OMB No. 0920-0214: Approval Expires 4/30/95

FORM **DFS-2** (7-1-94)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

DISABILITY FOLLOWBACK SURVEY

(NHIS PHASE II)
ADULT'S QUESTIONNAIRE

NOTICE – Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to vary from 40 to 50 minutes per response, with an average of 45 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer; ATTN: PRA; Humphrey Building, Room 721-H, 200 Independence Avenue, SW; Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214) Washington, DC 20503.

RT 31 | 3-7 | 8

RT 37 | 3-4

Part I – CALL RECORD

Mode	Date Month	Date Day	Beginning time	Results	Ending time	Comments
5	6-7	8-9	10-14		15-19	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	

Part II – STATUS

A. Final Status (20-21)

Interview
- 01 ☐ Complete
- 02 ☐ Partial *(Explain in Notes)*

Noninterview
- 03 ☐ SP refused
- 04 ☐ Proxy refused
- 05 ☐ Unable to contact
- 06 ☐ Unable to locate
- 07 ☐ Deceased
- 08 ☐ Institutionalized, no proxy
- 09 ☐ Incapable, no proxy
- 10 ☐ Moved o/s PSU, unable to phone
- 11 ☐ Other noninterview

(Explain in Notes)

B. Mode (22)
- 1 ☐ Telephone
- 2 ☐ Personal visit

C. Respondent (64)
- 1 ☐ Self
- 2 ☐ Proxy ↙

Reason for proxy (65)
- 1 ☐ SP incapable
- 2 ☐ SP institutionalized
- 3 ☐ SP unavailable
- 4 ☐ Other – *Specify* ↙ _____

(Fill II.D)

D. Proxy
Name (23-63)

E. Field Representative's Name | Code (66-68)

Part III – NEW ADDRESS

RT 38 | 3-4

A. Address *(Different from label)*
Number and street (5-29)

City (30-49) | State (50-51) | ZIP Code (52-60)

B. Telephone *(Different from label)*
Area code (61-63) ( ) | Number (64-70) | 1 ☐ None 7 ☐ Refused 9 ☐ DK number (71)

Notes

RT 39

INITIAL SCREENING

3-4

1. May I please speak with *(sample person)***?** — 5

1 ☐ Yes *(Go to A below)*
2 ☐ No *(Go to 2)*

2. Why is *(sample person)* **not available to be interviewed?** — 6

1 ☐ SP deceased *(Skip to 6)*
2 ☐ SP moved *(Skip to 4)*
3 ☐ SP temporarily absent/unavailable *(Go to 3)*
4 ☐ SP incapable } *(Skip to 5)*
5 ☐ Other } *(Skip to 5)*

3. Will *(sample person)* **[return/be available] before** *(closeout date)***?** — 7

1 ☐ Yes *(Schedule appointment)*
2 ☐ No } *(Go to 4)*
9 ☐ DK } *(Go to 4)*

4a. Has *(sample person)* **moved to a new residence or is [he/she] in a health facility, group home, or some other place?** — 8

1 ☐ SP moved *(Record new address and telephone no.)*
2 ☐ SP in health facility/group home *(Go to 4b)*
3 ☐ SP in jail *(Skip to 5)*
4 ☐ SP in prison *(END interview – noninterview)*
5 ☐ SP on vacation/visiting/temporarily absent *(Skip to 4d)*

b. What type of facility or group home is this? — 9-10

Mark (X) first appropriate box.

01 ☐ Hospital } *(Go to 4c)*
02 ☐ Nursing/convalescent home } *(Go to 4c)*
03 ☐ Retirement home } *(Record new address and telephone no.)*
04 ☐ Group home } *(Record new address and telephone no.)*
05 ☐ Supervised apartment } *(Record new address and telephone no.)*
06 ☐ Halfway house } *(Record new address and telephone no.)*
07 ☐ Board and Care home } *(Record new address and telephone no.)*
08 ☐ Developmental Center } *(Record new address and telephone no.)*
09 ☐ Other supervised group residence or facililty } *(Record new address and telephone no.)*
10 ☐ Other } *(Record new address and telephone no.)*

c. *Refer to age on label.* — 11

1 ☐ Under 69 *(Skip to 5)*
2 ☐ 69+ *(Go to 4d)*

d. Is it possible to interview *(sample person)* **at the [facility/present location]?** — 12

1 ☐ Yes *(Record address and telephone no.)*
2 ☐ No *(Go to 5)*

5. Since I won't be able to interview *(sample person)***, I need to talk to the person who knows the most about** *(sample person's)* **health. Who would that be?** — 13

1 ☐ Respondent *(Go to A below)*
2 ☐ Other person *(Record person's name, address, and telephone no.)*
3 ☐ No one } *(END interview – noninterview)*
9 ☐ DK/Ref } *(END interview – noninterview)*

6. On what date did *(sample person)* **die?** — 14-19

Month	Day	Year

999999 ☐ DK } *(Go to 7)*

7. Did *(sample person)* **die at home, in a hospital, in a nursing or convalescent home, or some other place?** — 20

1 ☐ At home
2 ☐ In hospital
3 ☐ In nursing/convalescent home } *(END interview – noninterview)*
4 ☐ Other place } *(END interview – noninterview)*
9 ☐ DK } *(END interview – noninterview)*

A — *Begin interview by asking:* **When we conducted the interview several months ago, we recorded** *(sample person's)* **age as** *(age from label)***. Is this still correct?** — 21

1 ☐ Yes *(Go to Section A on page 4)*
2 ☐ No *(Correct age on label, then go to Section A on page 4)*

Notes

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INITIAL SCREENING – Continued

NEW ADDRESS *(First or only)*	RT 40 / 3-4	Second *(If appropriate)*	RT 41 / 3-4
Name of place *(If appropriate)*	5-40	Name of place *(If appropriate)*	5-40
Number and street	41-64	Number and street	41-64
City 65-84 State 85-86 ZIP Code 87-95		City 65-84 State 85-86 ZIP Code 87-95	
Telephone		Telephone	
Area code 96-98 Number 99-105 1☐ None 7☐ Refused 9☐ DK number	106	Area code 96-98 Number 99-105 1☐ None 7☐ Refused 9☐ DK number	106

PROXY RESPONDENT	RT 42 / 3-4
Name	5-40
1☐ *Mark box if same address/phone as SP (Skip to A1 on page 4)*	41
Number and street	42-65
City 66-85 State 86-87 ZIP Code 88-96	
Telephone	
Area code 97-99 Number 100-106 1☐ None 7☐ Refused 9☐ DK number	107

GENERAL INSTRUCTIONS

1. Conduct all interviews by personal visit unless the only way to get an interview is by telephone.

2. After appropriate introductions, begin all interviews with A on page 2.

3. If the sample person (or proxy) is not within your normal assignment area, call your office for instructions.

4. Make minor corrections to the sample person's address or phone number on the LABEL. Record new addresses and/or phone numbers above.

5. If a question is refused, enter "REF" in the answer space. If the respondent does not know the answer to a question, mark the "DK" box if there is one, or enter "DK" in the answer space.

6. The following symbols and print types are used throughout the questionnaire to standardize the asking of the questions:

   - **Long dash (—)** – Insert the appropriate words or names from the list.
   - **Underlined italics in parentheses** – Insert the specified words, name, date, etc.
   - **Regular type in parentheses** – Either read or do not read the parenthetical, depending on the situation and the context of the question.
   - **Brackets with a slash ([/])** – Choose the appropriate words or phrase for the particular interview.
   - **Bold capitals** – Emphasize the word(s) when reading the question.

7. If interviewing a proxy, substitute the sample person's name (or appropriate pronoun) for the word "You" in the questions.

Notes

RT 43

Section A – HOUSING AND LONG-TERM CARE SERVICES

3-4

ITEM A1 Status of Sample Person (SP).

5
1 ☐ Institutionalized *(Skip to 6 on page 5)*
2 ☐ All others *(Go to 1)*

These first questions are about the place you live.

6-7

1. How long have you been living here?

00 ☐ Less than 1 year
_____ Years (Number)
99 ☐ DK

2a. Is it NECESSARY to use any steps or stairs to get into this home from the outside? 8
1 ☐ Yes
2 ☐ No
9 ☐ DK

b. Counting basements and step down living areas as separate levels, does this home have more than one floor or level? 9
1 ☐ Yes *(Go to 2c)*
2 ☐ No } *(Skip to 3)*
9 ☐ DK

c. Does this home have a bathroom, bedroom, and kitchen ALL on the SAME floor or level? 10
1 ☐ Yes
2 ☐ No
9 ☐ DK

3. Because of a physical impairment or health problem, do you have any difficulty —

		Yes	No	DK	
a. Entering or leaving your home?	a.	1 ☐	2 ☐	9 ☐	11
b. Opening or closing any of the doors in your home?	b.	1 ☐	2 ☐	9 ☐	12
c. Reaching or opening cabinets in your home?	c.	1 ☐	2 ☐	9 ☐	13
d. Using the bathroom in your home?	d.	1 ☐	2 ☐	9 ☐	14

4. Some residences have special features to assist persons who have physical impairments or health problems. Whether you use them or not, does your residence have any of these features?

If all "Yes" in 4, skip to 6 on page 5; otherwise, ask 5 only for those features NOT marked "Yes" in 4.

5. Which special features do you NEED to get around this home, but do not have?

		Yes	No	DK			Yes	No	DK	
a. Widened doorways or hallways?	a.	1 ☐	2 ☐	9 ☐	15	a.	1 ☐	2 ☐	9 ☐	16
b. Ramps or street level entrances?	b.	1 ☐	2 ☐	9 ☐	17	b.	1 ☐	2 ☐	9 ☐	18
c. Railings?	c.	1 ☐	2 ☐	9 ☐	19	c.	1 ☐	2 ☐	9 ☐	20
d. Automatic or easy to open doors?	d.	1 ☐	2 ☐	9 ☐	21	d.	1 ☐	2 ☐	9 ☐	22
e. Accessible parking or drop-off site?	e.	1 ☐	2 ☐	9 ☐	23	e.	1 ☐	2 ☐	9 ☐	24
f. Bathroom modifications ?	f.	1 ☐	2 ☐	9 ☐	25	f.	1 ☐	2 ☐	9 ☐	26
g. Kitchen modifications?	g.	1 ☐	2 ☐	9 ☐	27	g.	1 ☐	2 ☐	9 ☐	28
h. Elevator, chair lift, or stair glide?	h.	1 ☐	2 ☐	9 ☐	29	h.	1 ☐	2 ☐	9 ☐	30
i. Alerting devices?	i.	1 ☐	2 ☐	9 ☐	31	i.	1 ☐	2 ☐	9 ☐	32
j. Any other special features?	j.	1 ☐	2 ☐	9 ☐	33	j.	1 ☐	2 ☐	9 ☐	34

Notes

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Section A – HOUSING AND LONG-TERM CARE SERVICES – Continued

6. DURING THE PAST 12 MONTHS, were you ever refused housing or rental accommodations because of any impairment or health problem that you have, or did you not look for housing in the past 12 months? [35]

0 ☐ Did not look
1 ☐ Yes, refused housing
2 ☐ No, not refused housing
9 ☐ DK

ASK OR VERIFY:

7a. Is this place a — *(Read all categories)* [36-37]

Mark (X) only one.

01 ☐ **Single family house or townhouse that is not part of a retirement community,** *(Skip to 10 on page 6)*
02 ☐ **Single family house, townhouse, or apartment that is part of a retirement community,** *(Skip to 8)*
03 ☐ **Regular apartment,** *(Skip to 10 on page 6)*
04 ☐ **Supervised apartment,**
05 ☐ **Group home,**
06 ☐ **Halfway house,**
07 ☐ **Personal care or board and care home,**
08 ☐ **Developmental center,**
09 ☐ **Some other type of supervised group residence or facility,**
10 ☐ **Assisted living facility,**
11 ☐ **Nursing or convalescent home,**
12 ☐ **Retirement home,**
13 ☐ **Center for Independent Living, or**
14 ☐ **Something else?**
(Go to 7b)
99 ☐ DK

ASK OR VERIFY:

b. Does this place primarily or exclusively serve people who are elderly? [38]

1 ☐ Yes *(Skip to Item A2)*
2 ☐ No
9 ☐ DK
(Go to 7c)

ASK OR VERIFY:

c. Does this place primarily or exclusively serve persons with hearing or vision impairments, mental illness, mental retardation, or developmental disabilities? [39]

1 ☐ Yes *(Go to 7d)*
2 ☐ No
9 ☐ DK
(Skip to Item A2)

ASK OR VERIFY:

d. Which?

Mark (X) all that apply.

1 ☐ Hearing impairments [40]
2 ☐ Vision impairments [41]
3 ☐ Mental retardation/developmental disabilities [42]
9 ☐ DK [43]

ITEM A2 Status of SP. [44]

1 ☐ Institutionalized *(Skip to 11 on page 6)*
2 ☐ All others *(Go to 8)*

8. Whether you use them or not, does this place routinely provide services such as meals, help with housework or personal care, transportation, or recreation? [45]

1 ☐ Yes *(Go to 9 on page 6)*
2 ☐ No
9 ☐ DK
(Skip to 10 on page 6)

Notes

Section A – HOUSING AND LONG-TERM CARE SERVICES – Continued

9. Whether you use them or not, does this place routinely provide —

	Yes	No	DK	
a. Group meals for residents?	a. 1☐	2☐	9☐	46
b. Housekeeping or maid service?	b. 1☐	2☐	9☐	47
c. Nursing or medical care?	c. 1☐	2☐	9☐	48
d. Supervision of residents who give themselves their own medication?	d. 1☐	2☐	9☐	49
e. Help with bathing, eating, or dressing?	e. 1☐	2☐	9☐	50
f. Help with walking or getting about?	f. 1☐	2☐	9☐	51
g. Help with shopping?	g. 1☐	2☐	9☐	52
h. Planned social activities or trips?	h. 1☐	2☐	9☐	53
i. Educational or training programs?	i. 1☐	2☐	9☐	54
j. Help with laundry?	j. 1☐	2☐	9☐	55
k. Help with money management?	k. 1☐	2☐	9☐	56
l. Transportation?	l. 1☐	2☐	9☐	57
m. Protective oversight?	m. 1☐	2☐	9☐	58

10. Are you planning a move in order to receive any (additional) personal help, assistance or services? 59

1☐ Yes
2☐ No
9☐ DK

Mark "Yes" if SP is currently living in a nursing home; otherwise ask: 60

11a. Have you EVER been a resident or patient in a nursing home?

1☐ Yes *(Go to 11b)*
2☐ No
9☐ DK
(Skip to 13 on page 8)

b. How many DIFFERENT TIMES have you been a resident or patient in a nursing home (including the current time)? 61-62

_____ Times
(Number)

99☐ DK

c. On what date were you admitted (the FIRST time)? 63-66

If date not known, ask: **Was it within the past 12 months?**

_____ / **19** _____
Month Year

0001☐ In past 12 months
0002☐ Not in past 12 months
9999☐ DK

Mark box if "Now in nursing home"; otherwise ask: 67-70

0000☐ Now in nursing home

d. On what date were you discharged (the LAST time)?

If date not known, ask: **Was it within the past 12 months?**

_____ / **19** _____
Month Year

0001☐ In past 12 months
0002☐ Not in past 12 months
9999☐ DK

e. How long [were you/have you been] in the nursing home [the LAST time/THIS time]? 71-72

00☐ Less than 1 month

_____ Months
(Number)

99☐ DK

Ask if date in 11d is within the past 12 months, including "Now in". If not within the past 12 months, skip to 13 on page 8. 73-74

00☐ Less than 1 week

f. How many weeks in the past 12 months [were you/have you been] in a nursing home?

_____ Weeks
(Number)

99☐ DK

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Section A – HOUSING AND LONG-TERM CARE SERVICES – Continued

HAND CARD A1. Read categories if telephone interview.

12a. Who paid or will pay for your nursing home stays in the past 12 months?

(Anyone else?)

Mark (X) all that apply.

01 ☐ Self or family in household		75-76
02 ☐ Family NOT in household		77-78
03 ☐ Private health insurance		79-80
04 ☐ Medicare		81-82
05 ☐ Medicaid		83-84
06 ☐ Rehabilitation program		85-86
07 ☐ Employer		87-88
08 ☐ School system		89-90
09 ☐ VA program		91-92
10 ☐ Other military		93-94
11 ☐ Other private source		95-96
12 ☐ Other public source		97-98
13 ☐ No one/Free	*(Skip to 13 on page 8)*	99-100
99 ☐ DK		101-102

Ask if more than one source in 12a. If only one source in 12a, transcribe the number of the box marked without asking.

b. Who paid or will pay the most for your nursing home stays in the past 12 months?

Record number of the main source.

☐☐ Paid most (Number)

99 ☐ DK

103-104

Ask only if box 01 marked in 12a; otherwise, skip to 13 on page 8.

c. During the past 12 months, about how much did you or your family pay for your nursing home stays? Do not count any money that has been or will be reimbursed by insurance or any other source.

000000 ☐ None

$ _____ . 00

999999 ☐ DK

105-110

Notes

Section A – HOUSING AND LONG-TERM CARE SERVICES – Continued

	A	B
Ask 13 for places A–F before going to 14.	RT 44 3-4	RT 44 3-4
13. Have you EVER lived in —	01 **A convalescent home?** 5-6	02 **A facility or group home for persons with mental illness?** 5-6
13.	1 ☐ Yes 2 ☐ No 9 ☐ DK 7	1 ☐ Yes 2 ☐ No 9 ☐ DK 7
Ask 14a–e for each "Yes" in 13. *If more than one stay, these questions refer to the most recent.*	8-11	8-11
14a. When did you last leave *(place)***?** *If DK, probe:* **Was it within the past 12 months?**	14a. 0000 ☐ Now in _____/19_____ Month Year 0001 ☐ In past 12 months 0002 ☐ Not in past 12 months 9999 ☐ DK	14a. 0000 ☐ Now in _____/19_____ Month Year 0001 ☐ In past 12 months 0002 ☐ Not in past 12 months 9999 ☐ DK
b. How long did you stay at *(place)***?**	b. 12-14 000 ☐ Less than 1 month _____ Number { 1 ☐ Months, 2 ☐ Years 999 ☐ DK	b. 12-14 000 ☐ Less than 1 month _____ Number { 1 ☐ Months, 2 ☐ Years 999 ☐ DK
HAND CARD A1. Read categories if telephone interview. **c. Who paid or will pay for your stay at** *(place)***?** **(Anyone else?)** *Mark (X) all that apply.*	c. 01 ☐ Self or family in household 15-16 02 ☐ Family NOT in household 17-18 03 ☐ Private health insurance 19-20 04 ☐ Medicare 21-22 05 ☐ Medicaid 23-24 06 ☐ Rehabilitation program 25-26 07 ☐ Employer 27-28 08 ☐ School system 29-30 09 ☐ VA program 31-32 10 ☐ Other military 33-34 11 ☐ Other private source 35-36 12 ☐ Other public source 37-38 13 ☐ No one/ Free 39-40 *(Skip to 14a for next "Yes" in 13)* 99 ☐ DK 41-42	c. 01 ☐ Self or family in household 15-16 02 ☐ Family NOT in household 17-18 03 ☐ Private health insurance 19-20 04 ☐ Medicare 21-22 05 ☐ Medicaid 23-24 06 ☐ Rehabilitation program 25-26 07 ☐ Employer 27-28 08 ☐ School system 29-30 09 ☐ VA program 31-32 10 ☐ Other military 33-34 11 ☐ Other private source 35-36 12 ☐ Other public source 37-38 13 ☐ No one/ Free 39-40 *(Skip to 14a for next "Yes" in 13)* 99 ☐ DK 41-42
Ask if more than one source in 14c. If only one source in 14c, transcribe number of the box marked without asking. **d. Who paid or will pay for most of the cost for your stay at** *(place)***?** *Record number of the main source.*	43-44 d. ☐☐ Paid most (Number) 99 ☐ DK	43-44 d. ☐☐ Paid most (Number) 99 ☐ DK
Ask only if box 01 marked in 14c AND any part of the stay was in the past 12 months; otherwise, ask 14a for next "Yes" in 13. **e. During the past 12 months, about how much did you or your family pay for your stay at** *(place)***? Do not count any money that has been or will be reimbursed by insurance or any other source.**	000000 ☐ None 45-50 e. $ _____ . 00 999999 ☐ DK	000000 ☐ None 45-50 e. $ _____ . 00 999999 ☐ DK

