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Introduction

This study regarding participation and activity limitations collects information on children whose daily activities are limited because of a condition or health problem. The results will help to identify difficulties and barriers these children and their families 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 children with activity limitations.

Section A – Filter Questions

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

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

- | | | | |
|---|---------------------|--------------------------|---|
| 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.....

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

6 Not Applicable.....

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 (....) 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 Questions

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

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

B1. Does (...) use a hearing aid or hearing aids:

- 1 **Yes**.....
- 2 **No**..... > **Go to B4**
- 9 **Don't know**..... > **Go to B4**
- 8 **Refusal**..... > **Go to B4**

B2. With hearing aid(s), how would you describe (...'s) ability to hear?

- 1 **(He/She) has no problem hearing**
- 2 **(He/She) has difficulty hearing** > Check “Hearing-Limitation” box on Profile Sheet
- 9 **Don't know**.....
- 8 **Refusal**.....

B3. How much difficulty?

- 1 **Some difficulty**..... > **Go to C**
- 2 **A lot of difficulty**..... > **Go to C**
- 9 **Don't know**..... > **Go to C**
- 8 **Refusal**..... > **Go to C**

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

- 1 (He/She) has no problem hearing
- 2 (He/She) has difficulty hearing > Check "Hearing-Limitation" box on Profile Sheet
- 3 (He/She) cannot hear..... > Check "Hearing-Limitation" box on Profile Sheet
- 9 Don't know.....
- 8 Refusal.....
-

B5. How much difficulty?

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

Section C - Hearing Aids

****If (....'s) date of birth is on or before May 16 2001 and hearing limitation is marked on the Profile Sheet then continue; else skip to Section D (p40)****

C1. Does (....) use any aids, specialized equipment or services for children with hearing difficulties, for example, a volume control telephone or T.V. decoder?

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

C2. Does (....) now use:

(1) (2) (9) (8)
Yes No DK R

(a) a computer to communicate (e.g., e-mail or chat services)?...

- (b) a volume control telephone?.....
- (c) a TTY or TTD?.....
- (d) a message relay service?
- (e) other phone related devices (e.g., flashers)?.....
- (f) a closed caption T.V. or decoder?.....
- (g) amplifiers (e.g., FM, acoustic, infra-red)?.....
- (h) a visual or vibrating alarm?.....
- (i) a cochlear implant?.....
- (j) another aid?.....

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 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 Parent
- 2 Family of (....).....

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



Other, Please Specify:

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

C4a.

(a) Are you making any kind of payment for (....)'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 (....)'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 have paying for the service of this item?**

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

C7.

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

- 1 Every 6 months or less..... > **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 (...'s) 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 (...'s) computer?**

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

C3.

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

- 1 Every day.....
- 2 A few times a week.....
- 3 Once a week.....
- 4 Less than once a week.....
- 5 Frequent usage but only during certain times.....
- 6 Don't 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 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....

- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family,
public property, etc.....
- 8 Other.....



Other, Please Specify:

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

C4a.

(b) Are you making any kind of payment for (....'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 (....)'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 (...'s) 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 (...'s) volume control telephone?

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

C3.

(c) How often 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 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

Other, Please Specify:

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

C4a.

(c) Are you making any kind of payment for (....)'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 (....)'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 (...'s) 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 (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 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 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 Parent
- 2 Family of (...).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (...) (i.e. belongs to employers, friends / family, public property, etc.....

8 Other.....



Other, Please Specify:

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

C4a.

(e) **Are you making any kind of payment for (....)'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 (....)'s volume control telephone?**

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

C3.

(f) **How often 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 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓
Other, Please Specify:

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

C4a.

(f) Are you making any kind of payment for (....)'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 (....)'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 (....)'s 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 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. Who paid the most for acquiring this item?

- (g)
- 1 Parent
 - 2 Family of (...).....
 - 3 Health care system.....
 - 4 Government program.....
 - 5 Insurance company.....
 - 6 Non-profit organization.....
 - 7 It does not belong to (...) (i.e. belongs to employers, friends / family, public property, etc.....
 - 8 Other.....

↓
Other, Please Specify:

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

C4a.

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

- 1 Yes.....
- 2 No..... > **Skip to C3(h) if C4=7**

- 9 Don't know..... > **Skip to C3(h) if C4=7**

8 Refusal..... > **Skip to C3(h)**
C4=7

C7.

(g) How often does (....)'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 (....)'s 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 (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 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. Who paid the most for acquiring this item?

- (h)
- 1 Parent.....
 - 2 Family of (...).....
 - 3 Health care system.....
 - 4 Government program.....
 - 5 Insurance company.....
 - 6 Non-profit organization.....
 - 7 It does not belong to (...) (i.e. belongs to employers, friends / family, public property, etc.....
 - 8 Other.....

↓

Other, Please Specify:

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

Refusal.....

C4a.

(h) Are you making any kind of payment for (....)'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 (....)'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 (....)'s 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 (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. Who paid the most for acquiring (...)'s cochlear implant?

- (i)**
- 1 Parent
 - 2 Family of (....).....
 - 3 Health care system.....
 - 4 Government program.....
 - 5 Insurance company.....
 - 6 Non-profit organization.....
 - 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
 - 8 Other.....

↓

Other, Please Specify:

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

C4a.

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

- 1 Yes.....
 - 2 No..... > **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 (...)'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 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 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 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family,
public property, etc.....
- 8 Other.....

↓

Other, Please Specify:

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

C4a.

(j) Are you 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**
- 3 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 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 (...)’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 (....'s) (write-in)?

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



Other, Please Specify:

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

C10.

(j) How much difficulty will you have paying for a replacement for (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 does (....) use (his/her) hearing aid(s) aid?

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

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

C4. Who paid the most for acquiring this item?

- (k)
- 1 Parent
 - 2 Family of (....).....
 - 3 Health care system.....
 - 4 Government program.....
 - 5 Insurance company.....
 - 6 Non-profit organization.....
 - 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
 - 8 Other.....

↓
 Other, Please Specify:

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

C4a.

(k) **Are you 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 (....)'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 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 (...)'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 (...)'s 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 have paying for a replacement for (...'s) 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 (...) currently needs, but does not have?

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

C12. Which aids does (....) need but 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 (....) use a computer to communicate (e.g., e-mail or chat services)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 does (....) not have this aid?

Mark all that apply.

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

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



Other, Please Specify:

- 10 None selected.....

C13.

(b) How frequently would (....) use a computer to communicate if (he/she) did have it?

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

C14.

(b) Why does (....) not have this aid?

Mark all that apply.

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



Other, Please Specify:

- 10 None selected.....

C13.

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

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

C14.

(c) Why does (...) not have this aid?

Mark all that apply.

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

↓

Other, Please Specify:

- 10 None selected.....

C13.

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

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

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

C14.

(d) Why does (....) not have this aid?

Mark all that apply.

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

↓

Other, Please Specify:

- 10 None selected.....

C13.

(e) How frequently would (....) use a message relay service if (he/she) did have it?

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

C14.

(e) Why does (....) not have this aid?

Mark all that apply.

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



Other, Please Specify:

- 10 None selected.....

C13.

(f) How frequently would (....) 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 does (....) not have this aid?

Mark all that apply.

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

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



Other, Please Specify:

- 10 None selected.....

C13.

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

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

C14.

(g) Why does (....) not have this aid?

Mark all that apply.

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



Other, Please Specify:

- 10 None selected.....

C13.

(h) How frequently would (...) use amplifiers, e.g., FM, acoustic, infra-red if (he/she) did have it?

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

C14.

(h) Why does (...) not have this aid?

Mark all that apply.

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

↓

Other, Please Specify:

- 10 None selected.....

C13.

(i) How frequently would (...) 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 does (....) not have this aid?

Mark all that apply.

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

↓

Other, Please Specify:

- 10 None selected.....

C13.

(j) How frequently would (....) 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.....

C14.

(j) Why does (....) not have this aid?

Mark all that apply.

- 1 Cost (purchase).....

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

↓

Other, Please Specify:

- 10 None selected.....

C14.

(k) Why does (....) not have this aid? (Aid referred to is hearing aid)
Mark all that apply.

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

↓

Other, Please Specify:

- 10 None selected.....

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

Does (....) speech read or lip read?

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

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

- 1 Yes.....
 - 2 No..... > 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 does (....) use most often?

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

↓
 Other, Please Specify:

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

C18. How often 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 has (...) had difficulty participating in everyday activities because of (his/her) ability to hear?

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

C20. When (...'s) ability to hearr made it difficult to participate in everyday activities, did (he/she) experience:

- 1 **Some difficulty**.....
- 2 **A lot of difficulty**.....
- 3 **(... was) completely unable to participate**.....
- 4 **(...'s) participation was not affected**.....
- Don't know.....
- Refusal.....

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

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



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

D1. Does (....) wear glasses or contact lenses to see up close or at a distance?

- 1 Yes.....
 - 2 No..... > **Go to D4**
 - 9 Don't know..... > **Go to D4**
 - 8 Refusal..... > **Go to D4**
-

D2. With glasses or contact lenses, how would you describe (....'s) vision ability?

- 1 **(He/She) has no problem seeing**..... > **If (....'s) date of birth is on or before May 15, 2001 then go to Section N (p182); else go to Section F (p69)**
 - 2 **(He/She) has difficulty seeing**..... > Check Box "Seeing-Limitation" on Profile Sheet
 - 9 Don't know..... > **If (....'s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to Section F (p69)**
 - 8 Refusal..... > **If (....'s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to Section F (p69)**
-

D3. How much difficulty?

- 1 **Some difficulty**..... > **If (....'s) date of birth is on or before May 16, 2001 then go to Section N (p182); else**

go to
D6

A lot of difficulty..... > If (....'s) date
of birth is on
or before
May 16, 2001
then go to
Section N
(p182); else
go to
D6

9 Don't know..... > If (....'s) date
of birth is on
or before
May 16, 2001
then go to
Section N
(p182); else
go to
D6

8 Refusal..... > If (....'s) date
of birth is on
or before
May 16, 2001
then go to
Section N
(p182); else
go to
D6

D4. How would you describe (....'s) vision ability?

1 (He/She) has no problem seeing..... > If (....'s) date
of birth is on or
before May 16,
2001 then go to
Section N (p182);
else go to Section F

2 (He/She) has difficulty seeing..... > Check Box "Seeing-
Limitation" on Profile
Sheet and then **Go to
D5**

- 3 (He/She) cannot see > Check Box “Seeing-Limitation” on Profile Sheet; If (...’s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to D6
- 9 Don't know > If (...’s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to Section F
- 8 Refusal > If (...’s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to Section F

D5. How much difficulty?

- 1 Some difficulty > If (...’s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to D6
- 2 A lot of difficulty > If (...’s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to D6
- Don't know > If (...’s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to D6
- Refusal > If (...’s) date of birth is on or

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

D6. Has (....) been diagnosed by an eye specialist as being legally blind?

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

Section E - Seeing Aids

If (....'s) date of birth is on or before May 16 2001 and seeing limitation is marked on the Profile Sheet then continue; else skip to Section F (p69)

E1. Does (....) use any aids or specialized equipment for children with vision difficulties, 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. Does (he/she) now use:

	(1)	(2)	(9)	(8)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>R</u>
(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.....
- (i) another aid.....



Other, Please Specify:

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

E3.

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

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

E4.

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

- 1 Parent.....
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....



Other, Please Specify:

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

E4a.

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

- 1 Yes.....
 - 2 No..... > **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**
-

E3.

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

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

E4.

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

- 1 Parent.....
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓

Other, Please Specify:

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

Refusal.....

E4a.

(b) **Are you making any kind of payment for (....)'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 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 Parent.....
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓

Other, Please Specify:

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

E4a.

(c) **Are you making any kind of payment for (...'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(c) if E4=7**
- 8 Refusal..... > **Skip to E3(d) if E4=7**

E3.

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

- 1 Every day.....
- 2 A few times a week.....
- 3 Once a week.....
- 4 Less than once a week.....
- 5 Frequent usage but only 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 Parent.....
- 2 Family of (...).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (...) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....



Other, Please Specify:

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

E4a.

(d) Are you making any kind of payment for (....)'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 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 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓

Other, Please Specify:

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

E4a.

(e) **Are you making any kind of payment for (...'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 (...'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 (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 (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 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 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓

Other, Please Specify:

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

E4a.

(f) Are you making any kind of payment for (....)'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 (....)'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 (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 (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 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 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓

Other, Please Specify:

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

E4a.

(g) Are you making any kind of payment for (....)'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**

E5.

(g) 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.

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

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

E7.

(g) **How often does (...'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)**

E9.

(g) **What is the main reason you will need to replace (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 (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 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 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓
 Other, Please Specify:

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

E4a.

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

E3.

(i) How often does (....) use (write-in)?

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

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

E4.

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

- 1 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓
 Other, Please Specify:

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

E4a.

(i) Are you (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 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 (....)'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 (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 (he/she) needs but 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 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) glasses or contact lenses.....
- 10 (j) specialized telephone, e.g. a large button phone or a phone with speech output.....
- 11 (k) 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-k) selected in E12; Else go to E15****

E13.

(a) How frequently would (....) use magnifiers if (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 does (....) not have this aid?

Mark all that apply.

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

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



Other, Please Specify:

- 10 None selected.....

E13.

(b) How frequently would (...) use Braille reading materials if (s/he) did have it?

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

E14.

(b) Why does (...) not have this aid?

Mark all that apply.

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



Other, Please Specify:

10 None selected.....

E13.

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

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

E14.

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

Mark all that apply.

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

↓
Other, Please Specify:

10 None selected.....

E13.

(d) **How frequently would (...) use talking books if (he/she) did have it?**

- 1 Everyday.....
- 2 A few times a week.....
- 3 Once a week.....

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

E14.

(d) Why does (....) not have this aid?

Mark all that apply.

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

↓

Other, Please Specify:

- 10 None selected.....

E13.

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

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

E14.

(e) Why does (....) not have this aid?

Mark all that apply.

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

Other, Please Specify:

- 10 None selected.....

E13.

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

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

E14.

(f) Why does (....) not have this aid?

Mark all that apply.

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

- condition is severe enough.....
- 7 You don't know where to get it.....
- 8 On a waiting list.....
- 9 Other.....



Other, Please Specify:

- 10 None selected.....

E13.

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

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

E14.

(g) Why does (...) not have this aid?

Mark all that apply.

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



Other, Please Specify:

- 10 None selected.....

E13.

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

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

E14.

(h) Why does (...) not have this aid?

Mark all that apply.

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

↓

Other, Please Specify:

- 10 None selected.....

E13.

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

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

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

E14.

(i) Why does (....) not have this aid?

Mark all that apply.

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

↓

Other, Please Specify:

- 10 None selected.....

E15. In the past 6 months, how often has (....) had difficulty participating in everyday activities because of (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**
- 7 **Don't know**..... > **Go to F**

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

- 1 **Some difficulty**.....
- 2 **A lot of difficulty**.....
- 3 **(....) was completely unable to participate**..
- 4 **(.... 's) participation was not affected**.....

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

Section F - Communication Filter Questions

****If (....'s) date of birth is on or before May 16 2001 then continue; else skip to Section N (p 182)****

F. The next few questions are about (....'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, does (....) have any difficulty speaking?

- 1 Yes..... > Check Box
Communication-Limitation on Profile Sheet and then **Go to F3**
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....
-

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

- 1 Yes..... > Check Box
Communication-Limitation on Profile Sheet and then **Go to F5a**
- 2 No..... > **Skip to H (p 89)**
- 9 Don't know..... > **Skip to H (p 89)**
- 8 Refusal..... > **Skip to H (p 89)**
-

F3. How much difficulty does (he/she) have speaking?

- 1 (He/She) has some difficulty.....

- 2 (He/She) has a lot of difficulty.....
 - 3 (He/she) can not speak..... > Skip to G (p 71)
 - 9 Don't know.....
 - 8 Refusal.....
-

F4. Because of a condition or health problem, does (....) have any difficulty making (himself/herself) understood when speaking?

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

F5a. How well do you feel (....) is able to make (himself/herself) understood when speaking with:

(His/Her) family members?

- 1 **Completely**.....
 - 2 **Partially**.....
 - 3 **Not at all**.....
 - 4 Not applicable.....
 - Don't know.....
 - Refusal.....
-

F5b. How well do you feel (....) is able to make (himself/herself) understood when speaking with:

other children?

- 1 **Completely**.....
 - 2 **Partially**.....
 - 3 **Not at all**.....
 - 4 Not applicable.....
 - Don't know.....
 - Refusal.....
-

F5c. How well do you feel (....) is able to make (himself/herself) understood when speaking with:

other people?

- 1 **Completely**.....
- 2 **Partially**.....
- 3 **Not at all**.....
- 4 Not applicable.....
- Don't know.....
- Refusal.....

Section G - Communication Aids

****If (....'s) date of birth is on or before May 16 2001 and communication limitation is marked on the Profile Sheet then continue; else skip to Section H (p 89)****

G1. Does (....) use any aids or specialized equipment for children who have difficulty speaking or making themselves understood, for example, a voice amplifier or Blissboard?

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

G2. Does (he/she) 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 communication board, such as a Blissboard?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) a picture board?.....	<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 G3 for the aids (a-e) selected in G2
If no aids were selected skip to G11 ****

G3.

(a) **How often 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 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓
Other, Please Specify:

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

G4a.

(a) **Are you making any kind of payment for (....'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

G7.

(a) **How often does (...)'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 (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 (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 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 Parent.....
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓

Other, Please Specify:

- 9 Not applicable.....

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

G4a.

(b) Are you making any kind of payment for (....)'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**

G7.

(b) How often does (....)'s computer or keyboard device 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 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)**
- 9 Don't know..... > **Go to G3 (c)**
- 8 Refusal..... > **Go to G3 (c)**

G9.

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

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

G3.

(c) **How often does (...) use a communication board such as Bliss?**

- 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 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family,
public property, etc.....
- 8 Other.....

↓

Other, Please Specify:

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

G4a.

(c) **Are you making any kind of payment for (....)'s communication board such as Bliss, 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**

G7.

(c) **How often does (....)'s communication board such as Bliss 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 (his/her) communication board such as Bliss?**

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

↓

Other, Please Specify:

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

G10.

(c) **How much difficulty will you have paying for a replacement for (his/her) communication board such as Bliss?**

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

G3.

(d) **How often does (....) use a picture board?**

- 1 Every day.....

- 2 A few times a week.....
- 3 Once a week.....
- 4 Less than once a week.....
- 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 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓

Other, Please Specify.

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

G4a.

(d) Are you making any kind of payment for (....)'s picture board, for example to rent or finance this item?

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

G7.

(d) How often does (...)'s picture 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 (e)**
 - 7 Not applicable..... > **Go to G3 (e)**
 - Don't know..... > **Go to G3 (e)**
 - Refusal..... > **Go to G3 (e)**
-

G8.

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

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

G9.

(d) What is the main reason you will need to replace (his/her) picture board?

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

↓

Other, Please Specify:

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

G10.

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

- 1 **None**.....

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

G3.

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

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

G4.

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

- 1 Parent.....
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....



Other, Please Specify:

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

G4a.

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

- 1 Yes.....
- 2 No..... > **Skip to G11 if G4=7**
- 9 Don't know..... > **Skip to G11 if G4=7**
- 8 Refusal..... > **Skip to G11 if G4=7**

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

G5.

(e) **How often does (....)'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 G7**
- 7 Not applicable..... > **Go to G7**
- Don't know..... > **Go to G7**
- Refusal..... > **Go to G7**

G6.

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

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

G7.

(e) **How often does (...)'s (write-in) 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.

(e) **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.

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

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



Other, Please Specify:

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

G10.

(e) **How much difficulty will you have paying for a replacement for (his/her) (write-in)?**

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

- 5 **Cannot afford**.....
- 6 Not applicable.....
- Don't know.....
- Refusal.....

G11. Are there any aids or specialized equipment for children who have difficulty speaking or making themselves understood that (...) currently needs, but does not have?

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

G12. Which aids does (he/she) need, but does not have?

Mark all that apply.

- 1 A voice amplifier.....
- 2 A computer or keyboard device to communicate.....
- 3 A communication board, such as a Blissboard.....
- 4 A picture board.....
- Another aid.....



Other, Please Specify

- None Selected.....
- Don't know.....
- Refusal.....

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

G13. How frequently would (...) use a voice amplifier if (he/she) did have it?

(a)

- 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 does (....) not have this aid?

Mark all that apply.

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

↓

Other, Please Specify:

- 10 None selected.....
-

G13. How frequently would (....) use a computer or keyboard device to communicate if (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.....
-

G14.

(b) Why does (....) not have this aid?

Mark all that apply.

- 1 Cost (purchase).....
- 2 Cost (maintenance).....
- 3 Not available locally.....
- 4 You feel that your (his/her) condition is not severe

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

↓

Other, Please Specify:

- 10 None selected.....

G13. How frequently would (....) use a communication board such as Bliss if (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.....
- 7 Don't know.....
- 8 Refusal.....

G14. Why does (....) not have this aid?
(c) *Mark all that apply.*

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



Other, Please Specify:

10 None selected.....

G13. How frequently would (....) use a picture board if (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.....
-

G14. Why does (....) not have this aid?
(d)

Mark all that apply.

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

↓
Other, Please Specify:

10 None selected.....

G13. How frequently would (....) use a (write-in) if (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.....

G14.

(e) Why does (....) not have this aid?

Mark all that apply.

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

↓

Other, Please Specify:

- 10 None selected.....

G15. In the past 5 months, how often has (....) had difficulty participating in everyday activities because of (his/her) ability to communicate?

