

(g) Will this item need to be replaced in the next 12 nonths?

1	Yes	
2	No	 > Go to E3 (i)
9	Don't know	 > Go to E3 (i)
8	Refusal	 > Go to E3 (i)

E9.

(g) What is the main reason you (....) will need to replace your (his/her) computer with Braide, harge print or speech access?

1	Condition is worse.	
2	Condition is better	
3	$O_{\text{u}_{E}}$ rew the aid	
4	Wo. n out	
5	Ne v technology available / Aid is outdated \Box	
6	Other	
	Other, Please Specify:	
	Other, Please Specify:	
	Other, Please Specify:	

E10.

(g) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) computer with Braille, large print or speech access?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

E3.

(h) <u>How often</u> do you (does) <u>use</u> a white cane?

1	Every day
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

E4.

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

1	You ()	🗆
2	Your ('s) family	🗆
3	Mealth care system	
4	Government program	🗆
5	Insurance company	🗆
6	Non-profit organization	🗆
7	It does not belong to you () (i.e. belor	ngs to employers,
	friends / family, public property, etc.)	
8	Other	
		\downarrow
	Other, Please Specify:	
9	Not applicable	
)	Don't know	

E4a.

(h) Are you (Is) making any kind of payment for this aid, for example to rent or finance this item?

	1	Yes
	2	No \Box > Skip to E3(i) if E4=7
	9	Don't know \Box > Skip to E3(i) if E4=7
	8	Refusal \square > Skip to E3(i) if E4=7
E3.		
(i)	<u>How</u>	v often do you (does) use (write-in)?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week \Box
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable Don't know
		Don't know \Box
		Refusal
E4.		
(i)	Whe	o paid the most for <u>acquiring</u> this item?
	1	Vou ()
	2	$\nabla corr(\dots's)$ family
		Health care system
	3	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.)
	8	Other
	C	Other, Please Specify:
	9	Not applicable

Don't know	
Refusal	

E4a.

(i) Are you (Is) making any kind of payment for this aid, for example to rent or finance this item?

1	Yes		
2	No	>	Skip to E11 if E4=7
9	Don't know	>	Skip to E11 if E4=7
8	Don't know□ Refusal□	>	Skip to E11 if E4=7

<u>Interviewer</u>: If service or replacement is applicable to this specific write-in then proceed to E5, else skip to E11.

E5.

(i) <u>How often</u> does this aid need service, such as repairs or maintenance?

 2 More than 6 months but less than 1 year 3 Once per year to less than 2 years 4 Once every 2 years but less than once 	
4 Once every 2 years but less than once	
every 5 years	
5 Every 5 years or more	
6 Never	
7 Not applicable $\Box > $ Go to E7	
Don't know $\Box > $ Go to E7	
Refusal \Box > Go to E7	

E6.

(i) How rouch difficulty do you (does) have paying for the service of this item?

1	None
2	Sh`zht
	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

- E7.
- (i) <u>How often</u> does your (....)'s (*write-in*) need to be replaced?

1 2	Every 6 months or less \Box More than 6 months but less than 1 year \Box		
3	Once per year to less than 2 years \Box		
4	Once every 2 years but less than once every 5 years. \Box		
5	Every 5 years or more		
6	Never.	>	Go to E11
7	Not applicable	>	Go to E11
	Don't know.	>	Go to E11
	Refusal	>	Go to E11

E8. (i)

Will	l this item need to be replace	ed in the next 12 months?
1	Yes	
2	No	G) to E11 G) to E11
9	Don't know	
8	Refusal	= > Go to E11

E9.

(i) What is the main reason you (....) will need to replace your (his/her) (write-in)?

1	Condition is worse.
2	Condition is better
3	Outgrew the aid
4	Worn out
5	New technology available / Aid is outdated
6	Other
(Othen, Please Specify:
	Don't know
Š	Refusal

E10.

(i) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) (*write-in*)?

1	None
2	Slight
3	Moderate
4	Serious

5	Cannot afford
6	Not applicable
	Don't know
	Refusal

E11. Are there any aids, specialized equipment or services for persons who are deaf or hard of hearing that you think (.... thinks) you <u>need</u> (he/she <u>needs</u>) but do (does) not have?

1	Yes	
2	No	
	Don't know $\Box > $ Go te E15	
	Refusal $\Box > Go to L15$	

E12. Which aids do you (does) <u>need</u> but do (does) n t have? Mark all that apply..

2 3 4	(a) (b) (c) (d)	magnifiers. Image: Constraint of the second sec
5	(e)	recording equipment or portable note-takers
6	(f)	closed circuit devices (e \circ ., CCIV's)
7	(g)	a computer with Brailie large print
		or speech access.
8	(h)	a white cane
9	(i)	another aid
		Other, Pleas Specify:
12	2	Non; selected \Box > Go to E15 Lon't know \Box > Go to E15
		Refusal
		7

Interviewer: Ask E13-E14 for aids (a-i) selected in E12; Else go to E15

E13.

(a) How frequently would you (....) use magnifiers if you (he/she) did have them?

1	Everyday	
2	A few times a week	

Once a week	
Less than once a week	
Frequent usage but only during certain times	
Not applicable	
Don't know	
Refusal	
	Once a week Less than once a week Frequent usage but only during certain times Not applicable Don't know Refusal

E14.

(a)	Why do you (does) not have this aid? Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her) condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her) condition is severe enough
6	Your (\ldots) insurance company does not feel that your (his/her) condition is severe enough \Box
7	You don't (doesn't) know where to get it \Box
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected

E13.

(b) How frequently would you (....) use Braille reading materials if you (he/she) did have t?

1	Everyday	🗆
2	A few times a week	🗆
3	Once a week	🗆
4	Less than once a week	
5	Frequent usage but only during certain times	
6	Not applicable	🗆
	Don't know	🗆
	Refusal	🗆

E14.

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

Mark all that apply.

1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally \Box
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough
7	You don't (\dots doesn't) know where to get it \Box
8	On a waiting list
9	Other
-	
	Other, Please Specify:
10	None selected

E13.

(c) How frequently would you (....) use large print reading materials if you (he/she) did have it?

1	Examplex	
1	Everyday	
2	A few times a week	🗆
3	Once a week	🗆
4	Less than once a week	
5	Frequent usage but only during certain times	
6	Not applicable.	🗆
	Don't know	🗆
	Refusal	🗆

E14.

(c)	Why do you (does) not have this aid?
	Mark all that apply.

1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough
6	Your () insurance company does not feel that

_	your (his/her) condition is severe enough	
7	You don't (doesn't) know where to get it \Box	
8	On a waiting list \Box	
9	Other	
	\downarrow	
	Other, Please Specify:	
10	None selected	
E13.		

(d) How frequently would you (....) use talking books if you (bet he) did have it?

1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain time. \dots
6	Not applicable \Box
	Don't know
	Refusal

E14.

(d)	Why do you (does) not have this aid? Interviewer: Mark all that a pp1y.
1	Cost (purchase)
2	Cost (mainten. 1991)
3	Not available locally
4	You () personally feel (s) that your (his/her) condition is not severe enough to justify this aid \Box
5	Ycur () doctor does not feel that your (his/her)
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a waiting list
9	Other
	\downarrow
	Other, Please Specify:
10	None selected

E13.

(e)	How frequently would you () use recording equipment or portable note-
	takers if you (he/she) did have it?

1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only during certain times
6	Not applicable
	Don't know
	Refusal
E14.	
(e)	Why do you (does) not have this aid?
(0)	<u>Interviewer:</u> Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/ber)
_	condition is not severe enough to justify d is aid \Box
5	Your () doctor does not feel that your (his/her)
6	condition is severe enough
6	Your () insurance con.party does not feel that
7	your (his/her) condition is revere enough
7	You don't (doesn') know where to get it \Box
8	On a waiting list
9	Other
	Oth r, Please Specify:
10	None selected

E13.

(f) How frequently would you (....) use closed circuit devices (e.g., CCTV's) if you (he/she) did have it?

1	Everyday	
2	A few times a week	
3	Once a week	
4	Less than once a week	
5	Frequent usage but only during certain times	

6	Not applicable
	Don't know
	Refusal

E14.

(f)	Why do you (does) not have this aid? <i>Mark all that apply.</i>
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected

E13.

(g) How frequently world you (....) use a computer with Braille, large print or speech access if you (ne/she) did have it?

1 2 3 4 5 6	Everyda;;	
	Don't know Refusal	

E14.

(g)	Why do you (does) not have this aid?
	Mark all that apply.

1 Cost (purchase)..... \Box

2	Cost (maintenance)
3	Not available locally \Box
4	You (\ldots) personally feel (s) that your (his/her) condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her) condition is severe enough
6	Your (\ldots) insurance company does not feel that your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a waiting list \Box
9	Other
	Other, Please Specify:
10	None selected

E13.

How frequently would you (....) use a will ite cane if you (he/she) did have it? (h)

1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times \dots
6	Not applicable
	Don't know
	Refusal
F1 4	

E14.

(h)	Why do you (does) not have this aid?
	Mark all that apply.

1	Cos. (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her) condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \Box
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough \Box
7	You don't (doesn't) know where to get it \Box
8	On a waiting list \Box
9	Other

Other, Please Specify:

10 None selected..... \Box

E13.

(i) How frequently would you (....) use a (*write-in*) if you (he/she) did have it?

1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times
6	Not applicable
	Don't know
	Refusal
	Refusal

E14.

(i)	Why do you (does) not have this aid. <i>Mark all that apply.</i>
	mark an mai appry.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally \Box
4	You () personally feer (s) that your (his/her)
	condition is not severe mough to justify this aid \Box
5	Your () doctor c'es not feel that your (his/her)
6	condition is sectore enough
6	Your () h surance company does not feel that
	your (hig/her) condition is severe enough
7	You do.'. (doesn't) know where to get it \Box
8	Or a weiting list
9	Oth.r.
	\downarrow
	Other, Please Specify:
10	None selected

E15. In the past 6 months, how often have you (has) had difficulty participating in everyday activities because of your (his/her) ability to see?

1	Daily	
2	Weekly	
3	Monthly	
4	Less than once per month	
5	Never	
6	Not applicable	\dots \Box > Go to F
	Don't know	

E16. When your (....'s) ability to see made it difficult to participate in everyday activities, did you (he/she) experience:

1	Some difficulty
2	A lot of difficulty
3	You were (was) completely
	unable to participate 🗆 🗸
4	Your ('s) participation was not affected
	Don't know
	Refusal
	Y Y

Section F - Communication Filter

***All respondents enter this module ***

- F. The next few questions are about your (....'s) ability to communicate. Remember, ' am asking about difficulties that have lasted or are expected to last 6 about or more.
- F1. Because of a containing or health problem, do you (does) have any difficulty speaking?

	Y-35	> Check Hearing- Limitation box on Profile Sheet & Go to F3
2	No	
9	Don't know	
8	Refusal	

F2. Because of a condition or health problem, do you (does) have any difficulty making yourself (himself/herself) understood when speaking?

1 Yes..... \square > Check Hearing-Limitation box on

Profile Sheet & Go to F5

2	No	>	Skip to H
9	Don't know	>	Skip to H
8	Refusal	>	Skip to H

F3. How much difficulty do you (does) have speaking?

1	Some difficulty	
2	A lot of difficulty	
3	You () cannot speak	> Go to F9
4	Don't know	
	Refusal	

F4. Because of a condition or health problem, do you (does) have any difficulty making yourself (himself/herself) and rstood when speaking?

1	Yes	
2	No	 > Go to F9
9		 > Go to F9
8	Refusal	 > Go to F9

F5. How well are you (is) at 'e to make yourself (himself/herself) understood when speaking with members of your (his/her) own family?

1	Completely
2	Partially
3	Not at au
9	Refuse 1
8	D n' Know

F6. How well are you (is) able to make yourself (himself/herself) understood when speaking with your (his/her) friends?

1	Completely
2	Partially
3	Not at all
9	Refused
8	Don' Know

F7. How well are you (is) able to make yourself (himself/herself) understood when speaking with professionals and service providers, e.g., doctors, home care providers?



- F8. How well are you (is) able to make yourself (himself/herself) understood when speaking with other people?
 - 1
 Completely.....

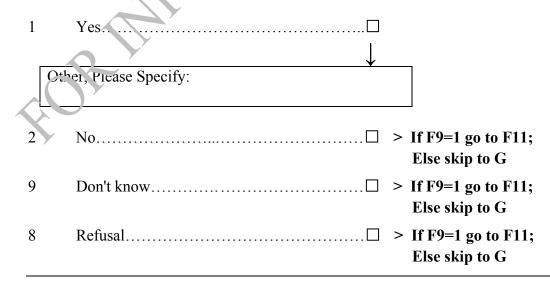
 2
 Partially.....

 3
 Not at all.....

 9
 Refused.....

 8
 Don' Know.....
- F9. Do you (Does) use sign language such as ASL or LSQ?

F10. Do you (Does) use another form of communication?



F11. How well are you (is) to make yourself (himself/herself) understood

when communicating in this manner with members of your (his/her) own family?

1	Completely
2	Partially
3	Not at all \Box
9	Refused
8	Don' Know

F12. How well are you (is) to make yourself (himself/herself) understood when communicating in this manner with friends?

	_
1	Completely
2	Partially
3	Not at all
9	Refused
8	Don' Know

F13. How well are you (is) to make yourself (Limself/herself) understood when communicating in this manner with p, ofessionals and service providers, e.g., doctors, home care providers?

1	Completely	🗆
2	Partially	
3		🗆
9	Refused	🗆
8	Don' Know	 🗆

F14. How well are you (is) to make yourself (himself/herself) understood when communicating in this manner with other people?

4	Completely	
5	Partially	
5	Not at all	
9	Refused	
8	Don' Know	

Section G - Communication Aids

If communication limitation is marked on the Profile Sheet then continue; else skip to Section H (p 100)

- G. Interviewer: If a communication limitation is marked on the Profile Sheet then proceed with hearing aid questions; else skip to Section H.
- G1. Do you (Does) <u>use</u> any aids or specialized equipment for persons who have difficulty speaking or making themselves understood, for example, a keyboard device to communicate?

	1	Yes				
	2		Go to	G11		
	9	Don't know $\Box >$	Go to	G11		
	8	Refusal >	Go to	Gn		
G2.	Do you	(Does) now <u>use</u> :	(1) <u>Yes</u>	(2) <u>No</u>	(9) <u>DK</u>	(8) <u>R</u>
(a) a	voice ar	nplifier				
(b) a	comput	er or keyboard device to commanicate				
(c) a	commu	nications board such as Bliss				
(d) a	nother a	id				
			\downarrow			
Othe	er, Please	e Specify:				

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

G3. (a)

<u>Hovoften</u> do you (does) <u>use</u> a voice amplifier?

1	Every day
2	A few times a week
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know

G4. (a)	W	ho paid the most for <u>acquiring</u> this item?
	1	You ()
	2	Your ('s) family \Box
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers
		friends / family, public property, etc.)
	8	Other
		Other, Please Specify:
	9	Not applicable
		Don't know
G4a. (a)		re you (Is) making . ny kind of payment for your ()'s voice aplifier, for example to get t or finance this item?
	1	Yes
	2	No
	-	G4=7
	9	Don't know
	0	G4=7
/	8	Refusal
G5.		
(a)		<u>Low often</u> does your ()'s voice amplifier need service, such as repairs or naintenance?

1	Every 6 months or less
2	More than 6 months but less than 1 year \Box
3	Once per year to less than 2 years.
4	Once every 2 years but less than once
	every 5 years

5	Every 5 years or more	
6	Never	> Go to G7
7	Not applicable	> Go to G7
	Don't know	> Go to G7
	Refusal	> Go to G7

G6.

(a) How much difficulty do you (does) have paying for the service of this item?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

G7.

(a) <u>How often</u> do your (....)'s voice amplifier need to be replaced?

1	Every 6 months or less $\Box > $ Go to G9
2	More than 6 months but less than 1 year
3	Once per year to less than $2y_{ars}$
4	Once every 2 years but lest then once every 5 years. \Box
5	Every 5 years or more.
6	Never. $\Box > $ Go to G3 (b)
7	Not applicable \Box > Go to G3 (b)
	Don't know. $\Box > $ Go to G3 (b)
	Refusal $\Box > \text{Go to G3 (b)}$

G8.

G9.

(a) What is the main reason you (....) will need to replace your (his/her) voice amplifier?

1 2 3 4 5 6	Condition is worse. I Condition is better. I Outgrew the aid. I Worn out. I New technology available / Aid is outdated. I Other. I	
0		
Othe	er, Please Specify:	
	Don't know	

G10.

(a) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) voice amplifier?

1	None	
2		
3	_	
4	Serious	
5	Cannot afford	
6	Not applicable	
	Don't know	
	Refusal	∠□

- **G3**.
- (b) <u>How often</u> do vou (d. 2s) <u>use</u> a computer or keyboard device to communica e?

1	Every day
2	A ^c ew times a week□
3	Once a week
1	Less than once a week \Box
5	Frequent usage but only
	during certain times \Box
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

G4.(b) Who paid the most for <u>acquiring</u> this item?

	1	You ()
	2	Your ('s) family \Box
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.)
	8	Other
	U	
		Other, Please Specify:
	9	Not applicable
)	11
		Don't know
		Kelusal
G4a.		
(b)	Α	re you (Is) making any kind of payment for your ()'s computer or
		eyboard device to communicate, for example to rent or finance this item?
	1	Yes
	2	No \Box > Skip to G3(c) if
		G4=7
	9	Don't know \Box > Skip to G3(c) if
	-	G4=7
	8	Refusal
	0	G4=7
G5 .		
(b)	H	<u>cw or en</u> does your ()'s computer or keyboard device to communicate
/	n	eed service, such as repairs or maintenance?
1	E	very 6 months or less \Box
2	Μ	lore than 6 months but less than 1 year \Box
3	Ο	nce per year to less than 2 years
4	0	nce every 2 years but less than once
	ev	very 5 years
5	E	very 5 years or more \Box
6		ever \Box > Go to G7
7		ot applicable \Box > Go to G7
-		on't know \Box > Go to G7
		efusal
	11	

G6.

(b) How much difficulty do you (does) have paying for the service of this item?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

G7.

(b) <u>How often</u> do your (....)'s computer or keyboard device to communicate need to be replaced?

4	
I	Every 6 months or less
2	More than 6 months but less than 1 year $\square > $ Go to G9
3	Once per year to less than 2 years \Box
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never
7	Not applicable $\Box > Go \text{ to } G3 (c)$
	Don't know $\Box > $ Go to G3 (c)
	Refusal

G8.

(b) Will this item need to be replaced in the next 12 months?

1 Yes		
2 No[] >	Go to G3 (c)
9 Don't know] >	Go to G3 (c)
Refusal	$\neg >$	Go to G3 (c)

G9.

(b) What is the main reason you (....) will need to replace your (his/her) computer or keyboard device to communicate?

1	Condition is worse	
2	Condition is better	
3	Outgrew the aid	
4	Worn out	

5 New technology available / Aid is outdated6 Other	
	\downarrow
Other, Please Specify:	
Don't know	
Refusal	

G10.

(b) How much difficulty <u>will you (....)</u> have paying for a replacement to your (his/her) computer or keyboard device to communicate?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
	Don't know
	Refusal

G3.

(c) <u>How often</u> do you (does) use a communications board such as Bliss to communicate?

1	Every day
2	A few times a week \Box
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only
	during contain times
6	Non't use because it needs repair
	vr eplacement
\mathcal{T}	Not applicable
	Don't know
Y	Refusal

G4.

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

1	You ()
2	Your ('s) family
3	Health care system
4	Government program

	 Insurance company Non-profit organization It does not belong to you () (i.e. belongs to employers, friends / family, public property, etc.) Other
	Other, Please Specify:
	9 Not applicable
G4a. (c)	Are you (Is) making any kind of payment for your ()'s communications board such as Bliss to communicate, for example to rent or finance this item?
	1 Yes 2 No \square > Skip to G3(d) if G4=7
	9 Don't know \square > Skip to G3(d) if 6 G4=7 8 Refusal \square > Skip to G3(d) if 6 G4=7 9 G4=7 9 G4=7
G5. (c)	How often does your ()'s communications board need service, such as repairs or manuenance?
1 2 3 4	Every 6 n onths or less. More that 6 months but less than 1 year. Once per year to less than 2 years. Once every 2 years but less than once every 5 years.
5 6 7	Every 5 years or more \Box Every 5 years or more \Box Never \Box > Go to G7Not applicable \Box > Go to G7Don't know \Box > Go to G7Refusal \Box > Go to G7

G6.

How much difficulty do you (does) have paying for the service of this item? (c)

🗆
🗆
🗆
🗆

G7.

(c) <u>How often</u> do your ()'s communications board need to be repl	aced?
---	-------

1	Every 6 months or less
2	More than 6 months but less than 1 year
3	Once per year to less than 2 years
4	Once every 2 years but less than once every 5 years
5	Every 5 years or more
6	Never $\square > $ Go to G3 (d)
7	Not applicable $\Box > $ Go to G3 (d)
	Don't know. $\Box > $ Go to G3 (d)
	Refusal

G8. (c)

Will this item need to be verlaced in the next 12 months?			
1	Yes		
2	No	$\Box > \text{Go to G3 (d)}$	
9	Don't know	$\Box > \text{Go to G3 (d)}$	
8	Refusal	$\Box > $ Go to G3 (d)	

G9.

(c) What is the main reason you (....) will need to replace your (his/her) communications board?

1	Condition is worse.
2	Condition is better \Box
3	Outgrew the aid \Box
4	Worn out
5	New technology available / Aid is outdated \Box
6	Other
i	¥
	Other, Please Specify:

Don't know	
Refusal	

G10.

(c) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) communications board?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
	Don't know
	Refusal
He	ow often do you (does) use a (write-in) to communicate?
1	Every day
2	A few times a week
3	
Δ	Once a week
Τ.	Less than once a week

3	Frequent usage but only
	during certain times
6	Don't use because it preds repair
	or replacement □
7	Not applicable
	Don't know.
	Refusa!

G4. (d)

Who, and the most for <u>acquiring</u> this item?			
		-	
	Condition is worse		
2	Condition is better		
3	Outgrew the aid		
4	Worn out		
5	New technology available / Aid is outdated		
6	Other		
		/	
(Other, Please Specify:		
	Don't know		

G4a.

(d) Are you (Is) making any kind of payment for your (....)'s (*write-in*) to communicate, for example to rent or finance this item?

1	Yes		
2	No	>	Skip to G11
9	Don't know	>	Skip to G11
8	Refusal	>	Skip to G11

<u>Interviewer</u>: If service or replacement is applicable to this specific write-in then proceed to G5, else skip to G11.

G5.

(d) <u>How often</u> does your (....)'s (*write-in*)to communicate need service, such as repairs or maintenance?

1	Every 6 months or less
2	More than 6 months but less than 1 year \Box
3	Once per year to less than 2 years
4	Once every 2 years but less than once
	every 5 years.
5	Every 5 years or more
6	Never
7	Not applicable $\Box > $ Go to G7
	Don't know $\Box > $ Go to G7
	Refusal \Box > Go to G7

G6.

.

(d) How huch difficulty do you (does) have paying for the service of this item.

1	None
2	Shzht
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable \Box
	Don't know
	Refusal

G7.

(d) <u>How often</u> do your (....)'s (*write-in*) to communicate need to be replaced?

1	Every 6 months or less \Box > Go to G9
2	More than 6 months but less than 1 year \Box > Go to G9
3	Once per year to less than 2 years \Box
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never. $\Box > $ Go to G11
7	Not applicable $\Box > $ Go to G11
	Don't know $\Box > $ Go to G11
	Refusal

G8.

G8. (d)	Will	this item need to be replac	ed in the next 12 months?
	1	Yes	
	2	No	
	9	Don't know	
	8		

G9.

(d) What is the main reason you (....) will need to replace your (his/her) (write-in)to communicate?

1	Condition is worse.
2	Condition is better
3	Outgrew the aid
4	Worn out
5	New technology available / Aid is outdated
6	Other
(Other, Please Specify:
	Don't know
S	Refusal

G10.

How much difficulty will you (....) have paying for a replacement for **(d)** your (his/her) (write-in) to communicate?

1	None
2	Slight
	Moderate
4	Serious

	5 Cannot afford
G11.	Are there any aids or specialized equipment for persons who have difficulty speaking or making themselves understood that () you think(s) you (he/she) <u>need(s)</u> but do not have?
	1Yes.2No.3 \square > Go to G159Don't know.1> Go to G158Refusal.1> Go to G15
G12.	Which aids do you (does) <u>need</u> but do (does) not have: <u>Interviewer:</u> Mark all that apply.
1 (a) 2 (b) 3 (c) 4 (d) 5 (e)	A voice amplifier
12	Other, Please Specify: None selected Don't know Refusal So to G15 Refusal

Interviewer: Proceed to G13-G14 for aids (a-e) selected in G12; Else go to G15

G13.

(a) Ho v frequently would you (....) use a voice amplifier if you (he/she) did have them?

1	Everyday	🗆
2	A few times a week	🗆
3	Once a week	🗆
4	Less than once a week	
5	Frequent usage but only during certain times	
6	Not applicable	🗆
	Don't know	🗆
	Refusal	🗆

G14.

(a)	Why do you (does) not have this aid	1?
	Mark all that apply.	

1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
0	condition is severe enough \Box
6	Your () insurance company does not feel that
0	your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a waiting list
9	Other
)	
	Other, Please Specify:
10	None selected
G13.	
(b)	How frequently would you (.) use a computer or keyboard device to
	communicate if you (he/shc) did have it?
1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent uses but only during certain times \Box

5 Frequent usage but only during certain times□
6 Not appin able...□
Don't kn w...□
Re^cusal...□

G14.

(b)	Why do you (does) not have this aid? Mark all that apply.	
1	Cost (purchase)	
2	Cost (maintenance)	
3	Not available locally	. 🗆
4	You () personally feel (s) that your (his/her) condition is not severe enough to justify this aid	
5	Your () doctor does not feel that your (his/her)	

	condition is severe enough \Box
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough
7	You don't (\dots doesn't) know where to get it \Box
8	On a waiting list
9	Other
-	
	Other, Please Specify:
10	
10	None selected
G13.	
(c)	How frequently would you () use a communications woard such as Bliss if
	you (he/she) did have it?
1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times
6	Not applicable
	Don't know
	Don't know
G14.	
	Why do you (does) not have this aid?
(c)	Why do you (does) not have this aid? Mark all that apply.
	Mark all that photo.
1	Cost (purchase)
2	Cost (r iai itenance)
3	Not a range locally.
4	You () personally feel (s) that your (his/her)
/	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough
7	You don't (\dots doesn't) know where to get it \Box
8	On a waiting list
9	Other
	Other, Please Specify:

10	None selected		
----	---------------	--	--

G13.

(d)	How frequently would you () use specialized telephone equipment if	f you
	(he/she) did have it?	

1	Everyday
2	A few times a week \Box
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only during certain times \dots
6	Not applicable
	Don't know
	Refusal
G14.	
(d)	Why do you (does) not have this aid?
	Mark all that apply.
1	

1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \dots
6	Your () insurance company does not feel that
	your (his/her) condution is severe enough
7	You don't (\dots doorn't) know where to get it
8	On a waiting list.
9	Other.
	Other, Please Specify:

10 None selected.....

G13.

(e) How frequently would you (....) use (*write-in*) if you (he/she) did have it?

1	Everyday	
	A few times a week	
3	Once a week	
4	Less than once a week	

5	Frequent usage but only during certain times	_
6	Not applicable	
	Don't know	
	Refusal	
		_

G14.

(e)	Why do you (does) not have this aid? <i>Mark all that apply.</i>
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her) condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her) condition is severe enough
6	Your () insurance company does not feel that your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it. \Box
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected

G15. In the past 6 m. oths, how often have you (has) had difficulty participating in everyday activities because of your (his/her) ability to communicate?

1	Dan'y
2	We, kij
3	
4	Less than once per month
5	Never > Go to H
6	Not applicable \Box > Go to H
	Don't know \Box > Go to H

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

1	Some difficulty	
2	A lot of difficulty	

3	You were (was) completely	
	unable to participate	
4	Your ('s) participation was not affected	
	Don't know	
	Refusal	

Section H - Mobility Filter

		All respondents enter this module	ĸ	4
H.	aroun crutcł	ext few questions are about your ('s) ability d, even when using an aid or specialized equipn nes. Remember, I am asking about difficulties that ted to last 6 months or more.	nei	nt such as a cane or
H1.	Are ye	ou (Is) able to walk?		
	1	Yes		
	2	No	>	Check off Mobility Limitation on Profile Sheet; then Go to H8a
	9	Don't know.	>	Go to H2
	8	Refusal	>	Go to H2
Н2.	•	u (Does) have any difficulty walking half a k that is, bout three city blocks, without resting?		ometre or a quarter
		Yes, sometimes	>	Check off Mobility Limitation on Profile Sheet
	2	Yes, often or always 🗆	>	Check off Mobility Limitation on Profile Sheet
	3	No	>	Go to H4
	8	Refusal		Go to H4
	9	Don't Know	>	Go to H4

H3. How much difficulty?

1	Some difficulty
2	A lot of difficulty
3	Completely unable
9	Don't know
8	Refusal

H4. Do you (Does) have any difficulty walking up and down a flight of stairs, about 12 steps, without resting?

	1	Yes, sometimes
	2	Yes, often or always Ves, often or always
	3	No $\square > $ Go to H6
	8	Refusal
	9	Don't Know
Н5.	How	much difficulty?
	1	Some difficulty
	2	A lot of difficulty.
	3	Completely unable
	9	Don't knov
	8	Refusal
Н6.		ou (Does) have any difficulty carrying an object of 5 kg or 10 is, kin a bag of groceries, for 10 metres or 30 feet?
		Yes, sometimes > Check off Mobility Limitation on Profile Sheet
	2	Yes, often or always Check off Mobility Limitation on Profile Sheet
	3	No
	8	Refusal
	9	Don't Know \Box > Go to H8

H7. How much difficulty?

1	Some difficulty
2	A lot of difficulty
3	Completely unable
9	Don't know
8	Refusal

H8. Do you (Does) have any difficulty standing in line for more than 20 minutes?

1	Yes, sometimes \Box > Check off Mobility
	Limitation on Profile
	Cheet; then Go to H9
2	Yes, often or always
	Limitation on Profile
	Sheet; then Go to H9
3	No \square > Go to H10
8	Refusal \Box > Go to H10
9	Don't Know \Box > Go to H10

H8a. Do you (Does) have any difficulty standing in one spot for 20 minutes?

1 2	Yes, sometimes□ Yes, often or ɛ lways□		
3	No	>	If Mobility Limitation Checked Off on Profile Sheet go to I; Else go to J
8	k∵fusal□	>	If Mobility Limitation Checked Off on Profile Sheet go to I; Else go to J
9	Don't Know	>	If Mobility Limitation Checked Off on Profile Sheet go to I; Else go to J

H9. How much difficulty?

1	Some difficulty
2	
3	
9	Don't know
8	Refusal

Interviewer: If H1=2(yes, often or always) then go to I; Else go to H10

H10. Do you (Does) have any difficulty moving from one room to another?

	1	Yes, sometimes	e
	2	Yes, often or always Creck off Mobility Limitation on Profile Sheet	e
	3	No Dr > Go to I	
	8	Refusal	
	9	Don't Know. $\Box > $ Go to I	
H11.	How r	nuch difficulty?	
	1	Some difficulty	
	2	A lot of difficulty	
	3	Completely unable	
	3 9	Completely un able	
		Don't know	
	9	Don't know	
	9	Don't know	

If mobility limitation is marked on the Profile Sheet then continue; Else skip to Section J (p 149)

I1. Do you (Does) use any aids or specialized equipment for persons who have difficulty moving around, for example, a cane or crutches, a wheelchair or grab bars? Please include only portable equipment, we will be discussing accessibility features such as ramps and elevators in a later section.

1	Yes	
2	No	> Go to I11

	9 8			to 111 to 111		
12.	Do yo	u (Does) now <u>use</u> :	(1) <u>Yes</u>	(2) <u>s No</u>	(9) <u>DK</u>	(8) <u>R</u>
(a)	orthop	edic footwear?	. 🗆			
(b)	a cane	or walking stick?	. 🗖			
(c)	crutche	es?				
(d)	a manu	ual wheelchair?	E			
(e)	an elec	tric wheelchair?	. []			
(f)	a walke	er?	. 🗆			
(g)	a scoot	er?				
(h)	braces	or supportive devices?	. 🗆			
		rs or bathroom aids?				
(j)	bath or	r bed lifts or other lift type				
	devices	?	. 🗆			
(k)	an ada	pted motor vehicle?	. 🗆			
(l)	anothe	er aid?				
			\downarrow			
0	ther, Plea	ase Specify.				
;	** Inter	viewer: Ask questions I3-10 for aids selected in I2(a-l	!); El	se skip	to 111	**

I3.

How often do you (does) use orthopedic footwear? **(a)**

1	Every day
2	A few times a week
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair

7	or replacement
	Don't know
	Refusal

I4.

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

	1	You ()
	2	Your ('s) family \Box
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to compleyers,
		friends / family, public property, etc.) 🖸
	8	Other
		Other, Please Specify:
	9	Not applicable
I4a. (a)		are you (Is) m. king any kind of payment for your ()'s orthopedic botwear, for chample to rent or finance this item?
	1	¥-s□
	1 2	\square > Skip to I3(b) if I4=7
	2 9	$\Box > \text{Skip to IS(b) if I4=7}$
	8	\Box > Skip to I3(b) if I4=7Kefusal> Skip to I3(b) if I4=7
I5.		
13. (a)	н	ow often does your ()'s orthopedic footwear need service, such as
(<i>a)</i>		epairs or maintenance?
1	F	very 6 months or less
2		Fore than 6 months but less than 1 year
-		
3		nce per year to less than 2 years

5	Every 5 years or more	
6	Never	> Go to I7
7	Not applicable	> Go to I7
	Don't know	> Go to I7
	Refusal	> Go to I7
	Not applicable	> Go to > Go to

I6.

(a) How much difficulty do you (does) have paying for the service of this item?

	.1
1	None
2	Slight
3	Moderate
4	Serious 🗆 💦
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

I7.

(a) <u>How often</u> do your (....)'s orthopedic foo, wear need to be replaced?

1	Every 6 months or less $\Box > $ Go to 19
2	More than 6 months but less than i year \Box > Go to I9
3	Once per year to less than $2 v^{ars}$
4	Once every 2 years but les. then once every 5 years. \Box
5	Every 5 years or more.
6	Never $\Box > $ Go to I3 (b)
7	Not applicable \Box > Go to I3 (b)
	Don't know $\Box > $ Go to I3 (b)
	Refusal $\Box > $ Go to I3 (b)

I8.

18.
(a)Will this item need to be replaced in the next 12 months?1Yes......2No......2No.....9Don't know...8Refusal....8Refusal...

I9.

(a) What is the main reason you (....) will need to replace your (his/her) orthopedic footwear?

	1 2 3 4 5 6	Condition is worse. Condition is better. Outgrew the aid. Worn out. New technology available / Aid is outdated. Other.
	Г	Other Place Sneetfru
		Other, Please Specify:
		Don't know
110		
I10. (a)		w much difficulty <u>will you ()</u> have paying for a replacement for ir (his/her) orthopedic footwear?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5 6	Cannot afford
	0	Not applicable Don't know
		Refusal.
12		
I3.	Uo	w often de ver (cos) use a sene er welking stick?
(b)	<u>110</u>	ow often do you (apes) <u>use</u> a cane or walking stick?
	1	Every l'ay
	2	A few times a week \Box
	3	Crice a week
	Δ	Less than once a week \Box
	-5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
	7	or replacement
	7	Not applicable
		Don't know Refusal

I4.

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

	1	You ()
	2	Your ('s) family \Box
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization \Box
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.)
	8	Other
	Γ	Other Diago Specify
		Other, Please Specify:
	9	Not applicableDon't knowRefusal.
I4a. (b)		re you (Is) making any kind of pryment for your ()'s cane or alking stick, for example to rent or finance this item?
	1	Yes
	1 2	Yes□ No□ > Skip to I3(c) if I4=7
	2	No
I5. (b)	2 9 8 <u>H</u>	No
(b)	2 9 8 <u>H</u> re	No > Skip to I3(c) if I4=7 Don't know > Skip to I3(c) if I4=7 Refusal > Skip to I3(c) if I4=7 woften doc > Skip to I3(c) if I4=7 woften doc > Skip to I3(c) if I4=7 pairs or m. intenance? > Skip to I3(c) if I4=7
(b)	2 9 8 <u>H</u> re Ev	No. > Skip to I3(c) if I4=7 Don't know. > Skip to I3(c) if I4=7 Refusal. > Skip to I3(c) if I4=7 ow often doc your ()'s cane or walking stick need service, such as pairs or m. intenance? very 6 runths or less.
(b) 1 2	2 9 8 <u>H</u> re Ev	No
(b) 1 2 3	2 9 8 <u>H</u> re Ev M	No
(b) 1 2	2 9 8 H re Ev M Or	No
(b) 1 2 3 4	2 9 8 <u>H</u> re Ev M Or ev	No
(b) 1 2 3 4 5	2 9 8 <u>H</u> re Ev M Or ev Ev	No. > Skip to I3(c) if I4=7 Don't know. > Skip to I3(c) if I4=7 Refusal. > Skip to I3(c) if I4=7 ow often do. > Skip to I3(c) if I4=7 ow often do. > Skip to I3(c) if I4=7 ow often do. > Skip to I3(c) if I4=7 ow often do. > Skip to I3(c) if I4=7 over of the do. > Skip to I3(c) if I4=7 over of the do. > Skip to I3(c) if I4=7 over of the do. > Skip to I3(c) if I4=7 over of the do. > Skip to I3(c) if I4=7 over of the do. > Skip to I3(c) if I4=7 over of the do. > Skip to I3(c) if I4=7 over of the do. > Skip to I3(c) if I4=7 over of the do. > Skip to I3(c) if I4=7 over of the do. > Skip to I3(c) if I4=7 over of the do. > Skip to I3(c) if I4=7 over of the do. > Skip to I3(c) if I4=7 over of the do. > Skip to I3(c) if I4=7 over of the do. > Skip to I3(c) if I4=7 over of the do. > Skip to I3(c) if I4=7 over of the do. > Skip to I3(c) if I4=7 over of ver of the do. > Skip to I3(c) if I4=7
(b) 1 2 3 4 5 6	2 9 8 H re Ev M O ev Ev No	No
(b) 1 2 3 4 5	2 9 8 H re Ev M Or Ev Ev No	No
(b) 1 2 3 4 5 6	2 9 8 H re Ev M O ev Ev No No	No

I6. (b) How much difficulty do you (does) have paying for the service of this

item?

1	None	
2	Slight	
3	Moderate	
4	Serious	
5	Cannot afford	
6	Not applicable \Box	
	Don't know	
	Refusal	

I7.

(b) <u>How often</u> do your (....)'s cane or walking stick need to be replaced?

1	Every 6 months or less
2	More than 6 months but less than 1 year
3	Once per year to less than 2 years
4	Once every 2 years but less than once every 5 years.
5	Every 5 years or more
6	Never $\Box > $ Go to I3 (c)
7	Not applicable $\Box > $ Go to I3 (c)
	Don't know $\Box > $ Go to I3 (c)
	Refusal

I8.

(b) Will this item need to be replaced in the next 12 months?

1	Yes	
2	No	> Go to I3 (c)
	Don' know	
8	Refusal	> Go to I3 (c)

I9.

(b) What is the main reason you (....) will need to replace your (his/her) care or walking stick?

1	Condition is worse
	Condition is better
	Outgrew the aid \Box
4	Worn out
5	New technology available / Aid is outdated \Box
6	Other

Other, Please Specify:

Don't know	
Refusal	

I10.

(b) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) cane or walking stick?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
	Don't know
	Refusal

I3.

(c) <u>How often</u> do you (does) <u>use</u> crutches?

1 Every day..... A few times a week..... 2 Once a week. 3 Less than once a wiek..... \Box 4 5 Frequent usage but on 'v during certain times...... Don't use by cause it needs repair 6 or replacement...... Not applicable..... 7 Don't krow..... Refusal.....

I4.

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

1	You ()
2	Your ('s) family
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization
7	It does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.) \Box

	8	Other
	(Other, Please Specify:
	9	Not applicable
I4a. (c)		you (Is) making any kind of payment for your ()'s crutcnes, for mple to rent or finance this item?
	1 2 9 8	Yes No
I5. (c)		<u>w often</u> does your ()'s crutches need service, such as repairs or intenance?
1 2 3 4	Mo One One eve	ary 6 months or less. Image: Comparison of the second
5 6 7	Nev Not Doi	$ry 5$ years or more \Box ver \Box $applicable$ \Box $a't^{1}$ ne w \Box $aeel$ \Box
I6. (c)	Ho	w much difficulty do you (does) have paying for the service of this m?
	1	None

1	None
2	Slight
3	Moderate
4	Serious 🗆
5	Cannot afford
6	Not applicable \Box
	Don't know

Refusal

I7. (c) How often do your (....)'s crutches need to be replaced? 1 Every 6 months or less..... \Box > **Go to I9** More than 6 months but less than 1 year...... $\Box >$ **Go to I9** 2 3 Once per year to less than 2 years..... \Box 4 Once every 2 years but less than once every 5 years. \Box 5 Every 5 years or more..... Never. 6 > Go to I3 \lesssim 7 Not applicable..... > Go to I3 (d) Don't know. > Go to 13 (a) > 60 w 13 (d) Refusal..... **I8**. Will this item need to be replaced in the next 12 months? (c) 1 Yes..... No..... \Box > Go to I3 (d) 2 Don't know. \Box > Go to I3 (d) 9 8 **I9**. What is the main reason vor (....) will need to replace your (his/her) (c) crutches? 1 Condition is worse. 2 Condition is better. 3 Outgrew 'he aid..... 4 Won out..... 5 New technology available / Aid is outdated..... Oth er..... 6 Other, Please Specify: Don't know Refusal.

I10.

(c) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) cane or walking stick?

1	None
2	Slight
	Moderate
4	Serious
5	Cannot afford
	Don't know
	Refusal

I3.

MIX How often do you (does) use a manual wheelchair? (d)

1	Every day
2	A few times a week \Box
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

I4.

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

1 2 3 4 5 6 7 8	You ()
	Other, Please Specify:
9	Not applicable

I4a.

(d) Are you (Is) making any kind of payment for your (....)'s manual wheelchair, for example to rent or finance this item?

1	Yes		
2	No	>	Skip to I3(e) if I4=7
9	Don't know	>	Skip to I3(e) if I4=7
8	Refusal	>	Skip to I3(e) if I4=7

I5.

(d) <u>How often</u> does your (....)'s manual wheelchair need service, such as repairs or maintenance?

1	Every 6 months or less
1	
2	More than 6 months but less than 1 year
3	Once per year to less than 2 years
4	Once every 2 years but less than once
	every 5 years
5	Every 5 years or more
6	Never
7	Not applicable $\Box > $ Go to 17
	Don't know $\Box > $ Go to 17
	Refusal $\Box > $ Go to 17

I6.

(d) How much difficulty to you (does) have paying for the service of this item?

1	None
2	Slight.
3	Modera ta.
4	Se fious
5	Cal. not afford
6	Not applicable
	Don't know
	Refusal

(d) <u>How often</u> do your (....)'s manual wheelchair need to be replaced?

1	Every 6 months or less. \Box	>	Go to I9
2	More than 6 months but less than 1 year \Box	>	Go to I9
3	Once per year to less than 2 years \Box		

I7.

Once every 2 years but less than once every 5 years. Every 5 years or more		
Never.	>	Go to I3 (e)
Not applicable		
Don't know		
Refusal	>	Go to I3 (e)

I8.

(d) Will this item need to be replaced in the next 12 months?

1	Yes	
2	No	> Go to I3 (e)
9	Don't know	> Ge to $^{13}(\epsilon)$
8	Refusal	> Co to I3 (e)

I9.

(d) What is the main reason you (....) will need to the lace your (his/her) manual wheelchair?

- Condition is worse.
 Condition is better.
 Outgrew the aid.
 Worn out.
 New technology available / Aid is outdated.
- 6 Other.....

Other, Please Specity Don't know.

I10.

(d) Now much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) manual wheelchair?

1	None	
2	Slight	
	Moderate	
4	Serious	
5	Cannot afford	
	Don't know	
	Refusal	
5	Don't know	

I3.

(e) <u>How often</u> do you (does) <u>use</u> an electric wheelchair?