Notes

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Section A – HOUSING AND LONG-TERM CARE SERVICES – Continued

	C	D	E	F
	RT 44 3-4	RT 44 3-4	RT 44 3-4	RT 44 3-4
03	**A board and care home?** 5-6	04 **A facility for persons with mental retardation?** 5-6	05 **An assisted living facility?** 5-6	06 **Any other long-term care facility?** 5-6
13.	1 ☐ Yes 2 ☐ No 9 ☐ DK 7	1 ☐ Yes 2 ☐ No 9 ☐ DK 7	1 ☐ Yes 2 ☐ No 9 ☐ DK 7	1 ☐ Yes 2 ☐ No 9 ☐ DK 7
14a.	8-11 0000 ☐ Now in _____/19____ Month Year 0001 ☐ In past 12 months 0002 ☐ Not in past 12 months 9999 ☐ DK	8-11 0000 ☐ Now in _____/19____ Month Year 0001 ☐ In past 12 months 0002 ☐ Not in past 12 months 9999 ☐ DK	8-11 0000 ☐ Now in _____/19____ Month Year 0001 ☐ In past 12 months 0002 ☐ Not in past 12 months 9999 ☐ DK	8-11 0000 ☐ Now in _____/19____ Month Year 0001 ☐ In past 12 months 0002 ☐ Not in past 12 months 9999 ☐ DK
b.	12-14 000 ☐ Less than 1 month _____ Number { 1 ☐ Months, 2 ☐ Years } 999 ☐ DK	12-14 000 ☐ Less than 1 month _____ Number { 1 ☐ Months, 2 ☐ Years } 999 ☐ DK	12-14 000 ☐ Less than 1 month _____ Number { 1 ☐ Months, 2 ☐ Years } 999 ☐ DK	12-14 000 ☐ Less than 1 month _____ Number { 1 ☐ Months, 2 ☐ Years } 999 ☐ DK
c.	01 ☐ Self or family in household 15-16 02 ☐ Family NOT in household 17-18 03 ☐ Private health insurance 19-20 04 ☐ Medicare 21-22 05 ☐ Medicaid 23-24 06 ☐ Rehabilitation program 25-26 07 ☐ Employer 27-28 08 ☐ School system 29-30 09 ☐ VA program 31-32 10 ☐ Other military 33-34 11 ☐ Other private source 35-36 12 ☐ Other public source 37-38 13 ☐ No one/ Free 39-40 (Skip to 14a for next "Yes" in 13) 99 ☐ DK 41-42	01 ☐ Self or family in household 15-16 02 ☐ Family NOT in household 17-18 03 ☐ Private health insurance 19-20 04 ☐ Medicare 21-22 05 ☐ Medicaid 23-24 06 ☐ Rehabilitation program 25-26 07 ☐ Employer 27-28 08 ☐ School system 29-30 09 ☐ VA program 31-32 10 ☐ Other military 33-34 11 ☐ Other private source 35-36 12 ☐ Other public source 37-38 13 ☐ No one/ Free 39-40 (Skip to 14a for next "Yes" in 13) 99 ☐ DK 41-42	01 ☐ Self or family in household 15-16 02 ☐ Family NOT in household 17-18 03 ☐ Private health insurance 19-20 04 ☐ Medicare 21-22 05 ☐ Medicaid 23-24 06 ☐ Rehabilitation program 25-26 07 ☐ Employer 27-28 08 ☐ School system 29-30 09 ☐ VA program 31-32 10 ☐ Other military 33-34 11 ☐ Other private source 35-36 12 ☐ Other public source 37-38 13 ☐ No one/ Free 39-40 (Skip to 14a for next "Yes" in 13) 99 ☐ DK 41-42	01 ☐ Self or family in household 15-16 02 ☐ Family NOT in household 17-18 03 ☐ Private health insurance 19-20 04 ☐ Medicare 21-22 05 ☐ Medicaid 23-24 06 ☐ Rehabilitation program 25-26 07 ☐ Employer 27-28 08 ☐ School system 29-30 09 ☐ VA program 31-32 10 ☐ Other military 33-34 11 ☐ Other private source 35-36 12 ☐ Other public source 37-38 13 ☐ No one/ Free 39-40 (Go to 15 on page 10) 99 ☐ DK 41-42
d.	43-44 ☐☐ Paid most (Number) 99 ☐ DK	43-44 ☐☐ Paid most (Number) 99 ☐ DK	43-44 ☐☐ Paid most (Number) 99 ☐ DK	43-44 ☐☐ Paid most (Number) 99 ☐ DK
e.	000000 ☐ None 45-50 $ _____ . 00 999999 ☐ DK	000000 ☐ None 45-50 $ _____ . 00 999999 ☐ DK	000000 ☐ None 45-50 $ _____ . 00 999999 ☐ DK	000000 ☐ None 45-50 $ _____ . 00 999999 ☐ DK

Notes

RT 45

Section A – HOUSING AND LONG-TERM CARE SERVICES – Continued

3-4

HAND CARD A2.

15a. Are you currently on a waiting list for any of these facilities? *Read categories in 15b if telephone interview.*

5

1 ☐ Yes *(Go to 15b)*
2 ☐ No } *(Skip to 16)*
9 ☐ DK

b. For which facilities are you on a waiting list?

Anywhere else?

Read categories if necessary.

Mark (X) all that apply.

1 ☐ Nursing home — 6
2 ☐ Convalescent home — 7
3 ☐ Facility or group home for persons with mental illness — 8
4 ☐ Board and care home — 9
5 ☐ Facility for persons with mental retardation — 10
6 ☐ Assisted living facility — 11
7 ☐ Any other long-term care facility — 12
9 ☐ DK — 13

16. Are you on a waiting list for publicly funded home care or community-based care?

14

1 ☐ Yes
2 ☐ No
9 ☐ DK

Notes

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RT 46

Section B – TRANSPORTATION

3-4

These next questions are about getting around outside your home.

5

1. How frequently do you drive a car or other motor vehicle? Would you say — *(Read all categories)*

Mark (X) only one.

1 ☐ **Everyday or almost everyday,**
2 ☐ **Occasionally,**
3 ☐ **Seldom, or**
} *(Skip to 3)*
4 ☐ **Never?** *(Go to 2)*
9 ☐ DK *(Skip to 3)*

2. Is this because of an impairment or health problem? 6

1 ☐ Yes
2 ☐ No
9 ☐ DK
} *(Skip to 4)*

3a. Because of an impairment or health problem, do you have any special equipment on your car or other motor vehicle? 7

1 ☐ Yes *(Go to 3b)*
2 ☐ No
3 ☐ Don't have a car
9 ☐ DK
} *(Skip to 3c)*

b. What special equipment do you have?

Anything else?

Mark (X) all that apply.

1 ☐ Hand controls 8
2 ☐ Hand rails, straps, specialized handles, ramps, or lifts 9
3 ☐ Power controls for windows, mirrors, seat, or steering 10
4 ☐ Automatic transmission 11
5 ☐ Air conditioning 12
6 ☐ A button that opens the door 13
7 ☐ A large trunk or storage area 14
8 ☐ Other special features 15
9 ☐ DK 16

c. Do you need any (other) special equipment or features on a car or other motor vehicle because of an impairment or health problem? 17

1 ☐ Yes *(Go to 3d)*
2 ☐ No
9 ☐ DK
} *(Skip to 4)*

d. What (other) equipment or features do you need?

Anything else?

Mark (X) all that apply.

1 ☐ Hand controls 18
2 ☐ Hand rails, straps, specialized handles, ramps, or lifts 19
3 ☐ Power controls for windows, mirrors, seat, or steering 20
4 ☐ Automatic transmission 21
5 ☐ Air conditioning 22
6 ☐ A button that opens the door 23
7 ☐ A large trunk or storage area 24
8 ☐ Other special features 25
9 ☐ DK 26

4a. Some communities have special bus, cab or van services for people who have difficulty using the regular public transportation service. When using this special service, people can call ahead and ask to be picked up. Is such a service available in your area? 27

1 ☐ Yes *(Go to 4b)*
2 ☐ No
9 ☐ DK
} *(Skip to 6 on page 12)*

b. Is this special service operated by a transit authority, government program or some other private source?

Mark (X) all that apply.

1 ☐ Transit authority 28
2 ☐ Government program 29
3 ☐ Other private source 30
9 ☐ DK 31

Notes

Section B – TRANSPORTATION – Continued

5a. Have you used this special service in the past 12 months? (32)

1 ☐ Yes *(Skip to 5c)*
2 ☐ No *(Go to 5b)*
9 ☐ DK *(Skip to 6)*

b. Why haven't you used this service in the past 12 months?

Anything else?

Mark (X) all that apply.

01 ☐ Don't know how to use (33-34)
02 ☐ Need help from another person (35-36)
03 ☐ Can't use alone (37-38)
04 ☐ Can't use phone (39-40)
05 ☐ Don't have phone (41-42)
06 ☐ Can't read (43-44)
07 ☐ Illness (45-46)
08 ☐ Can't get reservation for service (47-48)
09 ☐ Hours of service inadequate (49-50)
10 ☐ Pickup unreliable/inconvenient (51-52)
11 ☐ Cost (53-54)
12 ☐ Denied use of service (55-56)
13 ☐ Service not needed/wanted (57-58)
14 ☐ Other reason (59-60)
99 ☐ DK (61-62)

(Skip to 6)

c. About how many times have you used this service in the PAST 12 MONTHS? (63-65)

_____ Times in past 12 months
(Number)

999 ☐ DK

d. About how many times have you used this service in the PAST WEEK? (66-67)

_____ Times in past week
(Number)

00 ☐ None
99 ☐ DK

6a. During the past 12 months, have you used local public transportation, such as a regular bus line, rapid transit, subway, or street car? (68)

Mark (X) only one.

0 ☐ No public system available *(Skip to 8 on page 13)*
1 ☐ Yes *(Skip to 6c)*
2 ☐ No *(Go to 6b)*
9 ☐ DK *(Go to 6b)*

b. Does an impairment or health problem prevent or limit your use of the public transportation service? (69)

Mark (X) only one.

0 ☐ No public system available *(Skip to 8 on page 13)*
1 ☐ Yes *(Skip to 6e)*
2 ☐ No
9 ☐ DK
(Skip to 7 on page 13)

c. During the past 12 months, how often did you use the local public transportation service? Would you say — *(Read all categories)* (70)

Mark (X) only one.

1 ☐ **Everyday or almost everyday,**
2 ☐ **Occasionally, or**
3 ☐ **Seldom?**
9 ☐ DK

d. Because of an impairment or health problem, during the past 12 months, did you have any difficulty using the local public transportation service? (71)

1 ☐ Yes *(Go to 6e)*
2 ☐ No
9 ☐ DK
(Skip to 7 on page 13)

e. What types of difficulties [did/would] you have using the public transportation service?

Anything else?

Mark (X) all that apply.

01 ☐ Cognitive/mental problems (remembering where to go/knowing how to avoid trouble) (72-73)
02 ☐ Fear (74-75)
03 ☐ Vision (76-77)
04 ☐ Hearing (78-79)
05 ☐ Weather (80-81)
06 ☐ Difficulty walking/can't walk (82-83)
07 ☐ Wheelchair/scooter/access problems (84-85)
08 ☐ Problems with other medical/assistive devices (86-87)
09 ☐ Need help from another person (88-89)
10 ☐ Hours inadequate (90-91)
11 ☐ Cost (92-93)
12 ☐ Other (94-95)
99 ☐ DK (96-97)

Ask 6f only if box 01 marked in 6e; otherwise, skip to 7 on page 13.

f. If you were given mobility training about how to use the public transportation service, such as what stop to get off, how to transfer or how to pay the fare, would you use the service? (98)

1 ☐ Yes
2 ☐ No
9 ☐ DK

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RT 47 3-4

Section B – TRANSPORTATION – Continued

7. In general, how difficult is it for you to get to and use public transportation? Would you say it is — *(Read all categories)*

Mark (X) only one.

5

0 ☐ No public system available
1 ☐ **Very difficult,**
2 ☐ **Somewhat difficult,**
3 ☐ **A little difficult, or**
4 ☐ **Not at all difficult?**
9 ☐ DK

8a. Do you have any (other) problems getting around outside your home due to an impairment or health problem?

6

1 ☐ Yes *(Go to 8b)*
2 ☐ No } *(Skip to 9)*
9 ☐ DK }

b. What (other) problems do you have getting around outside your home?

Anything else?

Mark (X) all that apply.

01 ☐ Cognitive or mental problems (remembering where to go, knowing how to avoid trouble) — 7-8
02 ☐ Fear — 9-10
03 ☐ Vision — 11-12
04 ☐ Hearing — 13-14
05 ☐ Weather — 15-16
06 ☐ Difficulty walking/can't walk — 17-18
07 ☐ Wheelchair/scooter/access problems — 19-20
08 ☐ Problems with other medical/assistive devices — 21-22
09 ☐ Need help from another person — 23-24
10 ☐ Other — 25-26
99 ☐ DK — 27-28

9. DURING THE PAST 6 MONTHS, have you traveled by car, airplane, bus, train, or boat?

29

1 ☐ Yes *(Go to 10)*
2 ☐ No } *(Skip to Section C on page 15)*
9 ☐ DK }

10. IN THE PAST WEEK, about how many times did you —

a. Drive a car?	a. _____ Times (Number)	00 ☐ None	99 ☐ DK	30-31
b. Ride as a passenger in a car?	b. _____ Times (Number)	00 ☐ None	99 ☐ DK	32-33
IN THE PAST WEEK, about how many times did you ride —				
c. A regular bus?	c. _____ Times (Number)	00 ☐ None	99 ☐ DK	34-35
d. An accessible bus?	d. _____ Times (Number)	00 ☐ None	99 ☐ DK	36-37
e. A subway?	e. _____ Times (Number)	00 ☐ None	99 ☐ DK	38-39
f. Some other rail system?	f. _____ Times (Number)	00 ☐ None	99 ☐ DK	40-41
g. A ferry boat?	g. _____ Times (Number)	00 ☐ None	99 ☐ DK	42-43
IN THE PAST WEEK, about how many times did you ride in a —				
h. Social service agency van?	h. _____ Times (Number)	00 ☐ None	99 ☐ DK	44-45
i. Regular taxi, in which you paid the fare?	i. _____ Times (Number)	00 ☐ None	99 ☐ DK	46-47

Notes

Section B – TRANSPORTATION – Continued

11a. IN THE PAST 6 MONTHS, about how many times did you fly in an airplane? (48-49)

01 ☐ One *(Skip to 11f)*

_____ Times *(Go to 11b)*
(Number)

00 ☐ None
99 ☐ DK
} *(Skip to 12)*

b. About how many of these times were on a large airplane with 200 or more seats? (50-51)

_____ Times
(Number)

00 ☐ None
99 ☐ DK

c. (About how many of these times were) on a medium sized airplane with 100 to 199 seats? (52-53)

_____ Times
(Number)

00 ☐ None
99 ☐ DK

d. (About how many of these times were) on a small airplane with 19 to 99 seats? (54-55)

_____ Times
(Number)

00 ☐ None
99 ☐ DK

e. (About how many of these times were) on an airplane with fewer than 19 seats? (56-57)

_____ Times
(Number)

00 ☐ None
99 ☐ DK
} *(Skip to 12)*

f. Was that flight in — *(Read all categories)* (58)

1 ☐ **A large airplane with 200 or more seats,**
2 ☐ **A medium sized airplane with 100–199 seats,**
3 ☐ **A small airplane with 19–99 seats, or**
4 ☐ **An airplane with fewer than 19 seats?**
9 ☐ DK

12a. IN THE PAST 6 MONTHS, about how many times did you ride a long-distance bus, such as Greyhound or Trailways? (59-60)

_____ Times
(Number)

00 ☐ None
99 ☐ DK

b. (IN THE PAST 6 MONTHS, about how many times did you) take a trip on a train, such as Amtrak? (61-62)

_____ Times
(Number)

00 ☐ None
99 ☐ DK

c. (IN THE PAST 6 MONTHS, about how many times did you) take a trip on a cruise ship or boat? (63-64)

_____ Times
(Number)

00 ☐ None
99 ☐ DK

Notes

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Section C – SOCIAL ACTIVITY

ITEM C1	Status of SP.	1 ☐ Institutionalized *(Skip to Section D on page 16)* 2 ☐ All others *(Go to 1)*	5

These next questions are about various activities you may have participated in.

Ask 1a–g before going to question 2.

Ask 2 for each "Yes" in 1.

1. DURING THE PAST 2 WEEKS, did you —		**2. DURING THE PAST 2 WEEKS, how many times did you *(activity)*?**
a. Get together socially with friends or neighbors?	a. 1 ☐ Yes 2 ☐ No 9 ☐ DK (6)	a. _____ Times (Number) 99 ☐ DK (7-8)
b. Talk with friends or neighbors on the telephone?	b. 1 ☐ Yes 2 ☐ No 9 ☐ DK (9)	b. _____ Times (Number) 99 ☐ DK (10-11)
c. Get together with ANY relatives not including those living with you?	c. 1 ☐ Yes 2 ☐ No 9 ☐ DK (12)	c. _____ Times (Number) 99 ☐ DK (13-14)
d. Talk with ANY relatives on the telephone not including those living with you?	d. 1 ☐ Yes 2 ☐ No 9 ☐ DK (15)	d. _____ Times (Number) 99 ☐ DK (16-17)
e. Go to church, temple, or another place of worship for services or other activities?	e. 1 ☐ Yes 2 ☐ No 9 ☐ DK (18)	e. _____ Times (Number) 99 ☐ DK (19-20)
f. Go to a show or movie, sports event, club meeting, class, or other group event?	f. 1 ☐ Yes 2 ☐ No 9 ☐ DK (21)	f. _____ Times (Number) 99 ☐ DK (22-23)
g. Go out to eat at a restaurant?	g. 1 ☐ Yes 2 ☐ No 9 ☐ DK (24)	g. _____ Times (Number) 99 ☐ DK (25-26)

3. How many days in the past two weeks did you leave your home for any reason? (27-28)

14 ☐ Every day
00 ☐ None
_____ Days (Number)
99 ☐ DK

If proxy respondent, skip to Section D on page 16; otherwise ask:

4. Regarding your present social activities, do you feel that you are doing about enough, too much, or would you like to be doing more? (29)

Mark (X) only one.

1 ☐ About enough
2 ☐ Too much
3 ☐ Would like to be doing more
9 ☐ DK

Notes

RT 49

Section D – WORK HISTORY/EMPLOYMENT

3-4

These next questions are about working for pay or profit, and about unpaid volunteer work.

5

1. Have you EVER worked at a job or business?

1 ☐ Yes *(Skip to 16 on page 18)*
2 ☐ No } *(Go to 2)*
9 ☐ DK

6

2. Does an ongoing health problem, impairment or disability ENTIRELY prevent you from working?

1 ☐ Yes *(Go to 3)*
2 ☐ No } *(Skip to 8)*
9 ☐ DK

7

3. If enough accommodations were made in transportation and at the work place, would you be able to work?

1 ☐ Yes *(Go to 4)*
2 ☐ No } *(Skip to 6)*
9 ☐ DK

4. IN ORDER TO WORK, would you NEED any of these special features at your worksite —

	Yes	No	DK	
a. Handrails or ramps?	a. 1 ☐	2 ☐	9 ☐	8
b. Accessible parking or an accessible transportation stop close to the building?	b. 1 ☐	2 ☐	9 ☐	9
c. An elevator?	c. 1 ☐	2 ☐	9 ☐	10
d. An elevator designed for persons with special needs?	d. 1 ☐	2 ☐	9 ☐	11
e. A work station specially adapted for your use?	e. 1 ☐	2 ☐	9 ☐	12
f. A restroom designed for persons with special needs?	f. 1 ☐	2 ☐	9 ☐	13
g. An automatic door?	g. 1 ☐	2 ☐	9 ☐	14

15

5. Because of an ongoing health problem, impairment, or disability, would you NEED any other special equipment, assistance or work arrangement in order to work?