- 1 **Daily**.....
- 2 **Weekly**.....
- 3 **Monthly**.....
- 4 **Less than once per month**.....
- 5 **Never**..... > **Go to H (p 89)**
- 6 Not applicable..... > **Go to H (p 89)**
- Don't know..... > **Go to H (p 89)**
- Refusal..... > **Go to H (p 89)**

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

- 1 **Some difficulty**.....
- 2 **A lot of difficulty**.....
- 3 **Child was completely unable to participate**.....
- 4 (....'s) participation was not affected.....
- 9 Don't know.....
- 8 Refusal.....

Section H – Mobility Filter

****If (....'s) date of birth is on or before May 16 2001 then continue; else skip to Section N (182)****

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

H1. Because of a condition or health problem, does (....) have any difficulty walking? This means walking on a flat firm surface, such as a sidewalk or floor.

- 1 **Yes, sometimes**..... > Check "Mobility-Limitation" box on Profile Sheet
- 2 **Yes, often or always**..... > Check "Mobility-Limitation" box on Profile Sheet
- 3 **No**..... > **Go to J (p 123)**
- 8 **Refusal**..... > **Go to J (p 123)**
- 9 **Don't Know**..... > **Go to J (p 123)**

H2. How much difficulty does (....) have walking?

- 1 **Some difficulty**.....
- 2 **A lot of difficulty**.....
- 3 **(He/She) can not walk**.....
- 9 **Don't know**.....
- 8 **Refusal**.....

Section I - Mobility Aids

****If (.... 's) date of birth is on or before May 16 2001 and mobility limitation is marked on the Profile Sheet then continue; else skip to Section J (p 123)****

I1. Does (....) use any aids or specialized equipment for children who have difficulty walking or moving around, such as braces or lift device?

- | | | | |
|---|-----------------|--------------------------|--------------------|
| 1 | Yes..... | <input type="checkbox"/> | |
| 2 | No..... | <input type="checkbox"/> | > Go to I11 |
| 9 | Don't know..... | <input type="checkbox"/> | > Go to I11 |
| 8 | Refusal..... | <input type="checkbox"/> | > Go to I11 |

I2. Does (he/she) now use:

	(1) <u>Yes</u>	(2) <u>No</u>	(9) <u>DK</u>	(8) <u>R</u>
(a) orthopedic footwear?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) a cane or crutches?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) a walker?.....	<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) braces, such as a leg brace (exclude dental braces)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) grab bars or bathroom aids?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) bath or bed lifts or other lift type devices?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) an adapted motor vehicle?.....	<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 I3 for the aids (a-j) selected in I2
If no aids were selected skip to I11****

I3. How often does (....) use orthopedic footwear?

- (a)
- 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. Who paid the most for acquiring this item?

- (a)
- 1 Parent
 - 2 Family of (....).....
 - 3 Health care system.....
 - 4 Government program.....
 - 5 Insurance company.....
 - 6 Non-profit organization.....
 - 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
 - 8 Other.....

↓

Other, Please Specify:

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

I4a. Are you making any kind of payment for (...'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

I7.

(a) **How often do (....)'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 (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 (his/her) orthopedic footwear?**

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

- 4 **Serious**.....
- 5 **Cannot afford**.....
- 6 Not applicable.....
- Don't know.....
- Refusal.....

I3. How often does (...) use a cane or crutches?

(b)

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

I4. Who paid the most for acquiring this item?

(b)

- 1 Parent
- 2 Family of (...).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (...) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓

Other, Please Specify:

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

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

(b)

- 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
-

I7.

(b) How often do (....)'s cane or 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 (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 (his/her) cane or crutches?

- 1 Condition is worse.....
- 2 Condition is better.....
- 3 You grew 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 (his/her) cane or crutches?**

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

I3. How often does (...) use a walker?

(c)

- 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. Who paid the most for acquiring this item?

(c)

- 1 Parent.....
- 2 Family of (...).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (...) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓

Other, Please Specify:

- 9 Not applicable.....

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

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

- 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**

I7.
(c) **How often does (...)'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 (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 (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.

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

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

I3. How often does (...) use a manual wheel chair?

(d)

- 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. Who paid the most for acquiring this item?

(d)

- 1 Parent.....
2 Family of (...).....
3 Health care system.....
4 Government program.....
5 Insurance company.....
6 Non-profit organization.....
7 It does not belong to (...) (i.e. belongs to employers, friends / family, public property, etc.....

8 Other.....



Other, Please Specify:

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

I4a.

(d) Are you making any kind of payment for (...'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 (...)'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 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 does (...)'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 (his/her) manual wheelchair?**

- 1 Condition is worse.....
- 2 Condition is better.....
- 3 Gotgrew 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 (his/her)**

manual wheelchair?

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

I3. How often does (...) use an electric wheelchair?
(e)

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

I4. Who paid the most for acquiring this item?
(e)

- 1 Parent.....
- 2 Family of (...).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (...) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓

Other, Please Specify:

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

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

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

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

I7. How often does (...)'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 (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 (his/her) electric wheelchair?**

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

I3. How often does (...) use braces, such as a leg brace (exclude dental braces)?
(f)

- 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. Who paid the most for acquiring this item?
(f)

- 1 Parent
- 2 Family of (...).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (...) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓
Other, Please Specify:

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

I4a. Are you making any kind of payment for (...'s) braces, such as a leg brace (exclude dental braces), for example to rent or finance this item?
(f)

- 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

I7.

(f) **How often do (....)'s braces, such as a leg brace (exclude dental braces) 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 (his/her) braces, such as a leg brace (exclude dental braces)?**

- 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 (his/her) braces, such as a leg brace (exclude dental braces)?**

- 1 None.....

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

I3. How often does (...) use grab bars or bathroom aids?

(g)

- 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. Who paid the most for acquiring this item?

(g)

- 1 Parent.....
- 2 Family of (...).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (...) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓

Other, Please Specify:

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

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

(g) **for example to rent or finance this item?**

- 1 Yes.....
 - 2 No..... > **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**
-

I3. How often does (...) use bath or bed lifts or other lift type devices?

(h)

- 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. Who paid the most for acquiring this item?

(h)

- 1 Parent
- 2 Family of (...).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (...) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓

Other, Please Specify:

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

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

- 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 (...)'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.

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

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

I7.

(h) How often does (...)'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 (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 (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.

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

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

I3. How often does (...) use an adapted motor vehicle?

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

I4. Who paid the most for acquiring this item?

- (i)
- 1 Parent
 - 2 Family of (...).....
 - 3 Health care system.....
 - 4 Government program.....
 - 5 Insurance company.....
 - 6 Non-profit organization.....
 - 7 It does not belong to (...) (i.e. belongs to employers, friends / family, public property, etc.....
 - 8 Other.....

↓

Other, Please Specify:

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

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

- (i)
- 1 Yes.....
 - 2 No..... > Skip to I3(j) 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 (...)'s adapted motor vehicle 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 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 does (....)'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 (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)**

I9.

(i) **What is the main reason you will need to replace (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.

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

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

I3. How often does (...) use a (write-in)?

(j)

- 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. Who paid the most for acquiring this item?

(j)

- 1 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓

Other, Please Specify:

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

I4a. Are you making any kind of payment for (...)'s (write-in), for example to rent or finance this item?

(j)

- 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.

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

I6.

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

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

I7.

(j) How often does (....)'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.

(j) 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.

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

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



Other, Please Specify:

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

I10.

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

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

I11. Are there any aids or specialized equipment for children who have difficulty walking or moving around that (....) currently needs, but does not have?

- 1 Yes.....
- 2 No..... > **Go to II15**
- 9 Don't know..... > **Go to II15**
- 8 Refusal..... > **Go to II15**

I12. Which aids does (he/she) need, but does not have?

Mark all that apply

- 1 (a) Orthopedic or medically prescribed shoes.....
- 2 (b) A cane or crutches.....
- 3 (c) A walker.....
- 4 (d) A manual wheelchair.....
- 5 (e) An electric wheelchair.....
- 6 (f) Braces, such as a leg brace (exclude dental braces)...

- 7 (g) Lift devices, such as a bed lift device.....
- 8 (h) Grab bars or bathroom aids.....
- 9 (i) Adapted motor vehicle.....
- 10 (j) Other aid.....
- 11 None selected.....
- Don't know.....
- Refusal.....

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

I13. How frequently would you (....) use orthopedic footwear 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
(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 (...) use a cane or crutches if (he/she) did have it?
(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.....

I14
(b) Why does (...) not have this aid?

Mark all that apply.

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

↓

Other, Please Specify:

- 10 None selected.....

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

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

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

I14

(c) Why does (....) not have this aid?

Mark all that apply.

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

↓

Other, Please Specify:

- 10 None selected.....

I13.

(d) How frequently would (....) use a manual wheelchair if (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.....
- Don't know.....
- Refusal.....

I14

(d) Why does (....) not have this aid?

Mark all that apply.

- 1 Cost (purchase).....
- 2 Cost (maintenance).....
- 3 Not available locally.....

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

↓

Other, Please Specify:

- 10 None selected.....

I13.

(e) **How frequently would (....) use an electric wheelchair if (he/she) did have it?**

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

I14

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

Mark all that apply.

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

↓

Other, Please Specify:

10 None selected.....

I13.

(f) How frequently would (....) use braces, such as a leg brace (exclude dental braces) if (he/she) did have it?

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

I14

(f) Why does (....) not have this aid?

Mark all that apply.

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

↓

Other, Please Specify:

10 None selected.....

I13.

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

have it?

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

I14

(g) Why does (....) not have this aid?

Mark all that apply.

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

Other, Please Specify:

- 10 None selected.....

I13.

(h) How frequently would (....) use bath or bed lifts or other lift type devices if (he/she) did have it?

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

Refusal.....

I14

(h) Why does (....) not have this aid?

Mark all that apply.

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

↓

Other, Please Specify:

- 10 None selected.....
-

I13.

(i) How frequently would (....) use an adapted motor vehicle if (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.....
 - Don't know.....
 - Refusal.....
-

I14

(i) Why does (....) not have this aid?

Mark all that apply.

- 1 Cost (purchase).....
- 2 Cost (maintenance).....
- 3 Not available locally.....

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

↓

Other, Please Specify:

- 10 None selected.....

I13.

(j) How frequently would (....) (write-in) use orthopedic footwear if (he/she) did have it?

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

I14

(j) Why does (....) not have this aid?

Mark all that apply.

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

↓

Other, Please Specify:

10 None selected.....

I15. In the past 6 months, how often has (....) had difficulty participating in everyday activities because of (his/her) 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
- Refusal..... > Skip to J

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

- 1 **Some difficulty**.....
- 2 **A lot of difficulty**.....
- 3 **Child was completely unable to participate**.....
- 4 (....'s) participation was not affected.....
- 9 Don't know.....
- 8 Refusal.....

Section J – Agility Filter

****If (....'s) date of birth is on or before May 16 2001 then continue; else skip to Section N (182)****

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. Because of a condition or health problem, does (....) have any difficulty using (his/her) hands or fingers to grasp or hold small objects, such as a pencil or scissors?

- 1 Yes, sometimes..... > Check Box Agility-Limitation on Profile Sheet >
- 2 Yes, often or always..... > Check Box Agility-Limitation on Profile Sheet
- 3 No..... > Skip to L (p 144)
- 8 Refusal..... > Skip to L (p 144)
- 9 Don't Know..... > Skip to L (p 144)

J2. How much difficulty?

- 1 Some difficulty.....
- 2 A lot of difficulty.....
- 3 Child was completely unable to participate.....
- 9 Don't know.....
- 8 Refusal.....

Section K – Agility Aids

****If (...'s) date of birth is on or before May 16 2001 and agility limitation is marked on the Profile Sheet then continue; else skip to Section L (p 144)****

K1. Does (...) use any aids or specialized equipment designed to support, replace or assist in the use of hands or fingers or that helps (him/her) with (his/her) agility or flexibility, such as 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. Does (he/she) now use:

(1) (2) (9) (8)
Yes No DK R

- (a) a hand or arm brace?.....
- (b) grasping tools or reach extenders?.....

- (c) pencil grip?.....
- (d) adapted kitchen tools and utensils?
- (e) grab bars or bathroom aids?.....
- (f) bath or bed lifts or other lift type devices?.....
- (g) another aid?.....



Other, Please Specify:

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

K3.

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

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

K4.

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

- 1 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....



Other, Please Specify:

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

K4a.

(a) **Are you making any kind of payment for (....)'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

K7.

(a) **How often do (....)'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 (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 (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 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 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓

Other, Please Specify:

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

K4a.

(b) Are you making any kind of payment for (....)'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
- 9 Don't know..... > Skip to K3(c) if K4=7
- 8 Refusal..... > Skip to K3(c) if K4=7

K7.

(b) How often do (....)'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 (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 (his/her) grasping tools or reach extenders?**

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

K3.

(c) **How often does (....) use a pencil grip?**

- 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.....

K3.

(d) How often does (....) use adapted kitchen tools and utensils?

- 1 Every day.....
- 2 A few times a week.....
- 3 Once a week.....
- 4 Less than once a week.....
- 5 Frequent usage but only 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 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....



Other, Please Specify:

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

Refusal.....

K4a.

(d) **Are you making any kind of payment for (....)'s adapted kitchen tools and utensils, for example to rent or finance this item?**

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

K7.

(d) **How often do (....)'s adapted kitchen tools and utensils 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 (his/her) adapted kitchen tools and utensils?**

- 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 (his/her) adapted kitchen tools and utensils?**

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

K3.

(e) **How often 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.

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

- 1 Parent

- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family,
public property, etc.....
- 8 Other.....



Other, Please Specify:

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

K4a.

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

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

K3.

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

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

K4.

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

- 1 Parent
- 2 Family of (...).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (...) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓

Other, Please Specify:

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

K4a.

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

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

K5.

(f) How often does (...)'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.

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

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

K7.

(f) **How often do (....)'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 (g)**
 - 7 Not applicable..... > **Go to K3 (g)**
 - Don't know..... > **Go to K3 (g)**
 - Refusal..... > **Go to K3 (g)**
-

K8.

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

- 1 Yes.....
 - 2 No..... > **Go to K3 (g)**
 - 9 Don't know..... > **Go to K3 (g)**
 - 8 Refusal..... > **Go to K3 (g)**
-

K9.

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

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



Other, Please Specify:

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

K10.

(f) How much difficulty will you have paying for a replacement for (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.

(g) How often does () use a (write-in)?

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

K4.

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

- 1 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family,
public property, etc.....
- 8 Other.....

↓

Other, Please Specify:

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

K4a.

(g) **Are you making any kind of payment for (....)'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.

(g) **How often does (....)'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.

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

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

K7.

(g) **How often do (....)'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.

(g) **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.

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

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



Other, Please Specify:

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

K10.

(g) **How much difficulty will you have paying for a replacement for (his/her) (write-in)?**

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

K11. Are there any aids or specialized equipment designed to support, replace or assist in the use of hands or arms that (...) currently needs, but 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 does (....) need, but does not have?

Mark all that apply.

- 1 (a) hand or arm brace.....
- 2 (b) grasping tools or reach extenders.....
- 3 (c) adapted kitchen tools and utensils.....
- 4 (d) Other.....



Other, Please Specify:

- 5 None Selected.....
- 9 Don't know.....
- 8 Refusal.....

Interviewer: Ask K13-I14 for aids (a-d) selected in K12; Else go to K15

K13.

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

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

K14

(a) Why does (...) not have this aid?

Mark all that apply.

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

↓
Other, Please Specify:

- 10 None selected.....

K13.

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

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

K14

(b) Why does (....) not have this aid?

Mark all that apply.

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

↓

Other, Please Specify:

- 10 None selected.....

K13.

(c) How frequently would (....) use adapted kitchen tools and utensils if (he/she) did have it?

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

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

K14

(c) Why does (....) not have this aid?

Mark all that apply.

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

↓

Other, Please Specify:

- 10 None selected.....

K13.

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

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

K14

(d) Why does (....) not have this aid?

Mark all that apply.

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

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

↓

Other, Please Specify:

- 10 None selected.....

K15. In the past 6 months, how often has (....) had difficulty participating in everyday activities because of (his/her) ability to use (his/her) hands or arms or because of (his/her) agility or flexibility?

- 1 **Daily**.....
- 2 **Weekly**.....
- 3 **Monthly**.....
- 4 **Less than once per month**.....
- 5 **Never**..... > Skip to L (p 144)
- 6 Not applicable..... > Skip to L (p 144)
- Don't know..... > Skip to L (p 144)
- Refusal..... > Skip to L (p 144)

K16. When (...’s) use of hands or arms made it difficult to participate in everyday activities, did (he/she) experience:

- 1 **Some difficulty**.....
- 2 **A lot of difficulty**.....
- 3 **Child was completely unable to participate**.....
- 4 (...’s) participation was not affected.....
- 9 Don’t know.....
- 8 Refusal.....

Section L – Learning Filter

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

L1. Do you think that (....) has a learning disability, such as dyslexia, hyperactivity or attention problems?

- 1 Yes..... > Check Box "Learning-Limitation" on Profile Sheet
 - 2 No.....
 - 9 Don't know.....
 - 8 Refusal.....
-

L2. Has a teacher, doctor or other health professional ever said that (....) had a learning disability?

- 1 Yes..... > Check Box "Learning-Limitation" on Profile Sheet
 - 2 No.....
 - 9 Don't know.....
 - 8 Refusal.....
-

L3. Does this condition reduce the amount or the kind of activities (....) can do?

- 1 **Yes, sometimes**.....
 - 2 **Yes, often or always**.....
 - 3 **No**..... > Go to M (p 145)
 - 8 **Refusal**..... > Go to M (p 145)
 - 9 **Don't Know**..... > Go to M (p 145)
-

L4a. How many activities does this condition usually prevent (him/her) from doing:

at home?

- 1 **None**.....
- 2 **A few**.....
- 3 **Many**.....
- 4 **Most**.....
- Don't Know.....

Refusal.....

L4b. How many activities does this condition usually prevent (him/her) from doing:
at school?

- 1 **None**.....
- 2 **A few**.....
- 3 **Many**.....
- 4 **Most**.....
- Don't Know.....
- Refusal.....

L4c. How many activities does this condition usually prevent (him/her) from doing:
at play or recreational activities?

- 1 **None**.....
- 2 **A few**.....
- 3 **Many**.....
- 4 **Most**.....
- Don't Know.....
- Refusal.....

Section M – Learning Aids

****If (....'s) date of birth is on or before May 16 2001 and learning limitation is marked on the Profile Sheet then continue; else skip to Section N (p 182)****

M1. Does (....) use any aids or specialized equipment to help (him/her) with (his/her) learning difficulty, for example, a home computer, a pocket organizer or recording equipment? Do not include human support or medication.

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

M2. Does (he/she) now 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: Ask questions M5-M10 for the aids selected in M2(a-k); Else skip to M11**

M3.

(a) **How often 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.....

M4.

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

- 1 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family,
public property, etc.....
- 8 Other.....

↓

Other, Please Specify:

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

M4a.

(a) Are you making any kind of payment for (....)'s portable spell checkers, 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 M3(b) if M4=7**
- 8 Refusal..... > **Skip to M3(b) if M4=7**

M7.

(a) How often does (....)'s portable spell checkers 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 (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.....
-

M10.

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

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

M3.

(b) **How often 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.....

M4.

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

- 1 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓
 Other, Please Specify.

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

M4a.

(b) Are you making any kind of payment for (....)'s portable spell checkers, for example to rent or finance this item?

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

M7.

(b) **How often does (...)'s recording equipment 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 (c)**
 - 7 Not applicable..... > **Go to M3 (c)**
 - Don't know..... > **Go to M3 (c)**
 - Refusal..... > **Go to M3 (c)**
-

M8.

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

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

M9.

(b) **What is the main reason you will need to replace (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.....
-

M10.

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

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

M3.

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

- 1 Every day.....
- 2 A few times a week.....
- 3 Once a week.....
- 4 Less than once a week.....
- 5 Frequent usage but only 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 Parent.....
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....



Other, Please Specify:

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

M4a.

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

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

M7.

(c) **How often does (....)'s talking books 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 (d)**
 - 7 Not applicable..... > **Go to M3 (d)**
 - Don't know..... > **Go to M3 (d)**
 - Refusal..... > **Go to M3 (d)**
-

M8.

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

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

M9.

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

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

↓

Other, Please Specify:

Don't know.....

Refusal.....

M10.

(c) **How much difficulty will you have paying for a replacement for (his/her) talking books?**

1 **None**.....

2 **Slight**.....

3 **Moderate**.....

4 **Serious**.....

5 **Cannot afford**.....

Don't know.....

Refusal.....

M3.

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

M4.

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

1 Parent.....

2 Family of (....).....

3 Health care system.....

4 Government program.....

5 Insurance company.....

- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family,
public property, etc.....
- 8 Other.....



Other, Please Specify:

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

M4a.

(d) Are you making any kind of payment for (....)'s pocket organizer, 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**

M7.

(d) How often does (....)'s pocket organizer 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 (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)**

M9.

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

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



Other, Please Specify:

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

M10.

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

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

M3.

(e) **How often 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.....

M4.

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

- 1 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓
 Other, Please Specify:

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

M4a.

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

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

M7.

(e) **How often does (....)'s home computer 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 (f)**
 - 7 Not applicable..... > **Go to M3 (f)**
 - Don't know..... > **Go to M3 (f)**
 - Refusal..... > **Go to M3 (f)**
-

M8.

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

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

M9.

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

- 1 Condition is worse.....
- 2 Condition is better.....
- 3 Outgrew the aid.....
- 4 Worn out.....
- 5 New technology available / 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 (his/her) home computer?**

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

M3.

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

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

M4.

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

- 1 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓
Other, Please Specify:

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

M4a.

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

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

M4=7

8 Refusal..... > Skip to M3(g) if M4=7

M7.

(f) **How often does (...)’s scanner or printer 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 (g)
- 7 Not applicable..... > Go to M3 (g)
- Don't know..... > Go to M3 (g)
- Refusal..... > Go to M3 (g)

M8.