	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week \Box
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
		() Y
T A		
I4.	**/1	
(e)	wno	paid the most for <u>acquiring</u> this item?
	1	You ()
	2	Your ('s) family
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family public property, etc.)
	8	Other
	Ot	her, Pleas Specify:
	9	Not applicable
		Bon't know
		Refusal
	Y	

I4a.

(e) Are you (Is) making any kind of payment for your (....)'s electric wheelchair, for example to rent or finance this item?

1	Yes
2	No
9	Don't know
8	Refusal

I5.

(e) <u>How often</u> does your (....)'s electric wheelchair need service, such as repairs or maintenance?

1	Every 6 months or less
2	More than 6 months but less than 1 year \Box
3	Once per year to less than 2 years
4	Once every 2 years but less than once
	every 5 years
5	Every 5 years or more
6	Never
7	Not applicable $\Box > \operatorname{Goto}(7)$
	Don't know
	Refusal $\Box > 0.0$ is I7

I6.

(e) How much difficulty do you (does) have paying for the service of this item?

1	None	[
2	Slight		
3		[
4	Serious		
5	Cannot afford	C	
6	Not applicable		
	Don't know		
		[_

I7.

(e) <u>How 6^ete 1 do your (....)'s electric wheelchair need to be replaced?</u>

1	Every 6 months or less	>	Go to I9
2	More than 6 months but less than 1 year \Box	>	Go to I9
3	Once per year to less than 2 years \Box		
4	Once every 2 years but less than once every 5 years. \Box		
5	Every 5 years or more		
6	Never	>	Go to I3 (f)
7	Not applicable	>	Go to I3 (f)
	Don't know	>	Go to I3 (f)
	Refusal	>	Go to I3 (f)

I8.

(e) Will this item need to be replaced in the next 12 months?

1	Yes		
2	No	>	Go to I3 (f)
9	Don't know	>	Go to I3 (f)
8	Refusal	>	Go to I3 (f)

I9.

(e) What is the main reason you (....) will need to replace your (his/her) electric wheelchair?

1 2 3 4 5 6	Condition is worse
(Other, Please Specify:
	Don't know

I10.

(e) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) electric wheelchair?

1	None	
2	Slight	
3	Moderal?	. 🗆
4	Serious	. 🗆
5	Can not offord	. 🗆
	Don't know	
	?efi.sal	
\sim		

I3.

(f) <u>How often</u> do you (does) <u>use</u> a walker?

1	Every day
2	A few times a week \Box
3	Once a week \Box
4	Less than once a week \Box
5	Frequent usage but only
	during certain times \Box

6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

I4.

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

1	You ()
2	Your ('s) family \Box
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization 🗖 🔪
7	It does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.)
8	Other
	Other, Please Specify:
9	Not applicable
,	Don't know
	Refusal

(f) Are you (Is) meking any kind of payment for your (....)'s walker, for example to rent or finance this item?



I5.

I4a.

(f) <u>How often</u> does your (....)'s walker need service, such as repairs or maintenance?

- Every 6 months or less.....□
 More than 6 months but less than 1 year....□
 Once per year to less than 2 years...□
 Once every 2 years but less than once

5	every 5 years		
	Never.	>	Go to I7
7	Not applicable	>	Go to I7
	Don't know	>	Go to I7
	Refusal	>	Go to I7

I6.

(f) How much difficulty do you (does) have paying for the service of this item?

1	None	
2	Slight	
3	Moderate	
4	Serious	\frown
5	Cannot afford	
6	Not applicable	
	Don't know	
	Refusal	

I7.

(f) <u>How often</u> do your (....)'s walker need to be replaced?

1	Every 6 months or less \Box > Go to 19)
2	More than 6 months but less to an i year $\Box > $ Go to I9)
3	Once per year to less than 2 years	
4	Once every 2 years but less than once every 5 years. \Box	
5	Every 5 years or more	
6	Never	(g)
7	Not applicable \Box > Go to I3	(g)
	Don't know $\Box > $ Go to I3	(g)
	Refusar. \Box > Go to I3	(g)

I8.

(f) Will this item need to be replaced in the next 12 months?

1	Yes		
2	No	>	Go to I3 (g)
9	Don't know	>	Go to I3 (g)
8	Refusal	>	Go to I3 (g)

I9.

(f) What is the main reason you (....) will need to replace your (his/her) walker?

	1	Condition is worse \Box
	2	Condition is better.
	3	Outgrew the aid \Box
	4	Worn out
	5	New technology available / Aid is outdated \Box
	6	Other
	0	
		\downarrow
		Other, Please Specify:
	L	Don't know
I10. (f)		w much difficulty <u>will you ()</u> have paying for a replacement for
	you	ır (his/her) walker?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
		Don't know
		Refusal
10		
I3.		
(g)	Ho	<u>w often</u> do you (מיפר) <u>use</u> a scooter?
	1	Vou ()
	2	\Box
	2 3 4 5	Health care system
	1	Government program
		1 0
		Insurance company
	6 7	Non-profit organization \Box
	/	It does not belong to you (\dots) (i.e. belongs to employers,
	0	friends / family, public property, etc.)
	8	Other
		\downarrow
		▼
		Other, Please Specify:
		Other, Please Specify:

Don't know	
Refusal	

I4. (g)	V	Who paid the most for <u>acquiring</u> this item?
	1	You ()
	2	Your ('s) family
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.)
	8	Other
		Other, Please Specify:
	9	Not applicable
I4a.		
(g)		re you (Is) making any kind of payment for your ()'s scooter, for cample to rent or tin. nee this item?
	1 2 9 8	Yes
15.		
(g)		<u>ow often</u> does your ()'s scooter need service, such as repairs or aintenance?
1	Ev	very 6 months or less \Box
2		lore than 6 months but less than 1 year \Box
3		nce per year to less than 2 years
4	0	nce every 2 years but less than once very 5 years
5	E	very 5 years or more
6	N	ever \Box > Go to 17

7	Not applicable	> Go to I7
	Don't know	> Go to I7
	Refusal	> Go to I7

I6.

(g) How much difficulty do you (does) have paying for the service of this item?

1	None	
2	Slight	~
3	Moderate	
4	Serious	
5	Cannot afford	
6	Not applicable	Y
	Don't know	
	Refusal	

I7.

(g) <u>How often</u> do your (....)'s scooter need to be replaced?

1	Every 6 months or less \Box > Go to 19
2	More than 6 months but less than 1 year
3	Once per year to less than 2 years. \Box
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never $\Box > $ Go to I3 (h)
7	Not applicable \Box > Go to I3 (h)
	Don't know $\Box > $ Go to I3 (h)
	Refusal

I8.

I9.

(g) What is the main reason you (....) will need to replace your (his/her) scooter?

1	Condition is worse	
2	Condition is better	

 3 Outgrew the aid 4 Worn out 5 New technology available / Aid is outdated 6 Other 	
Other, Please Specify:	
Don't know Refusal	
How much difficulty <u>will you ()</u> have paying for a replacement for	

(g) How much difficulty wi your (his/her) scooter?

1	None	
2	Slight	
3	Moderate	
4	Serious	
5	Cannot afford	
	Don't know	
	Refusal	

I3.

I10.

(h) <u>How often</u> do you (does . .) <u>use</u> braces or supportive devices?

1	Every day
2	A few times a veek
3	Once a week
4	Less that once a week \Box
5	Friguent usage but only
C	Ju. ing certain times
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

I4.

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

1	You ()
2	Your ('s) family

	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.) \Box
	8	Other
	Г	
		Other, Please Specify:
	9	Not applicable
	-	Don't know
		Refusal
I4a.		
(h)		e you (Is) making any kind of payment for your ()'s braces or
	sup	oportive devices, for example to rent or finance this item?
	1	Yes
	2	No No. > Skip to I3(i) if I4=7
	9	Don't know \square > Skip to I3(i) if I4=7
	8	Refusal \square > Skip to I3(i) if I4=7
I5.		
(h)	Ho	w often does your ()'s braces or supportive devices need service, such
(11)		repairs or main tenance?
	as	
1	Eve	ery 6 months or itss
2		bre than 6 n onthis but less than 1 year
$\frac{2}{3}$		ce per year to less than 2 years
4		sc every 2 years but less than once
т		ry 5 years
5		\Box ery 5 years or more
6		ver $\Box > $ Go to 17
7		
/		t applicable $\Box > $ Go to 17 n't know $\Box > $ Go to 17
	ĸe	fusal $\Box > $ Go to 17
I6.		
(h)	Н	ow much difficulty do you (does) have paying for the service of this

item?

1 None.....

2	Slight
	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

I7.

(h) <u>How often</u> do your (....)'s braces or supportive devices need to be replaced?

1	Every 6 months or less $\Box > $ Go to 19
2	More than 6 months but less than 1 year
3	Once per year to less than 2 years
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never \Box > Go to I3 (i)
7	Not applicable
	Don't know $\square > $ Go to I3 (i)
	Refusal

I8.

(h) Will this item need to be replaced in the next 12 months?

1	Yes	
	No > G	to I3 (i)
9	Don't know. $\Box > G$	to to I3 (i)
8	$Refusal \Rightarrow G$	to to I3 (i)

I9.

(h) What is the main reason you (....) will need to replace your (his/her) braces or supportive devices?

1	Condition is worse \Box
?	Condition is better
3	\checkmark Outgrew the aid
4	Worn out
5	New technology available / Aid is outdated \Box
6	Other
	\downarrow
	Other, Please Specify:
	Don't know
	Refusal

I10.

(h) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) braces or supportive devices?

1	None	
2	Slight	
	Moderate	
4	Serious	
5	Cannot afford	4
	Don't know	
	Refusal	X

I3.

(i) <u>How often</u> do you (does) <u>use</u> grab bars or bathroon aics?

1	Every day
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only
	during certain times
6	Don't use because it needs to pair
	or replacement
7	Not applicable
	Don't know
	Refusal

I4.

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

1	You ()
2	Your ('s) family
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization \Box
7	It does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.)
8	Other
	\downarrow
	Other, Please Specify:

9	Not applicable	
	Don't know	
	Refusal	

I4a.

(i) Are you (Is) making any kind of payment for your (....)'s grab bars or bathroom aids, for example to rent or finance this item?

1	Yes		
2	No	>	Skip to '3(j) if I4=7
9	Don't know	>	Skip to I3(j) if I4=7
8	Don't know	>	Skip to I3(j) if I4=7

I5.

(i) <u>How often</u> does your (....)'s grab bars or bathroom and need service, such as repairs or maintenance?

1	
I	Every 6 months or less \Box
2	More than 6 months but less than 1 year \Box
3	Once per year to less than 2 years
4	Once every 2 years but less than once
	every 5 years
5	Every 5 years or more
6	Never $\Box > $ Go to I7
7	Not applicable $\Box > $ Go to I7
	Don't know \Box > Go to I7
	Refusal \Box > Go to I7

I6.

(i) How much difficulty do you (does) have paying for the service of this item?

1	No.ve
2	No.ve
3	Myderate
4	Serious
5	Cannot afford
6	Not applicable \Box
	Don't know
	Refusal

I7.

(i) <u>How often</u> do your (....)'s grab bars or bathroom aids need to be replaced?

1	Every 6 months or less \Box	>	Go to I9
2	More than 6 months but less than 1 year \Box	>	Go to I9
3	Once per year to less than 2 years \Box		
4	Once every 2 years but less than once every 5 years. \Box		
5	Every 5 years or more		
6	Never.	>	Go to I3 (j)
7	Not applicable	>	Go to I3 (j)
	Don't know	>	Go to I3 (j)
	Refusal	>	Go to I3 (j)

I8

).	Will	this item need to be replaced in	the next 12 months?
,	** 111	this item need to be replaced in	t the next 12 months.
	1	Yes	
	2	No	🗆 > Go to I3 (j)
	9	Don't know	$\Box > G$ to I3 (j)
	8	Refusal	□ > Go to I3 (j) > G) to I3 (j) > Go to I3 (j) > Go to I3 (j)

I9.

What is the main reason you (....) will reed to replace your (his/her) **(i)** grab bars or bathroom aids?

- 1 Condition is worse.....
- Condition is better. 2 Outgrew the aid..... 3
- Worn out..... 4
- New technology a vailable / Aid is outdated..... 5
- Other..... 6

Other, Please Specify:

$D_{c}n^{2}$ know..... Refusal.....

I10.

(i) How much difficulty will you (....) have paying for a replacement for your (his/her) grab bars or bathroom aids?

1	None
2	Slight
	Moderate
4	Serious
5	Cannot afford

Don't know	
Refusal	

I3.

(j) <u>How often</u> do you (does) <u>use</u> bath or bed lifts or other lift type devices?

1	Every day
2	A few times a week \Box
3	Once a week
4	Less than once a week
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

I4.

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

You ()
Your ('s) family \Box
Health care system
Governmeat p. ogram
Insurance company
Non-Profit organization
It does not belong to you () (i.e. belongs to employers,
friends / family, public property, etc.)
Quiner.
Other, Please Specify:
Not applicable
Don't know
Refusal

I4a.

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

1	Yes		
2	No	>	Skip to I3(k) if I4=7
9	Don't know	>	Skip to I3(k) if I4=7
8	Refusal	>	Skip to I3(k) if I4=7

I5.

(j) <u>How often</u> does your (....)'s bath or bed lifts or other lift type devices need service, such as repairs or maintenance?

1	Every 6 months or less \Box
2	More than 6 months but less than 1 year \Box
3	Once per year to less than 2 years
4	Once every 2 years but less than once
	every 5 years.
5	Every 5 years or more
6	Never
7	Not applicable \Box > Go to I7
	Don't know \Box > Go to I7
	Refusal \Box > Go to I7

I6.

(j) How much difficulty do you (dres . . .) have paying for the service of this item?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusar

I7.

(j) <u>Hew often</u> do your (....)'s bath or bed lifts or other lift type devices need to be replaced?

1	Every 6 months or less	>	Go to I9
2	More than 6 months but less than 1 year \Box	>	Go to I9
3	Once per year to less than 2 years \Box		
4	Once every 2 years but less than once every 5 years. \Box		
5	Every 5 years or more		
6	Never.	>	Go to I3 (k)
7	Not applicable	>	Go to I3 (k)

Don't know.	>	Go to I3 (k)
Refusal	>	Go to I3 (k)

j)	Wi	Il this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	Don't know \Box > Go to I3 (k)
	8	Refusal \Box > Go to I3 (k)
9.		
)	Wha	t is the main reason you () will need to replace your (his/hor)
,		or bed lifts or other lift type devices?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated
	6	Other.
	(Other, Please Specify:
		Don't know
		Refusal

(j) How much difficulty <u>will you (....)</u> have paying for a replacement for your (h s/ er) bath or bed lifts or other lift type devices?

1	Nor.e	
?	Slight[
3	Moderate	
4	Serious[
5	Cannot afford	
	Don't know	
	Refusal[

I3.

(k) <u>How often</u> do you (does) <u>use</u> an adapted motor vehicle?

	1	Every day
	2	A few times a week \Box
	3	Once a week
	4	Less than once a week \Box
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
I4.		
(k)	W	ho paid the most for <u>acquiring</u> this item?
	1	You ()
	2	Your ('s) family
	3	Health care system
	4	Government program
	5	
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers,
	,	friends / family, public pro_{1} erty, etc.)
	8	Other
	0	
	_	
		Other, Please Specify:
	9	Not application
		Don't krow
		Ren isal
	(
I4a.		
(k)	Ar	e you (Is) making any kind of payment for your ()'s adapted motor
		icle, for example to rent or finance this item?
	1	Yes
	2	No
	9	Don't know Don't know Don't know
	8	Refusal Refusal Refusal

(k) <u>How often</u> does your (....)'s adapted motor vehicle, such as repairs or maintenance?

1	Every 6 months or less \Box
2	More than 6 months but less than 1 year \Box
3	Once per year to less than 2 years
4	Once every 2 years but less than once
	every 5 years
5	Every 5 years or more
6	Never \Box > Go to I7
7	Not applicable $\Box > $ Go to I7
	Don't know \Box > Go to I7
	Refusal \Box > Go to 17
	Refusal \Box > Go to 17

I6.

(k) How much difficulty do you (does) have paying for the service of this item?

1	None	
2	Slight	
3		
4	Serious	
5	Cannot afford	
6	Not applicable	

- I7.
- (k) <u>How often</u> de your (....)'s adapted motor vehicle need to be replaced?

1	Every 6 months or less \Box > Go to I9	
2	More that, 6 months but less than 1 year	
3	Once pury ear to less than 2 years \Box	
4	Once every 2 years but less than once every 5 years. \Box	
5	Every 5 years or more	
6	Never $\Box > $ Go to I3 (l)	
7	Not applicable $\Box > $ Go to I3 (l)	
	Don't know $\Box > $ Go to I3 (l)	
	Refusal	

I	8.

(k)	Will this item need to be replaced in the next 12 months?
-----	---

1	Yes		
2	No	>	Go to I3 (l)

9	Don't know	>	Go to I3 (l)
8	Refusal	>	Go to I3 (l)

I9.

(k) What is the main reason you (....) will need to replace your (his/her) adapted motor vehicle?

1 2 3	Condition is worse
4	Worn out
5	New technology available / Aid is outdated
6	Other
(Other, Please Specify:
	Don't know
	Refusal

I10.

(k) How much difficulty <u>will you (...)</u> have paying for a replacement for your (his/her) adapted motor <u>which</u>?

1	None
I	
2	Slight.
3	Moderate
4	Serious
5	Cannot afteru
	Don't knov.
	Re ^f us l.

I3.

(l) <u>How often</u> do you (does) <u>use</u> (write-in)?

1	Every day
2	A few times a week
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair
	or replacement
7	Not applicable

Don't know	
Refusal	

I4. (l)	W	ho paid the most for <u>acquiring</u> this item?
	1	You ()
	2	Your ('s) family
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.)
	8	Other
		Other, Please Specify:
		other, rease speerly.
	9	Not applicable
		Don't know
		Refusal
I4a.		
(l)	Δr	e you (Is) making a y kind of payment for your ()'s (write-in), for
(1)		ample to rent or maxing a y kind of payment for your () s (write my, for
	•	
	1	Yes
	2	No
	9	$D_{O}n't know$
	8	Period

Interviewe. If service or replacement is applicable to this specific write-in then proceed to 15, e.g. skip to 111.

I5.

(I) <u>How often</u> does your (....)'s adapted motor vehicle, such as repairs or maintenance?

- Every 6 months or less.....□
 More than 6 months but less than 1 year....□
 Once per year to less than 2 years...□
- 4 Once every 2 years but less than once

5	every 5 years	
	Never.	> Go to I7
7	Not applicable	> Go to I7
	Don't know	> Go to I7
	Refusal	> Go to I7

I6.

(l) How much difficulty do you (does) have paying for the service of this item?

1	None	
2	Slight	
3	Moderate	
4	Serious	
5	Cannot afford	
6	Not applicable	
	Don't know	
	Refusal	

I7.

(1) <u>How often</u> do your (....)'s (*writ*?-*in*) ne. d to be replaced?

1	Every 6 months or less \Box > Go to I9
2	More than 6 months but less to an 1 year $\Box > $ Go to I9
3	Once per year to less than $2 y_{ars}$
4	Once every 2 years but less than once every 5 years.
5	Every 5 years or more
6	Never. \Box > Go to I11
7	Not applicable \Box > Go to I11
	Don't know \Box > Go to I11
	Refusal

I8.

(I) Will this item need to be replaced in the next 12 months?

	Yes		
2	No	>	Go to I11
-	Don't know		
8	Refusal	>	Go to I11

- **I9.**
- (l) What is the main reason you (....) will need to replace your (his/her) (*write-in*)?

 Condition is worse. Condition is better. Outgrew the aid. Worn out. New technology available / Aid is outdated. Other. 	
\downarrow	
Other, Please Specify:	.1
Don't know Refusal	

I10.

(l) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) (*write-in*)?

1	None	
2	Slight	
3	Moderate	
4	Serious	
5	Cannot afford	
	Don't know	
	Refusal	

111. Are there any aids or specialized equipment for persons who have difficulty moving around that you think (.... thinks he/she) you <u>need(s)</u> but do (does) not have? Prease include only portable equipment, we will be discussing accession ty features such as ramps and elevators in a later section.

1	Yes		
2	No	>	Go to I15
9	Don't know	>	Go to 115
8	Refusal	>	Go to I15

I12. Which aids do you (does) <u>need</u> but do not (does not) have?

1	(a)	Orthopedic footwear	
2	(b)	A cane or walking stick	
3	(c)	Crutches	
4	(d)	A manual wheelchair	
5	(e)	An electric wheelchair	

6	(f)	A walker	
7	(g)	A scooter	
8	(h)	Braces or supportive devices	
9	(i)	Lifts or lift type devices	
10	(j)	Grab bars or bathroom aids	
11	(k)	Adapted motor vehicle \Box	
12	(1)	Another aid	
		\downarrow	
		Other, Please Specify:	

***Interviewer: Ask I13-I14 for aids (a-l) selected in I12; Else go to 115* **

How frequently would you (....) use orthopedic foot year if you (he/she) did I13.

(a) have it?

1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times
6	Not applicable
	Don't know
	Refusal

I14 (a)	Why do you (does) not have this aid? Mark all that $a_{PP} \stackrel{f_{P}}{\rightarrow}$
1	Cost (purchase, 🗆
2	Cost (maintenance)
3	Not available locally
4	Yo () personally feel (s) that your (his/her)
5	Fondition is not severe enough to justify this aid \Box Year () doctor does not feel that your (his/her)
5	condition is severe enough
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough \Box
7	You don't (doesn't) know where to get it \Box
8	On a waiting list \Box
9	Other
	¥

Other, Please Specify:

10 None selected..... \Box

I13. How frequently would you (....) use a cane or walking stick if you (he/she)(b) did have it?

1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times \dots
6	Not applicable
	Don't know 🗆
	Refusal

I14

(b)	Why do you (does) not have this aid? <i>Mark all that apply.</i>
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You (\ldots) personally feel (s) that your (his/her) condition is not severe charge to justify this aid
5	Your () doctor does not feel that your (his/her) condition is severe erough
6	Your (\ldots) insurance company does not feel that your (his/he.) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a wait ng list
9	Other
	Other, Please Specify:
10	None selected

I13. How frequently would you (....) use crutches if you (he/she) did

(c) have it?

1	Everyday
	A few times a week

3	Once a week	
4	Less than once a week	
5	Frequent usage but only during certain times	
6	Not applicable	
	Don't know	
	Refusal	

I14

(c)	Why do you (does) not have this aid? Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
6	condition is severe enough
6	Your () insurance company does not feel that
-	your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a waiting list \Box
9	Other
	Other, Please Specify:
10	None selected

I13. How frequently would you (....) use a manual wheelchair if you (he/she) did (d) have it?

1		🗆
2	A few times a week	🗆
3	Orce a week	
4	Less than once a week	
5	Frequent usage but only during certain times	
6	Not applicable	🗆
	Don't know	🗆
	Refusal	🗆

I14

(d) Why do you (does) not have this aid? Mark all that apply.

1 2	Cost (purchase)
3	Not available locally
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \Box
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough \Box
7	You don't (doesn't) know where to get it \Box
8	On a waiting list \Box
9	Other
	Other, Please Specify:
10	None selected

How frequently would you (....) use 2.2 electric wheelchair if you (he/she) did have it? I13. (e)

I14	D.Y
	Refusal
	Don't know.
6	Not applicable
5	Frequent usage but only during certain times
4	Less than once a week
3	Once a week
2	A few times a week.
1	Everyday

I14

Why ayyou (does) not have this aid?
Ma. k al that apply.
Cust (purchase)
Cost (maintenance).
Not available locally
You () personally feel (s) that your (his/her)
condition is not severe enough to justify this aid \Box
Your () doctor does not feel that your (his/her)
condition is severe enough \Box
Your () insurance company does not feel that
your (his/her) condition is severe enough \Box
You don't (doesn't) know where to get it \Box
On a waiting list \Box

Other	
Other Please Specify:	₩
Other, Please Specify:	

I13. How frequently would you (....) use a walker if you (he/she) did

have it? **(f)**

1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times
6	Not applicable
	Don't know
	Refusal

I14

(f)	Why do you (does) not have this zid?		
	Mark all that apply.		
1	Cost (purchase)		
2	Cost (maintenance)		
3	Not available locally		
4	You (\ldots) personally teal (s) that your (his/her)		
	condition is not seven \circ enough to justify this aid		
5	Your () docuses not feel that your (his/her)		
	condition is sovere enough \Box		
6	Your (\ldots) insurance company does not feel that		
	your (his her) condition is severe enough		
7	Yeu don't (doesn't) know where to get it \Box		
8	On a waiting list		
9	Other		
	\downarrow		
	Other, Please Specify:		
10	None selected		

How frequently would you (....) use a scooter if you (he/she) did have it? I13.

(g)

1

1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times
6	Not applicable
	Don't know
	Refusal

I14

5 6

(g)	Why do you (does) not have this aid? Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough
6	Your () insurance company does not fec ¹ that
	your (his/her) condition is severe enough. \Box
7	You don't (doesn't) know where to get it \Box
8	On a waiting list \Box
9	Other
	Other, Please Specify:
10	None selected
I13.	How the quently would you () use braces or supportive devices if you
(h)	(ne, he) did have it?
1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week \Box

Frequent usage but only during certain times

Don't know..... Refusal.....

I14 (h)	Why do you (does) not have this aid? <i>Mark all that apply.</i>
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally \Box
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \Box
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected
I13. (i)	How frequently would you () use lifts or lift type devices if you (he/she) did have it?
1	Everyday
2	A few times a week
3	Once a week \Box
4	Less than once a week \Box
5	Frequent using but only during certain times \Box
6	Not applicable.
U I	Don't incw
	Refusa'
I14 (i)	Why do you (does) not have this aid? <i>Mark all that apply.</i>
1	Cost (purchase)
2	Cost (maintenance).
3	Not available locally
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box

5 Your (....) doctor does not feel that your (his/her) condition is severe enough.....□

6	Your () insurance company does not feel that
_	your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a waiting list
9	Other
	\downarrow
	Other, Please Specify:
10	None selected
I13.	How frequently would you () use grab bars or bathroom at's i' you
(j)	(he/she) did have it?
(J)	
1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times \ldots
6	Not applicable \Box
	Don't know
	Refusal
I14	
(j)	Why do you (does) not have this aid?
U /	Mark all that apply.
1	
1	Cost (purchase)
2	Cost (maintenance)
3 4	Not available locally
4	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
5	condition is severe enough
6	Y ur () insurance company does not feel that
-	your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a waiting list \Box
9	Other
	I
	Other Place Specify
	Other, Please Specify:
10	None selected

How frequently would you (....) use an adapted motor vehicle if you (he/she) did have it? I13. (k)

1 2 3 4 5 6	Everyday. A few times a week. Once a week. Less than once a week. Frequent usage but only during certain times. Not applicable. Don't know. Refusal.
I14 (k)	Why do you (does) not have this aid? Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally \Box
4	You () personally feel (s) that your (his/ier)
_	condition is not severe enough to justify L is aid \Box
5	Your () doctor does not feel that your (his/her) condition is severe enough
6	Your () insurance contrainv does not feel that
	your (his/her) condition is revere enough \Box
7	You don't (doesn') know where to get it \Box
8	On a waiting list
9	Other□
	Other Please Specify:
10	None selected

How frequently would you (....) (*write-in*) use if you (he/she) did have it? I13.

(l)

1	Everyday]
2	A few times a week.	
3	Once a week	
4	Less than once a week]
5	Frequent usage but only during certain times]
6	Not applicable]

Don't know	
Refusal	

I14

(l)	Why do you (does) not have this aid? Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it 🖸
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected

everyday activities because of your ability to move around?

1	Daily	
2	Weekly	
3	Ment'ily	
4	Less than once per month	
5	Never	
6	Not applicable	\dots > Skip to J
	Don't know	D > Skip to J

I16. When your (....'s) ability to move around made it difficult to participate in everyday activities, did you (he/she) experience:

1	Some difficulty
2	A lot of difficulty
3	You were (was) completely unable
4	Your $(\dots$'s) participation was not affected
9	Don't know

Section J - Agility Filter

******All respondents enter this module**

J. 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.

J1.	Do you (Does) have any difficulty bending down and picking up object from the floor (for example, a shoe)?			
	1	Yes, sometimes Check Agility lin itation on Profile Sheet		
	2	Yes, often or always > Check Agility limitation on Profile Sheet		
	3	No		
	8	Refusal		
	9	Don't Know \Box > Go to J3		
J2.	How much difficulty			
1	Som	e difficulty		
2	A lo	t of diffic: "ty		
3		were (was) completely unable 🛛		
4		r (. 's) participation was not affected \Box		
9		't k. v		
8	Refi			
J3.	Do you (Does) have any difficulty dressing and undressing yourself (himself/herself)?			
	1	Yes, sometimes > Check Agility limitation on Profile Sheet		
	2	Yes, often or always		

3	No	>	Go to J5
8	Refusal	>	Go to J5
9	Don't Know	>	Go to J5

J4. How much difficulty?

	1	Some difficulty
	2	A lot of difficulty
	3	You were (was) completely unable 🗆
	4	Your ('s) participation was not affected
	9	Don't know
	8	Refusal.
	0	Kelusal
J5.	Do y	ou (Does) have any difficulty getting into and out of bed?
	1	Yes, sometimes Check Agility
		limitation on Profile
		Sheet
	2	
	2	Yes, often or always \Box > Check Agility
		limitation on Profile
		Sheet
	3	No
	8	Refusal
	9	Don't Know
J6.	How	much difficulty?
	1	Some difficulty

1	Some difficulty
2	A lot of difficulty
3	You were (was) completely unable
4	Your $(\dots$'s) participation was not affected
9	Don't know.
8	Refusal
y	

J7. Is it <u>physically</u> difficult for you (....) to cut your (his/her) own toenails?

1	Yes, sometimes	>	6,
			limitation on Profile Sheet
2	Yes, often or always	>	Check Agility limitation on Profile

3	No	> Go to J9
8	Refusal	> Go to J9
9	Don't Know	> Go to J9

J8. How much difficulty?

1	Some difficulty
2	A lot of difficulty
3	You were (was) completely unable 🗆 🛛 🔍
4	Your $(\dots$'s) participation was not affected
9	Don't know
8	Refusal

J9. Do you (does) have any difficulty using your (his/hcr) fingers to grasp or to handle an object, such as pliers or scissors?

1	Yes, sometimes
2	Yes, often or always \Box > Check Agility
	limitation on Profile Sheet
3	No
8	Refusal
9	Don't Know \Box > Go to J11

J10. How much alfficulty?

1

1	Some difficulty	
23	A lot of difficulty	🗆
3	You were (was) completely unable	🗆
4	Your ('s) participation was not affected	🗆
9	Don't know	🗆
8	Refusal	🗆

J11. Do you (Does) have any difficulty reaching in any direction (for example, above your (his her) head)?

Yes, sometimes...... > Check Agility limitation on Profile Sheet

2	Yes, often or always	>	Check Agility limitation on Profile Sheet
3	No	>	Go to J13
8	Refusal	>	Go to J13
9	Don't Know	>	Go to J13

J12. How much difficulty?

	4
1	Some difficulty
2	A lot of difficulty
3	You were (was) completely unable 🗆
4	Your ('s) participation was not affected
9	Don't know
8	Refusal

-

J13. Do you (Does) have any difficulty cutting your (his/her) own food?

1	Yes, sometimes	. 🗆	>	Check Agility limitation on Profile Sheet
2	Yes, often or always		>	Check Agility limitation on Profile Sheet
3	No	.□	>	If Agility limitation checked on Profile Sheet then Go to K ; Else go to L
8	Refusal		>	If Agility limitation checked on Profile Sheet then Go to K ; Else go to L
9	Don't Know	. 🗆	>	If Agility limitation checked on Profile Sheet then Go to K ; Else go to L

J14. How much difficulty?

1	Some difficulty
2	A lot of difficulty

3	You were (was) completely unable
4	Your ('s) participation was not affected \Box
9	Don't know.
8	Refusal

Section K - Agility Aids

If agility limitation is marked on the Profile Sheet then continue; Else skip to Section L (p 171)

K1. Do you (Does) <u>use</u> any aids or specialized equipment that helps (him/her) with your (his/her) agility or flexibility? For example, a hand or her brace or grasping tools.

1	Yes	
2	No	> Go to K11
9	Don't know	
8	Refusal	, 🗀 > Go to K11

K2. Do you (Does) now <u>use</u>:

	(1)	(2)	(9)	(8)
	Yes	No	<u>DK</u>	<u>R</u>
(a) a hand or arm brace?				
(b) grasping tools or reach extenders?				
(c) grab bars or bethroom aids?				
(d) bath or bed 'ifts or other lift type devices?				
(e) another. ia?				
	\downarrow			
Other, Pilase Specify:				

** Interviewer: Ask questions K3-K10 for the aids selected in K2(a-e); Else skip to K11**

- K3.
- (a) <u>How often</u> do you (does) <u>use</u> a hand or arm brace?
 - 1 Every day.....
 - 2 A few times a week..... \Box

	3 4 5 6 7	Once a week	
(4.			1

K4.

(a)	V	Who paid the most for <u>acquiring</u> this item?
	1	You ()
	2	Your ('s) family
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you (\ldots) (i.e. belongs to employers,
		friends / family, public property, etc.)
	8	Other
		Other, Please Specify:
	9	Not applicatie.
		Don't know
		Refusai
K4a. (a)		r : you (1.5) making any kind of payment for your ()'s hand or arm rat 2. for example to rent or finance this item?
	1	Yes
	2	No
	-	K4=7
	9	Don't know
	8	Refusal□ > Skip to K3(b) if K4=7

K5.

(a) <u>How often</u> does your (....)'s hand or arm brace need service, such as repairs or maintenance?

1 Every 6 months or less \Box	
2 More than 6 months but less than 1 year \Box	
3 Once per year to less than 2 years \Box	
4 Once every 2 years but less than once	
every 5 years	
5 Every 5 years or more \Box	,
6 Never	K7
7 Not applicable \Box > Go to	K7
Don't know $\Box > \mathbf{Got}$	K7
Refusal \Box > Go to	K7

K6.

(a) How much difficulty do you (does) have paving for the service of this item?

1 None. 2 Slight. 3 Moderate. 4 Serious.	
3 Moderate	
3 Moderate	
4 Serious	
5 Cannot afford	
6 Not applicable	
Don't know	
Refusal	

- K7.
- (a) <u>How often</u> a your (....)'s hand or arm brace need to be replaced?

1	Every o months or less	>	Go to K9
2	More than 5 months but less than 1 year	>	Go to K9
3	One per year to less than 2 years		
	Cince every 2 years but less than once every 5 years. \Box		
5	Every 5 years or more		
6	Never	>	Go to K3 (b)
7	Not applicable	>	Go to K3 (b)
	Don't know		
	Refusal		

K8.

(a) Will this item need to be replaced in the next 12 months?

1 Yes.....

2	No	>	Go to K3 (b)
	Don't know		
8	Refusal	>	Go to K3 (b)

K9.

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

1	Condition is worse \Box
2	Condition is better \Box
3	Outgrew the aid
4	Worn out
5	New technology available / Aid is outdated
6	Other
	Other, Please Specify:
1	Don't know

K10.

(a) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) hand or arm brace.

1	None
	Slight
3	Moderate
4	Serious
5	Cannot a.ford
	Dor know
	Refu ^a i

K3.

(b) <u>How often</u> do you (does) <u>use</u> grasping tools or reach extenders?

1	Every day
2	A few times a week \Box
3	Once a week \Box
4	Less than once a week \Box
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair
	or replacement

7	Not applicable
	Don't know
	Refusal

K4.

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

1	You ()
2	Your ('s) family
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization
7	It does not belong to you (\ldots) (i.e. belongs to $em_{\rm P}$ overs,
	friends / family, public property, etc.)
8	Other
	Other, Please Specify:
9	Not applicable
	Don't know
	Refusal

K4a.

(b) Are you (Is) make any kind of payment for your (....)'s grasping tools or reach extenders, for example to rent or finance this item?

1	Yes		
2	N	>	Skip to K3(c) if
			K4=7
	Don't know	>	Skip to K3(c) if K4=7
8	Refusal	>	Skip to K3(c) if
-			K4=7

K5.

(b) <u>How often</u> does your (....)'s grasping tools or reach extenders need service, such as repairs or maintenance?

1	Every 6 months or less
2	More than 6 months but less than 1 year \Box
3	Once per year to less than 2 years \Box

4	Once every 2 years but less than once	
	every 5 years	
5	Every 5 years or more	
	Never.	> Go to K7
7	Not applicable	> Go to K7
	Don't know	> Go to K7
	Refusal	> Go to K7

K6.

(b) How much difficulty do you (does) have paying for the service of this item?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

K7.

(b) <u>How often</u> do your (....)'s grasph g tools or reach extenders need to be replaced?

1	Every 6 months or less $\Box > $ Go to K9
2	More than 6 months but less than 1 year
3	Once per year to lest than 2 years \Box
4	Once every 2 grans but less than once every 5 years. \Box
5	Every 5 year. or more
6	Never
7	Not applicable $\Box > $ Go to K3 (c)
	$Dcn't \ge Co to K3 (c)$
	Ref. sal \Box > Go to K3 (c)

K8.

(b) Will this item need to be replaced in the next 12 months?

1	Yes		
2	No	>	Go to K3 (c)
9	Don't know	>	Go to K3 (c)
8	Refusal	>	Go to K3 (c)

(b) What is the main reason you (....) will need to replace your (his/her) grasping tools or reach extenders?

1	Condition is worse.
2	Condition is better
3	Outgrew the aid
4	Worn out
5	New technology available / Aid is outdated
6	Other
	\downarrow 1
	Other, Please Specify:
	Don't know
	Refusal

K10.

(b) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) grasping tools or reach extenders?

1	None	
2	Slight	
3	Moderate	
4	Serious	
5	Cannot afford	
6	Not applicable	🗆
	Don't know	
	Refusal	

K3.

(c) <u>How often</u> do you (does) <u>use</u> grab bars or bathroom aids?

1	Every day
2	A few times a week
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

K4.(c) Who paid the most for <u>acquiring</u> this item?

	1	You ()
	2	Your ('s) family
	3	Health care system.
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.)
	8	Other
	U	
		Other, Please Specify:
	0	
	9	Not applicable
		Don't know
		Refusal
K4a.		
(c)	A	re you (Is) making any kin. of payment for your ()'s grab bars or
		athroom aids, for example to rem or finance this item?
	1	Yes
	2	No \square > Skip to K3(d) if
		K4=7
	9	Don't know
)	K4=7
	8	K. fusal Skip to K3(d) if $rac{1}{2}$
		K4=7
K3.	\checkmark	
	п	(an after de ven (dees
(d)	H	low often do you (does) <u>use</u> bath or bed lifts or other lift type devices?
	1	Every day
	2	A few times a week
	$\frac{2}{3}$	Once a week \Box
	4	Less than once a week
	5	Frequent usage but only
	0	during certain times
	6	Don't use because it needs repair
	U	or replacement

7	Not applicable \Box
	Don't know
	Refusal

K4.

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

1	
1	You ()
2	Your ('s) family \Box
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization
7	It does not belong to you (\ldots) (i.e. belongs to $cm_{\rm P}$ overs,
	friends / family, public property, etc.) 📮
8	Other
(Other, Please Specify:
L	
9	Not applicable
	Don't know
	Refusal

K4a.

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

1	Yes		
2	₩□	>	Skip to K3(e) if
C			K4=7
0	Don't know	>	Skip to K3(e) if K4=7
8	Refusal	>	Skip to K3(e) if K4=7

K5.

(d) <u>How often</u> does your (....)'s bath or bed lifts or other lift type devices need service, such as repairs or maintenance?

1 Every 6 months or less..... \Box

2	More than 6 months but less than 1 year \Box	
3	Once per year to less than 2 years \Box	
4	Once every 2 years but less than once	
	every 5 years	
5	Every 5 years or more	
6	Never	> Go to K7
7	Not applicable	> Go to K7
	Don't know	> Go to K7
	Refusal	> Go to K7

K6.

(d) How much difficulty do you (does) have paying for the service of this item?

None 🗆
Slight
Moderate
Serious
Cannot afford
Not applicable
Don't know
Refusal

K7.

(d) <u>How often</u> do your (....) **Shath** or bed lifts or other lift type devices need to be replaced?

Every 6 months or \mathbb{N} ss	>	Go to K9
More than 6 months but less than 1 year	>	Go to K9
Once per yea: to less than 2 years		
Once every 2 years but less than once every 5 years. \Box		
Every 5 vcors or more		
Never	>	Go to K3 (e)
Not opplicable	>	Go to K3 (e)
Fon't know	>	Go to K3 (e)
Refusal	>	Go to K3 (e)
	More than 6 months but less than 1 year. Image: Concept of the set of the s	Once every 2 years but less than once every 5 years. \Box

K8.

(d) Will this item need to be replaced in the next 12 months?

1	Yes	
2	No >	Go to K3 (e)
9	Don't know $\square >$	Go to K3 (e)
8	Refusal >	Go to K3 (e)

K9.

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

1 Condition is worse \Box	
2 Condition is better \Box	
3 Outgrew the aid \Box	
4 Worn out	
5 New technology available / Aid is outdated \Box	
6 Other	
Other, Please Specify:	
Don't know Refusal	

K10.

How much difficulty will you (....) hav paying for a replacement for (d) your (his/her) bath or bed lifts or other lin. type devices?

1	
I	None
2	Slight
	Moderate
4	Serious
	Cannot afford
	Don't know
	Refusal

K3. (e)

How often do you (does) use a (write-in)?			
	Every day		
2	A few times a week \Box		
3	Once a week \Box		
4	Less than once a week \Box		
5	Frequent usage but only		
	during certain times		
6	Don't use because it needs repair		
	or replacement		
7	Not applicable		
	Don't know		
	Refusal		

K4.(e) Who paid the most for <u>acquiring</u> this item?

1	
1	You ()
2	Your ('s) family \Box
3	Health care system \Box
4	Government program
5	Insurance company
6	Non-profit organization \Box
7	It does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.)
8	Other
	↓) /
	Other, Please Specify:
0	
9	Not applicable
	Don't know
	Refusal
	Y

K4a.

(e) Are you (Is) making any kind of payment for your (....)'s (write-in), for example to rent or finance tris item?

1 Yes	□
2 No	> Skip to K11 if K4=7
9 Don't know	> Skip to K11 if K4=7
8 Refus.1	\square > Skip to K11 if K4=7

<u>Interviewer</u>: I_J service or replacement is applicable to this specific write-in then proceed to K5, else sk_{i_F} to K11.

K5.

(e) <u>How often</u> does your (....)'s (*write-in*)need service, such as repairs or maintenance?

1	Every 6 months or less
2	More than 6 months but less than 1 year \Box
3	Once per year to less than 2 years
4	Once every 2 years but less than once
	every 5 years
5	Every 5 years or more

6	Never	> Go to l	K7
7	Not applicable	> Go to l	K7
	Don't know	> Go to l	K7
	Refusal	> Go to l	K7

K6.

(e) How much difficulty do you (does) have paying for the service of this item?

1	None
2	Slight
3	Moderate
4	Serious 🗆 🔹
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

K7.

(e) <u>How often</u> do your (....)'s (*write-in*) need to 'be replaced?

1	Every 6 months or less \Box > Go to K9
2	More than 6 months but less than 1 year $\Box > $ Go to K9
3	Once per year to less than 2 years \Box
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never $\Box > $ Go to K11
7	Not applicable \Box > Go to K11
	Don't know. \Box > Go to K11
	Refusal

K8.

(e)	Wr"t	his item need to be replaced in the next 12 mon	ths?
	2 9	Yes□ No□ Don't know□ Refusal□	> Go to K11

K9.

(e) What is the main reason you (....) will need to replace your (his/her) (*write-in*)?