1 ☐ Yes *(Skip to 13b on page 18)*
2 ☐ No } *(Go to 6)*
9 ☐ DK

16

6. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?

1 ☐ Yes *(Go to 7)*
2 ☐ No } *(Skip to Section E on page 31)*
9 ☐ DK

17-20

7. How many days did you do volunteer work in the past 12 months?

_____ (Days) { 1 ☐ Per week / 2 ☐ Per month / 3 ☐ Per year } *(Skip to Section E on page 31)*

9999 ☐ DK

21

8. Does an ongoing health problem, impairment or disability limit your ability to work?

1 ☐ Yes *(Go to 9)*
2 ☐ No *(Skip to 14 on page 18)*
9 ☐ DK *(Go to 9)*

22

9. Have you looked for work in the past two years?

1 ☐ Yes *(Skip to 11 on page 17)*
2 ☐ No *(Go to 10 on page 17)*
9 ☐ DK *(Skip to 11 on page 17)*

Notes

Section D – WORK HISTORY/EMPLOYMENT – Continued

10. Some people have encountered barriers which have discouraged them from looking for work. Did you not look for work because you were concerned that —

	Yes	No	DK	
a. You would lose your SSI, SSDI, or other sources of income if you went to work?	a. 1☐	2☐	9☐	23
b. You would lose your housing if you went to work?	b. 1☐	2☐	9☐	24
c. You would lose your health insurance or Medicaid coverage if you went to work?	c. 1☐	2☐	9☐	25
d. Your family or friends discouraged you from going to work?	d. 1☐	2☐	9☐	26
e. Family responsibilities prevented you from going to work?	e. 1☐	2☐	9☐	27
f. Appropriate information about jobs was not available to you?	f. 1☐	2☐	9☐	28
g. If you went to work you would be refused a promotion or transfer?	g. 1☐	2☐	9☐	29
h. If you went to work, you would be refused access to training?	h. 1☐	2☐	9☐	30
i. Your training was not adequate?	i. 1☐	☐	9☐	31
j. You lacked transportation that you were able to get to and use?	j. 1☐	2☐	9☐	32
k. There were no appropriate jobs available?	k. 1☐	2☐	9☐	33

11. Do you think you will look for work at any time in the next six months? 34

1☐ Yes
2☐ No
9☐ DK

12. In order to work, would you NEED any of these special features at your worksite —

	Yes	No	DK	
a. Handrails or ramps?	a. 1☐	2☐	9☐	35
b. Accessible parking or an accessible transportation stop close to the building?	b. 1☐	2☐	9☐	36
c. An elevator?	c. 1☐	2☐	9☐	37
d. An elevator designed for persons with special needs?	d. 1☐	2☐	9☐	38
e. A work station specially adapted for your use?	e. 1☐	2☐	9☐	39
f. A restroom designed for persons with special needs?	f. 1☐	2☐	9☐	40
g. An automatic door?	g. 1☐	2☐	9☐	41

Notes

Section D – WORK HISTORY/EMPLOYMENT – Continued

13a. **Because of an ongoing health problem, impairment, or disability, would you NEED any (other) special equipment, assistance or work arrangement in order to do your job?**	1 ☐ Yes *(Go to 13b)* 2 ☐ No 9 ☐ DK *(Skip to 14)*	42
b. In order to work, would you NEED —	Yes / No / DK	
(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?	(1) 1 ☐ 2 ☐ 9 ☐	43
(2) Braille, enlarged print, special lighting or audio tape?	(2) 1 ☐ 2 ☐ 9 ☐	44
(3) A reader, oral or sign language interpreter to assist you at work?	(3) 1 ☐ 2 ☐ 9 ☐	45
(4) A job coach to help train you and supervise your work?	(4) 1 ☐ 2 ☐ 9 ☐	46
(5) A personal assistant to help with job related activities?	(5) 1 ☐ 2 ☐ 9 ☐	47
(6) Special pens or pencils, chairs, or other office supplies?	(6) 1 ☐ 2 ☐ 9 ☐	48
(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?	(7) 1 ☐ 2 ☐ 9 ☐	49
(8) Reduced work hours to allow for more breaks or rest periods?	(8) 1 ☐ 2 ☐ 9 ☐	50
(9) Reduced or part-time work hours?	(9) 1 ☐ 2 ☐ 9 ☐	51
(10) Some other equipment, help, or work arrangements?	(10) 1 ☐ 2 ☐ 9 ☐	52
14. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?	1 ☐ Yes *(Go to 15)* 2 ☐ No 9 ☐ DK *(Skip to Section E on page 31)*	53
15. How many days did you do volunteer work in the past 12 months?	_____ (Days) 1 ☐ Per week 2 ☐ Per month 3 ☐ Per year *(Skip to Section E on page 31)* 9999 ☐ DK	54-57
16. Do you NOW work at a job or business?	1 ☐ Yes *(Go to 17)* 2 ☐ No 9 ☐ DK *(Skip to 37 on page 22)*	58
17. Are you limited in the kind or amount of work you can do because of an ongoing health problem, impairment, or disability?	1 ☐ Yes *(Go to 18)* 2 ☐ No 9 ☐ DK *(Skip to 27 on page 20)*	59
18. About how many hours a week do you usually work at your current job? *(Note: If more than one job, include all jobs.)*	_____ (Number) Hours per week 99 ☐ DK	60-61
19. Because of an ongoing health problem, impairment or disability have you EVER changed —	Yes / No / DK	
a. The KIND of work you do?	a. 1 ☐ 2 ☐ 9 ☐	62
b. The AMOUNT of work you do?	b. 1 ☐ 2 ☐ 9 ☐	63
c. Your job?	c. 1 ☐ 2 ☐ 9 ☐	64
20a. Does an ongoing health problem, impairment or disability now make it difficult for you to change jobs?	1 ☐ Yes *(Go to 20b)* 2 ☐ No 9 ☐ DK *(Skip to 21 on page 19)*	65
b. Would you say very difficult or somewhat difficult?	1 ☐ Very difficult 2 ☐ Somewhat difficult 9 ☐ DK	66

Section D – WORK HISTORY/EMPLOYMENT – Continued

21a. Does an ongoing health problem, impairment, or disability make it difficult for you to advance at your present job? 67

1 ☐ Yes *(Go to 21b)*
2 ☐ No } *(Skip to 22)*
9 ☐ DK

b. Would you say very difficult or somewhat difficult? 68

1 ☐ Very difficult
2 ☐ Somewhat difficult
9 ☐ DK

Ask all of 22a(1)–(7) before going to 22b.

Ask for each "Yes" in 22a.

22a. In order to work, would you NEED any of these special features at your worksite, regardless of whether or not you actually have them —

b. Do you have *(feature)* at work?

	Yes	No	DK			Yes	No	DK	
(1) Handrails or ramps?	(1) 1☐	2☐	9☐	69	(1)	1☐	2☐	9☐	70
(2) Accessible parking or an accessible transportation stop close to the building?	(2) 1☐	2☐	9☐	71	(2)	1☐	2☐	9☐	72
(3) An elevator?	(3) 1☐	2☐	9☐	73	(3)	1☐	2☐	9☐	74
(4) An elevator designed for persons with special needs?	(4) 1☐	2☐	9☐	75	(4)	1☐	2☐	9☐	76
(5) A work station specially adapted for your use?	(5) 1☐	2☐	9☐	77	(5)	1☐	2☐	9☐	78
(6) A restroom designed for persons with special needs?	(6) 1☐	2☐	9☐	79	(6)	1☐	2☐	9☐	80
(7) An automatic door?	(7) 1☐	2☐	9☐	81	(7)	1☐	2☐	9☐	82

23a. Because of an ongoing health problem, impairment, or disability, do you NEED any (other) special equipment, assistance or work arrangements in order to do your job? 83

1 ☐ Yes *(Go to 23b)*
2 ☐ No } *(Skip to 24a on page 20)*
9 ☐ DK

Ask all of 23b(1)–(10) before going to 23c.

Ask for each "Yes" in 23b.

b. In order to work, do you NEED —

c. Do you have *("Yes" response)* at work?

	Yes	No	DK			Yes	No	DK	
(1) A voice synthesizer, telecommunications device for the deaf (T.D.D.), infrared system, or other technical devices?	(1) 1☐	2☐	9☐	84	(1)	1☐	2☐	9☐	85
(2) Braille, enlarged print, special lighting or audio tape?	(2) 1☐	2☐	9☐	86	(2)	1☐	2☐	9☐	87
(3) A reader, oral or sign language interpreter to assist you at work?	(3) 1☐	2☐	9☐	88	(3)	1☐	2☐	9☐	89
(4) A job coach to help train you and supervise your work?	(4) 1☐	2☐	9☐	90	(4)	1☐	2☐	9☐	91
(5) A personal assistant to help you with job related activities?	(5) 1☐	2☐	9☐	92	(5)	1☐	2☐	9☐	93
(6) Special pens or pencils, chairs, or other office supplies?	(6) 1☐	2☐	9☐	94	(6)	1☐	2☐	9☐	95
(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?	(7) 1☐	2☐	9☐	96	(7)	1☐	2☐	9☐	97
(8) Reduced work hours to allow for more breaks or rest periods?	(8) 1☐	2☐	9☐	98	(8)	1☐	2☐	9☐	99
(9) Reduced or part-time work hours?	(9) 1☐	2☐	9☐	100	(9)	1☐	2☐	9☐	101
(10) Some other equipment, help, or work arrangements?	(10) 1☐	2☐	9☐	102	(10)	1☐	2☐	9☐	103

Notes

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Section D – WORK HISTORY/EMPLOYMENT – Continued

24a. How do you USUALLY get to work?

Read list if necessary.

Mark (X) all that apply.

- 01 ☐ Car (5-6)
- 02 ☐ Work at home (7-8)
- 03 ☐ Rapid transit, subway, metro or regular bus (9-10)
- 04 ☐ Specialized bus or van service for persons with disabilities (11-12)
- 05 ☐ Commuter train (13-14)
- 06 ☐ Taxi (15-16)
- 07 ☐ Bicycle (17-18)
- 08 ☐ Walk (19-20)
- 09 ☐ Scooter/wheelchair (21-22)
- 10 ☐ Other (23-24)
- 99 ☐ DK (25-26)

Ask 24b only if box 01 marked in 24a; otherwise, skip to 25.

b. Who USUALLY drives this car? (27)

Mark (X) only one.

- 1 ☐ Self
- 2 ☐ Other family member
- 3 ☐ Carpool
- 4 ☐ Other
- 9 ☐ DK

25. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment, or disability? (28)

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Not sure
- 9 ☐ DK

26a. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —

		Yes	No	DK	
(1) Refused employment?	(1)	1 ☐	2 ☐	9 ☐	29
(2) Refused a promotion?	(2)	1 ☐	2 ☐	9 ☐	30
(3) Refused a transfer?	(3)	1 ☐	2 ☐	9 ☐	31
(4) Refused access to training programs?	(4)	1 ☐	2 ☐	9 ☐	32

b. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care? (33)

- 1 ☐ Yes *(Go to 26c)*
- 2 ☐ No } *(Skip to Section E on page 31)*
- 9 ☐ DK }

c. How many days did you do volunteer work in the past 12 months? (34-37)

_____ (Days) { 1 ☐ Per week / 2 ☐ Per month / 3 ☐ Per year } *(Skip to Section E on page 31)*

9999 ☐ DK

27. About how many hours a week do you work at your current job? (38-39)

Note: If more than one job, include all jobs.

_____ (Number) Hours per week

99 ☐ DK

28. Because of an ongoing health problem, impairment or disability have you EVER changed —

		Yes	No	DK	
a. The KIND of work you do?	a.	1 ☐	2 ☐	9 ☐	40
b. The AMOUNT of work you do?	b.	1 ☐	2 ☐	9 ☐	41
c. Your job?	c.	1 ☐	2 ☐	9 ☐	42

29a. Does an ongoing health problem, impairment or disability now make it difficult for you to change jobs? (43)

- 1 ☐ Yes *(Go to 29b)*
- 2 ☐ No } *(Skip to 30 on page 21)*
- 9 ☐ DK }

b. Would you say very difficult or somewhat difficult? (44)

- 1 ☐ Very difficult
- 2 ☐ Somewhat difficult
- 9 ☐ DK

Notes

Section D – WORK HISTORY/EMPLOYMENT – Continued

30a. Does an ongoing health problem, impairment, or disability make it difficult for you to advance at your present job? 45

1 ☐ Yes *(Go to 30b)*
2 ☐ No
9 ☐ DK
(Skip to 31)

b. Would you say very difficult or somewhat difficult? 46

1 ☐ Very difficult
2 ☐ Somewhat difficult
9 ☐ DK

Ask all of 32a(1)–(7) before going to 32b.

Ask for each "Yes" in 31a.

31a. In order to work, do you NEED any of these special features at your worksite, regardless of whether or not you actually have them —

b. Do you have *(feature)* at work?

	Yes	No	DK			Yes	No	DK	
(1) Handrails or ramps?	(1) 1☐	2☐	9☐	47	(1)	1☐	2☐	9☐	48
(2) Accessible parking or an accessible transportation stop close to the building?	(2) 1☐	2☐	9☐	49	(2)	1☐	2☐	9☐	50
(3) An elevator?	(3) 1☐	2☐	9☐	51	(3)	1☐	2☐	9☐	52
(4) An elevator designed for persons with special needs?	(4) 1☐	2☐	9☐	53	(4)	1☐	2☐	9☐	54
(5) A work station specially adapted for your use?	(5) 1☐	2☐	9☐	55	(5)	1☐	2☐	9☐	56
(6) A restroom designed for persons with special needs?	(6) 1☐	2☐	9☐	57	(6)	1☐	2☐	9☐	58
(7) An automatic door?	(7) 1☐	2☐	9☐	59	(7)	1☐	2☐	9☐	60

32. Because of an ongoing health problem, impairment, or disability, do you need any (other) special equipment, assistance or work arrangements in order to do your job? 61

1 ☐ Yes *(Go to 33)*
2 ☐ No
9 ☐ DK
(Skip to 34a on page 22)

Ask all of 33a(1)–(10) before going to 33b.

Ask for each "Yes" in 33a.

33a. In order to work, do you NEED —

b. Do you have *("Yes" response)* at work?

	Yes	No	DK			Yes	No	DK	
(1) A voice synthesizer, telecommunications device for the deaf (T.D.D.), infrared system, or other technical devices?	(1) 1☐	2☐	9☐	62	(1)	1☐	2☐	9☐	63
(2) Braille, enlarged print, special lighting or audio tape?	(2) 1☐	2☐	9☐	64	(2)	1☐	2☐	9☐	65
(3) A reader, oral or sign language interpreter to assist you at work?	(3) 1☐	2☐	9☐	66	(3)	1☐	2☐	9☐	67
(4) A job coach to help train you and supervise your work?	(4) 1☐	2☐	9☐	68	(4)	1☐	2☐	9☐	69
(5) A personal assistant to help you with job related activities?	(5) 1☐	2☐	9☐	70	(5)	1☐	2☐	9☐	71
(6) Special pens or pencils, chairs, or other office supplies?	(6) 1☐	2☐	9☐	72	(6)	1☐	2☐	9☐	73
(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?	(7) 1☐	2☐	9☐	74	(7)	1☐	2☐	9☐	75
(8) Reduced work hours to allow for more breaks or rest periods?	(8) 1☐	2☐	9☐	76	(8)	1☐	2☐	9☐	77
(9) Reduced or part-time work hours?	(9) 1☐	2☐	9☐	78	(9)	1☐	2☐	9☐	79
(10) Some other equipment, help, or work arrangements?	(10) 1☐	2☐	9☐	80	(10)	1☐	2☐	9☐	81

Notes

Section D – WORK HISTORY/EMPLOYMENT – Continued

34a. How do you USUALLY get to work?

Read list if necessary.

Mark (X) all that apply.

- 01 ☐ Car — 82-83
- 02 ☐ Work at home — 84-85
- 03 ☐ Rapid transit, subway, metro or regular bus — 86-87
- 04 ☐ Specialized bus, van, or taxi service for persons with disabilities — 88-89
- 05 ☐ Commuter train — 90-91
- 06 ☐ Regular taxi — 92-93
- 07 ☐ Bicycle — 94-95
- 08 ☐ Walk — 96-97
- 09 ☐ Scooter/wheelchair — 98-99
- 10 ☐ Other — 100-101
- 99 ☐ DK — 102-103

Ask 34b only if box 01 marked in 34a; otherwise, skip to 35.

b. Who USUALLY drives this car? — 104

Mark (X) only one.

- 1 ☐ Self
- 2 ☐ Other family member
- 3 ☐ Carpool
- 4 ☐ Other
- 9 ☐ DK

35. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment, or disability? — 105

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Not sure
- 9 ☐ DK

36a. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —

	Yes	No	DK	
(1) Refused employment?	(1) 1 ☐	2 ☐	9 ☐	106
(2) Refused a promotion?	(2) 1 ☐	2 ☐	9 ☐	107
(3) Refused a transfer?	(3) 1 ☐	2 ☐	9 ☐	108
(4) Refused access to training programs?	(4) 1 ☐	2 ☐	9 ☐	109

b. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care? — 110

- 1 ☐ Yes *(Go to 36c)*
- 2 ☐ No
- 9 ☐ DK

(Skip to Section E on page 31)

c. How many days did you do volunteer work in the past 12 months? — 111-114

_____ (Days)

- 1 ☐ Per week
- 2 ☐ Per month
- 3 ☐ Per year

(Skip to Section E on page 31)

9999 ☐ DK

37. Are you looking for work or on layoff from a job? — 115

- 1 ☐ Yes *(Go to 38)*
- 2 ☐ No
- 9 ☐ DK

(Skip to 54 on page 25)

38. Are you limited in the kind or amount of work you can do because of an ongoing health problem, impairment, or disability? — 116

- 1 ☐ Yes *(Go to 39)*
- 2 ☐ No
- 9 ☐ DK

(Skip to 48 on page 24)

39. In what year did you stop working at your last job? — 117-118

19 _____ Year

99 ☐ DK

40. Does an ongoing health problem, impairment or disability make it difficult for you to look for work? — 119

- 1 ☐ Yes
- 2 ☐ No
- 9 ☐ DK

Notes

Section D – WORK HISTORY/EMPLOYMENT – Continued

41. Some people have encountered barriers which have discouraged them from looking for work. Did you not look for work because you were concerned that —

	Yes	No	DK	
a. You would lose your SSI, SSDI, or other sources of income if you went to work?	a. 1☐	2☐	9☐	5
b. You would lose your housing if you went to work?	b. 1☐	2☐	9☐	6
c. You would lose your health insurance or Medicaid coverage if you went to work?	c. 1☐	2☐	9☐	7
d. Your family or friends discouraged you from going to work?	d. 1☐	2☐	9☐	8
e. Family responsibilities prevented you from going to work?	e. 1☐	2☐	9☐	9
f. Appropriate information about jobs was not available to you?	f. 1☐	2☐	9☐	10
g. If you went to work you would be refused a promotion or transfer?	g. 1☐	2☐	9☐	11
h. If you went to work, you would be refused access to training?	h. 1☐	2☐	9☐	12
i. Your training was not adequate?	i. 1☐	☐	9☐	13
j. You lacked transportation that you were able to get to and use?	j. 1☐	2☐	9☐	14
k. There were no appropriate jobs available?	k. 1☐	2☐	9☐	15

