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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**

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

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

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

- |   |                     |                          |   |   |
|---|---------------------|--------------------------|---|---|
| 1 | Yes, sometimes..... | <input type="checkbox"/> | > | Check Box “General-Limitation” on Profile Sheet |
| 2 | Yes, often.....     | <input type="checkbox"/> | > | Check Box “General-Limitation” on Profile Sheet |
| 3 | No.....             | <input type="checkbox"/> |   |   |
| 8 | Refusal.....        | <input type="checkbox"/> |   |   |
| 9 | Don’t Know.....     | <input type="checkbox"/> |   |   |

**A2. Does a physical condition or mental condition or health problem reduce the amount or the kind of activity 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.....
- 

**A3. Does a physical condition or mental condition or health problem reduce the amount or the kind of activity you (....) can do at work or at school?**

- 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.....
- 

**A4. Does a physical condition or mental condition or health problem reduce the amount or the kind of activity you (....) can do in other activities, for example, transportation or leisure?**

- 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.**

**B1. Do you (Does ...) use a hearing aid or hearing aids?**

- 1 Yes.....
- 2 No.....  > **Go to B5**
- 9 Don't know.....  > **Go to B5**
- 8 Refusal.....  > **Go to B5**

**B2. With your (...’s) hearing aid(s) how much difficulty do you (does ...) have hearing what is said in a conversation with one other person?**

- 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.....

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

- 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.....
- 

**B4. With your ( ...'s) hearing aid(s), how much difficulty do you (does .... ) have hearing what is said in a telephone conversation?**

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

- 1 **You (he/she) cannot hear**.....  > Check “Hearing-Limitation” box on Profile Sheet
- 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 one other person?**

- 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.....
- 

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

- 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.....
- 

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

- 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.....

### Section C - Hearing Aids

**\*\*If hearing limitation is marked on the Profile Sheet then continue; else skip to Section D (p 43)\*\***

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

- 1 Yes.....
- 2 No.....  > **Go to C11**
- 9 Don't know.....  > **Go to C11**
- 8 Refusal.....  > **Go to C11**

**C2. Do you (Does .... ) now use:**

	(1) <u>Yes</u>	(2) <u>No</u>	(9) <u>DK</u>	(8) <u>R</u>
(a) a computer to communicate (e.g., e-mail or chat services)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) a volume control telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) a TTY or TTD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) a message relay service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) other phone related devices (e.g., flashers)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) a closed caption T.V. or decoder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) amplifiers (e.g., FM, acoustic, infra-red)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) a visual or vibrating alarm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) a cochlear implant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) another aid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Other, Please Specify:

**\*\* Interviewer: 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) How often do you (does .... ) use a computer to communicate (e.g., e-mail or chat services)?**

- 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.**

**(a) 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.....
- 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.**

**(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) How often does your ( .... )'s computer need service, such as repairs or maintenance?**

- 1 Every 6 months or less.....
  - 2 More than 6 months but less than 1 year.....
  - 3 Once per year to less than 2 years.....
  - 4 Once every 2 years but less than once every 5 years.....
  - 5 Every 5 years or more.....
  - 6 Never.....  > **Go to C7 (a)**
  - 7 Not applicable.....  > **Go to C7 (a)**
  - Don't know.....  > **Go to C7 (a)**
  - Refusal.....  > **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 **Moderate**.....
  - 4 **Serious**.....
  - 5 **Cannot afford**.....
  - 6 Not applicable.....
  - Don't know.....
  - Refusal.....
- 

**C7.**

**(a) How often does your ( .... )'s computer need to be replaced?**

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

- 6 Never.....  > **Go to C3 (b)**
  - 7 Not applicable.....  > **Go to C3 (b)**
  - 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 C3 (b)**
  - 8 Refusal.....  > **Go to C3 (b)**
- 

**C9.**

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

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



Other, Please Specify:

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

**C10.**

**(a) How much difficulty will you ( .... ) have paying for a replacement for your (his/her) computer?**

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

**C3.**

(b) **How often do you (does .... ) use a volume control telephone?**

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

**C4.**

(b) **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.....
- 7 It does not belong to you ( .... ) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓  
Other, Please Specify:

- 9 No, applicable.....   
Don't know.....   
Refusal.....
- 

**C4a.**

(b) **Are you (Is .... ) making any kind of payment for your ( ....)'s volume control telephone, for example to rent or finance this item?**

- 1 Yes.....
- 2 No.....  > **Skip to C3(c) if C4=7**
- 9 Don't know.....  > **Skip to C3(c) if C4=7**

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

---

**C7.**

**(b) How often does your ( ....)'s volume control telephone need to be replaced?**

- 1 Every 6 months or less.....  > Go to C9
  - 2 More than 6 months but less than 1 year.....  > Go to C9
  - 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 C3 (c)
  - 7 Not applicable.....  > Go to C3 (c)
  - Don't know.....  > Go to C3 (c)
  - Refusal.....  > Go to C3 (c)
- 

**C8.**

**(b) Will this item need to be replaced in the next 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 reason you ( .... ) will need to replace your (his/her) volume control telephone?**

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

↓  
Other, Please Specify:

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

**C10.**

**(b) How much difficulty will you ( ....) 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) How often do you (does .... ) use a TTY or TDD?**

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

**C4.**

**(c) 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.....
- 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.**

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

- 1 Yes.....
  - 2 No.....  > **Skip to C3(d) if C4=7**
  - 9 Don't know.....  > **Skip to C3(d) if C4=7**
  - 8 Refusal.....  > **Skip to C3(d) if C4=7**
- 

**C7.**

**(c) How often does your ( ....)'s TTY or TDD need to be replaced?**

- 1 Every 6 months or less.....  > **Go to C9**
  - 2 More than 6 months but less than 1 year.....  > **Go to C9**
  - 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 C3 (d)**
  - 7 Not applicable.....  > **Go to C3 (d)**
  - Don't know.....  > **Go to C3 (d)**
  - Refusal.....  > **Go to C3 (d)**
- 

**C8.**

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

- 1 Yes.....
  - 2 No.....  > **Go to C3 (d)**
  - 9 Don't know.....  > **Go to C3 (d)**
  - 8 Refusal.....  > **Go to C3 (d)**
- 

**C9.**

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

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

↓

Other, Please Specify:

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

**C10.**

**(c) How much difficulty will you ( .... ) 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) How often do you (does .... ) use a message relay service?**

- 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.....
- 

**C3.**

**(e) How often do you (does .... ) use other phone related devices (e.g., flashers)?**

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

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

**C4.**

**(e) 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.....
- 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.**

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

- 1 Yes.....
- 2 No.....  > Skip to C3(f) if C4=7
- 9 Don't know.....  > Skip to C3(f) if C4=7
- 8 Refusal.....  > Skip to C3(f) if C4=7

**C10.**

**(e) How much difficulty will you ( ....) 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) How often do you (does .... ) use 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) 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.....
- 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.**

**(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) How often does your ( ....)'s closed caption T.V. or decoder need to be replaced?**

- 1 Every 6 months or less.....  > Go to C9
- 2 More than 6 months but less than 1 year.....  > Go to C9
- 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 C3 (g)
- 7 Not applicable.....  > Go to C3 (g)
- Don't know.....  > Go to C3 (g)
- Refusal.....  > Go to C3 (g)

**C8.**

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

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

**C9.**

**(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.....
- 3 Outgrew the aid.....
- 4 Worn out.....
- 5 New technology available / Aid is outdated.....
- 6 Other.....



Other, Please Specify:

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

**C10.**

**(f) How much difficulty will you ( .... ) 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) How often do you (does .... ) use 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.....
- 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.**

**(g) 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.....
- 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.**

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

- 1 Yes.....
- 2 No.....  > Skip to C3(h) if C4=7
- 9 Don't know.....  > Skip to C3(h) if C4=7
- 8 Refusal.....  > Skip to C3(h) if C4=7

**C7.**

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

- 1 Every 6 months or less.....  > Go to C9
- 2 More than 6 months but less than 1 year.....  > Go to C9
- 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 C3 (h)
- 7 Not applicable.....  > Go to C3 (h)
- Don't know.....  > Go to C3 (h)
- Refusal.....  > Go to C3 (h)

**C8.**

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

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

**C9.**

**(g) 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.....
- 6 Other.....



Other, Please Specify:

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

---

**C10.**

**(g) How much difficulty will you ( ....) have paying for a replacement for your (his/her) amplifiers?**

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

---

**C3.**

**(h) How often do you (does .... ) use a visual or vibrating alarm?**

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

**C4.**

**(h) 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.....
- 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.**

**(h) Are you (Is .... ) making any kind of payment for your ( ....)'s visual or vibrating alarm, for example to rent or finance this item?**

- 1 Yes.....
- 2 No.....  > **Skip to C3(i) if C4=7**
- 9 Don't know.....  > **Skip to C3(i) if C4=7**
- 8 Refusal.....  > **Skip to C3(i) if C4=7**

---

**C7.**

**(h) How often does your ( ....)'s visual or vibrating alarm need to be replaced?**

- 1 Every 6 months or less.....  > **Go to C9**
- 2 More than 6 months but less than 1 year.....  > **Go to C9**
- 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 C3 (i)**
- 7 Not applicable.....  > **Go to C3 (i)**
- Don't know.....  > **Go to C3 (i)**
- Refusal.....  > **Go to C3 (i)**

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

↓  
Other, Please Specify:

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

**C10.**

**(h) How much difficulty will you ( .... ) have paying for a replacement for your (his/her) visual or vibrating alarm?**

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

**C4.**

**(i) Who paid the most for acquiring 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.....



Other, Please Specify:

- 9 Not applicable.....
- Don't know.....
- Refusal.....

**C4a.**

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

- 1 Yes.....
- 2 No.....  > **Skip to C3(j) if C4=7**
- 9 Don't know.....  > **Skip to C3(j) if C4=7**
- 8 Refusal.....  > **Skip to C3(j) if C4=7**

**C5.**

**(i) How often does your ( .... )'s cochlear implant need service, such as repairs or maintenance?**

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

**C6.**

**(i) 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.....

**C3.**

**(j) How 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.....
- 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.**

**(j) 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.....
- 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.**

**(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 C3(k) if C4=7**

---

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

---

**C5.**

**(j) How often does this aid need service, such as repairs or maintenance?**

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

Refusal.....

---

**C7.**

**(j) How often does your ( ....)'s (write-in) need to be replaced?**

- 1 Every 6 months or less.....  > **Go to C9**
  - 2 More than 6 months but less than 1 year.....  > **Go to C9**
  - 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 C3 (k)**
  - 7 Not applicable.....  > **Go to C3 (k)**
  - Don't know.....  > **Go to C3 (k)**
  - Refusal.....  > **Go to C3 (k)**
- 

**C8.**

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

- 1 Yes.....
  - 2 No.....  > **Go to C3 (k)**
  - 9 Don't know.....  > **Go to C3 (k)**
  - 8 Refusal.....  > **Go to C3 (k)**
- 

**C9.**

**(j) 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.....

↓

Other, Please Specify:

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

**C10.**

**(j) How much difficulty will you ( ....) 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.....

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

**C3.**

**(k) How often do you (does ....) use your (his/her) hearing aid(s) aid?**

- 1 Every day.....
- 2 A few times a week.....
- 3 Once a week.....
- 4 Less than once a week.....
- 5 Frequent usage but only 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 acquiring 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.....

**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) How often 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.....
- 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 C7**
- 7 Not applicable.....  > **Go to C7**
- Don't know.....  > **Go to C7**
- Refusal.....  > **Go to C7**

**C6.**

**(k) 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.....

**C7.**

**(k) How often does your ( ....)'s hearing aid(s) need to be replaced?**

- 1 Every 6 months or less.....  > **Go to C9**
- 2 More than 6 months but less than 1 year.....  > **Go to C9**
- 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 C11**
- 7 Not applicable.....  > **Go to C11**
- Don't know.....  > **Go to C11**
- Refusal.....  > **Go to C11**

**C8.**

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

- 1 Yes.....
- 2 No.....  > **Go to C11**
- 9 Don't know.....  > **Go to C11**
- 8 Refusal.....  > **Go to C11**

**C9.**

**(k) What is the main reason you ( ... ) will need to replace your (his/her) hearing aid(s)?**

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



Other, Please Specify:

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

**C10.**

**(k) How much difficulty will you (will ....) 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 need (he/she needs) but do (does) not have?**

- 1 Yes.....
- 2 No.....  > **Go to C15**
- Don't know.....  > **Go to C15**
- Refusal.....  > **Go to C15**

**C12. Which aids do you (does .... ) need 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 (e.g., flashers).....
- 7 (g) a closed caption T.V. or decoder.....
- 8 (h) amplifiers, e.g., FM, acoustic, infra-red.....
- 9 (i) a visual or vibrating alarm.....
- 10 (j) a cochlear implant.....
- 11 (k) another aid.....

↓

Other, Please Specify:

- 12 None selected.....  > **Go to C15**
- Don't know.....  > **Go to C15**
- Refusal.....  > **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.....
- 5 Frequent usage but only during certain times.....
- 6 Not applicable.....
- Don't know.....
- Refusal.....

**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.....
- 7 You don't ( .... doesn't) know where to get it.....
- 8 On a waiting list.....
- 9 Other.....

↓

Other, Please Specify:

- 10 None selected.....

**C13.**

**(b) How frequently would you ( .... ) use a computer to communicate 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.**

**(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.....
- 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.....

---

**C13.**

**(c) How frequently would you ( .... ) use a volume control telephone 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.**

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

*Mark all that apply.*

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

- condition is not severe enough to justify this aid.....
- 5 Your ( .... ) doctor does not feel that your (his/her) condition is severe enough.....
- 6 Your ( .... ) insurance company does not feel that 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.....

**C13.**

**(d) How frequently would you ( .... ) use a TTY or TDD 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.**

**(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.....
- 7 You don't ( .... doesn't) know where to get it.....
- 8 On a waiting list.....
- 9 Other.....

↓

Other, Please Specify:

10 None selected.....

---

**C13.**

**(e) How frequently would you ( .... ) use a message relay service 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.**

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

↓

Other, Please Specify:

10 None selected.....

---

**C13.**

**(f) How frequently would you ( .... ) use other phone related devices 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.**

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



Other, Please Specify:

- 10 None selected.....
- 

**C13.**

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

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

- 6 Not applicable.....
  - Don't know.....
  - Refusal.....
- 

**C14.**

**(g) Why 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.....
- 7 You don't ( .... doesn't) know where to get it.....
- 8 On a waiting list.....
- 9 Other.....

↓

Other, Please Specify:

- 10 None selected.....
- 

**C13.**

**(h) How frequently would you ( .... ) use amplifiers, e.g., FM, acoustic, infra-red 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.**

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

↓

Other, Please Specify:

- 10 None selected.....

**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.**

**(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.....
- 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.....

**C13.**

**(j) How frequently would you ( .... ) (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.....

**C14.**

**(j) 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.....
- 7 You don't ( .... doesn't) know where to get it.....
- 8 On a waiting list.....
- 9 Other.....



Other, Please Specify:

- 10 None selected.....

**C14.**

**(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/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.....

---

**C15. The next few questions deal with certain communication skills you ( .... ) may have.**

**Do you (Does .... ) speak read or lip read?**

- 1 Yes.....
- 2 No.....
- 3 Not applicable.....
- Don't know.....
- Refusal.....

---

**C16. Do you (Does .... ) use sign language such as ASL, LSQ or other types of sign language?**

- 1 Yes.....
- 2 No.....  > **Go to C19**
- 3 Not applicable.....  > **Go to C19**
- Don't know.....  > **Go to C19**
- Refusal.....  > **Go to C19**

---

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



- 1 ASL.....
- 2 LSQ.....
- 3 Other.....



Other, Please Specify:

- 4 Not applicable.....
- Don't know.....
- Refusal.....

**C18. How often do you (does .... ) use a sign language interpreter?**

- 1 Every day.....
- 2 At least once a week.....
- 3 At least once a month.....
- 4 At least once every 6 months.....
- 5 Less than once every 6 months.....
- 6 Never.....
- 7 Not applicable.....
- Don't know.....
- Refusal.....

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

- 1 **Daily**.....
- 2 **Weekly**.....
- 3 **Monthly**.....
- 4 **Less than once per month**.....
- 5 **Never**.....  > **Go to C21**
- 6 Not applicable.....  > **Go to C21**
- Don't know.....  > **Go to C21**
- Refusal.....  > **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.....   
 Don't know.....   
 Refusal.....
- 

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

- 1 **Deaf**.....   
 2 **Deafened**.....   
 3 **Hard of Hearing**.....   
 4 **Some hearing loss**.....   
 5 **Other**.....



Other, Please Specify:

- 6 Not applicable.....   
 Don't know.....   
 Refusal.....
- 

**Section D – Seeing 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 Yes.....   
 2 No.....  > **Go to D4**  
 3 Don't know.....  > **Go to D4**  
 8 Refusal.....  > **Go to F**
- 

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

- 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 **Some difficulty**.....  > Go to D6  
2 **A lot of difficulty**.....  > Go to D6  
3 **You ( .... ) cannot see**.....  > Go to D6  
Don't know.....  > Go to D6  
Refusal.....  > Go to D6
- 

**D4. Do you (Does .... ) have any difficulty seeing ordinary newsprint?**

- 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
- 

**D5. How much difficulty?**

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

**D6. Do you (Does .... ) wear glasses or contact lenses to see at a distance?**

- 1 Yes.....   
2 No.....  > Go to D9  
9 Don't know.....  > Go to D9  
8 Refusal.....  > Go to D9
- 

**D7. With your (his/her) glasses or contact lenses, do you (does he/she) 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 to F**
- 8 Refusal.....  > If Seeing Limitation is Marked on Profile Sheet **Go to D11;**  
**Else go to F**

**D8. How much difficulty?**

- 1 **Some difficulty**.....  > If Seeing Limitation is Marked on Profile Sheet **Go to D11;**  
**Else go to F**
- 2 **A lot of difficulty**.....  > If Seeing Limitation is Marked on Profile Sheet **Go to D11;**  
**Else go to F**
- 3 **You ( .... ) cannot see**.....  > If Seeing Limitation is Marked on Profile Sheet **Go to D11;**  
**Else go to F**
- Don't know.....  > If Seeing Limitation is Marked on Profile Sheet **Go to D11;**  
**Else go to F**
- Refusal.....  > 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 to F**
- 8 Refusal.....  > If Seeing Limitation is Marked on Profile Sheet **Go to D11; Else go to F**

**D10. How much difficulty?**

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

**D11. Have you (Has .... ) been diagnosed by an eye specialist as being legally blind?**

- 1 Yes.....
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

**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 use:**

	(1)	(2)	(9)	(8)
	Yes	No	DK	R
(a) magnifiers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Braille reading materials.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) large print reading materials.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) talking books.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) recording equipment or portable note-takers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) closed circuit devices (e.g., CCTV's).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) a computer with Braille, large print or speech access.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) a white cane.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) another aid.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Other, Please Specify:
------------------------

\*\*\* Interviewer, Only read questions in section E3 for the aids (a-i) selected in E2\*\*\*

**E3.**

**(a) How often do you (does .... ) use magnifiers?**

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

- 7 Not applicable.....
  - Don't know.....
  - Refusal.....
- 

**E4.**

**(a) 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.....
- 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.**

**(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 Don't know.....  > Skip to E3(b) if E4=7
  - 8 Refusal.....  > Skip to E3(b) if E4=7
- 

**E5.**

**(a) How often 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.....
- 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 E7 (b)**
  - 7 Not applicable.....  > **Go to E7 (b)**
  - Don't know.....  > **Go to E7 (b)**
  - 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) **How often do your ( .... )'s magnifiers need to be replaced?**

- 1 Every 6 months or less.....  > **Go to E9 (b)**
  - 2 More than 6 months but less than 1 year.....  > **Go to E9 (b)**
  - 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 E3 (c)**
  - 7 Not applicable.....  > **Go to E3 (c)**
  - Don't know.....  > **Go to E3 (c)**
  - Refusal.....  > **Go to E3 (c)**
- 

**E8.**

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

- 1 Yes.....
  - 2 No.....  > **Go to E3 (c)**
  - 9 Don't know.....  > **Go to E3 (c)**
  - 8 Refusal.....  > **Go to E3 (c)**
- 

**E9.**

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

- 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.....

**E10.**

**(a) How much difficulty will you (....) have paying for a replacement for your (his/her) computer?**

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

**E3.**

**(b) How often do you (does .... ) use Braille reading materials?**

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

**E4.**

**(b) 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.....
- 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.**

**(b) Are you (Is .... ) making any kind of payment for your ( ....)'s Braille reading materials, for example to rent or finance this item?**

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

**E3.**

**(c) How often do you (does .... ) use large print reading materials?**

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

**E4.**

**(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.....
- 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.**

**(c) Are you (Is .... ) making any kind of payment for your ( ....)'s large print reading materials, for example to rent or finance this item?**

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

**E3.**

**(d) How often do you (does .... ) use talking books?**

- 1 Every day.....
- 2 A few times a week.....
- 3 Once a week.....
- 4 Less than once a week.....
- 5 Infrequent usage but only  
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 acquiring 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.**

**(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.....  > **Skip to E3(e) if E4=7**
- 8 Refusal.....  > **Skip to E3(e) if E4=7**

**E3.**

**(e) How often do you (does .... ) use recording equipment or portable note-takers?**

- 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.**

(e) **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.....
- 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) **How often does your ( ....)'s recording equipment or portable note-takers?**

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

**E10.**

(e) **How much difficulty will you ( ... ) have paying for a replacement for your (his/her) recording equipment or portable note-takers?**

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

**E3.**

(f) **How often do you (does ... ) use 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.....
- 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 acquiring 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?**

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

**E7.**

**(f) How often 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.....  > **Go to E9**
- 3 Once per year to less than 2 years.....
- 4 Once every 2 years but less than once every 5 years.

- 5 Every 5 years or 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 replaced in the next 12 months?**

- 1 Yes.....
  - 2 No.....  > **Go to E3 (g)**
  - 9 Don't know.....  > **Go to E3 (g)**
  - 8 Refusal.....  > **Go to E3 (g)**
- 

**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.....
- 6 Other.....



Other, Please Specify:

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

**E10.**

**(f) How much difficulty will you ( .... ) have paying for a replacement for your (his/her) amplifiers?**

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



**E3.**

**(g) How often do you (does .... ) use 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.....
- 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 acquiring 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.**

**(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

8 Refusal.....  > Skip to E3(h) if E4=7

---

**E7.**

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

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

**E8.**

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

- 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 Braille, large print or speech access?**

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

↓

Other, Please Specify:

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

**E10.**

**(g) How much difficulty will you ( ....) 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) How often do you (does .... ) use 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 acquiring 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.**

**(h) 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 E3(i) if E4=7**
  - 9 Don't know.....  > **Skip to E3(i) if E4=7**
  - 8 Refusal.....  > **Skip to E3(i) if E4=7**
- 

**E3.**

**(i) How 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.....
  - 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.**

**(i) 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.....
- 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.**

(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 Refusal.....  > **Skip to E11 if E4=7**

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

**E5.**

(i) **How often does this aid need service, such as repairs or maintenance?**

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

**E6.**

(i) **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.**

(i) **How often does your ( ....)'s (write-in) need to be replaced?**

- 1 Every 6 months or less.....  > **Go to E9**
  - 2 More than 6 months but less than 1 year.....  > **Go to E9**
  - 3 Once per year to less than 2 years.....
  - 4 Once every 2 years but less than once every 5 years.....
  - 5 Every 5 years or 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 this item need to be replaced in the next 12 months?**

- 1 Yes.....
  - 2 No.....  > **Go to E11**
  - 9 Don't know.....  > **Go to E11**
  - 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.....



Other, Please Specify:

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

**E10.**

(i) **How much difficulty will you ( .... ) 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 need (he/she needs) but do (does) not have?**

- 1 Yes.....
- 2 No.....  > **Go to E15**
- Don't know.....  > **Go to E15**
- Refusal.....  > **Go to E15**

**E12. Which aids do you (does .... ) need but do (does) not have?**  
*Mark all that apply..*

- 1 (a) magnifiers.....
- 2 (b) Braille reading materials .....
- 3 (c) large print reading materials.....
- 4 (d) talking books.....
- 5 (e) recording equipment or portable note-takers.....
- 6 (f) closed circuit devices (e.g., CCTV's).....
- 7 (g) a computer with Braille, large print or speech access.....
- 8 (h) a white cane.....
- 9 (i) another aid.....

↓  
 Other, Please Specify:

- 12 None selected.....  > **Go to E15**
- Don't know.....  > **Go to E15**
- Refusal.....  > **Go to E15**

**\*\*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.....

- 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.**

**(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.....
- 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.**

**(b) How frequently would you ( .... ) use Braille reading materials 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.**

**(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.....
- 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.**

(c) **How frequently would you ( .... ) use large print reading materials 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.**

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

Mark all that apply.