1 Condition is worse..... \Box

	2	Condition is better \Box
	3 4	Outgrew the aid
	4 5	New technology available / Aid is outdated
	6	Other
	0	
	Γ	Other, Please Specify:
		Don't know
K10.	II.	
(e)		ow much difficulty <u>will you ()</u> have paying for a replacement for ur (his/her) (<i>write-in</i>)?
	1	None
	2	Slight.
	3	e
	4	
	5	Cannot afford
		Don't know
		Refusal
K11.		Any there are aid a scaling description of the signed to help (him/here)
NII.		Are there any aids, specialized equipment designed to help (him/her) with your (his/her) agility or flexibility that you () think(s) you
		(he/she) <u>need(s</u> , but do (does) not have?
		$(\operatorname{herse}) \operatorname{\underline{\operatorname{her}}}_{1 \leq i \leq j}$ sur us (uses) not have.
	1	Yes
	2	No \Box > Go to K15
	9	$\mathcal{D}_{\text{cn't know}} = \mathbf{Go to K15}$
	8	Refusal
K12.	X	Which aids do you (does) <u>need</u> but do not (does not) have?
1		(a) a hand or arm brace \Box
2		(b) grasping tools or reach extenders
3		(c) adapted kitchen tools and utensils
5		(e) another aid
	Γ	Other, Please Specify:

Interviewer: Ask questions K13-K14 for aids (a-d) selected in K12; Else go to K15

K13. How frequently would you (....) use a hand or arm brace if you (he/she) did (a) have it?

1 2 3 4 5 6	Everyday A few times a week. Once a week. U Less than once a week. I Frequent usage but only during certain times Not applicable. Don't know. Refusal.
K14 (a)	Why do you (does) not have this aid? Mark all that apply.
1 2 3	Cost (purchase)
4	You (\ldots) personally feel (s) that your (his/her) condition is not severe enough to justify this aid
5	Your (\dots) doctor does not fivel that your (his/her) condition is severe enough \dots
6	Your (\ldots) insurance company does not feel that your (his/her) condition is severe enough
7	You don't (. doesn i) know where to get it \Box
8	On a waiting list
9	Other
10	None selected

K13. How frequently would you (....) use grasping tools or reach extenders if you(b) (he/she) did have it?

1	Everyday	
	A few times a week	
3	Once a week	
4	Less than once a week	

5	Frequent usage but only during certain times
6	Not applicable
	Don't know.
	Refusal

K14

(b)	Why do you (does) not have this aid? <i>Mark all that apply.</i>
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her) condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her) condition is severe enough
6	Your () insurance company does not feel that your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it
8	On a waiting list
9	Other□
	Other, Please Specify:
10	None selected

K13. How frequently would you (....) use grab bars or bathroom aids if you (c) (he/she) did have it?

1	Everyday	🗆
2	A few times a week	🗆
3	Orce a weck	🗆
4	Les. than once a week	
5	Frequent usage but only during certain times	
6	Not applicable	🗆
	Don't know	🗆
	Refusal	🗆

K14

(c)	Why do you (does) not have this aid? Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)

3	Not available locally
4	You (\ldots) personally feel (s) that your (his/her) condition is not severe enough to justify this aid
5	Your () doctor does not feel that your (his/her)
	condition is severe enough
6	Your () insurance company does not feel that
-	your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8 9	On a waiting list
9	
	Other, Please Specify:
10	None selected
10	
K13.	How frequently would you () use bath or bear lift or other lift type
(d)	devices if you (he/she) did have it?
1	Everyday
2	A few times a week
$\frac{2}{3}$	Once a week
4	Less than once a week
5	Frequent usage but only during cortain times
6	Not applicable
	Don't know
	Refusal
K14	
(d)	Why do you (does) not have this aid?
	Mark ch hat apply.
1	Cost (p vrc'rase).
2	Cos' (maintenance)
3	1 ot available locally
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \Box
6	Your () insurance company does not feel that
-	your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a waiting list
9	Other

Other, Please Specify:

10 None selected..... \Box

K13. How frequently would you (....) use a (*write-in*) if you (he/she) did (e) have it?

1 Everyday□ 2 A few times a week□	
	/
3 Once a week	
4 Less than once a week \Box	
5 Frequent usage but only during certain times \Box	
6 Not applicable	
Don't know	
Refusal	

K14

(e)			
(-)	Mark all that apply.		
1	Cost (purchase)		
2	Cost (maintenance).		
3	Not available locally		
4	You () personally feet (s) that your (his/her)		
	condition is not severe mough to justify this aid \Box		
5	Your () doctor loes not feel that your (his/her) condition is savere enough		
6	Your () resurance company does not feel that		
	your (his/her) condition is severe enough		
7	You do.'. (doesn't) know where to get it \Box		
8	Or a writh 1g list.		
9	Oth r		
,			
	Other, Please Specify:		
10	None selected		

K15. In the past 6 months, how frequently have you (has) had difficulty participating in everyday activities because of your (his/her) agility or flexibility?

1	Daily	
2	Weekly	
3	Monthly	
4	Less than once per month	
5	Never	\dots > Skip to L
6	Not applicable Don't know	-

K16. When your (....'s) agility or flexibility made it difficult to participate in everyday activities did you (he/she) experience:

1	Some difficulty
2	A lot of difficulty
3	You were (was) completely unable 🛛
4	Your ('s) participation was not affected
9	Don't know
8	Refusal

Section L - Pain Filter

All respondents enter this module

L. The next few questions deal with long-term pain and discomfort. Remember, I am asking about difficult.es that have lasted or are expected to last 6 months or more.

L1. Do you (Does ...) have any pain or discomfort that is <u>always</u> present?

1 Yes	$\Box > \text{Go to } L3$
2 No.	
9 Don't know	
& Refusal	

L2. Do you (Does) have <u>periods</u> of pain or discomfort that <u>reoccur</u> from time to time?



L3. Does this pain or discomfort reduce the amount or the kind of activities you

(....) can do?

L4.

How many activities does your ('s) pain or discomfort usyally prevent you (him/her) from doing <u>at home</u> ?		
9 8	Skip to N Don't know > Skip to N Refusal > Skip 'o N	
2	No > Check Pain- Limitation box on Profile Sheet and	
1	Yes > Check Pain- Limitation box on Profile Sheet	

L5. How many activities does you (....'s) pain or discomfort usually prevent (him/her) from doing <u>a 'wo'k</u>?

1	None.]
2	A few]
3	Many]
4]
5	1 ot applicable]
	Don't know]
	Refusal]

L6. How many activities does you (....'s) pain or discomfort usually prevent (him/her) from doing <u>at school</u>?

1	None
2	A few
3	Many 🗆
4	Most
5	Not applicable

Don't know	. 🗆
Refusal	

L7. How many activities does you (....'s) pain or discomfort usually prevent (him/her) from doing <u>in other areas, such as transportation or leisure</u>?

1	None	
2	A few.	
3	Many 🗆	
4	Most	4
5	Not applicable	
	Don't know	
	Refusal	

Section M - Pain Aids

**If pain limitation is marked on the Profile Sheet 1'en continue; Else skip to Section $N(p \ 158)^{\cdot,*}$

M1. Do you (Does) <u>use</u> any aids or specialized equipment designed for pain management, for example, an electrotherapy device such as a T.E.N.S. machine or hot and/or cold aids? Please do not include pain medication as we will ask about prescription and non-prescription drugs later.

1	Yes	
2	No	Go to M11
9	Don't know $\Box >$	Go to M11
8	Refusar	Go to M11

M2. Do you (Cors) now use:

(1)	(2)	(9)	(8)
Yes	No	DK	<u>R</u>

(a)	an alastusthausur davias such as a TENS mashing?		
(a)	an electrotherapy device such as a T.E.N.S. machine?		
(b)	hot and/or cold aids? \Box		
(c)	a comfort aids such as therapeutic cushion? \Box		
(d)	an adjustable bed?		
(e)	another aid?		

Other, Please Specify:

*** Interviewer: Only read questions in section M3 for the aids(a-e) selected in M2***

M3.

(a) <u>How often</u> do you (does) <u>use</u> an electrotherapy device such as a T.E.N.S. machine?

1	Every day
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

M4.

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

1	You ().
2	Your ('c) family
3	Health care system
4	Covernment program
5	In turnice company
6	Non-profit organization
7	It does not belong to you () (i.e. belongs to employers, friends / family,
	public property, etc.)
8	Other
	\downarrow
Other	, Please Specify:
9	Not applicable
9	Don't know
	Refusal

M4a.

(a)		Are you (Is) making any kind of payment for your ()'s electrotherapy device such as a T.E.N.S. machine, for example to rent or finance this item?		
	1	Yes		
	2	No No		
	9	Don't know Don't know Skip to M2(b) if M4=7		
	8	Refusal		
M5.				
(a)		often does your ()'s electrotherapy device such as a T.E.N.S.		
	mach	nine need service, such as repairs or maint mance?		
	1	Every 6 months or less		
	2	More than 6 months but less than 1 year		
	$\frac{2}{3}$	Once per year to less than 2 years		
	4	Once every 2 years but les than once		
	4	every 5 years		
	5	Every 5 years or more \Box		
	6	Never		
	7	Not applicable $\square > Go to M7$		
	/	Don't know $\Box > $ Go to M7		
		$\Box > Go to M7$ Refusal		
M6.				
(a)		mych difficulty do you (does) have paying for the service of this		
	item	?		
1		<u></u>		
2	Sligh			
3		erate		
4		bus		
5		not afford		
6		pplicable		
		t know		
	Refus	sal		

(a) <u>How often</u> does your (....)'s electrotherapy device such as a T.E.N.S. machine need to be replaced?

1 2 3	Every 6 months or less $\Box >$ Go to M9More than 6 months but less than 1 year $\Box >$ Go to M9Once per year to less than 2 years \Box			
4	Once every 2 years but less than once every 5 years \Box			
5	Every 5 years or more			
6	Never \Box > Go to M3 (b)			
7	Not applicable \Box > Go to M3 (b)			
	Don't know $\Box > $ Go to M3 (b)			
	Refusal			
M8. (a)	Will this item need to be replaced in the next 12 months?			
	1 Yes			
	2 No Go to M3 (b)			
	9 Don't know $\square > \mathbf{Go}$ to M3 (b)			
	8 Refusal \Box > Go to M3 (b)			

M9.

(a) What is the main reason you (....) will need to replace your (his/her) electrotherapy device such as a T.E.N.S. machine?

Condition is worse
Condition is better
Outgrew the a ⁱ d
Worn out
New technology available / Aid is outdated
Other
Other, Please Specify:
Don't know
Refusal

M10.

(a) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) electrotherapy device such as a T.E.N.S. machine?

1	None]
2	Slight]

3	Moderate
4	Serious
5	Cannot afford
	Don't know
	Refusal

M3.

How often do you (does) use hot and/or cold aids? **(b)**

1	Every day
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

M3.

<u>How often</u> do you (does) <u>use</u> comfort aid such as a therapeutic cushion? (c)

1	Every day
2	A few times a veek
3	Once a week
4	Less than once a week
5	Frequent usage but only
	during cortain times
6	Don't use because it needs repair
	or replacement
7	Not applicable
\sim -	Don't know
	Refusal

M4.

(c) Who paid the most for acquiring this item?

1	You ()
2	Your ('s) family
3	Health care system
4	Government program
5	Insurance company

	6	Non-profit organization \Box
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.)
	8	Other
		Ţ
		Other, Please Specify:
	9	Not applicable
M4a. (c)		re you (Is) making any kind of payment for your ()'s comfort aids ich as therapeutic cushion, for example to rent or fivance this item?
	1	Yes
	2	No
	2 9	Don't know
	9	Refusal
	0	
M3. (d)	H	<u>ow often</u> do you (does) <u>se</u> an adjustable bed?
	1	Every day
	2	A few times a veek
	3	Once a weck.
	4	Less than once a week \Box
	5	Frequent usage but only
		during vertain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
/	\checkmark	Don't know
		Refusal
M4.		
(d)	V	Who paid the most for <u>acquiring</u> this item?

You ()
Your ('s) family \Box
Health care system
Government program

	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.)
	8	Other
		\downarrow
		Other, Please Specify:
	0	
	9	Not applicable
		Don't know
		Refusal
M4a.		
(d)		re you (Is) making any kind of payment for you ⁻ ()'s an adjustable
	b	ed, for example to rent or finance this item?
	1	Yes
	2	No $\square > $ Skip to M3(e) if M4=7
	9	Don't know
	8	Refusal
	Ũ	
N/2		
M5.	тт	
(d)		ow often does your (
	m	naintenance?
	1	Every 6 months or less \Box
	2	
	3	
	4	
		every 5 years
	5	E very 5 years or more
	6	Never
-	6 7	Not applicable $\Box > Go$ to M7
		Don't know $\Box > $ Go to M7
		Refusal $\Box > $ Go to M7
M6.		

(d) How much difficulty do you (does) have paying for the service of this item?

1	None	. 🗆
	Slight	
3	Moderate	_

4	Serious
5	Cannot afford
6	Not applicable \Box
	Don't know
	Refusal

M7.

(d) <u>How often</u> does your (....)'s an adjustable bed need to be replaced?

1	Every 6 months or less $\Box > Go \text{ to } M9$
2	More than 6 months but less than 1 year
3	Once per year to less than 2 years
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never
7	Not applicable
	Don't know $\Box > $ Go to M3 (e)
	Refusal

M8.

- (d) Will this item need to be replaced in the n, xt 12 months?
 - 1Yes.... \Box 2No.... \Box > Go to M3 (e)9Don't know... \Box > Go to M3 (e)8Refusal... \Box > Go to M3 (e)

M9.

(d) What is the manneason you (....) will need to replace your (his/her) an adjustable bed?

1	Containing is worse
2	Condition is better
3	Outgrew the aid
4	Worn out
5	New technology available / Aid is outdated
6	Other
_	\downarrow
	Other, Please Specify:
L	Don't know

M10.

(d) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) an adjustable bed?

1 None	
2 Slight	
3 Moderate	
4 Serious	
5 Cannot afford	
Don't know	
Refusal	

M3. (e)

1	Every day 🗆 🗸 💙
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times
6	Don't use because it needs repair or replacement \Box
7	Not applicable
	Don't know
	Refusal

M4.

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

1	Vou ()	🗆	
2	Your ('s) family		
3	Health care system	🗆	
4	Government program	🗆	
5	Insurance company	🗆	
6	Non-profit organization		
7	It does not belong to you () (i.e. below	ngs to emplo	oyers,
	friends / family, public property, etc.)		-
8	Other		
		\downarrow	
	Other, Please Specify:	Ť	

Not applicable Don't know Refusal	
	••

M4a.

(e) Are you (Is) making any kind of payment for your (....)'s (*write-in*), for example to rent or finance this item?

	Yes	
2	No	Skip to M14 if M4=7
9	No $\square >$ Don't know. $\square >$	Skip to M11 if M4=7
8	Refusal >	Skip *9 M11 i/ M4=7

<u>Interviewer</u>: If service or replacement is applicable to this specific miterin then proceed to M5, else skip to M11.

M5.

(e) <u>How often</u> does your (....)'s (*write-in*), such as repairs or maintenance?

1	Every 6 months or less
2	More than 6 months but less than 1 y ar \Box
3	Once per year to less than 2 years. \Box
4	Once every 2 years but less har once
	every 5 years
5	Every 5 years or more \Box
6	Never $\Box > $ Go to M7
7	Not applicable \Box > Go to M7
	Don't know. $\Box > $ Go to M7
	Refuse $\square > $ Go to M7

M6.

(e) How nuch difficulty do you (does) have paying for the service of this iten?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

(e) <u>How often</u> does your (....)'s (*write-in*) need to be replaced?

1	Every 6 months or less $\Box > Go$ to M9
2	More than 6 months but less than 1 year $\Box > Go$ to M9
3	Once per year to less than 2 years \Box
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never. $\Box > $ Go to M11
7	Not applicable $\Box > $ Go to M11
	Don't know $\Box > $ Go to M11
	Refusal

M8.

(e)	Will	this item need to be replaced	l in the next 12 months?
	1	Yes	
	2		
	9	Don't know	Go to M11
	8	Refusal	D > Go to M11

M9.

(e) What is the main reason you (....) with need to replace your (his/her) (write-in)?

1	Condition is worse
2	Condition is better
3	Outgrew the aid.
4	Worn out
5	New technology vailable / Aid is outdated
6	Other.
	Other, Please Specify:
(
	Don't know
	Refusal

M10.

(e) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) (*write-in*)?

1	None
2	Slight
3	Moderate

	Serious
5	Cannot afford
	Don't know

M11. Are there any aids or specialized equipment designed for pain management that you (....) think(s) you (he/she) <u>need(s)</u> but do (does) not have?

1	Yes		
2	No	>	Go to M15
9	Don't know	>	Go to M15
8	Refusal	>	Go to M15

M12. Which aids do you (does) <u>need</u> but do not (do(s no.) have?

1 (a) an electrotherapy device such as a T.E.N.S. machine
2 (b) hot and/or cold aids
3 (c) a comfort aids such as therapeutic cushion
4 (e) Another aid
Other, Please Specify:

Interviewer: Please ask M13-M14 for aids (a-e) chosen in M12; Else go to M15

M13. How frequent's would you (....) use an electrotherapy device such as a

(a) T.E.N 5. nachine if you (he/she) did have it?

1	Fv ryday]
2	A few times a week]
3	Or ce a week]
4	Less than once a week	
5	Frequent usage but only during certain times]
6	Not applicable]
	Don't know]
	Refusal]

M14

(a) Why do you (does) not have this aid? Mark all that apply.

1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \Box
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough \Box
7	You don't (doesn't) know where to get it \Box
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected.

M13. How frequently would you (....) use hot and/or cold aids if you (he/she) did (b) have it?

1	Everyday	🗆
2	A few times a week	🗆
3	Once a week.	
4	Less than once a week	
5	Frequent usage but on'y during certain times	
6	Not applicable	🗆
	Don't know	
	Refusal	🗆

M14

(b)	Why ary you (does) not have this aid?
	Ma.k al that apply.
1	Cest (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \Box
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough \Box
7	You don't (doesn't) know where to get it \Box
8	On a waiting list \Box

Other, Please Specify:	¥

M13. How frequently would you (....) use a comfort aids such as therapeutic (c) cushion if you (he/she) did have it?

1	
I	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times
6	Not applicable
	Don't know
	Refusal

M14

(c) Why do you (does) not have this aid? Mark all that apply.

4	
I	Cost (purchase)
2	Cost (maintenance)
3	Not available locally \Box
4	You () personally feel (;) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is vevere enough \Box
6	Your () insurance company does not feel that
	your (h s/ver) condition is severe enough
7	You don't $(\dots$ doesn't) know where to get it
8	On γ waiting list
9	Sther
	Other, Please Specify:
10	
10	None selected \Box

M13. How frequently would you (....) use an adjustable bed if you (he/she) did (d) have it?

1	Everyday	
2	A few times a week	
3	Once a week	_
4	Less than once a week	_
5	Frequent usage but only during certain times	_
6	Not applicable	_
	Don't know	
	Refusal	_

M14

M14 (d)	Why do you (does) not have this aid? Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid
5	Your () doctor does not feel that your (his her, condition is severe enough
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough \Box
7	You don't (doesn't) know where to $5^{\circ t}$ it
8	On a waiting list
9	Other
	Other, Please Specify
10	None selected.

M13. How frequently would you (....) use (write-in) if you (he/she) did have it?

(e)

1	Fveryday	
2	A lew times a week	
3	Once a week	
4	Less than once a week	
5	Frequent usage but only during certain times	
6	Not applicable	
	Don't know	
	Refusal	

M14

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

Mark all that apply.

	Mark an man appry.
1	Cost (purchase)
1	
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
•	condition is severe enough
6	Your () insurance company does not feel that
0	
-	your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a waiting list \Box
9	Other
	↓
	Other, Please Specify:
10	
10	None selected
M15.	In the past 6 months, how often have you (has) had difficulty
14113.	
WII 3.	participating in everyday activities because of your (his/her) pain or
WII 5 .	
	participating in everyday activities because of your (his/her) pain or discomfort?
1	participating in everyday activities because of your (his/her) pain or discomfort?
	participating in everyday activities because of your (his/her) pain or discomfort? Daily
1	participating in everyday activities because of your (his/her) pain or discomfort? Daily
1 2 3	participating in everyday activities because of your (his/her) pain or discomfort? Daily Weekly
1 2 3 4	participating in everyday activities because of your (his/her) pain or discomfort? Daily Weekly Monthly Less than once per month
1 2 3 4 5	participating in everyday activities because of your (his/her) pain or discomfort? Daily Weekly Monthly Less than once per month Never > Skip to N
1 2 3 4	participating in everyday activities because of your (his/her) pain or discomfort? Daily. Daily. Weekly. Monthly. Less than once per month. Never. Not applicable Skip to N
1 2 3 4 5	participating in everyday activities because of your (his/her) pain or discomfort? Daily Weekly Monthly Less than once per month Never > Skip to N
1 2 3 4 5	participating in everyday activities because of your (his/her) pain or discomfort? Daily. Daily. Weekly. Monthly. Less than once per month. Never. Not applicable Skip to N
1 2 3 4 5 6	participating in everyday activities because of your (his/her) pain or discomfort? Daily Weekly Monthly Less than once per month Never Not applicable Don't kno v
1 2 3 4 5	participating in everyday activities because of your (his/her) pain or discomfort? Daily Weekly Monthly Less than once per moath Never Not applicable Don't kno v When your ('s) pain or discomfort made it difficult to participate in
1 2 3 4 5 6	participating in everyday activities because of your (his/her) pain or discomfort? Daily Weekly Monthly Less than once per month Never Not applicable Don't kno v
1 2 3 4 5 6 M16.	participating in everyday activities because of your (his/her) pain or discomfort? Daily Weekly Monthly Less than once per month Never Not applicable Don't kno v When your ('s) pain or discomfort made it difficult to participate in veryday activities, did you (he/she) experience :
1 2 3 4 5 6 M16.	participating in everyday activities because of your (his/her) pain or discomfort? Daily
1 2 3 4 5 6 M16.	participating in everyday activities because of your (his/her) pain or discomfort? Daily Weekly Monthly Less than once per month Never Not applicable Don't kno v When your ('s) pain or discomfort made it difficult to participate in veryday activities, did you (he/she) experience : Some difficulty
1 2 3 4 5 6 M16.	participating in everyday activities because of your (his/her) pain or discomfort? Daily
1 2 3 4 5 6 M16. 1 2	participating in everyday activities because of your (his/her) pain or discomfort? Daily Weekly Monthly Less than once per month Never Not applicable Don't kno v When your ('s) pain or discomfort made it difficult to participate in veryday activities, did you (he/she) experience : Some difficulty
1 2 3 4 5 6 M16. 1 2 3	participating in everyday activities because of your (his/her) pain or discomfort? Daily. Weekly. Monthly. Less than once per month. Never. > Skip to N Not applicable. Don't kno v. Veryday activities, did you (he/she) experience : Some difficulty. A lot of difficulty. You were (was) completely unable.

Section N - Learning Filter

All respondents	enter	this	module
-------------------	-------	------	----------

N1.	Do you (Does) think you have (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 Learning Limitation Box on Profile Sheet				
	2	No				
	9	Don't know				
	8	Refusal				
N2.		Has a teacher, doctor or other health professional ever sa.1 that you () had a learning disability?				
	1	Yes> Check Learning Limitation Box on Profile Sheet and go to N3				
	2	No \Box > Skip to P				
	9	Don't know $\square > $ Skip to P				
	8	Refusal $\square > $ Skip to P				
N3.	Does do?	s this condition r duce the amount or the kind of activities you () can				
	1	Yes, sometimes				
	1					
	2	Yes, of the or always \Box > Skip to O				
	3 8					
	0 0	1				
		Don't Know $\square > $ Skip to O				
N4.		many activities does this condition usually prevent you () from g <u>at home</u> ?				
	1	None				
	2	A few				
	$\frac{2}{3}$	Many				
	4	Most				
	5	Not applicable				
	5	Don't know				
		Refusal				

N5.		How many activities does this condition usually prevent you () from doing <u>at work</u> ?		
	1	None		
	2	A few		
	3	Many		
	4	Most		
	5	Not applicable		
		Don't know		
		Refusal		
N6.		w many activities does this condition usually prevent you () from		
	doii	ng <u>at school</u> ?		
	1	None		
	2	A few		
	3	Many 🗋		
	4	Most 🗆		
	5	Not applicable		
		Don't know		
		Refusal		
N7.	N6.	How many activity schees this condition usually prevent you ()		
	froi	n doing <u>in other areas such as transportation or leisure</u> ?		
	1	None		
	2	A few		
	3	Many		
	4	M. st		
	5	Not applicable		
		\Box on 't know		
		Refusal		
		,		

Section O - Learning Aids

If learning limitation is marked on the Profile Sheet then continue; Else skip to Section P (p 232)

O1. Do you (Does) <u>use</u> any aids or specialized equipment to help (him/her) with your (his/her) learning difficulty, for example, a home computer, a

pocket organizer or recording equipment? Do not include human support or medication.

1	Yes		
2	No	>	Go to O11
9	Don't know	>	Go to O11
8	Refusal	>	Go to O11

O2. Do you (Does) now <u>use</u>:

	(1)	(2)	(9)	(8)
	Yes	<u>ľNo</u>	<u>DK</u>	<u>R</u>
	~		<i>Y</i>	
(a) portable spell checkers?	Ē,			
(b) recording equipment?	5,			
(c) talking books?				
(d) a pocket organizer?				
(e) a home computer?				
(f) a scanner or printer?				
(g) spell/grammar checking software?				
(h) voice recognition software?				
(i) software organizational tools'				
(j) a laptop or notebook computer?				
(k) another aid?				
	\downarrow			
Other, Please Specify:				

*** Interviewer: Only read questions in section O3 for the aids(a-k) selected in O2***

03.

(a) <u>How often</u> do you (does) <u>use</u> portable spell checkers?

1	Every day
2	A few times a week
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only

	during certain times	□
6	Don't use because it needs repair	
	or replacement	🗆
7	Not applicable	
	Don't know	🗆
	Refusal	

O4.

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

1	You ()
2	Your ('s) family \Box
3	Health care system
4	Government program
5	Insurance company 🗇 🗸
6	Non-profit organization
7	It does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.)
8	Other
	Other, Please Specify:
9	Not applicable
	Don't know
	Refusal

O4a.

(a) Are you (Is . . .) making any kind of payment for your (....)'s portable spell checkers, for example to rent or finance this item?

1	Ve5	
2	No	\dots Skip to O3(b) if O4=7
5	Don't know	\dots Skip to O3(b) if O4=7
8	Refusal	$\square > $ Skip to O3(b) if O4=7

05.

(a) <u>How often</u> does your (....)'s portable spell checkers, such as repairs or maintenance?

1	Every 6 months or less
2	More than 6 months but less than 1 year
3	Once per year to less than 2 years

4	Once every 2 years but less than once	
	every 5 years	
5	Every 5 years or more	
6	Never	Go to O7
7	Not applicable $\square >$	Go to O7
	Don't know $\Box >$	Go to O7
	Refusal \Box >	Go to O7

(a) How much difficulty do you (does) have paying for the service of this item?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

07.

(a) <u>How often</u> does your (....)'s port. ble spell checkers need to be replaced?

1	Every 6 months or less \Box > Go to O9
2	More than 6 months but less than 1 year $\Box > $ Go to O9
3	Once per year to less than 2 years
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never $\Box > $ Go to O3 (b)
7	Not app ¹ ; cable $\Box > $ Go to O3 (b)
	Don't know
	Refusa

08.

(a) Will this item need to be replaced in the next 12 months?

1	Yes
	No $\Box > $ Go to O3 (b)
9	Don't know $\Box > $ Go to O3 (b)
8	Refusal

09.

(a) What is the main reason you (....) will need to replace your (his/her)

portable spell checkers?

1 2 3 4 5 6	Condition is worse. Image: Condition is better. Condition is better. Image: Condition is better. Outgrew the aid. Image: Condition is conditioned and condition
	Other, Please Specify:
	Don't know

(a) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) portable spell checkers?

1	None	
2	Slight	
3	Moderate	
5	Cannot afford	
	Don't know	
	Refusal	

O3.

010.

(b) <u>How often</u> do you (does) <u>use</u> recording equipm	ient?
---	-------

1	Every day
2	A few times a week
3	Once a week
1	Less than once a week \Box
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

	1	You ()		
	2	Your ('s) family		
	3	Health care system		
	4	Government program		
	5	Insurance company		
	6	Non-profit organization		
	7			
	/	It does not belong to you (\dots) (i.e. belongs to employers,		
	0	friends / family, public property, etc.)		
	8	Other		
	[Other, Please Specify:		
		other, i lease speeny.		
	L			
	9	Not applicable		
		Don't know		
		Refusal		
• • •				
O 4a.				
(b)		re you (Is) making any kind of payment for your ()'s recording		
	equipment, for example to rent or hannee this item?			
	1 Yes			
	-	Yes		
	2	No \Box > Skip to O3(c) if O4=7		
	9	Don't know \Box > Skip to O3(c) if O4=7		
	8	Refusal \Box > Skip to O3(c) if O4=7		
O5 .				
(b)	H	ow often dies your ()'s recording equipment, such as repairs or		
		ainternnce?		
	1	Every 6 months or less		
	1	More than 6 months but less than 1 year		
	3	Once per year to less than 2 years		
	4	Once every 2 years but less than once		
		every 5 years		
	5	Every 5 years or more \Box		
	6	Never \Box > Go to O7		
	6 7			
		Not applicable \Box > Go to O7		

(b) How much difficulty do you (does) have paying for the service of this item?

1	None
2	Slight
3	Moderate
4	Serious 🗆
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

O7.

(b) <u>How often</u> does your (....)'s recording equipment need to be replaced?

1	Every 6 months or less
2	More than 6 months but less than 1 year
3	Once per year to less than 2 years
4	Once every 2 years but less than once every 5 years \Box
5	Every 5 years or more
6	Never
7	Not applicable $\Box > $ Go to O3 (c)
	Don't know $\Box > $ Go to O3 (c)
	Refusal

08.

(a) Will this item need to be replaced in the next 12 months?

1	Yes	
2		$\Box > $ Go to O3 (c)
9	Don't krow	$\Box > \text{Go to O3}(c)$
8	Refusal	$\Box > \text{Go to O3}(c)$
		()

09.

(b) What is the main reason you (....) will need to replace your (his/her) recording equipment?

1	Condition is worse.
2	Condition is better
3	Outgrew the aid
4	Worn out
5	New technology available / Aid is outdated \Box
6	Other.
	\checkmark

Other, Please Specify:

Don't know	
Refusal	

O10.

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

1	None
2	Slight
	Moderate
4	Serious
5	Cannot afford
	Don't know
	Refusal

O3.

(c) <u>How often</u> do you (does) <u>use</u> talking books?

1	Every day
2	A few times a week
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair
	or replacement
7	Not a_k plicable
	Don't ki ów
	Pofucal

O4.

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

1	You ()
2	Your ('s) family
3	Health care system \Box
4	Government program
5	Insurance company
6	Non-profit organization \Box
7	It does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.) \Box

	8	Other	
	(Other, Please Specify:	
	9	Not applicable Don't know	
		Refusal	
O 4a.			1
(c)		e you (Is) making any kind of payment for example to rent or finance this item?	or your ()'s talkını books,
	101	example to rent of mance this item:	
	1	Yes	
	2	No	
	9	Don't know	
	8	Refusal	
05.)
(c)	Hov	<u>w often</u> does your ()'s talking bool's, sucl	as repairs or maintenance?
			-
	1	Every 6 months or less	
	2	More than 6 months but less than 1 year	
	3	Once per year to less han 2 years	
	4	Once every 2 years to utiess than once	
		every 5 years	
	5	Every 5 years or more	
	6	Never	\Box > Go to O7
	7	Not applicable	
		Don't now	$\Box > $ Go to O7
		Kt fusal	$\dots \square > $ Go to O7
O6 .			
(c)	7_0	w much difficulty do you (does) have pa	ying for the service of this
	iter	m?	

2 Slight	
-	
	1
4 Serious]
5 Cannot afford]
6 Not applicable []
Don't know	
Refusal]

(c) <u>How often</u> does your (....)'s talking books need to be replaced?

1	Every 6 months or less \Box > Go to O9					
2	More than 6 months but less than 1 year					
3	Once per year to less than 2 years					
4		Once every 2 years but less than once every 5 years. \Box				
5		ery 5 years or more \Box				
6		ver $\Box > $ Go to O3 (1)				
7	Not	t applicable $\Box > $ Go to C3 (a)				
		n't know $\Box > \operatorname{Got} \circ \operatorname{O3}(d)$				
	Ref	$\Box > \operatorname{Go} \operatorname{to} \operatorname{C3} \operatorname{d}$				
08.						
(c)	Wi	Il this item need to be replaced in the next 12 months?				
	1	Yes				
	2	No $\square > $ Go to O3 (d)				
	9	Don't know $\square > Go to O3 (d)$				
	8	Refusal				
	0	1 > 60 10 05 (d)				
09.						
(c)	Wha	at is the main reason yet. () will need to replace your (his/her)				
	talking books?					
1		Condition is vorse. \Box				
	2	Condition is better				
	3	Outgrew une and				
	4	Worn ou				
	5	New technology available / Aid is outdated				
	6	Oth tr				
		Other, Please Specify:				
	7					
		Don't know				
		Refusal				
		Reliisal				

O10.

(c) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) talking books?

1 None.....

2	Slight
3	Moderate
4	Serious
5	Cannot afford
	Don't know.
	Refusal

O3. (d)

(d)	How often	do you	(does) <u>use</u> a	pocket	organizer?
-----	-----------	--------	-------	----------------	--------	------------

1	Every day
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only
	during certain times $\Box \qquad \checkmark \qquad \bigvee$
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

O4. (d)

(d) Who paid the most for <u>acquirin</u> this item?

1	You ()
2	Your () family
3	Health care s j stem
4	Government program
5	Insura. ce company
6	Non-profit organization
7	A does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.)
ৎ	Other
	Other, Please Specify:
9	Not applicable

(d) Are you (Is) making any kind of payment for your (....)'s pocket organizer, for example to rent or finance this item?

1	Yes	. 🗆	
2	No	□ >	Skip to O3(e) if O4=7
9	Don't know	□ >	Skip to O3(e) if O4=7
8	Refusal	.□>	Skip to O3(e) if O4=7

05.

(d)		<u>v often</u> does your ()'s pocket organize ntenance?	er, such as repairs or
	1	Every 6 months or less	

I	Every 6 months or less
2	More than 6 months but less than 1 year
3	Once per year to less than 2 years
4	Once every 2 years but less than once
	every 5 years
5	Every 5 years or more \Box
6	Never
7	Not applicable $\Box > $ Go to O7
	Don't know $\Box > $ Go to O7
	Refusal

O6.

(d) How much difficulty do you (does) have paying for the service of this item?

1	None
2	Slight.
3	Slight
4	Serious.
5	Carnot afford
6	Not applicable
	Don't know
	Refusal

07.

(d) <u>How often</u> does your (....)'s pocket organizer need to be replaced?

1	Every 6 months or less $\Box > $ Go to O9
2	More than 6 months but less than 1 year $\Box > $ Go to O9
3	Once per year to less than 2 years \Box
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more

6	Never	>	Go to O3 (e)
	Not applicable		
	Don't know		
	Refusal	>	Go to O3 (e)

(d) Will this item need to be replaced in the next 12 months?

1	Yes		
2	No	>	Go to O3 (e)
	Don't know		
8	Refusal	>	Go to O3 (e)

09.

(d) What is the main reason you (....) will need to replace you. (nis/her) pocket organizer?

1	Condition is worse
2	Condition is better
3	Outgrew the aid
4	Worn out
5	New technology available / Aid is putdated
6	Other
	Other, Please Specify:
	Don't know
	Refusal.

010.

(d) How nuch difficulty <u>will you (....)</u> have paying for a replacement for you (his/her) pocket organizer?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable \Box
	Don't know
	Refusal

(e) <u>How often</u> do you (does) <u>use</u> a home computer?

	1	Every day
	2	A few times a week
	3	Once a week \Box
	4	Less than once a week \Box
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
O4 .		
(e)	Who	paid the most for <u>acquiring</u> this item?
	1	You ()
	2	Your ('s) family
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family, p. blic property, etc.)
	8	Other
	Ot	her, Please Specify:
	9	No applicable
	9	
	C	R fusal
	X	
O4a.	×	
(e)	•	you (Is) making any kind of payment for your ()'s home
	comp	outer, for example to rent or finance this item?
	1	Yes
	2	No $\square > $ Skip to O3(f) if O4=7
	9	Don't know
	8	Refusal
	0	

(e) <u>How often</u> does your (....)'s home computer, such as repairs or maintenance?

1	Every 6 months or less \Box
2	More than 6 months but less than 1 year \Box
3	Once per year to less than 2 years
4	Once every 2 years but less than once
	every 5 years
5	Every 5 years or more
6	Never
7	Not applicable $\Box > Go \land O7$
	Don't know \Box – Go to O7
	Refusal $\Box > C_{2}$ to O7

06.

(e) How much difficulty do you (does) have paving for the service of this item?

1	None	
2		
2	Slight	
3	Moderate	
4	Serious	
5	Cannot afford	
6	Not applicable	
	Don't know	
	Refusal	

07.

1	Every 6 months or less
2	More than 6 months but less than 1 year
3	Once per year to less than 2 years
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more \Box
6	Never
7	Not applicable $\Box > $ Go to O3 (f
	Don't know $\Box > $ Go to O3 (f
	Refusal

08.

(e) Will this item need to be replaced in the next 12 months?

1 Yes.....

⁽e) <u>How often</u> a ves your (....)'s home computer need to be replaced?

2	No	>	Go to O3 (f)
9	Don't know	>	Go to O3 (f)
8	Refusal	>	Go to O3 (f)

1

(e)	What is the main reason you () will need to replace your (his/her)
	home computer?

4
1

O10.

(e) How much difficulty <u>will you (...)</u> 'ave paying for a replacement for your (his/her) home comparer?

1	None]
2	Slight]
3	Moderate]
4	Serious]
5	Cannut afford]
6	in t applicable	
	L'on 7 know]
	Refusal]

03.

(f) <u>How often</u> do you (does) <u>use</u> a scanner or printer?

1	Every day
2	A few times a week \Box
3	Once a week \Box
4	Less than once a week \Box
5	Frequent usage but only
	during certain times \Box
6	Don't use because it needs repair

7	or replacement Not applicable	
	Don't know Refusal	_
	Refusal	L

O4.

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

	1	You ()						
	2 Your ('s) family \Box							
	 3 Health care system							
	5	Insurance company						
	6	Non-profit organization						
	7	It does not belong to you () (i.e. belongs to Umpleyers,						
		friends / family, public property, etc.)						
	8	Other						
		Other, Please Specify:						
9 Not applicable \Box								
	Don't know							
		Refusal						
O 4a.								
(f) Are you (Is) m. king any kind of payment for your ()'s scanner (
	p	rinter, for example to rent or finance this item?						
1 Yes 2 No								
							9 8	Don't know
						/	8	$\square > \text{Skip to O3(g) if O4=7}$
05.								
(f)	Н	low often does your ()'s scanner or printer, such as repairs or						
\mathbf{v}	_							

maintenance?

1	Every 6 months or less
2	More than 6 months but less than 1 year
3	Once per year to less than 2 years
4	Once every 2 years but less than once
	every 5 years

5	Every 5 years or more	
6	Never.	> Go to O7
7	Not applicable	> Go to O7
	Don't know	> Go to O7
	Refusal	> Go to O7

O6.

(f) How much difficulty do you (does) have paying for the service of this item?

O7.

(f) <u>How often</u> does your (....)'s scanner or printer need to be replaced?

1	Every 6 months or less \Box > Go to O9
2	More than 6 months but less than 1 year $\Box > $ Go to O9
3	Once per year to less than 2 , ears
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never $\Box > $ Go to O3 (g)
7	Not applicable \Box > Go to O3 (g)
	Don't know $\Box > $ Go to O3 (g)
	Refusal

08.

09.

(f) What is the main reason you (....) will need to replace your (his/her) scanner or printer?

1 Condition is worse..... \Box

	2 3 4 5 6	Condition is better□ Outgrew the aid□ Worn out□ New technology available / Aid is outdated□ Other□			
		Other, Please Specify:			
		Don't know			
O10. (f)					
	1	None			
	2 Slight				
	3 Moderate □ 4 Serious □				
	5 Cannot afford				
	6	Not applicable			

O3.

(a)	How often do you (doe)	uso spoll/grommon	hadring coftware?
(g)	<u>How onen</u> uo yoo tutes) <u>use</u> spen/grammar v	incoking soleware.

1	Every day
2	A few 'imes a week \Box
3	O, ce a week
4	Less inan once a week
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair
<i>Y</i>	or replacement
7	Not applicable
	Don't know
	Refusal

O4.

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

1	You ()
2	Your ('s) family \Box
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization
7	It does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.)
8	Other
	Other, Please Specify:
9	Not applicable Don't know Refusal

O4a.

(g) Are you (Is) making any kind of pryment for your (....)'s spell/grammar checking software, for example to rent o. finance this item?

1	Yes	
2	No	 \square > Skip to O3(h) if O4=7
9		\square > Skip to O3(h) if O4=7
8	Refusal	 \square > Skip to O3(h) if O4=7

05.

(g) <u>How often</u> doughaver (....)'s spell/grammar checking software, such as repairs or m. intenance?

$\frac{1}{2}$	Fvery 6 months or less. More than 6 months but less than 1 year. Once per year to less than 2 years.
	Once every 2 years but less than once
	every 5 years
5	Every 5 years or more
6	Never \Box > Go to O7
7	Not applicable $\Box > $ Go to O7
	Don't know $\Box > $ Go to O7
	Refusal \Box > Go to O7

O6.

(g) How much difficulty do you (does) have paying for the service of this

item?

1	None	
2	Slight	
3	Moderate	
4	Serious 🗆	
5	Cannot afford	
6	Not applicable \Box	
	Don't know	
	Refusal	

07.

(g) <u>How often</u> does your (....)'s spell/grammar checking software reed to be replaced?

1 2 3	Every 6 months or less
4 5	Every 5 years or more
5	Never
7	Not applicable
/	Don't know $\Box > $ Go to O3 (h)
	Refusal

08.

(g) Will this item need to be replaced in the next 12 months?

1	Yes		
2	No.		Go to O3 (h)
9	Don't krow	>	Go to O3 (h)
	Refusal		

09.

(g) What is the main reason you (....) will need to replace your (his/her) spell/grammar checking software?

1	Condition is worse. \Box
2	Condition is better
3	Outgrew the aid
	Worn out
5	New technology available / Aid is outdated \Box
6	Other
	\downarrow

Other, Please Specify:

Don't know	
Refusal	

O10.

(g) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) spell/grammar checking software?

1	None
2	Slight
	Moderate
4	Serious
5	Cannot afford
	Don't know
	Refusal

O3.

(h) <u>How often</u> do you (does) <u>use</u> voice recognition software?

1	Every day
2	
2	A few times a week
3	Once a week
4	Less than once a $w + e_k \dots$
5	Frequent usage but on ly
	during certain times
6	Don't use because it needs repair
	or replacemen.
7	Not epplicable
	Don't גיסש
	Refusal

O4.

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

1	You ()
2	Your ('s) family \Box
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization \Box
7	It does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.) \Box

	8	Other	
		Other, Please Specify:	<u> </u>
	9	Not applicable Don't know Refusal	
O4a. (h)		e you (Is) making any kind of payment fo cognition software, for example to rent or fina	
	1	Yes	
	2	No	
	9	Don't know	$ \Box \rangle > Skip to O3(i) if O4=7$
	8	Refusal	
O5. (h)	ma	ow often does your ()'s voice recognition so aintenance?	_
	1 2	Every 6 months or less	
	23	Once per year to ¹ ess than 2 years	
	4	Once every 2 years out less than once	
	•	every 5 years.	
	5	Every 5 years or more	
	6	Never	
	7	Not applicable	$\Box > $ Go to O7
		Don't know	\dots So to O7
		k [•] tusal	$\dots \square > $ Go to O7
O6 .	\sim		
(h)		ow much difficulty do you (does) have pay em?	ving for the service of this
	1	None	
	2	Slight	
	3	Moderate	

Serious.....

Cannot afford.....

4

5

6

Not applicable	
Don't know	

Refusal.....

07. **(h)** How often does your (....)'s voice recognition software need to be replaced? Every 6 months or less..... $\Box >$ Go to O9 1 2 More than 6 months but less than 1 year...... $\Box >$ **Go to O9** Once per year to less than 2 years..... \Box 3 4 Once every 2 years but less than once every 5 years. \Box 5 Every 5 years or more..... 6 7 Don't know. > Go to O3 (i) 08. Will this item need to be replaced in the next 12 monchs? **(h)** 1 Yes..... No..... \Box > Go to O3 (i) 2 9 8 09. What is the main reason yer (....) will need to replace your (his/her) **(h)** voice recognition soft vare 1 Condition is worse. 2 Condition is letter. 3 Outgrew 'he aid..... 4 Won out 5 New technology available / Aid is outdated..... Oth er..... 6 Other, Please Specify: Don't know..... Refusal. **O10**.