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

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

M9.

(f) **What is the main reason you will need to replace (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.....

M10.

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

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

M3.

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

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

M4.

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

- 1 Parent.....
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓

Other, Please Specify:

- 9 Not applicable.....

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

M4a.

(g) **Are you making any kind of payment for (....)'s spell/grammar checking software, for example to rent or finance this item?**

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

M7.

(g) **How often does (....)'s spell/grammar checking software 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 (h)**
- 7 Not applicable..... > **Go to M3 (h)**
- Don't know..... > **Go to M3 (h)**
- Refusal..... > **Go to M3 (h)**

M8.

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

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

M9.

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

M10.

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

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

M3.

(h) **How often 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.....

M4.

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

- 1 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family,
public property, etc.....
- 8 Other.....



Other, Please Specify:

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

M4a.

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

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

M7.

(h) How often does (....)'s voice recognition software 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 (i)**
- 7 Not applicable..... > **Go to M3 (i)**
- Don't know..... > **Go to M3 (i)**
- Refusal..... > **Go to M3 (i)**

M8.

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

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

M9.

(h) What is the main reason you will need to replace (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.....
-

M10.

(h) How much difficulty will you have paying for a replacement for (his/her) voice recognition software?

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

M3.

(i) How often 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.....

M4.

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

- 1 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓

Other, Please Specify.

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

M4a.

(i) **Are you making any kind of payment for (....)'s software organizational tools, for example to rent or finance this item?**

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

M7.

(i) **How often does (...)'s software organizational tools 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 (j)**
 - 7 Not applicable..... > **Go to M3 (j)**
 - Don't know..... > **Go to M3 (j)**
 - Refusal..... > **Go to M3 (j)**
-

M8.

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

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

M9.

(i) **What is the main reason you will need to replace (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.....
-

M10.

(i) **How much difficulty will you have paying for a replacement for (his/her) software organizational tools?**

- 1 **None**.....

- 2 Slight.....
- 3 Moderate.....
- 4 Serious.....
- 5 Cannot afford.....
- Don't know.....
- Refusal.....

M3.

(j) **How often does (....) use a laptop or notebook computer?**

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

M4.

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

- 1 Parent.....
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....



Other, Please Specify:

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

M4a.

(j) **Are you making any kind of payment for (....)'s laptop or notebook computer, for example to rent or finance this item?**

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

M7.

(j) **How often does (....)'s laptop or notebook computer 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 (k)**
 - 7 Not applicable..... > **Go to M3 (k)**
 - Don't know..... > **Go to M3 (k)**
 - Refusal..... > **Go to M3 (k)**
-

M8.

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

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

M9.

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

M10.

(j) **How much difficulty will you have paying for a replacement for (his/her) laptop or notebook computer?**

1 **None**.....

2 **Slight**.....

3 **Moderate**.....

4 **Serious**.....

5 **Cannot afford**.....

Don't know.....

Refusal.....

M3.

(k) **How often does (....) use (write in)?**

1 Every day.....

2 A few times a week.....

3 Once a week.....

4 Less than once a week.....

5 Frequent usage but only during certain times.....

6 Don't use because it needs repair or replacement.....

7 Not applicable.....

Don't know.....

Refusal.....

M4.

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

1 Parent.....

2 Family of (....).....

3 Health care system.....

4 Government program.....

5 Insurance company.....

- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family,
public property, etc.....
- 8 Other.....



Other, Please Specify:

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

M4a.

(k) Are you making any kind of payment for (....)'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**

M5.

(k) How often does (....)'s (write-in), such as repairs or maintenance?

- 1 Every 6 months or less.....
- 2 More than 6 months but less than 1 year.....
- 3 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.

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

- 1 **None**.....

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

M7.

(k) **How often does (...)'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.

(k) **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.

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

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



Other, Please Specify:

- Don't know.....

Refusal.....

M10.

(k) **How much difficulty will you have paying for a replacement for (his/her) (write-in)?**

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

M11. Are there any learning aids or specialized equipment or services that (....) currently needs, but does not have?

- 1 Yes.....
- 2 No..... > **Go to M15 (p 181)**
- 9 Don't know..... > **Go to M15 (p 181)**
- Refusal..... > **Go to M15 (p 181)**

M12. Which aids or services does (he/she) need, but does not have?

Mark all that apply

- 1 (a) portable 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:

- 12 None selected.....
- Don't Know.....
- Refusal.....

Interviewer: Ask M13-M14 for aids (a-k) selected in M12; Else go to M15

M13.

(a) **How frequently would (...) use portable spell checkers if (he/she) did have it?**

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

M14

(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.

(b) **How frequently would (...) use recording equipment if (he/she) did have it?**

- 1 Everyday.....
- 2 A few times a week.....
- 3 Once a week.....

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

M14

(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.

(c) How frequently would (....) use talking books if (he/she) did have it?

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

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.

(d) How frequently would (....) use a pocket organizer if (he/she) did have it?

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

M14

(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.

(e) **How frequently would (....) use a home computer if (he/she) did have it?**

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

M14

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

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.

(f) **How frequently would (...) use a scanner or printer if (he/she) did have it?**

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

M14

(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 you (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.

(g) **How frequently would (...) use spell/grammar checking software if (he/she) did have it?**

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

Refusal.....

M14

(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.....
-

M13.

(h) How frequently would (....) use voice recognition software if (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.....
-

M14

(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.....

M13.

(i) How frequently would (....) use software or organizational tools if (he/she) did have it?

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

M14

(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.....

M13.

(j) How frequently would (...) use a laptop or notebook computer if (he/she) did have it?

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

M14

(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.....

M13.

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

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

M14

(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 you (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 (.... does'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 has (....) had difficulty participating in everyday activities because of (his/her) learning difficulty?

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

M16. When (...'s) learning difficulty made it difficult to participate in everyday activities, did (he/she) experience:

- 1 **Some difficulty**.....
- 2 **A lot of difficulty**.....
- 3 **Child was completely unable to participate**.....
- 4 (...'s) participation was not affected.....
- 9 Don't know.....
- 8 Refusal.....

Section N - Developmental Filter

****All respondents enter this module; If (...'s) date of birth is on or before May 16 2001 then proceed; else skip to N3 (p. 182)****

N1. Because of a condition or health problem, does (....) have a delay in (his/her) development, either a physical, intellectual or another type of delay?

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

N2a. What kind of delay is this? I will read you a list. Please answer yes or no to each.

A delay in (his/her) physical development?

- 1 Yes..... > Check Box
Developmental-
Limitation on Profile
Sheet
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

N2b. What kind of delay is this? I will read you a list. Please answer yes or no to each.

A delay in (his/her) intellectual development?

- 1 Yes..... > Check Box
Developmental-
Limitation on Profile
Sheet
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....
-

N2c. What kind of delay is this? I will read you a list. Please answer yes or no to each.

Other type of delay?

- 1 Yes..... > Check Box
Developmental-
Limitation on Profile
Sheet

↓

Other, Please Specify:

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

N3. Has a doctor, psychologist or other health professional ever said that (....) has a developmental disability or disorder? These may include autism, Down syndrome, or mental impairment due to a lack of oxygen at birth.

- 1 Yes..... > Check Box
Developmental-
Limitation on Profile
Sheet
- 2 No..... > **Go to O (p 185)**

- 9 Don't know..... > Go to O (p 185)
 - 8 Refusal..... > Go to O (p 185)
-

N4. Does this condition reduce the amount or the kind of activities (....) can do?

- 1 Yes, sometimes.....
 - 2 Yes, often or always.....
 - 3 No..... > Go to O (p 185)
 - 8 Refusal..... > Go to O (p 185)
 - 9 Don't Know..... > Go to O (p 185)
-

N5a. How many activities does this condition usually prevent (him/her) from doing...

at home?

- 1 None.....
 - 2 A few.....
 - 3 Many.....
 - 4 Most.....
 - Don't Know.....
 - Refusal.....
-

N5b. How many activities does this condition usually prevent (him/her) from doing...

at school?

- 1 None.....
 - 2 A few.....
 - 3 Many.....
 - 4 Most.....
 - Don't Know.....
 - Refusal.....
-

N5c. How many activities does this condition usually prevent (him/her) from doing...

at play or recreational activities?

- 1 None.....
- 2 A few.....

- 3 **Many**.....
- 4 **Most**.....
- Don't Know.....
- Refusal.....

Section O – Emotional / Psychological Filter Questions

****If (....'s) date of birth is on or before May 16 2001 continue; else skip to Section P (p 186)****

O1. Does (....) have any emotional, psychological or behavioural conditions that have lasted or are expected to last six months or more?

- 1 Yes.....
- 2 No..... > **Go to P (p 186)**
- 9 Don't know..... > **Go to P (p 186)**
- 8 Refusal..... > **Go to P (p 186)**

O2. Does this condition reduce the amount or the kind of activities (....) can do?

- 1 **Yes, sometimes**..... > Check Box
Emotional-
Limitation on Profile
Sheet
- 2 **Yes, often or always**..... > Check Box
Emotional-
Limitation on Profile
Sheet
- 3 No..... > **Go to P (p 186)**
- 8 Refusal..... > **Go to P (p 186)**
- 9 Don't Know..... > **Go to P (p 186)**

O3a. How many activities does this condition usually prevent (him/her) from doing:

at home?

- 1 **None**.....
- 2 **A few**.....

- 3 **Many**.....
- 4 **Most**.....
- Don't Know.....
- Refusal.....

O3b. How many activities does this condition usually prevent (him/her) from doing:
at school?

- 1 **None**.....
- 2 **A few**.....
- 3 **Many**.....
- 4 **Most**.....
- Don't Know.....
- Refusal.....

O3c. How many activities does this condition usually prevent (him/her) from doing:
at play or recreational activities?

- 1 **None**.....
- 2 **A few**.....
- 3 **Many**.....
- 4 **Most**.....
- Don't Know.....
- Refusal.....

Section P – Chronic Conditions Filter

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

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

P1a. Does (...) have any of the following long-term conditions which have been diagnosed by a health professional?

Asthma or severe allergies

- 1 Yes.....

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

P1b. Does (....) have any of the following long-term conditions which have been diagnosed by a health professional?

Heart condition or disease

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

P1c. Does (....) have any of the following long-term conditions which have been diagnosed by a health professional?

Kidney condition or disease

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

P1d. Does (....) have any of the following long-term conditions which have been diagnosed by a health professional?

Cancer

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

P1e. Does (....) have any of the following long-term conditions which have been diagnosed by a health professional?

Diabetes

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

8 Refusal.....

P1f. Does (....) have any of the following long-term conditions which have been diagnosed by a health professional?

Epilepsy

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

P1g. Does (....) have any of the following long-term conditions which have been diagnosed by a health professional?

Autism

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

P1h. Does (....) have any of the following long-term conditions which have been diagnosed by a health professional?

Cerebral Palsy

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

P1i. Does (....) have any of the following long-term conditions which have been diagnosed by a health professional?

Spina Bifida

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

P1j. Does (....) have any of the following long-term conditions which have been diagnosed by a health professional?

Cystic Fibrosis

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

P1k. Does (....) have any of the following long-term conditions which have been diagnosed by a health professional?

Muscular Dystrophy

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

P1l. Does (....) have any of the following long-term conditions which have been diagnosed by a health professional?

Migraines

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

P1m. Does (....) have any of the following long-term conditions which have been diagnosed by a health professional?

Arthritis or rheumatism

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

P1n. Does (....) have any of the following long-term conditions which have been diagnosed by a health professional?

Paralysis of any kind

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

P1o. Does (....) have any of the following long-term conditions which have been diagnosed by a health professional?

Missing or malformed arms, legs, fingers or toes

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

P1p. Does (....) have any of the following long-term conditions which have been diagnosed by a health professional?

Fetal Alcohol Syndrome

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

P1q. Does (....) have any of the following long-term conditions which have been diagnosed by a health professional?

Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)

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

P1r. Does (....) have any of the following long-term conditions which have been diagnosed by a health professional?

Down syndrome

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

P1s. Does (....) have any of the following long-term conditions which have been diagnosed by a health professional?

Complex medical care needs

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

P1t. Does (....) have any of the following long-term conditions which have been diagnosed by a health professional?

Any other long-term condition that has been diagnosed by a health professional

- 1 Yes.....

↓
Other, Please Specify:

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

*** Interviewer: If a chronic condition was selected in P1a-t (P1a-t one or more conditions = 1(yes)) then proceed through questions P2-3c for aids selected in P1a-t; else skip to Q***

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

- 1 **Yes, sometimes**..... > Check Box “Chronic-Limitation” on Profile Sheet
- 2 **Yes, often or always**..... > Check Box “Chronic-Limitation” on Profile Sheet
- 3 **No**..... > **Go to P2b**
- 8 Refusal..... > **Go to P2b**
- 9 Don't Know..... > **Go to P2b**
-

P2b. Does a heart condition or disease reduce the amount or the kind of activities (....) can do?

- 1 **Yes, sometimes**..... > Check Box “Chronic-Limitation” on Profile Sheet
- 2 **Yes, often or always**..... > Check Box “Chronic-Limitation” on Profile Sheet
- 3 **No**..... > **Go to P2c**
- 8 Refusal..... > **Go to P2c**
- 9 Don't Know..... > **Go to P2c**
-

P2c. Does a kidney condition or disease reduce the amount or the kind of activities (....) can do?

- 1 **Yes, sometimes**..... > Check Box “Chronic-Limitation” on Profile Sheet
- 2 **Yes, often or always**..... > Check Box “Chronic-Limitation” on Profile Sheet
- 3 **No**..... > **Go to P2d**
- 8 Refusal..... > **Go to P2d**
- 9 Don't Know..... > **Go to P2d**
-

P2d. Does cancer reduce the amount or the kind of activities (....) can do?

- 1 **Yes, sometimes**..... > Check Box “Chronic-Limitation” on Profile Sheet
- 2 **Yes, often or always**..... > Check Box “Chronic-Limitation” on Profile Sheet
- 3 **No**..... > **Go to P2e**
- 8 Refusal..... > **Go to P2e**
- 9 Don't Know..... > **Go to P2e**
-

P2e. Does diabetes reduce the amount or the kind of activities (....) can do?

- 1 **Yes, sometimes**..... > Check Box “Chronic-Limitation” on Profile Sheet
- 2 **Yes, often or always**..... > Check Box “Chronic-Limitation” on Profile Sheet
- 3 **No**..... > **Go to P2f**
- 8 Refusal..... > **Go to P2f**
- 9 Don't Know..... > **Go to P2f**
-

P2f. Does epilepsy reduce the amount or the kind of activities (....) can do?

- 1 **Yes, sometimes**..... > Check Box “Chronic-Limitation” on Profile Sheet
- 2 **Yes, often or always**..... > Check Box “Chronic-Limitation” on Profile Sheet
- 3 **No**..... > **Go to P2g**
- 8 Refusal..... > **Go to P2g**
- 9 Don't Know..... > **Go to P2g**
-

P2g. Does autism reduce the amount or the kind of activities (....) can do?

- 1 **Yes, sometimes**..... > Check Box “Chronic-Limitation” on Profile Sheet
- 2 **Yes, often or always**..... > Check Box “Chronic-Limitation” on Profile Sheet
- 3 **No**..... > **Go to P2h**
- 8 Refusal..... > **Go to P2h**
- 9 Don't Know..... > **Go to P2h**
-

P2h. Does cerebral palsy reduce the amount or the kind of activities (....) can do?

- 1 **Yes, sometimes**..... > Check Box “Chronic-Limitation” on Profile Sheet
- 2 **Yes, often or always**..... > Check Box “Chronic-Limitation” on Profile Sheet
- 3 **No**..... > **Go to P2i**
- 8 Refusal..... > **Go to P2i**
- 9 Don't Know..... > **Go to P2i**
-

P2i. Does spina bifida reduce the amount or the kind of activities (....) can do?

- 1 **Yes, sometimes**..... > Check Box “Chronic-Limitation” on Profile Sheet
- 2 **Yes, often or always**..... > Check Box “Chronic-Limitation” on Profile Sheet
- 3 **No**..... > **Go to P2j**
- 8 Refusal..... > **Go to P2j**

9 Don't Know..... > **Go to P2j**

P2j. Does cystic fibrosis the amount or the kind of activities (....) can do?

1 **Yes, sometimes**..... > Check Box "Chronic-Limitation" on Profile Sheet

2 **Yes, often or always**..... > Check Box "Chronic-Limitation" on Profile Sheet

3 **No**..... > **Go to P2k**

8 Refusal..... > **Go to P2k**

9 Don't Know..... > **Go to P2k**

P2k. Does muscular dystrophy reduce the amount or the kind of activities (....) can do?

1 **Yes, sometimes**..... > Check Box "Chronic-Limitation" on Profile Sheet

2 **Yes, often or always**..... > Check Box "Chronic-Limitation" on Profile Sheet

3 **No**..... > **Go to P2l**

8 Refusal..... > **Go to P2l**

9 Don't Know..... > **Go to P2l**

P2l. Do migraines reduce the amount or the kind of activities (....) can do?

1 **Yes, sometimes**..... > Check Box "Chronic-Limitation" on Profile Sheet

2 **Yes, often or always**..... > Check Box "Chronic-Limitation" on Profile Sheet

3 **No**..... > **Go to P2m**

- 8 Refusal..... > **Go to P2m**
- 9 Don't Know..... > **Go to P2m**

P2m. Does arthritis or rheumatism reduce the amount or the kind of activities (....) can do?

- 1 **Yes, sometimes**..... > Check Box "Chronic-Limitation" on Profile Sheet
- 2 **Yes, often or always**..... > Check Box "Chronic-Limitation" on Profile Sheet
- 3 **No**..... > **Go to P2n**
- 8 Refusal..... > **Go to P2n**
- 9 Don't Know..... > **Go to P2n**

P2n. Does paralysis of any kind reduce the amount or the kind of activities (....) can do?

- 1 **Yes, sometimes**..... > Check Box "Chronic-Limitation" on Profile Sheet
- 2 **Yes, often or always**..... > Check Box "Chronic-Limitation" on Profile Sheet
- 3 **No**..... > **Go to P2o**
- 8 Refusal..... > **Go to P2o**
- 9 Don't Know..... > **Go to P2o**

P2o. Does missing or malformed arms, legs, fingers or toes reduce the amount or the kind of activities (....) can do?

- 1 **Yes, sometimes**..... > Check Box "Chronic-Limitation" on Profile Sheet
- 2 **Yes, often or always**..... > Check Box "Chronic-

Limitation” on Profile Sheet

- 3 No..... > **Go to P2p**
 - 8 Refusal..... > **Go to P2p**
 - 9 Don't Know..... > **Go to P2p**
-

P2p. Does fetal alcohol syndrome reduce the amount or the kind of activities (....) can do?

- 1 **Yes, sometimes**..... > Check Box “Chronic-Limitation” on Profile Sheet
 - 2 **Yes, often or always**..... > Check Box “Chronic-Limitation” on Profile Sheet
 - 3 **No**..... > **Go to P2q**
 - 8 **Refusal**..... > **Go to P2q**
 - 9 **Don't Know**..... > **Go to P2q**
-

P2q. Does attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD) reduce the amount or the kind of activities (....) can do?

- 1 **Yes, sometimes**..... > Check Box “Chronic-Limitation” on Profile Sheet
 - 2 **Yes, often or always**..... > Check Box “Chronic-Limitation” on Profile Sheet
 - 3 **No**..... > **Go to P2r**
 - 8 **Refusal**..... > **Go to P2r**
 - 9 **Don't Know**..... > **Go to P2r**
-

P2r. Does down syndrome reduce the amount or the kind of activities (....) can do?

- 1 **Yes, sometimes**..... > Check Box “Chronic-Limitation” on Profile

- 2 **Yes, often or always**..... > Check Box “Chronic-Limitation” on Profile Sheet
 - 3 **No**..... > **Go to P2s**
 - 8 **Refusal**..... > **Go to P2s**
 - 9 **Don’t Know**..... > **Go to P2s**
-

P2s. Does complex medical care needs reduce the amount or the kind of activities (....) can do?

- 1 **Yes, sometimes**..... > Check Box “Chronic-Limitation” on Profile Sheet
 - 2 **Yes, often or always**..... > Check Box “Chronic-Limitation” on Profile Sheet
 - 3 **No**..... > **Go to P2t**
 - 8 **Refusal**..... > **Go to P2t**
 - 9 **Don’t Know**..... > **Go to P2t**
-

P2t. Does (write-in) reduce the amount or the kind of activities (....) can do?

- 1 **Yes, sometimes**..... > Check Box “Chronic-Limitation” on Profile Sheet
 - 2 **Yes, often or always**..... > Check Box “Chronic-Limitation” on Profile Sheet
 - 3 **No**..... > **Go to R**
 - 8 **Refusal**..... > **Go to R**
 - 9 **Don’t Know**..... > **Go to R**
-

P3i. How many activities does this (do these) condition(s) usually prevent (....) from doing:

at home?

- 1 None.....
- 2 A few.....
- 3 Many.....
- 4 Most.....
- Don't Know.....
- Refusal.....

P3ii. How many activities does this (do these) condition(s) usually prevent (....) from doing:

at school?

- 1 None.....
- 2 A few.....
- 3 Many.....
- 4 Most.....
- Don't Know.....
- Refusal.....

P3iii. How many activities does this (do these) condition(s) usually prevent (....) from doing:

at play or recreational activities?

- 1 None.....
- 2 A few.....
- 3 Many.....
- 4 Most.....
- Don't Know.....
- Refusal.....

Section Q – False Positive

**** If there are no limitations marked on the Profile sheet then proceed; Else skip to Module R (p 204)****

Q1. Does (....) have any physical, mental or health condition that you feel causes (him/her) difficulty, limits (his/her) activities or restricts (his/her) participation in daily life that we have not mentioned yet?