42. In order to work, would you NEED any of these special features at your worksite —

	Yes	No	DK	
a. Handrails or ramps?	a. 1☐	2☐	9☐	16
b. Accessible parking or an accessible transportation stop close to the building?	b. 1☐	2☐	9☐	17
c. An elevator?	c. 1☐	2☐	9☐	18
d. An elevator designed for persons with special needs?	d. 1☐	2☐	9☐	19
e. A work station specially adapted for your use?	e. 1☐	2☐	9☐	20
f. A restroom designed for persons with special needs?	f. 1☐	2☐	9☐	21
g. An automatic door?	g. 1☐	2☐	9☐	22

Notes

Section D – WORK HISTORY/EMPLOYMENT – Continued

43a. Because of an ongoing health problem, impairment, or disability, would you NEED any (other) special equipment, assistance or work arrangement in order to do your job? — 23

1 ☐ Yes *(Go to 43b)*
2 ☐ No } *(Skip to Item D1)*
9 ☐ DK

b. In order to work, would you NEED —

		Yes	No	DK	
(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?	(1)	1 ☐	2 ☐	9 ☐	24
(2) Braille, enlarged print, special lighting, or audio tape?	(2)	1 ☐	2 ☐	9 ☐	25
(3) A reader, oral or sign language interpreter to assist you at work?	(3)	1 ☐	2 ☐	9 ☐	26
(4) A job coach to help train you and supervise your work?	(4)	1 ☐	2 ☐	9 ☐	27
(5) A personal assistant to help with job related activities?	(5)	1 ☐	2 ☐	9 ☐	28
(6) Special pens or pencils, chairs, or other office supplies?	(6)	1 ☐	2 ☐	9 ☐	29
(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?	(7)	1 ☐	2 ☐	9 ☐	30
(8) Reduced work hours to allow for more breaks or rest periods?	(8)	1 ☐	2 ☐	9 ☐	31
(9) Reduced or part-time work hours?	(9)	1 ☐	2 ☐	9 ☐	32
(10) Some other equipment, help, or work arrangements?	(10)	1 ☐	2 ☐	9 ☐	33

ITEM D1 — *Refer to question 39 on page 22.* (Year last worked) — 34

1 ☐ 1989 or after *(Go to 44)*
2 ☐ Before 1989 *(Skip to 46)*
9 ☐ DK *(Go to 44)*

44. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment, or disability? — 35

1 ☐ Yes
2 ☐ No
3 ☐ Not sure
9 ☐ DK

45. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —

		Yes	No	DK	
a. Refused employment?	a.	1 ☐	2 ☐	9 ☐	36
b. Refused a promotion?	b.	1 ☐	2 ☐	9 ☐	37
c. Refused a transfer?	c.	1 ☐	2 ☐	9 ☐	38
d. Refused access to training programs?	d.	1 ☐	2 ☐	9 ☐	39

46. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care? — 40

1 ☐ Yes *(Go to 47)*
2 ☐ No } *(Skip to Section E on page 31)*
9 ☐ DK

47. How many days did you do volunteer work in the past 12 months? — 41-44

_____ (Days) { 1 ☐ Per week, 2 ☐ Per month, 3 ☐ Per year } *(Skip to Section E on page 31)*

9999 ☐ DK

48. In what year did you stop working at your last job? — 45-46

19 _____ Year

99 ☐ DK

49. Does an ongoing health problem, impairment, or disability now make it difficult for you to look for work? — 47

1 ☐ Yes
2 ☐ No
9 ☐ DK

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Section D – WORK HISTORY/EMPLOYMENT – Continued

ITEM D2 *Refer to question 48 on page 24.* (Year last worked)	1 ☐ 1989 or after *(Go to 50)* 2 ☐ Before 1989 *(Skip to 52)* 9 ☐ DK *(Go to 50)*	48
50. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment or disability?	1 ☐ Yes 2 ☐ No 3 ☐ Not sure 9 ☐ DK	49
51. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —	Yes / No / DK	
a. Refused employment?	a. 1 ☐ 2 ☐ 9 ☐	50
b. Refused a promotion?	b. 1 ☐ 2 ☐ 9 ☐	51
c. Refused a transfer?	c. 1 ☐ 2 ☐ 9 ☐	52
d. Refused access to training programs?	d. 1 ☐ 2 ☐ 9 ☐	53
52. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?	1 ☐ Yes *(Go to 53)* 2 ☐ No 9 ☐ DK *(Skip to Section E on page 31)*	54
53. How many days did you do volunteer work in the past 12 months?	_____ (Days) 1 ☐ Per week 2 ☐ Per month 3 ☐ Per year *(Skip to Section E on page 31)* 9999 ☐ DK	55-58
54a. Have you retired on disability?	1 ☐ Yes *(Go to 54b)* 2 ☐ No 9 ☐ DK *(Skip to 57)*	59
b. How old were you when you retired on disability?	_____ Age 99 ☐ DK	60-61
c. If enough accommodations were made at the work place or in transportation, would you have been able to continue working?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to 55)*	62
55. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?	1 ☐ Yes *(Go to 56)* 2 ☐ No 9 ☐ DK *(Skip to Section E on page 31)*	63
56. How many days did you do volunteer work in the past 12 months?	_____ (Days) 1 ☐ Per week 2 ☐ Per month 3 ☐ Per year *(Skip to Section E on page 31)* 9999 ☐ DK	64-67
57a. Have you retired from a job or business?	1 ☐ Yes *(Go to 57b)* 2 ☐ No 9 ☐ DK *(Skip to 61 on page 26)*	68
b. How old were you when you retired the last time?	_____ Age 99 ☐ DK	69-70
58. Did you retire because of an ongoing health problem, impairment, or disability?	1 ☐ Yes 2 ☐ No 9 ☐ DK	71
59. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?	1 ☐ Yes *(Go to 60 on page 26)* 2 ☐ No 9 ☐ DK *(Skip to Section E on page 31)*	72

Section D – WORK HISTORY/EMPLOYMENT – Continued

60. **How many days did you do volunteer work in the past 12 months?**	_____ (Days) { 1 ☐ Per week, 2 ☐ Per month, 3 ☐ Per year } *(Skip to Section E on page 31)* 9999 ☐ DK	73-76
61. **Does an ongoing health problem, impairment, or disability ENTIRELY prevent you from working?**	1 ☐ Yes *(Go to 62)* 2 ☐ No 9 ☐ DK } *(Skip to 73 on page 27)*	77
62. **If enough accommodations were made in transportation and at the work place, would you be able to work?**	1 ☐ Yes *(Go to 63)* 2 ☐ No 9 ☐ DK } *(Skip to 71 on page 27)*	78
63. **In what year did you last work at a job or business, even for a few days?**	**19** _____ Year 99 ☐ DK	79-80
64. **Does an ongoing health problem impairment or disability now make it difficult for you to look for work?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	81
65. **Some people have encountered barriers which have discouraged them from looking for work. Did you not look for work because you were concerned that —**	Yes / No / DK	
a. **You would lose your SSI, SSDI, or other sources of income if you went to work?**	**a.** 1 ☐ 2 ☐ 9 ☐	82
b. **You would lose your housing if you went to work?**	**b.** 1 ☐ 2 ☐ 9 ☐	83
c. **You would lose your health insurance or Medicaid coverage if you went to work?**	**c.** 1 ☐ 2 ☐ 9 ☐	84
d. **Your family or friends discouraged you from going to work?**	**d.** 1 ☐ 2 ☐ 9 ☐	85
e. **Family responsibilities prevented you from going to work?**	**e.** 1 ☐ 2 ☐ 9 ☐	86
f. **Appropriate information about jobs was not available to you?**	**f.** 1 ☐ 2 ☐ 9 ☐	87
g. **If you went to work you would be refused a promotion or transfer?**	**g.** 1 ☐ 2 ☐ 9 ☐	88
h. **If you went to work, you would be refused access to training?**	**h.** 1 ☐ 2 ☐ 9 ☐	89
i. **Your training was not adequate?**	**i.** 1 ☐ 2 ☐ 9 ☐	90
j. **You lacked transportation that you were able to get to and use?**	**j.** 1 ☐ 2 ☐ 9 ☐	91
k. **There were no appropriate jobs available?**	**k.** 1 ☐ 2 ☐ 9 ☐	92
66. **Do you think you will look for work at any time in the next six months?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	93
67. **In order to work, would you NEED any of these special features at your worksite —**	Yes / No / DK	
a. **Handrails or ramps?**	**a.** 1 ☐ 2 ☐ 9 ☐	94
b. **Accessible parking or an accessible transportation stop close to the building?**	**b.** 1 ☐ 2 ☐ 9 ☐	95
c. **An elevator?**	**c.** 1 ☐ 2 ☐ 9 ☐	96
d. **An elevator designed for persons with special needs?**	**d.** 1 ☐ 2 ☐ 9 ☐	97
e. **A work station specially adapted for your use?**	**e.** 1 ☐ 2 ☐ 9 ☐	98
f. **A restroom designed for persons with special needs?**	**f.** 1 ☐ 2 ☐ 9 ☐	99
g. **An automatic door?**	**g.** 1 ☐ 2 ☐ 9 ☐	100

Section D – WORK HISTORY/EMPLOYMENT – Continued

68a. Because of an ongoing health problem, impairment, or disability, would you NEED any (other) special equipment, assistance or work arrangement in order to do your job? 5

1 ☐ Yes *(Go to 68b)*
2 ☐ No
9 ☐ DK
(Skip to Item D3)

b. In order to work, would you NEED —

		Yes	No	DK	
(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?	**(1)**	1 ☐	2 ☐	9 ☐	6
(2) Braille, enlarged print, special lighting, or audio tape?	**(2)**	1 ☐	2 ☐	9 ☐	7
(3) A reader, oral or sign language interpreter to assist you at work?	**(3)**	1 ☐	2 ☐	9 ☐	8
(4) A job coach to help train you and supervise your work?	**(4)**	1 ☐	2 ☐	9 ☐	9
(5) A personal assistant to help with job related activities?	**(5)**	1 ☐	2 ☐	9 ☐	10
(6) Special pens or pencils, chairs, or other office supplies?	**(6)**	1 ☐	2 ☐	9 ☐	11
(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?	**(7)**	1 ☐	2 ☐	9 ☐	12
(8) Reduced work hours to allow for more breaks or rest periods?	**(8)**	1 ☐	2 ☐	9 ☐	13
(9) Reduced or part-time work hours?	**(9)**	1 ☐	2 ☐	9 ☐	14
(10) Some other equipment, help, or work arrangements?	**(10)**	1 ☐	2 ☐	9 ☐	15

ITEM D3

Refer to question 63 on page 26.
(Year last worked) 16

1 ☐ 1989 or after *(Go to 69)*
2 ☐ Before 1989 *(Skip to 71)*
9 ☐ DK *(Go to 69)*

69. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment or disability? 17

1 ☐ Yes
2 ☐ No
3 ☐ Not sure
9 ☐ DK

70. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —

		Yes	No	DK	
a. Refused employment?	**a.**	1 ☐	2 ☐	9 ☐	18
b. Refused a promotion?	**b.**	1 ☐	2 ☐	9 ☐	19
c. Refused a transfer?	**c.**	1 ☐	2 ☐	9 ☐	20
d. Refused access to training programs?	**d.**	1 ☐	2 ☐	9 ☐	21

71. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care? 22

1 ☐ Yes *(Go to 72)*
2 ☐ No
9 ☐ DK
(Skip to Section E on page 31)

72. How many days did you do volunteer work in the past 12 months? 23-26

_____ (Days)
1 ☐ Per week
2 ☐ Per month
3 ☐ Per year
9999 ☐ DK
(Skip to Section E on page 31)

73. Are you limited in the kind or amount of work you can do because of an ongoing health problem, impairment, or disability? 27

1 ☐ Yes *(Go to 74)*
2 ☐ No
9 ☐ DK
(Skip to 85 on page 29)

74. If enough accommodations were made in transportation and at the work place, would you be able to work? 28

1 ☐ Yes *(Go to 75 on page 28)*
2 ☐ No
9 ☐ DK
(Skip to 83 on page 29)

Section D – WORK HISTORY/EMPLOYMENT – Continued

75.	**In what year did you last work at a job or business, even for a few days?**	19 _____ Year 99 ☐ DK			29-30
76.	**Does an ongoing health problem now make it difficult for you to look for work?**	1 ☐ Yes 2 ☐ No 9 ☐ DK			31
77.	**Some people have encountered barriers which have discouraged them from looking for work. Did you not look for work because you were concerned that —**	Yes	No	DK	
	a. You would lose your SSI, SSDI, or other sources of income if you went to work?	a. 1 ☐	2 ☐	9 ☐	32
	b. You would lose your housing if you went to work?	b. 1 ☐	2 ☐	9 ☐	33
	c. You would lose your health insurance or Medicaid coverage if you went to work?	c. 1 ☐	2 ☐	9 ☐	34
	d. Your family or friends discouraged you from going to work?	d. 1 ☐	2 ☐	9 ☐	35
	e. Family responsibilities prevented you from going to work?	e. 1 ☐	2 ☐	9 ☐	36
	f. Appropriate information about jobs was not available to you?	f. 1 ☐	2 ☐	9 ☐	37
	g. If you went to work you would be refused a promotion or transfer?	g. 1 ☐	2 ☐	9 ☐	38
	h. If you went to work, you would be refused access to training?	h. 1 ☐	2 ☐	9 ☐	39
	i. Your training was not adequate?	i. 1 ☐	2 ☐	9 ☐	40
	j. You lacked transportation that you were able to get to and use?	j. 1 ☐	2 ☐	9 ☐	41
	k. There were no appropriate jobs available?	k. 1 ☐	2 ☐	9 ☐	42
78.	**Do you think you will look for work at any time in the next six months?**	1 ☐ Yes 2 ☐ No 9 ☐ DK			43
79.	**In order to work, would you NEED any of these special features at your worksite —**	Yes	No	DK	
	a. Handrails or ramps?	a. 1 ☐	2 ☐	9 ☐	44
	b. Accessible parking or an accessible transportation stop close to the building?	b. 1 ☐	2 ☐	9 ☐	45
	c. An elevator?	c. 1 ☐	2 ☐	9 ☐	46
	d. An elevator designed for persons with special needs?	d. 1 ☐	2 ☐	9 ☐	47
	e. A work station specially adapted for your use?	e. 1 ☐	2 ☐	9 ☐	48
	f. A restroom designed for persons with special needs ?	f. 1 ☐	2 ☐	9 ☐	49
	g. An automatic door?	g. 1 ☐	2 ☐	9 ☐	50

Notes

Section D – WORK HISTORY/EMPLOYMENT – Continued

80a. Because of an ongoing health problem, impairment, or disability, would you NEED any (other) special equipment, assistance or work arrangement in order to do your job? — 51

1 ☐ Yes *(Go to 80b)*
2 ☐ No } *(Skip to Item D4)*
9 ☐ DK

b. In order to work, would you NEED —

		Yes	No	DK	
(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?	(1)	1 ☐	2 ☐	9 ☐	52
(2) Braille, enlarged print, special lighting, or audio tape?	(2)	1 ☐	2 ☐	9 ☐	53
(3) A reader, oral or sign language interpreter to assist you at work?	(3)	1 ☐	2 ☐	9 ☐	54
(4) A job coach to help train you and supervise your work?	(4)	1 ☐	2 ☐	9 ☐	55
(5) A personal assistant to help with job related activities?	(5)	1 ☐	2 ☐	9 ☐	56
(6) Special pens or pencils, chairs, or other office supplies?	(6)	1 ☐	2 ☐	9 ☐	57
(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?	(7)	1 ☐	2 ☐	9 ☐	58
(8) Reduced work hours to allow for more breaks or rest periods?	(8)	1 ☐	2 ☐	9 ☐	59
(9) Reduced or part-time work hours?	(9)	1 ☐	2 ☐	9 ☐	60
(10) Some other equipment, help, or work arrangements?	(10)	1 ☐	2 ☐	9 ☐	61

ITEM D4 — *Refer to question 75 on page 28.* (Year last worked) — 62

1 ☐ 1989 or after *(Go to 81)*
2 ☐ Before 1989 *(Skip to 83)*
9 ☐ DK *(Go to 81)*

81. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment or disability? — 63

1 ☐ Yes
2 ☐ No
3 ☐ Not sure
9 ☐ DK

82. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —

		Yes	No	DK	
a. Refused employment?	a.	1 ☐	2 ☐	9 ☐	64
b. Refused a promotion?	b.	1 ☐	2 ☐	9 ☐	65
c. Refused a transfer?	c.	1 ☐	2 ☐	9 ☐	66
d. Refused access to training programs?	d.	1 ☐	2 ☐	9 ☐	67

83. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care? — 68

1 ☐ Yes *(Go to 84)*
2 ☐ No } *(Skip to Section E on page 31)*
9 ☐ DK

84. How many days did you do volunteer work in the past 12 months? — 69-72

_____ (Days) { 1 ☐ Per week / 2 ☐ Per month / 3 ☐ Per year } *(Skip to Section E on page 31)*

9999 ☐ DK

85. Because of an ongoing health problem, impairment or disability have you EVER changed —

		Yes	No	DK	
a. The KIND of work you do?	a.	1 ☐	2 ☐	9 ☐	73
b. The AMOUNT of work you do?	b.	1 ☐	2 ☐	9 ☐	74
c. Your job?	c.	1 ☐	2 ☐	9 ☐	75

Section D – WORK HISTORY/EMPLOYMENT – Continued

86. **In what year did you last work at a job or business, even for a few days?**	19 _____ Year 99 ☐ DK	76-77
ITEM D5 *Refer to question 86.* (Year last worked)	1 ☐ 1989 or after *(Go to 87)* 2 ☐ Before 1989 *(Skip to 91)* 9 ☐ DK *(Go to 87)*	78
87. **Does an ongoing health problem, impairment or disability now make it difficult for you to look for work?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	79
88. **Do you think you will look for work at any time in the next six months?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	80
89. **IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment or disability?**	1 ☐ Yes 2 ☐ No 3 ☐ Not sure 9 ☐ DK	81
90. **IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —**	Yes / No / DK	
a. Refused employment?	**a.** 1 ☐ 2 ☐ 9 ☐	82
b. Refused a promotion?	**b.** 1 ☐ 2 ☐ 9 ☐	83
c. Refused a transfer?	**c.** 1 ☐ 2 ☐ 9 ☐	84
d. Refused access to training programs?	**d.** 1 ☐ 2 ☐ 9 ☐	85
91. **DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work, such as teaching or coaching, office work, or providing care?**	1 ☐ Yes *(Go to 92)* 2 ☐ No } *(Skip to Section E on page 31)* 9 ☐ DK }	86
92. **How many days did you do volunteer work in the past 12 months?**	_____ (Days) { 1 ☐ Per week, 2 ☐ Per month, 3 ☐ Per year } 9999 ☐ DK	87-90

Notes

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3-4

Section E – VOCATIONAL REHABILITATION

READ: **These next questions are about vocational rehabilitation. Vocational rehabilitation services are designed to help people find a job, get back to work, or simply function better in their everyday activities.**

Ask all of 1a(1)–(15) before going to 1b.

Ask for each "Yes" in 1a.