(h) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) voice recognition software?

1 None.....

2	Slight	_
3	Moderate	
4	Serious	-
5	Cannot afford	-
	Don't know	
	Refusal]

O3.

(i) <u>How often</u> do you (does) <u>use</u> software organizational tools?

1	Every day
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only
	during certain times \Box
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

O4.

(i) Who paid the most for <u>accuiring</u> this item?

1	You ()
2	Your () family
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization
7	A does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.)
ৎ	Other
	Other, Please Specify:
9	Not applicable Don't know Refusal

(i) Are you (Is) making any kind of payment for your (....)'s software organizational tools, for example to rent or finance this item?

1	Yes	.□	
2	No	. 🗆 >	Skip to O3(j) if O4=7
	Don't know		
8	Refusal	.□>	Skip to O3(j) if O4=7

05.

(i) <u>How often</u> does your (....)'s software organizational tools, such as repairs or maintenance?

1	Every 6 months or less
2	More than 6 months but less than 1 year
3	Once per year to less than 2 years
4	Once every 2 years but less than once
	every 5 years
5	Every 5 years or more
6	Never \Box > Go to O7
7	Not applicable \Box > Go to O7
	Don't know \Box > Go to O7
	Refusal

O6.

(i) How much difficulty do you (does) have paying for the service of this item?

1	None
2	Slight
3	Slight
4	Sorious.
5	Carnot afford
6	Not applicable
	Don't know
\mathbf{N}	Refusal

07.

(i) <u>How often</u> does your (....)'s software organizational tools need to be replaced?

1	Every 6 months or less \Box	> Go to O9
2	More than 6 months but less than 1 year \Box	> Go to O9
3	Once per year to less than 2 years \Box	
4	Once every 2 years but less than once every 5 years. \Box	

5	Every 5 years or more		
6	Never.	>	Go to O3 (j)
7	Not applicable	>	Go to O3 (j)
	Don't know	>	Go to O3 (j)
	Refusal	>	Go to O3 (j)

O8.

(i) Will this item need to be replaced in the next 12 months?

	Yes		
2	No	>	Go to O3 (j)
	Don't know		
8	Refusal	>	Ge to 73 (j)

09.

(i) What is the main reason you (....) will need to replace your (his/her) software organizational tools?

1 2 3	Condition is worse
4	Worn out
5	New technology available / Aid is outdated
6	Other
	Other, Please Specify:
	Don't know

Refusar.

010.

(i) How much difficulty <u>will you (....)</u> have paying for a replacement for year (nis/her) software organizational tools?

1	None
	Slight
	Moderate
4	Serious
5	Cannot afford
	Don't know.
	Refusal

(j) How often do you (does) use a laptop or notebook computer?

	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
O4 .		
(j)	Who	paid the most for <u>acquiring</u> this item?
(J)	** 110	paid the most for <u>acquiring</u> this item.
	1	
	1	You ()
	2	Your ('s) family
	3	Health care system
	4	Government program
	5	
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.)
	8	Other
	Of	her, Please Specify:
	01	her, i lease speer y.
	9	No. applicable
	6	Den't know
		R>fusal
	$ \rightarrow -$	
O4a.		
	A ro x	you (Is) making any kind of payment for your ()'s a laptop or
(j)		book computer, for example to rent or finance this item?
	noten	book computer, for example to reat of finance this item;
	1	Yes
	2	No \Box > Skip to O3(k) if O4=7
	9	Don't know
	8	Refusal

(j) <u>How often</u> does your (....)'s a laptop or notebook computer, such as repairs or maintenance?

1	Every 6 months or less
2	More than 6 months but less than 1 year \Box
3	Once per year to less than 2 years
4	Once every 2 years but less than once
	every 5 years
5	Every 5 years or more
6	Never
7	Not applicable $\Box > Go \cup O7$
	Don't know 🛛 🔶 Go to O7
	Refusal $\Box > C_{2}$ to O7

06.

(j) How much difficulty do you (does) have paving for the service of this item?

1	None
2	
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

07.

(j) <u>How often</u> a ves your (....)'s a laptop or notebook computer need to be replaced?

1	Every c months or less
	Move than 6 months but less than 1 year
3	Cince per year to less than 2 years \Box
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never $\Box > $ Go to O3 (k)
7	Not applicable \Box > Go to O3 (k)
	Don't know \Box > Go to O3 (k)
	Refusal

08.

(j) Will this item need to be replaced in the next 12 months?

1	Yes		
2	No	>	Go to O3 (k)
9	Don't know	>	Go to O3 (k)
8	Refusal	>	Go to O3 (k)

(j) What is the main reason you (....) will need to replace your (his/her) a laptop or notebook computer?

1	Condition is worse \Box
2	Condition is better
3	Outgrew the aid
4	Worn out
5	New technology available / Aid is outdated
6	Other
	Other, Please Specify:
	Don't know□ Refusal□

010.

(j) How much difficulty <u>will you (....</u>) have paying for a replacement for your (his/her) a laptop or hack ook computer?

1	None
2	Slight
	Moderate
4	Serious
5	Cam)t afford
	Reft sal
5	

03.

(k) <u>How often</u> do you (does) <u>use</u> (write-in)?

1	Every day
2	A few times a week
3	Once a week \Box
4	Less than once a week \Box
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair

7	or replacement
	Don't know
	Refusal

O4.

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

	1	You ()
	2	Your ('s) family
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.)
	8	Other
	-	
		Other, Please Specify:
	9	Not applicable
	-	Don't know
		Refusal
O4a.		

(k) Are you (Is) m. king any kind of payment for your (....)'s (*write-in*), for example to react or finance this item?

1	Х ² S	
2		□ > Skip to O11 if O4=7
9	Don't know	□ > Skip to O11if O4=7
8	kefusal	□ > Skip to O11 if O4=7

<u>Interviewer</u>: If service or replacement is applicable to this specific write-in then proceed to K5, else skip to K11.

05.

(k) <u>How often</u> does your (....)'s (*write-in*), such as repairs or maintenance?

- 1 Every 6 months or less..... \Box
- 2 More than 6 months but less than 1 year..... \Box
- 3 Once per year to less than 2 years..... \Box

4	Once every 2 years but less than once	
	every 5 years	
5	Every 5 years or more	
6	Never.	> Go to O7
7	Not applicable	> Go to O7
	Don't know	
	Refusal	> Go to O7

O6.

(k)	How much difficulty do you (does) have paying for	the service of this
	item?	

None
Slight
Moderate
Serious
Cannot afford
Not applicable
Don't know \Box
Refusal

O7.

(k) <u>How often</u> does your (....)'s (*wrix-ii*) need to be replaced?

1	Every 6 months or less \Box > Go to O9
2	More than 6 months but lets than 1 year $\Box > $ Go to O9
3	Once per year to less than 2 years
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never \Box > Go to O11
7	Not applicable $\Box > $ Go to O11
	Don't knew
	Refusa

08.

(k)	Will this item need to be replaced in the next 12 months?
-----	---

	Yes		
	No		
9	Don't know	>	Go to O11
8	Refusal	>	Go to O11

09.

(k) What is the main reason you (....) will need to replace your (his/her)

(write-in)?

	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid \Box
	4	Worn out
	5	New technology available / Aid is outdated
	6	Other
		· · · · · · · · · · · · · · · · · · ·
		Other, Please Specify:
		Don't know
		Refusal
O10 .		
(k)	Ho	w much difficulty <u>will you ()</u> have paying for eplacement for
. ,		ur (his/her) (write-in)?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	-	Don't know
		Refusal.

O11. Are there any learning aids aids or specialized equipment that you (....) think(s) you (ne/si...) <u>need(s)</u> but do (does) not have?

1 Ves		
2 No.	>	Go to O15
9 Doa't know	>	Go to O15
8 Refusal	>	Go to O15

012. Which aids do you (does) need but do not (does not) have?

1	(a)	portable spell checkers	
2	(b)	recording equipment	
3	(c)	talking books	
4	(d)	a pocket organizer	
5	(e)	a home computer	
6	(f)	a scanner or printer	
7	(g)	spell/grammar checking software	

8	(h)) voice recognition software \Box
9	(i)	software organizational tools \dots
10	(j)	a laptop or notebook computer \Box
11	(k)) another aid \Box
		\downarrow
		Other, Please Specify:

Interviewer: Please ask O13-O14 for aids (a-k) chosen in O12; Else go to O15

O13. How frequently would you (....) use portable spell checkers if you ('re/she)

(a) did have it?

1	Everyday
2	A few times a week
3	Once a week.
4	Less than once a week
5	Frequent usage but only during certain and s
6	Not applicable
	Don't know
	Refusal

014

(a) Why do you (does) not have mis aid? Mark all that apply.

1	Cost (purchase,
2	Cost (maint nance)
3	Not available L cally
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
C	condition is severe enough
5	Your () insurance company does not feel that
\mathbf{N}	your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a waiting list \Box
9	Other
	\downarrow
	Other, Please Specify:
10	None selected \Box

O13. How frequently would you (....) use recording equipment if you (he/she)(b) did have it?

1	Everyday	
2	A few times a week	
3	Once a week	
4	Less than once a week \Box	
5	Frequent usage but only during certain times	
6	Not applicable	
	Don't know	
	Refusal	

014

(b)	•	do you (does) not have this aid?	
	Mark all that apply.		
	1	Cost (purchase)	
	2	Cost (maintenance)	
	3	Not available locally	
	4	You () personally feel (s) that vour (his/ner)	
		condition is not severe enough to justify this aid \Box	
	5	Your () doctor does not feel that your (his/her)	
		condition is severe enough \Box	
	6	Your () insurance company does not feel that	
		your (his/her) condition is vevere enough	
	7	You don't (do. sn t) know where to get it \Box	
	8	On a waiting list	
	9	Other	
		Other Dieu Specifiz	
		Other Please Specify:	
	10	None selected.	
013.		frequently would you () use talking books if you (he/she)	
(c)	dia l	nave it?	

1	Everyday	🗆
2	A few times a week	🗆
3	Once a week	🗆
4	Less than once a week	
5	Frequent usage but only during certain times	
6	Not applicable	🗆
	Don't know	🗆
	Refusal	🗆

O14

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

Interviewer: Mark all that apply.

- Cost (purchase)..... 1 2 Cost (maintenance). Not available locally..... 3 4 You (....) personally feel (s) that your (his/her) condition is not severe enough to justify this aid..... \Box 5 Your (....) doctor does not feel that your (his/her) condition is severe enough..... \Box 6 Your (....) insurance company does not feel that your (his/her) condition is severe enough...... 7 You don't (.... doesn't) know where to get it..... \Box 8 On a waiting list..... 9 Other..... Other, Please Specify:
- 10 None selected..... \Box

O13. How frequently would you (....) use a pocket organizer if you (he/she) (d) did have it?

1	Everyday	🗆
2	A few times 2 week	🗆
3	Once 2 week	🗆
4	Less than once a week	
5	Frequent usage but only during certain times	
6	Net applicable	🗆
C	Der't know	
	Jefusal	🗆

014

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

Mark all that apply.

1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)

6	condition is severe enough□ Your () insurance company does not feel that your (his/her) condition is severe enough□	
7	You don't (doesn't) know where to get it \Box	
/		
8	On a waiting list \Box	
9	Other	
	Other, Please Specify:	
1.0		J 🔨
10	None selected \Box	

O13. How frequently would you (....) use a home computer if you (he she)

did have it? **(e)**

1	Everyday
2	A few times a week
3	Once a week □
4	Less than once a week
5	Frequent usage but only during cortain times
6	Not applicable
	Don't know
	Refusal

0

014			
(e)	Why	do you (does) no' have this aid?	
()	•	all that apply.	
	1	Cost (purchase)	
	2	Cost (maintenance)	
	3	Not avalable locally	
	4	Ven () personally feel (s) that your (his/her)	
	C	condition is not severe enough to justify this aid	
	5	Your () doctor does not feel that your (his/her)	
		condition is severe enough	
	6	Your () insurance company does not feel that	
		your (his/her) condition is severe enough	
	7	You don't (doesn't) know where to get it [
	8	On a waiting list	
	9	Other	
		Other, Please Specify:	<u>r</u>
		s and, i reace specify.	
	10	None selected	

O13. How frequently would you (....) use a scanner or printer if you (he/she) (f) did have it?

	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week \Box
	5	Frequent usage but only during certain times
	6	Not applicable
		Don't know
		Refusal
O14 (f)	Why c	do you (does) not have this aid?
		all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You () personally feel (s) that your (his/her)
		condition is not severe enough to justify this aid \Box
	5	Your (\ldots) doctor doc. not field that your (his/her) condition is severe et ough
	6	Your () insurance company does not feel that
		your (his/her) condition is severe enough
	7	You don't $(\ldots \text{ accsn't})$ know where to get it
	8	On a waiting list
	9	Other
		Cther, Please Specify:
/	10	None selected

O13. How frequently would you (....) use spell/grammar checking software if you (g) (he/she) did have it?

1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times

6	Not applicable	
	Don't know	
	Refusal	

014

Why do you (does) not have this aid? **(g)** *Mark all that apply.* Cost (purchase)..... 1 2 Cost (maintenance). 3 Not available locally..... \Box 4 You (....) personally feel (s) that your (his/her) condition is not severe enough to justify this aid..... \Box 5 Your (....) doctor does not feel that your (his/her) condition is severe enough..... 6 Your (....) insurance company does not feel that your (his/her) condition is severe enough..... 7 You don't (.... doesn't) know where to get u..... 8 On a waiting list..... 9 Other..... ... Other, Please Specify: 10 None selected..... 🛛

O13. How frequently weak' you (....) use voice recognition software if you (h) (he/she) did have n?

1	Every day
2	A few three a week. \Box
3	Or ce a week
4	Let's than once a week
5	Frequent usage but only during certain times
5 6	Not applicable
	Don't know
	Refusal

014

(h) Why do you (does) not have this aid? Mark all that apply.

1	Cost (purchase)	
2	Cost (maintenance)	
3	Not available locally	

4	You (\ldots) personally feel (s) that your (his/her) condition is not severe enough to justify this aid
5	Your () doctor does not feel that your (his/her) condition is severe enough
6	Your () insurance company does not feel that your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a waiting list
9	Other
	\downarrow \checkmark
	Other, Please Specify:
10	None selected.

O13. How frequently would you (....) use software organizational tools if you (i) (he/she) did have it?

1	Everyday	🗆
2	A few times a week	
3	Once a week	🗆
4	Less than once a week	
5	Frequent usage but only during certain times	
6	Not applicable	🗆
	Don't know	
	Refusal	

014

(i) Why do you (uses) not have this aid? Mark all that coply.

1	Cest (purchase)
2	Cost (maintenance)
3	Not available locally
	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \Box
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough \Box
7	You don't (doesn't) know where to get it \Box
8	On a waiting list
9	Other
	\checkmark

Other, Please Specify:	
None selected	

How frequently would you (....) use a laptop or notebook computer if you 013. (he/she) did have it? (j)

1	Everyday
2	A few times a week
3	Once a week \Box
4	Less than once a week
5	Frequent usage but only during certain times
6	Not applicable
	Don't know
	Refusal

014

10

Why do you (does) not have this aid? (j) Mark all that apply.

1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally.
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor locs not feel that your (his/her)
	condition is severe enough \Box
6	Your () Assurance company does not feel that
	your (h, h, h, h, h) condition is severe enough
7	You $a \circ n'i (\dots doesn't)$ know where to get it \Box
8	\Box a waiting list
9	
	Other, Please Specify:
<i>y</i>	
10	None selected

O13. How frequently would you (....) use (*write-in*) if you (he/she) (k) did have it?

	Everyday	
	A few times a week	
3	Once a week	

4	Less than once a week	
5	Frequent usage but only during certain times	
6	Not applicable	🗆
	Don't know	
	Refusal	🗆

014

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

Mark all that apply.

1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid.
5	Your () doctor does not feel that your (his/he:) condition is severe enough
C	0
6	Your () insurance company does not feet unat
	your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it
8	On a waiting list \Box
9	Other
	Other, Please Specify:
10	None selected.

O15. In the past 6 months, how often have you (has) had difficulty participating in everyday activities because of your (his/her) learning difficulty?

1	Dally Weekly	
^ 2	Weekly	
3	Monthly	
4	Less than once per month	
		\dots Skip to P
6	Not applicable	\dots Skip to P
	Don't know	🗆 > Skip to P

O16. When your (....'s) learning difficulty made it difficult to participate in everyday activities, did you (he/she) experience :

1 Some difficulty.....□

2	A lot of difficulty
	You were (was) completely unable
4	Your ('s) participation was not affected \Box
9	Don't know
8	Refusal

Section P -Memory Filter

		All respondents enter this module	
P1.	P1. Do you (Does) <u>frequently</u> 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 2 9 8	Yes	
P2.	Does do?	this condition reduce the amount or the kind of activities you () can	
	1 2	Yes, sometimes□ > Check Memory Limitation on Profile Sheet Yes, often or a'ways□ > Check Memory Limitation on Profile Sheet	
	3 8 9	No. \Box > Skip to QK. fusal. \Box > Skip to QLon τ Know. \Box > Skip to Q	
P3.	Now many activities does this condition usually prevent you () from doing <u>at home</u> ?		
	1 2 3 4 5	None. □ A few. □ Many. □ Most. □ Not applicable. □ Don't know. □ Refusal. □	

P4.	How many activities does this condition usually prevent you () from
	doing <u>at work</u> ?

1	None	
2	A few	
3	Many 🗆	
4	Most	
5	Not applicable	
	Don't know	,
	Refusal	

P5. How many activities does this condition usually prevent you (...) from doing <u>at school</u>?

1	None
2	A few
3	Many
4	Most
5	Not applicable
	Don't know
	Refusal

P6. How many activities does this co. dition usually prevent you (....) from doing in other areas such as transportation or leisure?

1	None
2	A few
3	Many,
4	Most
5	Not apply able
	Lv. ² know
(k etu sal

Section Q - Developmental Filter

******All respondents enter this module**

Q1. 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	>	Check Developmental Limitation on Profile Sheet
2	No	>	Skip to R
9	Don't know	>	Skip to R
8	Refusal	>	Skip to R

Q2. Does this condition reduce the amount or the kind of activities you (....) can do?

1	Yes, sometimes	
2	Yes, often or always	
3	No Skip to R	
8	No Skip to R Refusal	
9	Don't Know Skip to R	

Q3. How many activities does this condition usu. Uy prevent you (....) from doing <u>at home</u>?

1	None	🗆
2	Slight	
3	Moderate	
4	Serious	🗆
5	Cannot afford	🗆
6	Not applicable	🗆
	Don't know	🗆
	Refusal	🗆

Q4. How many activities does this condition usually prevent you (....) from doing a work?

None
Slight
Moderate
Serious
Cannot afford
Not applicable
Don't know
Refusal

L

Q5. How many activities does this condition usually prevent you (....) from doing <u>at school</u>?

1 2	None Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

Q6. How many activities does this condition usually prevent you (....) from doing in other areas, such as transportation or leisure?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

Section R - Emotional Filter

All respondents enter this module

R1. Do you (Does (...) have any emotional, psychological or psychiatric conditions that have lasted, or are expected to last, 6 months or more? These include phonias, depression, schizophrenia, drinking or drug problems and others.

1	Yer		
Ź	No	>	Skip to S
)	Don't know	>	Skip to S
8	Refusal	>	Skip to S

R2. Does this condition reduce the amount or the kind of activities you (....) can do?

1 Yes, sometimes..... \Box > Check

Emotional Limitation on Profile Sheet

2	Yes, often or always 🗆	>	Check Emotional Limitation on Profile Sheet
3	No	>	Go to S
8	Refusal	>	Go to S
9	Don't Know	>	Go to S

R3. How many activities does this condition usually prevent you (....) from doing <u>at home</u>?

1	None
2	A few
3	Many 🗆
4	Most
5	Not applicable
	Don't know
	Refusal

R4. How many activities does this condition usually prevent you (....) from doing <u>at work</u>?

None
A few
Many □
Most
Not applicable
Don't know
Refusa' 🗆

R5. How h any activities does this condition usually prevent you (....) from doing at school?

1	None
2	A few
3	Many
4	Most
5	Not applicable
	Don't know
	Refusal

R6. How many activities does this condition usually prevent you (....) from doing <u>in other areas</u>, such as transportation or leisure?

1	None
2	A few
3	Many
4	Most
5	Not applicable
	Don't know
	Refusal

Section S - False Positive Module

**Interviewer: If <u>no limitation has been indicated</u> on the Profile Sheet, proceed with section S; Else skip to section T (p 241)*

S1. Do you (Does) have any physical, mental or health conditions that you feel cause you (him/her) difficulty, limits you r (his/her) activities or restricts your (his/her) participation in daily life that we have not mentioned yet?

1	Yes	
2	No	
9	Don't know	> Go to \$5
8	Refusal	> Go to S5

S2. What is the main physical, mental or health condition which causes you (....) difficulty, limits your (his/her) activities or restricts your (his/her) participation in ually life?

Condition. #1	1
Condition #2]
Condition #3 [j
Don t know	> Go to S4
Refusal	> Go to S4

S3. How often does (*Condition #1*) cause you (....) difficulty, limit your (his/her) activities or restrict your (his/her) participation in daily life?

1	Sometimes or Periodically
2	Often or Always
	Don't know.
	Refusal

S4. Which types of activities do you (does) find difficult most often?

If the respondent has difficulty answering the question, please read this: Such activities could be for examples: reading, speaking, kneeling down, throwing things, bathing, cooking, breathing, sleeping, etc

Activity #1 []
Activity #2 []
Activity #3 []
Activity #4 [
Activity #5 [
Don't know	
Refusal	

S5. Thinking back to Census Day 2006, which was last May 16, did you (....) have any physical, mental or health condition that caused you (him/her) difficulty, limited your (his/her) activities or restricted your (his/her) participation in daily life?

1	Yes	 	
2	No	 	> Go to S12
9	Don't know	 	> Go to S12
8	Refusal		> Go to S12

S6. At the time of the Census (last May 16th), what was the main physical, mental, or health condition which caused you (....) difficulty, limited your (his/her) activities or restricted your (his/her) participation in daily life?

Condition #1	1
Condition #2	j
Condition #2 [Condition #3]]
Dcn't k 10, V	> Go to S 8
Ret. sal	> Go to S 8

Interviewer: ask S7 1, 2 and (or) 3 for each condition reported in S6

S7 1. At the time of the Census (last May 16th), how often did (*Condition #1*) cause you (....) difficulty, limit your (his/her) activities or restrict your (his/her) participation in daily life?

1	Sometimes or Periodically
2	Often or Always
	Don't know

Refusal.....

- S7 2. At the time of the Census (last May 16th), how often did (*Condition #2*) cause you (....) difficulty, limit your (his/her) activities or restrict your (his/her) participation in daily life? 1 Sometimes or Periodically..... 2 Often or Always..... Don't know..... Refusal..... S7 3. At the time of the Census (last May 16th), how often did (Condution #3) cause you (....) difficulty, limit your (his/her) activities or restrict your (his/her) participation in daily life? 1 Sometimes or Periodically..... 2 Often or Always Don't know..... Refusal..... Which types of activities did you (....) find difficult most often? **S8.** Activity #1 [Activity #2 [Activity #3 [Activity #4 [Activity #5 [Don't know. Refusal..... Σ..... **S9**. Has your (....'s) physical, mental or health condition changed since last May? 1 Yes..... 2 9 Don't know..... \Box > Go to S11 8
- S10. How did the condition you (....) had last May change so that you do (he/she does) not report any difficulties, activity limitations or participation restrictions anymore?

	1	Condition completely cured or healed
	2	Condition stabilized.
	3 4	Learned to live with the difficulty or limitation \Box Use aids
	4 5	Ose alds
	5	
		Other, Please Specify:
		Don't know
S11.	the la longe	your ('s) physical, mental or health condition hasn't changed since st Census (last May 16 th), is there any reason why you are (is) no r reporting the difficulty, activity limitation or participation restriction he/she) had last May?
1 2 3	Use a Do no	ed to live with the difficulty or limitation
4	Other	
	Othe	r, Please Specify:
		know
S12.		e time of the Census (last May 16 th), did you () have a short term y tr ^{ill} ness from which you have (he/she has) since recovered?
	i	Yes
	2	No
	9	Don't know \Box > Go to S14
	8	Refusal \Box > Go to S14
S13.		was the short-term injury or illness? Se specify:
	[] > Skip to XX

S14. The Census form for your household indicates that on Census day (last May 16th) you (....) had an activity limitation or participation restriction. Do you know why an activity limitation or participation restriction was reported for you (....) on the 2006 Census?

1 2	Do not feel ageing is a disability
3	The person who completed the Census
	form thinks that you are $(\ldots$ is) limited
4	It was an error.
5	Other
	Other, Please Specify:
6	None selected.
	Don't know
	Refusal

Section T - Main Corditions Module

Interviewer: If disability was indicate. on either Profile Sheet proceed; Else skip to Section XX (p 414)

T1. At what age did you (... inst start having any difficulty or activity limitation?

Interviewer: (if age uss than 1 year, enter 0)

[] (0-12) Years Don't ¹ nc w.....

T2. We've been discussing various limitations that people may face. Now, I'd like to ask you about the <u>medical</u> conditions that may contribute to the difficulties that you have mentioned.

What are the <u>main</u> medical conditions which cause you (....) the most difficulty or limit your (his/her) activities?

Interviewer: Maximum of 3. Only one condition per text box.

Main condition #1, Please Specify: Main condition #2, Please Specify: Main condition #3, Please Specify: Don't know..... \Box > Go to U **Interviewer: Ask question 3-6 for each Main Condition listed in T2** **T3**. Which one of the following best describes the <u>cause of</u> (Main Condition #1)? A disease or illness..... > Go to T5 1 Ageing..... 2 > Go to T5 Work conditions..... 3 > Go to T5 Stress..... 4 > Go to T5 An accident or injury 5 6 Another cause.... Other, Please Specify: $Don^{2} know$ $\Box > Go to T5$ Refusal \Box > Go to T5 What type of accident or injury? T4. An accident at home..... 1 2 A motor vehicle accident...... 3 An accident at work..... 4 A sports related accident...... 5 Another type of accident..... Don't know..... Refusal

T5. Since this condition started, would you (....) say it has been...

deteriorating?
improving?
constant?
variable?
Don't know
Refusal

Which one of the following two statements best describes your (....'s) **T6.** condition. 1

It...

occurs from time to time, that is occasionally?
is always present, that is on a regular basis?
Don't know.
Refusal

Which one of the following best describes the cause of (Main Condition #2)? **T3**.

1	A disease or illness \Box > Go to T5	
2	Ageing \Box > Go to T5	
3	Work conditions \Box > Go to T5	
4	Stress \Box > Go to T5	
5	An accident or injury 🗆	
6	Another cause	
	Other, Please Soccity.	Ī

Don't 'now	> Go to T5
K fusal	

T4. What type of accident or injury?

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
	Don't know
	Refusal

T5. Since this condition started, would you (....) say it has been...

deteriorating?
improving?
constant?
variable?
Don't know
Refusal

Which one of the following two statements best describes your (....'s) **T6.** condition. 1

It...

1	occurs from time to time, that is occasionally?
2	is always present, that is on a regular basis?
	Don't know
	Refusal

T3. Which one of the following best describes the cause of (Main Condition #3)?

1	A disease or illness \Box > Go to T5
2	Ageing \Box > Go to T5
3	Work conditions
4	Stress \Box > Go to T5
5	An accident or injury 🗆
6	Another cause
	Other, Please Speciny.

Don't 'now	> Go to T5
K fusal	

T4. What type of accident or injury?

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
	Don't know
	Refusal

T5. Since this condition started, would you (....) say it has been...

1	deteriorating?	
2	improving?	
3	constant?	
4	variable?	
	Don't know	
	Refusal	

T6. Which one of the following two statements best describes your (....'s) condition.

It...

occurs from time to time	that is occasionally?
is always present, that is	on a regular basis? 🛛
Don't know	
Refusal	

Section U - Medication and Drugs Module

Interviewer: If disability was indicated on either Profile Sheet or in Section S (p 237) proceed; Else skip to Section. XX (p 414)

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

Do you (Does) use any medication or drugs, prescription or non-**U1**. prescription, on a regular basis, that is at least once a week?

1	Yes	
2	No	
9	Don't i now \Box > Go to U20	
8	$\square > $ Go to U20	

How many kinds of prescription drugs do you (does) take each day? U2.] (0-95) Γ

U3. How many kinds of non-prescription medication do you (does) take each day?

[] (0-95)

U4. Are there any other kinds of medication or drugs you (....) take(s) regularly but not daily?

1	Yes	
2	No	> Go to U7
	Don't know	
8	Refusal	> Go to U7

U5. How many kinds of <u>prescription</u> drugs do you (does) take regularly <u>but</u> <u>not daily</u>?

[] (0-95)

U6. How many kinds of <u>non-prescription</u> medication do you (does ...) take regularly <u>but not daily</u>?

[] (0-95)

U7. In the past 12 months, did you (....) have any <u>ort-of-pocket</u> or <u>direct</u> <u>expenses</u> for prescription and non-prescription drugs?

<u>Include</u> amounts not covered by insurance such as exclusions, deductibles and expenses over limits. <u>Exclude</u> payments for which you have (.... has) been or will be reimbursed by any insurance or government program.

1	Yes	
2	No	> Go to U11
9	Don't know	> Go to U11
8	Refusal	> Go to U11

U8. Is the total cos⁺ ...

	$\mathfrak{p}_{\mathbf{a}}$ tially reimbursed?	
2	not reimbursed?	> Go to U10
	Don't know	> Go to U10
	Refusal	> Go to U10

U9. From what source does the reimbursement come? I will read you a list. *Mark all that apply.*

1	Government tax credit
2	Direct government financial support
3	Private health insurance
4	Other source
5	None selected \Box

U10. Which of the following expense groups is the best estimate of the <u>out-of-pocket</u> or <u>direct costs</u> to you (....) in the past twelve months, for prescription and non-prescription drugs?

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
	Don't know
	Refusal

U11. In the past twelve months, were you (was) ever <u>unable to get</u> the medication or drugs you were (he/she was) supposed to use, because of the <u>cost</u>?

1	Yes	
2	No	
9	Don't know	
8	Refusal	

U12. In the past twelve month's, d'id you (....) ever use your (his/her) medication or drugs <u>less often</u> th. n you were (he/she was) supposed to, because of the <u>cost</u>?

1	Yes.
2	No
9	Don't know
8	Refusal

U13. In the past twelve months, did you (....) ever <u>not use</u> the medication or drugs you were (he/she was) supposed to use, because of the <u>side effects</u>?

1	Yes
2	No
9	Don't know
8	Refusal

Section V - Other Needs Module

Interviewer: If disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section XX (p 414)

V1. Because of your (....'s) condition, do you (does he/she) <u>use</u> any other aids or specialized equipment that have not already been mentioned?

	1	Yes					
	2	No	>	Got	o V11		
	9	Don't know	>	Got	o V11		
	8	Refusal		Go t	o V11		
V2.	Do y	rou (Does) now <u>use</u> :			(2)	(9)	(8)
				<u>l'es</u>	No	<u>DK</u>	<u>R</u>
(a)	respirat	tory aids, e.g., inhalers, puffers, oxygen		. 🗆			
(b)	pain ma	anagement aids, e.g., a TENS machine		. 🗆			
	0	lucose monitor, needles, other diabetic	aids	🗆			
· ·		nal, back or neck support nic cushion, support belt)					
(e) :	another	aid or other specialized equipment	•				
				\downarrow			
Oth	ner, Plea	se Specify:					

*** Interviewer: O. ly read questions in section V3 for the aids (a-e) selected in V2 If no aids were selected skip to V11***

V3.

(a) <u>How often</u> do you (does) <u>use</u> respiratory aids, e.g., inhalers, puffers, oxygen?

1	Every day
2	A few times a week \Box
3	Once a week \Box
4	Less than once a week \Box
5	Frequent usage but only
	during certain times \Box
6	Don't use because it needs repair
	or replacement

7	Not applicable
	Don't know
	Refusal

V4.

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

1	You ()
2	Your ('s) family
3	Health care system
-	
4	Government program
5	Insurance company
6	Non-profit organization
7	It does not belong to you () (i.e. belongs to $\epsilon m_{\rm P}$ overs,
	friends / family, public property, etc.) 📮 🔪
8	Other
	Other, Please Specify:
9	Not applicable
	Don't know
	Refusal

V4a.

(a) Are you (Is) making any kind of payment for your (....)'s respiratory aids, e.g., inhalers, nuffers, oxygen, for example to rent or finance this item?

1	Yes	
2	No	$\Box > $ Skip to V3(b) if V4=7
9		$\Box > $ Skip to V3(b) if V4=7
8	Refusal	\Box > Skip to V3(b) if V4=7
\triangle		- 、 /

V5.

(a) <u>How often</u> does your (....)'s respiratory aids, e.g., inhalers, puffers, oxygen need service, such as repairs or maintenance?

1	Every 6 months or less
2	More than 6 months but less than 1 year \Box
3	Once per year to less than 2 years
4	Once every 2 years but less than once
	every 5 years.
5	

6	Never	> Go t	o V7
7	Not applicable	> Go t	o V7
	Don't know		
	Refusal	> Go t	o V7

V6.

(a) How much difficulty do you (does) have paying for the service of this item?

1	None
2	Slight
3	Moderate
4	Serious 🗆
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

V7.

(a) <u>How often</u> do your (....)'s respiratory vids, v.g., inhalers, puffers, oxygen need to be replaced?

1	Every 6 months or less \Box > Go to V 9
2	More than 6 months but less than 1 year
3	Once per year to less than 2 years
4	Once every 2 years but les, then once every 5 years. \Box
5	Every 5 years or more
6	Never
7	Not applicable \Box > Go to V3 (b)
	Don't know $\Box > $ Go to V3 (b)
	Refusal $\Box > $ Go to V3 (b)

V8.

vo. (a)	Will this item need to be replaced in the next 12 months?				
	1	Yes			
	2	No >	Go to V3 (b)		
	9	Don't know $\Box >$	Go to V3 (b)		
	8	Refusal >	Go to V3 (b)		

V9.

- (a) What is the main reason you (....) will need to replace your (his/her) respiratory aids, e.g., inhalers, puffers, oxygen?
 - 1 Condition is worse..... \Box

	2 3 4 5 6	Condition is better. Outgrew the aid. Worn out. New technology available / Aid is outdated. Other.
		Other, Please Specify:
		Don't know
V10. (a)		v much difficulty <u>will you ()</u> have paying for a replacement for r (his/her) respiratory aids, e.g., inhalers, puffers, xyg \n?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable Don't know

V3.

How often do you (doe. ...) use pain management aids, e.g., a TENS machine? **(b)**

1	Every lay
2	A few times a week
3	Crice a week
4	Less than once a week \Box
-5	Frequent usage but only
	during certain times
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

V4.

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

	1	You ()
	2	Your ('s) family
	3	Health care system \Box
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.) \Box
	8	Other
		Other, Please Specify:
	9	Not applicable
		Don't know
		Refusal
V4a.		
(1)		
(b)		re you (Is) making any kind of paymant for your ()'s pain anagement aids, e.g., a TENS machine, for example to rent or finance this
(b)	m	
(b)	m	anagement aids, e.g., a TENS machine, for example to rent or finance this em?
(b)	m ite 1	anagement aids, e.g., a TENS machine, for example to rent or finance this em? Yes
(b)	m ito 1 2	anagement aids, e.g., a TENS machine, for example to rent or finance this em? Yes
(b)	m ite 1	anagement aids, e.g., a TENS machine, for example to rent or finance this em? Yes
(b)	m ite 1 2 9	anagement aids, e.g., a TENS machine, for example to rent or finance this em? Yes No
	m ite 1 2 9	anagement aids, e.g., a TENS machine, for example to rent or finance this Yes. No. Don't know. Skip to V3(c) if V4=7 Skip to V3(c) if V4=7
 V5.	m ito 1 2 9 8	anagement aids, e.g., a TENS machine, for example to rent or finance this Yes. No. No Don't know. Refusal. Skip to V3(c) if V4=7 Skip to V3(c) if V4=7 Refusal.
	m ite 1 2 9 8	anagement aids, e.g., a TENS machine, for example to rent or finance this Yes. No. No. Don't know. Refusal. Skip to V3(c) if V4=7 Skip to V3(c) if V4=7 Refusal. Imagement aids, e.g., a TENS machine,
 V5.	m ite 1 2 9 8	anagement aids, e.g., a TENS machine, for example to rent or finance this Yes. No. No Don't know. Refusal. Skip to V3(c) if V4=7 Skip to V3(c) if V4=7 Refusal.
 V5.	m ite 1 2 9 8	anagement aids, e.g., a TENS machine, for example to rent or finance this Yes. No. No. Don't know. Refusal. Skip to V3(c) if V4=7 Skip to V3(c) if V4=7 Skip to V3(c) if V4=7 Refusal. Skip to V3(c) if V4=7 No Skip to V3(c) if V4=7 Refusal. Skip to V3(c) if V4=7 Skip to V3(c) if V4=7 Analysis Skip to V3(c) if V4=7
 V5.	m ite 1 2 9 8	anagement aids, e.g., a TENS machine, for example to rent or finance this Yes. No. No. Don't know. Refusal. Skip to V3(c) if V4=7 Skip to V3(c) if V4=7 Refusal. Yes. Yes. No. No. Skip to V3(c) if V4=7 Skip to V3(c) if V4=7 Refusal. Yes.
 V5.	m ite 1 2 9 8	anagement aids, e.g., a TENS machine, for example to rent or finance this Yes. No. No. No. Don't know. Performed and the state of the
 V5.	m ite 1 2 9 8	anagement aids, e.g., a TENS machine, for example to rent or finance this Yes.
 V5.	m ite 1 2 9 8	anagement aids, e.g., a TENS machine, for example to rent or finance this Yes. No. No. No. Don't know. Performed and the state of the
 V5.	m ite 1 2 9 8	anagement aids, e.g., a TENS machine, for example to rent or finance this Yes. No. No. No. Don't know. Refusal. Skip to V3(c) if V4=7 Skip to V3(c) if V4=7 Refusal. Skip to V3(c) if V4=7 No. Skip to V3(c) if V4=7 Refusal. Skip to V3(c) if V4=7 No Skip to V3(c) if V4=7 No Skip to V3(c) if V4=7 No refus a. No refus a. No refus a. Svery 6 months or less. More than 6 months but less than 1 year. Once per year to less than 2 years. Once every 2 years but less than once
 V5.	m ite 1 2 9 8 8 I su 1 2 3 4	anagement aids, e.g., a TENS machine, for example to rent or finance this Yes. No. No. Don't know. Refusal. Skip to V3(c) if V4=7 Skip to V3(c) if V4=7 Refusal. Skip to V3(c) if V4=7 No. Skip to V3(c) if V4=7 No V3(c) if V4=7 Skip to V3(c) if V4=7 No V3(c) if V4=7 No V3(c) if V4=7 Skip to V3(c) if V4=7 No V3(c) if V4=7 No voite than 6 nonths or less. More than 6 months but less than 1 year. Once per year to less than 2 years. Once every 2 years but less than once every 5 years.
 V5.	m ite 1 2 9 8 <u><u>I</u></u> su 1 2 3 4 5	anagement aids, e.g., a TENS machine, for example to rent or finance this Yes. No. No. Don't know. Persure Refusal. Skip to V3(c) if V4=7 Refusal. Skip to V3(c) if V4=7 Refusal. No No Skip to V3(c) if V4=7 Refusal. Skip to V3(c) if V4=7 No voice if V4=7 No voice if V4=7 No voice if V4=7 No voice every 2 years but less than 1 year. Once every 2 years but less than 1 year. Once every 2 years but less than once every 5 years or more Every 5 years or more Never. Prover Nover
 V5.	m ite 1 2 9 8 <u><u>I</u></u> 3 8 <u>I</u> 3 4 5 6	anagement aids, e.g., a TENS machine, for example to rent or finance this Yes. No. No. Don't know. Persure Refusal. Skip to V3(c) if V4=7 Refusal. Skip to V3(c) if V4=7 Refusal. No No Skip to V3(c) if V4=7 Refusal. Skip to V3(c) if V4=7 No voice if V4=7 No voice if V4=7 No voice if V4=7 No voice every 2 years but less than 1 year. Once every 2 years but less than 1 year. Once every 2 years but less than once every 5 years or more Every 5 years or more Never. Prover Nover

(b) How much difficulty do you (does) have paying for the service of this item?

1	None	
2	Slight	
3	Moderate	
4	Serious	
5	Cannot afford	
6	Not applicable \Box	
	Don't know	
	Refusal	

V7.

(b) <u>How often</u> do your (....)'s pain management aids, e.g., a **TEND** machine need to be replaced?

1	Every 6 months or less \Box > Go to V9
2	More than 6 months but less than 1 year. $\Box > $ Go to V9
3	Once per year to less than 2 years \Box
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never
7	Not applicable \Box > Go to V3 (c)
	Don't know $\Box > $ Go to V3 (c)
	Refusal

V8.

(b) Will this item need to be replaced in the next 12 months?

1	Yes.		
2	No	 >	Go to V3 (c)
9	Dun't know	 >	Go to V3 (c)
	× ×		

V9.

(b) What is the main reason you (....) will need to replace your (his/her) pain management aids, e.g., a TENS machine?

1	Condition is worse.
2	Condition is better
3	Outgrew the aid \Box
4	Worn out
5	New technology available / Aid is outdated \Box
6	Other

	\downarrow	
Other, Please Specify:		
Don't know	. 🗆	
Refusal		

V10.

How much difficulty will you (....) have paying for a replacement for **(b)** your (his/her) pain management aids, e.g., a TENS machine?

1	None
1	
2	Slight
3	Moderate
4	Serious
5	Cannot afford
	Don't know.
	Refusal

V3.

How often do you (does) <u>use</u> blood glu ose monitor, needles, other diabetic aids? (c)

1	Every day	
2	A few times a week \Box	
3	Once a week \Box	
4	Less than once γ week	
5	Frequent us. ge but only	
	during certain imes	
6	Don Use because it needs repair	
	or replacement	
7	Not applicable	
(D_{cr} 't know	
	Refusal	

V4.

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

1	You ()
2	Your ('s) family
3	Health care system \Box
4	Government program
5	Insurance company
6	Non-profit organization \Box

	7	It does not belong to you (\ldots) (i.e. belongs to employers, friends / family, public property, etc.)
	8	
		Other, Please Specify:
	9	Not applicable
V4a.		
(c)	n	Are you (Is) making any kind of payment for your ()'s buod glucose nonitor, needles, other diabetic aids, for example to rent or finance this rem?
	п	
	1	Yes
	2	
	9	Don't know Don't know \square > Skip to V3(d) if V4=7
	8	Refusal \Box > Skip to V3(d) if V4=7
V5.		
(c)		How often does your () hlooly glucose monitor, needles, other diabetic
(0)		ids, such as repairs or man itenance?
	1	Every 6 months or κ ss
	2	More than γ months but less than 1 year
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once
	_	every J vears
	5	Every 5 years or more
	6	N°ver
		Not applicable $\Box > $ Go to V7
		$\Box > \mathbf{Go to V7}$
		$\square > Go to V7$
V6.		

How much difficulty do you (does) have paying for the service of this item? (c)

1	None	
2	Slight	
3	Moderate	
4	Serious	

5	Cannot afford
6	Not applicable \Box
	Don't know
	Refusal

V7.

(c) <u>How often</u> do your (....)'s blood glucose monitor, needles, other diabetic aids need to be replaced?

1	Every 6 months or less \Box > Go to V9
2	More than 6 months but less than 1 year
3	Once per year to less than 2 years \Box
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never Never
7	Not applicable \Box > Go to V3 (d)
	Don't know \Box > Go to V3 (d)
	Refusal

V8.

- (c) Will this item need to be replaced in the n, xt 12 months?
 - 1Yes. \Box 2No. \Box > Go to V3 (d)9Don't know. \Box > Go to V3 (d)8Refusal. \Box > Go to V3 (d)

V9.

4

(c) What is the maximum cason you (....) will need to replace your (his/her) blood glucose monitor, needles, other diabetic aids?

1 Continion is worse
2 Condition is better
2 Condition is better□ 3 Outgrew the aid□
4 Worn out
5 New technology available / Aid is outdated \Box
6 Other
\downarrow
Other, Please Specify:
Don't know Refusal

V10.

(c) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) blood glucose monitor, needles, other diabetic aids?

None
Slight
Moderate
Serious
Cannot afford
Not applicable \Box
Don't know
Refusal

V3.