- 1 Yes.....

- 2 No..... > Got to Q5
- 9 Don't know..... > Got to Q5
- 8 Refusal..... > Got to Q5

Q2. What is the main physical, mental or health condition which causes (....) difficulty, limits (his/her) activities or restricts (his/her) participation in daily life?

Maximum of 3. Only one condition per text box.

- Specify #1 []
- Specify #2 []
- Specify #3 []
- Don't know..... > Go to Q4
- Refusal..... > Go to Q4

Interviewer: Ask Q3a-c for conditions mentioned in Q2

Q3a. How often does (specify # 1) cause (....) difficulty, limit (his/her) activities or restrict (his/her) participation in daily life?

- 1 Sometimes or periodically.....
- 2 Often or always.....
- Don't know.....
- Refusal.....

Q3b. How often does (specify # 2) cause (....) difficulty, limit (his/her) activities or restrict (his/her) participation in daily life?

- 1 Sometimes or periodically.....
- 2 Often or always.....
- Don't know.....
- Refusal.....

Q3c. How often does (specify # 3) cause (....) difficulty, limit (his/her) activities or restrict (his/her) participation in daily life?

- 1 Sometimes or periodically.....
- 2 Often or always.....
- Don't know.....
- Refusal.....

Q4. Which types of activities does (...) find difficult most often?

Interviewer: Accept up to 5 responses. Only one activity per text box.

- Specify #1 []
- Specify #2 []
- Specify #3 []
- Specify #4 []
- Specify #5 []
- Don't know.....
- Refusal.....

Interviewer: Proceed to Section AAA – Health Utility Index Module (p 325)

Q5. Thinking back to the 2006, which was last May 16th, did (...) have any physical, mental or health condition that caused (him/her) difficulty, limited (his/her) activities or restricted (his/her) participation in daily life?

- 1 Yes.....
 - 2 No..... > **Go to Q12**
 - 9 Don't know..... > **Go to Q12**
 - 8 Refusal..... > **Go to Q12**
-

Q6. At the time of the Census (last May 16th), what was the main physical, mental, or health condition which caused (...) difficulty, limited (his/her) activities or restricted (his/her) participation in daily life?

Interviewer: Maximum of 3. Only one condition per text box.

- Specify #1 []
 - Specify #2 []
 - Specify #3 []
 - Don't know..... > **Go to Q8**
 - Refusal..... > **Go to Q8**
-

Interviewer: Ask Q7a-c for conditions mentioned in Q6

Q7a. At the time of the Census (last May 16th), how often did (specify # 1) cause (...) difficulty, limit (his/her) activities or restrict (his/her) participation in daily life?

- 1 **Sometimes or periodically**.....
 - 2 **Often or always**.....
 - Don't know.....
 - Refusal.....
-

Q7b. At the time of the Census (last May 16th), how often did (specify # 2) cause (....) difficulty, limit (his/her) activities or restrict (his/her) participation in daily life?

- 1 Sometimes or periodically.....
- 2 Often or always.....
- Don't know.....
- Refusal.....

Q7c. At the time of the Census (last May 16th), how often did (specify # 3) cause (....) difficulty, limit (his/her) activities or restrict (his/her) participation in daily life?

- 1 Sometimes or periodically.....
- 2 Often or always.....
- Don't know.....
- Refusal.....

Q8. Which types of activities did (....) find difficult most often?

Interviewer: Accept up to 5 responses. Only one activity per text box.

- Specify #1 []
- Specify #2 []
- Specify #3 []
- Specify #4 []
- Specify #5 []
- Don't know.....
- Refusal.....

Q9. Has (....'s) physical, mental or health condition changed since last May?

- 1 Yes.....
- 2 No..... > **Go to Q11**
- 9 Don't know..... > **Go to Q11**
- 8 Refusal..... > **Go to Q11**

Q10. How did the condition that (....) had last May change so that he/she does not have any difficulties, activity limitations or participation restrictions anymore?

Interviewer: Mark all that apply.

- 1 Condition completely cured or healed.....
- 2 Condition stabilized.....
- 3 He/She outgrew the condition.....
- 4 Learned to live with the difficulty or limitation.....
- 5 Use aids.....
- 6 Other.....



Other, Please Specify:

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

Interviewer: Proceed to Section AAA – Health Utility Index Module 2 (p 325)

Q11. Since (...)'s physical, mental or health condition hasn't changed since the last Census (last May 16th), is there any reason why (...) is no longer reporting the difficulty, activity limitation or participation restriction that was reported last May?

Interviewer: Mark all that apply.

- 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.....

Interviewer: Proceed to Section AAA – Health Utility Index Module (p 325)

Q12. At the time of the Census (last May 16th), did (...) have a short term injury or illness from which (he/she) has since recovered?

- 1 Yes.....
- 2 No..... > **Go to Q14**
- 9 Don't know..... > **Go to Q14**
- 8 Refusal..... > **Go to Q14**

Q13. What was the short-term injury or illness?

[_____] > **Go to AAA (p323)**
Don't know.....
Refusal.....

Q14. The Census (last May 16th) indicates (....) had an activity limitation or participation restriction. Do you know why an activity limitation or participation restriction was reported for (....)?

Mark all that apply.

- 1 Condition is or was very mild.....
- 2 The person who completed the Census thinks (....) is limited.....
- 3 It was an error.....
- 4 Other.....

↓

Other, Please Specify:

None Selected.....
Don't know.....
Refusal.....

Interviewer: Proceed to Section AAA – Health Utility Index Module (p 323)

Section R – Main Condition

****Interviewer: If disability is indicated on the Profile Sheet proceed; Else skip to Section YY (p 320)****

R1a. You mentioned earlier that because of a physical condition, mental condition or health problem (....) has difficulties or activity limitations. How old was (....) when you suspected that (he/she) had a long-term condition or health problem?

Interviewer: If child is under 2 years please leave year blank and record age in months. If condition existed at birth enter "0" in the "months".

[_____] (2-14) Years
Don't know.....
Refusal.....

R1b. You mentioned earlier that because of a physical condition, mental condition or health problem (....) has difficulties or activity limitations.
How old was (....) when you suspected that (he/she) had a long-term condition or health problem?

Interviewer: If child is under 2 years please leave year blank and record age in months. If condition existed at birth enter "0" in the "months".

[.....] (0-23) Months
 Don't know.....
 Refusal.....

R2. We've been discussing various limitations as well as chronic conditions that children may face. Now, I'd like to ask you about the medical conditions that may contribute to the difficulties you have mentioned.

What are the main medical conditions that cause (....) the most difficulty or limit (his/her) activities?

Interviewer: Maximum of 3. Only one condition per text box.

Specify #1 [.....]
 Specify #2 [.....]
 Specify #3 [.....]
 Don't know..... > Go to S
 Refusal..... > Go to S

Interviewer: Ask R31-c for the conditions mentioned in R2

R3a. Which one of the following best describes the cause of (his/her) (specify # 1)

- 1 Existed at birth/congenital.....
- 2 Premature birth or accident at birth.....
- 3 A disease or illness
- 4 Accident at home or at school.....
- 5 Motor vehicle accident.....
- 6 Other.....



Other, Please Specify:

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

R3b. Which one of the following best describes the cause of (his/her) (specify # 2)

- 1 Existed at birth/congenital.....
- 2 Premature birth or accident at birth.....
- 3 A disease or illness
- 4 Accident at home or at school.....
- 5 Motor vehicle accident.....
- 6 Other.....

↓

Other, Please Specify:

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

R3a. Which one of the following best describes the cause of (his/her) (specify # 3)

- 1 Existed at birth/congenital.....
- 2 Premature birth or accident at birth.....
- 3 A disease or illness
- 4 Accident at home or at school.....
- 5 Motor vehicle accident.....
- 6 Other.....

↓

Other, Please Specify:

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

Section S – Diagnostic Questions

****Interviewer: If disability was indicated on the Profile Sheet proceed; Else skip to Section AAA (p 323)****

S1. Did you get a diagnosis for (...'s) condition(s) or health problem(s)?

- 1 Yes.....
- 2 No..... > Got to T (p 209)
- 9 Don't know..... > Got to T (p 209)
- 8 Refusal..... > Got to T (p 209)

S2. How old was (....) when you obtained a diagnosis for (his/her) condition(s) or health problem(s)?

Interviewer: If age is less than 1 year, enter 0.

[] (Range 0-14) Years
Don't know
Refusal

S3a. Did you experience any of the following situations when you were trying to obtain a diagnosis for (....'s) condition(s) or health problem(s)?

Doctor or health professional took a wait and see approach

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

S3b. Did you experience any of the following situations when you were trying to obtain a diagnosis for (....'s) condition(s) or health problem(s)?

Long waiting period to get the diagnosis

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

S3c. Did you experience any of the following situations when you were trying to obtain a diagnosis for (....'s) condition(s) or health problem(s)?

Difficulty getting referrals or appointments

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

S3d. Did you experience any of the following situations when you were trying to obtain a diagnosis for (....'s) condition(s) or health problem(s)?

Doctor or health professional not available locally

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

S3e. Did you experience any of the following situations when you were trying to obtain a diagnosis for (....'s) condition(s) or health problem(s)?

Too expensive

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

S3f. Did you experience any of the following situations when you were trying to obtain a diagnosis for (....'s) condition(s) or health problem(s)?

Did not know where to get the diagnosis

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

S3g. Did you experience any of the following situations when you were trying to obtain a diagnosis for (....'s) condition(s) or health problem(s)?

Health professional not familiar with condition

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

S3h. Did you experience any of the following situations when you were trying to obtain a diagnosis for (....'s) condition(s) or health problem(s)?

Other

1 Yes.....



Other, Please Specify:

2 No.....

9 Don't know.....

8 Refusal.....

Section T – General Health Questions

****Interviewer: If disability was indicated on the Profile Sheet proceed; Else skip to Section YY (p 320)****

T1. How would you describe (....'s) general health? would you say that (his/her) health is:

1 **excellent?**.....

2 **very good?**.....

3 **good?**.....

4 **fair?**.....

5 **poor?**.....

Don't know

Refusal.....

Section U - Medications and Drugs Questions

****Interviewer: If disability was indicated on the Profile Sheet proceed; Else skip to Section YY (p 320)****

U. The next questions are about the use of doctor recommended medications or drugs.

U1. Does (....) use any prescription or non-prescription medications on a regular basis, that is, at least once a week?

1 Yes.....

2 No..... > **Go to U7**

9 Don't know..... > **Go to U7**

8 Refusal..... > **Go to U7**

U2. How many kinds of prescription medications does (he/she) take everyday?

- 1 None.....
- 2 1-3 kinds.....
- 3 4 kinds or more.....
- Don't know.....
- Refusal.....

U3. How many kinds of non-prescription medications does (he/she) take everyday?

- 1 None.....
- 2 1-3 kinds.....
- 3 4 kinds or more.....
- Don't know.....
- Refusal.....

U4. Does (....) use any medications 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 medications does (....) take (regularly, but not daily)?

- 1 None.....
- 2 1-3 kinds.....
- 3 4 kinds or more.....
- Don't know.....
- Refusal.....

U6. How many kinds of non-prescription medications does (he/she) take (regularly, but not daily)?

- 1 None.....
- 2 1-3 kinds.....
- 3 4 kinds or more.....
- Don't know.....

Refusal.....

U7. In the past 12 months, did you or your family have any out-of-pocket expenses, that are not reimbursed by any sources, for (...'s) prescription or non-prescription medications?

- 1 Yes.....
 - 2 No..... > **Go to U10**
 - 9 Don't know..... > **Go to U10**
 - 8 Refusal..... > **Go to U10**
-

U9. Which one of the following expense groups is the best estimate of the direct costs to you or your family? I will read you a list.

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

U10. Because of a condition or health problem, does (...) currently need any prescription or non-prescription medications on a regular basis, which (he/she) does not have?

- 1 Yes.....
 - 2 No..... > **Go to V (p 213)**
 - 9 Don't know..... > **Go to V (p 213)**
 - 8 Refusal..... > **Go to V (p 213)**
-

U11a. Why doesn't (...) have these medications? I will read you a list. Please answer yes or no to each.

Not covered by insurance

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

U11b. Why doesn't (....) have these medications? I will read you a list. Please answer yes or no to each.

Too expensive

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

U11c. Why doesn't (....) have these medications? I will read you a list. Please answer yes or no to each.

Not approved or recommended by health professionals

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

U11d. Why doesn't (....) have these medications? I will read you a list. Please answer yes or no to each.

Side effects

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

U11e. Why doesn't (....) have these medications? I will read you a list. Please answer yes or no to each.

Other reason

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

Section V – Other Aids and Equipment

****If (....'s) date of birth is on or before May 16 2001 and a disability was indicated on the Profile Sheet then proceed; Else skip to Section W (p 229)****

V1. Because of a condition or health problem, does (....) use any aids or specialized equipment that you have not already mentioned?

1 Yes.....

2 No.....

9 Don't know.....

8 Refusal.....

> **If “Use Aid” is checked of on Profile Sheet then go to V11 (p 226); Else go to V14 (p 227)**

> **If “Use Aid” is checked of on Profile Sheet then go to V11; Else go to V14**

> **If “Use Aid” is checked of on Profile Sheet then go to V11; Else go to V14**

V2a. Does (he/she) now use ... respiratory aids (e.g., innalers, puffers, oxygen)?

1 Yes.....

2 No.....

9 Don't know.....

8 Refusal.....

V2b. Does (he/she) now use... pain management aids (e.g., a TENS machine)?

1 Yes.....

2 No.....

9 Don't know.....

8 Refusal.....

V2c. Does (he/she) now use...

blood glucose monitor, needles, other diabetic aids?

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

**V2d. Does (he/she) now use...
abdominal, back or neck support (e.g., ergonomic cushion, support belt)?**

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

**V2e. Does (he/she) now use...
another aid or other specialized equipment?**

- 1 Yes.....

↓
Other, Please Specify:

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

Interviewer: Ask V 3-10 a-e for aids selected in V2 a-e

V3

(a) How often does (...) use (his/her) 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 Parent
 2 Family of (....).....
 3 Health care system.....
 4 Government program.....
 5 Insurance company.....
 6 Non-profit organization.....
 7 It does not belong to (....) (i.e. belongs to employers, friends / family,
 public property, etc.....
 8 Other.....

↓
 Other, Please Specify:

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

V4a

(a) Are you making any kind of payment for (his/her) respiratory aids (e.g., inhalers, puffers, oxygen), for example to rent or finance this item?

- 1 Yes
 2 No..... > **If V4=7 then go to V3b; else continue**
 3 Don't know..... > **If V4=7 then go to V3b; else continue**
 8 Refusal..... > **If V4=7 then go to V3b; else continue**

V5.

(a) How often does (his/her) 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.....
- Not applicable.....
- Don't know.....
- Refusal.....

V6.

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

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

V7.

(a) **How often does (....)'s respiratory aids (e.g., inhalers, puffers, oxygen) need 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 (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 (...'s) 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 (his/her) pain management aids (e.g., a TENS machine)?**

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

V3

(b) **How often does (...) use (his/her) 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 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓
 Other, Please Specify:

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

V4a

(b) Are you making any kind of payment for (his/her) pain management aids (e.g., a TENS machine), for example to rent or finance this item?

- 1 Yes
- 2 No..... > **If V4=7 then go to V3c; else continue**
- 9 Don't know..... > **If V4=7 then go to V3c; else continue**
- 8 Refusal..... > **If V4=7 then go to V3c; else continue**

V5.

(b) How often does (his/her) pain management aids (e.g., a TENS 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.....
- Not applicable.....
- Don't know.....
- Refusal.....

V6.

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

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

V7.

(b) How often does (....)'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 (...'s) pain management aids (e.g., a TENS machine)?

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



Other, Please Specify:

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

V10.

(b) How much difficulty will you have paying for a replacement for (his/her) pain management aids (e.g., a TENS machine)?

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

V3

(c) How often does (...) use (his/her) 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 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓

Other, Please Specify:

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

V4a

(c) Are you making any kind of payment for (his/her blood glucose monitor, needles, other diabetic aids, for example to rent or finance this item?

- 1 Yes
- 2 No..... > **If V4=7 then go to V3d; else continue**
- 9 Don't know..... > **If V4=7 then go to V3d; else continue**
- 8 Refusal..... > **If V4=7 then go to V3d; else continue**

V3

(d) How often does (....) use (his/her) abdominal, back or neck support (e.g., ergonomic cushion, support belt)?

- 1 Every day.....

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

V4.

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

- 1 Parent
- 2 Family of (....).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (....) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓

Other, Please Specify.

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

V4a

(d) Are you making any kind of payment for (his/her) abdominal, back or neck support (e.g., ergonomic cushion, support belt), for example to rent or finance this item?

- 1 Yes.....
- 2 No..... > **If V4=7 then go to V3e; else continue**
- 9 Don't know..... > **If V4=7 then go to V3e; else continue**

8 Refusal..... > **If V4=7 then go to V3e; else continue**

Interviewer: If service or replacement is applicable to this specific write-in then proceed to V5, else skip to V11.

V3

(e) **How often does (...) use (his/her) (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 Parent
- 2 Family of (...).....
- 3 Health care system.....
- 4 Government program.....
- 5 Insurance company.....
- 6 Non-profit organization.....
- 7 It does not belong to (...) (i.e. belongs to employers, friends / family, public property, etc.....
- 8 Other.....

↓

Other, Please Specify:

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

V4a

(e) **Are you making any kind of payment for (his/her) (write-in), for example to rent or finance this item?**

- 1 Yes.....
 - 2 No..... > **If V4=7 then go to V11; else continue**
 - 9 Don't know..... > **If V4=7 then go to V11; else continue**
 - 8 Refusal..... > **If V4=7 then go to V11; else continue**
-

V5.

(e) **How often does (his/her) (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.....
 - Not applicable.....
 - Don't know.....
 - Refusal.....
-

V6.

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

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

V7.

(e) **How often does (...)'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 (...'s) (write-in)?**

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

↓

Other, Please Specify:

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

V10.

(e) **How much difficulty will you have paying for a replacement for (his/her) (write-in)?**

- 1 **None**.....
- 2 **Slight**.....
- 3 **Moderate**.....
- 4 **Serious**.....
- 5 **Cannot afford**.....
- 6 Not applicable.....

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

***Interviewer: If (any) use aid is selected on the profile sheet or in V2a-e then proceed;
Else go to V14***

V11. I would now like you to think of all the aids and specialized equipment that (he/she) uses.

In the past 12 months, did you have any out-of-pocket or direct expenses for the purchase and maintenance of aids and specialized equipment?

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

- 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 direct costs or out-of-pocket to you in the past 12 months, for the purchase and maintenance of aids and specialized equipment?

- 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.....

V14. 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..... > **Skip to W (p 229)**
- 9 Don't know..... > **Skip to W (p 229)**
- 8 Refusal..... > **Skip to W (p 229)**

V15. Which aids does (he/she) need, but does not have?

Mark all that apply.

- 1 (a) Respiratory aids (e.g., inhalers, puffers, oxygen).....
- 2 (b) Pain management aids (e.g., a TENS machine).....
- 3 (c) Bath, shower, or toilet aids.....
- 8 (d) Other.....

↓

Other, Please Specify:

- 9 (e) None selected.....
- Don't know.....
- Refusal.....

V16. Now, I would like you to think about all the aids and specialized equipment (he/she) needs but does not have.

Why does (....) 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 **(....)'s condition is not serious enough**.....
- 4 **You do not know where or how to obtain it**.....
- 5 **It is not available**.....
- 6 **(....) is on a waiting list**.....
- 7 **You haven't looked into it yet**.....
- 8 **Another reason**.....

V17. Now, I would like you to think about all the aids or specialized equipment that (he/she) needs, but does not have.

Do you think that there is an impact on (....) because (he/she) does not have these aids?

- 1 Yes.....
- 2 No..... > **Go to W (p 229)**
- 9 Don't know..... > **Go to W (p 229)**
- 8 Refusal..... > **Go to W (p 229)**

V18a. What is the impact of not having these aids or specialized equipment? I will read you a list.

(....'s) participation in regular everyday activity is reduced?

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

V18b. What is the impact of not having these aids or specialized equipment? I will read you a list.

(....) is frustrated?

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

V18c. What is the impact of not having these aids or specialized equipment? I will read you a list.

(.... 's) self-esteem is affected?

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

V18d. What is the impact of not having these aids or specialized equipment? I will read you a list.

Other impact?

- 1 Yes.....

↓
Other, Please Specify:

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

Section W – Health Care Professionals Module

****Interviewer: If disability was indicated on the Profile Sheet proceed; Else skip to Section AAA (p 323)****

W. The next few questions are about your contact with health professionals because of (....'s) condition or health problem.

W1a. In the past 12 months, how often has (....) seen or received care from a: family doctor or general practitioner?

- 1 At least once a week.....
 - 2 At least once a month.....
 - 3 Less than once per moth.....
 - 4 Never.....
 - Don't Know.....
 - Refusal.....
-

W1b. In the past 12 months, how often has (....) seen or received care from a: Paediatrician?

- 1 At least once a week.....
 - 2 At least once a month.....
 - 3 Less than once per moth.....
 - 4 Never.....
 - Don't Know.....
 - Refusal.....
-

W1c. In the past 12 months, how often has (....) seen or received care from a:

Other specialist medical doctor (such as a cardiologist or neurologist)?

- 1 At least once a week.....
 - 2 At least once a month.....
 - 3 Less than once per moth.....
 - 4 Never.....
 - Don't Know.....
 - Refusal.....
-

W1d. In the past 12 months, how often has (....) seen or received care from a:
Social worker?