1a. Have you ever received any of these vocational rehabilitation services?	Yes	No	DK		**b. Was the *(service)* arranged or provided by a state rehabilitation agency.**	Yes	No	DK	
(1) On-the-job training?	(1) 1☐	2☐	9☐	5	(1)	1☐	2☐	9☐	6
(2) Job placement?	(2) 1☐	2☐	9☐	7	(2)	1☐	2☐	9☐	8
(3) Training in job seeking skills?	(3) 1☐	2☐	9☐	9	(3)	1☐	2☐	9☐	10
(4) Vocational or business school training?	(4) 1☐	2☐	9☐	11	(4)	1☐	2☐	9☐	12
(5) College or university training?	(5) 1☐	2☐	9☐	13	(5)	1☐	2☐	9☐	14
(6) Personal adjustment training?	(6) 1☐	2☐	9☐	15	(6)	1☐	2☐	9☐	16
(7) Physical therapy?	(7) 1☐	2☐	9☐	17	(7)	1☐	2☐	9☐	18
(8) Occupational therapy?	(8) 1☐	2☐	9☐	19	(8)	1☐	2☐	9☐	20
(9) Other medical treatment?	(9) 1☐	2☐	9☐	21	(9)	1☐	2☐	9☐	22
(10) Special aids or technology such as wheelchairs, hearing aids, or computers?	(10) 1☐	2☐	9☐	23	(10)	1☐	2☐	9☐	24
(11) Training in homemaking or in self-care?	(11) 1☐	2☐	9☐	25	(11)	1☐	2☐	9☐	26
(12) Sheltered workshop?	(12) 1☐	2☐	9☐	27	(12)	1☐	2☐	9☐	28
(13) Supported employment?	(13) 1☐	2☐	9☐	29	(13)	1☐	2☐	9☐	30
(14) Driver training?	(14) 1☐	2☐	9☐	31	(14)	1☐	2☐	9☐	32
(15) Any other rehabilitation services?	(15) 1☐	2☐	9☐	33	(15)	1☐	2☐	9☐	34

ITEM E1 *Refer to question 1a.* (Received rehabilitation services)

1☐ Any "Yes" *(Go to 2)*
2☐ All others *(Skip to 4 on page 32)*

35

2. In what year did you LAST receive vocational rehabilitation services?

19 _____ Year
99☐ DK
00☐ Now in rehabilitation program

36-37

3. Have the vocational rehabilitation services you received —

	Yes	No	DK	
a. Helped you in getting a job?	a. 1☐	2☐	9☐	38
b. Helped you in getting a better job?	b. 1☐	2☐	9☐	39
c. Improved your ability to do your old job?	c. 1☐	2☐	9☐	40
d. Improved your self-confidence and outlook?	d. 1☐	2☐	9☐	41
e. Improved your ability to get around?	e. 1☐	2☐	9☐	42
f. Improved your ability to take care of yourself?	f. 1☐	2☐	9☐	43
g. Improved your ability to take care of your home?	g. 1☐	2☐	9☐	44
h. Improved your communication skills?	h. 1☐	2☐	9☐	45
i. Helped you in some other way?	i. 1☐	2☐	9☐	46

Notes

Section E – VOCATIONAL REHABILITATION – Continued

4. Do you need (additional) vocational rehabilitation services? [47]

1 ☐ Yes
2 ☐ No
9 ☐ DK

ITEM E2 *Refer to SP's age.* [48]

1 ☐ 70+ *(Skip to Section F on page 33)*
2 ☐ Under 70 *(Go to 5)*

HAND CARD A4. Ask all of 5a(1)–(12) before going to 5b.

Ask for each "Yes" in 5a.

5a. Which of the following describe your current job or other activities?		**b. How many hours a week do you usually spend on *(activity)*?**
(1) COMPETITIVE EMPLOYMENT; that is working at a regular job or business for at least minimum wage?	(1) [49] 1 ☐ Yes 2 ☐ No 9 ☐ DK	(1) [50-51] 00 ☐ Less than 1 hour _____ Hours per week (Number) 99 ☐ DK
(2) Working with a paid JOB COACH?	(2) [52] 1 ☐ Yes 2 ☐ No 9 ☐ DK	(2) [53-54] 00 ☐ Less than 1 hour _____ Hours per week (Number) 99 ☐ DK
(3) A WORK CREW, which consists of people with disabilities working as a team to provide services such as janitorial or lawn care in the community?	(3) [55] 1 ☐ Yes 2 ☐ No 9 ☐ DK	(3) [56-57] 00 ☐ Less than 1 hour _____ Hours per week (Number) 99 ☐ DK
(4) AN ENCLAVE; that is, working in a group with disabled persons in a regular business?	(4) [58] 1 ☐ Yes 2 ☐ No 9 ☐ DK	(4) [59-60] 00 ☐ Less than 1 hour _____ Hours per week (Number) 99 ☐ DK
(5) Any other SUPPORTED EMPLOYMENT not listed above?	(5) [61] 1 ☐ Yes 2 ☐ No 9 ☐ DK	(5) [62-63] 00 ☐ Less than 1 hour _____ Hours per week (Number) 99 ☐ DK
(6) A SHELTERED WORKSHOP; that is, working for piece rate wages below minimum wage?	(6) [64] 1 ☐ Yes 2 ☐ No 9 ☐ DK	(6) [65-66] 00 ☐ Less than 1 hour _____ Hours per week (Number) 99 ☐ DK
(7) A WORK ACTIVITY CENTER that teaches independent living and work skills?	(7) [67] 1 ☐ Yes 2 ☐ No 9 ☐ DK	(7) [68-69] 00 ☐ Less than 1 hour _____ Hours per week (Number) 99 ☐ DK
(8) A DAY ACTIVITY CENTER that teaches independent living, non-vocational or pre-vocational skills, where one does not work or get paid?	(8) [70] 1 ☐ Yes 2 ☐ No 9 ☐ DK	(8) [71-72] 00 ☐ Less than 1 hour _____ Hours per week (Number) 99 ☐ DK
(9) ATTENDING SCHOOL?	(9) [73] 1 ☐ Yes 2 ☐ No 9 ☐ DK	(9) [74-75] 00 ☐ Less than 1 hour _____ Hours per week (Number) 99 ☐ DK
(10) A FORMAL JOB TRAINING PROGRAM, not yet mentioned?	(10) [76] 1 ☐ Yes 2 ☐ No 9 ☐ DK	(10) [77-78] 00 ☐ Less than 1 hour _____ Hours per week (Number) 99 ☐ DK
(11) VOLUNTEER WORK?	(11) [79] 1 ☐ Yes 2 ☐ No 9 ☐ DK	(11) [80-81] 00 ☐ Less than 1 hour _____ Hours per week (Number) 99 ☐ DK
Ask if all "No" in 5a (1-11); otherwise, go to Section F on page 33. **(12) No STRUCTURED ACTIVITY?**	(12) [82] 1 ☐ Yes 2 ☐ No 9 ☐ DK	

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3-4

Section F – ASSISTIVE DEVICES AND TECHNOLOGIES

The next questions are about medical devices and implants.

Ask all of 1a–o before going to 2.

Ask for each "Yes" in 1.

1. During the past 12 months, did you use any of the following medical devices or supplies?	Yes	No	DK		**2. Did you use (device) in the past two weeks?** Yes	No	DK	
a. A tracheotomy tube?	a. 1☐	2☐	9☐	5	a. 1☐	2☐	9☐	6
b. A respirator?	b. 1☐	2☐	9☐	7	b. 1☐	2☐	9☐	8
c. An ostomy bag?	c. 1☐	2☐	9☐	9	c. 1☐	2☐	9☐	10
d. Catheterization equipment?	d. 1☐	2☐	9☐	11	d. 1☐	2☐	9☐	12
e. A glucose monitor?	e. 1☐	2☐	9☐	13	e. 1☐	2☐	9☐	14
f. Diabetic equipment or supplies?	f. 1☐	2☐	9☐	15	f. 1☐	2☐	9☐	16
g. An inhaler?	g. 1☐	2☐	9☐	17	g. 1☐	2☐	9☐	18
h. A nebulizer?	h. 1☐	2☐	9☐	19	h. 1☐	2☐	9☐	20
i. A hearing aid?	i. 1☐	2☐	9☐	21	i. 1☐	2☐	9☐	22
j. Crutches?	j. 1☐	2☐	9☐	23	j. 1☐	2☐	9☐	24
k. A cane?	k. 1☐	2☐	9☐	25	k. 1☐	2☐	9☐	26
l. A walker?	l. 1☐	2☐	9☐	27	l. 1☐	2☐	9☐	28
m. A wheelchair?	m. 1☐	2☐	9☐	29	m. 1☐	2☐	9☐	30
n. A scooter?	n. 1☐	2☐	9☐	31	n. 1☐	2☐	9☐	32
o. A feeding tube?	o. 1☐	2☐	9☐	33	o. 1☐	2☐	9☐	34

ITEM F1 *Refer to question 1 above.* (Devices used)

1☐ Any "Yes" in 1 *(Go to 3)*
2☐ All other *(Skip to 4)*

35

3. During the past 12 months, about how much did you or your family pay for [this device/these devices]? Do not count any money that has been or will be reimbursed by insurance or any other source.

00000☐ None

$ _____ .00

99999☐ DK

36-40

4. Do you now have any of the following implants?	Yes	No	DK	
a. Any shunt that drains away fluid?	a. 1☐	2☐	9☐	41
b. An artificial joint?	b. 1☐	2☐	9☐	42
c. Implanted lens?	c. 1☐	2☐	9☐	43
d. Implanted pin, screw, nail, wire, rod, or plate?	d. 1☐	2☐	9☐	44
e. An artifical heart valve?	e. 1☐	2☐	9☐	45
f. A pacemaker?	f. 1☐	2☐	9☐	46
g. Silicone implant?	g. 1☐	2☐	9☐	47
h. Infusion pump?	h. 1☐	2☐	9☐	48
i. Implanted catheter?	i. 1☐	2☐	9☐	49
j. An organ implant?	j. 1☐	2☐	9☐	50
k. A cochlear (kŏk′ lē-ər) **implant?**	k. 1☐	2☐	9☐	51

Notes

RT55

Section G – HEALTH INSURANCE

3-4

The next questions are about health insurance coverage.

There are several government programs that provide medical care or help pay medical bills.

People covered by Medicare have a card that looks like this.

SHOW MEDICARE CARD.

5

1a. In *(month)*, **were you covered by Medicare?**

1 ☐ Yes *(Go to 1b)*
2 ☐ No } *(Skip to 2)*
9 ☐ DK

b. How long have you been covered by Medicare?

Read categories if necessary.

Mark (X) only one.

6

1 ☐ Less than 6 months
2 ☐ 6 months, but less than 1 year
3 ☐ 1 year, but less than 2 years
4 ☐ 2 years or more
9 ☐ DK

There is a program called MEDICAID that pays for health care for persons in need. In this state, it is also called *(state name)*.

7

2a. In *(month)*, **were you covered by MEDICAID or** *(state name)*?

1 ☐ Yes *(Go to 2b)*
2 ☐ No } *(Skip to 3)*
9 ☐ DK

b. How long have you had MEDICAID or *(state name)* **coverage?**

Read categories if necessary.

Mark (X) only one.

8

1 ☐ Less than 6 months
2 ☐ 6 months, but less than 1 year
3 ☐ 1 year, but less than 2 years
4 ☐ 2 years, but less than 5 years
5 ☐ 5 years or more
6 ☐ On and off for less than 2 years
7 ☐ On and off for 2 years, but less than 5 years
8 ☐ On and off for 5 years or more
9 ☐ DK

3. In *(month)*, **were you covered by any OTHER public assistance program (other than Medicaid) that pays for health care? Do NOT include use of public or free clinics if that is your ONLY source of care.**

9

1 ☐ Yes
2 ☐ No
9 ☐ DK

4a. In *(month)*, **were you covered by military health care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS, or CHAMP-VA?**

10

1 ☐ Yes *(Go to 4b)*
2 ☐ No } *(Skip to 5)*
9 ☐ DK

b. Was this CHAMPUS, or CHAMP-VA?

Read if necessary: **CHAMPUS is a program of medical care for dependents of active duty or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.**

11

1 ☐ Yes
2 ☐ No
9 ☐ DK

c. In *(month)*, **were you covered by any other military health care, including armed forces retirement benefits, or the VA (Department of Veterans' Affairs)?**

12

1 ☐ Yes
2 ☐ No
9 ☐ DK

5. In *(month)*, **were you covered by the Indian Health Service?**

13

1 ☐ Yes
2 ☐ No
9 ☐ DK

6a. (Not counting the government health programs we just mentioned), in *(month)*, **were you covered by a private health insurance plan?**

Read if necessary: **Besides government programs, people also get health insurance through their jobs or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including Health Maintenance Organizations or HMOs.**

14

1 ☐ Yes *(Go to 6b)*
2 ☐ No } *(Skip to Section H on page 35)*
9 ☐ DK

b. Was any of this private health insurance obtained originally through the workplace, that is through a present or former employer or union?

Mark (X) only one.

15

1 ☐ Employer
2 ☐ Union
3 ☐ Through workplace, DK which
4 ☐ No
9 ☐ DK

RT 56
3-4

Section H – ASSISTANCE WITH KEY ACTIVITIES

READ TO RESPONDENT: **The next questions are about how well you are able to do certain activities. Please tell me if you have ANY difficulty when you do the following.**

Ask 1a–j before asking 2 and 3. | *Ask 2 and 3 for each "Yes" in 1a–j.*

1. By yourself and not using aids, do you have any difficulty —		**2. How much difficulty do you have *(activity)*, some, a lot, or are you unable to do it?**	**3. For how long have you [had some difficulty/had a lot of difficulty/been unable to] *(activity)*?**
a. Walking for a quarter of a mile, (that is about 2 or 3 blocks)?	5 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	6 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	7-8 00 ☐ Less than 1 year 99 ☐ DK _____ Number of years
b. Walking up 10 steps without resting?	9 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	10 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	11-12 00 ☐ Less than 1 year 99 ☐ DK _____ Number of years
c. Standing or being on your feet for about 2 hours?	13 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	14 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	15-16 00 ☐ Less than 1 year 99 ☐ DK _____ Number of years
d. Sitting for about 2 hours?	17 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	18 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	19-20 00 ☐ Less than 1 year 99 ☐ DK _____ Number of years
By yourself and not using aids, do you have any difficulty — **e. Stooping, crouching, or kneeling?**	21 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	22 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	23-24 00 ☐ Less than 1 year 99 ☐ DK _____ Number of years
f. Reaching up over your head?	25 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	26 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	27-28 00 ☐ Less than 1 year 99 ☐ DK _____ Number of years
g. Reaching out (as if to shake someone's hand)?	29 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	30 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	31-32 00 ☐ Less than 1 year 99 ☐ DK _____ Number of years
h. Using your fingers to grasp or handle?	33 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	34 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	35-36 00 ☐ Less than 1 year 99 ☐ DK _____ Number of years
By yourself and not using any aids, do you have any difficulty — **i. Lifting or carrying something as heavy as 25 pounds, (such as two full bags of groceries)?**	37 1 ☐ Yes *(Go to j)* 2 ☐ No *(Skip to 2)* 9 ☐ NA/DK *(Go to j)*	38 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	39-40 00 ☐ Less than 1 year 99 ☐ DK _____ Number of years
j. Lifting or carrying something as heavy as 10 pounds?	41 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	42 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	43-44 00 ☐ Less than 1 year 99 ☐ DK _____ Number of years

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

READ TO RESPONDENT: **These questions are about some other activities and how well you are able to do them by yourself and without using special equipment.**

Ask questions 4A–G before continuing to Item H1.

	(A) RT 57 3-4 Bathing or showering?	(B) RT 58 3-4 Dressing?	(C) RT 59 3-4 Eating?
4. Because of a health or physical problem, do you have ANY difficulty — *Ask if "Doesn't do":* **Is this because of a HEALTH or PHYSICAL problem?** *If "Yes", mark box 1; if "No" mark box 3.*	4. 5 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason 9 ☐ DK	4. 5 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason 9 ☐ DK	4. 5 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason 9 ☐ DK

ITEM H1	(A) Bathing or showering	(B) Dressing	(C) Eating
	H1 6 *Refer to question 4.* 1 ☐ "Yes" marked *(Go to 5)* 2 ☐ All other *(Go to H1 for next activity)*	H1 6 *Refer to question 4.* 1 ☐ "Yes" marked *(Go to 5)* 2 ☐ All other *(Go to H1 for next activity)*	H1 6 *Refer to question 4.* 1 ☐ "Yes" marked *(Go to 5)* 2 ☐ All other *(Go to H1 for next activity)*
5. By yourself and without using special equipment, how much difficulty do you have (activity), some, a lot, or are you unable to do it?	5. 7 1 ☐ Some } *(Go to 6)* 2 ☐ A lot } 3 ☐ Unable *(H1 for next activity)* 9 ☐ DK *(Go to 6)*	5. 7 1 ☐ Some } *(Go to 6)* 2 ☐ A lot } 3 ☐ Unable *(H1 for next activity)* 9 ☐ DK *(Go to 6)*	5. 7 1 ☐ Some } *(Go to 6)* 2 ☐ A lot } 3 ☐ Unable *(H1 for next activity)* 9 ☐ DK *(Go to 6)*
6. When you DO NOT HAVE HELP OR USE SPECIAL EQUIPMENT, is (activity) by yourself —	6. 8 0 ☐ Never do without help or special equipment *(H1 for next activity)*	6. 8 0 ☐ Never do without help or special equipment *(H1 for next activity)*	6. 8 0 ☐ Never do without help or special equipment *(H1 for next activity)*
(1) Very tiring?	(1) 1 ☐ Yes 2 ☐ No 9 ☐ DK 9	(1) 1 ☐ Yes 2 ☐ No 9 ☐ DK 9	(1) 1 ☐ Yes 2 ☐ No 9 ☐ DK 9
(2) Does (activity) take a long time?	(2) 1 ☐ Yes 2 ☐ No 9 ☐ DK 10	(2) 1 ☐ Yes 2 ☐ No 9 ☐ DK 10	(2) 1 ☐ Yes 2 ☐ No 9 ☐ DK 10
(3) Is it very painful?	(3) 1 ☐ Yes 2 ☐ No 9 ☐ DK 11 *(Go to H1 for next activity)*	(3) 1 ☐ Yes 2 ☐ No 9 ☐ DK 11 *(Go to H1 for next activity)*	(3) 1 ☐ Yes 2 ☐ No 9 ☐ DK 11 *(Go to H1 for next activity)*

ITEM H2	(A) Bathing or showering	(B) Dressing	(C) Eating
	H2 12 *Refer to question 4.* 1 ☐ Box 3 marked *(H2 for next activity)* 2 ☐ All other *(Go to 7)*	H2 12 *Refer to question 4.* 1 ☐ Box 3 marked *(H2 for next activity)* 2 ☐ All other *(Go to 7)*	H2 12 *Refer to question 4.* 1 ☐ Box 3 marked *(H2 for next activity)* 2 ☐ All other *(Go to 7)*
7a. Do you use any special equipment or aids in (activity)?	7a. 13 1 ☐ Yes *(Go to 7b)* 2 ☐ No *(H2 for next activity)*	7a. 13 1 ☐ Yes *(Go to 7b)* 2 ☐ No *(H2 for next activity)*	7a. 13 1 ☐ Yes *(Go to 7b)* 2 ☐ No *(H2 for next activity)*
b. What special equipment or aids do you use? **Anything else?** *Mark (X) all that apply.*	b. 1 ☐ Stool, seat or chair 14 2 ☐ Handbar or rail 15 3 ☐ Other 16 9 ☐ DK 17	b. 1 ☐ Special clothes 14 2 ☐ Special fasteners 15 3 ☐ Cord, string, zipper pull 16 4 ☐ Orthopedic shoes 17 5 ☐ Other 18 9 ☐ DK 19	b. 1 ☐ Oversized eating equipment 14 2 ☐ Bed or lap tray 15 3 ☐ Covered cup/ modified bowl 16 4 ☐ Other 17 9 ☐ DK 18
c. When you USE SPECIAL EQUIPMENT AND DO NOT HAVE HELP, is (activity) —	c. 18 0 ☐ Never do without help *(Go to H2 for next activity)*	c. 20 0 ☐ Never do without help *(Go to H2 for next activity)*	c. 19 0 ☐ Never do without help *(Go to H2 for next activity)*
(1) Very tiring?	(1) 1 ☐ Yes 2 ☐ No 9 ☐ DK 19	(1) 1 ☐ Yes 2 ☐ No 9 ☐ DK 21	(1) 1 ☐ Yes 2 ☐ No 9 ☐ DK 20
(2) Does (activity) take a long time?	(2) 1 ☐ Yes 2 ☐ No 9 ☐ DK 20	(2) 1 ☐ Yes 2 ☐ No 9 ☐ DK 22	(2) 1 ☐ Yes 2 ☐ No 9 ☐ DK 21
(3) Is it very painful?	(3) 1 ☐ Yes 2 ☐ No 9 ☐ DK 21 *(Go to H2 for next activity)*	(3) 1 ☐ Yes 2 ☐ No 9 ☐ DK 23 *(Go to H2 for next activity)*	(3) 1 ☐ Yes 2 ☐ No 9 ☐ DK 22 *(Go to H2 for next activity)*