(d) <u>How often</u> do you (does) <u>use</u> abdominal, back or n ck support?

1	Every day
2	A few times a week
3	Once a week.
4	Less than once a week \Box
5	Frequent usage but only
	during certain times \Box
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

V4.

4

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

1	You ()
2	Your ('s) family
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization
7	It does not belong to you () (i.e. belongs to employers
	friends / family, public property, etc.)
8	Other

Other, Please Specify:

9	Not applicable Don't know	
	Refusal	

V4a.

(d) Are you (Is) making any kind of payment for your (....)'s abdominal, back or neck support, for example to rent or finance this item?

1	Yes	
2	No. $\square >$	Skip to V3(e) if V4=7
9	Don't know \Box >	$S_{\text{Kup}} \leftarrow V3(e)$ if V4=7
8	Refusal	Ship to V3(e) if V4=7

V5.

(d) <u>How often</u> does your (....)'s abdominal, back o.: neck support need service, such as repairs or maintenance?

1	Every 6 months or less.	
2	More than 6 months but less than 1 year \Box	
3	Once per year to less than 2 years	
4	Once every 2 years but test than once	
	every 5 years	
5	Every 5 years of more	
6		> Go to V7
7	Not applicate	> Go to V7
	Don't know	> Go to V7
	Refu. 1	> Go to V7

V6.

(d) H w much difficulty do you (does) have paying for the service of this item.

. 🗆
. 🗆
. 🗆
. 🗆
🗆
. 🗆
. 🗆

V7.

(d) <u>How often</u> do your (....)'s abdominal, back or neck support need to be replaced?

	1	Every 6 months or less \Box > Go to V9
	2	More than 6 months but less than 1 year
	3	Once per year to less than 2 years \Box
	4	Once every 2 years but less than once every 5 years. \Box
	5	Every 5 years or more
	6	Never. $\Box > $ Go to V3 (e)
	7	Not applicable $\Box > $ Go to V3 (e)
		Don't know $\Box > Go \sim V3$ (e)
		Refusal
V8. (d)	Wil	ll this item need to be replaced in the next 12 months?
	1	Yes
	2	No $\square > $ Go to V3 (e)
	9	Don't know $\Box > $ Go to V3 (e)
	8	Refusal $\Box > $ Go to V3 (e)
V9. (d)		at is the main reason you
	1	Condition is wors -
	2	Condition is <i>U</i> -tfer.
	3	Outgrew the aid.
	4	Worn cut
	5	New tech ology available / Aid is outdated
	6	C he
	(
		ther, Please Specify:
		Don't know Refusal

V10.

(d) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) abdominal, back or neck support?

1 None.....

2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable \Box
	Don't know
	Refusal

V3.

(e) <u>How often</u> do you (does) <u>use</u> (write-in)?

	<u> </u>
1	Every day
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

V4.

(e) Who paid the most for <u>accuiring</u> this item?

1	You ().
2	Your () family
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization
7	A does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.)
ৎ	Other
	Other, Please Specify:
9	Not applicable

V4a.

(e) Are you (Is) making any kind of payment for your (....)'s (*write-in*), for example to rent or finance this item?

1	Yes		
2	No	□ >	Skip to V11 if V4=7
9	Don't know	□ >	Skip to V11 if V4=7
	Refusal		

<u>Interviewer</u>: If service or replacement is applicable to this specific write-in then proceed to V5, else skip to V11.

V5.

(e) <u>How often</u> does your (....)'s (*write-in*) need service, such as repairs or maintenance?

l	Every 6 months or less
2	More than 6 months but less than 1 year \Box
3	Once per year to less than 2 years \Box
4	Once every 2 years but less than once
	every 5 years
5	Every 5 years or more \Box
6	Never
7	Not applicable $\Box > $ Go to V7
	Don't know $\Box > $ Go to V7
	Refusal $\Box > $ Go to V7

V6.

(e) How much difficulty do you (does) have paying for the service of this item?

1		None
2	/	Slight.
3		M. derate
4		Serious
-		Cannot afford
6		Not applicable
		Don't know
		Refusal

V7.

(e) <u>How often</u> do your (....)'s (*write-in*) need to be replaced?

1Every 6 months or less. $\Box > Go to V9$ 2More than 6 months but less than 1 year. $\Box > Go to V9$

3	Once per year to less than 2 years \Box		
4	Once every 2 years but less than once every 5 years. \Box		
5	Every 5 years or more		
6	Never	>	Go to V11
7	Not applicable	>	Go to V11
	Don't know	>	Go to V11
	Refusal	>	Go to V11

V8.

vo. (e)	Wi	Il this item need to be replaced in the next 12 months?
	1	Yes
	2	No \Box > Ge to V11
	9	Don't know Don't know
	8	$\mathbb{C} > \operatorname{Goto} V11$
V9.		
(e)	What	at is the main reason you () will need to replace your (his/her)
		te-in)?
	1	Condition is worse \Box
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology avai ¹ ab e / Aid is outdated \Box
	6	Other
		Other, Please Specify:
		Dor't knov
		Refuel
V10.	$\langle \rangle$	
(e)	Ho	w much difficulty <u>will you ()</u> have paying for a replacement for r (his/her) (<i>write-in</i>)?

1	None	
2	Slight	
3	Moderate	
4	Serious	
5	Cannot afford	
6	Not applicable	
	Don't know	

Refusal.....

V11. I would now like you to think of all the aids and specialized equipment that you (.....) use(s).

In the past 12 months, did you (....) have any <u>out-of-pocket</u> or <u>direct</u> <u>expenses</u> for the purchase and maintenance of aids and specialized equipment?

1	Yes	4
2	No	> Go to Vi:
9	Don't know	
8	Refusal	> Go to V14

V13.

Which of the following expense groups is the best estimate of the <u>out-of-pocket</u> or <u>direct costs</u> to you (....) in the past 12 months, for the purchase and maintenance of aids and specialized equipment?

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 \$2,090
6	\$2,000 to less than \$5,000
7	\$5,000 or more 🗆
	Don't know
	Refusal.

V14. Do you (Does . . .) <u>need</u> any other aids or specialized equipment that have not already been mentioned? Please note, we will be discussing accessibility features such as ramps and elevators in a later section.

1	Yes	
2	NoE	□ > Go to W
9	Don't know	□ > Go to W
8	Refusal	□ > Go to W

V15. Which aids do you (does) <u>need</u> but do (does) not have? Mark all that apply.

(a)	respiratory aids, e.g., inhalers, puffers, oxygen	. 🗆	
(b)	pain management aids, e.g., a TENS machine		
(c)	Bath, shower, or toilet aids		

(d) another aid	
	\downarrow
Other, Please Specify:	*
Not selected .	
Refusal	

V16.		, I would like you to think about all the aids and specialized equipment () <u>need(s)</u> but do (does) not have.
	•	do you (does he/she) not have these aids? I will read you a list of
		ble reasons.
	Mark	all that apply
	1	It is not covered by insurance.
	2	It is too expensive
	3	Your ('s) condition is not serious enougn
	4	You do (does) not know where or how to obtain it
	5	It is not available
	6	You are (He/She) is on a waiting list
	7	You haven't (He/She hasn't) loo':ed into it yet 🗆
	8	Another reason
	Oth	er, Please Specify
		Don't know
		Refusal

Section W - Help With Everyday Activities Module

Interviewer: If disability was indicated on either Profile Sheet or in Section S (p 237) proceed; Else skip to Section XX (p 414)

- W. The next questions are about the help you (....) receive(s) with everyday activities <u>because of your (his/her) condition</u>. Include help received from your (his/her) spouse or partner, from family members, friends or neighbours, and from organizations, whether paid or unpaid.
- W1. Because of your (his/her) condition, do you (does) usually <u>receive</u> help with preparing meals?

1	Yes	>	Check Receive Help
			with Meals box on
			Profile Sheet and
			Go to W3
2	No		
9	Don't know	>	Go to W4
8	Refusal	>	Go to W4

W2. Do you (Does) think you (he/she) <u>need(s)</u> help with preparing meals?

	1	Yes > Check Need Help
		with Meals box on Profile Sheet and Go to W4
	2	No
	9	Don't know \Box > Go to W4
	8	Refusal \Box > Go to W4
W3.	prep	n you () receive(s) this kelp, do you (does) assist in the aration of your (his/her) meals <u>or</u> are your (his/her) meals prepared pletely for you (him/her)?
	1	You $(\ldots,)$ sist(s) in the preparation
	2	Prepared com, letely for you (him/her)
		Don't know
		Refusa
W3a.	Do v	ou (Does) need <u>additional</u> help with preparing meals?

W4. Because of your (his/her) condition, do you (does) usually <u>receive</u> help with everyday housework, such as dusting and tidying up?

	1	Yes > Check Receive Help with housework box on Profile Sheet and Go to W6	
	2	No	
	9	Don't know \Box > Go to W7	
	8	Refusal $\Box > $ Go to W7	
W5.	Do yo	u (Does) think you (he/she) <u>need(s)</u> help with everyday bousework [.]	?
	1	Yes > Check Meed Help with housework box on Profile Sheet and Go to W7	
	2	No Go to W7	
	9	Don't know Don't know	
	8	Refusal \Box > Go to W7	
W6.		you () receive(s) this help, a., you (does he/she) assist in everyday work <u>or</u> is it done completery for you (him/her)?	
	1	You () assist(.) is the preparation	
	2	Prepared complex 'v for you (him/her)	
		Don't know	
		Refusal.	
W6a.	Do yo	u (Does) need <u>additional</u> help with everyday housework?	
~		Ves	
	2	No	
	9	Don't know	
	8	Refusal	

W7. Because of your (his/her) condition, do you (does he/she) usually <u>receive</u> help with heavy household chores, such as spring cleaning or yard work?

1 Yes..... \Box > Check Receive Help

		with Chores box on Profile Sheet and Go to W9
2	No	
9	Don't know	□ > Go to W10
8	Refusal	□ > Go to W10

W8. Do you (Does) think you (he/she) <u>need(s)</u> help with heavy household chores?

1	Yes	> Check Need Yelp
		with Chores box
		cr Profile Sheet and
		Co to W10
2	No	
9	Don't know	C > Go to W10
8	Refusal	□ > Go to W10

W9. Do you (Does) need <u>additional</u> help vith leavy household chores?

1	Yes	> Check Need Help with Chores box on Profile Sheet
2	No	
9	Don't know	
8	Refusal	

W10. Because of you, (his/her) condition, do you (does he/she) usually <u>receive</u> help with getting to appointments and running errands, such as shopping for grocents or other essential items?

1	Yes	> Check Receive Help with Appointments box on Profile Sheet and Go to W12
2	No	
9	Don't know	> Go to W13
8	Refusal	> Go to W13

W11. Do you (Does) think you (he/she) <u>need(s)</u> help with getting to appointments and running errands, such as shopping for groceries <u>or other essential items</u>?

1	Yes	> Check Need Help with Appointments box on Profile Sheet and Go to W13
2	No	> Go to W13
9	Don't know	> Go to W13
8	Refusal	> Go to W13

W12. Do you (Does) need <u>additional</u> help with getting to appointments and running errands, such as shopping for groceries <u>or other essential items</u>?

1	Yes	>	Check Need Help
			with Appointments
			box on Profile Sheet
2	No		
9	Don't know		
8	Refusal		

W13. Because of your (his/her) condition, do you (does he/she) usually <u>receive</u> help with looking after your (his/her) personal finances, such as making bank transactions or paying bills?

1 Yes	> Check Receive Help with Finances box on Profile Sheet and Go to W15
2 10 9 Don't know 8 Refusal	

W14. Do you (Does) think you (he/she) <u>need(s)</u> help with looking after your (his/her) personal finances?

1

Yes...... > Check Need Help with Finances box on Profile Sheet and **Go to W17**

2	No	> Go to W17
9	Don't know	> Go to W17
8	Refusal	> Go to W17

W15. Do you (Does) need <u>additional</u> help with looking after your (his/her) personal finances?

 1
 Yes.....□
 > Check Receive Help with Finances box on Profile Sheet

 2
 No....□
 □

 9
 Don't know...□
 □

 8
 Refusal....□
 □

W17. Because of your (his/her) condition, do you (does he/she) usually <u>receive</u> help with childcare?

1	Yes > Check Receive Help with Childcare
	box on Profile Sheet and Go to W19
2	No
9	Don't know \Box > Go to W20
8	Refusal \Box > Go to W20

W18. Do you (Does) wink you (he/she) need(s) help with child care?

1 Yes	>	Check Need Help with Childcare box on Profile Sheet and Go to W20
No		
9 Don't know	>	Go to W20
8 Refusal	>	Go to W20

W19. Do you (Does) need additional help with child care?

1 Yes.....□ > Check Receive Help with Appointments box on Profile Sheet

9 Don't know8 Refusal	
8 Refusal	
0 Iteru 5u1	

W20. Because of your (his/her) condition, Do you (Does) usually <u>receive</u> help with personal care, such as washing, dressing or taking medication?

1	Yes	> Check Receive Help
		with Personal Care
		box on Profile Sheet
		and Go to W.2
2	No	
9	Don't know	> Co to W23
8	Refusal	> Co to W23

W21. Do you (Does) think you (he/she) need(s) help with personal care?

1	Yes > Check Need Help
1	•
	with Personal Care
	box on Profile Sheet
	and Go to W23
2	No \Box > Go to W23
9	Don't know
8	Refusal
0	

W22. Do you (Does) n ed <u>additional</u> help with personal care?

	Yes	> Check Receive Help with Personal Care box on Profile Sheet
2 9 8	NoD Don't know Refusal	

- W23. Because of your (his/her) condition, do you (does) usually <u>receive</u> specialized nursing care or medical treatment at home such as injections, therapy, blood or urine testing or catheter care?
 - 1 Yes..... Check Receive Help with Nursing /

	Treatment box on Profile Sheet and G
	to W25
No	
Don't know	$\dots \square > $ Go to W26
Refusal	□ > Go to W26
	Don't know

W24. Do you (Does) think you (he/she) <u>need(s)</u> specialized nursing care or medical treatment at home?

1	V	
1	Yes	> Check Need Help
		with Nursing /
		Treatment box on
		Profile Sheet and Go
		to W26
2	No	> Go to W26
9	Don't know	> Go to W26
8		> Go to W26

W25. Do you (Does) need <u>additional</u> pecialized nursing care or medical treatment at home?

1	Yes	> Check Need Help
		with Nursing /
		Treatment box on
		Profile Sheet
2	No	
9	Don'* know	
8	Refusa'	

W26. Becaust of your (his/her) condition, do you (does) usually <u>receive</u> help with moving about inside your (his/her) residence?

1	Yes	> Check Receive Help
		with Moving About
		box on Profile Sheet
		and Go to W28
2	No	
9	Don't know	> Go to X
8	Refusal	> Go to X

	your (his/her) residence?	C
	1	Yes	> Check Need Help with Moving About box on Profile Sheet and Go to X
	2	No	> Go to X
	9	Don't know	> Go to X
	8	Refusal	> Go to X
W28.		u (Does) need <u>additional</u> help with moving : er) residence?	about inside your
	1	Yes	 Check Need Help with Moving About box on Profile Sheet
	2	No	
	9	Don't know.	
	8	Refusal	

W27. Do you (Does) think you (he/she) need(s) help with moving about inside

Section X - Caregiver Module

Interviewer: If help reeded was indicated on the Profile Sheet then proceed; Else skip to Section Y (p280)

X. Now, I would like to ask you a few questions about the people who help you (....), bec. use of your (his/her) condition, with your (his/her) everyday activities:

Interviewer. ask questions in help with everyday activities for the activities selected on the Profile Sheet

X1. What id the first name of the three main persons or organizations that help you (....) because of your (his/her) condition?

Caregiver 1 []
Caregiver 2 []
Caregiver 3 []

11	Spouse/partner of respondent	. 🗆
12	Ex-spouse/Ex-partner of respondent	🗆
13	Son of respondent	$\square > $ Go to X4
14	Daughter of respondent	$\square > $ Go to X4
15	Father of respondent	□> Go to X4
16	Mother of respondent	$\square > \text{Go to } X4$
17	Brother of respondent	□> Go to X4
18	Sister of respondent	□> Go to X4
20	Grandson of respondent	🗆 > Go to X4
21	Granddaughter of respondent	🗀 > Go to X4
22	Grandfather of respondent	\Box > Go to X4
23	Grandmother of respondent	🖙 Go to X4
30	Son-in-law of respondent	🗇 > Go to X4
31	Son-in-law of respondent Daughter-in-law of respondent	🗆 > Go to X4
32	Father-in-law of respondent	$\square > $ Go to X4
33	Mother-in-law of respondent.	$\Box > \text{Go to } X4$
34	Brother-in-law of respondent.	$\Box > \text{Go to } X4$
35	Sister-in-law of respondent	$\Box > Go to X4$
40	Nephew of respondent.	$\square > \text{Go to } X4$
41	Niece of respondent.	$\square > \text{Go to } X4$
42	Uncle of respondent	$\square > \text{Go to } X4$
43	Aunt of respondent	
44	Cousin of respondent.	. 🗆
70	Same sex partner c respondent	$\square > \text{Go to } X4$
80	Close friend of ics you dent	. 🗆
81	Neighbour of respondent	
82	Co-worker frespondent	. 🗆
83	Non-Governmental Organization (Includes	
	clien's and patients of self-employed professionals)	$ \square > $ Go to X8
84	Paid en.ployee/worker of respondent	
85	Other (Do not include organizations here)	
86	Gevernmental (All levels and taxes)	
	Don't know	$\square > $ Go to X4
	Refusal	$\square > $ Go to X4

X2. What is the relationship of [*Caregiver 1*] to you (....)?

(a)

X3. What is [Caregiver 1's] sex?

(a)

1 Male....□ 2 Female....□ Don't know...□ Refusal...□

X4. What is [Caregiver 1's] age?

(a)		
	01	Under 15
	02	15-24
	03	25-34
	04	35-44
	05	45-54
	06	55-64
	07	65-74
	08	75-84
	09	85+
	95	Person is deceased \Box > Skip to Y
		Don't know
		Refusal
**Int	terviewe	r: If caregiver 1 was selected as 84 (Paid employee/wor'er of respondent) in
		X2 go to X7a; Else proceed to X5 *
X5.	Does	[Caregiver 1] work at a paid job or business?
(a)		
	1	Yes
	2	No $\Box > $ Go to X7
	9	Don't know
	8	Refusal
X6.	Doos	[Caregiver 1] work in time or part-time?
ло. (a)	DUCS	[Caregiver 1] work i vi-une of part-time:
(<i>a</i>)	1	Full-time
	2	
	2	\Box
		Refus 1
X7.	Is Co	a. egiver 1] paid for providing assistance to you ()?
(a)		
. ,		Yes
	2	No
	9	Don't know
	8	Refusal

If X2 = 81 (Neighbour) then go to X8; Else proceed to X7A

X7a. Does [Caregiver 1] live... (a)

1	in the same household as you ()?	
2	in the same building as you ()?	

	3	in the same neighbourhood or community	
		as you ()? (30 minutes or less by foot or bus) \Box	
	4	in the surrounding area to your ('s) neighbour-	
		hood or community? (less than an hour by car) \Box	
	5	less than a half day's journey each way by land	
		travel? (a round trip with a two hour visit) \Box	
	6	more than a half day's journey each way by land	
		travel?	
		Don't know	
		Refusal	
X8. (a)		aregiver 1] could not assist you (), would you (he/she) have difficulty ng assistance from someone else?	_
	1	Ver.	
	1	Yes	
	2 9		
		Don't know	
	8	Refusal	
X2. (b)		t is the relationship of [Caregiver 2], to y, a ()?	
	11	Spouse/partner of respondent	
	12	Ex-spouse/Ex-partner of respondent	
	13	Son of respondent \Box > Go to X4	
	14	Daughter of respondent	
	15	Father of responder t $\Box > $ Go to X4	
	16	Mother of respondent $\Box > $ Go to X4	
	17	Brother of repondent $\Box > $ Go to X4	
	18	Sister of respondent \Box > Go to X4	
	20	Grandson of respondent \Box > Go to X4	
	21	Crandda ighter of respondent \Box > Go to X4	
	22	Grandfather of respondent \Box > Go to X4	
	23	Gr, indmother of respondent $\Box > \mathbf{Go}$ to X4	
	30	Son-in-law of respondent $\Box > $ Go to X4	ŀ
	31	Daughter-in-law of respondent \Box > Go to X4	
	32	Father-in-law of respondent \Box > Go to X4	
	33	Mother-in-law of respondent \Box > Go to X4	
	34	Brother-in-law of respondent \Box > Go to X4	
	35	Sister-in-law of respondent $\Box > $ Go to X4	
	40	Nephew of respondent. \Box > Go to X4	
	41	Niece of respondent. $\Box > $ Go to X4	
	42	Uncle of respondent $\Box > $ Go to X4	
		•	
	43	Aunt of respondent $\Box > $ Go to X4	
	43 44	Aunt of respondent. $\Box > Go to X4$ Cousin of respondent. \Box	

X3. What is [Caregiver 2's] sex? (b) 1 Male		80 81 82 83 84 85 86	Close friend of respondent.INeighbour of respondent.ICo-worker of respondent.INon-Governmental Organization (Includes clients and patients of self-employed professionals).I> Go to X8Paid employee/worker of respondent.IOther (Do not include organizations here).IGovernmental (All levels and taxes).I> Go to X8Don't know.I> Go to X4Refusal.I> Go to X4
1 Male		Wha	t is [Caregiver 2's] sex?
Don't know	(~)	1	Male
Refusal. \Box X4. What is [Caregiver 2's] age? (b) 01 Under 15. \Box 02 15-24. \Box 03 25-34. \Box 04 35-44. \Box 05 45-54. \Box 06 55-64. \Box 07 65-74. \Box 08 75-84. \Box 09 85+. \Box \Box > Skip to Y 95 Person is deceased. \Box > Skip to Y		2	Female
X4. What is [Caregiver 2's] age? 01 Under 15. 02 15-24. 03 25-34. 04 35-44. 05 45-54. 06 55-64. 07 65-74. 08 75-84. 09 $85+$. 95 Person is deceased. 95 Person is deceased. 97 here is the example.			
(b) 01 Under 15			Refusal
01 Under 15 \Box 02 15-24 \Box 03 25-34 \Box 04 35-44 \Box 05 45-54 \Box 06 55-64 \Box 07 65-74 \Box 08 75-84 \Box 09 85+ \Box 95 Person is deceased \Box > Skip to Y Don't know \Box > Skip to Y		Wha	t is [Caregiver 2's] age?
03 $25-34$ \Box 04 $35-44$ \Box 05 $45-54$ \Box 06 $55-64$ \Box 07 $65-74$ \Box 08 $75-84$ \Box 09 $85+$ \Box 95 Person is deceased \Box > Skip to Y $Don't kh ow$ \Box > Skip to Y		01	Under 15
04 $35-44$ \Box 05 $45-54$ \Box 06 $55-64$ \Box 07 $65-74$ \Box 08 $75-84$ \Box 09 $85+$ \Box 95 Person is deceased \Box > Skip to Y $Don't kh ow$ \Box > Skip to Y		02	15-24
04 $35-44$ \Box 05 $45-54$ \Box 06 $55-64$ \Box 07 $65-74$ \Box 08 $75-84$ \Box 09 $85+$ \Box 95 Person is deceased \Box > Skip to Y $Don't kn ow$ \Box		03	25-34
06 55-64 \Box 07 65-74 \Box 08 75-84 \Box 09 85+ \Box 95 Person is deceased \Box > Skip to Y Don't know \Box		04	35-44
07 $65-74$ \Box 08 $75-84$ \Box 09 $85+\ldots$ \Box 95Person is deceased \Box $Pon't know$ \Box		05	
08 $75-84$ \Box 09 $85+$ \Box 95 Person is deceased \Box $Pon't k pw$ \Box			55-64
09 $85+\ldots$ \Box 95Person is deceased \Box 95Pon't k pw \Box			65-74
95 Person is deceased \Box > Skip to Y Don't know			
Pon't k. aw			
Pon't ki ow		95	
			Don't know
			Péfical

Interviewer: If caregiver 1 was selected as 84 (Paid employee/worker of respondent) in X2 go to X7a; Else proceed to X5

Does [<i>Caregiver 2</i>] work at a paid job or business?				
1	Yes			
2	No		> Go to X'	
9	Don't know			
8	Refusal			

X6. **Does** [*Caregiver 2*] work full-time or part-time?

1	Full-time
2	Part-time
	Don't know
	Refusal

X7. Is [*Caregiver 2*] paid for providing assistance to you (....)?(b)

 1
 Yes.....□

 2
 No....□

 9
 Don't know...□

 8
 Refusal...□

If X2 = 81 (Neighbour) then go to X8; Else proceed to X7A

X7a. Does [Caregiver 2] live...

(b)

(b)

(c)

1	in the same household as you (\dots) ?
2	in the same building as you ()?
3	in the same neighbourhood or community
	as you (\dots) ? (30 minutes or less by 1) of or bus)
4	in the surrounding area to your ('s) neighbour-
	hood or community? (less that an hour by car)
5	less than a half day's journey each way by land
	travel? (a round tr_{1} y <i>i</i> th a two hour visit)
6	more than a half day's journey each way by land
	travel?
	Don't know.
	Refusa!

X8. If [Caregiver 2] could not assist you (....), would you (he/she) have difficulty
(b) finding a sistance from someone else?

1	Yes
2	No.
9	Don't know
8	Refusal

X2.	What is the	relationship	of [Caregiver	3] to you	()?
-----	-------------	--------------	---------------	-----------	------

 11
 Spouse/partner of respondent.....□

 12
 Ex-spouse/Ex-partner of respondent....□

 13
 Son of respondent....□

 14
 Daughter of respondent...□

15	Father of respondent	\Box > Go to X4
16	Mother of respondent	\Box > Go to X4
17	Brother of respondent	\Box > Go to X4
18	Sister of respondent	\Box > Go to X4
20	Grandson of respondent	\Box > Go to X4
21	Granddaughter of respondent	\Box > Go to X4
22	Grandfather of respondent	\Box > Go to X4
23	Grandmother of respondent	
30	Son-in-law of respondent	\Box > Go to X4
31	Daughter-in-law of respondent	\Box > Go to X4
32	Father-in-law of respondent	
33	Mother-in-law of respondent.	
34	Brother-in-law of respondent	
35	Sister-in-law of respondent.	\Box > Go to X4
40	Nephew of respondent	\Box > Go to X4
41	Nephew of respondent Niece of respondent Uncle of respondent	\Box > Go to X4
42	Uncle of respondent.	\Box > Go to X4
43	Aunt of respondent.	\Box > Go to X4
44	Cousin of respondent	
70	Same sex partner of respondent	
80	Close friend of respondent	
81	Neighbour of respondent.	
82	Co-worker of respondent.	
83	Non-Governmental Organization (Includes	
	clients and patients of seif employed professionals)	\Box > Go to X8
84	Paid employee/worke, of respondent	
85	Other (Do not include organizations here)	
86	Governmental (All levels and taxes)	
	Don't know	
	Refusal	\Box > Go to X4

X3. What 's [Caregiver 3's] sex? (c)

1 fale..... Female..... Don't know..... Refusal.....

What is [Caregiver 3's] age? X4.

(c)

01	Under 15
02	15-24
03	25-34
	35-44
05	45-54

06	55-64	
07	65-74	
08	75-84	
09	85+	
95	Person is deceased	> Skip to Y
	Don't know	
	Refusal	

Interviewer: If caregiver 1 was selected as 84 (Paid employee/worker of respondent) in X2 go to X7a; Else proceed to X5

X5. (c)	Does	[Caregiver 3] work at a paid job or business?
	1	Yes
	2	No
	9	Don't know
	8	Refusal.
X6. (c)	Does	[Caregiver 3] work full-time or part-tin. ?
	1	Full-time
	2	Part-time
	2	Don't know
		Refusal
X7.	Is [C	aregiver 3] paid for providing assistance to you ()?
(c)		
	1	Yes
	2	No
	9	Don't know
	8	Refusal
,	S	**If $X2 = 81$ (Neighbour) then go to X8; Else proceed to X7A**
X7a. (c)	Does	[Caregiver 3] live

1	in the same household as you ()? \Box
2	in the same building as you ()? \Box
3	in the same neighbourhood or community
	as you (\dots) ? (30 minutes or less by foot or bus)
4	in the surrounding area to your ('s) neighbour-
	hood or community? (less than an hour by car) \Box
5	less than a half day's journey each way by land

6	travel? (a round trip with a two hour visit)
	travel?
	Don't know
	Refusal

X8. If [*Caregiver 3*] could not assist you (....), would you (he/she) have difficulty
(c) finding assistance from someone else?

1	Yes	4
2	No	
9	Don't know	
8	Refusal	

Section Y - Care Receiving Module

Interviewer: If help received was indicated on the Pr. file Sheet then proceed; Else skip to Section BB (p ?>?)

- Y1. Among everyday activities that you (....) received help with, with which
- (a) one(s) does (*Caregiver 1*) help (bim/her)?

Mark all that apply

1	preparing meass
2	housework
3	heavy hous, hold chores
4	appointments
5	persunal finances
6	childca. 2 🗆
7	personal care 🗆
8	nursing / treatment
9	rnoving about 🛛
$\mathbf{\nabla}$	

Y2. <u>How often</u> does (Caregiver 1) help with (Selections in Y1a)?

(a)

1	Everyday	
2	At least once a week	

2	At least once a week
3	Less than once a week
	Don't know
	Refusal

Y3i. On average, how many days a week does (Caregiver 1) help with your (....'s)

(a) personal care?

(a)

[] (1-7) Days	
Don't know	
Refusal	

Y3ii. On average how many hours a day?

[] (0.5-24) Hours	
Don't know	
Refusal	

Y4. How long ago did you (....) begin to receive assistance f. ... (Caregiver 1)

(a) with (Selections in Y1a)?

1	Less than 1 month
2	1 month to less than 3 months
3	3 months to less than 6 months
4	6 months to less than 1 year
5	1 year to less than 2 years
6	2 years or more
	Don't know 🗆
	Refusal

Y1. Among everyday activities that you (....) received help with, with which

(b) one(s) does (*Caregive*, 2) help (him/her)? Mark all that apply

1	prep vring meals
2	housework
3	heavy household chores
4	appointments
5	personal finances
5	childcare
7	personal care
8	nursing / treatment
9	moving about

- Y2. <u>How often</u> does (Caregiver 2) help with (Selections in Ylb)?
- **(b)**

1	Everyday 🗆
2	At least once a week
3	Less than once a week
	Don't know 🗆

Refusal		
---------	--	--

Y3i. On average, how many days a week does (*Caregiver 2*) help with your (....'s)(b) personal care?

[] (1-7) Days	
Don't know	
Refusal	

Y3ii. On average how many hours a day?

1	L \
	n۱
•	ບເ

[] (0.5-24) Hours Don't know..... Refusal.....

Y4. How long ago did you (....) begin to receive assistance from (Caregiver 2)

(b) with (Selections in Y1b)?

1	Less than 1 month
2	1 month to less than 3 months \Box
3	3 months to less than 6 months. \Box
4	6 months to less than 1 year
5	1 year to less than 2 years
6	2 years or more
	Don't know
	Refusal

- Y1. Among everyday activities that you (....) received help with, with which
- (c) one(s) does (*Caregiver 3*) help (him/her)?

Mark all that apply

1	preparing meals 🗆
2	housework
3	heavy household chores
4	appointments
5	personal finances
6	childcare
7	personal care
8	nursing / treatment
9	moving about 🛛
	-

Y2. <u>How often</u> does (*Caregiver 3*) help with (*Selections in Y1c*)?

1 2 3	At least once a week
	Ketusal

Y3i. On average, how many days a week does (*Caregiver 3*) help with your (....'s)(c) personal care?

	[] (1-7) Days Don't know Refusal	
Y3ii. (c)	On average how many hours a day?	
	[] (0.5-24) Hours Don't know Refusal	

Y4. How long ago did you (....) begin to receive assistance from (Caregiver 1)

(c) with (Selections in Y1c)?

(c)

1	Less than 1 mont
2	1 month to less than 3 months
3	3 months to let s the n 6 months \Box
4	6 months to less than 1 year
5	1 year to less han 2 years
6	2 years or more.
	Don't k. ow
	Refusal

Section Z - Difficulty Module

Interviewer: If help received was indicated on the Profile Sheet then proceed; Else skip to Section BB (p 297)

- Z. Now, I would like you to think of all the help you (....) <u>receive(s)</u> with everyday activities.
- Z1. Was it difficult to make the arrangements for the help you (....) receive(s) with:

	(1) <u>Ye</u> s	(2) <u>s No</u>	(9) <u>DK</u>	(8) <u>R</u>
(a) preparing meals?	□			
(b) housework?	□			
(c) heavy household chores?	□			
(d) appointments?	□			
(e) personal finances?	□ 🗸	Ľ		
(f) childcare?				
(g) personal care?				
(h) nursing / treatment?	□			
(i) moving about?	□			
Proceed to Z2 and ask for aids marked yes" in Z1; e	lse ski	p to AA	1	

Interviewer: Ask only for activities selected on Profile Sheet

Z2. What were the difficulties? I will read you a list.

(a)

Interviewer: Mark all that a_{I} ny - Help discussed is with preparing meals

1	Finding gualified help
2	Delay in obtaining assistance 🗆
3	Did not know where to look for help \Box
4	Too expensive
5	0, her
	Other, Please Specify:

Z2. What were the difficulties? I will read you a list.

(b)

Interviewer: Mark all that apply - Help discussed is with housework

1	Finding qualified help 🗆
2	Delay in obtaining assistance
3	Did not know where to look for help

4 5	Too expensive Other	
		\downarrow
	Other, Please Specify:	·

Z2. What were the difficulties? I will read you a list.

(c)

Interviewer: Mark all that apply - Help discussed is with heavy housed of chores

- 1 Finding qualified help.....
- Delay in obtaining assistance..... 2
- Did not know where to look for help..... 3
- 4 Too expensive..... 5
- Other.....

Other, Please Specify:

- What were the difficulties? I will reac you a list. Z2.
- (d)

Interviewer: Mark all that $c p_{1}^{1} - Help$ discussed is with appointments

1	Finding qualified help 🗆
2	Delay in obtaining assistance
3	Did . ot know where to look for help
4	Too exp. ensive
5	Other
K	Other, Please Specify:

Z2. What were the difficulties? I will read you a list.

(e)

Interviewer: Mark all that apply - Help discussed is with personal finances

1	Finding qualified help	
2	Delay in obtaining assistance	

3	Did not know where to look for help \Box
4	Too expensive 🗆
5	Other
	Other, Please Specify:

Z2. What were the difficulties? I will read you a list.

(f)

Interviewer: Mark all that apply - Help discussed is with childcare 🣥

- 1 Finding qualified help..... \Box
- 2 Delay in obtaining assistance.....
- 3 Did not know where to look for help.....
- 4 Too expensive.....
- 5 **Other**.....

Other, Please Specify:

- **Z2.** What were the difficulties? I will read you a list.
- (g)

Interviewer: Mark all that $c p_r^{1y}$ - Help discussed is with personal care

1	Finding quality d help
2	Delay in obvining assistance
3	Did not know where to look for help 🗆
4	Too expensive
5	Other
(
$\langle \cdot \rangle$	Other, Please Specify:

Z2. What were the difficulties? I will read you a list.

(h)

Interviewer: Mark all that apply - Help discussed is with nursing / treatment)

1	Finding qualified help 🗆
2	Delay in obtaining assistance
3	Did not know where to look for help
4	Too expensive

5	Other	
		\downarrow
	Other, Please Specify:	

Z2. What were the difficulties? I will read you a list.

(i)

Interviewer: Mark all that apply - Help discussed is with moving about

	Finding qualified help
	Delay in obtaining assistance
	Did not know where to look for help
	Too expensive
	Other
Γ	Other, Please Specify:

Section AA - Cost Module

Interviewer: If help received variation indicated on the Profile Sheet then proceed; Else skip to Section BB (p 297)

AA. The next few questions are about the cost of the help you (....) receive(s) with everyday activities.

Interviewer: Go through AA1-5 (a-i) for activities selected on Profile Sheet

AA1. Who pays for the help you (....) receive(s) with preparing meals? (a)

Mcrk all that apply

1	No one, it's free		>	Go to AA1 (b)
2	Yourself () or family living with			
	you (him/her)			
3	Family not living with you (him/her)		>	Go to AA1 (b)
4	Private health insurance, e.g., employer			
	insurance plan		>	Go to AA1 (b)
5	Home care program	. 🗆	>	Go to AA1 (b)
6	Voluntary organization		>	Go to AA1 (b)

7 8	Other private source Other public source, e.g., government	> (Go to AA1 (b)
	health insurance plan	>	Go to AA1 (b)
9	None selected	>	Go to AA1 (b)
	Don't know		
	Refusal	>	Go to AA1 (b)

AA2. Is the cost to you (...) or your (his/her) family living with you (him/her)... (a)

1	fully reimbursed
2	partially reimbursed
3	not reimbursed
	Don't know $\Box > Ge w : A5$
	Refusal $\Box > \mathbf{G}$ to AA5

AA3. From what source does the reimbursement come?

(a) *Mark all that apply.*

1	Government tax credit
2	Direct government financial support 🗆
3	Private health insurance
4	Other source
5	None selected

Interviewer: If AA2 = 2 (part. ally) eimbursed) then proceed to AA5; Else skip to AA1(b).

AA5. Which of the following expense groups is the best estimate of the out-of

(a) <u>pocket or direct costs</u> to you (....), or your (his/her) family living with you ('him/h,r'), for the help 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.

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
	Don't know.
	Refusal

AA1. Who pays for the help you (....) receive(s) with preparing meals?

(b)

Mark all that apply

1	No one, it's free $\Box > $ Go to AA	1 (c)
2	Yourself () or family living with	
	you (him/her)	
3	Family not living with you (him/her) \Box > Go to AA	1 (c)
4	Private health insurance, e.g., employer	,
	insurance plan \Box > Go to AA	1 (c)
5	Home care program	1 (?)
6	Voluntary organization $\Box > Go t AA$	1 (c)
7	Other private source \Box > Go to A.	i (c)
8	Other public source, e.g., government	
	health insurance plan $\Box > G$ to AA	1 (c)
9	None selected	1 (c)
	Don't know Co to AA	1 (c)
	Refusal	
		. /

AA2. Is the cost to you (...) or your (his/her) family living with you (him/her)...(b)

1	fully reimbursed
2	partially reimbursed
3	not reimbursed \Box > Go to AA5
	Don't know \Box > Go to AA5
	Refusal \Box > Go to AA5

AA3. From what source does the reimbursement come?

(b) Mark cit that apply.

L	Government tax credit 🗆
2	Direct government financial support 🛛
3	Private health insurance
1	Other source
5	None selected

Interviewer: If AA2 = 2 (partially reimbursed) then proceed to AA5; Else skip to AA1 (c).

AA5. Which of the following expense groups is the best estimate of the out-of

(b) <u>pocket or direct costs to you (....), or your (his/her) family living with you</u> (him/her), for the help you (he/she) received in the past 12 months?

<u>Include</u> amounts not covered by insurance such as exclusions, deductibles and expenses over limits. <u>Exclude</u> payments for which you (....) have (has) been or will be reimbursed by any insurance or government program.

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 🗆
	Don't know
	Refusal

AA1. Who pays for the help you (....) receive(s) with preparing meals?

(c)

Mark all that apply

1	No one, it's free	> Go to AA1 (d)
2	Yourself () or family living with	
	you (him/her).	
3	Family not living with you (him/he.)	> Go to AA1 (d)
4	Private health insurance, e.g., employer	
	insurance plan	> Go to AA1 (d)
5	Home care program	> Go to AA1 (d)
6	Voluntary organization	> Go to AA1 (d)
7	Other private source	> Go to AA1 (d)
8	Other public scurce, e.g., government	
	health insurance plan	> Go to AA1 (d)
9	None selecter	
	Don't know.	> Go to AA1 (d)
	Refus. ¹	> Go to AA1 (d)

AA2. Is the cost to you (...) or your (his/her) family living with you (him/her)... (c)

fully reimbursed	
partially reimbursed	
not reimbursed	
Don't know	$\Box > $ Go to A
Refusal	\dots Go to A

AA3. From what source does the reimbursement come?

(c) *Mark all that apply.*

1	Government tax credit
2	Direct government financial support 🗆
3	Private health insurance
4	Other source
5	None selected \Box

Interviewer: If AA2 = 2 (partially reimbursed) then proceed to AA5; Else skip to AA1 (d).

- AA5. Which of the following expense groups is the best estimate of the <u>out-of</u>
- (c) <u>pocket or direct costs</u> to you (....), or your (his/her) family living with you (him/her), for the help you (he/she) received in the past 12 months?

<u>Include</u> amounts not covered by insurance such as exclusions, a dactibles and expenses over limits. <u>Exclude</u> payments for which you (...., have (has) been or will be reimbursed by any insurance or government program.

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
	Don't know
	Refusal

AA1. Who pays for the bel, you (....) receive(s) with preparing meals? (d)

Mark all that apply

No one, it's free \Box > Go to AA1 (e)	e)
Yourself () or family living with	
you (him/her)	
	e)
Private health insurance, e.g., employer	
insurance plan \Box > Go to AA1 (e)	e)
Home care program	e)
Voluntary organization \Box > Go to AA1 (e)	e)
Other private source \Box > Go to AA1 (e)	e)
Other public source, e.g., government	
health insurance plan \Box > Go to AA1 (e)	e)
None selected \Box > Go to AA1 (e)	e)
Don't know \Box > Go to AA1 (e)	e)
Refusal \Box > Go to AA1 (e)	e)
	Yourself () or family living with you (him/her) I amily not living with you (him/her) Private health insurance, e.g., employer insurance plan Home care program Voluntary organization Other private source Other public source, e.g., government health insurance plan health insurance plan So to AA1 (a Other public source, e.g., government health insurance plan So to AA1 (a One selected Don't know

AA2. Is the cost to you (...) or your (his/her) family living with you (him/her)... (d)

1	fully reimbursed
2	partially reimbursed
3	not reimbursed \Box > Go to AA5
	Don't know \Box > Go to AA5
	Refusal \Box > Go to AA5

AA3.	Fron	n what source does the reimbursement come?
(d)	Mark	all that apply.
	1	Government tax credit
	2	Direct government financial support 🗆 🛛 🔷
	3	Private health insurance 🗆 🦳
	4	Other source
	5	None selected

Interviewer: If AA2 = 2 (partially reimbursed) then proceed to AA5; Else skip to AA1 (e).

- AA5. Which of the following expense groups is the best estimate of the out-of
- (d) <u>pocket or direct costs</u> to you (...), or your (his/her) family living with you (him/her), for the help you (he/snc) received in the past 12 months?

<u>Include</u> amounts not cov. rel by insurance such as exclusions, deductibles and expenses over limits. <u>Exclude</u> payments for which you (....) have (has) been or will be reimbulsed by any insurance or government program.

1 2	Less than \$200	
3	\$500 to 'ess than \$1,000 [
4	\$1,000 to less than \$2,000	
5	\$2,900 to less than \$5,000	
σ	\$5,000 or more [
\mathbf{N}	Don't know	
	Refusal	

AA1. Who pays for the help you (....) receive(s) with preparing meals?

(e)

Mark all that apply

- 1 No one, it's free..... \Box > Go to AA1 (f)
- 2 Yourself (....) or family living with you (him/her).....□

3	Family not living with you (him/her)	>	Go to AA1 (f)
4	Private health insurance, e.g., employer		
	insurance plan	>	Go to AA1 (f)
5	Home care program	>	Go to AA1 (f)
6	Voluntary organization	>	Go to AA1 (f)
7	Other private source	>	Go to AA1 (f)
8	Other public source, e.g., government		
	health insurance plan	>	Go to AA1 (f)
9	None selected.	>	Go to AA1 (f)
	Don't know. \Box	>	Go to AA1 (f)
	Refusal	>	Go to AA1 (f)

AA2. Is the cost to you (...) or your (his/her) family living with you (bira/her)... (e)

1	fully reimbursed 💭 🔍
2	partially reimbursed
3	not reimbursed $\Box > Go$ to AA5
	Don't know $\square > $ Go to AA5
	Refusal $\Box > $ Go to AA5

AA3. From what source does the reimbursement come?

(e) *Mark all that apply.*

1	Government tax ca eait
2	Direct government financial support
3	Private health insurance
4	Other source
5	None Selected

Interviewer. If A2 = 2 (partially reimbursed) then proceed to AA5; Else skip to BB.