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

- 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.**

**(d) How frequently would you ( .... ) use talking books 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.**

**(d) Why do you (does .... ) not have this aid?**

Interviewer: 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.....
- 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.**

**(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.....
  - 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?**

Interviewer: 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.....
- 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.**

**(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?**

*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.....
- 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 would you ( .... ) use a computer with Braille, large print or speech access 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.**

**(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.....
- 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.**

**(h) How frequently would you ( .... ) use a white cane 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.**

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

↓

Other, Please Specify:
------------------------

10 None selected.....

---

**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.....
- 

**E14.**

**(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.....
- 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.....

---

**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**.....  > **Go to F**
- 6 Not applicable.....  > **Go to F**
- Don't know.....  > **Go to F**

**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.....

**Section F - Communication Filter**

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

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

**F1. Because of a condition or health problem, do you (does .... ) have any difficulty speaking?**

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

- 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) understood when speaking?**

- 1 Yes.....
  - 2 No.....  > Go to F9
  - 9 Don't know.....  > Go to F9
  - 8 Refusal.....  > Go to F9
- 

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

- 1 **Completely**.....
  - 2 **Partially**.....
  - 3 **Not at all**.....
  - 9 Refused.....
  - 8 Don' 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?**

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

**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?**

- 1 Yes.....
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

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

- 1 Yes.....

↓  
Other, Please Specify:

- 2 No.....  > **If F9=1 go to F11;  
Else skip to G**
  - 9 Don't know.....  > **If F9=1 go to F11;  
Else skip to G**
  - 8 Refusal.....  > **If F9=1 go to F11;  
Else skip to G**
- 

**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.....
  - 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 (himself/herself) understood when communicating in this manner with professionals and service providers, e.g., doctors, home care providers?

- 1 Completely.....
  - 2 Partially.....
  - 3 Not at all.....
  - 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.....
  - 6 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 .... ) use any aids or specialized equipment for persons who have difficulty speaking or making themselves understood, for example, a keyboard device to communicate?**

- 1 Yes.....
- 2 No.....  > **Go to G11**
- 9 Don't know.....  > **Go to G11**
- 8 Refusal.....  > **Go to G11**

**G2. Do you (Does .... ) now use:**

	(1)	(2)	(9)	(8)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>R</u>
(a) a voice amplifier .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) a computer or keyboard device to communicate.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) a communications board such as Bliss .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) another aid .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Other, Please 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) How often do you (does .... ) use a voice amplifier?**

- 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.....

---

**G4.**

**(a) 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.....
- 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.....
- 

**G4a.**

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

- 1 Yes.....
- 2 No.....  > Skip to G3(b) if G4=7
- 9 Don't know.....  > Skip to G3(b) if G4=7
- 8 Refusal.....  > Skip to G3(b) if G4=7

**G5.**

**(a) How often does your ( .... )'s voice amplifier need service, such as repairs or maintenance?**

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

- 5 Every 5 years or more .....
  - 6 Never.....  > **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) **How often do your ( .... )'s voice amplifier need to be replaced?**

- 1 Every 6 months or less.....  > **Go to G9**
  - 2 More than 6 months but less than 1 year.....  > **Go to G9**
  - 3 Once per year to less than 2 years.....
  - 4 Once every 2 years but less than once every 5 years.....
  - 5 Every 5 years or more.....
  - 6 Never.....  > **Go to G3 (b)**
  - 7 Not applicable.....  > **Go to G3 (b)**
  - Don't know.....  > **Go to G3 (b)**
  - Refusal.....  > **Go to G3 (b)**
- 

**G8.**

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

- 1 Yes.....
  - 2 No.....  > **Go to G3 (b)**
  - 9 Don't know.....  > **Go to G3 (b)**
  - 8 Refusal.....  > **Go to G3 (b)**
- 

**G9.**

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

- 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.....

**G10.**

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

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

**G3.**

**(b) How often do you (does ....) use a computer or keyboard device to communicate?**

- 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.....

**G4.**

**(b) 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.....
- 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.....

**G4a.**

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

- 1 Yes.....
- 2 No.....  > **Skip to G3(c) if G4=7**
- 9 Don't know.....  > **Skip to G3(c) if G4=7**
- 8 Refusal.....  > **Skip to G3(c) if G4=7**

**G5.**

**(b) How often does your ( ....)'s computer or keyboard device 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.....
- 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.**

**(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) How often do your ( .... )'s computer or keyboard device need to be replaced?**

- 1 Every 6 months or less.....  > **Go to G9**
- 2 More than 6 months but less than 1 year.....  > **Go to G9**
- 3 Once per year to less than 2 years.....
- 4 Once every 2 years but less than once every 5 years.....
- 5 Every 5 years or more.....
- 6 Never.....  > **Go to G3 (c)**
- 7 Not applicable.....  > **Go to G3 (c)**
- Don't know.....  > **Go to G3 (c)**
- Refusal.....  > **Go to G3 (c)**

---

**G8.**

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

- 1 Yes.....
- 2 No.....  > **Go to G3 (c)**
- 3 Don't know.....  > **Go to G3 (c)**
- 4 Refusal.....  > **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 outdated.....
- 6 Other.....



Other, Please Specify:

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

**G10.**

**(b) How much difficulty will you (....) have paying for a replacement for 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) How often do you (does .... ) use a communications board such as Bliss to communicate?**

- 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.....

**G4.**

**(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.....
- 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.....

**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.....  > **Skip to G3(d) if G4=7**
- 9 Don't know.....  > **Skip to G3(d) if G4=7**
- 8 Refusal.....  > **Skip to G3(d) if G4=7**

**G5.**

**(c) How often does you ( .... )'s communications board need service, such as repairs or maintenance?**

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

**G6.**

**(c) 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.**

**(c) How often do your ( .... )'s communications board need to be replaced?**

- 1 Every 6 months or less.....  > **Go to G9**
- 2 More than 6 months but less than 1 year.....  > **Go to G9**
- 3 Once per year to less than 2 years.....
- 4 Once every 2 years but less than once every 5 years.....
- 5 Every 5 years or more.....
- 6 Never.....  > **Go to G3 (d)**
- 7 Not applicable.....  > **Go to G3 (d)**
- Don't know.....  > **Go to G3 (d)**
- Refusal.....  > **Go to G3 (d)**

**G8.**

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

- 1 Yes.....
- 2 No.....  > **Go to G3 (d)**
- 9 Don't know.....  > **Go to G3 (d)**
- 8 Refusal.....  > **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.....
- 3 Outgrew the aid.....
- 4 Worn out.....
- 5 New technology available / Aid is outdated.....
- 6 Other.....



Other, Please Specify:

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

**G10.**

(c) **How much difficulty will you ( .... ) 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.....

**G3.**

(d) **How often do you (does .... ) use a (write-in) to communicate?**

- 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.....

**G4.**

(d) **Who paid the most for acquiring this item?**

- 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.....

---

**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**
- 

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

---

**G5.**

**(d) How often 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.....
  - 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.**

**(d) 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.**

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

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

**G8.**

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

- 1 Yes.....
  - 2 No.....  > **Go to G11**
  - 9 Don't know.....  > **Go to G11**
  - 8 Refusal.....  > **Go to G11**
- 

**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.....
  - Refusal.....
- 

**G10.**

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

- 1 **None**.....
- 2 **Slight**.....
- 3 **Moderate**.....
- 4 **Serious**.....

- 5 Cannot afford.....
- Don't know.....
- Refusal.....

**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) need(s) but do not have?**

- 1 Yes.....
- 2 No.....  > **Go to G15**
- 9 Don't know.....  > **Go to G15**
- 8 Refusal.....  > **Go to G15**

**G12. Which aids do you (does .... ) need but do (does) not have?**

Interviewer: Mark all that apply.

- 1 (a) A voice amplifier .....
- 2 (b) A computer or keyboard device to communicate .....
- 3 (c) A communications board such as Bliss .....
- 4 (d) Specialized telephone equipment .....
- 5 (e) Another aid .....



Other, Please Specify:

- 12 None selected.....  > **Go to G15**
- Don't know.....  > **Go to G15**
- Refusal.....  > **Go to G15**

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

**G13.**

**(a) How 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?**

*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.....
- 7 You don't ( .... doesn't) know where to get it.....
- 8 On a waiting list.....
- 9 Other.....

Other, Please Specify:

- 10 None selected.....

---

**G13.**

**(b) How frequently would you ( .... ) use a computer or keyboard device to communicate 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.....

---

**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.....
- 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.....

**G13.**

**(c) How frequently would you ( .... ) use a communications board 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.....
- Refusal.....

**G14.**

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

*Mark all that apply.*

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

---

**G13.**

**(d) How frequently would you ( .... ) use specialized telephone equipment 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.....
- 

**G14.**

**(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.....
- 7 You don't ( .... doesn't) know where to get it.....
- 8 On a waiting list.....
- 9 Other.....

↓  
Other, Please Specify:

10 None selected.....

---

**G13.**

**(e) How frequently would you ( .... ) use (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.....

**G14.**

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

↓

Other, Please Specify:

- 10 None selected.....

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

- 1 **Daily**.....
- 2 **Weekly**.....
- 3 **Monthly**.....
- 4 **Less than once per month**.....
- 5 **Never**.....  > **Go to H**
- 6 Not applicable.....  > **Go to H**
- Don't know.....  > **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\*\***

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

**H1. Are you (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**

**H2. Do you (Does .... ) have any difficulty walking half a kilometre or a quarter mile, that is, about three city blocks, without resting?**

- 1 **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**.....  > Check off Mobility Limitation on Profile Sheet
  - 2 **Yes, often or always**.....  > Check off Mobility Limitation on Profile Sheet
  - 3 **No**.....  > **Go to H6**
  - 8 Refusal.....  > **Go to H6**
  - 9 Don't Know.....  > **Go to H6**
- 

**H5. How much difficulty?**

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

**H6. Do you (Does .... ) have any difficulty carrying an object of 5 kg or 10 pounds, like a bag of groceries, for 10 metres or 30 feet?**

- 1 **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 H8**
  - 8 Refusal.....  > **Go to H8**
  - 9 Don't Know.....  > **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**.....  > Check off Mobility Limitation on Profile Sheet; then **Go to H9**
  - 2 **Yes, often or always**.....  > Check off Mobility Limitation on Profile Sheet; then **Go to H9**
  - 3 **No**.....  > **Go to H10**
  - 8 Refusal.....  > **Go to H10**
  - 9 Don't Know.....  > **Go to H10**
- 

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

- 1 **Yes, sometimes**.....
  - 2 **Yes, often or always**.....
  - 3 **No**.....  > If Mobility Limitation Checked Off on Profile Sheet go to I; Else go to J
  - 8 Refusal.....  > 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 A lot of difficulty.....
- 3 Completely unable.....
- 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.....  > Check off Mobility Limitation on Profile Sheet
- 2 Yes, often or always.....  > Check off Mobility Limitation on Profile Sheet
- 3 No.....  > **Go to I**
- 8 Refusal.....  > **Go to I**
- 9 Don't Know.....  > **Go to I**

**H11. How much difficulty?**

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

**Section I - Mobility Aids**

**\*\*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 Don't know.....  > **Go to I11**  
 8 Refusal.....  > **Go to I11**

**I2. Do you (Does .... ) now use:**

- |   | (1)                      | (2)                      | (9)                      | (8)                      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
|   | <u>Yes</u>               | <u>No</u>                | <u>DK</u>                | <u>R</u>                 |
| (a) orthopedic footwear?.....                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) a cane or walking stick?.....                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) crutches?.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) a manual wheelchair? .....                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) an electric wheelchair?.....                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) a walker?.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) a scooter?.....                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) braces or supportive devices?.....                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) grab bars or bathroom aids?.....                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (j) bath or bed lifts or other lift type<br>devices?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (k) an adapted motor vehicle? .....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (l) another aid? .....                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Other, Please Specify.

**\*\* Interviewer: Ask questions I3-10 for aids selected in I2(a-l); Else skip to I11\*\***

**I3.**

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

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



- or replacement.....
- 7 Not applicable.....
- Don't know.....
- Refusal.....

**I4.**

**(a) 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.....
- 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.....

**I4a.**

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

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

**I5.**

**(a) How often does your ( ....)'s orthopedic footwear need service, such as repairs or maintenance?**

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

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

**I6.**

**(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.....
- 

**I7.**

**(a) How often do your ( .... )'s orthopedic footwear need to be replaced?**

- 1 Every 6 months or less.....  > **Go to I9**
  - 2 More than 6 months but less than 1 year.....  > **Go to I9**
  - 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 I3 (b)**
  - 7 Not applicable.....  > **Go to I3 (b)**
  - Don't know.....  > **Go to I3 (b)**
  - Refusal.....  > **Go to I3 (b)**
- 

**I8.**

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

- 1 Yes.....
  - 2 No.....  > **Go to I3 (b)**
  - 9 Don't know.....  > **Go to I3 (b)**
  - 8 Refusal.....  > **Go to I3 (b)**
- 

**I9.**

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

- 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.....

**I10.**

**(a) How much difficulty will you ( ....) have paying for a replacement for your (his/her) orthopedic footwear?**

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

**I3.**

**(b) How often do you (does ....) use a cane or walking stick?**

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

**I4.**

**(b) Who 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.....
- 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.....

**I4a.**

**(b) Are you (Is .... ) making any kind of payment for your ( ....)'s cane or walking stick, for example to rent or finance this item?**

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

**I5.**

**(b) How often does your ( .... )'s cane or walking stick need service, such as repairs or maintenance?**

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

**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.....
  - Don't know.....
  - Refusal.....
- 

**I7.**

**(b) How often do your ( .... )'s cane or walking stick need to be replaced?**

- 1 Every 6 months or less.....  > **Go to I9**
  - 2 More than 6 months but less than 1 year.....  > **Go to I9**
  - 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 I3 (c)**
  - 7 Not applicable.....  > **Go to I3 (c)**
  - Don't know.....  > **Go to I3 (c)**
  - Refusal.....  > **Go to I3 (c)**
- 

**I8.**

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

- 1 Yes.....
  - 2 No.....  > **Go to I3 (c)**
  - 9 Don't know.....  > **Go to I3 (c)**
  - 8 Refusal.....  > **Go to I3 (c)**
- 

**I9.**

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

- 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.....
- 

**I10.**

(b) **How much difficulty will you ( .... ) 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) **How often do you (does .... ) use crutches?**

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

**I4.**

(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.....   
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.....

**I4a.**

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

1 Yes.....

2 No.....  > Skip to I3(d) if I4=7

9 Don't know.....  > Skip to I3(d) if I4=7

8 Refusal.....  > Skip to I3(d) if I4=7

**I5.**

**(c) How often does your ( .... )'s crutches need service, such as repairs or maintenance?**

1 Every 6 months or less.....

2 More than 6 months but less than 1 year.....

3 Once per year to less than 2 years.....

4 Once every 2 years but less than once every 5 years.....

5 Every 5 years or more.....

6 Never.....  > Go to I7

7 Not applicable.....  > Go to I7

Don't know.....  > Go to I7

Refusal.....  > Go to I7

**I6.**

**(c) 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.**

**(c) How often do your ( .... )'s crutches need to be replaced?**

- 1 Every 6 months or less.....  > **Go to I9**
  - 2 More than 6 months but less than 1 year.....  > **Go to I9**
  - 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 I3 (d)**
  - 7 Not applicable.....  > **Go to I3 (d)**
  - Don't know.....  > **Go to I3 (d)**
  - Refusal.....  > **Go to I3 (d)**
- 

**I8.**

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

- 1 Yes.....
  - 2 No.....  > **Go to I3 (d)**
  - 9 Don't know.....  > **Go to I3 (d)**
  - 8 Refusal.....  > **Go to I3 (d)**
- 

**I9.**

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

- 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.....
- 

**I10.**

**(c) How much difficulty will you ( .... ) 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.**

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

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

**I4.**

**(d) 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.....
- 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.....

**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) How often does your ( .... )'s manual wheelchair need service such as repairs or maintenance?**

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

**I6.**

**(d) 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.**

**(d) How often do your ( .... )'s manual wheelchair need to be replaced?**

- 1 Every 6 months or less.....  > **Go to I9**
- 2 More than 6 months but less than 1 year.....  > **Go to I9**
- 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 I3 (e)**
  - 7 Not applicable.....  > **Go to I3 (e)**
  - Don't know.....  > **Go to I3 (e)**
  - 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.....  > **Go to I3 (e)**
  - 8 Refusal.....  > **Go to I3 (e)**
- 

**I9.**

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

- 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.....
- 

**I10.**

**(d) How much difficulty will you ( ... ) have paying for a replacement for your (his/her) manual wheelchair?**

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

**I3.**

**(e) How often do you (does .... ) use an electric wheelchair?**

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

---

**I4.**

**(e) 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.....
- 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.....

---

**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.....  > **Skip to I3(f) if I4=7**
- 9 Don't know.....  > **Skip to I3(f) if I4=7**
- 8 Refusal.....  > **Skip to I3(f) if I4=7**

---

**I5.**

(e) **How often 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.....
  - 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 I7**
  - 7 Not applicable .....  > **Go to I7**
  - Don't know.....  > **Go to I7**
  - Refusal.....  > **Go to I7**
- 

**I6.**

(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.....
- 

**I7.**

(e) **How often do your ( .... )'s electric wheelchair need to be replaced?**

- 1 Every 6 months or less.....  > **Go to I9**
  - 2 More than 6 months but less than 1 year.....  > **Go to I9**
  - 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 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 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.....
- 

**I10.**

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

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

**I3.**

**(f) How often do you (does ... ) use a walker?**

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

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

**I4.**

**(f) 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.....
- 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.....

**I4a.**

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

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

**I5.**

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

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

- every 5 years.....
  - 5 Every 5 years or more.....
  - 6 Never.....  > **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**.....
  - 5 **Cannot afford**.....
  - 6 Not applicable.....
  - Don't know.....
  - Refusal.....
- 

**I7.**

**(f) How often do your ( .... )'s walker need to be replaced?**

- 1 Every 6 months or less.....  > **Go to I9**
  - 2 More than 6 months but less than 1 year.....  > **Go to I9**
  - 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 I3 (g)**
  - 7 Not applicable.....  > **Go to I3 (g)**
  - Don't know.....  > **Go to I3 (g)**
  - Refusal.....  > **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.....
- 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.....

**I10.**

**(f) How much difficulty will you (....) have paying for a replacement for your (his/her) walker?**

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

**I3.**

**(g) How often do you (does ....) use a scooter?**

- 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.....

**I4.**

**(g) 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.....
- 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.....

**I4a.**

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

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

**I5.**

**(g) How often does your ( .... )'s scooter need service, such as repairs or maintenance?**

- 1 Every 6 months or less.....
- 2 More than 6 months but less than 1 year.....
- 3 Once per year to less than 2 years.....
- 4 Once every 2 years but less than once every 5 years.....
- 5 Every 5 years or more.....
- 6 Never.....  > **Go to I7**

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

**I7.**

**(g) How often do your ( .... )'s scooter need to be replaced?**

- 1 Every 6 months or less.....  > **Go to I9**  
 2 More than 6 months but less than 1 year.....  > **Go to I9**  
 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 I3 (h)**  
 7 Not applicable.....  > **Go to I3 (h)**  
 Don't know.....  > **Go to I3 (h)**  
 Refusal.....  > **Go to I3 (h)**
- 

**I8.**

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

- 1 Yes.....   
 2 No.....  > **Go to I3 (h)**  
 9 Don't know.....  > **Go to I3 (h)**  
 8 Refusal.....  > **Go to I3 (h)**
- 

**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.....

**I10.**

**(g) How much difficulty will you (....) have paying for a replacement for your (his/her) scooter?**

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

**I3.**

**(h) How often do you (does ...) use braces or supportive devices?**

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

**I4.**

**(h) 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.....
- 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.....

**I4a.**

**(h) Are you (Is .... ) making any kind of payment for your ( ....)'s braces or supportive devices, for example to rent or finance this item?**

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

**I5.**

**(h) How often does your ( .... )'s braces or supportive devices need service, such as repairs or maintenance?**

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

**I6.**

**(h) 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.**

**(h) How often do your ( .... )'s braces or supportive devices need to be replaced?**

- 1 Every 6 months or less.....  > **Go to I9**
- 2 More than 6 months but less than 1 year.....  > **Go to I9**
- 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 I3 (i)**
- 7 Not applicable.....  > **Go to I3 (i)**
- Don't know.....  > **Go to I3 (i)**
- Refusal.....  > **Go to I3 (i)**

**I8.**

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

- 1 Yes.....
- 2 No.....  > **Go to I3 (i)**
- 9 Don't know.....  > **Go to I3 (i)**
- 8 Refusal.....  > **Go 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.....
- 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.....

---

**I10.**

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

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

**I3.**

**(i) How often do you (does .... ) use grab bars or bathroom aids?**

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

**I4.**

**(i) 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.....
- 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.....
- 

**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 I3(i) if I4=7**
  - 9 Don't know.....  > **Skip to I3(j) if I4=7**
  - 8 Refusal.....  > **Skip to I3(j) if I4=7**
- 

**I5.**

(i) **How often does your ( .... )'s grab bars or bathroom aids need service, such as repairs or maintenance?**

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

**I6.**

(i) **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.**

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



- 1 Every 6 months or less.....  > **Go to I9**
- 2 More than 6 months but less than 1 year.....  > **Go to I9**
- 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 I3 (j)**
- 7 Not applicable.....  > **Go to I3 (j)**
- Don't know.....  > **Go to I3 (j)**
- Refusal.....  > **Go to I3 (j)**

**I8.**

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

- 1 Yes.....
- 2 No.....  > **Go to I3 (j)**
- 9 Don't know.....  > **Go to I3 (j)**
- 8 Refusal.....  > **Go to I3 (j)**

**I9.**

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

- 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.....

**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**.....
- 3 **Moderate**.....
- 4 **Serious**.....
- 5 **Cannot afford**.....

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

**I3.**

**(j) How often do you (does .... ) use bath or bed lifts or other lift type devices?**

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

**I4.**

**(j) 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.....
- 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.....

**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) How often 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.....
  - 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 I7
  - 7 Not applicable.....  > Go to I7
  - Don't know.....  > Go to I7
  - Refusal.....  > Go to I7
- 

**I6.**

**(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.....
  - Don't know.....
  - Refusal.....
- 

**I7.**

**(j) How often 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.....  > Go to I9
- 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 I3 (k)
- 7 Not applicable.....  > Go to I3 (k)

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

**I8.**

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

- 1 Yes.....   
 2 No.....  > **Go to I3 (k)**  
 9 Don't know.....  > **Go to I3 (k)**  
 8 Refusal.....  > **Go to I3 (k)**
- 

**I9.**

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

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



Other, Please Specify:

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

**I10.**

**(j) How much difficulty will you ( .... ) have paying for a replacement for your (his/her) bath or bed lifts or other lift type devices?**

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

**I3.**

**(k) How often do you (does .... ) use an adapted motor vehicle?**

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

**I4.**  
**(k) 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.....
- 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.....

**I4a.**  
**(k) Are you (Is .... ) making any kind of payment for your ( ....)'s adapted motor vehicle, for example to rent or finance this item?**

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

**I5.**

(k) **How often does your ( .... )'s adapted motor vehicle, 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 I7**
  - 7 Not applicable .....  > **Go to I7**
  - Don't know.....  > **Go to I7**
  - Refusal.....  > **Go to I7**
- 

**I6.**

(k) **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.**

(k) **How often do your ( .... )'s adapted motor vehicle need to be replaced?**

- 1 Every 6 months or less.....  > **Go to I9**
  - 2 More than 6 months but less than 1 year.....  > **Go to I9**
  - 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 I3 (I)**
  - 7 Not applicable.....  > **Go to I3 (I)**
  - Don't know.....  > **Go to I3 (I)**
  - Refusal.....  > **Go to I3 (I)**
- 

**I8.**

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

- 1 Yes.....
- 2 No.....  > **Go to I3 (I)**

- 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 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.....

**I10.**

**(k) How much difficulty will you ( ... ) have paying for a replacement for your (his/her) adapted motor vehicle?**

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

**I3.**

**(l) How 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.....
- 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) 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.....
- 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.....

**I4a.**

**(l) 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 I11 if I4=7**
- 9 Don't know.....  > **Skip to I11 if I4=7**
- 8 Refusal.....  > **Skip to I11 if I4=7**

*Interviewer: If service or replacement is applicable to this specific write-in then proceed to I5, else skip to I11.*

**I5.**

**(l) How often does your ( .... )'s adapted motor vehicle, 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 I7**
  - 7 Not applicable .....  > **Go to I7**
  - Don't know.....  > **Go to I7**
  - Refusal.....  > **Go to I7**
- 

**I6.**

**(I) 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.**

**(I) How often do your ( .... )'s (*write-in*) need to be replaced?**

- 1 Every 6 months or less.....  > **Go to I9**
  - 2 More than 6 months but less than 1 year.....  > **Go to I9**
  - 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 I11**
  - 7 Not applicable.....  > **Go to I11**
  - Don't know.....  > **Go to I11**
  - Refusal.....  > **Go to I11**
- 

**I8.**

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

- 1 Yes.....
  - 2 No.....  > **Go to I11**
  - 9 Don't know.....  > **Go to I11**
  - 8 Refusal.....  > **Go to I11**
- 

**I9.**

**(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.....



Other, Please Specify:

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

**I10.**

**(l) How much difficulty will you ( ....) 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.....

**I11. Are there any aids or specialized equipment for persons who have difficulty moving around that you think ( .... thinks he/she) you need(s) but do (does) not have? 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 I15**
- 9 Don't know.....  > **Go to I15**
- 8 Refusal.....  > **Go to I15**

**I12. Which aids do you (does .... ) need 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.....
- 12 (l) Another aid.....