- 1 **At least once a week**.....
 - 2 **At least once a month**.....
 - 3 **Less than once per moth**.....
 - 4 **Never**.....
 - Don't Know.....
 - Refusal.....
-

W1e. In the past 12 months, how often has (....) seen or received care from a:
nurse?

- 1 **At least once a week**.....
 - 2 **At least once a month**.....
 - 3 **Less than once per moth**.....
 - 4 **Never**.....
 - Don't Know.....
 - Refusal.....
-

W1f. In the past 12 months, how often has (....) seen or received care from a:
speech therapist?

- 1 **At least once a week**.....
 - 2 **At least once a month**.....
 - 3 **Less than once per moth**.....
 - 4 **Never**.....
 - Don't Know.....
 - Refusal.....
-

W1g. In the past 12 months, how often has (....) seen or received care from a:
physiotherapist?

- 1 **At least once a week**.....
 - 2 **At least once a month**.....
 - 3 **Less than once per moth**.....
 - 4 **Never**.....
 - Don't Know.....
 - Refusal.....
-

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

- 1 At least once a week.....
- 2 At least once a month.....
- 3 Less than once per moth.....
- 4 Never.....
- Don't Know.....
- Refusal.....

W1i. In the past 12 months, how often has (....) seen or received care from a: **occupational therapist?**

- 1 At least once a week.....
- 2 At least once a month.....
- 3 Less than once per moth.....
- 4 Never.....
- Don't Know.....
- Refusal.....

W1j. In the past 12 months, how often has (....) seen or received care from a: **chiropractor?**

- 1 At least once a week.....
- 2 At least once a month.....
- 3 Less than once per moth.....
- 4 Never.....
- Don't Know.....
- Refusal.....

W1k. In the past 12 months, how often has (....) seen or received care from a: **other health professional**

- 1 At least once a week.....



Other, Please Specify:

- 2 At least once a month.....
- 3 Less than once per moth.....
- 4 Never.....
- Don't Know.....
- Refusal.....

Interviewer: If one or more of W1a-k is selected as 1 or 2 or 3 then continue; else go to X (p 232)

W2. In the past 12 months, did you or your family have any out-of-pocket expenses, that are not reimbursed by any sources, for the services that (....) received from health professionals?

- 1 Yes.....
- 2 No..... > **Go to X (p 232)**
- 9 Don't know..... > **Go to X (p 232)**
- 8 Refusal..... > **Go to X (p 232)**

W4. Which one of the following expense groups is the best estimate of the out-of-pocket or direct costs to you or your family? I will read you a list.

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

Section X - Other Needs Module

Interviewer: If disability was indicated on the Profile Sheet proceed; Else skip to Section AAA (p 323)

X1. In the past 12 months, was there ever a time when (....) needed health services because of (his/her) condition, but did not receive them?

- 1 Yes.....
- 2 No..... > **Go to Y (p 234)**
- 9 Don't know..... > **Go to Y (p 234)**
- 8 Refusal..... > **Go to Y (p 234)**

X2. What kind of health services did (he/she) need, but did not receive?
Mark all that apply.

- 1 Family doctor or family practitioner.....
- 2 Specialist medical doctor (such as a

- cardiologist, neurologist).....
- 3 Nurse for care.....
- 4 Speech therapist.....
- 5 Physiotherapist.....
- 6 Psychologist or psychotherapist.....
- 7 Chiropractor.....
- 8 Other, specify.....



Other, Please Specify:

- 9 None selected..... > **Go to Y (p 234)**
- Don't know..... > **Go to Y (p 234)**
- Refusal..... > **Go to Y (p 234)**

X3a. Why didn't (....) receive the health service that (he/she) needed? I will read you a list. Please answer yes or no to each.

Not covered by insurance

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

X3b. Why didn't (....) receive the health service that (he/she) needed? I will read you a list. Please answer yes or no to each.

Too expensive

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

X3c. Why didn't (....) receive the health service that (he/she) needed? I will read you a list. Please answer yes or no to each.

Not available locally

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

8 Refusal.....

X3d. Why didn't (....) receive the health service that (he/she) needed? I will read you a list. Please answer yes or no to each.

Long waiting period

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

X3e. Why didn't (....) receive the health service that (he/she) needed? I will read you a list. Please answer yes or no to each.

Other reason

- 1 Yes.....

↓

Other, Please Specify:

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

Section V -- Help with Personal Care Module

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

Y1. Does (....) usually receive help with personal care, such as bathing, toileting, dressing or feeding?

- 1 Yes.....
 - 2 No..... > Got to Z (p 235)
 - 9 Don't know..... > Got to Z (p 235)
 - 8 Refusal..... > Got to Z (p 235)
-

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

- 1 Yes.....
 - 2 No..... > Got to Z (p 235)
 - 9 Don't know..... > Got to Z (p 235)
 - 8 Refusal..... > Got to Z (p 235)
-

Y3. How much help does (he/she) need?

- 1 **Some help**.....
 - 2 **A lot of help**.....
 - Don't know.....
 - Refusal.....
-

Y4. Who provides most of the help to (....) for (his/her) personal care?

- 1 **Mostly the Mother**.....
- 2 **Mostly the Father**.....
- 3 **Both the Mother and the Father**.....
- 4 **Other family members**.....

↓
 Other, Please Specify:

- Don't Know.....
 - Refusal.....
-

Section Z - Help Moving About Module

****If (....)'s date of birth is on or before May 16 2001 and a disability was indicated on the Profile Sheet proceed; Else skip to Section AAA (p 323)****

Z1. Does (....) usually receive help with moving about inside (his/her) residence, such as moving from one room to another?

- 1 Yes.....
 - 2 No..... > Go to AA (p 236)
 - 9 Don't know..... > Go to AA (p 236)
 - 8 Refusal..... > Go to AA (p 236)
-

Z2. Is this because of (his/her) condition or health problem?

- 1 Yes.....

- 2 No..... > **Go to AA (p 236)**
- 9 Don't know..... > **Go to AA (p 236)**
- 8 Refusal..... > **Go to AA (p 236)**

Z3. How much help does (he/she) need?

- 1 **Some help**.....
- 2 **A lot of help**.....
- Don't know.....
- Refusal.....

Z4. Who provides most of the help to (...) for moving about inside (his/her) residence?

- 1 **Mostly the Mother**.....
- 2 **Mostly the Father**.....
- 3 **Both the Mother and the Father**.....
- 4 **Other family members**.....

↓

Other, Please Specify:

- Don't Know.....
- Refusal.....

Section AA - Additional Help Module

****Interviewer: If disability was indicated on the Profile Sheet proceed; Else skip to Section AAA (p 323)****

**AA1a. Because of (...'s) condition, do you currently need help or additional help with:
(his/her) personal care?**

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

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

moving (him/her) about inside (his/her) residence?

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

Interviewer: If AA1a= 1 or AA1b= 1 then go to AA2; Else skip to BB (p 239)

AA2. How many hours per week of help or additional help do you need?

- 1 **1-4 hours per week**.....
 - 2 **5-10 hours per week**.....
 - 3 **More than 10 hours per week**.....
 - Don't know
 - Refusal.....
-

AA3a. Why do you not receive this help? I will read you a list. Please answer yes or no to each.

It is too expensive

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

AA3b. Why do you not receive this help? I will read you a list. Please answer yes or no to each.

Help from family and friends is not available

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

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

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

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

AA3d. Why do you not receive this help? I will read you a list. Please answer yes or no to each.

Child is presently on a waiting list

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

AA3e. Why do you not receive this help? I will read you a list. Please answer yes or no to each.

Do not know where to look for help

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

AA3f. Why do you not receive this help? I will read you a list. Please answer yes or no to each.

Child's condition is not serious enough

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

AA3g. Why do you not receive this help? I will read you a list. Please answer yes or no to each.

You have not asked for help

- 1 Yes.....
- 2 No.....

- 9 Don't know.....
- 8 Refusal.....

AA3h. Why do you not receive this help? I will read you a list. Please answer yes or no to each.

Other

- 1 Yes.....



Other, Please Specify:

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

Section BB - Help with Housework, Responsibilities and Activities Module

****Interviewer: If disability was indicated on the Profile Sheet proceed; Else skip to Section AAA (p 323)****

BB. The next few questions are about the help you or your family may be receiving because of (...'s) condition or health problem. The help could be from family members, friends or from agencies or organizations.

BB1a. Because of (...'s) condition, do you usually receive help with the following?

Help with everyday housework, such as house cleaning or meal preparation

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

BB1b. Because of (...'s) condition, do you usually receive help with the following?

Help to allow you to attend to other family responsibilities

- 1 Yes.....

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

BB1c. Because of (....'s) condition, do you usually receive help with the following?

Help to allow you to take time off for personal activities

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

***Interviewer: If BB1a = 1 or BB1b = 1 or BB1c = 1 then proceed BB2a;
Else go to BB6a***

BB2a. Who usually provides you this help? I will read you a list. Please answer yes or no to each.

Family living with you

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

BB2b. Who usually provides you this help? I will read you a list. Please answer yes or no to each.

Family not living with you

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

BB2c. Who usually provides you this help? I will read you a list. Please answer yes or no to each.

Friends or neighbours

- 1 Yes.....

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

BB2d. Who usually provides you this help? I will read you a list. Please answer yes or no to each.

Government organization or agency

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

BB2e. Who usually provides you this help? I will read you a list. Please answer yes or no to each.

Private organization or agency

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

BB2f. Who usually provides you this help? I will read you a list. Please answer yes or no to each.

Voluntary organization or agency

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

BB2g. Who usually provides you this help? I will read you a list. Please answer yes or no to each.

Other

- 1 Yes.....
- ↓

Other, Please Specify:

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

BB3. You mentioned earlier that you usually receive help with everyday housework or help to allow you to attend to other family or personal activities. In the past 12 months, did you or your family have any out-of-pocket expenses (that are not reimbursed by any sources) for this help?

- 1 Yes.....
- 2 No..... > Go to BB6a
- 9 Don't know..... > Go to BB6a
- 8 Refusal..... > Go to BB6a

BB5. Which one of the following expense groups is the best estimate of the direct costs to you or your family? I will read you a list.

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

BB6a. Because of (....'s) condition, do you currently need help or additional help with the following?

Help with everyday housework, such as house cleaning or meal preparation

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

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

Help to allow you to attend to other family responsibilities

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

BB6c. Because of (....'s) condition, do you currently need help or additional help with the following?

Help to allow you to take time off for personal activities

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

Interviewer: If BB6a = 1 or BB6b = 1 or BB6c = 1 then proceed to EE7a; Else go to CC (p 245)

BB7a. Why do you not receive this help or additional help? I will read you a list. Please answer yes or no to each.

It is too expensive

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

BB7b. Why do you not receive this help or additional help? I will read you a list. Please answer yes or no to each.

Help from family and friends is not available

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

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

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

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

BB7d. Why do you not receive this help or additional help? I will read you a list. Please answer yes or no to each.

Child is presently on a waiting list

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

BB7e. Why do you not receive this help or additional help? I will read you a list. Please answer yes or no to each.

Do not know where to look for help

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

BB7f. Why do you not receive this help or additional help? I will read you a list. Please answer yes or no to each.

Child's condition is not serious enough

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

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

You have not asked for help

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

BB7h. Why do you not receive this help or additional help? I will read you a list. Please answer yes or no to each.

Other

- 1 Yes.....
- ↓
- Other, Please Specify:
- 2 No.....
 - 9 Don't know.....
 - 8 Refusal.....

Section CC - Help with Appointments Module

Interviewer: If disability was indicated on the Profile Sheet proceed; Else skip to Section AAA (p 323)

CC1. In the past 12 months, did you have any difficulty with coordinating the care of (...), for example, making appointments, phoning or visiting health professionals and specialists?

- 1 Yes.....
- 2 No..... > Go to DD (p 247)
- 9 Don't know..... > Go to DD (p 247)
- 8 Refusal..... > Go to DD (p 247)

CC2a. What kind of difficulty did you have? I will read you a list. Please answer yes or no to each.

Difficulty obtaining appointments

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

CC2b. What kind of difficulty did you have? I will read you a list. Please answer yes or no to each.

Health professional or specialist not available locally

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

CC2c. What kind of difficulty did you have? I will read you a list. Please answer yes or no to each.

A lack of communication between health professionals

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

CC2d. What kind of difficulty did you have? I will read you a list. Please answer yes or no to each.

Difficulty getting information

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

CC2e. What kind of difficulty did you have? I will read you a list. Please answer yes or no to each.

Your lack of time to coordinate the care

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

CC2f. What kind of difficulty did you have? I will read you a list. Please answer yes or no to each.

Work conflicts

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

CC2g. What kind of difficulty did you have? I will read you a list. Please answer yes or no to each.

Other

- 1 Yes.....

Other, Please Specify:

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

Section DD - Impact on the Parents Module

****Interviewer: If disability was indicated on the Profile Sheet and Proxy is a parent or guardian of (....) then continue; else skip to EE (p 254)****

DD. The next few questions are directed towards you and how your child's condition may have affected you and your family.

DD1. Compared to other people your age, how would you describe your usual state of health? Would you say it is...

INTERVIEWER: This question refers to long term health, i.e., a condition lasting or expected to last more than 6 months. If the respondent suffers from a temporary injury, ask about (his/her) usual condition.

- 1 **Excellent?**.....
- 2 **Very good?**.....
- 3 **Good?**.....

- 4 **Fair?**.....
- 5 **Poor?**.....
- Don't know.....
- Refusal.....

**DD2. How would you describe your satisfaction with life in general at present?
Would you say it is ...**

- 1 **Excellent?**.....
- 2 **Very good?**.....
- 3 **Good?**.....
- 4 **Fair?**.....
- 5 **Poor?**.....
- Don't know.....
- Refusal.....

DD2a. Thinking about the amount of stress in your life, would you say that most days are:

- 1 **...not at all stressful?**..... > **Go to DD3**
- 2 **...not very stressful?**..... > **Go to DD3**
- 3 **...a bit stressful?**.....
- 4 **...quite a bit stressful?**.....
- 5 **...extremely stressful?**.....
- Don't Know..... > **Go to DD3**
- Refusal..... > **Go to DD3**

DD2b. What is your main source of stress?

- 1 **Work**.....
- 2 **Financial concerns**.....
- 3 **Family**.....
- 4 **School work**.....
- 5 **Child's health**.....
- 6 **Other**.....



Other, Please Specify:

- Don't Know.....
- Refusal.....

DD3. Because of (...'s) condition or health problem, has anyone in your family ever...

Mark all that apply.

- 1 not taken a job in order to take care of (.....)?....
- 2 quit working (other than normal maternity or paternity leave)?.....
- 3 changed work hours to different times of day or night?.....
- 4 turned down a promotion or a better job?.....
- 5 worked fewer hours?.....
- 6 worked more hours?.....
- 7 lost a job?..... > Go to DD4
- 8 none selected..... > Go to DD4
- Don't know..... > Go to DD4
- Refusal..... > Go to DD4

DD3a. Who was most affected by these work-related issues?

- 1 Mostly the Mother.....
- 2 Mostly the Father.....
- 3 Both the Mother and the Father.....
- 4 Other family members.....

↓
Other, Please Specify

- Don't Know.....
- Refusal.....

DD4. During the past 12 months, has your family had financial problems because of (...'s) condition or health problem?

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

DD5. How often do you...

feel that because of the time you spend caring for (....) that you don't have enough time for yourself?

- 1 Rarely/Never.....
 - 2 Sometimes.....
 - 3 Often/Always.....
 - Don't know.....
 - Refusal.....
-

DD6. How often do you...

feel stressed between taking care of (....) and trying to meet other responsibilities for your family or work?

- 1 Rarely/Never.....
 - 2 Sometimes.....
 - 3 Often/Always.....
 - Don't know.....
 - Refusal.....
-

DD9. How often do you...

wish that someone else would help you with your responsibilities for (....)?

- 1 Rarely/Never.....
 - 2 Sometimes.....
 - 3 Often/Always.....
 - Don't know.....
 - Refusal.....
-

DD10. How often do you...

feel you should be doing more for (....)?

- 1 Rarely/Never.....
 - 2 Sometimes.....
 - 3 Often/Always.....
 - Don't know.....
 - Refusal.....
-

DD11. How often do you...

feel you could do a better job taking care of (....)?

- 1 Rarely/Never.....

- 2 Sometimes.....
- 3 Often/Always.....
- Don't know.....
- Refusal.....

DD12. Some things can help a family to cope better. I am going to read you a number of possible supports.

Is support available to you from...

your spouse, partner or child's parent (for example sharing of child care or emotional support)?

- 1 **Yes-fully**.....
- 2 **Yes-partially**.....
- 3 **No**.....
- Don't know.....
- Refusal.....

DD12a. Is support available to you from...

other family members? This might include practical help at home, respite care, financial assistance or emotional support.

- 1 **Yes-fully**.....
- 2 **Yes-partially**.....
- 3 **No**.....
- Don't know.....
- Refusal.....

DD12b. Is support available to you from...

professionals and from the community? This would include local and national support groups, help from the school and medical support from professionals.

- 1 **Yes-fully**.....
- 2 **Yes-partially**.....
- 3 **No**.....
- Don't know.....
- Refusal.....

DD14. Are you currently married or in a common-law relationship?

- 1 Yes.....
 - 2 No..... > **Go to DD15**
 - 9 Don't know..... > **Go to DD15**
 - 8 Refusal..... > **Go to DD15**
-

DD14a. How long have you been married or in this common-law relationship?

Interviewer: Enter response in years, If less than one year enter "0"

- [] number of years
- Don't know.....
- Refusal.....
-

DD15. Since (...'s) birth, have you ever been married or in a common-law relationship?

- 1 Yes..... > **Go to DD20**
 - 2 No..... > **Go to EE (p 254)**
 - 9 Don't know..... > **Go to EE (p 254)**
 - 8 Refusal..... > **Go to EE (p 254)**
-

DD16. How would you describe your relationship with your current spouse or partner?

- 1 Very good.....
 - 2 Good.....
 - 3 Fair.....
 - 4 Poor.....
 - 5 Very poor.....
 - Don't know.....
 - Refusal.....
-

DD17. What effect has (...'s) condition had on this relationship?

- 1 Brought couple closer together..... > **Go to DD19**
 - 2 Little or no effect..... > **Go to DD19**
 - 3 Caused some problems.....
 - 4 Cause major problems.....
 - Don't know.....
 - Refusal.....
-

DD18. What kind of problems has it caused?

Mark all that apply.

- 1 Stress or depression.....
- 2 Disagreements or arguments.....
- 3 Tiredness/lack of sleep.....
- 4 Financial difficulties.....
- 5 Problems at work.....
- 6 Domestic violence.....
- 7 Drug or alcohol problems.....
- 8 None selected.....
- Don't know.....
- Refusal.....

If DD14a= a higher value than Child's current age, then skip to EE; else proceed

DD19. Since (...'s) birth, were you in any other marriage or common-law relationship?

- 1 Yes.....
- 2 No..... > Go to EE (p 254)
- 9 Don't know..... > Go to EE (p 254)
- 8 Refusal..... > Go to EE (p 254)

DD20. Thinking of your previous partner or spouse, did (...'s) condition have an impact on this relationship?

Interviewer: If multiple previous relationships, ask about the most recent.

- 1 Yes.....
- 2 No..... > Go to EE (p 254)
- 9 Don't know..... > Go to EE (p 254)
- 8 Refusal..... > Go to EE (p 254)

DD21. What kind of problems did it cause?

Mark all that apply.

- 1 Stress or depression.....
- 2 Disagreements or arguments.....
- 3 Tiredness/lack of sleep.....
- 4 Financial difficulties.....
- 5 Problems at work.....
- 6 Domestic violence.....

- 7 Drug or alcohol problems.....
- 8 None selected.....
- Don't know.....
- Refusal.....

Section EE – Child Care Type Module

****Interviewer: If disability was indicated on the Profile Sheet proceed; Else skip to Section AAA (p 323)****

EE1. Now, I'd like to ask you some questions about child care arrangements for (....).

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

- 1 Yes..... > **Go to EE2**
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

EE1a. Would you like to use child care for your child?

- 1 Yes.....
- 2 No..... > **Go to EE1d**
- 9 Don't know..... > **Go to EE1d**
- 8 Refusal..... > **Go to EE1d**

EE1b. What kind of care would you prefer to use?

- 1 Care in someone else's home by a non-relative.....
- 2 Care in someone else's home by a relative.....
- 3 Care in child's home by a non-relative.....
- 4 Care in child's home by a relative other than child's brother or sister.....
- 5 Care in child's home by child's brother or sister.....
- 6 Daycare centre.....
- 7 Before and after school program.....
- 8 Nursery school/Preschool.....
- 9 Child cared by respondent or spouse.....
- 10 Other.....

↓

Other, Please Specify:

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

EE1c. Why are you not using your preferred form of child care?

Mark all that apply.

- 1 Cost for preferred arrangement is too high..... > **Go to FF (p 258)**
- 2 Preferred arrangement is not available in my community..... > **Go to FF (p 258)**
- 3 Preferred arrangement is not available to fit my schedule..... > **Go to FF (p 258)**
- 4 On a waiting list..... > **Go to FF (p 258)**
- 5 Transportation to/from the preferred arrangement is a problem..... > **Go to FF (p 258)**
- 6 No relatives in my community (if preferred arrangement is with relative)..... > **Go to FF (p 258)**
- 7 Can't afford to stay home (if preferred arrangement is child in own care)..... > **Go to FF (p 258)**
- 8 Preferred arrangement did not have places for children with special needs..... > **Go to FF (p 258)**
- Other..... > **Go to FF (p 258)**

↓

Other, Please Specify:

- Don't know..... > **Go to FF (p 258)**
- Refusal..... > **Go to FF (p 258)**

EE1D. Why are you not using child care?

Mark all that apply.