AA5. Which of the following expense groups is the best estimate of the <u>out-of</u>

(e) <u>pocket</u> or <u>direct costs</u> to you (....), or your (his/her) family living with you (him/her), for the help you (he/she) received in the past 12 months?

<u>Include</u> amounts not covered by insurance such as exclusions, deductibles and expenses over limits. <u>Exclude</u> payments for which you (....) have (has) been or will be reimbursed by any insurance or government program.

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
	Don't know
	Refusal

AA1. Who pays for the help you (....) receive(s) with preparing meals?

(f)

Mark all that apply

1	No one, it's free. $\Box > $ Go to A \Box (g)
2	Yourself () or family living with you (him/her)
3	Family not living with you (him/her) $\Box > G_{2}$ w AA1 (g)
4	Private health insurance, e.g., employer
	insurance plan
5	Home care program D > Go to AA1 (g)
6	Voluntary organization
7	Other private source
8	Other public source, e.g., government
	health insurance plan $\Box > $ Go to AA1 (g)
9	None selected $\Box > Go \text{ to } AA1 (g)$
	Don't know. $\Box > $ Go to AA1 (g)
	Refusal \Box > Go to AA1 (g)

AA2. Is the cost to you (...) or vour (his/her) family living with you (him/her)... (f)

1	fully reimbursed		
2	parti. Ily reimbursed	. 🗆	
3	rot rein bursed	$\square >$	Go to AA5
	Der't know	□ >	Go to AA5
	Refusal	□ >	Go to AA5
\sim)		

AA3. From what source does the reimbursement come?

(f)	Mark all that apply.
-----	----------------------

1 Government tax credit	···· └
2 Direct government financial suppor	rt □
3 Private health insurance	
4 Other source	[
5 None selected	

Interviewer: If AA2 = 2 (partially reimbursed) then proceed to AA5; Else skip to AA1 (g)

AA5. Which of the following expense groups is the best estimate of the <u>out-of</u>

(f) <u>pocket or direct costs</u> to you (....), or your (his/her) family living with you (him/her), for the help you (he/she) received in the past 12 months?

<u>Include</u> amounts not covered by insurance such as exclusions, deductibles and expenses over limits. <u>Exclude</u> payments for which you (....) have (has) been or will be reimbursed by any insurance or government program.

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
	Don't know
	Refusal 🖓 🗸

AA1. Who pays for the help you (....) receive(s) vith preparing meals?

(g)

Mark all that apply

1	No one, it's free	> Go to AA1 (h)
2	Yourself () or fam ^{:1} y lives g with	
	you (him/her)	
3	Family not living with you (him/her)	> Go to AA1 (h)
4	Private health insurance, e.g., employer	
	insurance rlan.	> Go to AA1 (h)
5	Home care program	> Go to AA1 (h)
6	Volumary erganization	> Go to AA1 (h)
7	Other private source	> Go to AA1 (h)
8	Other public source, e.g., government	
	h aith insurance plan	> Go to AA1 (h)
9	None selected	> Go to AA1 (h)
	Don't know	> Go to AA1 (h)
	Refusal	> Go to AA1 (h)

AA2. Is the cost to you (...) or your (his/her) family living with you (him/her)... (g)

1	fully reimbursed 🛛
2	partially reimbursed
3	not reimbursed \Box > Go to AA5
	Don't know \Box > Go to AA5
	Refusal \Box > Go to AA5

AA3. From what source does the reimbursement come?

Mar	k all that apply.
1	Government tax credit
2	Direct government financial support
3	Private health insurance
4	Other source
5	None selected \Box

Interviewer: If AA2 = 2 (partially reimbursed) then proceed to AA5; Else skip w AA(h).

- AA5. Which of the following expense groups is the best estimate of the out-of
- (h) <u>pocket or direct costs</u> to you (....), or your (his/her) family living with you (him/her), for the help you (he/she) received in the part 12 months?

<u>Include</u> amounts not covered by insurance such as exclusions, deductibles and expenses over limits. <u>Exclude</u> payments for which you (....) have (has) been or will be reimbursed by any insurance or government program.

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
	Don't know
	Refusal.

AA1. Who pays for 'he help you (....) receive(s) with preparing meals?

(i) Mark *c*⁻¹*l i* hat apply

(g)

1	No one, it's free	> Go to BB
?	Yourself () or family living with	
	you (him/her)	
3	Family not living with you (him/her)	> Go to BB
4	Private health insurance, e.g., employer	
	insurance plan	> Go to BB
5	Home care program	> Go to BB
6	Voluntary organization	> Go to BB
7	Other private source \Box	> Go to BB
8	Other public source, e.g., government	
	health insurance plan	> Go to BB
9	None selected	> Go to BB

Don't know	> Go to BB
Refusal	> Go to BB

AA2. Is the cost to you (...) or your (his/her) family living with you (him/her)... (i)

	1 2 3	fully reimbursed □ partially reimbursed □ not reimbursed □ Don't know □ Refusal □ Go to AA5
AA3.	Fror	n what source does the reimbursement come?
(i)	Mari	k all that apply.
	1	Government tax credit
	2	Direct government financial support 🛛
	3	Private health insurance
	4	Other source
	5	None selected

Interviewer: If AA2 = 2 (partially raimbussed) then proceed to AA5; Else skip to BB.

- AA5. Which of the following expense groups is the best estimate of the out-of
- (i) <u>pocket</u> or <u>direct costs</u> o , ou (....), or your (his/her) family living with you (him/her) for the help you (he/she) received in the past 12 months?

<u>Include</u> an our's not covered by insurance such as exclusions, deductibles and expenses over limits. <u>Exclude</u> payments for which you (....) have (has) been r will be reimbursed by any insurance or government program.

1	Less than \$200 🗆
1 2 3 4	\$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
	Don't know
	Refusal

Section BB - Unmet Need Module

Interviewer: If help needed <u>and</u> received was indicated on the Profile Sheet then proceed; Skip to Section CC (p 302) if <u>only</u> help received was indicated on the Profile Sheet; Else skip to Section DD (p 302)

BB. Now, I would like you to think about all the help you (....) <u>need(s)</u> but do (does) not have.

Interviewer: Ask BB1 for each activity (a-i) where more help needed was indicated on Profile Sheet

BB1. Why do (does) you (....) not receive the help you (he/she) need(5) with preparing meals?

Mark all that apply.

1	You () applied for home care and were	
	(was) turned down	
2	You are (is) presently on a waiting list \Box	
3	It is not covered by insurance	
4	It is too expensive	
5	You do (does) not know wher • to obtain it 🗆	
6	Help is not available in the area \Box	
7	Informal help, e.g., from family or friends,	
	is not available	
8	Another reason	
	Other, Please Specify:	
9	None Securid	

BB1. Why do 'uoes) you (....) not receive the help you (he/she) <u>need(s)</u> with
(b) hc usev or k?

Mark all that apply.

1	You () applied for home care and were
	(was) turned down
2	You are (is) presently on a waiting list
3	It is not covered by insurance
4	It is too expensive
5	You do (does) not know where to obtain it 🛛
6	Help is not available in the area
7	Informal help, e.g., from family or friends,
	is not available

8	Another reason	
	\downarrow	
	Other, Please Specify:	
9	None Selected	

BB1. Why do (does) you (....) not receive the help you (he/she) <u>need(s)</u> with (c) heavy household chores?

Mark all that apply.

1	You () applied for home care and were
	(was) turned down
2	You are (is) presently on a waiting list (🗅 🗡
3	It is not covered by insurance
4	It is too expensive
5	You do (does) not know where to obvin it 🗆
6	Help is not available in the area
7	Informal help, e.g., from family or thiends,
	is not available
8	Another reason
	Other, Please Specify:
9	None Selected

BB1. Why do (dc°s) you (....) not receive the help you (he/she) need(s) with (d) appointments?

Mark 7/1 +hat apply. You (....) applied for home care and were (was) turned down..... 2 You are (.... is) presently on a waiting list It is not covered by insurance..... \Box 3 4 It is too expensive...... 5 You do (.... does) not know where to obtain it.... 6 Help is not available in the area..... \Box 7 Informal help, e.g., from family or friends, is not available..... 8 Another reason. Other, Please Specify:

9 None Selected \Box

BB1. Why do (does) you (....) not receive the help you (he/she) <u>need(s)</u> with(e) personal finances?

Mark all that apply.

1	You () applied for home care and were (was) turned down
2	You are (is) presently on a waiting list \Box
3	It is not covered by insurance
4	It is too expensive
5	You do (does) not know where to obtain it. 🚬 🗖 🧹
6	Help is not available in the area
7	Informal help, e.g., from family or frienos,
	is not available 🗆
8	Another reason
	Other, Please Specify:
9	None Selected

BB1. Why do (does) you (...) Lot receive the help you (he/she) <u>need(s)</u> with (f) childcare?

Mark all that apply.

1	Ven () applied for home care and were
C	(w.s) turned down
2	You are (is) presently on a waiting list
3	It is not covered by insurance
4	It is too expensive
5	You do (does) not know where to obtain it 🗆
6	Help is not available in the area \Box
7	Informal help, e.g., from family or friends,
	is not available
8	Another reason
_	\downarrow
(Other, Please Specify:

1

BB1. Why do (does) you (....) not receive the help you (he/she) <u>need(s)</u> with (g) personal care?

Mark all that apply.

1	You () applied for home care and were (was) turned down
2	You are (is) presently on a waiting list
3	It is not covered by insurance
4	It is too expensive
5	You do (does) not know where to obtain it
6	Help is not available in the area
7	Informal help, e.g., from family or friends,
	is not available
8	Another reason
	Other, Please Specify:
9	None Selected

BB1. Why do (does) you (....) not receive the help you (he/she) <u>need(s)</u> with

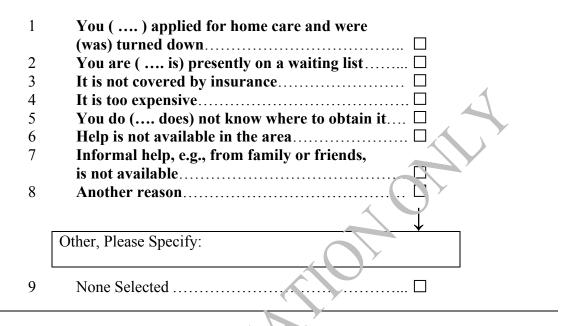
(h) nursing / treatment?

Mark all that apply.

1	You () applied for home care and were
	(was) tu ned down
2	Vcn are (is) presently on a waiting list
3	vt 1,5 not covered by insurance
4	↓ It is too expensive□
3	You do (does) not know where to obtain it 🗆
6	Help is not available in the area \Box
7	Informal help, e.g., from family or friends,
	is not available 🛛
8	Another reason
	Other, Please Specify:
9	None Selected

BB1. Why do (does) you (....) not receive the help you (he/she) <u>need(s)</u> with moving about?

Mark all that apply.



Section CC · Control Module

Interviewer: If respondent is a proxy skip to section EE (p307). If respondent is non-proxy and help received was indicated on the Profile Sheet then proceed; Else skip to Section DD (p 302)

CC1. Which of the tonowing best describes the control you have (.... has) in making decisions:

1	1. лаке all decisions about my everyday
	2 ctivities
2	I make the majority of decisions about my
	everyday activities
3	I make some of the decisions about my
	everyday activities
4	I don't make any decisions about my
	everyday activities
	Don't know
	Refusal

Section DD - Health Care & Social Services Module

Interviewer: If disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section XX (p 414)

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

<u>Exclude</u> any contacts <u>at home</u> with health professionals providing you (....) specialized nursing care or medical treatment.

DD1. (a)		<u>past 12 months</u> , how often have you (has) seen or talk.d about his/her) physical, emotional or mental condition, with .
	a phys	ician (including general practitioners and specialists)?
	1	At least once a week
	2	DD1a-g: Go to DD2At least once a month
	3	Less than once a month \Box > Once through loop
	4	Never. □ Don't Know. □ Refusal. □
DD1. (b)	your (<u>past 12 mcrths</u> , how often have you (has) seen or talked about his/her) physical, emotional or mental condition, with
	a phys	iotheranist or occupational therapist?
	1	At least once a week \dots $\square > Once through loop$

		DD1b-g: Go to DD2
2	At least once a month >	Once through loop DD1b-g: Go to DD2
3	Less than once a month $\Box >$	Once through loop DD1b-g: Go to DD2
4	Never	-

DD1. In the past 12 months, how often have you (has) seen or talked about

(c) your (his/her) physical, emotional or mental condition, with ...

an audiologist or speech therapist?

	1	At least once a week \Box > Once through loop DD1c-g: Go to DD2	
	2	At least once a month \Box > Once through loop DD1c-g: Go to DD2	
	3	Less than once a month \Box > Once through loop DDIc-g. Go to DD2	
	4	Never Don't Know Refusal	
DD1. (d)		<u>past 12 months</u> , how often have you (has) seen or talked about his/her) physical, emotional or mental condition, with	
	a chir	opractor?	
	1	At least once a week \Box > Once through loop DD1d-g: Go to DD2	
	2	At least once $:$ mon th \Box > Once through loop DD1d-g: Go to DD2	
	3	Less that exce a month \Box > Once through loop DD1d-g: Go to DD2	
	4	N ver	
	Δ	Rerusal	

DD1. In the <u>past 12 months</u>, how often have you (has) seen or talked about (e) your (his/her) physical, emotional or mental condition, with ...

a massage therapist?

1	At least once a week	Once through loop DD1e-g: Go to DD2
2	At least once a month	Once through loop DD1e-g: Go to DD2

3	Less than once a month $\Box > Once through loop$
	DD1e-g: Go to DD2
4	Never
	Don't Know
	Refusal

DD1. In the <u>past 12 months</u>, how often have you (has) seen or talked about (f) your (his/her) physical, emotional or mental condition, with ...

a psyc	hologist, social worker or counsellor?	
1	At least once a week \dots	Once mrough loop
		<i>D</i> .D <i>g</i> : Go to DD2
2	At least once a month	Once through loop
		DD g: Go to DD2
3	Less than once a month	Once through loop
		DD g: Go to DD2
4	Never	
	Don't Know	
	Refusal	

DD1. In the <u>past 12 months</u>, how often have you (has) seen or talked about (g) your (his/her) physical, en otional or mental condition, with ...

another health care or social service provider?

1	At least once a week \dots \square > Go to DD2
	Other, Please Specify:
2	At least once a month \Box > Go to DD2
	\downarrow
	Other, Please Specify:
3	Less than once a month \Box > Go to DD2
	\downarrow
	Other, Please Specify:

4	Never	>	<u>Unless otherwise</u> <u>specified:</u> Go to DD5
	Don't Know	>	<u>Unless otherwise</u> <u>specified:</u> Go to DD5
	Refusal	>	<u>Unless otherwise</u> specified: Go to DD5

DD2. In the past 12 months, did you (....) have any <u>out-of-pocket</u> or <u>direct</u> <u>expenses</u> for the health care and social services you (he/she) received?

<u>Include</u> amounts not covered by insurance such as exclusions, deductibles and expenses over limits. <u>Exclude</u> payments for which you have (. . . has) been or will be reimbursed by any insurance or government program.

1	Yes
2	No Go to DD5
9	Don't know \Box > Go to DD5
8	Refusal

DD4. Which of the following expense growr's is the best estimate of the <u>direct costs</u> to you (....), for health care and social services you (he/she) received in the past 12 months?

1	Less than \$200
2	\$200 to less than \$:00
3	\$500 to less than \$1,000 🗆
4	\$1,000 to less than \$2,000
5	\$2,0%0 to its: than \$5,000
6	\$5,006 or more
	Dyn't know 🗆
	k ^a tusal

DD5. In the past 12 months, was there ever a time when you (....) felt that you (he/she) <u>needed</u> health care or social services because of your (his/her) condition, but you (he/she) did not receive them?

1	Yes		
2	No	>	Go to EE
9	Don't know	>	Go to EE
8	Refusal	>	Go to EE

DD6. Why did you (....) not get these services? I will read you a list of reasons.

Mark all that apply.

EE.

1

1	They are not covered by insurance \dots
2	They are too expensive
3	Your ('s) condition is not serious enough \Box
4	You do (does) not know where or how
	to obtain them
5	
6	Another reason
	Other, Please Specify:
	Section EE - Education Module
	respondents under the age of 75 enter this mod. le; Else skip to FF (p320) **
E.]	The next few questions are on education.

EE1. In April 2006, were you (was ...) atten ing a school, college or university? *Interviewer: Include private schools, colleges or universities.*

2 No	
9 Don't know \Box	
8 Refusal	

EE2. Did you (....) attend school in the past 5 years ?

1	Yes No Don't know	> Go to EE15
2	No	> Go to EE22
)	Don't know	> Go to EE22
8	Refusal	> Go to EE22

EE3. Were you (was) enrolled as a:

1 2	Full-time student	> Go to EE5
	Don't know	

EE4. Were you (was) studying part-time because of your (his/her) condition?

1	Yes
	No
9	Don't know
8	Refusal

EE5. Were you (was) taking any courses by correspondence or home study in April 2006? Consider only courses which can be used as credits towards a certificate, diploma or degree

1	Yes	
2	No	
9	Don't know	
8	Refusal	V

EE6. In April 2006, in what kind of school were you (vas) enrolled? I will read you a list. Please specify one only.

1	University □ > Go to EE8
2	Private training institutes, for example, business
	schools or trade or vocational scheols \Box
3	Community college, cegep or technical institute \Box > Go to EE8
4	Special education school. $\Box > Go$ to EE8
5	Regular primary or seco. dary school 🗆
6	Other

	\downarrow	
Other, Please Specify:		
D		$\sim C_{\rm c}$ 4. FE0
		> Go to EE9
Refusal		> Go to EE9

EE7. In what grade were you (was) enrolled in April 2006?

Interviewer: If the respondent answer Non-graded enter 0

Grade (0-12)[] > Go to EE9
Don't know	> Go to EE9
Refusal	> Go to EE9

EE8. What type of certificate, diploma or degree were you (was) seeking?

	1	Trades certificate or diploma \Box			
	2	Other non-university certificate or diploma (obtained			
		at community college, cegep, technical institute, etc.) \Box			
	3	University certificate or diploma <u>below</u> bachelor level \Box			
	4	Bachelor's degree(s) (e.g., B.A., $\overline{B.Sc.}$, LL.B.)			
	5	University certificate or diploma above bachelor level \Box			
	6	Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)			
	7	Degree in medicine, dentistry, veterinary medicine or			
	,	optometry (e.g., M.D., D.D.S., D.M.D., D.V.M., O.D.)			
	8	Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)			
	9	None selected			
	9				
		Don't know			
		Refusal			
EE9.	Did	you () require modified building features or survices to attend			
		pol?			
	5011				
	1	Yes			
	2	No \Box > Go to EE12			
	9	Don't know			
	8	Refusal			
	0				
EE10	. Did	you () require			
	Ma	rk all that apply.			
1	(a)	accessible class cooms?			
2	(b)	accessible washrooms?			
3	(c) (c)	accessit 'e residences?			
4	(d)	accessible buildings, excluding residences?			
5	(e)	accessible transportation?			
6		other feature or service?			
Ũ					
1	\checkmark				
	Othe	r, Please Specify:			
7	Nor				
/		ie selected			
		n't know			

Interviewer: Ask EE11 for all selections (a-f) in EE10

EE11. Was (were) accessible classrooms available to you (....)?

1	Yes
2	No
9	Don't know
8	Refusal
-	

EE11. Was (were) accessible washrooms available to you (....)?

(b)		
	1	Yes
	2	No
	9	Don't know
	8	Refusal
EE11. (c)	Was (were) accessible residences available to you ()?
	1	Yes
	2	No

9 Don't know..... 8 Refusal.....□

EE11. Was (were) accessible buildings. excluding residences available to you (....)? (d)

1	Yes	
2	No	_
9	Don't know	
8	Refusal	

EE11. Was (were) accessible buildings, excluding residences available to you (....)? (e)

1	Y\\$	
2	No	
9	Don't know	
8)	Refusal	

EE11. Was (were) (write-in) available to you (....)?

1	6	
1	T)	
L	•)	

(a)

1	Yes
2	No
9	Don't know
8	Refusal

EE12. Did you (....) need any assistive devices or services to follow your (his/her) courses?

1	Yes	
2	No	> Go to EE23
	Don't know	
8	Refusal	> Go to EE23

EE13a. *Interviewer: Mark all that apply* Did you (....) need ... note takers or readers?..... **EE14a.** Were (was) note takers or readers made available to you (....)? Yes \Box Don't know \Box No Refusal EE13b. a tutor or teacher's aide?..... EE14b. Were (was) a tutor or teacher's did made available to you (....)? Der'tinow Yes \Box No Refusal EE13c. a computer www. 2. aille, large print or speech access?... 🗌 EE14c. Were (was) a computer with Braille, large print or speech access made w.ilable to you (....)? Yes 딘 No \Box Don't know \Box Refusal□ **EE13d.** talking books?..... **EE14d.** Were (was) talking books made available to you (....)?

Yes \Box No \Box Don't know \Box Refusal \Box

EE13e.

	magnifiers	or CCT	'V's (Closed circu	uit television	
	readers)?				
EE14e					\downarrow
	Were (wa	is) magn	ifiers or CCTV's	made availa	ble to you ()?
	Yes 🗆	No	Don't know \Box	Refusal□	
EE13f.					
		large pri	nt reading mater	rials?	
EE14f.					
LL141.		-	e or large print r)?	eading mater	ials mad:
	Yes 🗆	No	Don't know \Box	Refusal□	
EE13g EE14g	a Sign lang	guage int	terpreter?		
	Was a Sig	gn langu	age interpretor n	nede available	e to you()?
	Yes 🗆	No□	Don't know	Refusal□	
EE13h				nto takans?	
	C C	equipme	ent or portable no	Jie-lakers:	LJ
EE14h	-	-	ding equipment o)?	or portable no	↓ ote-takers made
	Y-s [No□	Don't know \Box	Refusal□	
EE13i.	S				_
	attendant	care serv	vices?		
EE14i.					
	Were (wa	is) attend			ble to you ()?
	Yes 🗆	No□	Don't know \Box	Refusal□	

EE13j.

	a modified or adapted course curriculum? 🗆
EE14j.	
· j·	Was a modified or adapted course curriculum made available to you ()?
	Yes \Box No \Box Don't know \Box Refusal \Box
EE13k	other aid or service?
Other	, Please Specify:
	EE14k. Was this aid made available to you:
	Yes \square No \square Don't know \square Refusal \square
	12 None selected
EE15.	Did you () have (his/her) condition when you were (he/she was) attending school (in the past 5 years)?
	1 Yes
	2 No \Box > Go to EE23
	9 Don't know \Box > Go to EE23 8 Refusal \Box > Go to EE23 > Go to EE23
EE16.	Did you () require modified building features or services to attend school?
EE16.	school?
EE16.	school? ↑ Yes
EE16.	school?

EE18a.

 \downarrow

	Were (wa	s) access	sible classrooms a	available to you ()?
	Yes 🗆	No□	Don't know \Box	Refusal□
EE17b	•			
	accessible	washroo	ms?	
EE18b	•			\downarrow
	Were (wa	is) access	sible washrooms	available to you ()?
	Yes 🗆	No□	Don't know \Box	Refusal
E17c.	,			
	accessible	residenc	es?	
E18c.	,			
	Were (wa	is) access	sible residences a	vailable to you (,?
	Yes 🗆	No□	Don't know \Box	Refusal
CE17d		building	s, excluding resid	lences ?
E18d	•			\downarrow
	Were (wa to you (sible buildrings, e)	cluding residences available
	Yes 🗆	No□	Don , ki ow 🗆	Refusal□
EE17e.				
	accessible	tran.~por	tation?	
E18e.				\downarrow
	Woro (w	is) access	sible transportati	on available to you
	()?			
~		No□	Don't know \Box	Refusal□
CE17f.	()? Yes 🗆	No□	Don't know□	Refusal□
	()? Yes 🗆			Refusal
EE17f.	()? Yes 🗆			

	EE18f. Was this aid available to you:	
	Yes □ No□ Don't know□ Refusal□	
	12 None selected□ Don't know□ Refusal□	
	Did you () need any assistive devices or services to follow your (his/h courses?	er)
	1 Yes	
	2 No	
	9 Don't know	
-	8 Refusal	
EE20a.	. Interviewer: Mark all that apply	
	Did you () need	
	note takers or readers?	
EE21a.	¥	
	Were (was) note takers or reader: made available to you ()?	
	Yes No Don' (k 10W Refusal	
EE20b.		
:	a tutor or teacher's vide?	
EE21b.	· · · · · · · · · · · · · · · · · · ·	
	Were (as) a sator or teacher's aid made available to you ()?	
	Yes No Don't know Refusal	
EE20c.		
	a computer with Braille, large print or speech access?	
EE21c.	×	
	Were (was) a computer with Braille, large print or speech access made available to you ()?	
	Yes \Box No \Box Don't know \Box Refusal \Box	

EE20d.

talking books?......

EE21d.
Were (was) talking books made available to you ()?
$Yes \square No \square Don't know \square Refusal \square$
EE20e.
magnifiers or CCTV's (Closed circuit television
readers)?
EE21e.
Were (was) magnifiers or CCTV's made available to you ()?
YesNoDon't knowRefusal
EE20f.
Braille or large print reading materials?
EE21f.
Were (was) Braille or large print reading materials made available to you ()?
Yes \Box No \Box Don't know \Box kc fusal \Box
EE20g.
a Sign language interproter? 🗆
EE21g.
Was a Sign language interpreter made available to you()?
Yes \Box No \Box Don't know \Box Refusal \Box
EE20h.
recording equipment or portable note-takers?
EE21h. Were (was) recording equipment or portable note-takers made
available to you ()?
Yes \Box No \Box Don't know \Box Refusal \Box

EE20i.

attendant care services?.....

EE21i.				\downarrow
	Were (wa	s) attend	lant care services	s made available to you ()?
	Yes □	No□	Don't know \Box	Refusal

EE20j.

J	a modified or adapted course curriculum?
EE21j.	
	Was a modified or adapted course curriculum made available to you ()?
	Yes \Box No \Box Don't know \Box Refusal \Box
EE20k	other aid or service?
Other,	Please Specify:
	EE21k. Was this aid made available to you:
	Yes 🗆 No 🗆 Don't kno v 🕽 Refusal 🗆
	12 None selected
	Don't know
EE22.	Did you (., .) have your (his/her) condition before completing all your (his/her) forn.al education or training?
	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	Don't know \Box > Go to FFRefusal \Box > Go to FF

EE23. Did you (....) discontinue your (his/her) formal education or training because of your (his/her) condition?

1	Yes
2	No
9	Don't know
8	Refusal

EE24 Because of your (....'s) condition ...

(a)	did you (he/she) begin school later than most other people your (his/her) age?			
	1	Yes		
	2	No		
	9	Don't know		
	8	Refusal		
EE24 (b)	Becau	se of your ('s) condition		
	Were	your (was her/his) choice of courses or careers influenced?		
	1	Yes		
	2	No		
	9	Don't know		
	8	Refusal		
EE24 (c)		se of your ('s) condition		
	1	Yes		
	2	No		
	9	Don't know		
	8	Refusal		
EE24 (d)		se of your (,'s) condition		
	did vo	Yes		
A		No		
	9	Don't know		
	8	Refusal		

EE24 Because of your (....'s) condition ...

(e)

did you (....) ever go back to school for re-training?

1	Yes
2	No
9	Don't know

EE24 (f)	Because of your ('s) condition				
(-)	did you () have any additional expenses for your (his/her) schooling?				
	1	Yes			
	2	No			
	9	Don't know \Box			
	8	Refusal			
EE24 (g)	Becaus	se of your ('s) condition			
	was y	our () education interrupted for long periods of time?			
	1	Yes			
	2	No			
	9	Don't know			
	8	Refusal			
FF74	Doonu	se of your ('s) condition			
EE24 (h)	Decau				
		ou () ever attend a special education school or special education s in a regular school?			
	1	Yes			
	2	No			
	9	Don't knew.			
	8	Refus ²¹			
	0				
FF 7 /	Becaus	s o`your ('s) condition			
(i)	Decau				
(1)	dic. you () take fewer courses or subjects than you (he/she) otherwise				
1	would have?				
		Vas			
	1	Yes			
	2				
	9	Don't know			
	8	Refusal			

EE24 Because of your (....'s) condition ...

(j)

did you (....) take any courses by correspondence or home study?

1	Yes	
2	No	
9	Don't know	
8	Refusal	□

EE24 Because of your (....'s) condition ...

(k)

did you (....) have to leave your (his/her) community to attend school?

	1	Yes			
	2	No			
	9	Don't know			
	8	Refusal			
EE24 (l)	Becaus	e of your ('s) condition			
(1)	did it take you () longer to achieve your (his/her) present level of education?				

1	Yes	
2	No	 > Go to FF
9	Don't know	 > Go to FF
8	Refusal	 > Go to FF

EE25.

ſ

How much longer?

Interviewer: Round year to nearest whole number.

] (1-10) Years

Section FF - Employment Status Module

Interviewer: If disability was indicated on either Profile Sheet or in Section S (p 237) proceed; Else skip to Section XX (p 414)

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

FF1. Last week, did you (....) work at a job or business?

Interviewer: If they answer permanently unable to work enter 3. Include as work:

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 (e.g. assisting in seeding, doing accounts).

	1 2 3	Yes Completely prevented from working Completely prevented from working So to GG Refusal
FF2.		a <u>st week</u> , did you () have a job or business from which you were (he/she as) absent? (For example, because of illness or vacation)?
	1	Yes
	2	No Go to FF4
	9	Don't know C > Go to FF4
	8	Refusal $\Box > $ Go to FF4
FF3.	W	hat was the main reason you were (wa,) not at work last week?
1		emporary layoff from a job or business us which $\Box \rightarrow Go \text{ to } FF6$
2		n vacation, sick leave, on strike 0. locked out \Box > Go to GG
3	Са	aring for own children Go to GG
4	Са	aring for elder relative \Box > Go to GG
5		aternity or parental leave $\Box > Go to GG$
6		jury or health condition,
		o longer p id by employer) \Box > Go to FF4
7		her reasons-till has a job \Box > Go to GG
8		her reasons-does not have a job
		$\square > $ Go to FF4
		\Box 't know \Box > Go to FF4
	R.	fusal

FF4. <u>Last week</u>, did you (....) have definite arrangements to start a new job within the next four weeks?

1 Yes \Box > Go t	UTTU
2 No	
9 Don't know	
8 Refusal	

FF5. Did you (....) look for paid work <u>during the past four weeks</u>? (For example, did you (....) contact an employment centre, check with employers or search internet job sites, etc.)

1	Yes, looked for full-time work
2	Yes, looked for part-time work
	(less than 30 hours per week)
3	No
	Don't know
	Refusal

FF6. Could you (....) have started a job last week had one been available?

1	Yes, could have started a job Skip to HH
2	No, already had a job
3	No, because of temporary illness or disability 💭 🗦 Skip to HH
4	No, because of personal or family
	responsibilities
5	No, going to school \Box > Skip to HH
6	No, retired
7	No, other reasons No, other reasons
	Don't know \Box > Skip to HH
	Refusal \Box > Skip to HH

Section GG - Employment Details Module

Interviewer: If disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section XX (p 414)

GG1. How many hours do you (does) usually work per week? Interviewer: Round to the nearest hour and include hours from all jobs.

(1)162) Hours	[]	>	If less than 30 hours proceed to GG2; Else skip to GG3
Don't know Refusal				

GG2. What is the main reason you (....) usually work(s) less than 30 hours per week?

01 Own illness, condition or disability..... \Box

	02	Caring for own children \Box
	03	Caring for elder relative (60 years of age or older) \Box
	04	Other personal or family responsibilities
	05	Going to school.
	06 07	Business conditions.
	07	Could not find work with 30 or more hours per week \Box Job is part-time/ contract, more hours not available
	08	Don't want to work more than 30 hours
	10	Other
	10	Other, Please Specify:
	Don'	t know
		sal
	Keius	sal
GG3.	On w	hat date did you () start this job?
	Interv	viewer: If multiple jobs, ask about the job where they work the most hours.
	Date	format: DDMMYYYY [///]
GG4.	4. In what kind of business, industry or service is this job? For example, a wheat farm, department store, tish plant.	
		l know□
GG5.		t is vour ('s) work or occupation? For example, accountant,
	F	
	Ĺ	
		t know
	Refus	äl∟
GG6.		is work, what are your ('s) main activities? For example, nistering accounts, teaching mathematics, selling men's clothing.
	[Don'i]
		sal

GG7. In this job are you (is he/she) mainly ...

	1	working for words, colour, ting or commission?
	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? \Box > Go to GG20
	3	self-employed alone or in partnership? \Box > Go to GG20
		Don't know \Box > Go to GG20
		Refusal \Box > Go to GG20
GG8.		In this job, are you (is) a union member?
	1	Yes
	2	No
	9	Don't know
	-	
	8	Refusal
CCO		(12) (12) according to the second
669.	A	re you (Is) covered by a union contract or collective agreement?
	1	Yes
	2	No
	9	Don't know
	8	
	0	Refusal
CC10		About how many persons are employed at the location where you ()
0010		low work(s)?
	1	
	1	Less than 20
	2	$20 \text{ to } \frac{90}{20}$
	3	100 to 509
	4	Over 50 ⁹
		Den't know
		Re ^c usal
	A	
	X	
GG11	. 1	bes your ('s) employer operate at more than one location?
	1	Yes \Box > If GG10 = 4 then
		mark GG12 as 4
		(over 500) and go
		to GG18
		10 GG18

2	No
	Don't know
8	Refusal

GG18. Is your (....'s) job a permanent job?

1	Yes	> Go to GG20
2	No	
9	Don't know	
8	Refusal	

GG19. In what way is your (....'s) job not permanent?

1	It is seasonal
2	Temporary, term or contract (non-seasonal)
3	Casual job
4	Work done through a temporary help agency
5	Student
6	Other
	Other, Please Specify:
	Don't know
	Refusal

GG20. Have you (Has) had ar v periods of unemployment in the last twelve months, that is to say, porteds when you were (he/she was) unemployed or did not have a job?

1	Yes	
2	No	> Go to GG23
9	Don't know	> Go to GG23
8	Refusal.	> Go to GG23

GG21. How many different periods of unemployment did you (....) have?

/		
1	One	
2	Тwo	
3	Three or more	
	Don't know	٦
	Refusal	
		_

GG22. What was the length of the longest period of unemployment?

1 Under three months..... \Box

.

2 3	Three to five months Six months or more	
	Don't know Refusal	

GG23. Because of your (....'s) condition, have you (has he/she) ever: Mark all that apply

1	changed the kind of work you do (does)? \Box
2	changed the amount of work you do (does)? 🗆 🖌
3	changed your ('s) job?
4	None selected
	Don't know 🖸 🗸
	Refusal
	Does your ('s) condition limit the amount or kind of work you () can do at your (his/her) present job or business?
1	Yes
2	No \Box > If GG7 = 1 (working
	for wages then go to GG29; else go to HH
9	Don't know
8	Refusal

GG25. Where were you (w.s...) employed when you (he/she) first experienced work limitations.

resent employer	
isewhere	
for working	> If GG7 = 1 (working
Y	for wages then go to
	GG29; else go to HH
Oon't know	
efusal	
	or working

GG26. 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	
2	No	
9	Don't know	
8	Refusal	

GG27. Is you (....'s) condition the reason you are (he/she is) now doing a different kind of work?

1	Yes
2	No
9	Don't know
8	Refusal

GG28. Because of your (....'s) condition, would you say that you are (he/she is) now doing:

1	about the same amount of work? 🗆	
2	more work now? 🗆 🗸 🗖	ĺ
3	less work now?	
	Don't know 💭 🗸	
	Refusal	

GG29. Do you (Does) believe that your (kis/hor) condition makes it difficult for you (him/her) to change jobs or to advance at your (his/her) present job?

2 Yes, difficult	
3 No, not difficult \Box > Go to GC	30a
Don't know	
Refusal	

Interviewer: If a proceed to GG30 is answering the survey skip to GG31; Else proceed to GG30

GG30. Why do you believe that your condition makes it difficult for you to change jobs or advance at your present job?

In terv. ?wer: Mark all that apply

1	Discrimination because of condition	🗆	
2	Condition limits number of hours that		
	can be worked	🗆	
3	Condition limits ability to search for a job	🗆	
4	Other	🗆	
		\downarrow	
Othe	er, Please Specify:	•	

GG30a. Is your employer aware of your activity limitation?

1	Yes
2	No
9	Don't know
8	Refusal

GG31. Does your (....'s) job give you (him/her) the opportunity to use all your (his/her) education, skills or work experience?

 1
 Yes.
 □

 2
 No.
 □

 9
 Don't know.
 □

 8
 Refusal.
 □

GG32. Does your (....'s) job require the level of clucation you have (he/she has)?

1	Yes	 > Go to HH
2	No	
9	Don't know	 > Go to HH
8	Refusal	 > Go to HH

GG33. Are you (Is) doing nor 2 or less than your (his/her) level of education prepared you (him/h. r) to do?



Section HH - Employment Modification Questions

Interviewer: If disability was indicated on either Profile Sheet or in Section S (p 237) and GG1 = 1(p 322), or GG6 = 1 or 2 or 3 or 4 (p 323) and MM1(p 354) is not equal to 1 or GG6 = 5 or 7 and LL9a (p 351) is not equal to 2 or OO1 (p 362) = < 2001 and OO7 (p 364)= 2 (No), DK or RF then proceed; Else skip to II (p 333)

If EE1 =1 (working for wages) then go to HH1a; Else go to HH1b

HH1a. Because of your (his/her) condition, do you (does) require any of the

following to be able to work?

Mark all that apply

1	Job redesign (modified or different duties) \Box
2	Modified hours or days or reduced work hours
3	Human support, such as a reader, Sign language
	interpreter, job coach or personal assistant 🗆
4	Technical aids, such as a voice synthesizer, a TTY
	or TDD, an infrared system or portable note-takers \dots
5	A computer with Braille, large print, voice recognition,
	or a scanner
6	Communication aids, such as Braille or large print
	reading material or recording equipment
7	A modified or ergonomic workstation
8	A special chair/ back support 🗆 🗆
9	Handrails, ramps 🗆
10	Appropriate parking
11	An accessible elevator
12	Accessible washrooms
13	Accessible transportation
14	Other equipment, help or work a rangement \Box
Ot	har Dlaga Spacify
01	her, Please Specify:
15	None selected.

HH1b. Because of your (...,'s) condition, would you (he/she) require any of the following to be able to work?

Mark cll i'hat apply

1	Job redesign (modified or different duties)
2	Modified hours or days or reduced work hours
3	Human support, such as a reader, Sign language
	interpreter, job coach or personal assistant
4	Technical aids, such as a voice synthesizer, a TTY
	or TDD, an infrared system or portable note-takers
5	A computer with Braille, large print, voice recognition,
	or a scanner
6	Communication aids, such as Braille or large print
	reading material or recording equipment
7	A modified or ergonomic workstation
8	A special chair/ back support

9	Handrails, ramps \Box
10	Appropriate parking
11	An accessible elevator
12	Accessible washrooms
13	Accessible transportation \Box
14	Other equipment, help or work arrangement
	\downarrow
Ot	ther, Please Specify:
15	None selected

If an aid(s) was/were selected in HH1a or HH1b then proceed to HH2(a-n as per the aids selected in HH1 a or b); Else go to II

HH2a. Has job redesign (modified or different duties) been node available to you (him/her)?

 1
 Yes.....□

 2
 No....□

 9
 Don't know...□

 8
 Refusal...□

HH2b. Has modified hours or days or reduced work hours been made available to you (him/her)?

1	Yes
2	No
9	Don't kuu
8	Refus.

HH2c. Has h un an support, such as a reader, Sign language in erpreter, job coach or personal assistant been made available to you (him/her)?

1	Yes	□
2	No	
9	Don't know	
8	Refusal	

HH2d. Has Technical aids, such as a voice synthesizer, a TTY or TDD, an infrared system or portable note-takers) been made available to you (him/her)?

1	Yes	
2	No	
9	Don't know	
8	Refusal	

HH2e. Has a computer with Braille, large print, voice recognition, or a scanner been made available to you (him/her)?

1	Yes	4
2	No	
9	Don't know	
8	Refusal	

HH2f. Has communication aids, such as Braille or large print reading material or recording equipment been made available to you (him/her)?

1	Yes	
2	No	
9	Don't know	
8	Refusal	

HH2g. Has a special chair/ back support been made available to you (him/her)?

1	Yes
2	No
9	Don't know.
8	Refusal

HH2h. Has handrail. ramps been made available to you (him/her)?

1	Ye ²
2	No
<u> </u>	Don't know
8	Refusal

HH2i. Has appropriate parking been made available to you (him/her)?

1	Yes
2	No
9	Don't know
8	Refusal

HH2j. Has an accessible elevator been made available to you (him/her)?

1	Yes
	No
9	Don't know
8	Refusal

HH2k. Has accessible washrooms been made available to you (him/her)?

1	Yes	4
2	No	
9	Don't know	
8	Refusal	

HH21. Has accessible transportation been made available to you (him/her)?

1	Yes	
2	No	
9	Don't know	
8	Refusal	

HH2m. Has (write-in) been made available to you (him/her)?

1	Yes	
2	No	
9	Don't know.	
8	Refusal	

If EF1 = 1 (vorking for wages) then go to HH3a; Else go to HH3b

HH3a. Why have you not received the workplace accommodation that you need?

Mark all that apply.

01	Too expensive (purchase or maintenance) \Box
02	Request was refused
	Afraid to ask
04	Employer not aware of condition \Box
05	Have not asked for it – (not afraid to ask) \Box
06	Condition is not severe enough \Box
07	On a waiting list
	Not available locally
09	Other

	\downarrow
Other, Please Specify:	
Don't know Refusal	

**Skip	to	Ш*	*
ORP	$\iota \upsilon$	11	

HH3b. Why have you not received the workplace modification that you need?

01	Too expensive (purchase or maintenance)
02	Request was refused
03	Afraid to ask
04	Employer not aware of condition
05	Have not asked for it – (not afraid to ask) \Box
06	Condition is not severe enough
07	On a waiting list
08	Not available locally
09	Other
С	Other, Please Specify:
	Don't know
	Refusal

Section # - Workplace Training Module

**Interviewer: If respondent is a proxy skip to section JJ (p342).
If respondent is non-proxy and GG1 = 1 (p 322) or GG6 (p 323)= 1 or 2 or 3 or 4 or 5
or 6 or 7 r if 001 (p 362)= < 2001 or if KK1 (p 346)= < 2001 then proceed; Else skip
to section JJ (p342)**</pre>

II. "The next few questions deal with job-related training provided or paid by your employer or company (or most recent employer or company)."

If GG01=1 then follow path a, if not currently employed GG1 = 2 or 3 or 4 or 5 or 6 then follow path b^{}

II1a. In the past twelve months, have you received any <u>classroom</u> training related to your job?

Interviewer: Classroom training includes: all training activities which have a predetermined format, including a pre-defined objective, specific content and progress may be monitored and/or evaluated.

1	Yes	>	Go to II2a
2	No	>	Go to II15a
9	Don't know	>	Go to II15a
8	Refusal	>	Go to II15a

II1b. During the last twelve months of your previous employment, did you receive any <u>classroom</u> training related to your job?

Interviewer: Classroom training includes: all training activities which have a predetermined format, including a pre-defined objective, specure content and progress may be monitored and/or evaluated.

1	Yes C > Go to II2b)
2	No No.	b
9	Don't know \square > Go to II15	b
8	Refusal	j b

II2a. How many different training courses have you taken in the last twelve months?

# [] courses (range 1-0)	
Refusal	
Don't know	

II2b. How many different training courses did you take in your last twelve months?

[levurses (range 1-60) Rel`isal..... Pon't know.....

II3. What were the main subjects of the courses you completed?

Mark all that apply.

01	Orientation for new employees \Box
02	Managerial/supervisory training
03	Professional training.
04	Apprenticeship training
05	Sales and marketing training \Box

	06	Computer hardware
	07	Computer software
	08	Other office or non-office equipment
	09	Group decision-making or problem-solving
	10	Team building, leadership, communication
	11	Occupational health and safety,
	11	environmental protection
	12	Literacy or numeracy
	12	Other
	15	
		()
		Other, Please Specify:
		Refusal
		Don't know
II7.	Wh	no provided the training sessions?
	Ма	rk all that apply.
	1	Supervisor
	2	Fellow worker
	3	In-house trainer
	4	Outside trainer
	5	Supplier
	6	Other
		Other, Please S _r ecify:
	7	None sclected
		Refusal
		Den't know
		<u> </u>
/	$\langle \rangle$	
II8a.		o what extent are you using the skills or knowledge acquired in this
	tr	aining at work?
	1	
	1	To a great extent $\Box > Go$ to II15a
	2	Somewhat $\Box > Go \text{ to II15a}$
	3	Very little $\Box > Go \text{ to II15a}$
	4	Not at all $\Box > Go to II15a$
	5	No chance to use it yet $\Box > Go$ to II15a
		Refusal $\Box > $ Go to II15a
		Don't know $\Box > $ Go to II15a

To what extent did you use the skills or knowledge acquired in this training II8b. at work?