Other, Please Specify:

**\*\*\*Interviewer: Ask I13-I14 for aids (a-l) selected in I12; Else go to I15\*\*\***

**I13. How frequently would you ( .... ) use orthopedic footwear if you (he/she) did (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 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.....
- 7 You don't ( .... doesn't) know where to get it.....
- 8 On a waiting list.....
- 9 Other.....



Other, Please Specify:

10 None selected.....

---

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

- 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**  
**(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.....
- 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.....

---

**I13. How frequently would you ( .... ) use crutches if you (he/she) did have it?**  
**(c)**

- 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**

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

*Mark all that apply.*

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

**I13. How frequently would you ( .... ) use a manual wheelchair 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.....

**I14**

**(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.....
- 7 You don't ( .... doesn't) know where to get it.....
- 8 On a waiting list.....
- 9 Other.....

↓

Other, Please Specify:

- 10 None selected.....

**I13. How frequently would you ( .... ) use an electric wheelchair 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.....

**I14 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.....
- 7 You don't ( .... doesn't) know where to get it.....
- 8 On a waiting list.....

9 Other.....



Other, Please Specify:

10 None selected.....

---

**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 Why do you (does .... ) not have this aid?**  
**(f)**

*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.....
- 7 You don't ( .... doesn't) know where to get it.....
- 8 On a waiting list.....
- 9 Other.....



Other, Please Specify:

10 None selected.....

---

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

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

**I14**

**(g) 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.....
- 7 You don't ( .... doesn't) know where to get it.....
- 8 On a waiting list.....
- 9 Other.....

↓

Other, Please Specify:

- 10 None selected.....

**I13. How frequently would you ( .... ) use braces or supportive devices if you**

**(h) (he/she) did have it?**

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



**I14**

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

Other, Please Specify:

- 10 None selected.....

---

**I13. How frequently would you ( .... ) use lifts or lift type devices if you (he/she)**

**(i) did have it?**

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

---

**I14**

**(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.....
- 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.....

**I13. How frequently would you ( .... ) use grab bars or bathroom aids if you (j) (he/she) did have it?**

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

**I14 (j) 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.....
- 7 You don't ( .... doesn't) know where to get it.....
- 8 On a waiting list.....
- 9 Other.....



Other, Please Specify:

- 10 None selected.....

---

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

- 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**  
**(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/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.....
- 

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

**(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.....
- 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.....

**I15. In the past 6 months, how often have you had difficulty participating in everyday activities because of your ability to move around?**

- 1 **Daily**.....
- 2 **Weekly**.....
- 3 **Monthly**.....
- 4 **Less than once per month**.....
- 5 **Never**.....  > **Skip to J**
- 6 **Not applicable**.....  > **Skip to J**
- Don't know.....  > **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 ( ...'s) participation was not affected.....
- 9 Don't know.....

8 Refusal.....

---

### 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 an object from the floor (for example, a shoe)?**

- 1 **Yes, sometimes**.....  > Check Agility limitation on Profile Sheet
- 2 **Yes, often or always**.....  > Check Agility limitation on Profile Sheet
- 3 **No**.....  > **Go to J3**
- 8 Refusal.....  > **Go to J3**
- 9 Don't Know.....  > **Go to J3**
- 

**J2. 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.....
- 

**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**.....  > Check Agility limitation on Profile Sheet

- 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.....
- 

**J5. Do you (Does .... ) have any difficulty getting into and out of bed?**

- 1 **Yes, sometimes**.....  > Check Agility limitation on Profile Sheet
  - 2 **Yes, often or always**.....  > Check Agility limitation on Profile Sheet
  - 3 **No**.....  > **Go to J7**
  - 8 **Refusal**.....  > **Go to J7**
  - 9 **Don't Know**.....  > **Go to J7**
- 

**J6. 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.....
- 

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

- 1 **Yes, sometimes**.....  > Check Agility limitation on Profile Sheet
- 2 **Yes, often or always**.....  > Check Agility limitation on Profile Sheet

- 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 (... 's) participation was not affected.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

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

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

**J10. 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.....
- 

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

- 1 **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?**

- 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.....
- 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 .... ) use any aids or specialized equipment that helps (him/her) with your (his/her) agility or flexibility? For example, a hand or arm brace or grasping tools.**

- 1 Yes.....
- 2 No.....  > **Go to K11**
- 9 Don't know.....  > **Go to K11**
- 8 Refusal.....  > **Go to K11**

**K2. Do you (Does .... ) now use:**

	(1)	(2)	(9)	(8)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>R</u>
(a) a hand or arm brace?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) grasping tools or reach extenders?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) grab bars or bathroom aids?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) bath or bed lifts or other lift type devices? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) another aid? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Other, Please Specify:

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

**K3.**

**(a) How often do you (does .... ) use a hand or arm brace?**

- 1 Every day.....
- 2 A few times a week.....

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

**K4.**

**(a) 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.....
- 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.....

**K4a.**

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

- 1 Yes.....
- 2 No.....  > **Skip to K3(b) if K4=7**
- 9 Don't know.....  > **Skip to K3(b) if K4=7**
- 8 Refusal.....  > **Skip to K3(b) if K4=7**

**K5.**

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

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

**K6.**

(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.....
- 

**K7.**

(a) **How often do your ( .... )'s hand or arm brace need to be replaced?**

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

**K8.**

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

- 1 Yes.....

- 2 No.....  > **Go to K3 (b)**
  - 9 Don't know.....  > **Go to K3 (b)**
  - 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.....
- 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.....
- 

**K10.**

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

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

**K3.**

**(b) How often do you (does .... ) use grasping tools or reach extenders?**

- 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.....

**K4.**

**(b) 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.....
- 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.....

**K4a.**

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

- 1 Yes.....
- 2 No.....  > Skip to K3(c) if K4=7
- 3 Don't know.....  > Skip to K3(c) if K4=7
- 8 Refusal.....  > Skip to K3(c) if K4=7

**K5.**

**(b) How often 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.....
- 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 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) How often do your ( .... )'s grasping tools or reach extenders need to be replaced?**

- 1 Every 6 months or less.....  > **Go to K9**
  - 2 More than 6 months but less than 1 year.....  > **Go to K9**
  - 3 Once per year to less than 2 years.....
  - 4 Once every 2 years but less than once every 5 years.....
  - 5 Every 5 years or more.....
  - 6 Never.....  > **Go to K3 (c)**
  - 7 Not applicable.....  > **Go to K3 (c)**
  - Don't know.....  > **Go to K3 (c)**
  - Refusal.....  > **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)**
- 

**K9.**

**(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.....



Other, Please Specify:

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

---

**K10.**

**(b) How much difficulty will you ( .... ) 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) How often do you (does .... ) use grab bars or bathroom aids?**

- 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.....

**K4.**

(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.....
- 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.....

---

**K4a.**

(c) **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 K3(d) if K4=7**
- 9 Don't know.....  > **Skip to K3(d) if K4=7**
- 8 Refusal.....  > **Skip to K3(d) if K4=7**

---

**K3.**

(d) **How often do you (does .... ) use bath or bed lifts or other lift type devices?**

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



- 7 Not applicable.....
- Don't know.....
- Refusal.....

**K4.**

**(d) 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.....
- 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.....

**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 No.....  > **Skip to K3(e) if K4=7**
- 3 Don't know.....  > **Skip to K3(e) if K4=7**
- 8 Refusal.....  > **Skip to K3(e) if K4=7**

**K5.**

**(d) How often 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.....

- 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 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?**

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

**K7.**

**(d) How often do your ( .... )'s bath or bed lifts or other lift type devices need to be replaced?**

- 1 Every 6 months or less.....  > **Go to K9**
- 2 More than 6 months but less than 1 year.....  > **Go to K9**
- 3 Once per year to less than 2 years.....
- 4 Once every 2 years but less than once every 5 years.
- 5 Every 5 years or more.....
- 6 Never.....  > **Go to K3 (e)**
- 7 Not applicable.....  > **Go to K3 (e)**
- Don't know.....  > **Go to K3 (e)**
- Refusal.....  > **Go to K3 (e)**

**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.....  > **Go to K3 (e)**
- 8 Refusal.....  > **Go to K3 (e)**

**K9.**

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

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

↓

Other, Please Specify:

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

**K10.**

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

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

**K3.**

**(e) How often do you (does ... ) use a (write-in)?**

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

---

**K4.**

(e) **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.....
- 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.....

---

**K4a.**

(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 K11 if K4=7**
- 9 Don't know.....  > **Skip to K11 if K4=7**
- 8 Refusal.....  > **Skip to K11 if K4=7**

---

*Interviewer: If service or replacement is applicable to this specific write-in then proceed to K5, else skip to K11.*

---

**K5.**

(e) **How often 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.....
- 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 K7**
  - 7 Not applicable.....  > **Go to K7**
  - Don't know.....  > **Go to K7**
  - Refusal.....  > **Go to 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) **How often do your ( .... )'s (write-in) need to be replaced?**

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

**K8.**

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

- 1 Yes.....
  - 2 No.....  > **Go to K11**
  - 9 Don't know.....  > **Go to K11**
  - 8 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.....

- 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.....

**K10.**

(e) **How much difficulty will you ( .... ) 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.....

**K11. 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) need(s) but do (does) not have?**

- 1 Yes.....
- 2 No.....  > **Go to K15**
- 9 Don't know.....  > **Go to K15**
- 8 Refusal.....  > **Go to K15**

**K12. Which aids do you (does .... ) need but do not (does not) have?**

- 1 (a) a hand or arm brace .....
- 2 (b) grasping tools or reach extenders .....
- 3 (c) adapted kitchen tools and utensils.....
- 5 (e) another aid.....



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 have it?**  
**(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.....

---

**K14**

**(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.....
- 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 grasping tools or reach extenders if you (he/she) did have it?**  
**(b) (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.....
- 

**K14**

**(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.....
- 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 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**

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

*Mark all that apply.*

- 1 Cost (purchase).....
- 2 Cost (maintenance).....



- 3 Not available locally.....
- 4 You ( .... ) personally feel (s) that your (his/her) condition is not severe enough to justify this aid.....
- 5 Your ( .... ) doctor does not feel that your (his/her) condition is severe enough.....
- 6 Your ( .... ) insurance company does not feel that 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 bath or bed lift or other lift type devices if you (he/she) did have it?**  
 (d)

- 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.....

**K14**  
 (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.....
- 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 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.....
  - 5 Frequent usage but only during certain times.....
  - 6 Not applicable.....
  - Don't know.....
  - Refusal.....
- 

**K14 (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 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 do not ( .... doesn't) know where to get it.....
- 8 On a waiting list.....
- 9 Other.....

↓

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**.....  > **Skip to L**
- 6 Not applicable.....  > **Skip to L**
- Don't know.....  > **Skip to L**

**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 difficulties that have lasted or are expected to last 6 months or more.

**L1. Do you (Does ... ) have any pain or discomfort that is always present?**

- 1 Yes.....  > **Go to L3**
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

**L2. Do you (Does .... ) have periods of pain or discomfort that reoccur from time to time?**

- 1 Yes.....
- 2 No.....  > **Skip to N**
- 9 Don't know.....  > **Skip to N**
- 8 Refusal.....  > **Skip to N**

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

( .... ) can do?

- 1 Yes.....  > Check Pain-Limitation box on Profile Sheet
- 2 No.....  > Check Pain-Limitation box on Profile Sheet and
- 9 Don't know.....  > **Skip to N**
- 8 Refusal.....  > **Skip to N**
- 

**L4. How many activities does your ( ...'s) pain or discomfort usually prevent you (him/her) from doing at home?**

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

**L5. How many activities does you ( ...'s) pain or discomfort usually prevent (him/her) from doing at work?**

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

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

- 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 **in other areas, such as transportation or leisure?**

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

**Section M - Pain Aids**

**\*\*If pain limitation is marked on the Profile Sheet then continue; Else skip to Section N (p 138)\*\***

**M1.** Do you (Does .... ) use 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.....  > **Go to M11**  
 8 Refusal.....  > **Go to M11**

**M2.** Do you (Does .... ) now use:

- |   | (1)                      | (2)                      | (9)                      | (8)                      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
|   | <u>Yes</u>               | <u>No</u>                | <u>DK</u>                | <u>R</u>                 |
| (a) an electrotherapy device such as a T.E.N.S. machine?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) hot and/or cold aids?.....                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) a comfort aids such as therapeutic cushion?.....          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) an adjustable bed? .....                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) another aid?.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

↓

Other, Please Specify:
------------------------

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

**M3.**

**(a) How often do you (does .... ) use 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 acquiring this item?**

- 1 You ( ..... ).....
- 2 Your ( ..... ) 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.....

---

**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.....  > **Skip to M3(b) if M4=7**
- 9 Don't know.....  > **Skip to M2(b) if M4=7**
- 8 Refusal.....  > **Skip to M3(b) if M4=7**
- 

**M5.**

(a) **How often does your ( ....)'s electrotherapy device such as a T.E.N.S. machine need service, such as repairs or maintenance?**

- 1 Every 6 months or less.....
- 2 More than 6 months but less than 1 year.....
- 3 Once per year to less than 2 years.....
- 4 Once every 2 years but less than once every 5 years.....
- 5 Every 5 years or more.....
- 6 Never.....  > **Go to M7**
- 7 Not applicable.....  > **Go to M7**
- Don't know.....  > **Go to M7**
- Refusal.....  > **Go to M7**
- 

**M6.**

(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.....
- 

**M7.**

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

- 1 Every 6 months or less.....  > **Go to M9**
- 2 More than 6 months but less than 1 year.....  > **Go to M9**
- 3 Once per year to less than 2 years.....
- 4 Once every 2 years but less than once every 5 years..
- 5 Every 5 years or more.....
- 6 Never.....  > **Go to M3 (b)**
- 7 Not applicable.....  > **Go to M3 (b)**
- Don't know.....  > **Go to M3 (b)**
- Refusal.....  > **Go to M3 (b)**

**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.....  > **Go to M3 (b)**
- 8 Refusal.....  > **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?**

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



Other, Please Specify:

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

**M10.**

(a) **How much difficulty will you ( .... ) 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.**

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

- 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.**

**(c) How often do you (does .... ) use a comfort aid such as a therapeutic cushion?**

- 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.**

**(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.....
- 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.....

**M4a.**

**(c) Are you (Is .... ) making any kind of payment for your ( ....)'s comfort aids such as therapeutic cushion, for example to rent or finance this item?**

- 1 Yes.....
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

**M3.**

**(d) How often do you (does .... ) use an adjustable bed?**

- 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.**

**(d) 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.....
- 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.....

**M4a.**

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

- 1 Yes.....
- 2 No.....  > **Skip to M3(e) if M4=7**
- 9 Don't know.....  > **Skip to M3(e) if M4=7**
- 8 Refusal.....  > **Skip to M3(e) if M4=7**

**M5.**

**(d) How often does your ( .... )'s an adjustable bed, 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 M7**
- 7 Not applicable.....  > **Go to M7**
- Don't know.....  > **Go to M7**
- Refusal.....  > **Go to M7**

**M6.**

**(d) 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.....

**M7.**

**(d) How often does your ( .... )'s an adjustable bed need to be replaced?**

- 1 Every 6 months or less.....  > **Go to M9**
- 2 More than 6 months but less than 1 year.....  > **Go to M3**
- 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 M3 (e)**
- 7 Not applicable.....  > **Go to M3 (e)**
- Don't know.....  > **Go to M3 (e)**
- Refusal.....  > **Go to M3 (e)**

**M8.**

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

- 1 Yes.....
- 2 No.....  > **Go to M3 (e)**
- 9 Don't know.....  > **Go to M3 (e)**
- 8 Refusal.....  > **Go to M3 (e)**

**M9.**

**(d) What is the main reason you ( .... ) will need to replace your (his/her) an adjustable bed?**

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



Other, Please Specify:

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

**M10.**

(d) **How much difficulty will you ( .... ) 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) **How often do you (does .... ) use a (write-in)?**

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

**M4.**

(e) **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.....
- 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.....

**M4a.**

(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 M11 if M4=7**
- 9 Don't know.....  > **Skip to M11 if M4=7**
- 8 Refusal.....  > **Skip to M11 if M4=7**

*Interviewer: If service or replacement is applicable to this specific write-in then proceed to M5, else skip to M11.*

**M5.**

(e) **How often 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 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 M7**
- 7 Not applicable.....  > **Go to M7**
- Don't know.....  > **Go to M7**
- Refusal.....  > **Go to M7**

**M6.**

(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.....

**M7.**

(e) **How often does your ( .... )'s (write-in) need to be replaced?**

- 1 Every 6 months or less.....  > **Go to M9**
  - 2 More than 6 months but less than 1 year.....  > **Go to M9**
  - 3 Once per year to less than 2 years.....
  - 4 Once every 2 years but less than once every 5 years..
  - 5 Every 5 years or more.....
  - 6 Never.....  > **Go to M11**
  - 7 Not applicable.....  > **Go to M11**
  - Don't know.....  > **Go to M11**
  - Refusal.....  > **Go to M11**
- 

**M8.**

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

- 1 Yes.....
  - 2 No.....  > **Go to M11**
  - 9 Don't know.....  > **Go to M11**
  - 8 Refusal.....  > **Go to M11**
- 

**M9.**

(e) **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.....



Other, Please Specify:

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

**M10.**

(e) **How much difficulty will you ( .... ) 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.....

**M11. Are there any aids or specialized equipment designed for pain management that you ( .... ) think(s) you (he/she) need(s) 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 .... ) need but do not (does 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 frequently would you ( .... ) use an electrotherapy device such as a (a) T.E.N S. machine 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.....

**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.....
- 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.....

**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 only during certain times.....
- 6 Not applicable.....
- Don't know.....
- Refusal.....

**M14 (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.....
- 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.....

---

**M13. How frequently would you ( .... ) use a comfort aids such as therapeutic cushion if you (he/she) did have it?**  
**(c)**

- 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**

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

*Mark all that apply.*

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

---

**M13. How frequently would you ( .... ) use an adjustable bed if you (he/she) did have it?**  
**(d)**

- 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**

**(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.....
- 7 You don't ( .... doesn't) know where to get 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 Everyday.....
  - 2 A few times a week.....
  - 3 Once a week.....
  - 4 Less than once a week.....
  - 5 Frequent usage but only during certain times.....
  - 6 Not applicable.....
  - Don't know.....
  - Refusal.....
- 

**M14**

**(e) Why do you (does .... ) not have this aid?**

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.....
- 7 You don't ( .... doesn't) know where to get it.....
- 8 On a waiting list.....
- 9 Other.....



Other, Please Specify:
------------------------

- 10 None selected.....

---

**M15. In the past 6 months, how often have you (has .... ) had difficulty participating in everyday activities because of your (his/her) pain or discomfort?**

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

---

**M16. When your ( ....'s) pain or discomfort 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 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 said that you ( .... ) had a learning disability?**

- 1 Yes.....  > Check Learning  
Limitation Box on  
Profile Sheet and **go  
to N3**
- 2 No.....  > **Skip to P**
- 9 Don't know.....  > **Skip to P**
- 8 Refusal.....  > **Skip to P**
- 

**N3. 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 O**
- 8 **Refusal**.....  > **Skip to O**
- 9 **Don't Know**.....  > **Skip to O**
- 

**N4. How many activities does this condition usually prevent you ( .... ) from doing at home?**

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

---

**N5. How many activities does this condition usually prevent you ( .... ) from doing at work?**

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

---

**N6. How many 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.....

---

**N7. N6. How many activities does this condition usually prevent you ( .... ) from doing in other areas such as transportation or leisure?**

- 1 None.....
- 2 A few.....
- 3 Many.....
- 4 Most.....
- 5 Not applicable.....
- Don'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 .... ) use 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 use:**

	(1)	(2)	(9)	(8)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>R</u>
(a) portable spell checkers?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) recording equipment?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) talking books?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) a pocket organizer? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) a home computer? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) a scanner or printer?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) spell/grammar checking software? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) voice recognition software? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) software organizational tools? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) a laptop or notebook computer?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) another aid?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Other, Please Specify:

**\*\*\* Interviewer: Only read questions in section O3 for the aids( a-k) selected in O2\*\*\***

**O3.**

**(a) How often do you (does .... ) use portable spell checkers?**

- 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.**

**(a) 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.....
- 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 Yes.....
- 2 No.....  > **Skip to O3(b) if O4=7**
- 3 Don't know.....  > **Skip to O3(b) if O4=7**
- 8 Refusal.....  > **Skip to O3(b) if O4=7**

**O5.**

**(a) How often 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.....  > **Go to O7**
  - Don't know.....  > **Go to O7**
  - Refusal.....  > **Go to O7**
- 

**O6.**

(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.....
- 

**O7.**

(a) **How often does your ( .... )'s portable spell checkers need to be replaced?**

- 1 Every 6 months or less.....  > **Go to O9**
  - 2 More than 6 months but less than 1 year.....  > **Go to O9**
  - 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 O3 (b)**
  - 7 Not applicable.....  > **Go to O3 (b)**
  - Don't know.....  > **Go to O3 (b)**
  - Refusal.....  > **Go to O3 (b)**
- 

**O8.**

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

- 1 Yes.....
  - 2 No.....  > **Go to O3 (b)**
  - 9 Don't know.....  > **Go to O3 (b)**
  - 8 Refusal.....  > **Go to O3 (b)**
- 

**O9.**

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

**portable spell checkers?**

- 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.....

---

**O10.**

**(a) How much difficulty will you (....) have paying for a replacement for your (his/her) portable spell checkers?**

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

---

**O3.**

**(b) How often do you (does .... ) use recording equipment?**

- 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.**

**(b) 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.....
- 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.**

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

- 1 Yes.....
- 2 No.....  > **Skip to O3(c) if O4=7**
- 9 Don't know.....  > **Skip to O3(c) if O4=7**
- 8 Refusal.....  > **Skip to O3(c) if O4=7**

**O5.**

**(b) How often does your ( .... )'s recording equipment, 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.....  > **Go to O7**
- Don't know.....  > **Go to O7**
- Refusal.....  > **Go to O7**

**O6.**

(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) How often does your ( .... )'s recording equipment need to be replaced?

- 1 Every 6 months or less.....  > Go to O9
  - 2 More than 6 months but less than 1 year.....  > Go to O9
  - 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 O3 (c)
  - 7 Not applicable.....  > Go to O3 (c)
  - Don't know.....  > Go to O3 (c)
  - Refusal.....  > Go to O3 (b)
- 

**O8.**

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

- 1 Yes.....
  - 2 No.....  > Go to O3 (c)
  - 9 Don't know.....  > Go to O3 (c)
  - 8 Refusal.....  > Go to O3 (c)
- 

**O9.**

(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.....
- 6 Other.....



Other, Please Specify:

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

**O10.**

**(b) How much difficulty will you ( .... ) have paying for a replacement for your (his/her) recording equipment?**

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

**O3.**

**(c) How often do you (does .... ) use talking books?**

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

**O4.**

**(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.....
- 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.**

**(c) 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 O3(d) if O4=7

9 Don't know.....  > Skip to O3(d) if O4=7

8 Refusal.....  > Skip to O3(d) if O4=7

**O5.**

**(c) How often does your ( .... )'s talking books, 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.....  > Go to O7

Don't know.....  > Go to O7

Refusal.....  > Go to O7

**O6.**

**(c) 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.**

(c) **How often does your ( .... )'s talking books need to be replaced?**

- 1 Every 6 months or less.....  > **Go to O9**
  - 2 More than 6 months but less than 1 year.....  > **Go to O9**
  - 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 O3 (d)**
  - 7 Not applicable.....  > **Go to O3 (c)**
  - Don't know.....  > **Go to O3 (d)**
  - Refusal.....  > **Go to O3 (d)**
- 

**O8.**

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

- 1 Yes.....
  - 2 No.....  > **Go to O3 (d)**
  - 9 Don't know.....  > **Go to O3 (d)**
  - 8 Refusal.....  > **Go to O3 (d)**
- 

**O9.**

(c) **What is the main reason you ( .... ) will need to replace your (his/her) talking books?**

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

↓

Other, Please Specify:

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

**O10.**

(c) **How much difficulty will you ( .... ) 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) How often do you (does .... ) use 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.....
- 6 Don't use because it needs repair or replacement.....
- 7 Not applicable.....
- Don't know.....
- Refusal.....

**O4.**

**(d) Who paid the most for acquiring this item?**

- 1 You ( .... ).....
- 2 Your ( .... ) 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.**



(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
- 

**O5.**

(d) **How often** does your ( .... )'s pocket organizer, 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.....  > Go to O7
  - Don't know.....  > Go to O7
  - Refusal.....  > Go to O7
- 

**O6.**

(d) 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.**

(d) **How often** does your ( .... )'s pocket organizer need to be replaced?