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

(D) RT 60 3-4 Getting in and out of bed or chairs?	(E) RT 61 3-4 Walking?	(F) RT 62 3-4 Getting outside?	(G) RT 63 3-4 Using the toilet, including getting to the toilet?
4. [5] 1☐ Yes 2☐ No 3☐ Doesn't do for other reason 9☐ DK	**4.** [5] 1☐ Yes 2☐ No 3☐ Doesn't do for other reason 9☐ DK	**4.** [5] 1☐ Yes 2☐ No 3☐ Doesn't do for other reason 9☐ DK	**4.** [5] 1☐ Yes 2☐ No 3☐ Doesn't do for other reason 9☐ DK

(D) Getting in and out of bed or chairs	(E) Walking	(F) Getting outside	(G) Using the toilet, including getting to the toilet
H1 [6] *Refer to question 4.* 1☐ "Yes" marked *(Go to 5)* 2☐ All other *(Go to H1 for next activity)*	**H1** [6] *Refer to question 4.* 1☐ "Yes" marked *(Go to 5)* 2☐ All other *(Go to H1 for next activity)*	**H1** [6] *Refer to question 4.* 1☐ "Yes" marked *(Go to 5)* 2☐ All other *(Go to H1 for next activity)*	**H1** [6] *Refer to question 4.* 1☐ "Yes" marked *(Go to 5)* 2☐ All other *(Skip to H2 for activity (A))*
5. [7] 1☐ Some 2☐ A lot } *(Go to 6)* 3☐ Unable *(H1 for next activity)* 9☐ DK *(Go to 6)*	**5.** [7] 1☐ Some 2☐ A lot } *(Go to 6)* 3☐ Unable *(H1 for next activity)* 9☐ DK *(Go to 6)*	**5.** [7] 1☐ Some 2☐ A lot } *(Go to 6)* 3☐ Unable *(H1 for next activity)* 9☐ DK *(Go to 6)*	**5.** [7] 1☐ Some 2☐ A lot } *(Go to 6)* 3☐ Unable *(H2 for activity (A))* 9☐ DK *(Go to 6)*
6. [8] 0☐ Never do without help or special equipment *(H1 for next activity)*	**6.** [8] 0☐ Never do without help or special equipment *(H1 for next activity)*	**6.** [8] 0☐ Never do without help or special equipment *(H1 for next activity)*	**6.** [8] 0☐ Never do without help or special equipment *(H2 for activity (A))*
(1) 1☐ Yes 2☐ No 9☐ DK [9]	**(1)** 1☐ Yes 2☐ No 9☐ DK [9]	**(1)** 1☐ Yes 2☐ No 9☐ DK [9]	**(1)** 1☐ Yes 2☐ No 9☐ DK [9]
(2) 1☐ Yes 2☐ No 9☐ DK [10]	**(2)** 1☐ Yes 2☐ No 9☐ DK [10]	**(2)** 1☐ Yes 2☐ No 9☐ DK [10]	**(2)** 1☐ Yes 2☐ No 9☐ DK [10]
(3) 1☐ Yes 2☐ No 9☐ DK [11]	**(3)** 1☐ Yes 2☐ No 9☐ DK [11]	**(3)** 1☐ Yes 2☐ No 9☐ DK [11]	**(3)** 1☐ Yes 2☐ No 9☐ DK [11]
(Go to H1 for next activity)	*(Go to H1 for next activity)*	*(Go to H1 for next activity)*	*(Go to H2 for activity (A))*

(D) Getting in and out of bed or chairs	(E) Walking	(F) Getting outside	(G) Using the toilet, including getting to the toilet
H2 [12] *Refer to question 4.* 1☐ Box 3 marked *(H2 for next activity)* 2☐ All other *(Go to 7)*	**H2** [12] *Refer to question 4.* 1☐ Box 3 marked *(H2 for next activity)* 2☐ All other *(Go to 7)*	**H2** [12] *Refer to question 4.* 1☐ Box 3 marked *(H2 for next activity)* 2☐ All other *(Go to 7)*	**H2** [12] *Refer to question 4.* 1☐ Box 3 marked *(Skip to H3 on page 38)* 2☐ All other *(Go to 7)*
7a. [13] 1☐ Yes *(Go to 7b)* 2☐ No *(H2 for next activity)*	**7a.** [13] 1☐ Yes *(Go to 7b)* 2☐ No *(H2 for next activity)*	**7a.** [13] 1☐ Yes *(Go to 7b)* 2☐ No *(H2 for next activity)*	**7a.** [13] 1☐ Yes *(Go to 7b)* 2☐ No *(Skip to H3 on page 38)*
b. 1☐ Cane or walking stick [14] 2☐ Walker [15] 3☐ Extra/special cushions [16] 4☐ Special "raising seat" chair/lift chair [17] 5☐ Hospital bed [18] 6☐ Trapeze/sling [19] 7☐ Ramp [20] 8☐ Other [21] 9☐ DK [22]	**b.** 01☐ Cane or walking stick [14-15] 02☐ Walker [16-17] 03☐ Crutch or crutches [18-19] 04☐ Wheelchair [20-21] 05☐ Artificial leg [22-23] 06☐ Brace [24-25] 07☐ Guide dog [26-27] 08☐ Oxygen/special breathing equipment [28-29] 09☐ Other [30-31] 99☐ DK [32-33]	**b.** 01☐ Cane or walking stick [14-15] 02☐ Walker [16-17] 03☐ Crutch or crutches [18-19] 04☐ Wheelchair [20-21] 05☐ Artificial leg [22-23] 06☐ Brace [24-25] 07☐ Guide dog [26-27] 08☐ Oxygen/special breathing equipment [28-29] 09☐ Other [30-31] 99☐ DK [32-33]	**b.** 01☐ Cane or walking stick [14-15] 02☐ Walker [16-17] 03☐ Crutch or crutches [18-19] 04☐ Wheelchair [20-21] 05☐ Artificial leg [22-23] 06☐ Brace [24-25] 07☐ Guide dog [26-27] 08☐ Bed pan [28-29] 09☐ Raised toilet seat [30-31] 10☐ Special toilet/ portable toilet [32-33] 11☐ Hand holds/rails near toilet [34-35] 12☐ Other [36-37] 99☐ DK [38-39]
c. [23] 0☐ Never do without help *(Go to H2 for next activity)*	**c.** [34] 0☐ Never do without help *(Go to H2 for next activity)*	**c.** [34] 0☐ Never do without help *(Go to H2 for next activity)*	**c.** [40] 0☐ Never do without help *(Go to H3 on page 38)*
(1) 1☐ Yes 2☐ No 9☐ DK [24]	**(1)** 1☐ Yes 2☐ No 9☐ DK [35]	**(1)** 1☐ Yes 2☐ No 9☐ DK [35]	**(1)** 1☐ Yes 2☐ No 9☐ DK [41]
(2) 1☐ Yes 2☐ No 9☐ DK [25]	**(2)** 1☐ Yes 2☐ No 9☐ DK [36]	**(2)** 1☐ Yes 2☐ No 9☐ DK [36]	**(2)** 1☐ Yes 2☐ No 9☐ DK [42]
(3) 1☐ Yes 2☐ No 9☐ DK [26]	**(3)** 1☐ Yes 2☐ No 9☐ DK [37]	**(3)** 1☐ Yes 2☐ No 9☐ DK [37]	**(3)** 1☐ Yes 2☐ No 9☐ DK [43]
(Go to H2 for next activity)	*(Go to H2 for next activity)*	*(Go to H2 for next activity)*	*(Go to H3 on page 38)*

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM H3	(A) Bathing or showering RT 57	(B) Dressing RT 58	(C) Eating RT 59
H3	22 Refer to question 4 on page 36. 1☐ Box 3 marked *(Go to H3 for next activity)* 2☐ All other *(Go to 8)*	24 Refer to question 4 on page 36. 1☐ Box 3 marked *(Go to H3 for next activity)* 2☐ All other *(Go to 8)*	23 Refer to question 4 on page 36. 1☐ Box 3 marked *(Go to H3 for next activity)* 2☐ All other *(Go to 8)*
8a. Do you receive help from another person in *(activity)*? 8a.	23 1☐ Yes *(Go to 8b)* 2☐ No 9☐ DK *(Skip to 8e)*	25 1☐ Yes *(Go to 8b)* 2☐ No 9☐ DK *(Skip to 8e)*	24 1☐ Yes *(Go to 8b)* 2☐ No 9☐ DK *(Skip to 8e)*
b. Is this hands-on help? b.	24 1☐ Yes *(Go to 8c)* 2☐ No 9☐ DK *(Skip to 8e)*	26 1☐ Yes *(Go to 8c)* 2☐ No 9☐ DK *(Skip to 8e)*	25 1☐ Yes *(Go to 8c)* 2☐ No 9☐ DK *(Skip to 8e)*
c. When you HAVE HANDS-ON HELP FROM ANOTHER PERSON, is *(activity)* — c.	25 0☐ Never does activity *(Go to 8e)*	27 0☐ Never does activity *(Go to 8e)*	26 0☐ Never does activity *(Go to 8e)*
(1) Very tiring? (1)	1☐ Yes 2☐ No 9☐ DK 26	1☐ Yes 2☐ No 9☐ DK 28	1☐ Yes 2☐ No 9☐ DK 27
(2) Does *(activity)* take a long time? (2)	1☐ Yes 2☐ No 9☐ DK 27	1☐ Yes 2☐ No 9☐ DK 29	1☐ Yes 2☐ No 9☐ DK 28
(3) Is it very painful? (3)	1☐ Yes 2☐ No 9☐ DK 28	1☐ Yes 2☐ No 9☐ DK 30	1☐ Yes 2☐ No 9☐ DK 29
d. How often do you have hands-on help with *(activity)*? Would you say always, sometimes, or rarely? d.	29 1☐ Always 2☐ Sometimes 3☐ Rarely 9☐ DK	31 1☐ Always 2☐ Sometimes 3☐ Rarely 9☐ DK	30 1☐ Always 2☐ Sometimes 3☐ Rarely 9☐ DK
e. Do you need (more) hands-on help with *(activity)*? e.	30 1☐ Yes 2☐ No 9☐ DK *(Go to H3 for next activity)*	32 1☐ Yes 2☐ No 9☐ DK *(Go to H3 for next activity)*	31 1☐ Yes 2☐ No 9☐ DK *(Go to H3 for next activity)*

ITEM H4	(A) Bathing or showering	(B) Dressing	(C) Eating
H4	31 *Refer to H3 and 8b above.* 1☐ Box 1 marked in H3 *(Go to H4 for next activity)* 2☐ "Yes" in 8b *(Go to H4 for next activity)* 3☐ All other *(Go to 9)*	33 *Refer to H3 and 8b above.* 1☐ Box 1 marked in H3 *(Go to H4 for next activity)* 2☐ "Yes" in 8b *(Go to H4 for next activity)* 3☐ All other *(Go to 9)*	32 *Refer to H3 and 8b above.* 1☐ Box 1 marked in H3 *(Go to H4 for next activity)* 2☐ "Yes" in 8b *(Go to H4 for next activity)* 3☐ All other *(Go to 9)*
READ ONCE – **Sometimes people just need to have someone supervise them or stay nearby in case any help is needed.**	32	34	33
9a. Do you have someone who supervises you or stays nearby when you are *(activity)*? 9a.	1☐ Yes *(Go to 9b)* 2☐ No 9☐ DK *(Skip to 11)*	1☐ Yes *(Go to 9b)* 2☐ No 9☐ DK *(Skip to 11)*	1☐ Yes *(Go to 9b)* 2☐ No 9☐ DK *(Skip to 11)*
b. Does this person provide — b.	33	35	34
(1) Supervisory help, such as making sure the activity is performed correctly when you are *(activity)*? (1)	1☐ Yes 2☐ No 9☐ DK	1☐ Yes 2☐ No 9☐ DK	1☐ Yes 2☐ No 9☐ DK
(2) Standby help, such as observing to see if any help is needed when you are *(activity)*? (2)	34 1☐ Yes 2☐ No 9☐ DK	36 1☐ Yes 2☐ No 9☐ DK	35 1☐ Yes 2☐ No 9☐ DK
10. How often do you have supervision or standby help when you are *(activity)*? Would you say always, sometimes, or rarely? 10.	35 1☐ Always 2☐ Sometimes 3☐ Rarely 9☐ DK	37 1☐ Always 2☐ Sometimes 3☐ Rarely 9☐ DK	36 1☐ Always 2☐ Sometimes 3☐ Rarely 9☐ DK
11. Do you need (more) supervision or standby help with *(activity)*? 11.	36 1☐ Yes 2☐ No 9☐ DK *(Go to H4 for next activity)*	38 1☐ Yes 2☐ No 9☐ DK *(Go to H4 for next activity)*	37 1☐ Yes 2☐ No 9☐ DK *(Go to H4 for next activity)*

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Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

	(D) Getting in and out of bed or chairs (RT 60)	(E) Walking (RT 61)	(F) Getting outside (RT 62)	(G) Using the toilet, including getting to the toilet (RT 63)
H3	27 *Refer to question 4 on page 37.* 1☐ Box 3 marked *(Go to H3 for next activity)* 2☐ All other *(Go to 8)*	38 *Refer to question 4 on page 37.* 1☐ Box 3 marked *(Go to H3 for next activity)* 2☐ All other *(Go to 8)*	38 *Refer to question 4 on page 37.* 1☐ Box 3 marked *(Go to H3 for next activity)* 2☐ All other *(Go to 8)*	44 *Refer to question 4 on page 37.* 1☐ Box 3 marked *(Skip to H4 for activity (A))* 2☐ All other *(Go to 8)*
8a.	28 1☐ Yes *(Go to 8b)* 2☐ No 9☐ DK *(Skip to 8e)*	39 1☐ Yes *(Go to 8b)* 2☐ No 9☐ DK *(Skip to 8e)*	39 1☐ Yes *(Go to 8b)* 2☐ No 9☐ DK *(Skip to 8e)*	45 1☐ Yes *(Go to 8b)* 2☐ No 9☐ DK *(Skip to 8e)*
b.	29 1☐ Yes *(Go to 8c)* 2☐ No 9☐ DK *(Skip to 8e)*	40 1☐ Yes *(Go to 8c)* 2☐ No 9☐ DK *(Skip to 8e)*	40 1☐ Yes *(Go to 8c)* 2☐ No 9☐ DK *(Skip to 8e)*	46 1☐ Yes *(Go to 8c)* 2☐ No 9☐ DK *(Skip to 8e)*
c.	30 0☐ Never does activity *(Go to 8e)*	41 0☐ Never does activity *(Go to 8e)*	41 0☐ Never does activity *(Go to 8e)*	47 0☐ Never does activity *(Go to 8e)*
(1)	31 1☐ Yes 2☐ No 9☐ DK	42 1☐ Yes 2☐ No 9☐ DK	42 1☐ Yes 2☐ No 9☐ DK	48 1☐ Yes 2☐ No 9☐ DK
(2)	32 1☐ Yes 2☐ No 9☐ DK	43 1☐ Yes 2☐ No 9☐ DK	43 1☐ Yes 2☐ No 9☐ DK	49 1☐ Yes 2☐ No 9☐ DK
(3)	33 1☐ Yes 2☐ No 9☐ DK	44 1☐ Yes 2☐ No 9☐ DK	44 1☐ Yes 2☐ No 9☐ DK	50 1☐ Yes 2☐ No 9☐ DK
d.	34 1☐ Always 2☐ Sometimes 3☐ Rarely 9☐ DK	45 1☐ Always 2☐ Sometimes 3☐ Rarely 9☐ DK	45 1☐ Always 2☐ Sometimes 3☐ Rarely 9☐ DK	51 1☐ Always 2☐ Sometimes 3☐ Rarely 9☐ DK
e.	35 1☐ Yes 2☐ No 9☐ DK *(Go to H3 for next activity)*	46 1☐ Yes 2☐ No 9☐ DK *(Go to H3 for next activity)*	46 1☐ Yes 2☐ No 9☐ DK *(Go to H3 for next activity)*	52 1☐ Yes 2☐ No 9☐ DK *(Go to H4 for activity (A))*

	(D) Getting in and out of bed or chairs	(E) Walking	(F) Getting outside	(G) Using the toilet, including getting to the toilet
H4	36 *Refer to H3 and 8b above.* 1☐ Box 1 marked in H3 *(Go to H4 for next activity)* 2☐ "Yes" in 8b *(Go to H4 for next activity)* 3☐ All other *(Go to 9)*	47 *Refer to H3 and 8b above.* 1☐ Box 1 marked in H3 *(Go to H4 for next activity)* 2☐ "Yes" in 8b *(Go to H4 for next activity)* 3☐ All other *(Go to 9)*	47 *Refer to H3 and 8b above.* 1☐ Box 1 marked in H3 *(Go to H4 for next activity)* 2☐ "Yes" in 8b *(Go to H4 for next activity)* 3☐ All other *(Go to 9)*	53 *Refer to H3 and 8b above.* 1☐ Box 1 marked in H3 *(Skip to H5 on page 40)* 2☐ "Yes" in 8b *(Skip to H5 on page 40)* 3☐ All other *(Go to 9)*
9a.	37 1☐ Yes *(Go to 9b)* 2☐ No 9☐ DK *(Skip to 11)*	48 1☐ Yes *(Go to 9b)* 2☐ No 9☐ DK *(Skip to 11)*	48 1☐ Yes *(Go to 9b)* 2☐ No 9☐ DK *(Skip to 11)*	54 1☐ Yes *(Go to 9b)* 2☐ No 9☐ DK *(Skip to 11)*
b. (1)	38 1☐ Yes 2☐ No 9☐ DK	49 1☐ Yes 2☐ No 9☐ DK	49 1☐ Yes 2☐ No 9☐ DK	55 1☐ Yes 2☐ No 9☐ DK
(2)	39 1☐ Yes 2☐ No 9☐ DK	50 1☐ Yes 2☐ No 9☐ DK	50 1☐ Yes 2☐ No 9☐ DK	56 1☐ Yes 2☐ No 9☐ DK
10.	40 1☐ Always 2☐ Sometimes 3☐ Rarely 9☐ DK	51 1☐ Always 2☐ Sometimes 3☐ Rarely 9☐ DK	51 1☐ Always 2☐ Sometimes 3☐ Rarely 9☐ DK	57 1☐ Always 2☐ Sometimes 3☐ Rarely 9☐ DK
11.	41 1☐ Yes 2☐ No 9☐ DK *(Go to H4 for next activity)*	52 1☐ Yes 2☐ No 9☐ DK *(Go to H4 for next activity)*	52 1☐ Yes 2☐ No 9☐ DK *(Go to H4 for next activity)*	58 1☐ Yes 2☐ No 9☐ DK *(Go to H5 on page 40)*