]	. To a gr	reat extent				>	Go to	II15b
4	2 Somew	hat			🗆	>	Go to	II15b
3	8 Very li	ttle			🗆	>	Go to	II15b
۷		all					Go to	II15b
4	5 No cha	nce to use	it yet		🗆	>	Go to	II15b
		1	-				Go to	II15b
	Don't k	know				>	Go to	II15t
II15a	In the next t	walwa man	the how		uad any i	nfo		n ining valated
II15a.	-		· ·	•	veu any n	110	rmart	raining related
	to your job (that is on-	the-jod t	raining):		\sim		
1	Var						C	1117
]	Yes		•••••	•••••	······		Go to	
2	No							II20a
ç		now						II20a
8	8 Refusal	1				>	Go to	o II20a
					· ·			
II15b.			•				,	l you receive
	any informa	al training	related t	o yoar job	(that is o	n-t	he-job	o training)?
1	Yes							
2	2 No			, 		>	Go to	II20b
ç) Don't k	now				>	Go to	II20b
		1					Go to	II20b

What wer, the main subjects of the on-the-job training? II16.

Mark all that apply.

1

61	Orientation for new employees
20	Managerial/supervisory training
03	Professional training
04	Apprenticeship training
05	Sales and marketing training \Box
06	Computer hardware
07	Computer software
08	Other office or non-office equipment \Box
09	Group decision-making or problem-solving \Box
10	Team building, leadership, communication \Box
11	Occupational health and safety,
	environmental protection \Box

12 13	Literacy or numeracy□ Other□	
	Other, Please Specify:	
	Refusal Don't know	

Who provided the training sessions? II18.

Mark all that apply. 1 Supervisor..... 2 Fellow worker..... 3 In-house trainer..... 4 Outside trainer..... 5 Supplier..... 6 Other..... Other, Please Specify: 7 None selected..... Refusal..... Don't know....

II19a. To what extent a.e. you using the skills or knowledge acquired in this training at work?

1	It a great extent	
2	Somewhat	
3	^v ery little	
4	Not at all	
5	No chance to use it yet	
/	Refusal	
	Don't know	

II19b. To what extent did you use the skills or knowledge acquired in this training at work?

1	To a great extent	
2	Somewhat	
3	Very little	

4	Not at all \Box
5	No chance to use it yet
	Refusal
	Don't know

II20a. In the past twelve months, was there job-related training offered to you that you decided not to take?

1	Yes	> Go to II21
2	No	> Go to II22.
9	Don't know	> Go to IL??
8	Refusal	> Go to II22a

II20b. In the last twelve months of your previous employment, was there jobrelated training offered to you that you decided not to take?

1	Yes	
2	No	Go to II22b
9	Don't know	\dots \square > Go to II22b
8	Refusal	\dots > Go to II22b

II21. What was the main reason you decided not to take that training?

Mark all that apply.

1	Too busy with my duties on the job \Box
2	Courses no. suitable (I already have the skills,
	heard bad thin is about the course, etc.)
3	Course too afficult \Box
4	Health reasons
5	Fa mily responsibilities
6	\Box loo late in career
7	Other
\checkmark	
	× ×
	Other, Please Specify:
8	None selected. \Box
	Refusal
	Don't know

II22a. In terms of training, overall would you say your workplace:

1	Encourages you to take training	>	Go to II24
2	Discourages you from taking training	>	Go to II24
3	Is Neither for, nor against, training	>	Go to II24
4	Refuses your request for training	>	Go to II23
5	Your work doesn't involve/require training	>	Go to II24
	Refusal	>	Go to II24
	Don't know	>	Go to II24

II22b. In terms of training, overall would you say that your last workplace:

1	Encourages you to take training
2	Discourages you from taking training D > Go to 1124
3	Is Neither for, nor against, training $\Box > Go$ to II24
4	Refuses your request for training Go to II23
5	Your work doesn't involve/require training > Go to II24
	Refusal \Box > Go to II24
	Don't know \Box > Go to II24

II23. Why was your training request refused?

Mark all that apply.

1	Too expensive
1	-
2	Workplace is too busy
3	Employer thought you've had enough training \Box
4	Course is too long, 'oo much time away from work
5	Other
	Other, Please Specify:
6	None selected
0	
	Rerusal
	Don't know

II24. In the past twelve months, have you taken any <u>other</u> work-related training courses to either improve your skills or to learn new skills?

1	Yes	
2	No	> Go to II28 if II1 or II15 = 2; Else Go to II29
9	Don't know	> Go to II28 if II1

		or II15 = 2; Else Go to II29
8	Refusal	> Go to II28 if II1 or II15 = 2; Else Go to II29

II25. What was the main reason you took the course? Was it ...

1	for your current or a future job?
2	because of your condition? \Box
3	for personal interest?
4	to change careers?
5	for another reason?
Oth	er, Please Specify:
	Don't know

II26. What was the main subject of the last course you completed?

01	Orientation for new employees
02	Managerial/supervisory training
03	Professional training.
04	Apprenticeship training
05	Sales and marketing training
06	Computer hard ware
07	Computer software
08	Other office or non-office equipment \Box
09	Group decision-making or problem-solving \Box
10	Term building, leadership, communication
Н	Occupational health and safety,
\sim	environmental protection
12	Literacy or numeracy \Box
13	Other
	Other, Please Specify:
	Refusal Don't know

II27a. To what extent are you using the skills or knowledge acquired in this

training at work?

1	To a great extent
2	Somewhat
3	Very little
4	Not at all
5	No chance to use it yet
	Refusal
	Don't know

II27b. To what extent did you use the skills or knowledge acquired in this training at work?

1	To a great extent
2	Somewhat 🗆 🔿
3	Very little 🔽 💙
4	Not at all
5	No chance to use it yet
	Refusal
	Don't know 🗆

II28. Did you want to take some work-related training courses?

1	Yes	□
2	No	_
9	Don't know.	
8	Refusal.	

II29. Did any of the following prevent you from taking work-related training courses?

Mc rk al. that apply.

2	Location was not physically accessible to you Courses were not adapted to the needs of your condition
3	You requested courses, but were denied them
	(by employer)
4	Your condition
5	Inadequate transportation
6	Too costly
7	Too busy
8	Other reason

	Other, Please Specify:
9	None selected Don't know Refusal

Section JJ - Labour Force Discrimination Module

Interviewer: If disability was indicated on either Profile Sheet <u>or</u> in Section 5 (p 237) proceed; Else skip to Section XX (p 414)

JJ1. In the past five years, do you believe that because of your (....'s) condition, have you (has) been ...

refused a job interview?

Interviewer: If answer categories are not applicable, enter 'No'.

1	Yes	
2	No	 > Go to JJ2
9		
8	Refusal	 > Go to JJ2

JJ1a. How many time?

1	Once	
2	2 to 4 times	
3	iv)re than 4 times	🗆
	Lon Know	🗆
. (Refused	🗆

JJ2. In the past five years, do you believe that because of your (....'s) condition, have you (has) been ...

refused a job?

Interviewer: If answer categories are not applicable, enter 'No'.

1	Yes	
2	No	> Go to JJ3
9	Don't know	> Go to JJ3

8 Refusal	>	Go to JJ3
-----------	---	-----------

JJ2a. How many times?

1	Once	
2	2 to 4 times	
3	More than 4 times	
	Don't Know	
	Refused	

JJ3. In the past five years, do you believe that because of your (....'s) condition, have you (has) been ...

refused a job promotion?

Interviewer: If answer categories are not applicable, enter 'No'.

1	Yes.	
2	No	> Go to JJ4
	Don't know	
8	Refusal	> Go to JJ4

JJ3a. How many times?

1	Once
2	2 to 4 times
3	More than 4 times
	Don't Know
	Refu. ed

JJ4. In the part rive years, do you believe that because of your (....'s) condition, have you (has) been ...

given less responsibility than your (....'s) co-workers?

Interviewer: If answer categories are not applicable, enter 'No'.

1	Yes	
2	No	> Go to JJ4
9	Don't know	> Go to JJ4
8	Refusal	> Go to JJ4

1	Once
2	2 to 4 times
3	More than 4 times \Box
	Don't Know
	Refused

JJ5. In the past five years, do you believe that because of your (....'s) condition, have you (has) been ...

	denied	a workplace accommodation?	
	Interviewer: If answer categories are not applicable, enter 'No'.		
	1	Yes	
	2	No Go to JJ6	
	9	Don't know D > Go to JJ6	
	8	Refusal So to JJ6	
JJ5a.	How	many times?	
	1	Once	
	2	2 to 4 times	
	3	More than 4 times.	
		Don't Know	
		Refused	

JJ6. In the past five years, to you believe that because of your (....'s) condition, have you (has) been ...

paid kss than other workers in similar jobs?

Interviewer: If answer categories are not applicable, enter 'No'.

1	Yes	
2	No	> Go to JJ7
9	Don't know	> Go to JJ7
8	Refusal	> Go to JJ7

JJ6a. How many times?

1	Once
2	2 to 4 times \Box
3	More than 4 times \Box

Don't Know	
Refused	

JJ7. In the past five years, do you believe that because of your (....'s) condition, have you (has) been ...

denied other work-related benefits?

Interviewer: If answer categories are not applicable, enter 'No'.

		1
	1	Yes
	2	No
	9	Don't know
	8	Refusal
JJ7a.	How	many times?
	1	Once
	2	2 to 4 times
	3	More than 4 times
		Don't Know

JJ8. In the past five years, do you believe that because of your (....'s) condition, have you (has) been ...

exposed to some other kind of discrimination?

Interviewer: If answer categories are not applicable, enter 'No'.



JJ8a. How many times?

1	Once
2	2 to 4 times
3	More than 4 times \Box
	Don't Know
	Refused

JJ9. Do you consider yourself to be disadvantaged in employment because of your condition?



JJ10. Do you believe that your current employer or any potential employer would be likely to consider you disadvantaged in employment because of your condition?

 1
 Yes.....□

 2
 No.....□

 9
 Don't know....□

 8
 Refusal....□

Section KK - Unempioyment Module

Interviewer: If disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) and GG6 (p 323) = 1 or 2 or 3 or 4 the. proceed; Else skip to section NN (p 357)

KK1. When did you (....) 'ast yo, k, even for a few days? Include as work, working without pay ... a family farm or business. Do not include volunteer work, housework, maintenance or repairs for your (....'s) own home.

Interviewer: Inter a year by using 4 digits (e.g.: 1990). If the respondent never worked order 1.

If KK1 = 1 or < 2001 then go to KK10

KK2. When you (....) last worked, how many hours did you (he/she) usually work per week?

Interviewer: Round to the nearest hour.

[] $(1 - 168)$ Hours	
Don't know	
Refusal[

Don't know Refusal KK4. What was your (....'s) work or occupation? For example, account2nt, secondary school teacher, sales clerk. Don't know Refusal..... KK5. In this work, what were your (....'s) main activities? For example: administering accounts, teaching mathematics, elling men's clothing. Don't know Refusal..... KK6. In that job, were you (was . ..) mainly ... working for wages, salary, tips or commission?..... 1 2 working without pay for spouse or another relative in a family farm or business?..... 3 self-employed alone or in partnership?..... Don't now.....

KK3. What kind of business, industry or service was this? For example, a wheat

farm, department store, fish plant.

If KK1 > 2004 then go to KK7; Else go to KK10

R. fusal.....

KK7. Have you (Has) had any periods of employment in the last twelve months; that is to say, periods when you (....) had a job?

1	Yes	
2	No	> Go to KK10
9	Don't know	> Go to KK10
8	Refusal	> Go to KK10

KK8. How many different periods of employment did you (....) have?

2	One Two Three or more Don't know Refusal	
	Kelusal	

KK9. What was the length of the longest period of employment?

1	Under three months \Box	4
2	Three to five months \Box	
3	Six months or more	
	Don't know	
	Refusal	

KK10. Does your (....'s) condition limit the amount or kind of work you (he/she) can do at a job or business?

1	Yes Yes	
2	No□ > Go to KK12	
9	Don't know	
8	Refusal	

KK11. 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	Ves	
2	Nc	
9	Don't know	
8	Kefusal	

KK12. Does your (....'s) condition affect your (his/her) ability to look for work?

1	Yes]
2	No]
9	Don't know]
8	Refusal]

KK13. Would you (....) prefer to work ...

1	either full-time or part-time? \Box
2	full-time only?
3	part-time only?
	Don't know.
	Refusal

KK14. Because of your (....'s) condition, are you (is he/she) limited in your (his/her) ability to:

Mark all that apply.

1	work at a full-time job?	
2	work at a part-time job?	
3	None selected.	
	Don't know	
	Refusal	

Interviewer: If JJ1 = 1 (never worked) go to KK; Else proceed to JJ15

KK15. Was your (....'s) previous employer a vare of your (his/her) activity limitation?

1	Yes	
2	No	
9	Don't know	
8	Refusal	

Section LL - Not In Labour Force Module

Interviewer: 1) disability was indicated on either Profile Sheet or in Section S (p 237) and GC6 = 6 (p 323) then proceed; Else skip to section NN (p 357)

LL1. 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 own home.

INTERVIEWER: Enter a year by using 4 digits (e.g.: 1990). If the respondent never worked enter 1.

[] Year (Range 0001-2006)	> If value entered to LL9; Else pro	0
	ow		
ittiusui			

4

LL2. Are you (Is) permanently retired?

Interviewer: If the respondent was retired in September, 2006 and did not work at any time between January 1, 2005 and September, 2006, 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, 2005 and September, 2006, mark "No".

 1
 Yes.....□
 > Go to LL3

 2
 No....□
 □

 9
 Don't know...□
 □

 8
 Refusal...□
 □

**If LL1 < 2001 then go to LL9; Else go to LL4.

LL3. Is that because of your (....'s) condition?

- 1 Yes, completely
- 2 Yes, partially.....
- 9 Don't know.....
- 8 Refusal.....

LL3a. Did you (....) retire from a job or business or did you (he/she) stop looking for work?

1	Retired from job or business	> Go to MM
2	Stopped looking for work	
	Don't mou	
	Refus 1	> Co to MM

LL4. When you (....) last worked, how many hours did you (he/she) usually work per week?

TERVIEWER: Round to the nearest hour.

[

LL5. In what kind of business, industry or service was this job? For example, a wheat farm, department store, fish plant.

]

Don't know	🗆
Refusal	🗆

LL6. What was your (....'s) work or occupation? For example, accountant, secondary school teacher, sales clerk.

[]
Don't know	
Refusal	
1	

LL7. In this work, what were your (....'s) main activities? For example, administering accounts, teaching mathematics, selling man's clocking.

[
Don't know	
Refusal	

LL8. In that job, were you (was) mainly ...

1	working for wages, salary, type or commission? \Box
2	working without pay for spouse or another
	relative in a family face or cusiness?
3	self-employed alove or in partnership?
	Don't know
	Refusal

LL9. Does your (... 's) condition completely prevent you (him/her) from working at a job or business?



LL9a. Is there some type of workplace arrangement or modification that would enable you (him/her) to work at a paid job or business, such as modified or different duties or technical aids?

1	Yes	> Go to LL14
2	No	> Go to MM
9	Don't know	> Go to LL14
8	Refusal	> Go to LL14

1

LL10.	Does your ('s) condition limit the amount or kind of work you (he/she) could do at a job or business?			
	1	Yes If KK1 = 1 (never worked) then go to		
	•	LL12; Else continue		
	2	No		
	9 8	Don't know		
LL11.		e you (Was) working at a job or business at the time you (he/she) ame limited in the amount or kind of work you (he/she) can do?		
	1	Yes		
	2	No		
	9 8	Don't know		
	8	Refusal		
LL12.	Does	s your ('s) condition affect your () is/her) ability to look for work?		
	1	Yes		
	2	No		
	9	Don't know		
	8	Refusal		
LL13.	Have 1 2 9	e you (Has) looked for work in the past two years?		

Interviewer: If LL1 = 1 LL10 = 2 then go to MM; Else continue

LL14. 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 (....)?

Mark all that apply.

1	You () would lose some or all of your (his/her)
	current income if you (he/she) went to work
2	You () 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
3	Your ('s) family or friends have discouraged you
	(him/her) going to work
4	Family responsibilities prevent you (him/her)
5	Information about jobs is not adapted to your (`s)
	needs
6	You worry (worries) about being isolated by other
	workers on the job
7	You have (has) been a victim of disc invination
8	You () feel(s) your (his/her) training is not adequate
9	Lack of accessible transportatic 1
10	No jobs available
11	Other reason
11	Other reason.
Othe	r, Please Specify:
12	None selected

LL15. If you (....) were to find employment, would you (he/she) prefer to work:

2	ciunt: full-time or part-time	
3	part-time only	

LL16. Is this because of your (his/her) condition?

1	Yes]
2	No]
9	Don't know	
8	Refusal	

LL17. Do you (Does) think that you (he/she) will look for work at any time in the next twelve months?

1	Yes	
2	No	> Go to LL
-	Don't know	
8	Refusal	> Go to LL

LL18. Is this:

8.	Ι	is this:
	М	Tark all that apply.
	1	because you (he/she) expect(s) your (his/her)
	2	because there will be changes or improvements in the workplace?
	3 4	because you () will be taking training? because of another reason?
	-	
		Other, Please Specify:
	5	None selected

KK1 = 1 (n. ever worked) go to LL; Else continue

LL19. Was your (... . ; previous employer aware of your (his/her) activity limitation?

1	Yer	□
2	No	□
9	Don't know	
8	Refusal	

Section MM - Retirement Module

Interviewer: If disability was indicated on either Profile Sheet or in Section S (p 237) and GG6 = 6 (p 323) and respondent is >75 then proceed; Else skip to section NN(p 357)

MM1. When did you (....) retire for the first time?

8

Interviewer: Enter a year by using 4 digits (e.g.: 1990). If the respondent never worked enter 1

	[] Year (range from 0001 to 2006)	>	If > 2001 skip to NN; If 1 (never worked go to MM9; Else continue
	9 8	Don't know□ Refusal□		Go to NN Go to N™
MM2.	When per w	n you () last worked, how many hours did y /eek?	ou	('neisle') usually work
	Interv	iewer: Round to the nearest hour.		
	[9 8] (1 – 168) Hours Don't know Refusal		
MM3.		t kind of business, industry or service was this? department store, fish ptart.	Fo	or example, a wheat
	[9 8	Don't know Refusal.		
MM4.		t was you" ('s) work or occupation? For exa d'ar / school teacher, sales clerk.	mp	le, accountant,
	F.]
	2 8	Don't know Refusal		_
MM5.		is work, what were your ('s) main activities? nistering accounts, teaching mathematics, sellin		
	[9	Don't know]

Refusal.....

MM6. In that job, were you (was) mainly ...

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

MM7. Was this retirement voluntary?

1	Yes	
2	No	
9	Don't know	
8	Refusal	

Interviewer: If respondent is proxy then skip io MM9

MM8. How would you describe your health at the time you retired? Compared to others your age, would you say that your health was...

1	Excellent?]
2	Very good?]
3	Good?]
4	Fair?]
5	Poor?]
	Don't know]
	Refusal.]

MM9. Does your (... 's) condition completely prevent you (him/her) from working?

 1
 Yes
 > If MM7 = 1 then skip to HH

 2
 No.
 □

 9
 Don't know.
 □

 8
 Refusal.
 □

MM10. Does your (....'s) condition limit the amount or kind of work you (he/she) could do?

1	Yes
2	No
9	Don't know
8	Refusal

MM11. 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)?

Mark all that apply.

1	You () would lose some or all of your (his/her)
	current income if you (he/she) went to work 🗆 🧹
2	You () 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
3	Your ('s) family or friends have discouraged you
	(him/her) going to work
4	Family responsibilities prevent you (him/her)
5	Information about jobs is not adapted to your
	(his/her) needs
6	You worry (worries) about being isola ted by
	other workers on the job
7	You have (has) been a victum of discrimination 🗆
8	You () feel(s) your (his/l.cr) training is not
	adequate
9	Lack of accessible transportation
10	No jobs available
11	Other reason
12	Not applicable \Box
	Don't knov
	Refused

Section NN - Leisure and Recreation Module

Interview **cr: If disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section XX (p 414)**

NN. This section will collect information on 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 question concerning health in general.

NN1. In general, would you say your (....'s) health is:

1	Excellent?
2	Very good?
3	Good?
4	Fair?
5	Poor?
	Don't know
	Refusal

NN2. Now I will ask you some questions about activities you do (.... does) in (his/her) spare time.

In the past 12 months, did you (....) do any of the following cetivities within your (his/her) home?

Mark all that apply.

1	Exercise
2	Watch TV or videos, listen to radio or CD's
3	Read
4	Talk on the telephone with family or triends \Box
5	None selected

If an activity was selected in NN2 (NN2 = 1 or 2 or 3 or 4 then go to NN3; Ei. 2 go to NN4

NN3a. How often do you (upe.) exercise?

1	Everyday]
2	At least once a week]
3	At Kast once a month]
4	Less than once a month]
5	Less than once a month]
	Dən't know]
	Refusal	

NN3b. How often do you (does) watch TV or videos, listen to radio or CD's?

1	Everyday
2	At least once a week
3	At least once a month
4	Less than once a month
5	Never
	Don't know
	Refusal

NN3c. How often do you (does) read?

1	Everyday 🗆	
	At least once a week	
3	At least once a month	
4	Less than once a month 🗆	
5	Never	
	Don't know 🗆	
	Refusal	4

NN3d. How often do you (does) talk on the telephone with family or friends?

1	Everyday
	At least once a week
3	At least once a month
4	Less than once a month
5	Never
	Don't know
	Refusal

NN4. In the past 12 months, did you (....) participate in any of the following activities <u>outside your (his/her) here?</u>

Mark all that apply.

1	Visit family or friends
2	Do physical activities such as exercise,
	walk criplay sports
3	Attend sporting or cultural events, such as
	plays or movies
4	Visit museums, libraries or national or
	yr, vincial parks
5	None selected
	Don't know
Y	Refusal

If an activity was selected in NN4 (NN4 = 1 or 2 or 3 or 4 then go to NN5; Else go to NN6

NN5a. How often do you (does) visit family or friends?

1	Everyday	
	At least once a week	

3	At least once a month	
4	Less than once a month	
5	Never	
	Don't know	
	Refusal	

NN5b. How often do you (does) do physical activities such as exercise, walk or play sports?

1	Everyday	1
2	At least once a week	
3	At least once a month	
4	Less than once a month	
5	Never	
	Don't know	
	Refusal	

NN5c. How often do you (does) attend sporting or cultural events, such as plays or movies?

1	Everyday	
2	At least once a week	
3	At least once a month	
4	Less than once a month	
5	Never	
	Don't know	
	Refusal	

NN5d. How often do you (does) visit museums, libraries or national or provincial parks?

1	Everyday At least once a week	
1	At least once a week	
3	At least once a month	
¥ .	Less than once a month	
5	Never	
	Don't know	
	Refusal	

NN6. Would you (....) like to do more activities during your (his/her) spare time?

1	Yes	
2	No	> Go to NN8

9	Don't know	>	Go to NN8
8	Refusal	>	Go to NN8

NN7. What prevents you (....) from doing more leisure activities?

Mark all that apply.

Your ('s) condition prevents you (him/her)
from doing more
You (need(s) specialized aid(s) or
equipment that you don't (doesn't) have 🗆 🛛 🛶
You () need(s) someone's assistance
Your ('s) transportation services are
inadequate or not accessible
Your ('s) community has no facilities
or programs available
The facilities, equipment or programs are
not accessible
It is too expensive
Other
None selected.

NN8. Does the design and layout of buildings and places in your (....'s) community make it <u>difficult</u> for you (kim/her) to participate in leisure activities?

1	Yes	
	No	
9	Don't know	> Go to OO
8	Refusa	

NN9. In general, bow often has the design and layout of buildings and places in yo ir (. ..'s) community made it <u>difficult</u> for you (him/her) to participate in leist re activities in the past 12 months?

1	Daily
2	Weekly
	Monthly
	Less than once per month
5	Never
6	Not applicable
	Don't know

NN10. In general, when this problem made it difficult to participate in leisure

activities did you (....) experience:

1	Some difficulty
2	A lot of difficulty
3	You were completely unable
4	Your ('s) participation was not affected \Box
8	Refusal
9	Don't Know

Section OO - Internet Module **Interviewer: If disability was indicated on either Profile Sheet or in Section S (p 237) proceed; Else skip to Section XX (p 414)** OO1. In the past 12 months, have you (has) used a computer? Yes..... > Go to OO3 1 2 No..... 🖸 9 Don't know..... 8 Refusal OO2. Have you (Has) ever used a computer? 1 Yes..... No..... \Box > Go to OO4 2 Don't know 9 Refusal. 8 OO3. In the past 12 months, did you (....) use the Internet? Yes...... 1 OO6; Else go to 007 9 Don't know. 8 Refusal.....

OO4. Have you (Has) ever used the Internet?

1 Yes.....□ > If non-proxy go to OO6; Else go to OO7

2	No	> If non-proxy go to OO5; Else go to OO7
9 8	Don't know	

OO5. Why have you not accessed the Internet?

Mark all that apply.

Ma	rk all that apply.
01	Lack of interest
02	Cost of buying own computer $\Box > Go$ to OO7
03	Difficulty in obtaining advice/information
	on special aids/equipment that I need
04	Cost of buying special aids/equipment that I need $\therefore \square >$ Go to OO7
05	Lack of availability of aids/equipment that I need
	in many locations \Box > Go to OO7
06	Don't know how to use the Internet-accessing
	software
07	Lack of knowledge of how to install Internet
	access at home \Box > Go to OO7
08	Cost of online access at home \Box > Go to OO7
09	Cost of online access at locations outside home \Box > Go to OO7
10	Other \Box > Go to OO7
Oth	er, Please Specify.
11	None selected $\Box > $ Go to OO7

006. Where have you accessed the Internet for your personal or private use?

Mark all that apply.

01	My own home
02	Another person's home \Box
03	My workplace
04	School
05	College, university or other educational or
	training institution \Box
06	Public library
07	Government office
08	Internet café or shop
09	Community or voluntary organization \Box

10	Somewhere else \Box	
	\downarrow	
	Other, Please Specify:	
11	None selected	

OO7. Do you (Does) need special aids/equipment or adaptations to enable you (him/her) to use a computer generally or the Internet?

1	Yes	> If non-proxy go to OOS
2	No	> Know proxy and CO3 or OO4 = 1 (bas used internet) proceed; Else skip to
9	Don't know	 PP > If non-proxy and OO3 or OO4 = 1 (has used internet) proceed; Else skip to PP
8	Refusal	If non-proxy and OO3 or OO4 = 1 (has used internet) proceed; Else skip to PP

OO8. Have you had any problems about lack of availability of the special aids, equipment or adaptation that you need to use a computer or the Internet?

Î 2	Yes□ No□ >	If OO3 or OO4 = 1 (has used internet) proceed; Else skip to PP
9	Don't know	> If OO3 or OO4 = 1 (has used internet) proceed; Else skip to PP
8	Refusal	> If OO3 or OO4 = 1 (has used internet)

OO9. Please indicate at which of the following locations these have occurred.

Mark all that apply.

01	
-	Your own home
02	Another person's home
03	Your workplace
04	School
05	College, university or other educational or
	training institution
06	Public library
07	Government office
08	Internet café or shop
09	Community or voluntary organization.
10	Somewhere else
Oth	ner, Please Specify:
11	None selected
OO10. Wou	ld you like to use the Antornet more than you do at present?
1	Yes
2	No $\Box > $ Go to OO12
9	Don't know \Box > Go to OO12
8	Refuse $1 \rightarrow $ Go to OO12

OO11. What are the main reasons preventing you from using the Internet more?

Mark all that apply.

01	Cost of buying own computer
02	Difficulty in obtaining advice/information
	on special aids/equipment that I need
03	Cost of buying special aids/equipment that
	I need
04	Lack of availability of aids/equipment that
	I need in many locations
05	Lack of knowledge of how to install Internet
	access at home

06	Cost of online access at home	🗆
07	Cost of online access at locations outside home	🗆
08	Lack of time	🗆
09	Other	🗆
10	None selected	. 🗆

OO12. Has the Internet increased your ability to reach out to people who have similar interests and/or experiences?

1	Yes	
2	No	
9	Don't know	
8	Refusal	

OO13. Has the Internet helped you be better informed about the world?

1	Yes
2	No
9	Don't know
8	Refusal

OO14. Would you say that using the internet has improved your quality of life?

1	Yes	[
2	No	[
9	Don't know		
8		[

Section PP - Unpaid Work Questions

Interviewer: If respondent is a proxy skip to section QQ (p 368). If respondent is non-proxy and a disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section QQ (p 368)

PP. The next questions are about <u>unpaid volunteer</u> activities which you may have participated in.

PP1a. In the past 12 months, did you participate in unpaid volunteer activities?

1	Yes	
2	No	> Go to QQ

9	Don't know	> Go to QQ
8	Refusal	> Go to QQ

PP1b. In the past 12 months, did you:

help to organize or supervise activities or events for an organization?

	1	Yes
	2	No
	9	Don't know
	8	Refusal
PP2.	In th	ne past 12 months, did you:
	cany	vass, campaign or fund raise as an unpaid volunter?
	1	Yes
	2	No 🖸
	9	Don't know
	8	Refusal
PP3.		e past 12 months, did you:
	sit a	s an unpaid member of a board or committee?
	1	Yes
	2	No
	9	Don't know
	8	Refutal
PP4.	In th	e part 12 months, did you:
,	de a	my consulting, executive, office or administrative work as a volunteer?
		V
		Yes
	2	
	9	Don't know

PP5. In the past 12 months, did you:

8

provide information, help to educate, lobby or influence public opinion on behalf of an organization?

Refusal.....

1	Yes	. 🗆
	No	
9	Don't know	
8	Refusal	. 🗆

PP6. In the past 12 months, did you:

teach, coach, provide care or friendly visits through an organization?

1	Yes
2	No
9	Don't know
8	Refusal

PP7. In the past 12 months, did you:

collect, serve or deliver food or other goods as a volunteer through an organization?

 1
 Yes.
 □

 2
 No.
 □

 9
 Don't know.
 □

 8
 Refusal.
 □

PP8. In the past 12 months, dia you

do any other unpaid volunteer activities (including help given to schools, religious organizations and community organizations)?

1	Ves	
2	Ne	
9	Doa't know	
8	Refusal	
)	

Section QQ - Social Contacts Module

Interviewer: If disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section XX (p 414)

QQ. The following questions are about your (....'s) family. Include all persons related by blood, marriage, adoption or common-law.

QQ1. How many brothers do you (does) have who are still living?

[] Range: 0-20 9 Don't know.....□ 8 Refusal....□

QQ2. How many sisters do you (does) have who are still living?

- [] Range: 0-20
- 9 Don't know.....□ 8 Refusal.....□
- QQ3. How many daughters have you (has) ever raised who are still living? Include birth, step and adopted daughters.
- QQ4. How many sons have you (has) ever raised who are still living? Include birth, step and adopted wughters.
 - [] Range: 0-20 9 Don't know....□ 8 Refusal....□

Interviewer: If respondent age < than 50 skip to QQ7

QQ5. How many granddaughters do you (does) have who are still living?

QQ6. How many grandsons do you (does) have who are still living?

[] Range: 0-20 9 Don't know.....□ 8 Refusal....□

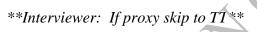
Interviewer: If respondent age > than 85 skip to QQ9

QQ7. Is your (....'s) mother still living?

1	Yes
2	No
9	Don't know
8	Refusal

QQ8. Is your (....'s) father still living?

1	Yes	2
2	No	
9	Don't know	
8	Refusal	



QQ9. How many close friends do you have, that is, people who are not relatives, but who you feel at ease with, can talk to about what is on your mind, or call on for help?

1	None
2	1 or 2
3	3 to 5
4	6 to 10
5	11 to 20
6	More than 20
9	Don't know.
8	Refusal

Section RR - Satisfaction With Life Module

Interviewer: If respondent is a proxy skip to section TT (p 372). If respondent is non-proxy and a disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section TT (p 372)

- RR. I am going to ask you to rate certain areas of your life.
- **RR1.** Please rate your feelings about them using a scale of 1 to 10 where 1 means "Very dissatisfied" and 10 means "Very satisfied". What about:

...with your relationships with family members?

Interviewer: Range 1-11; 1 = Very dissatisfied; 10= Very satisfied; 11 = No opinion.

] Range: 1-11

ſ

ſ

RR2. Please rate your feelings about them using a scale of 1 to 10 where 1 means "Very dissatisfied" and 10 means "Very satisfied". What about:

... with your relationships with friends?

Interviewer: Range 1-11; 1 = Very dissatisfied; 10= Very satisfied; 11 = No opinion.

Range: 1-11

RR3. Please rate your feelings about them using a scale of 1 to 10 where 1 means "Very dissatisfied" and 10 means "Very satisfied". What bout:

...your health?

Interviewer: Range 1-11; 1 = Very dissensified; 10= Very satisfied; 11 = No opinion.

[] Range: 1-11

RR4. Please rate your feelings about them using a scale of 1 to 10 where 1 means "Very dissatisfied" and 10 means "Very satisfied". What about:

... your job of main activity?

Interviewer: Range 1-11; 1 = Very dissatisfied; 10= Very satisfied; 11 = No op. vion.
[] Range: 1-11

RR5. Please rate your feelings about them using a scale of 1 to 10 where 1 means "Very dissatisfied" and 10 means "Very satisfied". What about:

... the way you spend your time?

Interviewer: Range 1-11; 1 = Very dissatisfied; 10= Very satisfied; 11 = No opinion.

Section SS - Stress Module

****Interviewer:** If respondent is a proxy skip to section TT (p 372). If respondent is non-proxy and a disability was indicated on either Profile Sheet or in Section S (p 237) proceed; Else skip to Section TT ù9p 372) **

SS1. Thinking about the amount of stress in your life, would you say that most days are...

1	not at all stressful? \Box > Go to TT
1	
2	not very stressful? D > Go to TT
3	a bit stressful?
4	guite a bit stressful?
5	extremely stressful?
	Don't know $\Box > Go \omega TT$
	Refusal $\Box \rightarrow Go$ to TT

SS2. What is your main source of stress?

- 1 Work..... 2 Financial concerns......
- 3 Family.....
- 4 School work.....
- 5 Health..... 6 Other.....

Other, Please Specify:

Don't mow..... Pefysal.....

Section TT - Local Transportation Module

Interviewer: If disability was indicated on either Profile Sheet or in Section S (p 237) proceed; Else skip to Section XX (p 414)

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

TT1. In the past 12 months, did you (....) use any of the following modes of transportation for travelling locally for personal or business reasons?

Mark all that apply.

4

1	Car
2	Specialized bus services
3	Bus
4	Subway
5	Taxi
6	Other
	\downarrow
С	Other, Please Specify:
7	None selected
	Don't know
	Refusal

Interviewer: If no aids were selected in TT1 then skip to TT16; Else go through TT2 a-f for the aids selected in TT1

TT2a. Do you (Does) require an ... trend ant to accompany you (him/her) for local travelling by car?

1	Yes	
2	No	
9	Don't know	
8	Refusal	

TT2b. Do yot (loes) require an attendant to accompany you (him/her) for local traveling by specialized bus services?

1	Yes
2	No
9	Don't know
8	Refusal

TT2c. Do you (Does) require an attendant to accompany you (him/her) for local travelling by bus?

1	Yes
2	No
9	Don't know

- 8 Refusal.....
- TT2d. Do you (Does) require an attendant to accompany you (him/her) for local travelling by subway?

1	Yes	
2	No	
9	Don't know	
8	Refusal	

TT2e. Do you (Does) require an attendant to accompany you (him/her) ior local travelling by taxi?

- TT2f. Do you (Does) require an attendar: to accompany you (him/her) for local travelling by (*write-in*)?

1	Yes	
2	No	
9	Don't know	
8	Refusal	

Interviewer: If specialized is services <u>or</u> bus <u>or</u> subway were not selected in TT1 then go to TT3 a-c for each relevant (unselected)category; Else go TT3d for aids selected in TT1; 1] no transportation selected in TT1 then skip to TT16.

TT3a. Were specialized bus services available in your (....'s) area?

4

1	Yes	>	Go to TT3i
2	No Don't know	>	Go to TT3b
9	Don't know	>	Go to TT3i
	Refusal		

TT3i. Were you (Was) <u>prevented</u> from travelling locally by specialized bus services?

1	Yes	
	No	
	Don't know	

TT3b. Was the bus available in your (....'s) area?

1	Yes	>	Go to TT3ii
2	No	>	Go to TT3c
9	Don't know	>	Go to TT3ii
8	Refusal	>	Go to TT3ii

TT3ii. Were you (Was) <u>prevented</u> from travelling locally by bus?

 1
 Yes.....□

 2
 No....□

 9
 Don't know...□

 8
 Refusal...□

TT3c. Was the subway available in your (....'s) area?

1	YesNo	 > Go to TT3iii
2	No	 > Go to TT3d
9	Don't know	 > Go to TT3iii
8	Refusal	 > Go to TT3iii

TT3iii. Were you (Was) pre ented from travelling locally by subway?

TT3d Wire yiu (Was) prevented from travelling locally by (write-in)?

1	Yes	
2	Yes No	
	Don't know	
8	Refusal	

TT3e. Were you (Was) prevented from travelling locally by car?

1	Yes	
	No	
9	Don't know	

Interviewer: If in TT1 #1 (car) was not selected as a traveling method and TT3e =1 (prevented from traveling by car) then go to TT4; Else go to TT5

TT4. What prevented you (....) from travelling locally by car?

Mark all that apply.

1	The lack of proper equipment in your ('s) car (e.g., hand or brake controls, power steering, etc.)
2	You () need(s) an attendant to help you (him/her) \ldots
3	The lack of space for wheelchairs or other specialized equipment.
4	Your ('s) condition is aggravated when you go
	(he/she goes) out
5	You don't () have a car
6	Other reason
	Other, Please Specify:
7	None selected

Interviewer: $vsk \ 1 \ T5a-d$ for aids a-d selected in TT3 = 1

TT5a. What <u>prevents</u> you (...) from travelling locally by specialized bus services? Mark all that apply.

1	A ailability of service	> Go to TT6
2	Booking rules don't allow for last minute arrangements	 > Go to next transit mode applicable; Else skip to TT7
3	Getting to or locating the terminal or stops	> Go to next transit mode applicable; Else skip to TT7
4	Getting on or off vehicles	> Go to next

		transit mode applicable; Else skip to TT7
5	Seeing signs or notices□ >	 Go to next transit mode applicable; Else skip to TT7
6	You () need(s) an attendant to help you (him/her) >	• Co to next trans,? mode applicable; Else skip to TT7
7	Your ('s) condition or health problem is aggravated when you go (he/she goes) out	Go to next transit mode applicable; Else skip to TT7
8	Too expensive□ >	 Go to next transit mode applicable; Else skip to TT7
9	Other□ >	Go to next transit mode applicable; Else skip to TT7
Ot l	hei, Please Specify:	
10	None selected >	 Go to next transit mode applicable; Else skip to TT7
	Don't know >	 Go to next transit mode applicable;

		Else skip to TT7
]	Refusal	> Go to next transit mode applicable; Else skip to TT7

TT6a. You just mentioned the "availability of service" as a reason for being <u>prevented</u>. Could you specify if that's because the service is available but not when you (....) need(s) it, <u>or</u> because it's not available at all where you (he/she) live(s)?

Available but not when you (....) need(s) it.....
 Not available at all where you (....) live(s)......
 Don't know....
 Refusal....

TT5b. What prevents you (....) from travelling '9cally by bus?

Mark all that apply.

1	Availability of service	>	Go to TT6
2	Booking rules don t allow for last minute		
	arrangements	>	Go to next transit mode applicable; Else skip to TT7
3	Getting to or locating the terminal or stops	>	Go to next transit mode applicable; Else skip to TT7
4	Getting on or off vehicles	>	Go to next transit mode applicable; Else skip to TT7
5	Seeing signs or notices	>	Go to next

6	You () need(s) an attendant to help you	transit mode applicable; Else skip to TT7
Ū		Go to next transit mode applicable; Else skip to TT7
7	Your ('s) condition or health problem is aggravated when you go (he/she goes) out	Gownext transit mode applicable; Else skip to TT7
8	Too expensive >	Go to next transit mode applicable; Else skip to TT7
9	Other	Go to next transit mode applicable; Else skip to TT7
	Other, Plea. → Specify:	
	None selected	Go to next transit mode applicable; Else skip to TT7
F	Don't know □ >	Go to next transit mode applicable; Else skip to TT7
	Refusal >	Go to next transit mode applicable;

TT6b. You just mentioned the "availability of service" as a reason for being prevented. Could you specify if that's because the service is available but not when you (....) need(s) it, or because it's not available at all where you (he/she) live(s)? 1 Available but not when you (\dots) need(s) it..... Not available at all where you (\dots) live(s)..... 2 Don't know..... Refusal..... TT5c. What prevents you (....) from travelling locally by subway? Mark all that apply. Availability of service..... 1 $\dots \square > \text{Go to TT6}$ 2 Booking rules don't allow for lest minute arrangements..... $\Box \rightarrow Go$ to next transit mode applicable; Else skip to TT7 3 Getting to or localing the terminal or stops...... \Box > Go to next transit mode applicable; Else skip to **TT7** 4 Getting on or off vehicles..... \Box > Go to next transit mode applicable; Else skip to TT7 Seeing signs or notices..... \Box > Go to next 5 transit mode applicable; Else skip to TT7 6 You (....) need(s) an attendant to help you (him/her)..... \Box > Go to next transit mode applicable;

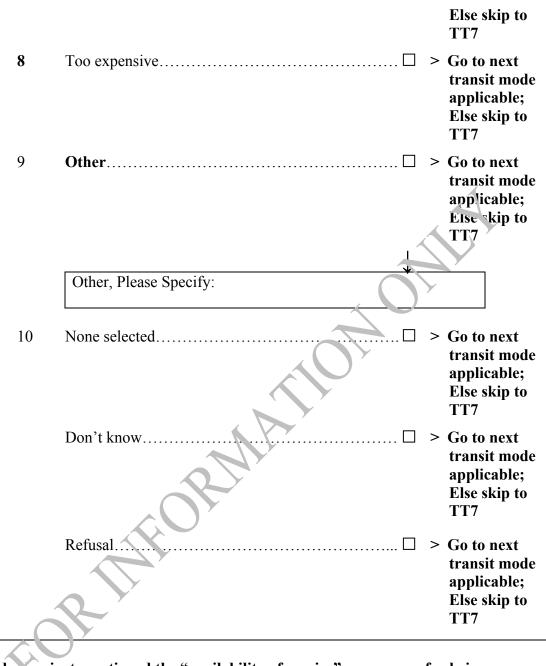
7	Your ('s) condition or health problem is	Else skip to TT7
	· · · · · ·	Go to next transit mode applicable; Else skip to TT7
8	Too expensive□ >	Go to next transit mode 2pplicable; Else skip to TT7
9	Other	Go to next transit mode applicable; Else skip to TT7
	Other, Please Specify:	
10	None selected	Go to next transit mode applicable; Else skip to TT7
Č	Don't know □ >	Go to next transit mode applicable; Else skip to TT7
Ŷ	Refusal >	Go to next transit mode applicable; Else skip to TT7

TT6c. You just mentioned the "availability of service" as a reason for being <u>prevented</u>. Could you specify if that's because the service is available but not when you (....) need(s) it, <u>or</u> because it's not available at all where you (he/she) live(s)?

1	Available but not when you () need(s) it	🗆
2	Not available at all where you () live(s)	
	Don't know	
	Refusal	🗆

TT5d. What <u>prevents</u> you (....) from travelling locally by taxi?