- 1 Cost for preferred arrangement is too high..... > **Go to FF (p 258)**
- 2 Preferred arrangement is not available in my community..... > **Go to FF (p 258)**
- 3 Preferred arrangement is not available to fit my schedule..... > **Go to FF (p 258)**
- 4 On a waiting list..... > **Go to FF (p 258)**
- 5 Transportation to/from the preferred arrangement is a problem..... > **Go to FF (p 258)**
- 6 No relatives in my community (if preferred

- arrangement is with relative)..... > **Go to FF (p 258)**
- 7 Can't afford to stay home (if preferred arrangement is child in own care)..... > **Go to FF (p 258)**
- 8 Preferred arrangement did not have places for children with special needs..... > **Go to FF (p 258)**
- Other..... > **Go to FF (p 258)**

↓

Other, Please Specify:

- Don't know..... > **Go to FF (p 258)**
- Refusal..... > **Go to FF (p 258)**

EE2. What is your main child care arrangement, that is the one used for the most number of hours?

- 1 Care in someone else's home by a non-relative.....
- 2 Care in someone else's home by a relative.....
- 3 Care in child's home by a non-relative.....
- 4 Care in child's home by a relative other than child's brother or sister.....
- 5 Care in child's home by child's brother or sister.....
- 6 Daycare centre (this does not include a home based daycare).....
- 7 Before and after school program.....
- 8 Nursery school/ Preschool.....
- 9 Other child care arrangement.....

↓

Other, Please Specify:

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

EE3. Approximately how many hours per week is that?

Interviewer: This is for the main child care arrangement only. Round to the nearest full hour.

- [] (Range 0 – 168)
- Don't know.....
 - Refusal.....

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

- 1 Close to home.....
- 2 Affordable.....
- 3 Hours fit my schedule.....
- 4 Was recommended by friend/relative.....
- 5 Only option available.....
- 6 Recommended by a health care professional.....
- Other.....



Other, Please Specify:

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

EE5. Is there anyone living in your household apart from you or your partner/spouse who takes care of (....) on a regular basis?

Interviewer: Do not include ad-hoc babysitting.

- 1 Yes.....
- 2 No..... > **Go to FF (p 258)**
- 9 Don't know..... > **Go to FF (p 258)**
- 8 Refusal..... > **Go to FF (p 258)**

EE6. Who is this person/these people living in your household who take care of (....) on a regular basis. Is it:

Mark all that apply.

- 1 **grandparent?**.....
- 2 **mother or sister?**.....
- 3 **other relative?**.....
- 4 **other non-relative, including a live-in nanny?.....**
- 5 None selected.....
- Don't know.....
- Refusal.....

Section FF – Child Care Satisfaction Module

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

FF1. How satisfied are you with the type of childcare you are currently using for (....)?

- 1 Very satisfied?.....
 - 2 Somewhat satisfied?.....
 - 3 Somewhat dissatisfied?.....
 - 4 Very dissatisfied?.....
 - Don't know.....
 - Refusal.....
-

FF2. Setting aside cost, do you feel you have enough choices to find the best childcare for (....)?

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

FF3. Has a child care program or service ever refused to take care of (....) because of (his/her) condition or health problem?

- 1 Yes.....
 - 2 No..... > **Go to FF4a**
 - 9 Don't know..... > **Go to FF4a**
 - 8 Refusal..... > **Go to FF4a**
-

FF3a. What type of child care programs or services refused to provide care to (....)? I will read you a list. Please answer yes or no to each.

Before and after school program?

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

FF3b. What type of child care programs or services refused to provide care to (....)? I will read you a list. Please answer yes or no to each.

Nursery school?

- 1 Yes.....

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

FF3c. What type of child care programs or services refused to provide care to (....)? I will read you a list. Please answer yes or no to each.

Day care centre?

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

FF3d. What type of child care programs or services refused to provide care to (....)? I will read you a list. Please answer yes or no to each.

Care in someone else's home?

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

FF3e. What type of child care programs or services refused to provide care to (....)? I will read you a list. Please answer yes or no to each.

Care in child's home?

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

FF3f. What type of child care programs or services refused to provide care to (....)? I will read you a list. Please answer yes or no to each.

Other?

- 1 Yes.....



Other, Please Specify:

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

FF4a. I'm going to read a list of things that people might consider when choosing a child care arrangement. Please think back to when you were selecting an arrangement for (....) and indicate to me how important each of the following criteria was to you.

...Caregiver characteristics (personality, experience etc.)

- 1 **Essential**.....
- 2 **Important**.....
- 3 **Not very important**.....
- Don't know.....
- Refusal.....

FF4b. Please think back to when you were selecting an arrangement for (....) and indicate to me how important each of the following criteria was to you.

...Training of caregiver (for example, formally trained in early childhood education)

- 1 **Essential**.....
- 2 **Important**.....
- 3 **Not very important**.....
- Don't know.....
- Refusal.....

FF4c. Please think back to when you were selecting an arrangement for (....) and indicate to me how important each of the following criteria was to you.

...Hours fit your schedule

- 1 **Essential**.....
- 2 **Important**.....
- 3 **Not very important**.....
- Don't know.....
- Refusal.....

FF4d. Please think back to when you were selecting an arrangement for (....) and indicate to me how important each of the following criteria was to you.

...A place close to your home or place of work

- 1 **Essential**.....
 - 2 **Important**.....
 - 3 **Not very important**.....
 - Don't know.....
 - Refusal.....
-

FF4e. Please think back to when you were selecting an arrangement for (....) and indicate to me how important each of the following criteria was to you.

...A reasonable cost

- 1 **Essential**.....
 - 2 **Important**.....
 - 3 **Not very important**.....
 - Don't know.....
 - Refusal.....
-

FF4f. Please think back to when you were selecting an arrangement for (....) and indicate to me how important each of the following criteria was to you.

...A caregiver who speaks to (....) in your language of choice

- 1 **Essential**.....
 - 2 **Important**.....
 - 3 **Not very important**.....
 - Don't know.....
 - Refusal.....
-

FF4g. Please think back to when you were selecting an arrangement for (....) and indicate to me how important each of the following criteria was to you.

...Ability to address (....'s) special needs (for example, special mobility issues, a visual impairment, hearing impairment, intellectual impairment etc)

- 1 **Essential**.....
- 2 **Important**.....
- 3 **Not very important**.....

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

FF4h. Please think back to when you were selecting an arrangement for (....) and indicate to me how important each of the following criteria was to you.

...A stimulating learning environment

- 1 **Essential**.....
- 2 **Important**.....
- 3 **Not very important**.....
- Don't know.....
- Refusal.....

FF5. Would you prefer to use a form of care for your child other than what you are now using?

- 1 Yes.....
- 2 No..... > **Go to FF8**
- 9 Don't know..... > **Go to FF8**
- 8 Refusal..... > **Go to FF8**

FF6. What kind of care would you prefer to use?

- 1 **Care in someone else's home by a non-relative**.....
- 2 **Care in someone else's home by a relative**.....
- 3 **Care in child's home by a non-relative**.....
- 4 **Care in child's home by a relative other than child's brother or sister**.....
- 5 **Care in child's home by child's brother or sister**.....
- 6 **Daycare centre (this does not include a home based daycare)**.....
- 7 **Before and after school program**.....
- 8 **Nursery school/ Preschool**.....
- 9 **Other child care arrangement**.....

↓

Other, Please Specify:

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

FF7. Why are you not using your preferred form of child care?

- 1 Cost for preferred arrangement is too high.....
- 2 Preferred arrangement is not available in my community.....
- 3 Preferred arrangement is not available to fit my schedule.....
- 4 On a waiting list.....
- 5 Transportation to/from the preferred arrangement is a problem.....
- 6 No relatives in my community (if preferred arrangement is with relative).....
- 7 Can't afford to stay home (if preferred arrangement is child in own care).....
- 8 Preferred arrangement did not have places for children with special needs.....
- Other.....

↓
Other, Please Specify:

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

FF8. Do you receive any financial assistance or subsidies for your child care expenses?

Interviewer: Child care expense deduction should not be included here.

- 1 Yes..... > **Go to GG (p 264)**
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

FF9. Does (....) qualify for subsidized childcare?

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

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

- 1 No subsidized spaces available.....
- 2 Don't like the childcare centre where subsidy is available.....
- 3 Can't afford the fees even with the subsidy...
- 4 Other.....

↓

Other, Please Specify:

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

Section GG – General Education Module

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

GG. The next few questions are about education.

GG1. In April 2006 was (....) ...

- 1 going to school or kindergarten?..... > Go to GG6
- 2 being tutored at home through the school system?.....
- 3 neither of the above (neither going to school or being tutored at home)..... > Go to GG3a
- Don't know..... > Go to GG4
- Refusal..... > Go to GG4

GG2a. Why was (....) being tutored at home through the school system? I will read you a list. Please answer yes or no to each.

Personal care such as feeding and toileting needed, but not available at school

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

GG2b. Why was (....) being tutored at home through the school system? I will read you a list. Please answer yes or no to each.

Teacher's aides or special education classes not available in regular school

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

GG2c. Why was (....) being tutored at home through the school system? I will read you a list. Please answer yes or no to each.

Special education school not available locally

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

GG2d. Why was (....) being tutored at home through the school system? I will read you a list. Please answer yes or no to each.

(....'s) condition or health problem prevented (him/her) from going to school

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

GG2e. Why was (....) being tutored at home through the school system? I will read you a list. Please answer yes or no to each.

Parents preferred home tutoring for (....)

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

GG2f. Why was (....) being tutored at home through the school system? I will read you a list. Please answer yes or no to each.

Other reason

1 Yes..... > **Go to GG4**



Other, Please Specify:

2 No..... > **Go to GG4**

9 Don't know..... > **Go to GG4**

8 Refusal..... > **Go to GG4**

GG3a. Why was (....) not attending school in April 2006? I will read you a list. Please answer yes or no to each.

Personal care such as feeding and toileting needed, but not available at school

1 Yes.....

2 No.....

9 Don't know.....

8 Refusal.....

GG3b. Why was (....) not attending school in April 2006? I will read you a list. Please answer yes or no to each.

Teacher's aides or special education classes not available in regular school

1 Yes.....

2 No.....

9 Don't know.....

8 Refusal.....

GG3c. Why was (....) not attending school in April 2006? I will read you a list. Please answer yes or no to each.

Special education school not available locally

1 Yes.....

2 No.....

9 Don't know.....

8 Refusal.....

GG3d. Why was (....) not attending school in April 2006? I will read you a list.
Please answer yes or no to each.

(....'s) condition or health problem prevented (him/her) from going to school

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

GG3e. Why was (....) not attending school in April 2006? I will read you a list.
Please answer yes or no to each.

(....) is not ready or too young to attend school

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

GG3f. Why was (....) not attending school in April 2006? I will read you a list.
Please answer yes or no to each.

Other reason

- 1 Yes.....

↓
Other, Please Specify:

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

GG4. Did (....) ever go to school?

- 1 Yes..... > **Go to GG7**
 - 2 No.....
 - 9 Don't know..... > **Go to HH (269)**
 - 8 Refusal..... > **Go to HH (269)**
-

GG5. Why did (....) never attend school?

Mark all that apply.

- 1 Personal care such as feeding and toileting needed, but not available at school.....
- 2 Teacher's aid or special education classes not available in regular school.....
- 3 Special education school not available locally.....
- 4 Child's condition or health problem prevented (him/her) from going to school.....
- 5 Child not ready or too young to go to school.....
- 6 Other reason.....

↓

Other, Please Specify:

- None selected.....
- Don't know.....
- Refusal.....

Interviewer: Skip to HH (p 269)

GG6. In April 2006, what type of school was (....) attending?

- 1 **Special Education school**..... > **Go to HH**
- 2 **Regular school**.....
- 3 **Regular school with special education classes**.....
- 4 **Other**.....

↓

Other, Please Specify:

- Don't know..... > **Go to GG8**
 - Refusal..... > **Go to GG8**
-

GG7. At this school, what type of classes was (....) attending?

- 1 **Only regular classes**.....
- 2 **Some regular classes and some special education classes**.....
- 3 **Only special education classes**.....
- Don't know.....

Refusal.....

GG8. Do you think (....) requires special education services?

- 1 Yes.....
2 No..... > Go to II (p 274)
9 Don't know..... > Go to II (p 274)
8 Refusal..... > Go to II (p 274)

Section HH – Special Education Module

****Interviewer: If (....'s) date of birth is on or before May 16 2001 and has ever attended school (GG1= 1 or GG4 = 1) and a disability was indicated on the Profile Sheet then proceed; Else skip to Section II (p 274)****

HH1. Did (....) ever attend a special education school?

- 1 Yes..... > **If GG7=1 then go to HH4; If GG1= 8 or 9 then go to HH3a; Else proceed to HH2**
2 No..... > **If GG7=1 then go to HH4; If GG1= 8 or 9 then go to HH3a; Else proceed to HH2**
9 Don't know..... > **If GG7=1 then go to HH4; If GG1= 8 or 9 then go to HH3a; Else proceed to HH2**
8 Refusal..... > **If GG7=1 then go to HH4; If GG1= 8 or 9 then go to HH3a; Else proceed to HH2**

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

Mark all that apply.

- 1 Special education school no longer available locally.....
- 2 Child has moved into regular school.....
- 8 Other.....



Other, Please Specify:

- 9 None selected.....
- Don't know.....
- Refusal.....

HH3a. What is the main condition or health problem which required (....) to receive special education services? I will read you a list. Please answer yes or no to each.

Learning disabilities

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

HH3b. What is the main condition or health problem which required (....) to receive special education services? I will read you a list. Please answer yes or no to each.

Developmental disability or disorder

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

HH3c. What is the main condition or health problem which required (....) to receive special education services? I will read you a list. Please answer yes or no to each.

Speech or language difficulties

- 1 Yes.....
- 2 No.....

- 9 Don't know.....
- 8 Refusal.....

HH3d. What is the main condition or health problem which required (....) to receive special education services? I will read you a list. Please answer yes or no to each.

Emotional, psychological or behavioural conditions

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

HH3e. What is the main condition or health problem which required (....) to receive special education services? I will read you a list. Please answer yes or no to each.

Hearing difficulties, including deafness

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

HH3f. What is the main condition or health problem which required (....) to receive special education services? I will read you a list. Please answer yes or no to each.

Vision difficulties, including blindness

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

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

Difficulty with walking or moving around

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

HH3h. What is the main condition or health problem which required (....) to receive special education services? I will read you a list. Please answer yes or no to each.

Other condition

- 1 Yes.....

↓

Other, Please Specify:

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

HH4. Did you ever have any difficulty in trying to get special education services for (....)?

- 1 Yes.....
- 2 No..... > Go to II (p 274)
- 9 Don't know..... > Go to II (p 274)
- 8 Refusal..... > Go to II (p 274)

HH5a. What kind of difficulty did you have? I will read you a list. Please answer yes or no to each.

Special education services not available locally

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

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

Insufficient level of staffing or special education services

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

HH5c. What kind of difficulty did you have? I will read you a list. Please answer yes or no to each.

Communication problems with school

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

HH5d. What kind of difficulty did you have? I will read you a list. Please answer yes or no to each.

Difficulty to have (....) tested for special education services

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

HH5e. What kind of difficulty did you have? I will read you a list. Please answer yes or no to each.

Other difficulty

- 1 Yes.....

↓

Other, Please Specify:

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

Section II – Education Province Grade Module

****Interviewer: If **If (....'s) date of birth is on or before May 16 2001 and (....) has ever attended school (GG1= 1) and a disability was indicated on the Profile Sheet then proceed; Else skip to Section JJ (p 277)****

II1. In April 2006, in which province or territory did (....) attend school?
Mark one only

- 10 Newfoundland & Labrador..... > **Go to II2**
- 11 Prince Edward Island..... > **Go to II3**
- 12 Nova Scotia..... > **Go to II4**
- 13 New Brunswick..... > **Go to II7**
- 24 Quebec..... > **Go to II5**
- 35 Ontario..... > **Go to II6**
- 46 Manitoba..... > **Go to II7**
- 47 Saskatchewan..... > **Go to II7**
- 48 Alberta..... > **Go to II7**
- 59 British Columbia..... > **Go to II7**
- 60 Yukon Territory..... > **Go to II7**
- 61 Northwest Territories..... > **Go to II7**
- 62 Nunavut..... > **Go to II7**
- 77 Other..... > **Go to II7**

↓

Other, Please Specify:

- Don't Know..... > **Go to II7**
- Refusal..... > **Go to II7**

II2. In what grade was (....) enrolled in April 2006? (Newfoundland and Labrador)
Mark one only

- 01 Kindergarten..... > **Go to KK4 (p 280)**
- 02 Grade 1 Elementary..... > **Go to JJ1 (p 277)**
- 03 Grade 2 Elementary..... > **Go to JJ1**
- 04 Grade 3 Elementary..... > **Go to JJ1**
- 05 Grade 4 Elementary..... > **Go to JJ1**
- 06 Grade 5 Elementary..... > **Go to JJ1**
- 07 Grade 6 Elementary..... > **Go to JJ1**
- 08 Grade 7..... > **Go to JJ1**
- 09 Grade 8..... > **Go to JJ1**
- 10 Grade 9..... > **Go to JJ1**
- 11 Level 1 Secondary..... > **Go to JJ1**
- 12 Level 2 Secondary..... > **Go to JJ1**

- 13 Level 3 Secondary..... > **Go to JJ1**
 14 Ungraded..... > **Go to JJ1**
 Don't Know..... > **Go to JJ1**
 Refusal..... > **Go to JJ1**
-

II3. In what grade was (....) enrolled in April 2006? (Prince Edward Island)
Mark one only

- 01 Grade 1..... > **Go to JJ1 (p 277)**
 02 Grade 2..... > **Go to JJ1**
 03 Grade 3..... > **Go to JJ1**
 04 Grade 4..... > **Go to JJ1**
 05 Grade 5..... > **Go to JJ1**
 06 Grade 6..... > **Go to JJ1**
 07 Grade 7..... > **Go to JJ1**
 08 Grade 8..... > **Go to JJ1**
 09 Grade 9..... > **Go to JJ1**
 10 Grade 10..... > **Go to JJ1**
 11 Grade 11..... > **Go to JJ1**
 12 Grade 12..... > **Go to JJ1**
 13 Ungraded..... > **Go to JJ1**
 Don't Know..... > **Go to JJ1**
 Refusal..... > **Go to JJ1**
-

II4. In what grade was (....) enrolled in April 2006? (Nova Scotia)
Mark one only

- 01 Primary..... > **Go to KK4 (p 280)**
 02 Grade 1..... > **Go to JJ1 (p 277)**
 03 Grade 2..... > **Go to JJ1**
 04 Grade 3..... > **Go to JJ1**
 05 Grade 4..... > **Go to JJ1**
 06 Grade 5..... > **Go to JJ1**
 07 Grade 6..... > **Go to JJ1**
 08 Grade 7..... > **Go to JJ1**
 09 Grade 8..... > **Go to JJ1**
 10 Grade 9..... > **Go to JJ1**
 11 Grade 10..... > **Go to JJ1**
 12 Grade 11..... > **Go to JJ1**
 13 Grade 12..... > **Go to JJ1**
 14 Ungraded..... > **Go to JJ1**
 Don't Know..... > **Go to JJ1**
 Refusal..... > **Go to JJ1**
-

II5. In what grade was (....) enrolled in April 2006? (Quebec)

- | | | | |
|----|---------------------|--------------------------|---------------------|
| 01 | Junior Kindergarten | <input type="checkbox"/> | > Go to KK4 (p 280) |
| 02 | Kindergarten | <input type="checkbox"/> | > Go to KK4 |
| 03 | Grade 1..... | <input type="checkbox"/> | > Go to JJ1 (p 277) |
| 04 | Grade 2 | <input type="checkbox"/> | > Go to JJ1 |
| 05 | Grade 3..... | <input type="checkbox"/> | > Go to JJ1 |
| 06 | Grade 4..... | <input type="checkbox"/> | > Go to JJ1 |
| 07 | Grade 5..... | <input type="checkbox"/> | > Go to JJ1 |
| 08 | Grade 6..... | <input type="checkbox"/> | > Go to JJ1 |
| 09 | Secondary I..... | <input type="checkbox"/> | > Go to JJ1 |
| 10 | Secondary II..... | <input type="checkbox"/> | > Go to JJ1 |
| 11 | Secondary III..... | <input type="checkbox"/> | > Go to JJ1 |
| 12 | Secondary IV..... | <input type="checkbox"/> | > Go to JJ1 |
| 13 | Secondary V | <input type="checkbox"/> | > Go to JJ1 |
| 14 | Ungraded..... | <input type="checkbox"/> | > Go to JJ1 |
| | Don't Know..... | <input type="checkbox"/> | > Go to JJ1 |
| | Refusal..... | <input type="checkbox"/> | > Go to JJ1 |
-

II6. In what grade was (....) enrolled in April 2006? (Ontario)

Mark one only

- | | | | |
|----|---------------------|--------------------------|---------------------|
| 01 | Junior Kindergarten | <input type="checkbox"/> | > Go to KK4 (p 280) |
| 02 | Kindergarten | <input type="checkbox"/> | > Go to KK4 |
| 03 | Grade 1..... | <input type="checkbox"/> | > Go to JJ1 (p 277) |
| 04 | Grade 2 | <input type="checkbox"/> | > Go to JJ1 |
| 05 | Grade 3..... | <input type="checkbox"/> | > Go to JJ1 |
| 06 | Grade 4..... | <input type="checkbox"/> | > Go to JJ1 |
| 07 | Grade 5..... | <input type="checkbox"/> | > Go to JJ1 |
| 08 | Grade 6..... | <input type="checkbox"/> | > Go to JJ1 |
| 09 | Grade 7..... | <input type="checkbox"/> | > Go to JJ1 |
| 10 | Grade 8..... | <input type="checkbox"/> | > Go to JJ1 |
| 11 | Grade 9..... | <input type="checkbox"/> | > Go to JJ1 |
| 12 | Grade 10..... | <input type="checkbox"/> | > Go to JJ1 |
| 13 | Grade 11..... | <input type="checkbox"/> | > Go to JJ1 |
| 14 | Grade 12..... | <input type="checkbox"/> | > Go to JJ1 |
| 15 | Ungraded..... | <input type="checkbox"/> | > Go to JJ1 |
| | Don't Know..... | <input type="checkbox"/> | > Go to JJ1 |
| | Refusal..... | <input type="checkbox"/> | > Go to JJ1 |
-

II7. In what grade was (....) enrolled in April 2006?