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM H5	(A) Bathing or showering (RT 57)	(B) Dressing (RT 58)	(C) Eating (RT 59)
H5	*Refer to 8a, 8e, 9a and 11 on page 38.* (37) 1 ☐ Any "Yes" *(Go to 12)* 2 ☐ All other *(Go to H5 for activity (B))*	*Refer to 8a, 8e, 9a and 11 on page 38.* (39) 1 ☐ Any "Yes" *(Go to 12)* 2 ☐ All other *(Go to H5 for activity (C))*	*Refer to 8a, 8e, 9a and 11 on page 38.* (38) 1 ☐ Any "Yes" *(Go to 12)* 2 ☐ All other *(Go to H5 for activity (D))*
12a.	**How often do you have a complete bath? This could be a tub bath, shower, sink bath or bed bath. Would you say —** *(Read categories)* (38) 1 ☐ **Everyday,** 2 ☐ **2–3 times per week,** 3 ☐ **Once a week, or** 4 ☐ **Less than once a week?** 9 ☐ DK	**Do you get dressed for the day —** *(Read categories)* (40) 1 ☐ **Everyday,** *(Skip to 13)* 2 ☐ **2–3 times per week,** 3 ☐ **Once a week, or** 4 ☐ **Do you stay in night clothes?** *(Go to 12b)* 9 ☐ DK	**During the past month, were there times you were unable to eat when you were hungry because no one was available to help you eat?** (39) 1 ☐ Yes 2 ☐ No 9 ☐ DK
b.	**How often do you have a partial bath? Would you say —** *(Read categories)* (39) 1 ☐ **Everyday,** 2 ☐ **2–3 times per week,** 3 ☐ **Once a week, or** 4 ☐ **Less than once a week?** 9 ☐ DK	**How often do you change your night clothes? Would you say —** *(Read categories)* (41) 1 ☐ **Everyday,** 2 ☐ **2–3 times per week,** 3 ☐ **Once a week, or** 4 ☐ **Less than once a week?** 9 ☐ DK	**During the past month, have you —** **(1) Lost any weight because you were on a diet?** (40) 1 ☐ Yes 2 ☐ No 9 ☐ DK
13a.	**During the past month, did you experience discomfort because you were not able to bathe as often as you would have liked?** *If necessary:* **That can be either physical or emotional discomfort.** (40) 1 ☐ Yes 2 ☐ No 9 ☐ DK	13. **During the past month, did you experience discomfort because you were not able to change your clothes as often as you would have liked because you did not have help?** (42) 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to H5 for activity (C))*	**(2) Lost weight even though you were not on a diet?** (41) 1 ☐ Yes 2 ☐ No 9 ☐ DK
b.	**During the past month, did you experience a burn or scald caused by bathing with water that was too hot?** (41) 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to H5 for activity (B))*		**(3) Been dehydrated, that is not had enough liquid in your diet?** (42) 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to H5 for activity (D))* *If necessary:* **If you were dehydrated, you might have been thirsty or lost body fluids.**

Notes

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Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

(D) Getting in and out of bed or chairs — RT 60

H5 *Refer to 8a, 8e, 9a and 11 on page 39.* [42]

1 ☐ Any "Yes" *(Go to 12)*
2 ☐ All other *(Go to H5 for activity (E))*

12a. Because of a health or physical problem, do you usually stay in bed all or most of the time? [43]

1 ☐ Yes *(Go to H5 for activity (E))*
2 ☐ No
9 ☐ DK
(Go to 12b)

b. Because of a health or physical problem, do you usually stay in a chair all or most of the time? [44]

1 ☐ Yes
2 ☐ No
9 ☐ DK

c. How often do you get out of bed? Would you say — *(Read categories)* [45]

1 ☐ **Everyday,**
2 ☐ **2–3 times per week,**
3 ☐ **Once a week, or**
4 ☐ **Less than once a week?**
9 ☐ DK

(Go to H5 for activity (E))

(E) Walking — RT 61

H5 *Refer to 8a, 8e, 9a and 11 on page 39.* [53]

1 ☐ Any "Yes" *(Go to 12)*
2 ☐ All other *(Go to H5 for activity (G))*

12a. How often do you move around your [house/apartment/room]? Would you say — *(Read categories)* [54]

1 ☐ **Whenever you want,**
2 ☐ **Often enough to stretch and have a change of scenery now and then,**
3 ☐ **Often enough to take care of toileting needs but not much more than that, or**
4 ☐ **Not often enough even to use the bathroom?**
9 ☐ DK

(Go to H5 for activity (G))

(G) Using the toilet, including getting to the toilet — RT 63

H5 *Refer to 8a, 8e, 9a and 11 on page 39.* [59]

1 ☐ Any "Yes" *(Go to 12)*
2 ☐ All other *(Skip to H6 on page 42)*

12a. During the past month, did you experience discomfort because you did not have help getting to the bathroom or changing soiled clothing as often as you needed to?

If necessary: **That can be either physical or emotional discomfort.** [60]

1 ☐ Yes
2 ☐ No
9 ☐ DK

b. During the past month, did you wet or soil yourself because you did not have help getting to the bathroom, using a bed pan or using a commode? [61]

1 ☐ Yes *(Go to 12c)*
2 ☐ No
9 ☐ DK
(Skip to 12d)

c. During the past month, did you experience skin problems such as a rash or irritation because of this? [62]

1 ☐ Yes
2 ☐ No
9 ☐ DK

d. During the past month, did you use a commode or bed pan because no help was available? [63]

1 ☐ Yes
2 ☐ No
9 ☐ DK

(Go to H6 on page 42)

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM H6		
	Refer to question 4 for activities A–G on pages 36 and 37. Indicate the activities marked "Yes". *Insert these marked activities when asking 14.*	☐ **A.** Bathing or showering ☐ **B.** Dressing ☐ **C.** Eating ☐ **D.** Getting in and out of bed or chairs ☐ **E.** Walking ☐ **F.** Getting outside ☐ **G.** Using the toilet, including getting to the toilet ☐ No activities marked *(Skip to 16)*

Insert activities marked in H6.

14a. What (other) condition causes the trouble in *(activities)***?** 5-6 7-8

00 ☐ No condition *(Skip to 16)*
01 ☐ Old age *(Go to 14c)*

Record conditions and ask 14b.

Ask if operation:

For what condition did you have the operation?

Record up to 5 conditions.

(a) _____ 9-10

(b) _____ 11-12

(c) _____ 13-14

(d) _____ 15-16

(e) _____ 17-18

b. Besides *(condition)***, is there any other condition which causes this trouble in** *(activities)***?** 19

1 ☐ Yes *(Reask 14a and 14b)*
2 ☐ No } *(Skip to 15)*
9 ☐ DK

c. Is this trouble in *(activities)* **caused by any specific condition?** 20

1 ☐ Yes *(Reask 14a and 14b)*
2 ☐ No } *(Go to 15)*
9 ☐ DK

15. [Was this/Were any of these] condition(s) a result of a motor vehicle accident? 21

1 ☐ Yes
2 ☐ No
9 ☐ DK

16. During the past 12 months, did you receive training to increase your independence in daily living skills such as bathing, eating, or toileting? 22

1 ☐ Yes
2 ☐ No
9 ☐ DK

17a. Do you have difficulty controlling your bowels? 23

1 ☐ Yes *(Go to 17b)*
2 ☐ No } *(Skip to 17c)*
9 ☐ DK

b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week? 24

Mark (X) only one.

1 ☐ Daily
2 ☐ Several times a week
3 ☐ Once a week
4 ☐ Less than once a week
9 ☐ DK

c. Do you have a colostomy or a device to help control bowel movements? 25

1 ☐ Yes *(Go to 17d)*
2 ☐ No } *(Skip to 18a on page 43)*
9 ☐ DK

d. Do you need help from another person in taking care of this device? 26

1 ☐ Yes
2 ☐ No
9 ☐ DK

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

18a. Do you have difficulty controlling urination?	1 ☐ Yes *(Go to 18b)* 2 ☐ No } *(Skip to 18c)* 9 ☐ DK	27
b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week? *Mark (X) only one.*	1 ☐ Daily 2 ☐ Several times a week 3 ☐ Once a week 4 ☐ Less than once a week 9 ☐ DK	28
c. Do you have a urinary catheter or a device to help control urination?	1 ☐ Yes *(Go to 18d)* 2 ☐ No } *(Skip to Item H8)* 9 ☐ DK	29
d. Do you need help from another person in taking care of this device?	1 ☐ Yes 2 ☐ No 9 ☐ DK	30
ITEM H8 Status of SP.	1 ☐ Institutionalized *(Skip to 31 on page 50)* 2 ☐ All others *(Go to 19 on page 44)*	31

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

READ TO RESPONDENT: **These questions are about some other activities. Please tell me about doing them by yourself.**

Ask questions 19(H)–(O) before continuing to Item H9.

	(H) RT 65 3-4 **Preparing your own meals?**	(I) RT 66 3-4 **Shopping for groceries and personal items, such as toilet items or medicines?**	(J) RT 67 3-4 **Managing your money, such as keeping track of expenses or paying bills.**
19. Because of a health or physical problem, do you have ANY difficulty — *Ask if "Doesn't do": Is this because of a HEALTH or PHYSICAL problem?* *If "Yes", mark box 1; if "No" mark box 3.*	19. 1☐ Yes 2☐ No 3☐ Doesn't do for other reason ↙ [5] **Does someone else regularly do this for you?** 4☐ Yes 5☐ No [6]	1☐ Yes 2☐ No 3☐ Doesn't do for other reason ↙ [5] **Does someone else regularly do this for you?** 4☐ Yes 5☐ No [6]	1☐ Yes 2☐ No 3☐ Doesn't do for other reason ↙ [5] **Does someone else regularly do this for you?** 4☐ Yes 5☐ No [6]
ITEM H9	(H) **Preparing your own meals**	(I) **Shopping for groceries and personal items**	(J) **Managing your money**
H9	*Refer to 19.* [7] 1☐ Box 1 "Yes" marked *(Go to 20)* 2☐ All other *(Go to H9 for next activity)*	*Refer to 19.* [7] 1☐ Box 1 "Yes" marked *(Go to 20)* 2☐ All other *(Go to H9 for next activity)*	*Refer to 19.* [7] 1☐ Box 1 "Yes" marked *(Go to 20)* 2☐ All other *(Go to H9 for next activity)*
20. By yourself, how much difficulty do you have *(activity)*, **— some, a lot, or are you unable to do it?**	20. 1☐ Some 2☐ A lot *(Go to 21)* [8] 3☐ Unable *(Go to H9 for next activity)* 9☐ DK *(Go to 21)*	1☐ Some 2☐ A lot *(Go to 21)* [8] 3☐ Unable *(Go to H9 for next activity)* 9☐ DK *(Go to 21)*	1☐ Some 2☐ A lot *(Go to 21)* [8] 3☐ Unable *(Go to H9 for next activity)* 9☐ DK *(Go to 21)*
21. When you DO NOT HAVE HELP, is *(activity)* **by yourself —**	0☐ Never do without help *(Go to H9 for next activity)* [9]	0☐ Never do without help *(Go to H9 for next activity)* [9]	0☐ Never do without help *(Go to H9 for next activity)* [9]
	Yes No DK	Yes No DK	Yes No DK
a. Very tiring?	21a. 1☐ 2☐ 9☐ [10]	1☐ 2☐ 9☐ [10]	1☐ 2☐ 9☐ [10]
b. Does *(activity)* **take a long time?**	b. 1☐ 2☐ 9☐ [11]	1☐ 2☐ 9☐ [11]	1☐ 2☐ 9☐ [11]
c. Is it very painful?	c. 1☐ 2☐ 9☐ [12]	1☐ 2☐ 9☐ [12]	1☐ 2☐ 9☐ [12]
	(Go to H9 for next activity)	*(Go to H9 for next activity)*	*(Go to H9 for next activity)*

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Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

	(K) RT 68 3-4 Using the telephone?	(L) RT 69 3-4 Doing heavy housework, like scrubbing floors, or washing windows?	(M) RT 70 3-4 Doing light housework, like doing dishes, straightening up, or light cleaning?	(N) RT 71 3-4 Getting to places outside of walking distance?	(O) RT 72 3-4 Managing your medication?
19.	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason ↙ [5] **Does someone else regularly do this for you?** 4 ☐ Yes 5 ☐ No [6]	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason ↙ [5] **Does someone else regularly do this for you?** 4 ☐ Yes 5 ☐ No [6]	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason ↙ [5] **Does someone else regularly do this for you?** 4 ☐ Yes 5 ☐ No [6]	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason ↙ [5] **Does someone else regularly do this for you?** 4 ☐ Yes 5 ☐ No [6]	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason ↙ [5] **Does someone else regularly do this for you?** 4 ☐ Yes 5 ☐ No [6]

	(K) Using the telephone	(L) Doing heavy housework	(M) Doing light housework	(N) Getting to places outside of walking distance	(O) Managing your medication
H9	*Refer to 19.* [7] 1 ☐ Box 1 "Yes" marked *(Go to 20)* 2 ☐ All other *(Go to H9 for next activity)*	*Refer to 19.* [7] 1 ☐ Box 1 "Yes" marked *(Go to 20)* 2 ☐ All other *(Go to H9 for next activity)*	*Refer to 19.* [7] 1 ☐ Box 1 "Yes" marked *(Go to 20)* 2 ☐ All other *(Go to H9 for next activity)*	*Refer to 19.* [7] 1 ☐ Box 1 "Yes" marked *(Go to 20)* 2 ☐ All other *(Go to H9 for next activity)*	*Refer to 19.* [7] 1 ☐ Box 1 "Yes" marked *(Go to 20)* 2 ☐ All other *(Skip to H10 on page 46)*
20.	1 ☐ Some } *(Go to 21)* [8] 2 ☐ A lot } 3 ☐ Unable *(Go to H9 for next activity)* 9 ☐ DK *(Go to 21)*	1 ☐ Some } *(Go to 21)* [8] 2 ☐ A lot } 3 ☐ Unable *(Go to H9 for next activity)* 9 ☐ DK *(Go to 21)*	1 ☐ Some } *(Go to 21)* [8] 2 ☐ A lot } 3 ☐ Unable *(Go to H9 for next activity)* 9 ☐ DK *(Go to 21)*	1 ☐ Some } *(Go to 21)* [8] 2 ☐ A lot } 3 ☐ Unable *(Go to H9 for next activity)* 9 ☐ DK *(Go to 21)*	1 ☐ Some } *(Go to 21)* [8] 2 ☐ A lot } 3 ☐ Unable *(Skip to H10 on page 46)* 9 ☐ DK *(Go to 21)*
	0 ☐ Never do without help *(Go to H9 for next activity)* [9]	0 ☐ Never do without help *(Go to H9 for next activity)* [9]	0 ☐ Never do without help *(Go to H9 for next activity)* [9]	0 ☐ Never do without help *(Go to H9 for next activity)* [9]	0 ☐ Never do without help *(Skip to H10 on page 46)* [9]
	Yes No DK	Yes No DK	Yes No DK	Yes No DK	Yes No DK
21a.	1 ☐ 2 ☐ 9 ☐ [10]	1 ☐ 2 ☐ 9 ☐ [10]	1 ☐ 2 ☐ 9 ☐ [10]	1 ☐ 2 ☐ 9 ☐ [10]	1 ☐ 2 ☐ 9 ☐ [10]
b.	1 ☐ 2 ☐ 9 ☐ [11]	1 ☐ 2 ☐ 9 ☐ [11]	1 ☐ 2 ☐ 9 ☐ [11]	1 ☐ 2 ☐ 9 ☐ [11]	1 ☐ 2 ☐ 9 ☐ [11]
c.	1 ☐ 2 ☐ 9 ☐ [12]	1 ☐ 2 ☐ 9 ☐ [12]	1 ☐ 2 ☐ 9 ☐ [12]	1 ☐ 2 ☐ 9 ☐ [12]	1 ☐ 2 ☐ 9 ☐ [12]
	(Go to H9 for next activity)	*(Go to H9 for next activity)*	*(Go to H9 for next activity)*	*(Go to H9 for next activity)*	*(Go to H10 on page 46)*

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM H10		(H) Preparing your own meals RT 65	(I) Shopping for groceries and personal items RT 66	(J) Managing your money RT 67
	H10	Refer to 19 on page 44. 13 1 ☐ Box 3 marked *(Go to H10 for next activity)* 2 ☐ All others *(Go to 22)*	Refer to 19 on page 44. 13 1 ☐ Box 3 marked *(Go to H10 for next activity)* 2 ☐ All others *(Go to 22)*	Refer to 19 on page 44. 13 1 ☐ Box 3 marked *(Go to H10 for next activity)* 2 ☐ All others *(Go to 22)*
22a. Do you receive help from another person in *(activity)*?	22a.	14 1 ☐ Yes *(Go to 22b)* 2 ☐ No } *(Skip to 22e)* 9 ☐ DK	14 1 ☐ Yes *(Go to 22b)* 2 ☐ No } *(Skip to 22e)* 9 ☐ DK	14 1 ☐ Yes *(Go to 22b)* 2 ☐ No } *(Skip to 22e)* 9 ☐ DK
b. Is this hands-on help?	b.	15 1 ☐ Yes *(Go to 22c)* 2 ☐ No } *(Skip to 22e)* 9 ☐ DK	15 1 ☐ Yes *(Go to 22c)* 2 ☐ No } *(Skip to 22e)* 9 ☐ DK	15 1 ☐ Yes *(Go to 22c)* 2 ☐ No } *(Skip to 22e)* 9 ☐ DK
c. When you HAVE HANDS-ON HELP FROM ANOTHER PERSON, is *(activity)*:	c.	16 0 ☐ Never does activity *(Go to 22e)* Yes No DK	16 0 ☐ Never does activity *(Go to 22e)* Yes No DK	16 0 ☐ Never does activity *(Go to 22e)* Yes No DK
(1) Very tiring?	(1)	1 ☐ 2 ☐ 9 ☐ 17	1 ☐ 2 ☐ 9 ☐ 17	1 ☐ 2 ☐ 9 ☐ 17
(2) Does *(activity)* **take a long time?**	(2)	1 ☐ 2 ☐ 9 ☐ 18	1 ☐ 2 ☐ 9 ☐ 18	1 ☐ 2 ☐ 9 ☐ 18
(3) Is it very painful?	(3)	1 ☐ 2 ☐ 9 ☐ 19	1 ☐ 2 ☐ 9 ☐ 19	1 ☐ 2 ☐ 9 ☐ 19
d. How often do you have hands-on help with *(activity)*? **Would you say always, sometimes, or rarely?**	d.	20 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	20 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	20 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK
e. Do you need (more) hands-on help with *(activity)*?	e.	21 1 ☐ Yes } *(Go to H10 for next activity)* 2 ☐ No 9 ☐ DK	21 1 ☐ Yes } *(Go to H10 for next activity)* 2 ☐ No 9 ☐ DK	21 1 ☐ Yes } *(Go to H10 for next activity)* 2 ☐ No 9 ☐ DK

ITEM H11		(H) Preparing your own meals RT 65	(I) Shopping for groceries and personal items RT 66	(J) Managing your money RT 67
	H11	Refer to H10 and 22b: 22 1 ☐ Box 1 marked in H10 *(Go to H11 for next activity)* 2 ☐ "Yes" marked in 22b *(Go to H11 for next activity)* 3 ☐ Other *(Go to 23)*	Refer to H10 and 22b: 22 1 ☐ Box 1 marked in H10 *(Go to H11 for next activity)* 2 ☐ "Yes" marked in 22b *(Go to H11 for next activity)* 3 ☐ Other *(Go to 23)*	Refer to H10 and 22b: 22 1 ☐ Box 1 marked in H10 *(Go to H11 for next activity)* 2 ☐ "Yes" marked in 22b *(Go to H11 for next activity)* 3 ☐ Other *(Go to 23)*
READ ONCE: **Sometimes people just need to have someone supervise them or stay nearby in case any help is needed.** **23a. Do you have someone who supervises you or stays nearby when you are** *(activity)*?	23a.	23 1 ☐ Yes *(Go to 23b)* 2 ☐ No } *(Skip to 25)* 9 ☐ DK	23 1 ☐ Yes *(Go to 23b)* 2 ☐ No } *(Skip to 25)* 9 ☐ DK	23 1 ☐ Yes *(Go to 23b)* 2 ☐ No } *(Skip to 25)* 9 ☐ DK
b. Does this person provide — **Supervisory help, such as making sure the activity is performed correctly when you are** *(activity)*?	b.	24 1 ☐ Yes 2 ☐ No 9 ☐ DK	24 1 ☐ Yes 2 ☐ No 9 ☐ DK	24 1 ☐ Yes 2 ☐ No 9 ☐ DK
c. Stand-by help, such as observing to see if any help is needed when you are *(activity)*?	c.	25 1 ☐ Yes 2 ☐ No 9 ☐ DK	25 1 ☐ Yes 2 ☐ No 9 ☐ DK	25 1 ☐ Yes 2 ☐ No 9 ☐ DK
24. How often do you have supervision or standby help when you are *(activity)*? **Would you say always, sometimes, or rarely?**	24.	26 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	26 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	26 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK
25. Do you need (more) supervision or standby help with *(activity)*?	25.	27 1 ☐ Yes } *(Go to H11 for next activity)* 2 ☐ No 9 ☐ DK	27 1 ☐ Yes } *(Go to H11 for next activity)* 2 ☐ No 9 ☐ DK	27 1 ☐ Yes } *(Go to H11 for next activity)* 2 ☐ No 9 ☐ DK