- 1 Every 6 months or less.....  > Go to O9
- 2 More than 6 months but less than 1 year.....  > Go to O9
- 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 O3 (e)**
  - 7 Not applicable.....  > **Go to O3 (e)**
  - Don't know.....  > **Go to O3 (e)**
  - Refusal.....  > **Go to O3 (e)**
- 

**O8.**

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

- 1 Yes.....
  - 2 No.....  > **Go to O3 (e)**
  - 9 Don't know.....  > **Go to O3 (e)**
  - 8 Refusal.....  > **Go to O3 (e)**
- 

**O9.**

**(d) What is the main reason you ( .... ) will need to replace you: (his/her) pocket organizer?**

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



Other, Please Specify:

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

**O10.**

**(d) How much difficulty will you ( .... ) have paying for a replacement for your (his/her) pocket organizer?**

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

**O3.**

(e) **How often do you (does .... ) use a home 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.**

(e) **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.....
- 7 It does not belong to you ( .... ) (i.e. belongs to employers, friends / family, public property, etc.).....
- 8 Other.....

↓  
Other, Please Specify:

- 9 No, applicable.....   
Don't know.....   
Refusal.....
- 

**O4a.**

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

- 1 Yes.....
  - 2 No.....  > **Skip to O3(f) if O4=7**
  - 9 Don't know.....  > **Skip to O3(f) if O4=7**
  - 8 Refusal.....  > **Skip to O3(f) if O4=7**
-

**O5.**

(e) **How often does your ( .... )'s home computer, 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 .....  > **Go to O7**  
Don't know.....  > **Go to O7**  
Refusal.....  > **Go to O7**
- 

**O6.**

(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.....
- 

**O7.**

(e) **How often does your ( .... )'s home computer need to be replaced?**

- 1 Every 6 months or less.....  > **Go to O9**
  - 2 More than 6 months but less than 1 year.....  > **Go to O9**
  - 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 O3 (f)**
  - 7 Not applicable.....  > **Go to O3 (f)**  
Don't know.....  > **Go to O3 (f)**  
Refusal.....  > **Go to O3 (f)**
- 

**O8.**

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

- 1 Yes.....

- 2 No.....  > **Go to O3 (f)**
  - 9 Don't know.....  > **Go to O3 (f)**
  - 8 Refusal.....  > **Go to O3 (f)**
- 

**O9.**

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

- 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.....
- 

**O10.**

**(e) How much difficulty will you ( ... ) have paying for a replacement for your (his/her) home computer?**

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

**O3.**

**(f) How often do you (does .... ) use a scanner or printer?**

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

- or replacement.....
- 7 Not applicable.....
- Don't know.....
- Refusal.....

**O4.**

**(f) 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.....
- 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.**

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

- 1 Yes.....
- 2 No.....  > **Skip to O3(g) if O4=7**
- 9 Don't know.....  > **Skip to O3(g) if O4=7**
- 8 Refusal.....  > **Skip to O3(g) if O4=7**

**O5.**

**(f) How often does your ( .... )'s scanner or printer, 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.....  > **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?**

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

**O7.**

**(f) How often does your ( .... )'s scanner or printer need to be replaced?**

- 1 Every 6 months or less.....  > **Go to O9**
  - 2 More than 6 months but less than 1 year.....  > **Go to O9**
  - 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 O3 (g)**
  - 7 Not applicable.....  > **Go to O3 (g)**
  - Don't know.....  > **Go to O3 (g)**
  - Refusal.....  > **Go to O3 (g)**
- 

**O8.**

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

- 1 Yes.....
  - 2 No.....  > **Go to O3 (g)**
  - 9 Don't know.....  > **Go to O3 (g)**
  - 8 Refusal.....  > **Go to O3 (g)**
- 

**O9.**

**(f) What is the main reason you ( .... ) will need to replace your (his/her) scanner or printer?**

- 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.....

**O10.**

**(f) How much difficulty will you (....) have paying for a replacement for your (his/her) scanner or printer?**

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

**O3.**

**(g) How often do you (does ..) use spell/grammar checking software?**

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

**O4.**

**(g) 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.....
- 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 payment for your ( ....)'s spell/grammar checking software, for example to rent or finance this item?**

- 1 Yes.....
- 2 No.....  > **Skip to O3(h) if O4=7**
- 9 Don't know.....  > **Skip to O3(h) if O4=7**
- 8 Refusal.....  > **Skip to O3(h) if O4=7**

**O5.**

**(g) How often does your ( .... )'s spell/grammar checking software, 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.....  > **Go to O7**
- Don't know.....  > **Go to O7**
- Refusal.....  > **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.....
  - Don't know.....
  - Refusal.....
- 

**O7.**

**(g) How often does your ( .... )'s spell/grammar checking software need to be replaced?**

- 1 Every 6 months or less.....  > **Go to O9**
  - 2 More than 6 months but less than 1 year.....  > **Go to O9**
  - 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 O3 (h)**
  - 7 Not applicable.....  > **Go to O3 (h)**
  - Don't know.....  > **Go to O3 (h)**
  - Refusal.....  > **Go to O3 (h)**
- 

**O8.**

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

- 1 Yes.....
  - 2 No.....  > **Go to O3 (h)**
  - 9 Don't know.....  > **Go to O3 (h)**
  - 8 Refusal.....  > **Go to O3 (h)**
- 

**O9.**

**(g) What is the main reason you ( .... ) will need to replace your (his/her) spell/grammar checking software?**

- 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.....

**O10.**

(g) **How much difficulty will you ( ... ) have paying for a replacement for your (his/her) spell/grammar checking software?**

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

**O3.**

(h) **How often do you (does ... ) use voice recognition software?**

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

**O4.**

(h) **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.....
- 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.**

**(h) Are you (Is .... ) making any kind of payment for your ( ....)'s voice recognition software, for example to rent or finance this item:**

1 Yes.....

2 No.....  > Skip to O3(i) if O4=7

9 Don't know.....  > Skip to O3(i) if O4=7

8 Refusal.....  > Skip to O3(i) if O4=7

**O5.**

**(h) How often does your ( .... )'s voice recognition software, 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.....  > Go to O7

Don't know.....  > Go to O7

Refusal.....  > Go to O7

**O6.**

**(h) 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.**

**(h) How often does your ( .... )'s voice recognition software need to be replaced?**

- 1 Every 6 months or less.....  > **Go to O9**
  - 2 More than 6 months but less than 1 year.....  > **Go to O9**
  - 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 O3 (i)**
  - 7 Not applicable.....  > **Go to O3 (i)**
  - Don't know.....  > **Go to O3 (i)**
  - Refusal.....  > **Go to O3 (i)**
- 

**O8.**

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

- 1 Yes.....
  - 2 No.....  > **Go to O3 (i)**
  - 9 Don't know.....  > **Go to O3 (i)**
  - 8 Refusal.....  > **Go to O3 (i)**
- 

**O9.**

**(h) What is the main reason you ( .... ) will need to replace your (his/her) voice recognition software?**

- 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.....
- 

**O10.**

**(h) How much difficulty will you ( .... ) 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) **How often do you (does .... ) use 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.....
- 6 Don't use because it needs repair or replacement.....
- 7 Not applicable.....
- Don't know.....
- Refusal.....

**O4.**

(i) **Who paid the most for acquiring this item?**

- 1 You ( .... ).....
- 2 Your ( .... ) 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.**

(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
  - 9 Don't know.....  > Skip to O3(j) if O4=7
  - 8 Refusal.....  > Skip to O3(j) if O4=7
- 

**O5.**

(i) **How often** 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.....  > Go to O7
  - 7 Not applicable.....  > Go to O7
  - Don't know.....  > Go to O7
  - Refusal.....  > Go to O7
- 

**O6.**

(i) **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.**

(i) **How often** does your ( .... )'s software organizational tools need to be replaced?

- 1 Every 6 months or less.....  > Go to O9
- 2 More than 6 months but less than 1 year.....  > Go to O9
- 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 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?**

- 1 Yes.....
  - 2 No.....  > **Go to O3 (j)**
  - 9 Don't know.....  > **Go to O3 (j)**
  - 8 Refusal.....  > **Go to O3 (j)**
- 

**O9.**

**(i) What is the main reason you ( .... ) will need to replace your (his/her) software organizational tools?**

- 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.....
- 

**O10.**

**(i) How much difficulty will you ( .... ) have paying for a replacement for your (his/her) software organizational tools?**

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

**O3.**



(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 acquiring 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 No, applicable.....   
Don't know.....   
Refusal.....

---

**O4a.**

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

- 1 Yes.....
- 2 No.....  > **Skip to O3(k) if O4=7**
- 9 Don't know.....  > **Skip to O3(k) if O4=7**
- 8 Refusal.....  > **Skip to O3(k) if O4=7**

**O5.**

(j) **How often 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.....
  - 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.**

(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 .....   
Don't know.....   
Refusal.....
- 

**O7.**

(j) **How often does your ( .... )’s a laptop or notebook computer need to be replaced?**

- 1 Every 6 months or less.....  > **Go to O9**
  - 2 More than 6 months but less than 1 year.....  > **Go to O9**
  - 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 O3 (k)**
  - 7 Not applicable.....  > **Go to O3 (k)**  
Don't know.....  > **Go to O3 (k)**  
Refusal.....  > **Go to O3 (k)**
- 

**O8.**

(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)**
- 

**O9.**

**(j) What is the main reason you ( .... ) will need to replace your (his/her) a laptop or notebook computer?**

- 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.....
- 

**O10.**

**(j) How much difficulty will you ( .... ) have paying for a replacement for your (his/her) a laptop or notebook computer?**

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

**O3.**

**(k) How 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.....
- 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.**

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

- 1 Yes.....
- 2 No.....  > **Skip to O11 if O4=7**
- 9 Don't know.....  > **Skip to O11 if O4=7**
- 8 Refusal.....  > **Skip to O11 if O4=7**

*Interviewer: If service or replacement is applicable to this specific write-in then proceed to K5, else skip to K11.*

**O5.**

**(k) How often 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 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.**

(k) **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.**

(k) **How often does your ( .... )'s (*write-in*) need to be replaced?**

- 1 Every 6 months or less.....  > **Go to O9**
  - 2 More than 6 months but less than 1 year.....  > **Go to O9**
  - 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 O11**
  - 7 Not applicable.....  > **Go to O11**
  - Don't know.....  > **Go to O11**
  - Refusal.....  > **Go to O11**
- 

**O8.**

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

- 1 Yes.....
  - 2 No.....  > **Go to O11**
  - 9 Don't know.....  > **Go to O11**
  - 8 Refusal.....  > **Go to O11**
- 

**O9.**

(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.....
- 4 Worn out .....
- 5 New technology available / Aid is outdated.....
- 6 Other.....



Other, Please Specify:

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

---

**O10.**

(k) **How much difficulty will you ( .... ) 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.....

---

**O11. Are there any learning aids or specialized equipment that you ( .... ) think(s) you (he/she) need(s) but do (does) not have?**

- 1 Yes.....
- 2 No.....  > **Go to O15**
- 9 Don't know.....  > **Go to O15**
- 8 Refusal.....  > **Go to O15**

---

**O12. 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 .....
- 9 (i) software organizational tools .....
- 10 (j) a laptop or notebook computer.....
- 11 (k) another aid.....



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 (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.....

**O14**

**(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.....
- 7 You don't ( .... doesn't) know where to get it.....
- 8 On a waiting list.....
- 9 Other.....



Other, Please Specify:

- 10 None selected.....

**O13. How frequently would you ( .... ) use recording equipment 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.....

**O14**  
**(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.....
- 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.....

**O13. How frequently would you ( .... ) use talking books 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.....



---

**O14**

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

Interviewer: 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.....
- 7 You don't ( .... doesn't) know where to get it.....
- 8 On a waiting list.....
- 9 Other.....

↓

Other, Please Specify:

- 10 None selected.....
- 

**O13. How frequently would you ( .... ) use a pocket organizer 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.....
- 

**O14**

**(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.....
- 7 You don't ( .... doesn't) know where to get it.....
- 8 On a waiting list.....
- 9 Other.....



Other, Please Specify:

- 10 None selected.....

**O13. How frequently would you ( .... ) use a home computer if you (he/she) did have it?**  
**(e) did have it?**

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

**O14**  
**(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 feel (s) that your (his/her) condition is not severe enough to justify this aid.....
- 5 Your ( .... ) doctor does not feel that your (his/her) condition is severe enough.....
- 6 Your ( .... ) insurance company does not feel that your (his/her) condition is severe enough.....
- 7 You don't ( .... doesn't) know where to get it.....
- 8 On a waiting list.....
- 9 Other.....



Other, Please Specify:

- 10 None selected.....

---

**O13. How frequently would you ( .... ) use a scanner or printer 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.....
- 

**O14**

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

↓  
Other, Please Specify:

- 10 None selected.....
- 

**O13. How frequently would you ( .... ) use spell/grammar checking software if you (he/she) did have it?**  
**(g)**

- 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**

**(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.....
- 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.....

**O13. How frequently would you ( .... ) use voice recognition software if you**

**(h) (he/she) did have it?**

- 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 Not applicable.....
- 7 Don't know.....
- 8 Refusal.....

**O14**

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

↓

Other, Please Specify:

- 10 None selected.....

**O13. How frequently would you ( .... ) use software organizational tools 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.....

**O14 (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.....
- 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.....

**O13. How frequently would you ( .... ) use a laptop or notebook computer if you (j) (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.....

**O14 (j) 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.....
- 7 You don't ( .... doesn't) know where to get it.....
- 8 On a waiting list.....
- 9 Other.....

Other, Please Specify:

10 None selected.....

**O13. How frequently would you ( .... ) use (write-in) if you (he/she) (k) 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.....

**O14**

**(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/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.....

**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 **Daily**.....
- 2 **Weekly**.....
- 3 **Monthly**.....
- 4 **Less than once per month**.....
- 5 **Never**.....  > Skip to P
- 6 Not applicable.....  > 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.....
- 3 You were ( ... was) completely unable.....
- 4 Your (...’s) participation was not affected.....
- 9 Don’t know.....
- 8 Refusal.....

**Section P -Memory Filter**

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

**P1. Do you (Does .... ) frequently have periods of confusion or difficulty remembering things? These difficulties are often associated with diseases such as Alzheimer’s or may be the result of a brain injury.**

- 1 Yes.....
- 2 No.....  > Skip to R
- 9 Don't know.....  > Skip to R
- 8 Refusal.....  > Skip to R

**P2. Does this condition reduce the amount or the kind of activities you ( .... ) can do?**

- 1 Yes, sometimes.....  > Check Memory Limitation on Profile Sheet
- 2 Yes, often or always.....  > Check Memory Limitation on Profile Sheet
- 3 No.....  > Skip to Q
- 8 Refusal.....  > Skip to Q
- 9 Don't Know.....  > Skip to Q

**P3. How many activities does this condition usually prevent you ( .... ) from doing at home?**

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



**P4. How many activities does this condition usually prevent you ( .... ) from doing at work?**

- 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 at school?**

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

**P6. How many activities does this condition usually prevent you ( .... ) from doing in other areas such as transportation or leisure?**

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

**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 **Refusal**.....  > **Skip to R**
  - 9 **Don't Know**.....  > **Skip to R**
- 

**Q3. How many activities does this condition usually prevent you ( .... ) from doing at home?**

- 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 at work?**

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

**Q5. How many activities does this condition usually prevent you ( .... ) from doing at school?**

- 1 None.....
- 2 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 phobias, depression, schizophrenia, drinking or drug problems and others.**

- 1 Yes.....
- 2 No.....  > **Skip to S**
- 3 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.....  > 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 at home?**

- 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 at work?**

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

**R5. How many 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 in other areas, 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**

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**\*\*Interviewer: If no limitation has been indicated 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 your (his/her) activities or restricts your (his/her) participation in daily life that we have not mentioned yet?**

- 1 Yes.....
- 2 No.....  > **Go to S5**
- 9 Don't know.....  > **Go to S5**
- 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 daily life?**

- Condition #1 [ ..... ]
- Condition #2 [ ..... ]
- Condition #3 [ ..... ]
- 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 16<sup>th</sup>), 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 [ ]
- Condition #2 [ ]
- Condition #3 [ ]
- Don't know.....  > **Go to S8**
- Refusal.....  > **Go to S8**

*\*\*Interviewer: ask S7 1, 2 and (or) 3 for each condition reported in S6\*\**

**S7 1. At the time of the Census (last May 16<sup>th</sup>), 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 16<sup>th</sup>), 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 16<sup>th</sup>), how often did (Condition #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.....
- 

**S8. Which types of activities did you ( ... ) find difficult most often?**

- Activity #1 [ ]
  - Activity #2 [ ]
  - Activity #3 [ ]
  - Activity #4 [ ]
  - Activity #5 [ ]
  - Don't know.....
  - Refusal.....
- 

**S9. Has your ( ...'s) physical, mental or health condition changed since last May?**

- 1 Yes.....
  - 2 No.....  > **Go to S11**
  - 9 Don't know.....  > **Go to S11**
  - 8 Refusal.....  > **Go to S11**
- 

**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 Learned to live with the difficulty or limitation.....
- 4 Use aids.....
- 5 Other.....



Other, Please Specify:

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

**S11. Since your ( ...'s) physical, mental or health condition hasn't changed since the last Census (last May 16<sup>th</sup>), is there any reason why you are ( ... is) no longer reporting the difficulty, activity limitation or participation restriction you (he/she) had last May?**

- 1 Learned to live with the difficulty or limitation.....
- 2 Use aids.....
- 3 Do not feel that the difficulty, activity limitation or participation restriction is important enough.....
- 4 Other.....



Other, Please Specify:

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

**S12. At the time of the Census (last May 16<sup>th</sup>), did you ( ... ) have a short term injury or illness from which you have (he/she has) since recovered?**

- 1 Yes.....
- 2 No.....  > **Go to S14**
- 9 Don't know.....  > **Go to S14**
- 8 Refusal.....  > **Go to S14**

**S13. What was the short-term injury or illness?  
Please specify:**

[  ] > **Skip to XX**



S14. The Census form for your household indicates that on Census day (last May 16<sup>th</sup>) 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 Do not feel ageing is a disability.....
- 2 Condition is or was very mild.....
- 3 The person who completed the Census form thinks that you are ( .... is) limited.....
- 4 It was an error.....
- 5 Other.....

↓

Other, Please Specify:

- 6 None selected.....
- Don't know.....
- Refusal.....

**Section T - Main Conditions Module**

**\*\*Interviewer: If disability was indicated on either Profile Sheet proceed; Else skip to Section XX (p 414)\*\***

T1. At what age did you ( .... ) first start having any difficulty or activity limitation?

*Interviewer: (if age less than 1 year, enter 0)*

- [        ] (0-120) Years
- Don't know.....
- Refusal.....

T2. We've been discussing various limitations that people may face. Now, I'd like to ask you about the medical conditions that may contribute to the difficulties that you have mentioned.

What are the main 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.....  > **Go to U**  
Refusal.....  > **Go to U**

*\*\*Interviewer: Ask question 3-6 for each Main Condition listed in T2\*\**

**T3. Which one of the following best describes the cause of (Main Condition #1)?**

- 1 **A disease or illness**.....  > **Go to T5**
- 2 **Ageing**.....  > **Go to T5**
- 3 **Work conditions**.....  > **Go to T5**
- 4 **Stress**.....  > **Go to T5**
- 5 **An accident or injury**.....
- 6 **Another cause**.....

↓

Other, Please Specify:

Don't know.....  > **Go to T5**  
Refusal.....  > **Go to T5**

**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...**

- 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 #2)?**

- 1 **A disease or illness**.....  > **Go to T5**
- 2 **Ageing**.....  > **Go to T5**
- 3 **Work conditions**.....  > **Go to T5**
- 4 **Stress**.....  > **Go to T5**
- 5 **An accident or injury**.....
- 6 **Another cause**.....



Other, Please Specify.

- Don't know.....  > **Go to T5**
- Refusal.....  > **Go to T5**

**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...**

- 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**.....  > **Go to T5**
- 2 **Ageing**.....  > **Go to T5**
- 3 **Work conditions**.....  > **Go to T5**
- 4 **Stress**.....  > **Go to T5**
- 5 **An accident or injury**.....
- 6 **Another cause**.....



Other, Please Specify.

- Don't know.....  > **Go to T5**
- Refusal.....  > **Go to T5**

**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...**

- 1     **...occurs from time to time, that is occasionally?**.....
- 2     **...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)\*\***

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

**U1. Do you (Does .... ) use any medication or drugs, prescription or non-prescription, on a regular basis, that is at least once a week?**

- 1     Yes.....
- 2     No.....  > **Go to U20**
- 9     Don't know.....  > **Go to U20**
- 8     Refusal.....  > **Go to U20**

**U2. How many kinds of prescription drugs do you (does .... ) take each day?**

[       ] (0-95)

**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
  - 9 Don't know.....  > Go to U7
  - 8 Refusal.....  > Go to U7
- 

**U5. How many kinds of prescription drugs do you (does .... ) take regularly but not daily?**

[     ] (0-95)

---

**U6. How many kinds of non-prescription medication do you (does ... ) take regularly but not daily?**

[     ] (0-95)

---

**U7. In the past 12 months, did you ( .... ) have any out-of-pocket or direct expenses for prescription and non-prescription drugs?**

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

- 1 Yes.....
  - 2 No.....  > Go to U11
  - 9 Don't know.....  > Go to U11
  - 8 Refusal.....  > Go to U11
- 

**U8. Is the total cost ...**

- 1 **partially reimbursed?**.....
  - 2 **not reimbursed?**.....  > Go to U10
  - 9 Don't know.....  > Go to U10
  - 8 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**.....
-

---

**U10. Which of the following expense groups is the best estimate of the out-of-pocket or direct costs 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 unable to get the medication or drugs you were (he/she was) supposed to use, because of the cost?**

- 1 Yes.....
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

---

**U12. In the past twelve months, did you ( .... ) ever use your (his/her) medication or drugs less often than you were (he/she was) supposed to, because of the cost?**

- 1 Yes.....
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

---

**U13. In the past twelve months, did you ( .... ) ever not use the medication or drugs you were (he/she was) supposed to use, because of the side effects?**

- 1 Yes.....
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

---

**Section V - Other Needs Module**

---

**\*\*Interviewer: If disability was indicated on either Profile Sheet or in Section S (p 237) proceed; Else skip to Section XX (p 414)\*\***

**V1. Because of your ( ...'s) condition, do you (does he/she) use any other aids or specialized equipment that have not already been mentioned?**

- 1 Yes.....
- 2 No.....  > **Go to V11**
- 9 Don't know.....  > **Go to V11**
- 8 Refusal.....  > **Go to V11**

**V2. Do you (Does .... ) now use:**

	(1) <u>Yes</u>	(2) <u>No</u>	(9) <u>DK</u>	(8) <u>R</u>
(a) respiratory aids, e.g., inhalers, puffers, oxygen .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) pain management aids, e.g., a TENS machine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) blood glucose monitor, needles, other diabetic aids .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) abdominal, back or neck support (ergonomic cushion, support belt).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) another aid or other specialized equipment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Other, Please Specify:

**\*\*\* Interviewer: Only read questions in section V3 for the aids (a-e) selected in V2  
If no aids were selected skip to V11\*\*\***

**V3.**

**(a) How often do you (does .... ) use respiratory aids, e.g., inhalers, puffers, oxygen?**

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



- 7 Not applicable.....
- Don't know.....
- Refusal.....

**V4.**

**(a) 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.....
- 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.**

**(a) Are you (Is .... ) making any kind of payment for your ( ....)'s respiratory aids, e.g., inhalers, puffers, oxygen, for example to rent or finance this item?**

- 1 Yes.....
- 2 No.....  > Skip to V3(b) if V4=7
- 9 Don't know.....  > Skip to V3(b) if V4=7
- 8 Refusal.....  > Skip to V3(b) if V4=7

**V5.**

**(a) How often 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.....
- 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 V7**
  - 7 Not applicable.....  > **Go to V7**
  - Don't know.....  > **Go to V7**
  - Refusal.....  > **Go to 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) **How often do your ( .... )'s respiratory aids, e.g., inhalers, puffers, oxygen need to be replaced?**

- 1 Every 6 months or less.....  > **Go to V 9**
  - 2 More than 6 months but less than 1 year.....  > **Go to V9**
  - 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 V3 (b)**
  - 7 Not applicable.....  > **Go to V3 (b)**
  - Don't know.....  > **Go to V3 (b)**
  - Refusal.....  > **Go to V3 (b)**
- 

**V8.**

(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.....  > **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.....

- 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.....

**V10.**

(a) **How much difficulty will you ( ... ) have paying for a replacement for your (his/her) respiratory aids, e.g., inhalers, puffers, oxygen?**

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

**V3.**

(b) **How often do you (does .. ) use pain management aids, e.g., a TENS 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.....