Mark one only

- | | | | |
|----|-------------------|--------------------------|---------------------|
| 01 | Kindergarten..... | <input type="checkbox"/> | > Go to KK4 (p 280) |
|----|-------------------|--------------------------|---------------------|

02	Grade 1 Elementary.....	<input type="checkbox"/>	> Go to JJ1 (p 277)
03	Grade 2 Elementary.....	<input type="checkbox"/>	> Go to JJ1
04	Grade 3 Elementary.....	<input type="checkbox"/>	> Go to JJ1
05	Grade 4 Elementary.....	<input type="checkbox"/>	> Go to JJ1
06	Grade 5 Elementary.....	<input type="checkbox"/>	> Go to JJ1
07	Grade 6 Elementary.....	<input type="checkbox"/>	> Go to JJ1
08	Grade 7.....	<input type="checkbox"/>	> Go to JJ1
09	Grade 8.....	<input type="checkbox"/>	> Go to JJ1
10	Grade 9.....	<input type="checkbox"/>	> Go to JJ1
11	Grade 10.....	<input type="checkbox"/>	> Go to JJ1
12	Grade 11.....	<input type="checkbox"/>	> Go to JJ1
13	Grade 12.....	<input type="checkbox"/>	> Go to JJ1
14	Ungraded.....	<input type="checkbox"/>	> Go to JJ1
	Don't Know.....	<input type="checkbox"/>	> Go to JJ1
	Refusal.....	<input type="checkbox"/>	> Go to JJ1

Section JJ – Education Type Module

****Interviewer: **If (....'s) date of birth is on or before May 16 2001
and has ever attended school (GG1= 1) and a disability was indicated on the Profile
Sheet then proceed; Else skip to Section KK (p 278)****

**JJ1a. In April 2006, what type of education, training or therapy was (....)
receiving at school? I will read you a list. Please answer yes or no to each.**

Academic subjects

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

**JJ1b. In April 2006, what type of education, training or therapy was (....)
receiving at school? I will read you a list. Please answer yes or no to each.**

Life skills

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

JJ1c. In April 2006, what type of education, training or therapy was (....) receiving at school? I will read you a list. Please answer yes or no to each.

Speech and language therapy

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

JJ1d. In April 2006, what type of education, training or therapy was (....) receiving at school? I will read you a list. Please answer yes or no to each.

Mental health or counselling services

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

Section KK - Education Last School Year Module

****Interviewer: If (....) date of birth is on or before May 16 2001 and has ever attended school (CG1= 1) and a disability was indicated on the Profile Sheet then proceed; Else skip to Section LL (p 281)****

Interviewer: If II2 = 01 II04 = 01 or II5 = 01 or 02 or II6 = 01 or 02 and II7 = 01 then go to KK04a.

KK. The next few questions are about the last school year, that is to say, the one which finished in June 2006.

KK1. Based on your knowledge of (his/her) school work, including (his/her) report cards, how did (....) do during the last school year?

- 1 **Very well**.....
- 2 **Well**
- 3 **Average**.....
- 4 **Poorly**
- 5 **Very poorly**.....
- 6 Not applicable.....
- Don't know.....

Refusal.....

KK2. How often did you (or your spouse/partner) check (...'s) homework or provide help with (his/her) homework during the last school year?

- 1 Every day.....
 - 2 A few times a week.....
 - 3 At least once a week.....
 - 4 At least once a month.....
 - 5 Less than once a month.....
 - 6 Never or rarely.....
 - 7 Not applicable.....
 - Don't know.....
 - Refusal.....
-

KK3a. Because of a condition or health problem:

did (....) have to leave (his/her) neighbourhood or community to attend school?

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

KK3b. Because of a condition or health problem:

was (his/her) schooling interrupted for long periods of time?

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

KK3c. Because of a condition or health problem:

did (....) take fewer courses or academic subjects at school?

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

KK3d. Because of a condition or health problem:

did it take (....) longer to achieve (his/her) present level of education?

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

KK4a. Did a condition or health problem limit (....'s) participation in any of the following school activities during the last school year (which ended in June 2006)?

Taking part in physical education or organized games requiring physical activity

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

KK4b. Did a condition or health problem limit (....'s) participation in any of the following school activities during the last school year (which ended in June 2006)?

Playing with others during recess or lunch hour

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

KK4c. Did a condition or health problem limit (....'s) participation in any of the following school activities during the last school year (which ended in June 2006)?

Taking part in school outings, such as visits to a museum

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

8 Refusal.....

KK4d. Did a condition or health problem limit (...'s) participation in any of the following school activities during the last school year (which ended in June 2006)?

Classroom participation

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

Section LL – Education Aids

****Interviewer: **If (...'s) date of birth is on or before May 16 2001 and (...) has ever attended school (GG1= 1) and a disability was indicated on the Profile Sheet then proceed; Else skip to Section MM (p 289)****

LL. Please remember the questions are about the last school year, that is to say, the one which finished in June 2006.

LL1. Because of a condition or health problem, did (...) use any special building features or equipment, such as ramps or automatic door openers at school?

- 1 Yes.....
2 No..... > **Go to LL3**
9 Don't know..... > **Go to LL3**
8 Refusal..... > **Go to LL3**

LL

2a. Which kind of special features did (...) use at school? I will read you a list. Please answer yes or no to each.

Ramps or street level entrances

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

LL

2b. Which kind of special features did (....) use at school? I will read you a list.
Please answer yes or no to each.

Widened doorways or hallways

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

LL

2c. Which kind of special features did (....) use at school? I will read you a list.
Please answer yes or no to each.

Automatic or easy to open doors

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

LL

2d. Which kind of special features did (....) use at school? I will read you a list.
Please answer yes or no to each.

An elevator or lift device

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

LL

2e. Which kind of special features did (....) use at school? I will read you a list.
Please answer yes or no to each.

Special railings in washrooms

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

8 Refusal.....

LL

2f. Which kind of special features did (....) use at school? I will read you a list.
Please answer yes or no to each.

Other feature

1 Yes.....



Other, Please Specify:

2 No.....

9 Don't know.....

8 Refusal.....

LL3. Because of a condition or a health problem, did (....) need any special features or equipment, such as ramps or automatic door openers at school, which were not available?

1 Yes.....

2 No..... > Go to LL5a

9 Don't know..... > Go to LL5a

8 Refusal..... > Go to LL5a

LL4. What kind of special features or equipment did (he/she) need at school, but did not have?

Mark all that apply.

1 Ramps or street level entrances.....

2 Widened doorways or hallways.....

3 Automatic or easy to open doors.....

4 An elevator or lift device.....

5 Special railings in washrooms.....

6 Other feature.....



Other, Please Specify:

7 None selected.....

Don't Know.....

Refusal.....

LL

5a. During the last school year, did (....) use any assistive aids, devices or services at school? I will read you a list. Please answer yes or no to each.

Tutors or teacher's aides

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

LL

5b. During the last school year, did (....) use any assistive aids, devices or services at school? I will read you a list. Please answer yes or no to each.

Note takers or readers

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

LL

5c. During the last school year, did (....) use any assistive aids, devices or services at school? I will read you a list. Please answer yes or no to each.

Sign language interpreters

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

LL

5d. During the last school year, did (....) use any assistive aids, devices or services at school? I will read you a list. Please answer yes or no to each.

Attendant care services

- 1 Yes.....
- 2 No.....

- 9 Don't know.....
 - 8 Refusal.....
-

LL

5e. During the last school year, did (....) use any assistive aids, devices or services at school? I will read you a list. Please answer yes or no to each.

Amplifiers, such as FM or infrared

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

LL

5f. During the last school year, did (....) use any assistive aids, devices or services at school? I will read you a list. Please answer yes or no to each.

Talking books

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

LL

5g. During the last school year, did (....) use any assistive aids, devices or services at school? I will read you a list. Please answer yes or no to each.

Magnifiers

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

LL

5h. During the last school year, did (....) use any assistive aids, devices or services at school? I will read you a list. Please answer yes or no to each.

Recording equipment

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

LL

5i. During the last school year, did (....) use any assistive aids, devices or services at school? I will read you a list. Please answer yes or no to each.

A computer with Braille or speech access

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

LL

5j. During the last school year, did (....) use any assistive aids, devices or services at school? I will read you a list. Please answer yes or no to each.

Touch screen

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

LL

5k. During the last school year, did (....) use any assistive aids, devices or services at school? I will read you a list. Please answer yes or no to each.

Other aid or service

- 1 Yes.....



Other, Please Specify:

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

LL6. Were there any assistive aids, devices or services that (....) needed at school, but did not have?

- 1 Yes.....
 - 2 No..... > **Go to MM (p 289)**
 - 9 Don't know..... > **Go to MM (p 289)**
 - 8 Refusal..... > **Go to MM (p 289)**
-

LL7. What kind of assistive aids or services did (he/she) need at school, but did not have?

Mark all that apply.

- 01 Tutor's or teacher's aids.....
- 02 Note takers or readers.....
- 03 Sign language interpreters.....
- 04 Attendant care services.....
- 05 Amplifiers such as FM or infrared.....
- 06 Talking books.....
- 07 Magnifiers.....
- 08 Recording equipment.....
- 09 A computer with Braille or speech access....
- 10 Voice activated software/scanner/reader.....
- 11 Other aid or service.....

↓
Other, Please Specify:

- 12 None selected..... > **Go to MM (p 289)**
 - Don't know..... > **Go to MM (p 289)**
 - Refusal..... > **Go to MM (p 289)**
-

LL

8a. Why didn't (....) have these aids or services at school? I will read you a list. Please answer yes or no to each.

School funding cutbacks or lack of funding in the school system

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

LL

8b. Why didn't (....) have these aids or services at school? I will read you a list.
Please answer yes or no to each.

School did not think (....) needed assistive aids or services

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

LL

8c. Why didn't (....) have these aids or services at school? I will read you a list.
Please answer yes or no to each.

(....) did not want to use assistive aids or services

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

LL

8d. Why didn't (....) have these aids or services at school? I will read you a list.
Please answer yes or no to each.

Other reason

- 1 Yes.....

↓

Other, Please Specify:

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

Section MM - Education and School Participation Module

***Interviewer: **If (....'s) date of birth is on or before May 16 2001
and (....) has ever attended school (GG1= 1) and a disability was indicated on the
Profile Sheet then proceed; Else skip to Section NN (292)*****

MM

1a. During the last school year, have you (or your partner/spouse) done any of the following for (...)? I will read you a list. Please answer yes or no to each.

Spoken to, visited or corresponded with (...'s) teacher

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

MM

1b. During the last school year, have you (or your partner/spouse) done any of the following for (...)? I will read you a list. Please answer yes or no to each.

Attended a school event in which (...) participated, for example, a play, sports competition, or science fair

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

MM

1c. During the last school year, have you (or your partner/spouse) done any of the following for (...)? I will read you a list. Please answer yes or no to each.

Volunteered in (...'s) class or helped with a class trip

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

MM

1d. During the last school year, have you (or your partner/spouse) done any of the following for (...)? I will read you a list. Please answer yes or no to each.

Helped elsewhere in the school, such as in the library or computer room

- 1 Yes.....
- 2 No.....

- 9 Don't know.....
- 8 Refusal.....

NN

1e. During the last school year, have you (or your partner/spouse) done any of the following for (....)? I will read you a list. Please answer yes or no to each.

Attended a parent-school association, parent advisory committee or parent council meeting

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

MM

1f. During the last school year, have you (or your partner/spouse) done any of the following for (....)? I will read you a list. Please answer yes or no to each.

Attended a parent-school association, parent advisory committee or parent council meeting

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

MM

1g. During the last school year, have you (or your partner/spouse) done any of the following for (....)? I will read you a list. Please answer yes or no to each.

Other activity

- 1 Yes.....

↓

Other, Please Specify:

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

MM

2a. Do you strongly agree, agree, disagree, or strongly disagree with the following descriptions of the school that (....) attended during the last school year?

The school offered parents many opportunities to be involved in the school activities

- 1 Strongly agree.....
 - 2 Agree.....
 - 3 Disagree.....
 - 4 Strongly disagree.....
 - Don't know.....
 - Refusal.....
-

MM

2b. Do you strongly agree, agree, disagree, or strongly disagree with the following descriptions of the school that (....) attended during the last school year?

Parents were made to feel welcome in the school

- 1 Strongly agree.....
 - 2 Agree.....
 - 3 Disagree.....
 - 4 Strongly disagree.....
 - Don't know.....
 - Refusal.....
-

MM

2c. Do you strongly agree, agree, disagree, or strongly disagree with the following descriptions of the school that (....) attended during the last school year?

Overall, the school accommodated the child's condition or health problem

- 1 Strongly agree.....
 - 2 Agree.....
 - 3 Disagree.....
 - 4 Strongly disagree.....
 - Don't know.....
 - Refusal.....
-

MM3. With regard to how (he/she) feels about school, how often did (...) look forward to going to school during the last school year?

- 1 **Almost never**.....
- 2 **Rarely**.....
- 3 **Sometimes**
- 4 **Often**.....
- 5 **Almost always**
- Don't know.....
- Refusal.....

Section NN – Education Transportation Module

****Interviewer: If (...'s) date of birth is on or before May 16 2001 and has ever attended school (GG1= 1) and a disability was indicated on the Profile Sheet then proceed; Else skip to Section CC (p 293)****

NN1. During the last school year, what was the method of transportation (...) used most often to get to school?

- 1 **Was driven to school by the family motor vehicle**.....
- 2 **Schoolbus**..... > **Go to OO**
- 3 **Regular city bus**..... > **Go to OO**
- 4 **Specialized transportation services**..... > **Go to OO**
- 5 **Walked or biked to school**..... > **Go to OO**
- 6 **Other**..... > **Go to OO**

↓
 Other, Please Specify:

- Don't know..... > **Go to OO**
- Refusal..... > **Go to OO**

NN2. Was that because no other transportation was provided or available?

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

Section OO – Education Assessment Module

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

OO1. Has a professional assessment ever been done to determine (....'s) educational needs?

- 1 Yes.....
- 2 No..... > **Go to PP (p 294)**
- 9 Don't know..... > **Go to PP (p 294)**
- 8 Refusal..... > **Go to PP (p 294)**
-

OO2a. Who completed this assessment? I will read you a list. Please answer yes or no to each.

Psychologist or psychiatrist

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

OO2b. Who completed this assessment? I will read you a list. Please answer yes or no to each.

Social worker

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

OO2c. Who completed this assessment? I will read you a list. Please answer yes or no to each.

Special education consultant

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

8 Refusal.....

OO2d. Who completed this assessment? I will read you a list. Please answer yes or no to each.

Speech or language therapist

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

OO2e. Who completed this assessment? I will read you a list. Please answer yes or no to each.

Other professional or specialist

- 1 Yes.....

↓
Other, Please Specify:

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

Section PP – Social Skills Module

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

PP1. During the past six months, how well has (....) gotten along with other children, such as friends or classmates (excluding brothers or sisters)?

- 1 **Very well** (or any problems).....
- 2 **Quite well** (or hardly any problems).....
- 3 **Pretty well** (or occasional problems).....
- 4 **Not too well** (or frequent problems).....
- 5 **Not well at all** (or constant problems).....
- 6 Not applicable.....
- Don't know.....

Refusal.....

PP

2a. In the past 12 months, how many times did another child say something personal about (....) that made (him/her) extremely upset:

While at school or on a school bus?

- 1 Never.....
 - 2 Once or twice.....
 - 3 3 or 4 times.....
 - 4 5 times or more.....
-

PP

2b. In the past 12 months, how many times did another child say something personal about (....) that made (him/her) extremely upset:

While at home or elsewhere?

- 1 Never.....
 - 2 Once or twice.....
 - 3 3 or 4 times.....
 - 4 5 times or more.....
-

PP

3a. In the past 12 months, how many times did another child threaten to hurt (....) (but not actually hurt (him/her)):

While at school or on a school bus?

- 1 Never.....
 - 2 Once or twice.....
 - 3 3 or 4 times.....
 - 4 5 times or more.....
-

PP

3b. In the past 12 months, how many times did another child threaten to hurt (....) (but not actually hurt (him/her)):

While at home or elsewhere?

- 1 Never.....
- 2 Once or twice.....

- 3 3 or 4 times.....
- 4 5 times or more.....

PP

4a. In the past 12 months, how many times did another child physically attack or assault (....):

While at school or on a school bus?

- 1 Never.....
- 2 Once or twice.....
- 3 3 or 4 times.....
- 4 5 times or more.....

PP

4b. In the past 12 months, how many times did another child physically attack or assault (....):

While at home or elsewhere?

- 1 Never.....
- 2 Once or twice.....
- 3 3 or 4 times.....
- 4 5 times or more.....

**Section QQ - Leisure and Recreation Interest and Activities
Module**

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

QQ1. The next few questions are about (...'s) interests and activities.

In the last 12 months, outside of school hours, how often has (he/she):

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

- 1 Everyday.....
- 2 At least once a week.....
- 3 At least once a month.....
- 4 Less than once a month.....
- 5 Never..... > Go to QQ3

Don't know..... > Go to QQ3
Refusal..... > Go to QQ3

QQ2. Was this activity altered in any way to accommodate (....'s) condition?

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

QQ3. In the last 12 months, outside of school hours, how often has (he/she):

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

- 1 **Everyday**.....
 - 2 **At least once a week**.....
 - 3 **At least once a month**.....
 - 4 **Less than once a month**.....
 - 5 **Never**..... > Go to QQ5
 - Don't know..... > Go to QQ5
 - Refusal..... > Go to QQ5
-

QQ4. Was this activity altered in any way to accommodate (....'s) condition?

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

QQ5. In the last 12 months, outside of school hours, how often has (he/she):

...taken part in unorganized sports or physical activities without a coach or instructor?

- 1 **Everyday**.....
- 2 **At least once a week**.....
- 3 **At least once a month**.....
- 4 **Less than once a month**.....
- 5 **Never**..... > Go to QQ7
- Don't know..... > Go to QQ7
- Refusal..... > Go to QQ7

QQ6. Was this activity altered in any way to accommodate (....'s) condition?

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

QQ7. In the last 12 months, outside of school hours, how often has (he/she):

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

- 1 **Everyday**.....
- 2 **At least once a week**.....
- 3 **At least once a month**.....
- 4 **Less than once a month**.....
- 5 **Never**..... > **Go to QQ9**
- Don't know..... > **Go to QQ9**
- Refusal..... > **Go to QQ9**

QQ8. Was this activity altered in any way to accommodate (....'s) condition?

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

QQ9. In the last 12 months, outside of school hours, how often has (he/she):

... take part in clubs, groups or community programs, such as church groups, Girl or Boy Scouts?

- 1 **Everyday**.....
- 2 **At least once a week**.....
- 3 **At least once a month**.....
- 4 **Less than once a month**.....
- 5 **Never**..... > **Go to QQ11**
- Don't know..... > **Go to QQ11**
- Refusal..... > **Go to QQ11**

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

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

QQ11. Were there any specific activities that you would have liked (....) to participate in but the program was not adapted for (his/her) condition?

- 1 Yes.....

↓
 Other, Please Specify:

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

QQ

12a. How often does (he/she):

...watch T.V.?

- 1 **Everyday**.....
- 2 **At least once a week**.....
- 3 **At least once a month**.....
- 4 **Less than once a month**.....
- 5 **Never**.....
- Don't know.....
- Refusal.....

QQ

12b. How often does (he/she):

...play computer or video games?

- 1 **Everyday**.....
- 2 **At least once a week**.....
- 3 **At least once a month**.....
- 4 **Less than once a month**.....
- 5 **Never**.....
- Don't know.....
- Refusal.....

QQ

12c. How often does (he/she):

...talk on the phone with 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.....

QQ13. How often does (...) read by (himself/herself) for pleasure? Please do not include reading that is required for school.

- 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.....

QQ14. How often does (...) have books read to (him/her)? Please do not include reading that is required for school.

- 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.....

QQ16. Has (...) ever gone to summer camps (including regular or special camps)?

- 1 **Yes**.....
- 2 **No**..... > **Go to QQ18**
- 9 **Don't know**..... > **Go to QQ18**

8 Refusal..... > Go to QQ18

QQ17. Was this a camp for children with a health problem or condition?

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

QQ18. Because of a condition or health problem, is (....) prevented from taking part in any social or physical leisure activities?

- 1 Yes.....
2 No..... > Go to RR (p 304)
9 Don't know..... > Go to RR (p 304)
8 Refusal..... > Go to RR (p 304)
-

QQ

19a. What prevents (....) from doing more social or physical leisure activities? I will read you a list. Please answer yes or no to each.

Recreational facilities or programs not available locally?

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

QQ

19b. What prevents (....) from doing more social or physical leisure activities? I will read you a list. Please answer yes or no to each.

Buildings and equipment not physically accessible?

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

QQ

19c. What prevents (....) from doing more social or physical leisure activities? I will read you a list. Please answer yes or no to each.

Inadequate transportation services?

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

QQ

19d. What prevents (....) from doing more social or physical leisure activities? I will read you a list. Please answer yes or no to each.

Too expensive?