Ma	rk all that apply.	1
1	Availability of service	> Go to IT6
2	Booking rules don't allow for last minute arrangements	> Go to next transit mode applicable; Else skip to TT7
3	Getting to or locating the terminal or stops	> Go to next transit mode applicable; Else skip to TT7
4	Getting on or off vehicles	> Go to next transit mode applicable; Else skip to TT7
5	Seeing signs or notices	> Go to next transit mode applicable; Else skip to TT7
6	You () need(s) an attendant to help you (him/her)	 Go to next transit mode applicable; Else skip to TT7
7	Your ('s) condition or health problem is aggravated when you go (he/she goes) out	> Go to next transit mode applicable;



TT6d. You just mentioned the "availability of service" as a reason for being <u>prevented</u>. Could you specify if that's because the service is available but not when you (....) need(s) it, <u>or</u> because it's not available at all where you (he/she) live(s)?

1	Available but not when you () need(s) it	
2	Not available at all where you () live(s)	
	Don't know.	
	Refusal	

TT5e. What prevents you (....) from travelling locally by (write-in)?

Mark all that apply.

1	Availability of service \Box > Go to TT6
2	Booking rules don't allow for last minute
	arrangements
3	Getting to or locating the terminal or stops \Box > Skip to TT7
4	Getting on or off vehicles \Box > Skip to TT7
5	Seeing signs or notices \Box > Skip to TT7
6	You () need(s) an attendant to help you
	(him/her) Skip to TT7
7	Your ('s) condition or health problem is
	aggravated when you go (he/she goes) out [2] > Skip to TT7
8	Too expensive $\Box > $ Skip to TT7
9	Other
	Other, Please Specify:
10	None selected
	Don't know \Box > Skip to TT7
	Refusal \Box > Skip to TT7

TT6e. You just mentioned the "availability of service" as a reason for being <u>prevented</u>. Could you specify if that's because the service is available but not when you (....) need(a) it, <u>or</u> because it's not available at all where you (he/she) live(s)?

1	Available but not when you (\ldots) need(s) it
2	Not a 'ailable at all where you () live(s)
	Refusal
\frown	

TT7. You mentioned earlier that you were (.... was) using (*input modes of transportation selected in TT1*)

In the past 12 months, because of your (....'s) condition did you (he/she) have any <u>difficulty</u> travelling locally using...

INTERVIEWER: Read modes of transportation selected in TT1 and mark all that apply. If 1 and another category is selected, go through loop TT8- TT12; then proceed to TT13A.

1	a car?	> Go to TT8
2	specialized bus service?	> Go to TT13A
3	the bus?	> Go to TT13A
4	the subway?	> Go to TT13A
5	the taxi?	> Go to TT13A
6	(<i>write-in</i>)?	> Go to TT13A
7	None selected \Box	> Go to TT13A
	Don't know	> Go to TT13A
	Refusal	> Go to TT13A

TT8. Does this <u>difficulty</u> occur when you are (.... is) the driver of the car?

1		
2	No	> 69 w TT12
9	Don't know	> 6 y i y TT12
8	Refusal	- Go to TT12

1

TT9. Does this <u>difficulty</u> occur...

Mark all that apply.

1	because you () lack(s) the proper equipment in your (his/her) car (e.g.,hand or brake controls, power steering)?
2	because you () need(s) a attendant to help you (him/her)?
3	due to the lack of space for wheelchairs or other specialized
	equipment?
4	because your ('s) condition or health problem is aggravated
	when you go (h
5	due to another reason?
	C.he . Please Specify:
(
6	None selected.
	Don't know
7	Refusal

TT10. In general, how often was this difficulty a problem for you (\dots)?

1	Daily
2	Weekly
3	Monthly or less often
4	Never
	Don't know

Refusal.....

 A lot of difficulty You were (was) completely unable Your ('s) participation was not affected Don't know 	TT11.	In general, when this problem made it difficult to participate in everyday activities, did you () experience:
3 You were (was) completely unable 4 Your ('s) participation was not affected 9 Don't know 8 Refusal TT12. Does this difficulty occur when you are (is) a passeng 1 Yes Ye	1	
4 Your ('s) participation was not affected		
9 Don't know		
8 Refusal		
1 Yes If TT7 =1 then go to 13A; Else go to TT13B 2 No So to TT13B 9 Don't know So to TT13B 9 Don't know So to TT13B 8 Refusal So to TT13B 7 So to TT13B So to TT13B 8 Refusal So to TT13B 7 So to TT13B So to TT13B 7 because you (' nee.'(s) an attendant to help you (him/he. '? So to TT14 2 because there is no space for wheelchairs or other specialized equipment? So to TT14 3 because your ('s) condition or health problem is aggra aread when you go (he/she goes) out? So to TT14 4 due to another reason? So to TT14 9 So to TT14 So to TT14 9 So to TT14 So to TT14 9 So to TT14 So to TT14 10 So to TT14 So to TT14	9 8	
13A; Else go to 13B 2 No	TT12.	Does this <u>difficulty</u> occur when you are (is) a passeng?
 9 Don't know		13A; Else go to
 9 Don't know		2 No
8 Refusal□ > Go to TT13B TT13A. Does this difficulty occur Mark all that apply 1 because you (` nee.!(s) an attendant to help you (him/he, !)?□ > Go to TT14 2 because there is no space for wheelchairs or other specialized equipment?□ > Go to TT14 3 because your ('s) condition or health problem is aggra.ated when you go (he/she goes) out?□ > Go to TT14 4 du > to another reason?□ > Go to TT14 Cher, Please Specify:		
Mark all that apply 1 because you (, `need.'(s) an attendant to help you (him/he, ?		
to help you (him/hex)?□ > Go to TT14 2 because there is no space for wheelchairs or other specialized equipment?□ > Go to TT14 3 because your ('s) condition or health problem is aggra, ared when you go (he/she goes) out?□ > Go to TT14 4 due to another reason?□ > Go to TT14 5 None selected□ > Go to TT14 bon't know□ > Go to TT14	TT13A	
 2 because there is no space for wheelchairs or other specialized equipment? > Go to TT14 3 because your ('s) condition or health problem is aggra.ated when you go (he/she goes) out? > Go to TT14 4 due to another reason?	1	
or other specialized equipment?□ > Go to TT14 3 because your ('s) condition or health problem is aggra.ated when you go (he/she goes) out?□ > Go to TT14 4 du' to another reason?□ > Go to TT14 ✓ ✓ Other, Please Specify: ✓ 5 None selected□ > Go to TT14 Don't know□ > Go to TT14	2	
 3 because your ('s) condition or health problem is aggra ared when you go (he/she goes) out?□ > Go to TT14 4 du to another reason?□ > Go to TT14 ↓ Other, Please Specify: 5 None selected□ > Go to TT14 Don't know□ > Go to TT14 	L	
is aggravated when you go (he/she goes) out? □ > Go to TT14 due to another reason? □ > Go to TT14 ↓ Other, Please Specify: 5 None selected	3	
 4 due to another reason?□ > Go to TT14 ↓ Other, Please Specify: 5 None selected□ > Go to TT14 Don't know□ > Go to TT14 	2	
Other, Please Specify: 5 None selected Don't know > Go to TT14	4	du \cdot to another reason? $\Box > $ Go to TT14
Don't know \Box > Go to TT14		
Don't know \Box > Go to TT14	5	None selected $\square > Co to TT14$
_	5	_

TT13B. What type of difficulty did you (....) have when you (he/she) travelled locally (transportation selected in TT1)?

Mark all that apply.

1	Availability of service
2	Booking rules don't allow for last minute
	arrangements
3	Getting to or locating the terminal or stops \dots
4	Getting on or off vehicles
5	Seeing signs or notices
6	You () need(s) an attendant to help you (him/her)
7	Your ('s) condition or health problem is aggravated when you go (he/she goes) out
8	Too expensive
9	Other
	Other, Please Specify:
10	None selected

TT14. In general, how often was this 'ifficulty a problem for you (....)?

1	Daily
2	Weekly
3	Monthly or less otten
4	Never
	Don't know
	Refusar

TT15. In general when this problem made it difficult to participate in everyday activities, did you (....) experience:

2	Some difficulty	
2	A lot of difficulty	
3	You were (was) completely unable	
4	Your ('s) participation was not affected	
9	Don't know	
8	Refusal	

Interviewer: If proxy then go to UU; Else continue

TT16. Do you consider yourself housebound?

1	Yes	
2	No	> Go to UU
9	Don't know	> Go to UU
8	Refusal	> Go to UU

TT17. Why do you consider yourself housebound?

Mark all that apply.

1	Accessible transportation is not available to you
2	Dependent on non-portable aids
3	Do not feel safe when you leave your home 🗆
4	No attendant or companion available to go with you
5	Need assistance once you get to where you are going 🗋 🗸
6	Your condition or health problem is aggravated when you go out
7	You do not want to go out
8	Other□
	Other, Please Specify:
9	None selected.
	Refusal

Section CU - Long Distance Travel Module

Interviewer: If disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section XX (p 414)

- UU. I an. new going to ask you some questions about your (....'s) long distance t. avel for personal or business reasons, by which I mean trips of 80 km or 50 miles or more.
- UU1. Because of your (....'s) condition do you (does he/she) require an attendant to accompany you (him/her) on long distance trips?

1	Yes
2	No
9	Don't know
8	Refusal

UU2. In the past 12 months, did you (....) take any long distance trips for personal or business reasons?

1	Yes	
2	No	> Go to UU4
9	Don't know	> Go to UU4
8	Refusal	> Go to UU4

UU3. Which mode of transportation did you (....) use to travel long distances?

005.	••	inch mode of transportation and you () use to traveriong to stances.
	M	Tark all that apply.
	1	Car?
	2	Inter-city bus? D > Go t UU7
	3	Train? $\Box > G_0$ to UU7
	4	Airplane? 🛛 > Go to UU7
	5	Other $\Box 1 > Go$ to UU4A
		Other, Please Specify:
	6	None selected
	-	Don't know $\Box > $ Go to UU4A
		Refusal \Box > Go to UU4A
UU4.	W	ere you (Was) <u>prevented</u> from travelling long distance?
	1	Yes
	2	N ₀
	9	Den't know
	8	Refasal
UU4A		Are there any mode(s) of transportation that <u>prevented</u> you () from travelling long distance?
	1	Yes
	2	No \Box > Go to UU7
	9	Don't know \Box > Go to UU7

UU5. Which mode(s) of transportation were you (was) prevented from using?

8

Mark all that apply.

1 2 3 4 5	Car?□ Inter-city bus?□ Train?□ Airplane?□ Other□	> > >	Go to UU6A Go to UU6 Go to UU6 Go to UU6 Go to UU6
-	\downarrow		
	Other, Please Specify:		4
6	None selected	>	If UU2 =2 cr UU3 = 6 (none selected) then yo to UUR13
	Don't know 🗆	>	If UU2 = 2 or UU3 = 6 (none selected) then go to UUR13
	Refusal		19UU2 =2 or UU3 = 6 (none selected) then go to UUR13

UU6. What prevents you (....) from traveling long distance by (transportation methods 1-5 selected in UU5)?

Mark all that apply.

1	Ride aggravates your ('s) condition	>	Go to UU7
2	Lack of appropriate 'ransportation to		
	and from terminal or station	>	Go to UU7
3	Moving aroun terminal or station	>	Go to UU7
4	Boarding or disembarking	>	Go to UU7
5	Seating on board	>	Go to UU7
6	Secing signs or notices		
7	Yearing announcements		
8	Washroom facilities	>	Go to UU7
9	Unsupportive staff	>	Go to UU7
10	Transporting wheelchair or other specialized aids		
11	Too costly	>	Go to UU7
12	You () need(s) an attendant to help you (him/her) \Box		
13	Other	>	Go to UU7
	\downarrow	_	
	Other, Please Specify:		

14	None selected.	> Go to UU7
	Don't know	> Go to UU7
	Refusal	> Go to UU7

UU6A. What prevents you (....) from travelling long distance by car?

Mark all that apply.

1	Ride aggravates your ('s) condition
2	Lack of appropriate transportation to
	and from terminal or station
3	Moving around terminal or station
4	Boarding or disembarking
5	Seating on board
6	Seeing signs or notices
7	Hearing announcements
8	Washroom facilities
9	Unsupportive staff
10	Transporting wheelchair or other special.'ze.' aids 🗆
11	Too costly
12	You () need(s) an attendant to help yיע (him/her) \Box
13	Other
	Other, Please Specify:
14	None selected
	Don't know
_	Refusal

Interviewer: If UU2 = 2 or UU3 = 6 (none selected) then go to UUR13

UU7. It the past 12 months, did you (....) have any <u>difficulty</u> travelling by (write-in), car, inter-city bus, train or airplane because of your (his/her) condition?

1	Yes	
2	No	> Go to UUR13
9	Don't know	> Go to UUR13
8	Refusal	> Go to UUR13

UU7A. With which long distance transportation did you (....) have difficulties? Interviewer: Ask only for modes of transportation selected in UU3 and mark all that apply.

1	Car?	>	Go to UU8
2	Inter-city bus?	>	Go to UU9
3	Train?	>	Go to UU9
4	Airplane?	>	Go to UU9
5	(write-in)	>	Go to UU9
6	None selected \Box	>	Go to UUR13
	Don't know	>	Go to UUR13
	Refusal	>	Go to UUR13

UU8. Does this <u>difficulty</u> occur when you are (.... is) the driver of the car the passenger or both?

2	Driver	> > >	Go to UN18 Go to UU10 Go to UU10
	Refusal	->	Go to UU10

UU9. What kind of <u>difficulty</u> did you (....) nove thavelling by (modes of transportation selected in UU5)? I will read you a list.

Mark all that apply.

1	Ride aggravates your ('s) condition	> Go to UU11
2	Lack of appropriate transportation to	
	and from terminal or station	> Go to UU11
3	Moving around terminal or station	> Go to UU11
4	Boarding or disembacking	> Go to UU11
5	Seating on brand	> Go to UU11
6	Seeing signs or notices	> Go to UU11
7	Hearing announcements	> Go to UU11
8	Wishr out facilities	> Go to UU11
9	Uns upportive staff	> Go to UU11
10	Transporting wheelchair or other specialized aids	> Go to UU11
11	Teo costly	> Go to UU11
12	You () need(s) an attendant to help you (him/her) \Box	
13	Other	
	\downarrow	
	Other, Please Specify:]
14	None selected	> Go to UU11
	Don't know.	
	Refusal.	

UU10. What kind of <u>difficulty</u> did you (....) have travelling by car? I will read you a list.

Mark all that apply.

1	Ride aggravates your ('s) condition
2	Lack of appropriate transportation to
	and from terminal or station
3	Moving around terminal or station
4	Boarding or disembarking
5	Seating on board
6	Seeing signs or notices
7	Hearing announcements
8	Washroom facilities
9	Unsupportive staff
10	Transporting wheelchair or other specialized aids
11	Too costly
12	You () need(s) an attendant to help you (hin /her) 🗆
13	Other
	Other, Please Specify:
14	None selected
	Don't know
	Refusal

UU11. In general, how often was this a problem for you (....)?

1	Đily	
2	Veckiy	
3	Monthly or less often	
4	Never	
C .	Don't know	
7	Refusal	

UU12. In general, when this problem made it difficult to participate in everyday activities, did you (....) experience:

1	Some difficulty
2	A lot of difficulty
3	You were (was) completely unable
4	Your ('s) participation was not affected \Box

9	Don't know
8	Refusal

UUR13. The last few questions in this section are asked about <u>both</u> local transportation and long distance travel.

UU13. In the past 12 months, did you (....) have any <u>out-of-pocket</u> or <u>direct</u> <u>expenses</u> 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?

<u>Include</u> amounts not covered by insurance such as exclusions, 'eductibles and expenses over limits. <u>Exclude</u> payments for which you have (.... has) been or will be reimbursed by any insurance or government program.

1	Yes	
2	No	If respondent uses an adapted vehicle then go to UU16; Else skip to VV.
9	Don't know >	 If respondent uses an adapted vehicle then go to UU16; Else skip to VV.
8	Refusal□ >	 If respondent uses an adapted vehicle then go to UU16; Else skip to VV.

UU15. Which one of the following groups is the best estimate of the <u>out-of-pocket</u> or <u>direct</u> costs to you (....), for these expenses?

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
	Don't know
	Refusal

Interviewer: If respondent uses an adapted vehicle then go to UU16; Else skip to VV

UU16. You mentioned earlier that you (....) <u>had</u> or <u>used</u> an adapted vehicle. Did you include <u>out-of-pocket</u> cost for extra expenses that you (he/she)incurred by this more expensive mode of transportation

1	Yes	> Go to VV
	No	
9	Don't know	> Go to VV
	Refusal	

UU18. For the past 12 months, which one of the following groups is the best estimate of the <u>out-of-pocket</u> or <u>direct</u> cost for extra expanses that you (....) incurred by this more expensive mode of transportation?

<u>Include</u> amounts not covered by insurance such as exclusions, deductibles and expenses over limits. <u>Exclude</u> payments for which you have (.... has) been or will be reimbursed by any insurance or government program.

1	Less than \$100
2	\$100 to less than \$200
3	\$200 to less than \$500
4	\$500 to less than \$1,900
5	\$1,000 to less than \$2,999
6	\$2,000 to less than \$5,000
7	\$5,000 or riore.
	Don't know.
	Refusar

Section VV - Housing Module

Inter. iewer: If disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section XX (p 414)

VV1. I am now going to ask you some questions about your (....'s) residence and any accessibility features you (he/she) may have.

Because of your (his/her) condition, do you (does) use any accessibility features to enter or leave your (his/her) residence, or inside your (his/her) residence, for example, ramps or an elevator?

1 Yes.....

	2 9 8	Don't know \Box >	Go to Go to Go to	VV5		
VV2.	Do y	you (Does) now <u>use</u> :	(1) <u>Yes</u>	(2) <u>No</u>	(9) <u>DK</u>	(8) <u>R</u>
(a) ra	amps?	,				
(b) st	reet l	evel entrances?			Ģ	
(c) ai	itoma	tic doors?	🗆			
(d) ea	asy to	open doors (includes lever handles)?				
(e) w	idene	d doorways or hallways?				
(f) ele	evator	r or lift device?				
(g) vi	isual a	alarms or audio warning devices?	. 🗆			
(h) g	rab ba	ars (in the bathroom)?				
(i) a l	bath l	ift (in the bathroom)?				
(j) lo	wered	l counters in the kitcher				
(j) ot	her ac	ccessibility features	. 🗆			
			\downarrow			
Othe	r, Plea	ase Specify:	·			

*** Interviewer: Only read questions in section VV3 for the aids (a-j) selected in VV2***

VV3. Did you (....) receive any funding assistance to obtain ramps? (a)

1	Yes		
2	No	>	Skip to VV3b
9	Don't know	>	Skip to VV3b
8	Refusal	>	Skip to VV3b

VV4. Who paid the most for acquiring this accessibility feature? (a)

1	You ()
2	Your ('s) family \Box
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization \Box
7	It does not belong to you () (i.e. belongs to employers, friends / family,
	public property, etc.)
8	Other
	Other, Please Specify:
9	Not applicable
	Refusal

VV4a. Are you (Is) making any kind of payment for your (his/her)ramps, for example to rent or finance this item? **(a)**

1	Yes	
2		
9	Don't know	
8	Refusal	

VV3. Did you (....) receive any funding assistance to obtain street level entrances? **(b)** 1

I	Yes		
2	No	>	Skip to VV3c
9	Dun't know	>	Skip to VV3c
8	lefusal	>	Skip to VV3c
Ú			•

VV4. Who paid the most for acquiring this accessibility feature? **(b)**

1	You ()	
2	Your ('s) family	
3	Health care system	
4	Government program	🗆
5	Insurance company	
6	Non-profit organization	🗆

7	It does not belong to you (\ldots) (i.e. belongs to employers, friends / family, public property, etc.)
8	Other
	\downarrow
	Other, Please Specify:
9	Not applicable Don't know Refusal
VV4a. (b)	Are you (Is) making any kind of payment for your (his/he.) street level entrances, for example to rent or finance this item?
	1 Yes
	2 No
	9 Don't know
	8 Refusal
VV3. (c)	Did you () receive any funding assistance to obtain automatic doors?
	1 Yes
	2 No \square > Skip to VV3b
	9 Don't know \Box > Skip to VV3b
	8 Refusal \square > Skip to VV3b
VV4.	Who paid the most for acquiring this accessibility feature?
(c)	
1	Усч (
2	Y νω ('s) family
3	h a, th care system
4	Government program
5	Insurance company
6	Non-profit organization
7	It does not belong to you () (i.e. belongs to employers, friends / family,
	public property, etc.)
8	Other
	\downarrow
	Other, Please Specify:
9	Not applicable

Don't know	
Refusal	

VV4a. Are you (Is) making any kind of payment for your (his/her) automatic doors, for example to rent or finance this item? (c) Yes. 1 2 No..... 9 Don't know..... 8 Refusal..... VV3. Did you (....) receive any funding assistance to obtain easy to open doors (includes lever handles)? (d) 1 Yes..... 2 Skip to VV3e Don't know.....> Skip to VV3e Refusal..................> Skip to VV3e 9 8 VV4. Who paid the most for acquiring this accessibility feature? (d) 1 2 Your (....'s) family. Health care system 3 Government prc gram. 4 5 Insurance company 6 Non-profit organization...... It does not belong to you (....) (i.e. belongs to employers, friends / family, 7 public property, etc.)...... 8 Cther Other, Please Specify:

Not applicable.....□ Don't know..... Refusal.....□

9

VV4a. Are you (Is) making any kind of payment for your (his/her) easy to open(d) doors (includes lever handles), for example to rent or finance this item?

1 Yes.....

2	No
9	Don't know
8	Refusal

_

VV3. Did you (....) receive any funding assistance to obtain widened doorways or (e) hallways?

	1	Yes
	2	No
	9	Don't know \Box > Skip to VV3f
	8	Refusal \Box > Skip to ∇V if
VV4. (e)	Who	o paid the most for acquiring this accessibility feature?
1		You ()
2		Your ('s) family
3		Health care system
4		Government program
5		Insurance company
6		Non-profit organization
7		It does not belong to you () (i.e. belongs to employers, friends / family,
		public property, etc.)
8		Other
	С	Other, Please Specify:
9		Not at plicable
		Don't know
		A'et isal
WW/~		(\mathbf{I}_{a}) making any kind of normant for your (hig/har) widered
		you (Is) making any kind of payment for your (his/her) widened
(e)	ินเท	rways or hallways, for example to rent or finance this item?

1	Yes	
2	No	
9	Don't know	
8	Refusal	

VV3. Did you (....) receive any funding assistance to obtain an elevator or lift (f) device?

1	Yes	
2	No \Box > Skip	to VV3g
9	Don't know \Box > Skip	to VV3g
8	Refusal Skip	

VV4. Who paid the most for acquiring this accessibility feature?

(f)

VV3 (g)		id you () receive any funding assistance to obtain visual alarms or audio arning devices?
	8	Pefusal
	9	Don't know
	2	No
	1	Yes
(f)	li	ft device, for example to rent or finance this item?
		re you (Is) making any kind of payment for your (his/her) elevator or
		Ketusai
		Don't know Refusal
	9	Not applicable
		Other, Please Specify:
	8	Other
		public property, etc.)
	7	It does not belong to you () (i.e. belongs to employers, friends / family,
	6	Non-profit organization
	5	Insurance company
	4	Government program
	3	Health care system
	2	Your ('s) family
	1	You ()
(1)		

1	Yes	
2	No	> Skip to VV3h
9	Don't know	> Skip to VV3h
8	Refusal	> Skip to VV3h

VV4. Who paid the most for acquiring this accessibility feature? (g)

1 2 3 4 5	You ()
6	Non-profit organization
7	It does not belong to you () (i.e. belongs to employers, friends / family,
	public property, etc.)
8	Other
	Other, Please Specify:
9	Not applicable
	Refusal.

VV4a. Are you (Is) making any kind of payment for your (his/her) visual alarms (g) or audio warning devices, for example to rendor finance this item?

1	Yes	
2	No	
9	Don't know	
8	Refusal	

VV3. Did you (....) receive any funding assistance to obtain grab bars (in the (h) bathroom)?

1	Yes	
2	No	> Skip to VV3i
9	Den't know	> Skip to VV3i
8	klefusal	> Skip to VV3i
		_

VV4. Who paid the most for acquiring this accessibility feature? (h)

1	You ()
2	Your ('s) family
3	Health care system.
4	Government program
5	Insurance company
6	Non-profit organization \Box

7		It does not belong to you (\dots) (i.e. belongs to employers, friends / family, public property, etc.)
8		Other
		Other, Please Specify:
9		Not applicable
VV4a. (h)		re you (Is) making any kind of payment for your (his/he.:) grab bars (in e bathroom) , for example to rent or finance this item?
	1 2 9 8	Yes No Don't know Refusal
VV3. (i)		id you () receive any funding assistance to obtain a bath lift (in the athroom)?
	2 9 8	No. \Box > Skip to VV3jDon't know. \Box > Skip to VV3jRefusal. \Box > Skip to VV3j
VV4. (i) 1 2 3 4 5	W	You (). Image: Second
6 7 8		Non-profit organization It does not belong to you () (i.e. belongs to employers, friends / family, public property, etc.) Other
		Other, Please Specify:

9	Not applicable \Box
	Don't know
	Refusal

VV4a. Are you (Is) making any kind of payment for your (his/her) a bath lift (in (i) the bathroom), for example to rent or finance this item?

	1	Yes
	2	No
	9	Don't know
	8	Refusal
VV3. Did you () receive any funding assistance to obtain 16 remain counters (j) the kitchen?		
	1	Yes
	2	No> Skip to VV3k
	2 9	No > Skip to VV3k Don't know

VV4. Who paid the most for acquiring this accessibility feature?

(j)

1 You ()	
2 Your ('s) family \Box	
3 Health care syst m	
4 Government program	
5 Insurance com_{1} any	
6 Non-p. ofit organization	
7 It does not belong to you () (i.e. belongs to employers, friends /	family,
p. this property, etc.)	
8 C^{thef}	
	_
Other, Please Specify:	
9 Not applicable \Box	
Don't know	
Refusal	

VV4a. Are you (Is) making any kind of payment for your (his/her) lowered

(j) counters in the kitchen, for example to rent or finance this item?

1	Yes
2	No
9	Don't know
8	Refusal

VV3. Did you (....) receive any funding assistance to obtain (*write-in*)?

	1 Yes
	2 No \Box > Skip to VV5
	9 Don't know \Box > Skip to VV5
	8 Refusal
VV4. (k)	Who paid the most for acquiring this accessibility feature?
1	You ()
2	Your ('s) family
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization
7	It does not belong to you () (i.e. belongs to employers, friends / family,
	public property, etc.)
8	Other
	Other, Please Specify:
9	Not a _f plicable
	Don't know
	Tet isal

VV4a. Are you (Is) making any kind of payment for your (his/her) (*write-in*), for (k) example to rent or finance this item?

1	Yes
2	No
9	Don't know
8	Refusal

VV5. Are there any accessibility features that you (....)<u>need(s)</u> but do (does) not have?

	Yes	
2	No	> Go to VV8
9	Don't know	> Go to VV8
8	Refusal	> Go to VV8

VV6. Which accessibility features do you (Does) need, but do (does) not have? <u>INTERVIEWER:</u> Mark all that apply.

1	Ramps?
2	Street level entrances?
3	Automatic doors?
4	Easy to open doors (includes lever handles)?
5	Widened doorways or hallways?
6	Elevator or lift device?
7	Visual alarms or audio warning devices?
8	Grab bars (in the bathroom)? \Box
9	A bath lift (in the bathroom) ?
10	Lowered counters in the kitchen? \Box
11	Other?
Otl	ner, Please Specify:
12	None selected
	Refused. $\Box > $ Go to VV8
	Don't know. $\Box > $ Go to VV8

*** Interviewer: Only read questions in section VV3 for the aids (a-j) selected in VV6; If no aids were selected then skip to VV8***

VV7. Why don't you (doesn't) have ramps?

(a) Mark ϵ 'l i hat apply.

1 2	No ⁺ covered by insurance
3	Accessibility features not approved or recommended by health professional
4 5	Currently on a waiting list for aids (features)
	Other, Please Specify:
6	None selected

VV7. Why don't you (doesn't) have street level entrances? (b) Mark all that apply.

1 2 3 4 5		Not covered by insurance
6		None selected
V (c		Why don't you (doesn't) have automate doors? Mark all that apply.
1 2 3	,	Not covered by insurance
4 5		recommended by health or fessional
6	-	r, Please Specify: None selected Refusea Dcn't k 10 w
V (d)]	Way don't you (doesn't) have easy to open doors (includes lever handles)? Mark all that apply.
1 2 3 4]	Not covered by insurance
5		Other reason

	\downarrow
	Other, Please Specify:
6	None selected
	Don't know

VV7. Why don't you (doesn't) have widened doorways or hallways?

Mark all that apply. **(e)**

(e) Mark all that apply.
1	Not covered by insurance
2	Too expensive
3	Accessibility features not approved or
	recommended by health professional
4	Currently on a waiting list for aids (features) 🗆
5	Other reason
	Other, Please Specify:
6	None selected
-	Refused
	Don't know

VV7. Why don't you (doesn't ... ; have an elevator or lift device?

Mark all that apply. (f)

1	Not covered by insurance
2	Too expensive
3	Accessibility features not approved or
	recommended by health professional
4	Curren \mathbb{Y}_{γ} or a waiting list for aids (features) \Box
5	Other reason
	Other, Please Specify:
6	None selected
	Refused
	Don't know

VV7. Why don't you (doesn't) have alarms or audio warning devices?

Mark all that apply. **(g)**

Not covered by insurance..... 1

2 3		Too expensive
4 5		Currently on a waiting list for aids (features)
	Oth	er, Please Specify:
6		None selected Refused Don't know
V (h	V7. 1)	Why don't you (doesn't) have grab bars (in the bathroom)? Mark all that apply.
1 2 3		Not covered by insurance
4 5	Oth	Currently on a waiting list for aids (features, Other reason
	Oth	er, Please Specify:
6		None selected Image: Constraint of the selected Refused Image: Constraint of the selected Don't know Image: Constraint of the selected
V (i		Why don't you (doesn't) have a bath lift (in the bathroom)? Mark all that apply.
1		Not covered by insurance
2 3	A	Too expensive
4		Currently on a waiting list for aids (features)

5 Other reason

Other, Please Specify:

6 None selected□ Refused....□ Don't know□ VV7. Why don't you (doesn't) have a bath lift (in the bathroom)?
(j) Mark all that apply.

1 2 3 4 5	Not covered by insurance Too expensive Accessibility features not approved or recommended by health professional Currently on a waiting list for aids (features) Other reason
6	None selected
V (k	7. Why don't you (doesn't) have lowered counters in the kitchen? Mark all that apply.
1 2 3 4 5 [Not covered by insurance Too expensive Accessibility features not approved or recommended by health protessional Currently on a waiting lift for aids (features) Other reason
0	Refuse 1
V (l)	7. Vhy don't you (doesn't) have a (write-in)? Mark all that apply.
1 2 3 4 5	Not covered by insurance
	\checkmark

Other, Please Specify:

- 6 None selected□ Refused....□ Don't know ...□
- VV8. 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?

Interviewer: Include all activities of daily living, not just leisure or recrectional activities.

1	Yes
2	No $\Box > G_0$ to VV12
9	Don't know Don't know
8	Refusal

VV9. 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?

Interviewer: Include all activities of adily living, not just leisure or recreational activities.

1	Daily
2	Weekly
2	
3	Mor thly or less often
	Don't know
	Refusal

VV10. Does the design or layout of your (....'s) home make it difficult for you (her/him) to participate in any of the following activities?

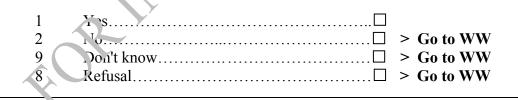
Mark all that apply.

1	Accessing the house through the front door \Box
2	Accessing the backyard or balcony
3	Moving from room to room
4	Moving from floor to floor \Box
5	Using the toilet
6	Taking a shower
7	Taking a bath \Box

~	Preparing meals
9	Answering the door
10	Exiting in case of fire or other emergency
11	Other activity
0	ther, Please Specify:
12	None selected
	Don't know \Box > Go to VV12
	Refusal 🛛 🖌
	en the design or layout of your ('s) home made it difficult to
	en the design or layout of your ('s) home made it difficult to icipate in these activities did you (he/she) experience:
	icipate in these activities did you (he/she) experience:
part	icipate in these activities did you (he/she) experience: Some difficulty
part 1	icipate in these activities did you (he/she) experience: Some difficulty A lot of difficulty You were (was) completely unable to
part 1 2 3	icipate in these activities did you (he/she) experience: Some difficulty A lot of difficulty You were (was) completely unable to participate
part 1 2	icipate in these activities did you (he/she) experience: Some difficulty□ A lot of difficulty□ You were (was) completely unable tc participate Your ('s) participation was not affected□
part 1 2 3	icipate in these activities did you (he/she) experience: Some difficulty A lot of difficulty You were (was) completely unable to participate Your ('s) participation was not affected Don't know
part 1 2 3	icipate in these activities did you (he/she) experience: Some difficulty□ A lot of difficulty□ You were (was) completely unable tc participate Your ('s) participation was not affected□

VV12. In the past 12 months, did you (...) or your (his/her) family living with you (him/her), have any <u>out-of-pucket</u> or <u>direct expenses</u> for modifications to your (his/her) residence because of your (his/her) condition?

<u>Include</u> amounts not covered by insurance such as exclusions, deductibles and expenses over contract in the second payments for which you have (he/she has) been or will be combursed by any insurance or government program.



VV14. Which one of the following groups is your best estimate of the <u>out-of-pocket</u> or <u>direct costs</u> to you (....), or your (his/her) family living with you (him/her), for these expenses?

1	Less than \$500 🗆
2	\$500 to less than \$1,000 🗆
3	\$1,000 to less than \$2,000
4	\$2,000 to less than \$5,000
5	\$5,000 to less than \$10,000

6	\$10,000 to less than \$20,000 🗆
7	\$20,000 or more
	Don't know
	Refusal

Section WW - Discrimination Module

Interviewer: If respondent is a proxy skip to section XX (p 414). If respondent is non-proxy and a disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section XX (p 414)

WW1. Discrimination may occur when people are treated unfairly because they are seen as being different from others. Do you feel that that you have experienced discrimination or been treated unfairly by others because of your condition? 1 Yes.....

2	No	>	Go to WW3
9	Don't know	>	Go to WW3
8	Refusal	>	Go to WW3

WW2. In which places or situations, do you zee! that you have experienced discrimination or been treated up fairly?

1	On the street
2	In a store, bark o. r. staurant
3	At work or when applying for a
	job or pron.scion
4	Or somewhery else
	Other, Please Specify:
5	None selected
	Don't know
	Refusal

WW3. In the past 5 years, do you believe that attitudes and behaviours towards people with disabilities have improved, gotten worse or stayed the same?

1	Improved	
2	Gotten worse	
3	Stayed the same	

Don't know]
Refusal]

Section XX - Health Utility Index Module

All respondents enter this module

- XX. We have reached the last section and I want to thank you for your cooperation and for the patience that you have shown. As part of this survey, we may need to get in touch in the future. Although some of the following questions may seem repetitive, these last questions deal with mother way of measuring health status and it is important that we ask the same questions to everyone
- XX1. Are you (Is) <u>usually</u> able to see well enough to read ordinary newsprint <u>without</u> glasses or contact lenses?

1 2	Yes	> Go to XX4
9 8	Don't know.	

XX2. Are you (Is) <u>usually</u> 2012 to see well enough to read ordinary newsprint with glasses or contact lenses?

1	Yes	K4
2	No	
9	Don't know	
8	Refusa'	

XX3. Areyo	on (18) able to see at all?	
1	Yes	
2	No	> Go to XX6
9	Don't know	> Go to XX6
8	Refusal	> Go to XX6

XX4. Are you (Is) able to see well enough to recognize a friend on the other side of the street <u>without</u> glasses or contact lenses?

1	Yes	>	Go to XX6
2	No		

	9 8	Don't know.□> Go to XX6Refusal.□> Go to XX6
XX5.	•	ou (Is) <u>usually</u> able to see well enough to recognize a friend on the side of the street <u>with</u> glasses or contact lenses?
	1 2 9 8	Yes
XX6.	-	ou (Is) <u>usually</u> able to hear what is said in a group conversation at least 3 other people <u>without</u> a hearing aid?
	1	Yes $\Box > G$ to XX10
	2 9	No Don't know So to XX10
	8	Refusal
XX7.		ou (Is) usually able to hear wh.t is said in a group rsation with at least 3 other pople with a hearing aid? Yes > Go to XX8 No > Don't know > Refusal >
XX7a	. Are y	ou (Is) able to hear at all?
A	1 2 9 8	Yes \Box No> Go to XX10Don't know> Go to XX10Hefusal> Go to XX10
XX8.	-	ou (Is) <u>usually</u> able to hear what is said in a conversation with one person in a quiet room <u>without</u> a hearing aid ?
	1 2	Yes□ > Go to XX10 No□
	9 8	Don't know \Box Refusal \Box > Go to XX10
	-	······································

ллэ.		you (Is) <u>usually</u> able to hear what is said in a conversation with one r person in a quiet room <u>with</u> a hearing aid?
	1	Yes
	2	No
	9	Don't know
	8	Refusal.
XX10		you (Is) <u>usually</u> able to be understood <u>completely</u> when bing with strongers in AVOUD1 over longuage?
	spea	king with strangers in ^YOUR1 own language?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
VV11	A 140	you (Is) able to be understood <u>partially</u> when speaking with
ллп		ngers?
	1	Yes
	2	No
	2	NO
	9	Don't know
		Don't know□ Refusal□
	9 8	Don't know
XX12	9 8 . Are	you (Is) able to be understood <u>completely</u> when speaking with
XX12	9 8 . Are thos	Don't know Refusal□ you (Is) able to be anderstood <u>completely</u> when speaking with e who know you (him/h er) well?
XX12	9 8 • Are thos	Don't know □ Refusal □ you (Is) able to be anderstood completely when speaking with e who know you (him/ner) well? Yes<□
XX12	9 8 • Are thos 1 2	Don't know Image: Completely with the set of t
XX12	9 8 • Are thos 1 2 9	Don't know Image: Completely when speaking with the speaking with speaking with the speaking with the speaking wit
XX12	9 8 • Are thos 1 2	Don't know Image: Completely with the set of t
	9 8 • Are thos 1 2 9 8	Don't know \Box Refusal \Box you (Is) able to be anderstood completely when speaking with e who know you (him/ner) well? Yes \Box Yes \Box Don't k.cm \Box Refusal \Box Source \Box
	9 8 • Are thos 1 2 9 8 •	Don't know Image: Completely when speaking with the speaking with speaking with the speaking with the speaking wit
	9 8 • Are thos 1 2 9 8 • • • • •	Don't know Refusal you (Is) able to be anderstood completely when speaking with e who know you (kim/n er) well? Yes Yes Don't know Don't know Refusal Don't know Don't know
	9 8 • Are thos 1 2 9 8 • Are tho: 1	Don't know Refusal you (Is) able to be anderstood completely when speaking with e who know you (him/ner) well? Yes Yes Don't k.cm Refusal Refusal Don't k.cm Refusal So to XX14 Yes Yes Yes
	9 8 • Are thos 1 2 9 8 • Are tho: 1 2	Don't know Refusal you (Is) able to be a nderstood completely when speaking with e who know you (him/h er) well? Yes Yes Don't k.cm Refusal Don't k.cm Refusal > Go to XX14 No you (Is) able to be understood partially when speaking with e who know you (him/her) well? Yes Yes No
	9 8 • Are thos 1 2 9 8 • Are tho: 1	Don't know Refusal you (Is) able to be anderstood completely when speaking with e who know you (him/ner) well? Yes Yes Don't k.cm Refusal Refusal Don't k.cm Refusal So to XX14 Yes Yes Yes

1 Yes..... \Box > Go to XX21

2	No	
9	Don't know	> Go to XX21
8	Refusal	> Go to XX21

XX15. Are you (Is) able to walk at all?

2 No $\Box > $ Go to	VV10
	λλιδ
9 Don't know \Box > Go to	XX18
8 Refusal) XX18

XX16. Do you (does) require mechanical support such as braces, . cane or crutches to be able to walk around the neighbourhood?

1	Yes]
2	No	
9	Don't know	
8	Refusal	ł

XX17. Do you (does) require the help of worker person to be able to walk?

1	Yes	
2	N T	
9	Don't know	
8		

XX18. Do you (does) require a wheelchair to get around?

1	Yes.		
2	No	>	Go to XX21
9	Den't know	>	Go to XX21
8	k tusal	>	Go to XX21

XX19. Now often do you (does) use a wheelchair?

Always
Often D
Sometimes
Never
Don't know
Refusal

XX20. Do you (does) need the help of another person to get around in the

wheelchair?

1	Yes	
2	No	
9	Don't know	
8	Refusal	

XX21. Are you (Is) <u>usually</u> able to grasp and handle small objects such as a pencil or scissors?

1	l Y	es	> Go to XX25
2	2 N	o	
9) De	on't know	> Go to XX25
8	8 R.	efusal	> Co to X \$25
	•	loes) require the help of another person	because of
l	imitatioi	is in the use of hands or fingers?	
1	Y Y	esū	
2	2 N	o	> Go to XX24

2	No.	> Go to XX24
9	Don't know.	> Go to XX24
8	Refusal	> Go to XX24

XX23. Do you (does) require the nelp of another person with:

1 some tasks?	
2 most tasks?	. 🗆
3 almost all tasks?	🗆
4 all tosks?	. 🗆
Don . knew	
Refusal.	. 🗆

XX24. Do vou (does) require special equipment, for example, devices to assist in dressing, because of limitations in the use of hands or fingers?

1	Yes
2	No
9	Don't know
8	Refusal

XX25. Would you describe yourself (....) as being <u>usually</u>:

1	happy and interested in life?
2	somewhat happy?

7

3 4 5	… somewhat unhappy?□ … unhappy with little interest in life?□ … so unhappy that life is not
	worthwhile?
	Don't know
	Refusal

XX26. How would you describe your (....'s) usual ability to remember things?

1	Able to remember most things	
2	Somewhat forgetful	
3	Very forgetful	
4	Unable to remember anything at all	
	Don't know	
	Refusal	

XX27. How would you describe your (....'s) <u>usual</u> ability to think and solve day-today problems?

1	Able to think clearly and solve proble ns
2	Having a little difficulty
3	Having some difficulty.
4	Having a great deal of difficulty
5	Unable to think or solve publems
	Don't Know
	Refusal

XX28. Are you (Is) usually free of pain or discomfort?

1	Yes	>	Go to XX31
2	No		
9	Den't know	>	Go to XX31
8	klefusal	>	Go to XX31

XX29. How would you describe the <u>usual</u> intensity of your (....'s) pain or discomfort?

 1
 Mild.....□

 2
 Moderate....□

 3
 Severe□

 □
 Don't know...□

 Refusal...□
 □

XX30. How many activities does your (....'s) pain or discomfort prevent?

1	None]
2	A few]
3	Some]
4	Most	
	Don't know 🗆	
	Refusal]

XX31. Thinking back to the Census held in May 2006, can you tell me who completed your (....'s) household's Census questionnaire?

12 13	Spouse/common law partner
13	
	Mother/father (birth, adoptive,
	step or foster)
14	Brother/sister (biological, half,
	adoptive, step or foster)
15	Child (birth, adopted, step or foster).
16	Other relative – mother's side
17	Other relative – father's si !e
18	Other relative – side ur^{1} no v_{1}
19	Relative of spouse
	common-law partne:
20	Roommate/ren er/b. ar Jer
21	Other
Ot	ther, Pleyse Specify:
98	k stused

XX32a. The last question is about personal income sources. In 2005, did you (....) receive income from the following sources?

	(1)	(2)	(9)	(8)
	Yes	No	<u>DK</u>	<u>R</u>
	_	_	_	_
(a) Workers' Compensation				
(b) Canada or Quebec Pension Plan Disability Benefit	. 🗆			

1

Thank You

Thank you for your time. That is all the information I need right now.

Case Identification Number:_____

Activity Limitations

Activity Lin	nitations			1
Section	Activity / Condition	Limitation	Use Aid	<u>Need Aid</u>
А	General		\sim	Y
B & C	Hearing		₽ O ´	
D & E	Seeing		Ċ,	
F & G	Communicating			
H & I	Mobility			
J & K	Agility			
L & M	Pain			
N & O	Learning			
P & Q	Confusion / Memory			
R & S	Developmental			
T & U	Emotional / Psychological			
/	Other			

Help With Everyday Activities

Section	Activity	Receive Help	Need Help
	Meals		