**V4.**

(b) **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.....
- 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.**

**(b) Are you (Is .... ) making any kind of payment for your ( ....)'s pain management aids, e.g., a TENS machine, for example to rent or finance this item?**

- 1 Yes.....
- 2 No.....  > **Skip to V3(c) if V4=7**
- 9 Don't know.....  > **Skip to V3(c) if V4=7**
- 8 Refusal.....  > **Skip to V3(c) if V4=7**

**V5.**

**(b) How often does your ( .... )'s pain management aids, e.g., a TENS machine, 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 V7**
- 7 Not applicable .....  > **Go to V7**
- Don't know.....  > **Go to V7**
- Refusal.....  > **Go to V7**

**V6.**

(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.....
- 

V7.

(b) How often do your ( .... )'s pain management aids, e.g., a TENS machine need to be replaced?

- 1 Every 6 months or less.....  > Go to V9
  - 2 More than 6 months but less than 1 year.....  > Go to V9
  - 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 V3 (c)
  - 7 Not applicable.....  > Go to V3 (c)
  - Don't know.....  > Go to V3 (c)
  - Refusal.....  > Go to V3 (c)
- 

V8.

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

- 1 Yes.....
  - 2 No.....  > Go to V3 (c)
  - 9 Don't know.....  > Go to V3 (c)
  - 8 Refusal.....  > 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.....
- 4 Worn out.....
- 5 New technology available / Aid is outdated.....
- 6 Other.....

↓

Other, Please Specify:

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

**V10.**

**(b) How much difficulty will you (....) have paying for a replacement for your (his/her) pain management aids, e.g., a TENS machine?**

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

**V3.**

**(c) How often do you (does .... ) use blood glucose monitor, needles, other diabetic aids?**

- 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.**

**(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.....

- 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.**

(c) **Are you (Is .... ) making any kind of payment for your ( .... )'s blood glucose monitor, needles, other diabetic aids, for example to rent or finance this item?**

- 1 Yes.....
- 2 No.....  > **Skip to V3(d) if V4=7**
- 9 Don't know.....  > **Skip to V3(d) if V4=7**
- 8 Refusal.....  > **Skip to V3(d) if V4=7**

**V5.**

(c) **How often does your ( .... )'s blood glucose monitor, needles, other diabetic aids, 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 V7**
- 7 Not applicable.....  > **Go to V7**
- Don't know.....  > **Go to V7**
- Refusal.....  > **Go to V7**

**V6.**

(c) **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.**

(c) **How often do your ( .... )'s blood glucose monitor, needles, other diabetic aids need to be replaced?**

- 1 Every 6 months or less.....  > **Go to V9**
- 2 More than 6 months but less than 1 year.....  > **Go to V9**
- 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 V3 (d)**
- 7 Not applicable.....  > **Go to V3 (d)**
- Don't know.....  > **Go to V3 (d)**
- Refusal.....  > **Go to V3 (d)**

**V8.**

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

- 1 Yes.....
- 2 No.....  > **Go to V3 (d)**
- 9 Don't know.....  > **Go to V3 (d)**
- 8 Refusal.....  > **Go to V3 (d)**

**V9.**

(c) **What is the main reason you ( .... ) will need to replace your (his/her) blood glucose monitor, needles, other diabetic aids?**

- 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.....



V10.

(c) **How much difficulty will you (....) have paying for a replacement for your (his/her) blood glucose monitor, needles, other diabetic aids?**

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

V3.

(d) **How often do you (does .... ) use abdominal, back or neck support?**

- 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.

(d) **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.....
- 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.....  > **Skip to V3(e) if V4=7**  
9 Don't know.....  > **Skip to V3(e) if V4=7**  
8 Refusal.....  > **Skip to V3(e) if V4=7**

**V5.**

**(d) How often does your ( .... )'s abdominal, back or 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.....   
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 V7**  
7 Not applicable.....  > **Go to V7**  
Don't know.....  > **Go to V7**  
Refusal.....  > **Go to V7**

**V6.**

**(d) 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.

(d) **How often do your ( .... )’s abdominal, back or neck support need to be replaced?**

- 1 Every 6 months or less.....  > **Go to V9**
- 2 More than 6 months but less than 1 year.....  > **Go to V9**
- 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 V3 (e)**
- 7 Not applicable.....  > **Go to V3 (e)**
- Don't know.....  > **Go to V3 (e)**
- Refusal.....  > **Go to V3 (e)**

V8.

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

- 1 Yes.....
- 2 No.....  > **Go to V3 (e)**
- 9 Don't know.....  > **Go to V3 (e)**
- 8 Refusal.....  > **Go to V3 (e)**

V9.

(d) **What is the main reason you ( .... ) will need to replace your (his/her) abdominal, back or neck support?**

- 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.....

V10.

(d) **How much difficulty will you ( .... ) 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.....
- Don't know.....
- Refusal.....

**V3.**

(e) **How 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.....
- 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 acquiring this item?**

- 1 You ( .... ).....
- 2 Your ( .... ) 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.**

(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
- 8 Refusal.....  > Skip to V11 if V4=7

*Interviewer: If service or replacement is applicable to this specific write-in then proceed to V5, else skip to V11.*

**V5.**

(e) **How often** 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.....
- 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 V7
- 7 Not applicable.....  > Go to V7
- Don't know.....  > Go to V7
- Refusal.....  > Go to V7

**V6.**

(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.....

**V7.**

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

- 1 Every 6 months or less.....  > Go to V9
- 2 More than 6 months but less than 1 year.....  > Go to V9

- 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 V11**
  - 7 Not applicable.....  > **Go to V11**
  - Don't know.....  > **Go to V11**
  - Refusal.....  > **Go to V11**
- 

**V8.**

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

- 1 Yes.....
  - 2 No.....  > **Go to V11**
  - 9 Don't know.....  > **Go to V11**
  - 8 Refusal.....  > **Go to V11**
- 

**V9.**

**(e) 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.....



Other, Please Specify:

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

**V10.**

**(e) How much difficulty will you ( .... ) 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.....

---

**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 out-of-pocket or direct expenses for the purchase and maintenance of aids and specialized equipment?**

- 1 Yes.....   
2 No.....  > **Go to V14**  
9 Don't know.....  > **Go to V14**  
8 Refusal.....  > **Go to V14**

---

**V13.**

**Which of the following expense groups is the best estimate of the out-of-pocket or direct costs 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 \$2,000**.....   
6 **\$2,000 to less than \$5,000**.....   
7 **\$5,000 or more**.....   
Don't know.....   
Refusal.....

---

**V14. Do you (Does .... ) need 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 No.....  > **Go to W**  
9 Don't know.....  > **Go to W**  
8 Refusal.....  > **Go to W**

---

**V15. Which aids do you (does .... ) need 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 .....



Other, Please Specify:

Not selected .....

Don't know.....

Refusal.....

---

**V16. Now, I would like you to think about all the aids and specialized equipment you ( ... ) need(s) but do (does) not have.**

**Why do you (does he/she) not have these aids? I will read you a list of possible reasons.**

*Mark all that apply*

1 **It is not covered by insurance**.....

2 **It is too expensive**.....

3 **Your ( ...'s) condition is not serious enough**.....

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) looked into it yet**.....

8 **Another reason**.....



Other, 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 because of your (his/her) condition. Include help received from your (his/her) spouse or partner, from family members, friends or neighbours, and from organizations, whether paid or unpaid.**

---

**W1. Because of your (his/her) condition, do you (does .... ) usually receive 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) need(s) help with preparing meals?**

- 1 Yes.....  > Check Need Help with Meals box on Profile Sheet and **Go to W4**
- 2 No.....  > **Go to W4**
- 9 Don't know.....  > **Go to W4**
- 8 Refusal.....  > **Go to W4**
- 

**W3. When you ( .... ) receive(s) this help, do you (does .... ) assist in the preparation of your (his/her) meals or are your (his/her) meals prepared completely for you (him/her)?**

- 1 You ( .... ) assist(s) in the preparation.....
- 2 Prepared completely for you (him/her).....
- Don't know.....
- Refusal.....
- 

**W3a. Do you (Does .... ) need additional help with preparing meals?**

- 1 Yes.....  > Check Need Help with Meals box on Profile Sheet
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....
- 

**W4. Because of your (his/her) condition, do you (does .... ) usually receive 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.....  > **Go to W7**
  - 8 Refusal.....  > **Go to W7**
- 

**W5. Do you (Does .... ) think you (he/she) need(s) help with everyday housework?**

- 1 Yes.....  > Check Need Help with housework box on Profile Sheet and **Go to W7**
  - 2 No.....  > **Go to W7**
  - 9 Don't know.....  > **Go to W7**
  - 8 Refusal.....  > **Go to W7**
- 

**W6. When you ( .... ) receive(s) this help, do you (does he/she) assist in everyday housework or is it done completely for you (him/her)?**

- 1 You ( .... ) assist( ) in the preparation.....
  - 2 Prepared completely for you (him/her).....
  - Don't know.....
  - Refusal.....
- 

**W6a. Do you (Does .... ) need additional help with everyday housework?**

- 1 Yes.....  > Check Need Help with housework box on Profile Sheet
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

**W7. Because of your (his/her) condition, do you (does he/she) usually receive help with heavy household chores, such as spring cleaning or yard work?**

- 1 Yes.....  > 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) need(s) help with heavy household chores?**

- 1 Yes.....  > Check Need Help  
with Chores box  
on Profile Sheet and  
**Go to W10**
  - 2 No.....  > **Go to W10**
  - 9 Don't know.....  > **Go to W10**
  - 8 Refusal.....  > **Go to W10**
- 

**W9. Do you (Does .... ) need additional help with heavy 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 receive help with getting to appointments and running errands, such as shopping for groceries 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) need(s) help with getting to appointments and running errands, such as shopping for groceries or other essential items?**

- 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 additional help with getting to appointments and running errands, such as shopping for groceries or other essential items?**

- 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 receive 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 No.....
- 9 Don't know.....  > **Go to W17**
- 8 Refusal.....  > **Go to W17**
- 

**W14. Do you (Does .... ) think you (he/she) need(s) 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 additional 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 receive help with childcare?**

- 1 Yes.....  > Check Receive Help with Childcare box on Profile Sheet and **Go to W19**
  - 2 No.....
  - 9 Don't know.....  > **Go to W20**
  - 8 Refusal.....  > **Go to W20**
- 

**W18. Do you (Does .... ) think you (he/she) need(s) help with child care?**

- 1 Yes.....  > Check Need Help with Childcare box on Profile Sheet and **Go to W20**
  - 2 No.....  > **Go to W20**
  - 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

- 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

**W20. Because of your (his/her) condition, Do you (Does .... ) usually receive help with personal care, such as washing, dressing or taking medication?**

- 1 Yes.....  > Check Receive Help with Personal Care box on Profile Sheet and **Go to W22**
  - 2 No.....
  - 9 Don't know.....  > **Go to W23**
  - 8 Refusal.....  > **Go to W23**
- 

**W21. Do you (Does .... ) think you (he/she) need(s) help with personal care?**

- 1 Yes.....  > Check Need Help with Personal Care box on Profile Sheet and **Go to W23**
  - 2 No.....  > **Go to W23**
  - 9 Don't know.....  > **Go to W23**
  - 8 Refusal.....  > **Go to W23**
- 

**W22. Do you (Does .... ) need additional help with personal care?**

- 1 Yes.....  > Check Receive Help with Personal Care box on Profile Sheet
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

**W23. Because of your (his/her) condition, do you (does .... ) usually receive 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 **Go  
to W25**

- 2 No.....
  - 9 Don't know.....  > **Go to W26**
  - 8 Refusal.....  > **Go to W26**
- 

**W24. Do you (Does .... ) think you (he/she) need(s) specialized nursing care or medical treatment at home?**

- 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 Refusal.....  > **Go to W26**
- 

**W25. Do you (Does .... ) need additional specialized nursing care or medical treatment at home?**

- 1 Yes.....  > Check Need Help with Nursing / Treatment box on Profile Sheet
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

**W26. Because of your (his/her) condition, do you (does .... ) usually receive 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**
-

**W27. Do you (Does .... ) think you (he/she) need(s) help with moving about inside your (his/her) residence?**

- 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. Do you (Does .... ) need additional help with moving about inside your (his/her) residence?**

- 1 Yes.....  > Check Need Help with Moving About box on Profile Sheet
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....
- 

### **Section X - Caregiver Module**

---

**\*\*Interviewer: If help needed 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 [ ]

---



**X2. What is the relationship of [Caregiver 1] to you ( .... )?**

**(a)**

- |    |   |                          |            |
|----|---|--------------------------|------------|
| 11 | Spouse/partner of respondent.....   | <input type="checkbox"/> |            |
| 12 | Ex-spouse/Ex-partner of respondent.....   | <input type="checkbox"/> |            |
| 13 | Son of respondent.....  | <input type="checkbox"/> | > Go to X4 |
| 14 | Daughter of respondent.....   | <input type="checkbox"/> | > Go to X4 |
| 15 | Father of respondent.....   | <input type="checkbox"/> | > Go to X4 |
| 16 | Mother of respondent.....   | <input type="checkbox"/> | > Go to X4 |
| 17 | Brother of respondent.....  | <input type="checkbox"/> | > Go to X4 |
| 18 | Sister of respondent.....   | <input type="checkbox"/> | > Go to X4 |
| 20 | Grandson of respondent.....   | <input type="checkbox"/> | > Go to X4 |
| 21 | Granddaughter of respondent.....  | <input type="checkbox"/> | > Go to X4 |
| 22 | Grandfather of respondent.....  | <input type="checkbox"/> | > Go to X4 |
| 23 | Grandmother of respondent.....  | <input type="checkbox"/> | > Go to X4 |
| 30 | Son-in-law of respondent.....   | <input type="checkbox"/> | > Go to X4 |
| 31 | Daughter-in-law of respondent.....  | <input type="checkbox"/> | > Go to X4 |
| 32 | Father-in-law of respondent.....  | <input type="checkbox"/> | > Go to X4 |
| 33 | Mother-in-law of respondent.....  | <input type="checkbox"/> | > Go to X4 |
| 34 | Brother-in-law of respondent.....   | <input type="checkbox"/> | > Go to X4 |
| 35 | Sister-in-law of respondent.....  | <input type="checkbox"/> | > Go to X4 |
| 40 | Nephew of respondent.....   | <input type="checkbox"/> | > Go to X4 |
| 41 | Niece of respondent.....  | <input type="checkbox"/> | > Go to X4 |
| 42 | Uncle of respondent.....  | <input type="checkbox"/> | > Go to X4 |
| 43 | Aunt of respondent.....   | <input type="checkbox"/> | > Go to X4 |
| 44 | Cousin of respondent.....   | <input type="checkbox"/> |            |
| 70 | Same sex partner of respondent.....   | <input type="checkbox"/> | > Go to X4 |
| 80 | Close friend of respondent.....   | <input type="checkbox"/> |            |
| 81 | Neighbour of respondent.....  | <input type="checkbox"/> |            |
| 82 | Co-worker of respondent.....  | <input type="checkbox"/> |            |
| 83 | Non-Governmental Organization (Includes clients and patients of self-employed professionals)..... | <input type="checkbox"/> | > Go to X8 |
| 84 | Paid employee/worker of respondent.....   | <input type="checkbox"/> |            |
| 85 | Other (Do not include organizations here).....  | <input type="checkbox"/> |            |
| 86 | Governmental (All levels and taxes).....  | <input type="checkbox"/> | > Go to X8 |
|    | Don't know.....   | <input type="checkbox"/> | > Go to X4 |
|    | Refusal.....  | <input type="checkbox"/> | > Go to X4 |

---

**X3. What is [Caregiver 1's] sex?**

**(a)**

- |   |                 |                          |
|---|-----------------|--------------------------|
| 1 | Male.....       | <input type="checkbox"/> |
| 2 | Female.....     | <input type="checkbox"/> |
|   | Don't know..... | <input type="checkbox"/> |
|   | Refusal.....    | <input type="checkbox"/> |

---

**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.....  > **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. Does [Caregiver 1] work at a paid job or business?**

(a)

- 1 Yes.....
  - 2 No.....  > **Go to X7**
  - 9 Don't know.....
  - 8 Refusal.....
- 

**X6. Does [Caregiver 1] work full-time or part-time?**

(a)

- 1 Full-time.....
  - 2 Part-time.....
  - Don't know.....
  - Refusal.....
- 

**X7. Is [Caregiver 1] paid for providing assistance to you ( .... )?**

(a)

- 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 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).....
- 4 **in the surrounding area to your ( ....'s) neighbour-**  
**hood or community?** (less than an hour by car).....
- 5 **less than a half day's journey each way by land**  
**travel?** (a round trip with a two hour visit).....
- 6 **more than a half day's journey each way by land**  
**travel?**.....
- Don't know.....
- Refusal.....

**X8. If [Caregiver 1] could not assist you ( .... ), would you ( he/she ) have difficulty finding assistance from someone else?**

- (a)
- 1 Yes.....
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

**X2. What is the relationship of [Caregiver 2] to you ( .... )?**

(b)

- 11 Spouse/partner of respondent.....
- 12 Ex-spouse/Ex-partner of respondent.....
- 13 Son of respondent.....  > **Go to X4**
- 14 Daughter of respondent.....  > **Go to X4**
- 15 Father of respondent.....  > **Go to X4**
- 16 Mother of respondent.....  > **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.....  > **Go to X4**
- 23 Grandmother of respondent.....  > **Go to X4**
- 30 Son-in-law of respondent.....  > **Go to X4**
- 31 Daughter-in-law of respondent.....  > **Go to X4**
- 32 Father-in-law of respondent.....  > **Go to X4**
- 33 Mother-in-law of respondent.....  > **Go to X4**
- 34 Brother-in-law of respondent.....  > **Go to X4**
- 35 Sister-in-law of respondent.....  > **Go to X4**
- 40 Nephew of respondent.....  > **Go to X4**
- 41 Niece of respondent.....  > **Go to X4**
- 42 Uncle of respondent.....  > **Go to X4**
- 43 Aunt of respondent.....  > **Go to X4**
- 44 Cousin of respondent.....
- 70 Same sex partner of respondent.....  > **Go to X4**

- 80 Close friend of respondent.....
- 81 Neighbour of respondent.....
- 82 Co-worker of respondent.....
- 83 Non-Governmental Organization (Includes clients and patients of self-employed professionals).....  > **Go to X8**
- 84 Paid employee/worker of respondent.....
- 85 Other (Do not include organizations here).....
- 86 Governmental (All levels and taxes).....  > **Go to X8**
- Don't know.....  > **Go to X4**
- Refusal.....  > **Go to X4**

**X3. What is [Caregiver 2's] sex?**

(b)

- 1 Male.....
- 2 Female.....
- Don't know.....
- Refusal.....

**X4. What is [Caregiver 2's] age?**

(b)

- 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.....  > **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. Does [Caregiver 2] work at a paid job or business?**

(b)

- 1 Yes.....
- 2 No.....  > **Go to X7**
- 9 Don't know.....
- 8 Refusal.....

**X6. Does [Caregiver 2] work full-time or part-time?**

- (b)
- 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)
- 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)**.....
  - 4 **in the surrounding area to your ( .... )'s neighbourhood or community? (less than an hour by car)**.....
  - 5 **less than a half day's journey each way by land travel? (a round trip with a two hour visit)**.....
  - 6 **more than a half day's journey each way by land travel?**.....
  - Don't know.....
  - Refusal.....
- 

**X8. If [Caregiver 2] could not assist you ( .... ), would you ( he/she) have difficulty finding assistance from someone else?**

- (b)
- 1 Yes.....
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

**X2. What is the relationship of [Caregiver 3] to you ( .... )?**

- (c)
- 11 Spouse/partner of respondent.....
  - 12 Ex-spouse/Ex-partner of respondent.....
  - 13 Son of respondent.....  > **Go to X4**
  - 14 Daughter of respondent.....  > **Go to X4**

- 15 Father of respondent.....  > **Go to X4**
- 16 Mother of respondent.....  > **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.....  > **Go to X4**
- 23 Grandmother of respondent.....  > **Go to X4**
- 30 Son-in-law of respondent.....  > **Go to X4**
- 31 Daughter-in-law of respondent.....  > **Go to X4**
- 32 Father-in-law of respondent.....  > **Go to X4**
- 33 Mother-in-law of respondent.....  > **Go to X4**
- 34 Brother-in-law of respondent.....  > **Go to X4**
- 35 Sister-in-law of respondent.....  > **Go to X4**
- 40 Nephew of respondent.....  > **Go to X4**
- 41 Niece of respondent.....  > **Go to X4**
- 42 Uncle of respondent.....  > **Go to X4**
- 43 Aunt of respondent.....  > **Go to X4**
- 44 Cousin of respondent.....
- 70 Same sex partner of respondent.....  > **Go to X4**
- 80 Close friend of respondent.....
- 81 Neighbour of respondent.....
- 82 Co-worker of respondent.....
- 83 Non-Governmental Organization (Includes clients and patients of self-employed professionals).....  > **Go to X8**
- 84 Paid employee/worker of respondent.....
- 85 Other (Do not include organizations here).....
- 86 Governmental (All levels and taxes).....  > **Go to X8**
- Don't know.....  > **Go to X4**
- Refusal.....  > **Go to X4**

**X3. What is [Caregiver 3's] sex?**

(c)

- 1 Male.....
- 2 Female.....
- Don't know.....
- Refusal.....

**X4. What is [Caregiver 3's] age?**

(c)

- 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.....  > **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. Does [Caregiver 3] work at a paid job or business?**

(c)

- 1 Yes.....
- 2 No.....  > **Go to X7**
- 9 Don't know.....
- 8 Refusal.....

**X6. Does [Caregiver 3] work full-time or part-time?**

(c)

- 1 Full-time.....
- 2 Part-time.....
- Don't know.....
- Refusal.....

**X7. Is [Caregiver 3] paid for providing assistance to you ( .... )?**

(c)

- 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 3] live...**

(c)

- 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)**.....
- 4 **in the surrounding area to your ( .... )'s neighbourhood or community? (less than an hour by car)**.....
- 5 **less than a half day's journey each way by land**

- 6 travel? (a round trip with a two hour visit).....
- 6 more than a half day's journey each way by land travel?.....
- Don't know.....
- Refusal.....

**X8. If [Caregiver 3] could not assist you ( .... ), would you ( he/she) have difficulty finding assistance from someone else?**

- 1 Yes.....
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

**Section Y - Care Receiving Module**

**\*\*Interviewer: If help received was indicated on the Profile Sheet then proceed; Else skip to Section BB (p 257)\*\***

**Y1. Among everyday activities that you ( .... ) received help with, with which one(s) does (Caregiver 1) 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. How often does (Caregiver 1) help with (Selections in Y1a)?**

- (a)**
- 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 1) help with your ( ....'s)**



(a) **personal care?**

[        ] (1-7) Days

Don't know.....

Refusal.....

---

**Y3ii. On average how many hours a day?**

(a)

[        ] (0.5-24) Hours

Don't know.....

Refusal.....

---

**Y4. How long ago did you ( .... ) begin to receive assistance from (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 one(s) does (Caregiver 2) 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. How often does (Caregiver 2) help with (Selections in Y1b)?**

(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) personal care?**  
**(b)**

[        ] (1-7) Days  
Don't know.....   
Refusal.....

---

**Y3ii. On average how many hours a day?**  
**(b)**

[        ] (0.5-24) Hours  
Don't know.....   
Refusal.....

---

**Y4. How long ago did you ( .... ) begin to receive assistance from (Caregiver 2) with (Selections in Y1b)?**  
**(b)**

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 one(s) does (Caregiver 3) help (him/her)?**  
**(c)**

*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. How often does (Caregiver 3) help with (Selections in Y1c)?**

- (c)
- 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 3) help with your ( ....)'s personal care?**

- (c)
- [        ] (1-7) Days
  - Don't know.....
  - Refusal.....
- 

**Y3ii. On average how many hours a day?**

- (c)
- [        ] (0.5-24) Hours
  - Don't know.....
  - Refusal.....
- 

**Y4. How long ago did you ( .... ) begin to receive assistance from (Caregiver 1) with (Selections in Y1c)?**

- 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.....
- 

### **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 ( .... ) receive(s) with everyday activities.**

---

**Z1. Was it difficult to make the arrangements for the help you ( .... ) receive(s) with:**

Interviewer: Ask only for activities selected on Profile Sheet

	(1)	(2)	(9)	(8)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>R</u>
(a) preparing meals?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) housework?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) heavy household chores?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) appointments?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) personal finances?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) childcare?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) personal care?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) nursing / treatment?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) moving about?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*\*\*Proceed to Z2 and ask for aids marked "yes" in Z1; else skip to AA\*\*\*

**Z2. What were the difficulties? I will read you a list.**

(a)

Interviewer: Mark all that apply - Help discussed is with preparing meals

- 1 Finding qualified help.....
- 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.**

(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 **Too expensive**.....
- 5 **Other**.....



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 household chores*

- 1 **Finding qualified help**.....
- 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.**

(d)

*Interviewer: Mark all that apply - Help discussed is with appointments*

- 1 **Finding qualified help**.....
- 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.**

(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**.....
- 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**.....
- 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 apply - Help discussed is with personal care*

- 1 **Finding qualified help**.....
- 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.**

**(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.....



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*

1 **Finding qualified help**.....

2 **Delay in obtaining assistance**.....