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

QQ

19e. What prevents (....) from doing more social or physical leisure activities? I will read you a list. Please answer yes or no to each.

Condition limits (him/her) from doing more?

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

QQ

19f. What prevents (....) from doing more social or physical leisure activities? I will read you a list. Please answer yes or no to each.

(....) needs someone's assistance?

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

QQ
19g.

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

(....) needs specialized aids or equipment, but (he/she) doesn't have them?

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

QQ
19h.

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

Too busy?

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

QQ
19i.

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

Other reason?

- 1 Yes.....

↓
Other, Please Specify:

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

Section RR – Leisure Recreation Computer Questions

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

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

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

RR1. How many personal computers are there in your home?

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

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

Mark all that apply.

- 1 Cost..... > **Go to SS (p 307)**
- 2 Not needed at home..... > **Go to SS (p 307)**
- 3 Not interested..... > **Go to SS (p 307)**
- 4 Lack of computer skills or training..... > **Go to SS (p 307)**
- 5 Fear of technology..... > **Go to SS (p 307)**
- 6 Disability..... > **Go to SS (p 307)**
- 7 Other..... > **Go to SS (p 307)**

↓

Other, Please Specify:

- 8 None selected..... > **Go to SS (p 307)**
 - Don't know..... > **Go to SS (p 307)**
 - Refusal..... > **Go to SS (p 307)**
-

RR3. Is your household connected to the Internet?

- 1 Yes..... > **Go to RR5**
 - 2 No.....
 - 9 Don't know..... > **Go to SS (p 307)**
 - 8 Refusal..... > **Go to SS (p 307)**
-

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

Mark all that apply.

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

↓

Other, Please Specify:

- 8 None selected..... > Go to SS (p 307)
- Don't know..... > Go to SS (p 307)
- Refusal..... > Go to SS (p 307)

RR5. Does (...) use the Internet at home?

- 1 Yes..... > Go to RR7a
- 2 No.....
- 9 Don't know..... > Go to SS (p 307)
- 8 Refusal..... > Go to SS (p 307)

RR6. What are the reasons that keep (....) from using the Internet at home?

Mark all that apply.

- 1 Child is too young or not ready to use it..... > Go to SS
- 2 Child does not need it..... > Go to SS
- 3 Child is not interested..... > Go to SS
- 4 Child does not have the computer skills or training... > Go to SS
- 5 Child's condition or health problem..... > Go to SS
- 6 Other..... > Go to SS
- 7 None selected..... > Go to SS
- Don't know..... > Go to SS
- Refusal..... > Go to SS

RR7a. At home, how often does (he/she) use the Internet to participate in newsgroups or chat groups?

- 1 **Everyday**.....
- 2 **At least once a week**.....
- 3 **At least once a month**.....
- 4 **Less than once a month**.....

- 5 **Never**.....
- Don't know.....
- Refusal.....

RR7b. At home, how often does (he/she) use the:
Internet for school work?

- 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.....

RR7c. At home, how often does (he/she) use the:
Internet for personal interest or entertainment?

- 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.....

RR7d. At home, how often does (he/she) use the:
E-mail to stay in touch with 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.....

Section SS – Home Accommodation Special Features Module

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

SS1. Because of a condition or health problem, does (....) use any special features, such as access ramps or automatic door openers to enter or leave (his/her) residence?

- 1 Yes.....
 - 2 No..... > **Go to SS3**
 - 9 Don't know..... > **Go to SS3**
 - 8 Refusal..... > **Go to SS3**
-

SS2a. Which special features does (he/she) use? I will read you a list. Please answer yes or no to each.

Ramps or street level entrances

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

SS2b. Which special features does (he/she) use? I will read you a list. Please answer yes or no to each.

Widened doorways or hallways

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

SS2c. Which special features does (he/she) use? I will read you a list. Please answer yes or no to each.

Automatic or easy to open doors

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

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

An elevator or lift device

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

SS2e. Which special features does (he/she) use? I will read you a list. Please answer yes or no to each.

Other feature

- 1 Yes.....
↓

Other, Please Specify:
 - 2 No.....
 - 9 Don't know.....
 - 8 Refusal.....
-

SS3. Does (....) **currently** need any special features to enter or leave (his/her) residence, which (he/she) does not have?

- 1 Yes.....
 - 2 No..... > **Go to SS6**
 - 9 Don't know..... > **Go to SS6**
 - 8 Refusal..... > **Go to SS6**
-

SS4. Which special features does (....) **need**, but does not have?

Mark all that apply.

- 1 Ramps or street level entrances.....
 - 2 Widened doorways or hallways.....
 - 3 Automatic or easy to open doors.....
 - 4 An elevator or lift device.....
 - 5 Other feature.....
 - 6 None selected..... > **Go to SS6**
Don't know..... > **Go to SS6**
Refusal..... > **Go to SS6**
-

SS5a. Why doesn't (....) have these special features that (he/she) needs to enter or leave (his/her) residence? I will read you a list. Please answer yes or no to each.

Not covered by insurance

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

SS5b. Why doesn't (....) have these special features that (he/she) needs to enter or leave (his/her) residence? I will read you a list. Please answer yes or no to each.

Too expensive

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

SS5c. Why doesn't (....) have these special features that (he/she) needs to enter or leave (his/her) residence? I will read you a list. Please answer yes or no to each.

Landlord not willing

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

SS5d. Why doesn't (....) have these special features that (he/she) needs to enter or leave (his/her) residence? I will read you a list. Please answer yes or no to each.

Only needed occasionally

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

SS5e. Why doesn't (....) have these special features that (he/she) needs to enter or leave (his/her) residence? I will read you a list. Please answer yes or no to each.

Other reason

1 Yes.....



Other, Please Specify:

2 No.....

9 Don't know.....

8 Refusal.....

SS6. Because of a condition or health problem, does (....) use any special features, such as special railings, grab bars or lift devices inside (his/her) residence?

1 Yes.....

2 No..... > Go to SS8

9 Don't know..... > Go to SS8

8 Refusal..... > Go to SS8

SS7a. Which special features does (....) use inside (his/her) residence? I will read you a list. Please answer yes or no to each.

Grab bars or bath lift device in the bathroom

1 Yes.....

2 No.....

9 Don't know.....

8 Refusal.....

SS7b. Which special features does (....) use inside (his/her) residence? I will read you a list. Please answer yes or no to each.

Lowered counters, sinks or switches in the kitchen

1 Yes.....

2 No.....

9 Don't know.....

8 Refusal.....

SS7c. Which special features does (....) use inside (his/her) residence? I will read you a list. Please answer yes or no to each.

An elevator or lift device

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

SS7d. Which special features does (....) use inside (his/her) residence? I will read you a list. Please answer yes or no to each.

Widened doorways or hallways

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

SS7e. Which special features does (....) use inside (his/her) residence? I will read you a list. Please answer yes or no to each.

Automatic or easy to open doors

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

SS7f. Which special features does (....) use inside (his/her) residence? I will read you a list. Please answer yes or no to each.

Visual or flashing alarms

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

SS7g. Which special features does (....) use inside (his/her) residence? I will read

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

Audio warning devices

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

SS7h. Which special features does (....) use inside (his/her) residence? I will read you a list. Please answer yes or no to each.

Bath chair

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

SS7i. Which special features does (....) use inside (his/her) residence? I will read you a list. Please answer yes or no to each.

Other feature

- 1 Yes.....

↓

Other, Please Specify:

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

SS8. Does (....) currently need any special features inside (his/her) residence, which (he/she) does not have?

- 1 Yes.....

↓

Other, Please Specify:

- 2 No..... > **Go to TT (p 314)**
- 9 Don't know..... > **Go to TT (p 314)**

SS

10a. Why doesn't (....) have these special features inside (his/her) residence? I will read you a list. Please answer yes or no to each.

Not covered by insurance

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

SS

10b. Why doesn't (....) have these special features inside (his/her) residence? I will read you a list. Please answer yes or no to each.

Too expensive

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

SS

10c. Why doesn't (....) have these special features inside (his/her) residence? I will read you a list. Please answer yes or no to each.

Landlord not willing

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

SS

10d. Why doesn't (....) have these special features inside (his/her) residence? I will read you a list. Please answer yes or no to each.

Only needed occasionally

- 1 Yes.....

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

SS

10e. Why doesn't (....) have these special features inside (his/her) residence? I will read you a list. Please answer yes or no to each.

Other reason

- 1 Yes.....

↓

Other, Please Specify:

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

Section TT - Transportation Special Features Module

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

TT. I would like to ask you about the means of transportation that (....) uses for local travel on (his/her) own or with someone else. This includes trips to the doctor, recreational events or any other local trips under 80 km (50 miles).

TT1. Because of (....'s) condition, does your car have special features or equipment, such as a lift device or a large trunk to carry a wheelchair?

- 1 Yes.....
- 2 No..... > **Go to TT3**
- 5 Do not own a car..... > **Go to UU (p 316)**
- 9 Don't know..... > **Go to TT3**
- 8 Refusal..... > **Go to TT3**

TT2. Do you need any other special features or equipment for your car because of (... 's) condition?

- 1 Yes..... > **Go to TT4a**
 - 2 No..... > **Go to UU**
 - 9 Don't know..... > **Go to UU**
 - 8 Refusal..... > **Go to UU**
-

TT3. Because of (... 's) condition, do you need any special features or equipment (for your car)?

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

TT4a. Why do you not have these special features or equipment for your car? I will read you a list. Please answer yes or no to each.

Not covered by insurance

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

TT4b. Why do you not have these special features or equipment for your car? I will read you a list. Please answer yes or no to each.

Too expensive

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

TT4c. Why do you not have these special features or equipment for your car? I will read you a list. Please answer yes or no to each.

Only needed occasionally

- 1 Yes.....

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

TT4d. Why do you not have these special features or equipment for your car? I will read you a list. Please answer yes or no to each.

Other reason

- 1 Yes.....

↓

Other, Please Specify:

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

Section UU – Transportation Specialized Bus Service Module

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

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

UU1. Is this service available in your area?

- 1 Yes..... > **Go to UU3**
- 2 No.....
- 9 Don't know.....
- 8 Refusal.....

UU2. Does (....) need this service?

- 1 Yes..... > **Go to VV (p 319)**
- 2 No..... > **Go to VV (p 319)**
- 9 Don't know..... > **Go to VV (p 319)**

8 Refusal..... > Go to VV (p 319)

UU3. Does (...) use this service?

- 1 Yes.....
2 No..... > Go to VV (p 319)
9 Don't know..... > Go to VV (p 319)
8 Refusal..... > Go to VV (p 319)
-

UU4. How often does (he/she) use this service?

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

UU5. In the past 12 months, did (...) have any difficulty using this service?

- 1 Yes.....
2 No..... > Go to VV (p 319)
9 Don't know..... > Go to VV (p 319)
8 Refusal..... > Go to VV (p 319)
-

UU6a. What kind of difficulty did (he/she) have? I will read you a list. Please answer yes or no to each.

Service is needed more often than currently offered

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

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

Impractical scheduling for child's needs

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

UU6c. What kind of difficulty did (he/she) have? I will read you a list. Please answer yes or no to each.

Booking rules don't allow for last minute arrangements

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

UU6d. What kind of difficulty did (he/she) have? I will read you a list. Please answer yes or no to each.

Too expensive

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

UU6e. What kind of difficulty did (he/she) have? I will read you a list. Please answer yes or no to each.

Other reason

- 1 Yes.....

↓

Other, Please Specify:

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

Section VV – Transportation Taxi Module

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

**VV1. In the past 12 months has (....) had to use a taxi service because of
(his/her) condition or health problem?**

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

VV2. How often did (he/she) use a taxi service?

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

Section WW – Transportation Problems Module

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

**WW1. In the past 12 months, for local trips which you must take with (....), have
you had to cancel or reschedule some activities because of problems with
transportation services?**

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

Section XX – Transportation Expenses Module

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

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

XX1. In the past 12 months, did you or your family have any out-of-pocket expenses for (...'s) transportation, for example, (his/her) travel to and from treatment, therapy or other medical or rehabilitation services?

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

XX3. Which one of the following expense groups is the best estimate of the direct costs to you or your family? I will read you a list.

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

Section YY – Global Disadvantages Module

All respondents with a disability limitation marked on Profile sheet enter this module; Else skip to AAA (p 323)

YY1. You reported that because of a physical condition, mental condition or health problem, (...) has difficulties or limitations in doing certain activities. Do you think that these difficulties or activity limitations create a disadvantage for (him/her) at home?

- 1 Yes, sometimes.....
 - 2 Yes, often or always.....
 - 3 No..... > Go to YY3
 - 8 Refusal..... > Go to YY3
 - 9 Don't Know..... > Go to YY3
-

YY2. How much of a disadvantage?

- 1 **Mild**.....
 - 2 **Moderate**.....
 - 3 **Severe**.....
 - Don't know.....
 - Refusal.....
-

YY3. Do you think that these difficulties or activity limitations create a disadvantage for (him/her) while playing?

- 1 **Yes, sometimes**.....
 - 2 **Yes, often or always**.....
 - 3 **No**..... > **Go to YY5**
 - 5 **Not applicable**.....
 - 8 **Refusal**..... > **Go to YY5**
 - 9 **Don't Know**..... > **Go to YY5**
-

YY4. How much of a disadvantage?

- 1 **Mild**..... > *If (...'s) date of birth is < May 16 2001 proceed to YY5; Else go to AAA*
 - 2 **Moderate**..... > *If (...'s) date of birth is < May 16 2001 proceed to YY5; Else go to AAA*
 - 3 **Severe**..... > *If (...'s) date of birth is < May 16 2001 proceed to YY5; Else go to AAA*
 - Don't know..... > *If (...'s) date of birth is < May 16 2001 proceed to YY5; Else go to AAA*
 - Refusal..... > *If (...'s) date of birth is < May 16 2001 proceed to YY5; Else go to AAA*
-

YY5. Do you think that these difficulties or activity limitations create a disadvantage for (him/her) at school?

- 1 Yes, sometimes.....
 - 2 Yes, often or always.....
 - 3 No..... > Go to YY7
 - 5 Not Applicable..... > Go to YY7
 - 8 Refusal..... > Go to YY7
 - 9 Don't Know..... > Go to YY7
-

YY6. How much of a disadvantage?

- 1 Mild.....
 - 2 Moderate.....
 - 3 Severe.....
 - Don't know.....
 - Refusal.....
-

YY7. Do you think that these difficulties or activity limitations create a disadvantage for (him/her) in other areas, such as transportation or leisure?

- 1 Yes, sometimes.....
 - 2 Yes, often or always.....
 - 3 No.....
 - 5 Not Applicable.....
 - 8 Refusal.....
 - 9 Don't Know.....
-

YY8. How much of a disadvantage?

- 1 Mild.....
 - 2 Moderate.....
 - 3 Severe.....
 - Don't know.....
 - Refusal.....
-

Section ZZ – Insurance Module

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

ZZ1a. This question is about insurance coverage. Please include any private, government or employer-paid plans. Do you have insurance that covers all or part of:

the cost of (....'s) prescription medications?

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

ZZ1b. This question is about insurance coverage. Please include any private, government or employer-paid plans. Do you have insurance that covers all or part of:

the cost of (....'s) eye glasses or contact lenses?

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

ZZ1c. This question is about insurance coverage. Please include any private, government or employer-paid plans. Do you have insurance that covers all or part of:

hospital charges for a private or semi-private room?

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

Section AAA – Health Utility Index Module

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

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

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

****If (....'s) date of birth is on or before May 16 2002 go to AAA32; Else proceed to AAA1****

AAA

1. Is (....) usually able to see clearly, and without distortion, the words in a story book without glasses or contact lenses?

- 1 Yes..... > **Go to AAA4**
 - 2 No.....
 - 9 Don't know.....
 - 8 Refusal.....
-

AAA

2. Is (....) usually able to see clearly, and without distortion, the words in a story book with glasses or contact lenses?

- 1 Yes..... > **Go to AAA4**
 - 2 No.....
 - 3 Doesn't wear contact lenses.....
 - 9 Don't know.....
 - 8 Refusal.....
-

AAA

3. Is (....) able to see at all?

- 1 Yes.....
 - 2 No..... > **Go to AAA6**
 - 9 Don't know..... > **Go to AAA6**
 - 8 Refusal..... > **Go to AAA6**
-

AAA

4. 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 AAA6**
 - 2 No.....
 - 9 Don't know..... > **Go to AAA6**
 - 8 Refusal..... > **Go to AAA6**
-

AAA

5. 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.....
 - 3 Doesn't wear glasses or contact lenses.....
 - 9 Don't know.....
 - 8 Refusal.....
-

AAA

6. Is (....) **usually** able to hear what is said in a group conversation with at least three other people **without** a hearing aid?

- 1 Yes..... > Go to AAA11
 - 2 No.....
 - 9 Don't know..... > Go to AAA11
 - 8 Refusal..... > Go to AAA11
-

AAA

7. Is (....) **usually** able to hear what is said in a group conversation with at least three other people **with** a hearing aid?

- 1 Yes..... > Go to AAA9
 - 2 No.....
 - 3 Doesn't wear a hearing aid.....
 - 9 Don't know.....
 - 8 Refusal.....
-

AAA

8. Is (....) able to hear at all?

- 1 Yes.....
 - 2 No..... > Go to AAA11
 - 9 Don't know..... > Go to AAA11
 - 8 Refusal..... > Go to AAA11
-

AAA

9. 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 AAA11
2 No.....
9 Don't know.....
8 Refusal..... > Go to AAA11
-

AAA

10. 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.....
3 Doesn't wear a hearing aid.....
9 Don't know.....
8 Refusal.....
-

AAA

11. Is (....) usually able to be understood completely when speaking with strangers in (his/her) own language?

- 1 Yes..... > Go to AAA15
2 No.....
9 Don't know.....
8 Refusal..... > Go to AAA15
-

AAA

12. Is (....) usually able to be understood partially when speaking with strangers in (his/her) own language?

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

AAA

13. Is (....) usually able to be understood completely when speaking with those who know (him/her) well?

- 1 Yes..... > Go to AAA15
2 No.....
9 Don't know.....
8 Refusal..... > Go to AAA15
-

AAA

14. Is (...) usually able to be understood partially when speaking with those who know (him/her) well?

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

AAA

15. Is (...) usually able to walk without difficulty and without mechanical support such as braces, a cane or crutches?

- 1 Yes..... > Go to AAA22
 - 2 No.....
 - 9 Don't know..... > Go to AAA22
 - 8 Refusal..... > Go to AAA22
-

AAA

16. Is (...) able to walk at all?

- 1 Yes.....
 - 2 No..... > Go to AAA19
 - 9 Don't know..... > Go to AAA19
 - 8 Refusal..... > Go to AAA19
-

AAA

17. Does (...) require mechanical support such as braces, a cane or crutches to be able to walk?

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

AAA

18. Does (...) require the help of another person to be able to walk?

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

8 Refusal.....

AAA

19. Does (....) require a wheelchair to get around?

- 1 Yes.....
2 No..... > Go to AAA22
9 Don't know..... > Go to AAA22
8 Refusal..... > Go to AAA22
-

AAA

20. How often does (....) use a wheelchair?

- 1 Always.....
2 Often.....
3 Sometimes.....
4 Never.....
Don't Know.....
Refusal.....
-

AAA

21. Does (....) need the help of another person to get around in the wheelchair?

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

AAA

22. Is (....) usually able to grasp and handle small objects such as a pencil or scissors?

- 1 Yes..... > Go to AAA26
2 No.....
9 Don't know..... > Go to AAA26
8 Refusal..... > Go to AAA26
-

AAA

23. Does (....) require the help of another person because of limitations in the use of hands or fingers?

- 1 Yes.....
 - 2 No..... > **Go to AAA25**
 - 9 Don't know..... > **Go to AAA25**
 - 8 Refusal..... > **Go to AAA25**
-

AAA

24. Does (....) require the help of another person with:

- 1 ... some tasks?.....
 - 2 ... most tasks?.....
 - 3 ... almost all tasks?.....
 - 4 ... all tasks?.....
 - Don't know.....
 - Refusal..... > **Go to AAA26**
-

AAA

25. Does (....) require special equipment, for 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.....
-

AAA

26. Would you describe (....) 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.....
-

AAA

27. How would you describe (....'s) usual ability to remember things? Is (....):

- 1 able to remember most things?.....
- 2 somewhat forgetful?.....
- 3 very forgetful?.....
- 4 unable to remember anything at all?.....

- Don't Know.....
- Refusal.....

AAA

28. How would you describe (....'s) usual ability to think and solve day to day problems? Is (....):

- 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.....

AAA

29. Is (....) usually free of pain and discomfort?

- 1 Yes..... > **Go to AAA32**
- 2 No.....
- 9 Don't know..... > **Go to AAA32**
- 8 Refusal..... > **Go to AAA32**

AAA

30. How would you describe the usual intensity of (....'s) pain or discomfort?

- 1 **Mild**.....
- 2 **Moderate**.....
- 3 **Severe**.....
- Don't Know.....
- Refusal.....

AAA

31. How many activities does (....'s) pain or discomfort prevent (him/her) from doing?

- 1 **None**.....
- 2 **A few**.....
- 3 **Some**.....
- 4 **Most**.....
- Don't Know.....
- Refusal.....

AAA

32. Thinking back to the Census held in May 2006, can you tell me who completed your household's Census questionnaire?

Mark up to 6 responses

- 11 Me.....
- 12 Spouse/common law 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:

- Don't Know.....
- Refusal.....

Thank You

**We have now completed the Participation Activity and Limitations Survey.
Thank you for your cooperation.**

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	Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J & K	Hands / Fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L & M	Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Developmental	<input type="checkbox"/>		
O	Emotional / Psychological	<input type="checkbox"/>		
P	Chronic / Other	<input type="checkbox"/>		

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