3 **Did not know where to look for help**.....

4 **Too expensive**.....

5 **Other**.....



Other, Please Specify:

---

### Section AA - Cost Module

---

**\*\*Interviewer: If help received was 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)

*Mark 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 Other private source.....  > **Go to AA1 (b)**
- 8 Other public source, e.g., government health insurance plan.....  > **Go to AA1 (b)**
- 9 None selected.....  > **Go to AA1 (b)**
- Don't know.....  > **Go to AA1 (b)**
- 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**.....  > **Go to AA5**
- Don't know.....  > **Go to AA5**
- Refusal.....  > **Go 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 (partially reimbursed) then proceed to AA5; Else skip to AA1(b).*

**AA5. Which of the following expense groups is the best estimate of the out-of-pocket or direct costs to you ( ... ), or your (his/her) family living with you (him/her), for the help you (he/she) received in the past 12 months?**  
**(a)**

**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.....   | <input type="checkbox"/> | > <b>Go to AA1 (c)</b> |
| 2 | Yourself ( .... ) or family living with you (him/her).....       | <input type="checkbox"/> |                        |
| 3 | Family not living with you (him/her).....                        | <input type="checkbox"/> | > <b>Go to AA1 (c)</b> |
| 4 | Private health insurance, e.g., employer insurance plan.....     | <input type="checkbox"/> | > <b>Go to AA1 (c)</b> |
| 5 | Home care program.....   | <input type="checkbox"/> | > <b>Go to AA1 (c)</b> |
| 6 | Voluntary organization.....                                      | <input type="checkbox"/> | > <b>Go to AA1 (c)</b> |
| 7 | Other private source.....  | <input type="checkbox"/> | > <b>Go to AA1 (c)</b> |
| 8 | Other public source, e.g., government health insurance plan..... | <input type="checkbox"/> | > <b>Go to AA1 (c)</b> |
| 9 | None selected.....   | <input type="checkbox"/> | > <b>Go to AA1 (c)</b> |
|   | Don't know.....  | <input type="checkbox"/> | > <b>Go to AA1 (c)</b> |
|   | Refusal.....   | <input type="checkbox"/> | > <b>Go to AA1 (c)</b> |
- 

**AA2. Is the cost to you ( ... ) or your (his/her) family living with you (him/her)...**

**(b)**

- |   |                                   |                          |                    |
|---|-----------------------------------|--------------------------|--------------------|
| 1 | <b>fully reimbursed</b> .....     | <input type="checkbox"/> |                    |
| 2 | <b>partially reimbursed</b> ..... | <input type="checkbox"/> |                    |
| 3 | <b>not reimbursed</b> .....       | <input type="checkbox"/> | > <b>Go to AA5</b> |
|   | Don't know.....                   | <input type="checkbox"/> | > <b>Go to AA5</b> |
|   | Refusal.....                      | <input type="checkbox"/> | > <b>Go to AA5</b> |
- 

**AA3. From what source does the reimbursement come?**

**(b)**

*Mark all that apply.*

- |   |  |                          |
|---|--|--------------------------|
| 1 | <b>Government tax credit</b> .....               | <input type="checkbox"/> |
| 2 | <b>Direct government financial support</b> ..... | <input type="checkbox"/> |
| 3 | <b>Private health insurance</b> .....            | <input type="checkbox"/> |
| 4 | <b>Other source</b> .....                        | <input type="checkbox"/> |
| 5 | None selected.....                               | <input type="checkbox"/> |
- 

*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)**

**pocket or direct costs to you ( .... ), or your (his/her) family living with you (him/her), for the help you (he/she) received in the past 12 months?**

**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?**

(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/her).....  > **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 source, e.g., government health insurance plan.....  > **Go to AA1 (d)**
- 9 None selected.....  > **Go to AA1 (d)**
- Don't know.....  > **Go to AA1 (d)**
- Refusal.....  > **Go to AA1 (d)**

**AA2. Is the cost to you ( ... ) or your (his/her) family living with you (him/her)...**

(c)

- 1 **fully reimbursed**.....
- 2 **partially reimbursed**.....
- 3 **not reimbursed**.....  > **Go to AA5**
- Don't know.....  > **Go to AA5**
- Refusal.....  > **Go to AA5**

**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.....

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 out-of-pocket or direct costs to you ( .... ), or your (his/her) family living with you (him/her), for the help you (he/she) received in the past 12 months?**

**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?**

**(d)**

*Mark all that apply*

- 1 No one, it's free.....  > **Go to AA1 (e)**
- 2 Yourself ( .... ) or family living with you (him/her).....
- 3 Family not living with you (him/her).....  > **Go to AA1 (e)**
- 4 Private health insurance, e.g., employer insurance plan.....  > **Go to AA1 (e)**
- 5 Home care program.....  > **Go to AA1 (e)**
- 6 Voluntary organization.....  > **Go to AA1 (e)**
- 7 Other private source.....  > **Go to AA1 (e)**
- 8 Other public source, e.g., government health insurance plan.....  > **Go to AA1 (e)**
- 9 None selected.....  > **Go to AA1 (e)**
- Don't know.....  > **Go to AA1 (e)**
- Refusal.....  > **Go to AA1 (e)**

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.....  > Go to AA5
  - Don't know.....  > Go to AA5
  - Refusal.....  > Go to AA5
- 

AA3. From 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-pocket or direct costs to you ( ... ), or your (his/her) family living with you (him/her), for the help you (he/she) received in the past 12 months?

**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?

(e)

Mark all that apply

- 1 No one, it's free.....  > 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.....  > **Go to AA1 (f)**
- Refusal.....  > **Go to AA1 (f)**

**AA2. Is the cost to you ( ... ) or your (his/her) family living with you (him/her)...**  
(e)

- 1 **fully reimbursed**.....
- 2 **partially reimbursed**.....
- 3 **not reimbursed**.....  > **Go to AA5**
- Don't know.....  > **Go to AA5**
- Refusal.....  > **Go to AA5**

**AA3. From what source does the reimbursement come?**

(e) *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 BB.*

**AA5. Which of the following expense groups is the best estimate of the out-of-pocket or direct costs to you ( .... ), or your (his/her) family living with you (him/her), for the help you (he/she) received in the past 12 months?**  
(e)

**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?**

**(f)**

*Mark all that apply*

- 1 No one, it's free.....  > **Go to AA1 (g)**
- 2 Yourself ( .... ) or family living with you (him/her).....
- 3 Family not living with you (him/her).....  > **Go to AA1 (g)**
- 4 Private health insurance, e.g., employer insurance plan.....  > **Go to AA1 (g)**
- 5 Home care program.....  > **Go to AA1 (g)**
- 6 Voluntary organization.....  > **Go to AA1 (g)**
- 7 Other private source.....  > **Go to AA1 (g)**
- 8 Other public source, e.g., government health insurance plan.....  > **Go to AA1 (g)**
- 9 None selected.....  > **Go to AA1 (g)**
- Don't know.....  > **Go to AA1 (g)**
- Refusal.....  > **Go to AA1 (g)**

**AA2. Is the cost to you ( ... ) of your (his/her) family living with you (him/her)...**

**(f)**

- 1 **fully reimbursed**.....
- 2 **partially reimbursed**.....
- 3 **not reimbursed**.....  > **Go to AA5**
- Don't know.....  > **Go to AA5**
- Refusal.....  > **Go to AA5**

**AA3. From what source does the reimbursement come?**

**(f)**

*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 (g)*

**AA5. Which of the following expense groups is the best estimate of the out-of-pocket or direct costs to you ( .... ), or your (his/her) family living with you (him/her), for the help you (he/she) received in the past 12 months?**

**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?**  
(g)

*Mark all that apply*

- 1 No one, it's free.....  > **Go to AA1 (h)**
- 2 Yourself ( .... ) or family living with you (him/her).....
- 3 Family not living with you (him/her).....  > **Go to AA1 (h)**
- 4 Private health insurance, e.g., employer insurance plan.....  > **Go to AA1 (h)**
- 5 Home care program.....  > **Go to AA1 (h)**
- 6 Voluntary organization.....  > **Go to AA1 (h)**
- 7 Other private source.....  > **Go to AA1 (h)**
- 8 Other public source, e.g., government health 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**.....  > **Go to AA5**
- Don't know.....  > **Go to AA5**
- Refusal.....  > **Go to AA5**

---

**AA3. From what source does the reimbursement come?**

(g) *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 AA(h).*

**AA5. Which of the following expense groups is the best estimate of the out-of-pocket or direct costs to you ( .... ), or your (his/her) family living with you (him/her), for the help you (he/she) received in the past 12 months?**

**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?**

(i) *Mark all that apply*

- 1 No one, it's free.....  > **Go to BB**
- 2 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.....  > **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 **fully reimbursed**.....   
 2 **partially reimbursed**.....   
 3 **not reimbursed**.....  > **Go to AA5**  
 Don't know.....  > **Go to AA5**  
 Refusal.....  > **Go to AA5**

**AA3. From what source does the reimbursement come?**

(i) *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 BB.*

**AA5. Which of the following expense groups is the best estimate of the out-of-pocket or direct costs to you ( .... ), or your (his/her) family living with you (him/her) for the help you (he/she) received in the past 12 months?**

**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.....

**Section BB - Unmet Need Module**

**\*\*Interviewer: If help needed and received was indicated on the Profile Sheet then proceed; Skip to Section CC (p 302) if only 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 ( .... ) need(s) 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(s) with (a) 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.....
- 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) need(s) with (b) housework?**

*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) need(s) 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 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) need(s) with (d) appointments?**

*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) need(s) 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.....
- 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) need(s) with (f) childcare?**

*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) need(s) 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) need(s) with (h) nursing / treatment?**

*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) need(s) with moving about?**  
**(i)**

*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 .....

---

**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 following best describes the control you have ( .... has) in making decisions:**

- 1 I make all decisions about my everyday activities.....
- 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 or 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.

**Exclude any contacts at home with health professionals providing you ( .... ) specialized nursing care or medical treatment.**

---

**DD1.** In the past 12 months, how often have you ( has ....) seen or talked about  
(a) your (his/her) physical, emotional or mental condition, with ...

**a physician (including general practitioners and specialists)?**

- 1 At least once a week .....  > Once through loop  
DD1a-g: **Go to DD2**
- 2 At least once a month.....  > Once through loop  
DD1a-g: **Go to DD2**
- 3 Less than once a month.....  > Once through loop  
DD1a-g: **Go to DD2**
- 4 Never.....   
Don't Know.....   
Refusal.....
- 

**DD1.** In the past 12 months, how often have you ( has ....) seen or talked about  
(b) your (his/her) physical, emotional or mental condition, with ...

**a physiotherapist or occupational therapist?**

- 1 At least once a week .....  > 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.....  > Once through loop  
DD1b-g: **Go to DD2**
- 4 Never.....   
Don't Know.....   
Refusal.....
-

**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 .....  > *Once through loop  
DD1c-g: Go to DD2*
- 2 At least once a month.....  > *Once through loop  
DD1c-g: Go to DD2*
- 3 Less than once a month.....  > *Once through loop  
DD1c-g: Go to DD2*
- 4 Never.....   
Don't Know.....   
Refusal.....
- 

**DD1. In the past 12 months, how often have you ( has ....) seen or talked about  
(d) your (his/her) physical, emotional or mental condition, with ...**

**a chiropractor?**

- 1 At least once a week .....  > *Once through loop  
DD1d-g: Go to DD2*
- 2 At least once a month.....  > *Once through loop  
DD1d-g: Go to DD2*
- 3 Less than once a month.....  > *Once through loop  
DD1d-g: Go to DD2*
- 4 Never.....   
Don't Know.....   
Refusal.....
- 

**DD1. In the past 12 months, 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**.....  > *Once through loop*  
*DD1e-g: Go to DD2*
- 4 **Never**.....   
 Don't Know.....   
 Refusal.....
- 

**DD1. In the past 12 months, how often have you ( has ....) seen or talked about  
 (f) your (his/her) physical, emotional or mental condition, with ...**

**a psychologist, social worker or counsellor?**

- 1 **At least once a week** .....  > *Once through loop*  
*DD g: 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 past 12 months, how often have you ( has ....) seen or talked about  
 (g) your (his/her) physical, emotional or mental condition, with ...**

**another health care or social service provider?**

- 1 **At least once a week** .....  > **Go to DD2**

↓

Other, Please Specify:

- 2 **At least once a month**.....  > **Go to DD2**

↓

Other, Please Specify:

- 3 **Less than once a month**.....  > **Go to DD2**

↓

Other, Please Specify:

- 4 Never.....  > Unless otherwise specified: Go to DD5
- Don't Know.....  > Unless otherwise specified: Go to DD5
- Refusal.....  > Unless otherwise specified: Go to DD5

**DD2. In the past 12 months, did you ( .... ) have any out-of-pocket or direct expenses for the health care and social services you (he/she) received?**

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

- 1 Yes.....
- 2 No.....  > **Go to DD5**
- 9 Don't know.....  > **Go to DD5**
- 8 Refusal.....  > **Go to DD5**

**DD4. Which of the following expense groups is the best estimate of the direct costs 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 \$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.....

**DD5. In the past 12 months, was there ever a time when you ( .... ) felt that you (he/she) needed 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.

- 1 They are not covered by insurance .....
- 2 They are too expensive .....
- 3 Your ( ...'s) condition is not serious enough.....
- 4 You do ( ... does) not know where or how  
to obtain them.....
- 5 They are not available in the area.....
- 6 Another reason.....

↓

Other, Please Specify:

---

### Section EE - Education Module

---

**\*\*All respondents under the age of 75 enter this module; Else skip to FF (p320) \*\***

**EE. The next few questions are on education.**

---

**EE1. In April 2006, were you (was ...) attending a school, college or university?**  
*Interviewer: Include private schools, colleges or universities.*

- 1 Yes.....  > **Go to EE3**
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

**EE2. Did you ( .... ) attend school in the past 5 years ?**

- 1 Yes.....  > **Go to EE15**
  - 2 No.....  > **Go to EE22**
  - 9 Don't know.....  > **Go to EE22**
  - 8 Refusal.....  > **Go to EE22**
- 

**EE3. Were you (was .... ) enrolled as a:**

- 1 **Full-time student**.....  > **Go to EE5**
  - 2 **Part-time**.....
  - Don't know.....  > **Go to EE5**
  - Refusal .....  > **Go to EE5**
-

**EE4. Were you (was .... ) studying part-time because of your (his/her) condition?**

- 1 Yes.....
  - 2 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.....
- 

**EE6. In April 2006, in what kind of school were you ( was ....) 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 schools**.....
- 3 **Community college, cegep or technical institute**...  > **Go to EE8**
- 4 **Special education school**.....  > **Go to EE8**
- 5 **Regular primary or secondary school** .....
- 6 **Other**.....

↓

Other, Please Specify:

- Don't know.....  > **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.....
- 2 Other non-university certificate or diploma (obtained at community college, cegep, technical institute, etc.).....
- 3 University certificate or diploma below bachelor level.....
- 4 Bachelor's degree(s) (e.g., B.A., B.Sc., LL.B.).....
- 5 University certificate or diploma above bachelor level.....
- 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.....
- Don't know.....
- Refusal.....

**EE9. Did you ( .... ) require modified building features or services to attend school?**

- 1 Yes.....
- 2 No.....  > **Go to EE12**
- 9 Don't know.....  > **Go to EE12**
- 8 Refusal.....  > **Go to EE12**

**EE10. Did you ( .... ) require ...**

*Mark all that apply.*

- 1 (a) accessible classrooms?.....
- 2 (b) accessible washrooms?.....
- 3 (c) accessible residences?.....
- 4 (d) accessible buildings, excluding residences?.....
- 5 (e) accessible transportation?.....
- 6 (f) other feature or service?.....

↓

Other, Please Specify:

- 7 None selected.....
- Don't know.....
- Refusal.....

\*\*\*Interviewer: Ask EE11 for all selections (a-f) in EE10\*\*\*

**EE11. Was (were) accessible classrooms available to you ( .... )?**

(a)

- 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. Was (were) accessible residences available to you ( .... )?**

(c)

- 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 Yes.....
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

**EE11. Was (were) ( *write-in* ) available to you ( .... )?**

(f)

- 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**
  - 9 Don't know.....  > **Go to EE23**
  - 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  No  Don't know  Refusal

**EE13b.**

**a tutor or teacher's aide?.....**

**EE14b.**

**Were (was) a tutor or teacher's aid made available to you ( ....)?**

Yes  No  Don't know  Refusal

**EE13c.**

**a computer with Braille, large print or speech access?...**

**EE14c.**

**Were (was) a computer with Braille, large print or speech access made available to you ( ....)?**

Yes  No  Don't know  Refusal

**EE13d.**

**talking books?.....**

**EE14d.**

**Were (was) talking books made available to you ( .... )?**

Yes  No  Don't know  Refusal

**EE13e.**

**magnifiers or CCTV's (Closed circuit television readers)?.....**

**EE14e.**

**Were (was) magnifiers or CCTV's made available to you ( .... )?**

Yes  No  Don't know  Refusal

**EE13f.**

**Braille or large print reading materials?.....**

**EE14f.**

**Were (was) Braille or large print reading materials made available to you ( .... )?**

Yes  No  Don't know  Refusal

**EE13g.**

**a Sign language interpreter?.....**

**EE14g.**

**Was a Sign language interpreter made available to you( .... )?**

Yes  No  Don't know  Refusal

**EE13h.**

**recording equipment or portable note-takers?.....**

**EE14h.**

**Were (was) recording equipment or portable note-takers made available to you ( .... )?**

Yes  No  Don't know  Refusal

**EE13i.**

**attendant care services?.....**

**EE14i.**

**Were (was) attendant care services made available to you ( .... )?**

Yes  No  Don't know  Refusal

**EE13j.**



a modified or adapted course curriculum?.....

EE14j.

Was a modified or adapted course curriculum made available to you ( ....)?

Yes  No  Don't know  Refusal

EE13k.

other aid or service?.....

Other, Please Specify:	
EE14k. Was this aid made available to you:	
Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refusal <input type="checkbox"/>	

- 12 None selected.....
- Don't know.....
- Refusal.....

EE15. Did you ( .... ) have (his/her) condition when you were (he/she was) attending school (in the past 5 years)?

- 1 Yes.....
- 2 No.....  > Go to EE23
- 9 Don't know.....  > Go to EE23
- 8 Refusal.....  > Go to EE23

EE16. Did you ( .... ) require modified building features or services to attend school?

- 1 Yes.....
- 2 No.....  > Go to EE19
- 9 Don't know.....  > Go to EE19
- 8 Refusal.....  > Go to EE19

EE17a. Interviewer: Mark all that apply

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

accessible classrooms?.....

EE18a.

**Were (was) accessible classrooms available to you ( ....)?**  
Yes  No  Don't know  Refusal

EE17b.

accessible washrooms?.....

EE18b.

**Were (was) accessible washrooms available to you ( ....)?**  
Yes  No  Don't know  Refusal

EE17c.

accessible residences?.....

EE18c.

**Were (was) accessible residences available to you ( ....)?**  
Yes  No  Don't know  Refusal

EE17d.

accessible buildings, excluding residences?.....

EE18d.

**Were (was) accessible buildings, excluding residences available to you ( ....)?**  
Yes  No  Don't know  Refusal

EE17e.

accessible transportation?.....

EE18e.

**Were (was) accessible transportation available to you ( .... )?**  
Yes  No  Don't know  Refusal

EE17f.

another aid or service?.....

Other, Please Specify:

	<b>EE18f. Was this aid available to you:</b>	
	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refusal <input type="checkbox"/>	

- 12 None selected.....   
 Don't know.....   
 Refusal.....

**EE19. Did you ( .... ) need any assistive devices or services to follow your (his/her) courses?**

- 1 Yes.....   
 2 No.....  > **Go to EE23**  
 9 Don't know.....  > **Go to EE23**  
 8 Refusal.....  > **Go to EE23**

**EE20a. Interviewer: Mark all that apply**

**Did you ( .... ) need ...**

**note takers or readers?.....**

**EE21a.**

↓

<b>Were (was) note takers or readers made available to you ( ....)?</b>
Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refusal <input type="checkbox"/>

**EE20b.**

**a tutor or teacher's aide?.....**

**EE21b.**

↓

<b>Were (was) a tutor or teacher's aid made available to you ( ....)?</b>
Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refusal <input type="checkbox"/>

**EE20c.**

**a computer with Braille, large print or speech access?...**

**EE21c.**

↓

<b>Were (was) a computer with Braille, large print or speech access made available to you ( ....)?</b>
Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refusal <input type="checkbox"/>

**EE20d.**

**talking books?.....**

EE21d.

↓

<p><b>Were (was) talking books made available to you ( .... )?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refusal <input type="checkbox"/></p>
---

EE20e.

**magnifiers or CCTV's (Closed circuit television readers)?.....**

EE21e.

↓

<p><b>Were (was) magnifiers or CCTV's made available to you ( .... )?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refusal <input type="checkbox"/></p>
--

EE20f.

**Braille or large print reading materials?.....**

EE21f.

↓

<p><b>Were (was) Braille or large print reading materials made available to you ( .... )?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refusal <input type="checkbox"/></p>
--

EE20g.

**a Sign language interpreter?.....**

EE21g.

↓

<p><b>Was a Sign language interpreter made available to you( .... )?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refusal <input type="checkbox"/></p>
---

EE20h.

**recording equipment or portable note-takers?.....**

EE21h.

↓

<p><b>Were (was) recording equipment or portable note-takers made available to you ( .... )?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refusal <input type="checkbox"/></p>
---

EE20i.

**attendant care services?.....**

EE21i.

↓

<b>Were (was) attendant care services made available to you ( ....)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refusal <input type="checkbox"/>
---

EE20j.

a modified or adapted course curriculum?.....

EE21j.

↓

<b>Was a modified or adapted course curriculum made available to you ( ....)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refusal <input type="checkbox"/>
--

EE20k.

other aid or service?.....

↓

Other, Please Specify:		
	<b>EE21k. Was this aid made available to you:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refusal <input type="checkbox"/>	

- 12    None selected.....   
       Don't know.....   
       Refusal.....

EE22. Did you ( ... ) have your (his/her) condition before completing all your (his/her) formal education or training?

- 1    Yes.....   
 2    No.....     > **Go to FF**  
 3    Not applicable.....     > **Go to FF**  
       Don't know.....     > **Go to FF**  
       Refusal.....     > **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** Because of your ( ....'s) condition ...

(b)

**Were your (was her/his) choice of courses or careers influenced?**

- 1 Yes.....  
2 No.....  
9 Don't know.....  
8 Refusal.....
- 

**EE24** Because of your ( ....'s) condition ...

(c)

**did you ( .... ) ever change school?**

- 1 Yes.....  
2 No.....  
9 Don't know.....  
8 Refusal.....
- 

**EE24** Because of your ( ....'s) condition ...

(d)

**did you ( .... ) ever change your (his/her) course of studies?**

- 1 Yes.....  
2 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.....

8 Refusal.....

---

EE24 Because of your ( ....'s) condition ...

(f)

**did you ( .... ) have any additional expenses for your (his/her) schooling?**

1 Yes.....

2 No.....

9 Don't know.....

8 Refusal.....

---

EE24 Because of your ( ....'s) condition ...

(g)

**was your ( .... ) education interrupted for long periods of time?**

1 Yes.....

2 No.....

9 Don't know.....

8 Refusal.....

---

EE24 Because of your ( ....'s) condition ...

(h)

**did you ( .... ) ever attend a special education school or special education classes in a regular school?**

1 Yes.....

2 No.....

9 Don't know.....

8 Refusal.....

---

EE24 Because of your ( ....'s) condition ...

(i)

**did you ( .... ) take fewer courses or subjects than you (he/she) otherwise would have?**

1 Yes.....

2 No.....

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

**(l)**

**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.**

**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 Yes.....  > **Go to GG**  
 2 No .....   
 3 Completely prevented from working.....  > **Go to GG**  
 Refusal.....   
 Don't know.....
- 

**FF2. Last week, did you ( .... ) have a job or business from which you were (he/she was) absent? (For example, because of illness or vacation)?**

- 1 Yes.....   
 2 No.....  > **Go to FF4**  
 9 Don't know.....  > **Go to FF4**  
 8 Refusal.....  > **Go to FF4**
- 

**FF3. What was the main reason you were ( ... was ) not at work last week?**

- 1 Temporary layoff from a job or business to which you ( .... ) expect to return.....  > **Go to FF6**  
 2 On vacation, sick leave, on strike or locked out.....  > **Go to GG**  
 3 Caring for own children.....  > **Go to GG**  
 4 Caring for elder relative.....  > **Go to GG**  
 5 Maternity or parental leave.....  > **Go to GG**  
 6 Injury or health condition, (no longer paid by employer).....  > **Go to FF4**  
 7 Other reasons-still has a job.....  > **Go to GG**  
 8 Other reasons-does not have a job (includes seasonal layoffs).....  > **Go to FF4**  
 Do't know.....  > **Go to FF4**  
 Refusal.....  > **Go to FF4**
- 

**FF4. Last week, did you ( .... ) have definite arrangements to start a new job within the next four weeks?**

- 1 Yes.....  > **Go to FF6**  
 2 No.....   
 9 Don't know.....   
 8 Refusal.....
-

**FF5. Did you ( .... ) look for paid work during the past four weeks?** (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.....  > **Go to HH**
- 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.....  > **Skip to HH**
- 3 No, because of temporary illness or disability...  > **Skip to HH**
- 4 No, because of personal or family  
responsibilities.....  > **Skip to HH**
- 5 No, going to school.....  > **Skip to HH**
- 6 No, retired.....  > **Skip to HH**
- 7 No, other reasons.....  > **Skip to HH**
- Don't know.....  > **Skip to HH**
- Refusal.....  > **Skip to HH**

### **Section GG - Employment Details Module**

**\*\*Interviewer: If disability was indicated on either Profile Sheet or 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.*

- (1-168) Hours [     ] > **If less than 30 hours proceed to GG2; Else skip to GG3**
- Don't know.....  > **Go to GG3**
  - Refusal.....  > **Go to GG3**

**GG2. What is the main reason you ( .... ) usually work(s) less than 30 hours per week?**

- 01 Own illness, condition or disability.....

- 02 Caring for own children.....
- 03 Caring for elder relative (60 years of age or older).....
- 04 Other personal or family responsibilities.....
- 05 Going to school.....
- 06 Business conditions.....
- 07 Could not find work with 30 or more hours per week.....
- 08 Job is part-time/ contract, more hours not available.....
- 09 Don't want to work more than 30 hours.....
- 10 Other.....

↓

Other, Please Specify:

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

**GG3. On what date did you ( .... ) start this job?**

*Interviewer: If multiple jobs, ask about the job where they work the most hours.*

Date format: DDMMYYYY [ / / ]

**GG4. In what kind of business, industry or service is this job? For example, a wheat farm, department store, fish plant.**

- [ ]
- Don't know.....
- Refusal.....

**GG5. What is your ( ...'s) work or occupation? For example, accountant, secondary school teacher, sales clerk.**

- [ ]
- Don't know.....
- Refusal.....

**GG6. In this work, what are your ( ....'s) main activities? For example, administering accounts, teaching mathematics, selling men's clothing.**

- [ ]
- Don't know.....
- Refusal.....

**GG7. In this job are you ( is he/she) mainly ...**

- 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?.....  > Go to GG20
  - 3 self-employed alone or in partnership?.....  > Go to GG20
  - Don't know.....  > Go to GG20
  - Refusal.....  > Go to GG20
- 

**GG8. In this job, are you (is .... ) a union member?**

- 1 Yes.....  > Go to GG10
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

**GG9. Are you (Is .... ) covered by a union contract or collective agreement?**

- 1 Yes.....
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

**GG10. About how many persons are employed at the location where you ( .... ) now work(s)?**

- 1 Less than 20.....
  - 2 20 to 99.....
  - 3 100 to 500.....
  - 4 Over 500.....
  - Don't know.....
  - Refusal.....
- 

**GG11. Does your ( ....'s) employer operate at more than one location?**

- 1 Yes.....  > If GG10 = 4 then mark GG12 as 4 (over 500) and go to GG18
  - 2 No.....
  - 9 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 any periods of unemployment in the last twelve months, that is to say, periods when you were (he/she was) unemployed or did not have a job?**

- 1 Yes.....
  - 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 Two.....
  - 3 Three or more.....
  - Don't know.....
  - Refusal.....
- 

**GG22. What was the length of the longest period of unemployment?**

- 1 Under three months.....

- 2 Three to five months.....
- 3 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)?**.....
- 2 **changed the amount of work you do ( ... does)?**.....
- 3 **changed your ( ...'s) job?**.....
- 4 None selected.....
- Don't know.....
- Refusal.....

**GG24. 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.....  > **If GG7 = 1 (working for wages then go to GG29; else go to HH**
- 9 Don't know.....
- 8 Refusal.....

**GG25. Where were you (was ... ) employed when you (he/she) first experienced work limitations?**

- 1 Present employer.....
- 2 Elsewhere.....
- 3 Not working .....  > **If GG7 = 1 (working for wages then go to GG29; else go to HH**
- Don't know.....
- Refusal.....

**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.....  > **Go to GG28**
- 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?**.....
  - 3 **less work now?**.....
  - Don't know.....
  - Refusal.....
- 

**GG29. Do you (Does ... ) believe that your (his/her) condition makes it difficult for you (him/her) to change jobs or to advance at your (his/her) present job?**

- 1 **Yes, very difficult**.....
  - 2 **Yes, difficult**.....
  - 3 **No, not difficult**.....  > **Go to GG30a**
  - Don't know.....
  - Refusal.....
- 

*Interviewer: If a proxy 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?**

*Interviewer: 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.....



Other, Please Specify:

- 5 None selected.....
- Refusal.....

Don't know.....

---

**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 education 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 more or less than your (his/her) level of education prepared you (him/her) to do?**

- 1 More.....
- 2 Less.....
- Refusal.....
- Don't know.....

---

**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).....
- 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.....
- 10 Appropriate parking.....
- 11 An accessible elevator.....
- 12 Accessible washrooms.....
- 13 Accessible transportation.....
- 14 Other equipment, help or work arrangement.....

Other, 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 all that 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.....
- 10 Appropriate parking.....
- 11 An accessible elevator.....
- 12 Accessible washrooms.....
- 13 Accessible transportation.....
- 14 Other equipment, help or work arrangement.....



Other, Please Specify:

- 15 None selected.....

*\*\*If an aid(s) was/were selected in HH1a or HH1b then proceed to HH2(a) as per the aids selected in HH1 a or b); Else go to II\*\**

**HH2a. Has job redesign (modified or different duties) been made 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 know.....
- 8 Refusal.....

**HH2c. Has human support, such as a reader, Sign language interpreter, 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.....
  - 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 handrails, ramps been made available to you (him/her)?**

- 1 Yes.....
  - 2 No.....
  - 9 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.....
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

**HH2k. Has accessible washrooms been made available to you (him/her)?**

- 1 Yes.....
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

**HH2l. 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 (working 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).....
- 02 Request was refused.....
- 03 Afraid to ask.....
- 04 Employer not aware of condition.....
- 05 Have not asked for it – (not afraid to ask)....
- 06 Condition is not severe enough.....
- 07 On a waiting list.....
- 08 Not available locally.....
- 09 Other.....

↓

Other, Please Specify:

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

\*\*Skip to II\*\*

**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).....
- 06 Condition is not severe enough.....
- 07 On a waiting list.....
- 08 Not available locally.....
- 09 Other.....

↓

Other, Please Specify:

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

**Section II - 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 or if OO1 (p 362)= < 2001 or if KK1 (p 346)= < 2001 then proceed; Else skip  
to section JJ (p342)\*\**

**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\*\*\**

**IIIa. In the past twelve months, have you received any classroom 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 classroom 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 II2b**
  - 2 No.....  > **Go to II15b**
  - 9 Don't know.....  > **Go to II15b**
  - 8 Refusal.....  > **Go to II15b**
- 

**II2a. How many different training courses have you taken in the last twelve months?**

- # [ ] courses (range 1-60)
  - Refusal.....
  - Don't know.....
- 

**II2b. How many different training courses did you take in your last twelve months?**

- # [ ] courses (range 1-60)
  - Refusal.....
  - Don't know.....
- 

**II3. What were the main subjects of the courses you completed?**

*Mark all that apply.*

- 01 Orientation for new employees.....
- 02 Managerial/supervisory training.....
- 03 Professional training.....
- 04 Apprenticeship training.....
- 05 Sales and marketing training.....

- 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,  
environmental protection.....
- 12 Literacy or numeracy.....
- 13 Other.....

↓

Other, Please Specify:

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

**II7. Who provided the training sessions?**

*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.....

**II8a. To what extent are you using the skills or knowledge acquired in this training at work?**

- 1 **To a great extent**.....  > **Go to II15a**
- 2 **Somewhat**.....  > **Go to II15a**
- 3 **Very little**.....  > **Go to II15a**
- 4 **Not at all**.....  > **Go to II15a**
- 5 **No chance to use it yet**.....  > **Go to II15a**
- Refusal.....  > **Go to II15a**
- Don't know.....  > **Go to II15a**

**II8b. To what extent did you use the skills or knowledge acquired in this training at work?**

- 1 To a great extent.....  > Go to II15b
  - 2 Somewhat.....  > Go to II15b
  - 3 Very little.....  > Go to II15b
  - 4 Not at all.....  > Go to II15b
  - 5 No chance to use it yet.....  > Go to II15b
  - Refusal.....  > Go to II15b
  - Don't know.....  > Go to II15b
- 

**II15a. In the past twelve months, have you received any informal training related to your job (that is on-the-job training)?**

- 1 Yes.....  > Go to II16
  - 2 No.....  > Go to II20a
  - 9 Don't know.....  > Go to II20a
  - 8 Refusal.....  > Go to II20a
- 

**II15b. In the last twelve months of your previous employment, did you receive any informal training related to your job (that is on-the-job training)?**

- 1 Yes.....
  - 2 No.....  > Go to II20b
  - 9 Don't know.....  > Go to II20b
  - 8 Refusal.....  > Go to II20b
- 

**II16. What were the main subjects of the on-the-job training?**

*Mark all that apply.*

- 01 Orientation for new employees.....
- 02 Managerial/supervisory training.....
- 03 Professional training.....
- 04 Apprenticeship training.....
- 05 Sales and marketing training.....
- 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,  
environmental protection.....



- 12 Literacy or numeracy.....
- 13 Other.....



Other, Please Specify:

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

**II18. Who provided the training sessions?**

*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 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.....

**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.....
- 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 II22a**
- 9 Don't know.....  > **Go to II22a**
- 8 Refusal.....  > **Go to II22a**

**II20b. In the last twelve months of your previous employment, was there job-related training offered to you that you decided not to take?**

- 1 Yes.....
- 2 No.....  > **Go to II22b**
- 9 Don't know.....  > **Go to II22b**
- 8 Refusal.....  > **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.....
- 2 Courses not suitable (I already have the skills, heard bad things about the course, etc.).....
- 3 Course too difficult.....
- 4 Health reasons.....
- 5 Family responsibilities.....
- 6 Too old, too late in career.....
- 7 Other.....

↓

Other, Please Specify:

- 8 None selected.....
- 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.....  > 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

**II23. Why was your training request refused?**

*Mark all that apply.*

- 1 Too expensive.....
- 2 Workplace is too busy.....
- 3 Employer thought you've had enough training.....
- 4 Course is too long, too much time away from work.....
- 5 Other.....



Other, Please Specify:

- 6 None selected.....
- Refusal.....
- Don't know.....

**II24. In the past twelve months, have you taken any other 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?.....
- 3 for personal interest?.....
- 4 to change careers?.....
- 5 for another reason?.....



Other, Please Specify:

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

**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 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,  
environmental protection.....
- 12 Literacy or numeracy.....
- 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?**

*Mark all that apply.*

- 1 **Location was not physically accessible to you**.....
- 2 **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 or in Section S (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 Don't know.....  > **Go to JJ2**
- 8 Refusal.....  > **Go to JJ2**

---

**JJ1a. How many times?**

- 1 Once.....
- 2 2 to 4 times.....
- 3 More than 4 times.....
- Don't 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**
  - 9 Don't know.....  > **Go to JJ4**
  - 8 Refusal.....  > **Go to JJ4**
- 

**JJ3a. How many times?**

- 1 Once.....
  - 2 2 to 4 times.....
  - 3 More than 4 times.....
  - Don't Know.....
  - Refused.....
- 

**JJ4.** In the past five 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**
- 

**JJ4a. How many times?**

- 1 Once.....
- 2 2 to 4 times.....
- 3 More than 4 times.....
- 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.....  > **Go to JJ6**
- 8 Refusal.....  > **Go 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, do you believe that because of your ( ....'s) condition, have you (has ....) been ...

**paid less 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.....
- 3 More than 4 times.....



- 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 Yes.....
- 2 No.....  > **Go to JJ8**
- 9 Don't know.....  > **Go to JJ8**
- 8 Refusal.....  > **Go to JJ8**

**JJ7a. How many times?**

- 1 Once.....
- 2 2 to 4 times.....
- 3 More than 4 times.....
- Don't Know.....
- Refused.....

**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'.*

- 1 Yes.....
- 2 No.....  > **Go to JJ9**
- 9 Don't know.....  > **Go to JJ9**
- 8 Refusal.....  > **Go to JJ9**

**JJ8a. How many times?**

- 1 Once.....
- 2 2 to 4 times.....
- 3 More than 4 times.....
- Don't Know.....
- Refused.....

\*\*\*Interviewer: If respondent is a proxy, go to JJ\*\*\*

**JJ9. Do you consider yourself to be disadvantaged in employment because of your condition?**

- 1 Yes.....
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

**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 - Unemployment Module

---

**\*\*Interviewer: If disability was indicated on either Profile Sheet or in Section S (p 237) and GG6 (p 323) = 1 or 2 or 3 or 4 then proceed; Else skip to section NN (p 357)\*\***

**KK1. 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 ( ....'s) own home.**

*Interviewer: Enter a year by using 4 digits (e.g.: 1990). If the respondent never worked enter 1.*

- [ ] Year (range from 0001 to 2006)
- Don't know .....  > **Got to KK10**
- Refusal.....  > **Got to KK10**

**\*\*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.....

---

**KK3. What kind of business, industry or service was this? For example, a wheat farm, department store, fish plant.**

[ ]  
Don't know .....   
Refusal.....

---

**KK4. What was your ( ....'s) work or occupation? For example, accountant, 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, selling men's clothing.**

[ ]  
Don't know .....   
Refusal.....

---

**KK6. In that job, were you (was ...) mainly ...**

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

*\*\*If KK1 > 2004 then go to KK7; Else go to KK10\*\**

**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?**

- 1 One.....
- 2 Two.....
- 3 Three or more.....
- Don't know.....
- Refusal.....

**KK9. What was the length of the longest period of employment?**

- 1 Under three months.....
- 2 Three to five months.....
- 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.....  > **If KK1 = 1 go to KK12; Else go to KK11**
- 2 No.....  > **Go to KK12**
- 9 Don't know.....  > **Go to KK12**
- 8 Refusal.....  > **Go to KK12**

**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 Yes.....
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

**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?.....
- 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 aware of your (his/her) activity limitation?**

- 1 Yes.....
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

**Section LL - Not In Labour Force Module**

*\*\*Interviewer: If 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 is 1 then go to LL9; Else proceed to LL2**
- Don't know.....
  - Refusal.....



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

---

**LL6. What was your ( ...'s) work or occupation? For example, accountant, secondary school teacher, sales clerk.**

[ ..... ]  
Don't know.....   
Refusal.....

---

**LL7. In this work, what were your ( ...'s) main activities? For example, administering accounts, teaching mathematics, selling men's clothing.**

[ ..... ]  
Don't know.....   
Refusal.....

---

**LL8. In that job, were you (was .... ) mainly ...**

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

**LL9. Does your ( ...'s) condition completely prevent you (him/her) from working at a job or business?**

- 1 Yes.....  > Go to LL9a
  - 2 No.....  > Go to LL10
  - 9 Don't know.....  > Go to LL10
  - 8 Refusal.....  > Go to LL10
- 

**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
-

---

**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 Don't know.....
- 8 Refusal.....
- 

**LL11. Were you (Was ....) working at a job or business at the time you (he/she) became limited in the amount or kind of work you (he/she) can do?**

- 1 Yes.....
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....
- 

**LL12. Does your ( ...'s) condition affect your (his/her) ability to look for work?**

- 1 Yes.....
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....
- 

**LL13. Have you (Has ....) looked for work in the past two years?**

- 1 Yes.....
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....
- 

**\*\*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 discrimination.....
- 8 You ( .... ) feel(s) your (his/her) training is not adequate .....
- 9 Lack of accessible transportation.....
- 10 No jobs available.....
- 11 Other reason.....

↓

Other, Please Specify:

- 12 None selected.....

**LL15. If you ( .... ) were to find employment, would you (he/she) prefer to work:**

- 1 either full-time or part-time.....  > Go to KK17
- 2 full-time only.....  > Go to KK17
- 3 part-time only.....
- Don't know.....
- Refusal.....

**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**
- 9 Don't know.....  > **Go to LL**
- 8 Refusal.....  > **Go to LL**

---

**LL18. Is this:**

*Mark all that apply.*

- 1 **because you (he/she) expect(s) your (his/her) condition to improve?**.....
- 2 **because there will be changes or improvements in the workplace?**.....
- 3 **because you ( .... ) will be taking training?**.....
- 4 **because of another reason?**.....

↓

Other, Please Specify:

- 5 None selected.....

---

**\*\*KK1 = 1 (never worked) go to LL; Else continue\*\***

**LL19. Was your ( ... ) previous employer aware of your (his/her) activity limitation?**

- 1 Yes.....
- 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)\*\***



**MM6. In that job, were you (was .... ) mainly ...**

- 1 working for wages, salary, tips or commission?....
  - 2 working without pay for spouse or another relative in a family farm or business?.....
  - 3 self-employed alone or in partnership?.....
  - 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 to 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 isolated by other workers on the job.....
- 7 You have ( .... has) been a victim of discrimination.....
- 8 You ( .... ) feel(s) your (his/her) training is not adequate.....
- 9 Lack of accessible transportation.....
- 10 No jobs available.....
- 11 Other reason.....
- 12 Not applicable.....
- Don't know.....
- Refused.....

---

**Section NN - Leisure and Recreation Module**

---

**\*\*Interviewer: If disability was indicated on either Profile Sheet or 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 activities 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 friends.....
  - 5 None selected.....
- 

*\*\*If an activity was selected in NN2 (NN2 = 1 or 2 or 3 or 4 then go to NN3; Else go to NN4\*\**

**NN3a. How often do you (does .... ) exercise?**

- 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.....
- 

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

NN3d. How often do you (does .... ) talk on the telephone with family or friends?

- 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.....
- 

NN4. In the past 12 months, did you (....) participate in any of the following activities outside your (his/her) home?

*Mark all that apply.*

- 1 Visit family or friends.....
  - 2 Do physical activities such as exercise, walk or play sports.....
  - 3 Attend sporting or cultural events, such as plays or movies.....
  - 4 Visit museums, libraries or national or provincial parks.....
  - 5 None selected.....
  - Don't know.....
  - 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.....
- 2 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.....
- 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.....
- 2 At least once a week.....
- 3 At least once a month.....
- 4 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.*

- 1 Your ( ....'s) condition prevents you (him/her) from doing more.....   
 2 You ( .... need(s) specialized aid(s) or equipment that you don't ( .... doesn't) have.....   
 3 You ( .... ) need(s) someone's assistance.....   
 4 Your ( ....'s) transportation services are inadequate or not accessible.....   
 5 Your ( ....'s) community has no facilities or programs available.....   
 6 The facilities, equipment or programs are not accessible.....   
 7 It is too expensive.....   
 8 Other.....   
 9 None selected.....

**NN8. Does the design and layout of buildings and places in your ( ....'s) community make it difficult for you (him/her) to participate in leisure activities?**

- 1 Yes.....   
 2 No.....  > **Go to OO**  
 9 Don't know.....  > **Go to OO**  
 8 Refusal.....  > **Go to OO**

**NN9. In general, how often has the design and layout of buildings and places in your ( ....'s) community made it difficult for you (him/her) to participate in leisure activities in the past 12 months?**

- 1 **Daily**.....   
 2 **Weekly**.....   
 3 **Monthly**.....   
 4 **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..
- 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?**

- 1 Yes.....  > Go to OO3
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

---

**OO2. Have you (Has .... ) ever used a computer?**

- 1 Yes.....
- 2 No.....  > Go to OO4
- 9 Don't know.....
- 8 Refusal.....

---

**OO3. In the past 12 months, did you ( .... ) use the Internet?**

- 1 Yes.....
- 2 No.....  > **If non-proxy go to OO6; Else go to OO7**
- 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 Don't know.....  > **Go to OO7**
- 8 Refusal.....  > **Go to OO7**

**OO5. Why have you not accessed the Internet?**

*Mark all that apply.*

- 01 Lack of interest.....  > **Go to OO7**
- 02 Cost of buying own computer.....  > **Go to OO7**
- 03 Difficulty in obtaining advice/information on special aids/equipment that I need.....  > **Go to OO7**
- 04 Cost of buying special aids/equipment that I need.....  > **Go to OO7**
- 05 Lack of availability of aids/equipment that I need in many locations.....  > **Go to OO7**
- 06 Don't know how to use the Internet-accessing software.....  > **Go to OO7**
- 07 Lack of knowledge of how to install Internet access at home.....  > **Go to OO7**
- 08 Cost of online access at home.....  > **Go to OO7**
- 09 Cost of online access at locations outside home.....  > **Go to OO7**
- 10 Other.....  > **Go to OO7**

↓

Other, Please Specify.

- 11 None selected.....  > **Go to OO7**

**OO6. 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.....
- 03 My 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.....



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 OO8**
- 2 No.....  > **If non-proxy and OO3 or OO4 = 1 (has used internet) proceed; Else skip to PP**
- 9 Don't know.....  > **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?**

- 1 Yes.....
- 2 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**.....

↓  
Other, Please Specify:

- 11 **None selected**.....

---

**OO10. Would you like to use the Internet more than you do at present?**

- 1 **Yes**.....
- 2 **No**.....  > **Go to OO12**
- 9 **Don't know**.....  > **Go to OO12**
- 8 **Refusal**.....  > **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 Refusal.....

**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 or in Section S (p 237) proceed; Else skip to Section QQ (p 368)\*\**

**PP. The next questions are about unpaid volunteer 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 the past 12 months, did you:**

**canvass, campaign or fund raise as an unpaid volunteer?**

- 1 Yes.....   
2 No.....   
9 Don't know.....   
8 Refusal.....
- 

**PP3. In the past 12 months, did you:**

**sit as an unpaid member of a board or committee?**

- 1 Yes.....   
2 No.....   
9 Don't know.....   
8 Refusal.....
- 

**PP4. In the past 12 months, did you:**

**do any consulting, executive, office or administrative work as a volunteer?**

- 1 Yes.....   
2 No.....   
9 Don't know.....   
8 Refusal.....
- 

**PP5. In the past 12 months, did you:**

**provide information, help to educate, lobby or influence public opinion on behalf of an organization?**

- 1 Yes.....
  - 2 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, did you:

**do any other unpaid volunteer activities (including help given to schools, religious organizations and community organizations)?**

- 1 Yes.....
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

**Section QQ - Social Contacts Module**

---

**\*\*Interviewer: If disability was indicated on either Profile Sheet or 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.**

[        ] Range: 0-20  
9 Don't know.....   
8 Refusal.....

---

**QQ4. How many sons have you (has .... ) ever raised who are still living?  
Include birth, step and adopted daughters.**

[        ] 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?**

[        ] Range: 0-20  
9 Don't know.....   
8 Refusal.....

---

**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 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

*\*\*Interviewer: If proxy skip to TT\*\**

**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**

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*\*\*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 (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

---

**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 about:

**...your health?**

*Interviewer: Range 1-11; 1 = Very dissatisfied; 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 or main activity?**

*Interviewer: Range 1-11; 1 = Very dissatisfied; 10= Very satisfied; 11 = No opinion.*

[      ] 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 (p 372) \*\**

**SS1. Thinking about the amount of stress in your life, would you say that most days are...**

- 1 not at all stressful?.....  > Go to TT
- 2 not very stressful?.....  > Go to TT
- 3 a bit stressful?.....
- 4 quite a bit stressful?.....
- 5 extremely stressful?.....
- Don't know.....  > Go to TT
- Refusal.....  > 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 know.....
- Refusal.....

---

### 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.*

- 1 **Car**.....
- 2 **Specialized bus services**.....
- 3 **Bus**.....
- 4 **Subway**.....
- 5 **Taxi**.....
- 6 **Other**.....



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 attendant to accompany you (him/her) for local travelling by car?**

- 1 Yes.....
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

**TT2b. Do you (Does ....) require an attendant to accompany you (him/her) for local travelling 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) for local travelling by taxi?**

- 1 Yes.....
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

**TT2f. Do you (Does ....) require an attendant to accompany you (him/her) for local travelling by (write-in)?**

- 1 Yes.....
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

*Interviewer: If specialized bus services or bus or 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; If no transportation selected in TT1 then skip to TT16.*

**TT3a. Were specialized bus services available in your ( ....'s) area?**

- 1 Yes.....  > **Go to TT3i**
  - 2 No.....  > **Go to TT3b**
  - 9 Don't know.....  > **Go to TT3i**
  - 8 Refusal.....  > **Go to TT3i**
- 

**TT3i. Were you (Was ....) prevented from travelling locally by specialized bus services?**

- 1 Yes.....
- 2 No.....
- 9 Don't know.....

8 Refusal.....

---

**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 .... ) prevented 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 Yes.....  > **Go to TT3iii**  
2 No.....  > **Go to TT3d**  
9 Don't know.....  > **Go to TT3iii**  
8 Refusal.....  > **Go to TT3iii**
- 

**TT3iii. Were you (Was .... ) prevented from travelling locally by subway?**

- 1 Yes.....   
2 No.....   
9 Don't know.....   
8 Refusal.....
- 

**TT3d. Were you (Was .... ) prevented from travelling locally by (write-in)?**

- 1 Yes.....   
2 No.....   
9 Don't know.....   
8 Refusal.....
- 

**TT3e. Were you (Was .... ) prevented from travelling locally by car?**

- 1 Yes.....   
2 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) ..
- 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.....
- Don't know.....
- Refusal.....

**\*\*Interviewer:** ask TT5a-d for aids a-d selected in TT3 = 1\*\*

**TT5a. What prevents you ( .... ) from travelling locally by specialized bus services?**

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 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; 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, 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 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 ( ... ) need(s) it.....   
2 Not available at all where you ( ... ) live(s).....   
Don’t know.....   
Refusal.....
- 

**TT5b. What prevents you ( ... ) from travelling locally 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

- 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; 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, 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

---

**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 ( .... ) need(s) it.....
- 2 Not available at all where you ( .... ) live(s).....
- Don’t know.....
- Refusal.....

---

**TT5c.** What **prevents** you ( .... ) from travelling locally by subway?

*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 transit mode applicable; Else skip to TT7**
- 6 **You ( .... ) need(s) an attendant to help you (him/her)**.....  > **Go to next transit mode applicable;**

- 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**
- Other, 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**

---

**TT6c. 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 ( .... ) need(s) it.....
  - 2 Not available at all where you ( .... ) live(s).....
  - Don't know.....
  - Refusal.....
- 

**TT5d. What prevents you ( .... ) from travelling locally by taxi?**

*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 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;**

- 8 Too expensive.....  > Else skip to TT7  
 > Go to next transit mode applicable; 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
- Don't know.....  > Go to next transit mode applicable; Else skip to TT7
- Refusal.....  > Go to next transit mode applicable; Else skip to TT7

---

**TT6d. 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 ( .... ) 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.....  > Go to TT6
- 2 Booking rules don't allow for last minute arrangements.....  > Skip to TT7
- 3 Getting to or locating the terminal or stops.....  > Skip to TT7
- 4 Getting on or off vehicles.....  > Skip to TT7
- 5 Seeing signs or notices.....  > 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.....  > Skip to TT7
- 8 Too expensive.....  > Skip to TT7
- 9 Other.....  > Skip to TT7

Other, Please Specify:

- 10 None selected.....  > Skip to TT7
- Don't know.....  > Skip to TT7
- Refusal.....  > Skip to TT7

**TT6e. 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 ( .... ) need(s) it.....
- 2 Not available at all where you ( .... ) live(s).....
- Don't know.....
- Refusal.....

**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 difficulty 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 (write-in)?.....  > Go to TT13A
- 7 None selected.....  > Go to TT13A
- Don't know.....  > Go to TT13A
- Refusal.....  > Go to TT13A

**TT8. Does this difficulty occur when you are ( ... is) the driver of the car?**

- 1 Yes.....
- 2 No.....  > Go to TT12
- 9 Don't know.....  > Go to TT12
- 8 Refusal.....  > Go to TT12

**TT9. Does this difficulty 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) an 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 (he/she goes) out?.....
- 5 due to another reason?.....

↓

Other. Please Specify:

- 6 None selected.....
- Don't know.....
- Refusal.....

**TT10. In general, how often was this difficulty a problem for you ( ... )?**

- 1 Daily.....
- 2 Weekly.....
- 3 Monthly or less often.....
- 4 Never.....
- Don't know.....

Refusal.....

---

**TT11. 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**.....
  - 9 **Don't know**.....
  - 8 **Refusal**.....
- 

**TT12. Does this difficulty occur when you are ( .... is) a passenger?**

- 1 **Yes**.....  > **If TT7 =1 then go to 13A; Else go to TT13B**
  - 2 **No**.....  > **Go to TT13B**
  - 9 **Don't know**.....  > **Go to TT13B**
  - 8 **Refusal**.....  > **Go to TT13B**
- 

**TT13A. Does this difficulty occur ...**

*Mark all that apply*

- 1 **because you ( .... ) need(s) an attendant to help you (him/her)?**.....  > **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 aggravated when you go (he/she goes) out?.....**  > **Go to TT14**
- 4 **due to another reason?**.....  > **Go to TT14**

↓

Other, Please Specify:

- 5 **None selected**.....  > **Go to TT14**
  - Don't know**.....  > **Go to TT14**
  - Refusal**.....  > **Go to TT14**
- 

**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.....
- 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.....
- Don't know.....
- Refusal.....

---

**TT14. In general, how often was this difficulty a problem for you ( .... )?**

- 1 Daily.....
- 2 Weekly.....
- 3 Monthly or less often.....
- 4 Never.....
- Don't know.....
- Refusal.....

---

**TT15. 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.....
- 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.....
- Don't know.....
- Refusal.....

**Section UU - Long Distance Travel Module**

**\*\*Interviewer: If disability was indicated on either Profile Sheet or in Section S (p 237) proceed; Else skip to Section XX (p 414)\*\***

**UU. I am now going to ask you some questions about your (...’s) long distance travel 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?**

*Mark all that apply.*

- 1 **Car?**.....   
2 **Inter-city bus?**.....  > **Go to UU7**  
3 **Train?**.....  > **Go to UU7**  
4 **Airplane?**.....  > **Go to UU7**  
5 **Other**.....  > **Go to UU4A**

↓  
Other, Please Specify:

- 6 None selected.....  > **Go to UU4A**  
Don't know.....  > **Go to UU4A**  
Refusal.....  > **Go to UU4A**
- 

**UU4. Were you (Was .... ) prevented from travelling long distance?**

- 1 Yes.....   
2 No.....   
9 Don't know.....   
8 Refusal.....
- 

**UU4A. Are there any mode(s) of transportation that prevented you ( .... ) from travelling long distance?**

- 1 Yes.....   
2 No.....  > **Go to UU7**  
9 Don't know.....  > **Go to UU7**  
8 Refusal.....  > **Go to UU7**
- 

**UU5. Which mode(s) of transportation were you (was .... ) prevented from using?**

Mark all that apply.

- 1 Car?.....  > Go to UU6A
- 2 Inter-city bus?.....  > Go to UU6
- 3 Train?.....  > Go to UU6
- 4 Airplane?.....  > Go to UU6
- 5 Other.....  > Go to UU6



Other, Please Specify:

- 6 None selected.....  > If UU2 = 2 or UU3 = 6 (none selected) then go to UUR13
- Don't know.....  > If UU2 = 2 or UU3 = 6 (none selected) then go to UUR13
- Refusal.....  > If UU2 = 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 transportation to and from terminal or station.....  > Go to UU7
- 3 Moving around terminal or station.....  > Go to UU7
- 4 Boarding or disembarking.....  > Go to UU7
- 5 Seating on board.....  > Go to UU7
- 6 Seeing signs or notices.....  > Go to UU7
- 7 Hearing announcements.....  > Go to UU7
- 8 Washroom facilities.....  > Go to UU7
- 9 Unsupportive staff.....  > Go to UU7
- 10 Transporting wheelchair or other specialized aids.....  > Go to UU7
- 11 Too costly.....  > Go to UU7
- 12 You ( .... ) need(s) an attendant to help you (him/her)...  > Go to UU7
- 13 Other.....  > Go to UU7



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 specialized aids**.....   
 11 **Too costly**.....   
 12 **You ( .... ) need(s) an attendant to help you (him/her)**...   
 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. In the past 12 months, did you ( .... ) have any difficulty 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.....  > Go to UUR13
- Don't know.....  > Go to UUR13
- Refusal.....  > Go to UUR13

**UU8. Does this difficulty occur when you are ( ... is) the driver of the car, the passenger or both?**

- 1 Driver.....  > Go to UU10
- 2 Passenger.....  > Go to UU10
- 3 Both.....  > Go to UU10
- Don't know.....  > Go to UU10
- Refusal.....  > Go to UU10

**UU9. What kind of difficulty did you ( ... ) have travelling 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 disembarking.....  > Go to UU11
- 5 Seating on board.....  > Go to UU11
- 6 Seeing signs or notices.....  > Go to UU11
- 7 Hearing announcements.....  > Go to UU11
- 8 Washroom facilities.....  > Go to UU11
- 9 Unsupportive staff.....  > Go to UU11
- 10 Transporting wheelchair or other specialized aids.....  > Go to UU11
- 11 Too costly.....  > Go to UU11
- 12 You ( ... ) need(s) an attendant to help you (him/her)....  > Go to UU11
- 13 Other.....  > Go to UU11

↓

Other, Please Specify:

- 14 None selected.....  > Go to UU11
- Don't know.....  > Go to UU11
- Refusal.....  > Go to UU11



---

**UU10. What kind of difficulty 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 (him/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 **Daily**.....
- 2 **Weekly**.....
- 3 **Monthly or less often**.....
- 4 **Never**.....
- Don't know**.....
- 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**.....

- 9 Don't know.....
- 8 Refusal.....

**UUR13. The last few questions in this section are asked about both local transportation and long distance travel.**

**UU13. In the past 12 months, did you ( .... ) have any out-of-pocket or direct expenses for transportation, for example, travel to and from treatment, therapy or other medical or rehabilitation services; or extra expenses due to the need for more expensive transportation?**

**Include amounts not covered by insurance such as exclusions, deductibles and expenses over limits. Exclude payments for which you have ( .... 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 out-of-pocket or direct 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 ( ... ) had or used an adapted vehicle. Did you include out-of-pocket cost for extra expenses that you (he/she) incurred by this more expensive mode of transportation**

- 1 Yes.....  > **Go to VV**
- 2 No.....
- 9 Don't know.....  > **Go to VV**
- 8 Refusal.....  > **Go to VV**

---

**UU18. For the past 12 months, which one of the following groups is the best estimate of the out-of-pocket or direct cost for extra expenses that you ( ... ) incurred by this more expensive mode of transportation?**

**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 \$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.....

---

### **Section VV - Housing Module**

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*\*\*Interviewer: If disability was indicated on either Profile Sheet or 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 No.....  > **Go to VV5**
- 9 Don't know.....  > **Go to VV5**
- 8 Refusal.....  > **Go to VV5**

**VV2. Do you (Does .... ) now use:**

	(1)	(2)	(9)	(8)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>R</u>
(a) ramps?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) street level entrances?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) automatic doors?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) easy to open doors (includes lever handles)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) widened doorways or hallways?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) elevator or lift device?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) visual alarms or audio warning devices?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) grab bars (in the bathroom)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) a bath lift (in the bathroom)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) lowered counters in the kitchen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) other accessibility features?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Other, Please 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.....
- 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.....

**VV4a. Are you (Is .... ) making any kind of payment for your (his/her)ramps, for  
(a) 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 street level entrances?  
(b)**

- 1 Yes.....
- 2 No.....  > **Skip to VV3c**
- 9 Don't know.....  > **Skip to VV3c**
- 8 Refusal.....  > **Skip to VV3c**

**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 ( .... ) (i.e. belongs to employers, friends / family, public property, etc.).....
- 8 Other.....



Other, Please Specify:

- 9 Not applicable.....
- Don't know.....
- Refusal.....

**VV4a. Are you (Is .... ) making any kind of payment for your (his/her) street level entrances, for example to rent or finance this item?**  
**(b)**

- 1 Yes.....
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

**VV3. Did you ( .... ) receive any funding assistance to obtain automatic doors?**  
**(c)**

- 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?**  
**(c)**

- 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.....

**VV4a. Are you (Is .... ) making any kind of payment for your (his/her) automatic doors, for example to rent or finance this item?**  
**(c)**

- 1 Yes.....
- 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 No.....  > Skip to VV3e
- 9 Don't know.....  > Skip to VV3e
- 8 Refusal.....  > Skip to VV3e

**VV4. Who paid the most for acquiring this accessibility feature?**  
**(d)**

- 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.....

**VV4a. Are you (Is .... ) making any kind of payment for your (his/her) easy to open doors (includes lever handles), for example to rent or finance this item?**  
**(d)**

- 1 Yes.....

- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

**VV3. Did you ( .... ) receive any funding assistance to obtain widened doorways or hallways?**  
(e)

- 1 Yes.....
- 2 No.....  > Skip to VV3f
- 9 Don't know.....  > Skip to VV3f
- 8 Refusal.....  > Skip to VV3f

**VV4. Who paid the most for acquiring this accessibility feature?**  
(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.....

↓

Other, Please Specify:

- 9 Not applicable.....
- Don't know.....
- Refusal.....

**VV4a. Are you (Is .... ) making any kind of payment for your (his/her) widened doorways or hallways, for example to rent or finance this item?**  
(e)

- 1 Yes.....
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

**VV3. Did you ( .... ) receive any funding assistance to obtain an elevator or lift device?**  
(f)



- 1 Yes.....
  - 2 No.....  > Skip to VV3g
  - 9 Don't know.....  > Skip to VV3g
  - 8 Refusal.....  > Skip to VV3g
- 

**VV4. Who paid the most for acquiring this accessibility feature?**

**(f)**

- 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.....
- 

**VV4a. Are you (Is .... ) making any kind of payment for your (his/her) elevator or lift device, for example, to rent or finance this item?**

**(f)**

- 1 Yes.....
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

**VV3. Did you ( .... ) receive any funding assistance to obtain visual alarms or audio warning devices?**

**(g)**

- 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 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.....

**VV4a. Are you (Is .... ) making any kind of payment for your (his/her) visual alarms (g) or audio warning devices, 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 grab bars (in the (h) bathroom)?**

- 1 Yes.....
- 2 No.....  > Skip to VV3i
- 9 Don't know.....  > Skip to VV3i
- 8 Refusal.....  > 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.....

- 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.....

**VV4a. Are you (Is .... ) making any kind of payment for your (his/her) grab bars (in (h) 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 a bath lift (in the (i) bathroom)?**

- 1 Yes.....
- 2 No.....  > Skip to VV3j
- 9 Don't know.....  > Skip to VV3j
- 8 Refusal.....  > Skip to VV3j

**VV4. Who paid the most for acquiring this accessibility feature? (i)**

- 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.....

**VV4a. Are you (Is .... ) making any kind of payment for your (his/her) a bath lift (in the bathroom), for example to rent or finance this item?**

- (i) 1 Yes.....
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

**VV3. Did you ( .... ) receive any funding assistance to obtain lowered counters in the kitchen?**

- 1 Yes.....
- 2 No.....  > Skip to VV3k
- 9 Don't know.....  > Skip to VV3k
- 8 Refusal.....  > Skip to VV3k

**VV4. Who paid the most for acquiring this accessibility feature?**

- (j) 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.....

**VV4a. Are you (Is .... ) making any kind of payment for your (his/her) lowered counters in the kitchen, for example to rent or finance this item?**

(j)

- 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.....  > **Skip to VV5**
- 9 Don't know.....  > **Skip to VV5**
- 8 Refusal.....  > **Skip to VV5**

**VV4. Who paid the most for acquiring this accessibility feature?**

(k)

- 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.....

**VV4a. Are you (Is .... ) making any kind of payment for your (his/her) (write-in), for example to rent or finance this item?**

(k)

- 1 Yes.....
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

**VV5. Are there any accessibility features that you ( .... )need(s) but do (does) not have?**

- 1 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?**  
INTERVIEWER: 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)?.....
- 9 A bath lift (in the bathroom) ?.....
- 10 Lowered counters in the kitchen?.....
- 11 Other?.....

Other, Please Specify:

- 12 None selected.....  > **Go to VV8**
- Refused.....  > **Go to VV8**
- Don't know.....  > **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 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 street level entrances?**

(b) *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 automatic doors?**

(c) *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 easy to open doors (includes lever handles)?**

(d) *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 widened doorways or hallways?**

(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?**

(f) *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 alarms or audio warning devices?**

(g) *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 grab bars (in the bathroom)?**

**(h)** *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 a bath lift (in the bathroom)?**

**(i)** *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 a bath lift (in the bathroom)?**

(j) *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 lowered counters in the kitchen?**

(k) *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 a (write-in)?**

(l) *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 .....

**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 recreational activities.*

- 1 Yes.....
- 2 No.....  > **Go to VV12**
- 9 Don't know.....  > **Go to VV12**
- 8 Refusal.....  > **Go to VV12**

**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 daily living, not just leisure or recreational activities.*

- 1 **Daily**.....
- 2 **Weekly**.....
- 3 **Monthly 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**.....
- 2 **Accessing the backyard or balcony**.....
- 3 **Moving from room to room**.....
- 4 **Moving from floor to floor**.....
- 5 **Using the toilet**.....
- 6 **Taking a shower**.....
- 7 **Taking a bath**.....

- 8 Preparing meals.....
- 9 Answering the door.....
- 10 Exiting in case of fire or other emergency.....
- 11 Other activity.....

Other, Please Specify:

- 12 None selected.....
- Don't know.....  > Go to VV12
- Refusal.....

**VV11. When the design or layout of your ( ...'s) home made it difficult to participate in these 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.....

**VV12. In the past 12 months, did you ( ... ) or your (his/her) family living with you (him/her), have any out-of-pocket or direct expenses for modifications to your (his/her) residence because of your (his/her) condition?**

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

- 1 Yes.....
- 2 No.....  > Go to WW
- 9 Don't know.....  > Go to WW
- 8 Refusal.....  > Go to WW

**VV14. Which one of the following groups is your best estimate of the out-of-pocket or direct costs 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 or 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 feel that you have experienced discrimination or been treated unfairly?**

- 1 On the street.....
- 2 In a store, bank or restaurant.....
- 3 At work or when applying for a job or promotion.....
- 4 Or somewhere 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 another way of measuring health status and it is important that we ask the same questions to everyone

---

**XX1.** Are you (Is .... ) usually able to see well enough to read ordinary newsprint without glasses or contact lenses?

- 1 Yes.....  > Go to XX4  
2 No.....   
9 Don't know.....  > Go to XX2  
8 Refusal.....  > Go to XX2
- 

**XX2.** Are you (Is .... ) usually able to see well enough to read ordinary newsprint with glasses or contact lenses?

- 1 Yes.....  > Go to XX4  
2 No.....   
9 Don't know.....   
8 Refusal.....
- 

**XX3.** Are you (Is .... ) 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 without glasses or contact lenses?

- 1 Yes.....  > Go to XX6  
2 No.....

- 9 Don't know.....  > Go to XX6  
8 Refusal.....  > Go to XX6
- 

**XX5. Are you (Is .... ) usually able to see well enough to recognize a friend on the other side of the street with glasses or contact lenses?**

- 1 Yes.....   
2 No.....   
9 Don't know.....   
8 Refusal.....
- 

**XX6. Are you (Is .... ) usually able to hear what is said in a group conversation with at least 3 other people without a hearing aid?**

- 1 Yes.....  > Go to XX10  
2 No.....   
9 Don't know.....  > Go to XX10  
8 Refusal.....  > Go to XX10
- 

**XX7. Are you (Is .... ) usually able to hear what is said in a group conversation with at least 3 other people with a hearing aid?**

- 1 Yes.....  > Go to XX8  
2 No.....   
9 Don't know.....   
8 Refusal.....
- 

**XX7a. Are you (Is .... ) able to hear at all?**

- 1 Yes.....   
2 No.....  > Go to XX10  
9 Don't know.....  > Go to XX10  
8 Refusal.....  > Go to XX10
- 

**XX8. Are you (Is .... ) usually able to hear what is said in a conversation with one other person in a quiet room without a hearing aid ?**

- 1 Yes.....  > Go to XX10  
2 No.....   
9 Don't know.....   
8 Refusal.....  > Go to XX10
-

**XX9. Are you (Is .... ) usually able to hear what is said in a conversation with one other person in a quiet room with a hearing aid?**

- 1 Yes.....
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

**XX10. Are you (Is .... ) usually able to be understood completely when speaking with strangers in ^YOUR1 own language?**

- 1 Yes.....  > Go to XX14
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....  > Go to XX14
- 

**XX11. Are you (Is .... ) able to be understood partially when speaking with strangers?**

- 1 Yes.....
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

**XX12. Are you (Is .... ) able to be understood completely when speaking with those who know you (him/her) well?**

- 1 Yes.....  > Go to XX14
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....  > Go to XX14
- 

**XX13. Are you (Is .... ) able to be understood partially when speaking with those who know you (him/her) well?**

- 1 Yes.....
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

**XX14. Are you (Is .... ) usually able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?**

- 1 Yes.....  > 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?**

- 1 Yes.....
  - 2 No.....  > **Go to XX18**
  - 9 Don't know.....  > **Go to XX18**
  - 8 Refusal.....  > **Go to XX18**
- 

**XX16. Do you (does .... ) require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?**

- 1 Yes.....
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

**XX17. Do you (does .... ) require the help of another person to be able to walk?**

- 1 Yes.....
  - 2 No.....
  - 9 Don't know.....
  - 8 Refusal.....
- 

**XX18. Do you (does .... ) require a wheelchair to get around?**

- 1 Yes.....
  - 2 No.....  > **Go to XX21**
  - 9 Don't know.....  > **Go to XX21**
  - 8 Refusal.....  > **Go to XX21**
- 

**XX19. How often do you (does .... ) use a wheelchair?**

- 1 **Always**.....
  - 2 **Often**.....
  - 3 **Sometimes**.....
  - 4 **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 .... ) usually able to grasp and handle small objects such as a pencil or scissors?**

- 1 Yes.....  > **Go to XX25**
  - 2 No.....
  - 9 Don't know.....  > **Go to XX25**
  - 8 Refusal.....  > **Go to XX25**
- 

**XX22. Do you (does .... ) require the help of another person because of limitations in the use of hands or fingers?**

- 1 Yes.....
  - 2 No.....  > **Go to XX24**
  - 9 Don't know.....  > **Go to XX24**
  - 8 Refusal.....  > **Go to XX24**
- 

**XX23. Do you (does .... ) require the help of another person with:**

- 1 ... some tasks?.....
  - 2 ... most tasks?.....
  - 3 ... almost all tasks?.....
  - 4 ... all tasks?.....
  - Don't know.....
  - Refusal.....
- 

**XX24. Do you (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 usually:**

- 1 ... happy and interested in life?.....
- 2 ... somewhat happy?.....

- 3 ... somewhat unhappy?.....
- 4 ... unhappy with little interest in life?.....
- 5 ... 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) usual ability to think and solve day-to-day problems?**

- 1 **Able to think clearly and solve problems**...
- 2 **Having a little difficulty**.....
- 3 **Having some difficulty**.....
- 4 **Having a great deal of difficulty**.....
- 5 **Unable to think or solve problems**.....
- Don't Know.....
- Refusal.....

**XX28. Are you (Is .... ) usually free of pain or discomfort?**

- 1 Yes.....  > **Go to XX31**
- 2 No.....
- 9 Don't know.....  > **Go to XX31**
- 8 Refusal.....  > **Go to XX31**

**XX29. How would you describe the usual 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?**

*Interviewer: Mark up to 6 responses.*

- 11 (Respondent).....
- 12 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 side.....
- 18 Other relative – side unknown.....
- 19 Relative of spouse / common-law partner.....
- 20 Roommate/renter/boarder.....
- 21 Other.....

↓

Other, Please Specify:

- 98 Refused.....
- 99 Don't know.....

**XX32a. The last question is about personal income sources.  
In 2005, did you ( ... ) receive income from the following sources?**

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

- (a) **Workers' Compensation**.....
- (b) **Canada or Quebec Pension Plan Disability Benefit**.....

- (c) Private Disability Insurance Benefit.....
  - (d) Motor Vehicle Accident Insurance Disability Benefit.....
  - (e) Veterans Affairs disability pension benefit.....
  - (f) Provincial or municipal social assistance.....
- 

***Thank You***

---

**Thank you for your time. That is all the information I need right now.**

FOR INFORMATION ONLY

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## Profile Sheet

---

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

### Activity Limitations

<u>Section</u>	<u>Activity / Condition</u>	<u>Limitation</u>	<u>Use Aid</u>	<u>Need Aid</u>
A	General	<input type="checkbox"/>		
B & C	Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D & E	Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F & G	Communicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H & I	Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J & K	Agility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L & M	Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N & O	Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P & Q	Confusion / Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R & S	Developmental	<input type="checkbox"/>		
T & U	Emotional / Psychological	<input type="checkbox"/>		
	Other		<input type="checkbox"/>	<input type="checkbox"/>

### Help With Everyday Activities

<u>Section</u>	<u>Activity</u>	<u>Receive Help</u>	<u>Need Help</u>
	Meals	<input type="checkbox"/>	<input type="checkbox"/>

- |                     |                          |                          |
|---------------------|--------------------------|--------------------------|
| Housework           | <input type="checkbox"/> | <input type="checkbox"/> |
| Chores              | <input type="checkbox"/> | <input type="checkbox"/> |
| Appointments        | <input type="checkbox"/> | <input type="checkbox"/> |
| Finances            | <input type="checkbox"/> | <input type="checkbox"/> |
| Childcare           | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal Care       | <input type="checkbox"/> | <input type="checkbox"/> |
| Nursing / Treatment | <input type="checkbox"/> | <input type="checkbox"/> |
| Moving about        | <input type="checkbox"/> | <input type="checkbox"/> |

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