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Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

	(K) Using the telephone RT 68	(L) Doing heavy housework RT 69	(M) Doing light housework RT 70	(N) Getting to places outside of walking distance RT 71	(O) Managing your medication RT 72
H10	13 *Refer to 19 on page 45.* 1 ☐ Box 3 marked *(Go to H10 for next activity)* 2 ☐ All others *(Go to 22)*	13 *Refer to 19 on page 45.* 1 ☐ Box 3 marked *(Go to H10 for next activity)* 2 ☐ All others *(Go to 22)*	13 *Refer to 19 on page 45.* 1 ☐ Box 3 marked *(Go to H10 for next activity)* 2 ☐ All others *(Go to 22)*	13 *Refer to 19 on page 45.* 1 ☐ Box 3 marked *(Go to H10 for next activity)* 2 ☐ All others *(Go to 22)*	13 *Refer to 19 on page 45.* 1 ☐ Box 3 marked *(Skip to H11 for activity (H))* 2 ☐ All others *(Go to 22)*
22a.	14 1 ☐ Yes *(Go to 22b)* 2 ☐ No } *(Skip to 22e)* 9 ☐ DK	14 1 ☐ Yes *(Go to 22b)* 2 ☐ No } *(Skip to 22e)* 9 ☐ DK	14 1 ☐ Yes *(Go to 22b)* 2 ☐ No } *(Skip to 22e)* 9 ☐ DK	14 1 ☐ Yes *(Go to 22b)* 2 ☐ No } *(Skip to 22e)* 9 ☐ DK	14 1 ☐ Yes *(Go to 22b)* 2 ☐ No } *(Skip to 22e)* 9 ☐ DK
b.	15 1 ☐ Yes *(Go to 22c)* 2 ☐ No } *(Skip to 22e)* 9 ☐ DK	15 1 ☐ Yes *(Go to 22c)* 2 ☐ No } *(Skip to 22e)* 9 ☐ DK	15 1 ☐ Yes *(Go to 22c)* 2 ☐ No } *(Skip to 22e)* 9 ☐ DK	15 1 ☐ Yes *(Go to 22c)* 2 ☐ No } *(Skip to 22e)* 9 ☐ DK	15 1 ☐ Yes *(Go to 22c)* 2 ☐ No } *(Skip to 22e)* 9 ☐ DK
c.	16 0 ☐ Never does activity *(Go to 22e)* Yes No DK	16 0 ☐ Never does activity *(Go to 22e)* Yes No DK	16 0 ☐ Never does activity *(Go to 22e)* Yes No DK	16 0 ☐ Never does activity *(Go to 22e)* Yes No DK	16 0 ☐ Never does activity *(Go to 22e)* Yes No DK
(1)	1 ☐ 2 ☐ 9 ☐ 17	1 ☐ 2 ☐ 9 ☐ 17	1 ☐ 2 ☐ 9 ☐ 17	1 ☐ 2 ☐ 9 ☐ 17	1 ☐ 2 ☐ 9 ☐ 17
(2)	1 ☐ 2 ☐ 9 ☐ 18	1 ☐ 2 ☐ 9 ☐ 18	1 ☐ 2 ☐ 9 ☐ 18	1 ☐ 2 ☐ 9 ☐ 18	1 ☐ 2 ☐ 9 ☐ 18
(3)	1 ☐ 2 ☐ 9 ☐ 19	1 ☐ 2 ☐ 9 ☐ 19	1 ☐ 2 ☐ 9 ☐ 19	1 ☐ 2 ☐ 9 ☐ 19	1 ☐ 2 ☐ 9 ☐ 19
d.	20 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	20 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	20 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	20 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	20 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK
e.	21 1 ☐ Yes 2 ☐ No } *(Go to H10 for next activity)* 9 ☐ DK	21 1 ☐ Yes 2 ☐ No } *(Go to H10 for next activity)* 9 ☐ DK	21 1 ☐ Yes 2 ☐ No } *(Go to H10 for next activity)* 9 ☐ DK	21 1 ☐ Yes 2 ☐ No } *(Go to H10 for next activity)* 9 ☐ DK	21 1 ☐ Yes 2 ☐ No } *(Skip to H11 for activity (H))* 9 ☐ DK

	(K) Using the telephone RT 68	(L) Doing heavy housework RT 69	(M) Doing light housework RT 70	(N) Getting to places outside of walking distance RT 71	(O) Managing your medication RT 72
H11	22 *Refer to H10 and 22b:* 1 ☐ Box 1 marked in H10 *(Go to H11 for next activity)* 2 ☐ "Yes" marked in 22b *(Go to H11 for next activity)* 3 ☐ Other *(Go to 23)*	22 *Refer to H10 and 22b:* 1 ☐ Box 1 marked in H10 *(Go to H11 for next activity)* 2 ☐ "Yes" marked in 22b *(Go to H11 for next activity)* 3 ☐ Other *(Go to 23)*	22 *Refer to H10 and 22b:* 1 ☐ Box 1 marked in H10 *(Go to H11 for next activity)* 2 ☐ "Yes" marked in 22b *(Go to H11 for next activity)* 3 ☐ Other *(Go to 23)*	22 *Refer to H10 and 22b:* 1 ☐ Box 1 marked in H10 *(Go to H11 for next activity)* 2 ☐ "Yes" marked in 22b *(Go to H11 for next activity)* 3 ☐ Other *(Go to 23)*	22 *Refer to H10 and 22b:* 1 ☐ Box 1 marked in H10 *(Skip to H12 on page 48)* 2 ☐ "Yes" marked in 22b *(Skip to H12 on page 48)* 3 ☐ Other *(Go to 23)*
23a.	23 1 ☐ Yes *(Go to 23b)* 2 ☐ No } *(Skip to 25)* 9 ☐ DK	23 1 ☐ Yes *(Go to 23b)* 2 ☐ No } *(Skip to 25)* 9 ☐ DK	23 1 ☐ Yes *(Go to 23b)* 2 ☐ No } *(Skip to 25)* 9 ☐ DK	23 1 ☐ Yes *(Go to 23b)* 2 ☐ No } *(Skip to 25)* 9 ☐ DK	23 1 ☐ Yes *(Go to 23b)* 2 ☐ No } *(Skip to 25)* 9 ☐ DK
b.	24 1 ☐ Yes 2 ☐ No 9 ☐ DK	24 1 ☐ Yes 2 ☐ No 9 ☐ DK	24 1 ☐ Yes 2 ☐ No 9 ☐ DK	24 1 ☐ Yes 2 ☐ No 9 ☐ DK	24 1 ☐ Yes 2 ☐ No 9 ☐ DK
c.	25 1 ☐ Yes 2 ☐ No 9 ☐ DK	25 1 ☐ Yes 2 ☐ No 9 ☐ DK	25 1 ☐ Yes 2 ☐ No 9 ☐ DK	25 1 ☐ Yes 2 ☐ No 9 ☐ DK	25 1 ☐ Yes 2 ☐ No 9 ☐ DK
24.	26 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	26 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	26 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	26 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	26 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK
25.	27 1 ☐ Yes 2 ☐ No } *(Go to H11 for next activity)* 9 ☐ DK	27 1 ☐ Yes 2 ☐ No } *(Go to H11 for next activity)* 9 ☐ DK	27 1 ☐ Yes 2 ☐ No } *(Go to H11 for next activity)* 9 ☐ DK	27 1 ☐ Yes 2 ☐ No } *(Go to H11 for next activity)* 9 ☐ DK	27 1 ☐ Yes 2 ☐ No } *(Skip to H12 on page 48)* 9 ☐ DK

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM H12	(H) Preparing your own meals RT 65	(I) Shopping for groceries and personal items RT 66
H12	*Refer to 22a, 22e, 23a, and 25 on page 46.* 28 1 ☐ Any "Yes" *(Go to 26)* 2 ☐ All other *(Go to H12 for activity (I))*	*Refer to 22a, 22e, 23a, and 25 on page 46.* 28 1 ☐ Any "Yes" *(Go to 26)* 2 ☐ All other *(Go to H12 for activity (L))*
26a.	**During the past month, did you experience discomfort because you were unable to eat when you were hungry because no one was available to prepare food?** 1 ☐ Yes 2 ☐ No 9 ☐ DK 29	**During the past month, were you unable to follow a special diet because you needed help shopping?** 1 ☐ Yes 2 ☐ No 9 ☐ DK 29
b.	**During the past month, were you unable to follow a special diet because you needed help cooking?** 1 ☐ Yes 2 ☐ No 9 ☐ DK 30	**During the past month, did you miss a meal because you were unable to shop?** 1 ☐ Yes 2 ☐ No 9 ☐ DK } *(Go to H12 for activity (L))* 30
c.	**During the past month, were you unable to eat the kind of food you are used to and you prefer because you needed help cooking?** 1 ☐ Yes 2 ☐ No 9 ☐ DK } *(Go to H12 for activity (I))* 31	

ITEM H13	(H) Prepare your own meals RT 65	(I) Shop for groceries and personal items RT 66	(J) Manage your money RT 67
H13	*Refer to 19 on page 44.* 32 1 ☐ Box 3 marked *(Go to H13 for next activity)* 2 ☐ All other *(Go to 27)*	*Refer to 19 on page 44.* 31 1 ☐ Box 3 marked *(Go to H13 for next activity)* 2 ☐ All other *(Go to 27)*	*Refer to 19 on page 44.* 28 1 ☐ Box 3 marked *(Go to H13 for activity (L))* 2 ☐ All other *(Go to 27)*
27. In your household, how often do YOU *(activity)*? Would you say always, sometimes, rarely, or never?	27. 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never 9 ☐ DK } *(Go to H13 for next activity)* 33	27. 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never 9 ☐ DK } *(Go to H13 for next activity)* 32	27. 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never 9 ☐ DK } *(Go to H13 for activity (L))* 29

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Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

(L) Doing heavy housework RT 69	(M) Doing light housework RT 70	(N) Getting to places outside of walking distance RT 71
H12 *Refer to 22a, 22e, 23a, and 25 on page 47.* 28 1 ☐ Any "Yes" *(Go to 26)* 2 ☐ All other *(Go to H12 for activity (M))*	**H12** *Refer to 22a, 22e, 23a, and 25 on page 47.* 28 1 ☐ Any "Yes" *(Go to 26)* 2 ☐ All other *(Go to H12 for activity (N))*	**H12** *Refer to 22a, 22e, 23a, and 25 on page 47.* 28 1 ☐ Any "Yes" *(Go to 26)* 2 ☐ All other *(Skip to H13 for activity (H))*
26. During the past month, did you experience distress because you were not able to wash clothes or clean up around the house? 29 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to H12 for next activity (M))*	**26. During the past month, did you experience distress because you were not able to do dishes or straighten up around the house?** 29 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to H12 for next activity (N))*	**26a. During the past month, did you miss a doctor's or other medical appointment because you were unable to get there?** 29 1 ☐ Yes 2 ☐ No 9 ☐ DK
		b. During the past month, were you unable to go places you wanted to for fun or recreation because you did not have transportation? 30 1 ☐ Yes 2 ☐ No 9 ☐ DK
		c. During the past month, did you run out of food because you were unable to get to the store? 31 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to H13 for activity (H))*

(L) Do heavy housework RT 69	(M) Do light housework RT 70
H13 *Refer to 19 on page 45.* 30 1 ☐ Box 3 marked *(Go to H13 for activity (M))* 2 ☐ All other *(Go to 27)*	**H13** *Refer to 19 on page 45.* 30 1 ☐ Box 3 marked *(Skip to H14 on page 50)* 2 ☐ All other *(Go to 27)*
27. 31 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never 9 ☐ DK *(Go to H13 for next activity)*	**27.** 31 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never 9 ☐ DK *(Go to H14 on page 50)*

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM H14

Refer to question 19 for activities H–O on pages 44 and 45. Indicate the activities marked "Yes".

Insert these marked activities when asking 28.

- ☐ **H.** Preparing your own meals
- ☐ **I.** Shopping for groceries and personal items
- ☐ **J.** Managing your money
- ☐ **K.** Using the telephone
- ☐ **L.** Doing heavy housework
- ☐ **M.** Doing light housework
- ☐ **N.** Getting to places outside of walking distance
- ☐ **O.** Managing your medication
- ☐ No activities marked *(Skip to 30)*

Insert activities marked in H14.

28a. What (other) condition causes the trouble in *(activities)***?** 5-6 / 7-8

- 00 ☐ No condition *(Skip to 30)*
- 01 ☐ Old age *(Skip to 28c)*

Record conditions and ask 28b.

Ask if operation:

For what condition did you have the operation?

Record up to 5 conditions.

(a) _____ 9-10

(b) _____ 11-12

(c) _____ 13-14

(d) _____ 15-16

(e) _____ 17-18

b. Besides *(condition)*, **is there any other condition which causes this trouble in** *(activities)***?** 19

- 1 ☐ Yes *(Reask 28a and b)*
- 2 ☐ No
- 9 ☐ DK

(Skip to 29)

c. Is this trouble in *(activities)* **caused by any specific condition?** 20

- 1 ☐ Yes *(Reask 28a and b)*
- 2 ☐ No
- 9 ☐ DK

(Go to 29)

29. [Was this/Were any of these] condition(s) a result of a motor vehicle accident? 21

- 1 ☐ Yes
- 2 ☐ No
- 9 ☐ DK

30. During the past 12 months, did you receive training to increase your independence in life skills such as managing money, preparing meals, or doing housework? 22

- 1 ☐ Yes
- 2 ☐ No
- 9 ☐ DK

31a. During the past 12 months, that is, since *(today's date)* **a year ago, have you fallen?** 23

- 1 ☐ Yes *(Go to 31b)*
- 2 ☐ No
- 9 ☐ DK

(Skip to Item H16 on page 51)

b. Have you fallen more than once in the past 12 months? 24

- 1 ☐ Yes
- 2 ☐ No
- 9 ☐ DK

c. Were you injured as a result of the fall(s)? 25

- 1 ☐ Yes *(Go to 31d)*
- 2 ☐ No
- 9 ☐ DK

(Skip to 31e)

d. What kind of injuries did you have — a fracture, bruise, scrape or cut; did you lose consciousness, or did you have some other injury?

Mark (X) all that apply.

- 1 ☐ Fracture 26
- 2 ☐ Bruise, cut, or scrape 27
- 3 ☐ Lost consciousness 28
- 4 ☐ Other 29
- 9 ☐ DK 30

e. [Did you fall/Were any of your falls] because you did not have help getting around or because your helper could not prevent you from falling? 31

- 1 ☐ Yes
- 2 ☐ No
- 9 ☐ DK

f. [Did you fall/Were any of these falls] because you felt dizzy? 32

- 1 ☐ Yes
- 2 ☐ No
- 9 ☐ DK

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM H16	Status of SP.	1 ☐ Institutionalized *(Skip to 55 on page 56)* 2 ☐ All others *(Go to 32)*	33
32a. During the past three months, did you experience bedsores or pressure sores?		1 ☐ Yes *(Go to 32)* 2 ☐ No } *(Skip to 33)* 9 ☐ DK }	34
b. Were any of these NEW bedsores or pressure sores?		1 ☐ Yes 2 ☐ No 9 ☐ DK	35
33a. During the past three months, did you experience contractures, that is, joints that won't straighten out?		1 ☐ Yes *(Go to 33b)* 2 ☐ No } *(Skip to Item H17)* 9 ☐ DK }	36
b. Were any of these NEW contractures?		1 ☐ Yes 2 ☐ No 9 ☐ DK	37
ITEM H17	*Refer to question 8a on pages 38 and 39, columns A, D, and G. (Receives help)* *Mark (X) all that apply.*	1 ☐ "Yes" in 8a for A. Bathing 2 ☐ "Yes" in 8a for D. Getting in/out of bed/chairs } *(Go to 34)* 3 ☐ "Yes" in 8a for G. Using the toilet 4 ☐ All others *(Skip to 35)*	38 39 40 41
34. You said that you receive help with [bathing/(and) getting in or out of a bed or chair/(and) using the toilet]. Is the person who helps you most with [this/these activities] strong enough to give you the help you need or is helping physically difficult for him or her?		1 ☐ Yes, strong enough 2 ☐ No, physically difficult 9 ☐ DK	42
If proxy respondent, ask; otherwise, skip to H18. **35. Does** *(sample person)* **need supervision to ensure [his/her] personal safety or the safety of others?**		1 ☐ Yes 2 ☐ No 9 ☐ DK	43
ITEM H18	*Refer to questions 8a and 9a on pages 38 and 39 and questions 22a and 23a on pages 46 and 47. (Receives help and/or supervision)* *Mark (X) all that apply.*	☐ "Yes" in 8a or 9a for A. Bathing ☐ "Yes" in 8a or 9a for B. Dressing ☐ "Yes" in 8a or 9a for C. Eating ☐ "Yes" in 8a or 9a for D. Getting in/out of bed/chairs ☐ "Yes" in 8a or 9a for E. Walking ☐ "Yes" in 8a or 9a for F. Getting outside ☐ "Yes" in 8a or 9a for G. Using the toilet ☐ "Yes" in 22a or 23a for H. Preparing your own meals ☐ "Yes" in 22a or 23a for I. Shopping ☐ "Yes" in 22a or 23a for J. Managing your money ☐ "Yes" in 22a or 23a for K. Using the telephone ☐ "Yes" in 22a or 23a for L. Doing heavy housework ☐ "Yes" in 22a or 23a for M. Doing light housework ☐ "Yes" in 22a or 23a for N. Getting places ☐ "Yes" in 22a or 23a for O. Managing your medication } *(Insert marked activities when asking question 36 on page 52)* ☐ All others *(Skip to Item H20 on page 55)*	

Notes

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Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

3-4

36. Who usually helps you with *(activities marked in H18)*?

Anyone else? *Enter the name or description of each helper in separate columns.*

36. (01)_____ First helper (5-6)

Ask 37–41 for each helper in 36.

ASK OR VERIFY:

37. Which activities does *(Helper)* **help you with?**

Mark (X) all that apply.

37.
- 01 ☐ Bathing or showering (7-8)
- 02 ☐ Dressing (9-10)
- 03 ☐ Eating (11-12)
- 04 ☐ Getting in or out of bed/chairs (13-14)
- 05 ☐ Walking (15-16)
- 06 ☐ Getting outside (17-18)
- 07 ☐ Using or getting to the toilet (19-20)
- 08 ☐ Preparing your own meals (21-22)
- 09 ☐ Shopping for groceries (23-24)
- 10 ☐ Managing your money (25-26)
- 11 ☐ Using the telephone (27-28)
- 12 ☐ Doing heavy housework (29-30)
- 13 ☐ Doing light housework (31-32)
- 14 ☐ Getting to places (33-34)
- 15 ☐ Managing your medications (35-36)
- 99 ☐ DK (37-38)

ASK OR VERIFY:

HAND CARD A5. Read answers if telephone interview.

38a. Which of these best describes *(Helper)*?

Mark (X) only one.

38a. (39-40)
- 01 ☐ Spouse
- 02 ☐ Child
- 03 ☐ Parent
- } In household
- 04 ☐ Spouse
- 05 ☐ Child
- 06 ☐ Parent
- } Not in household
- 07 ☐ Other HH relative
- 08 ☐ Non-HH relative
- 09 ☐ HH non-relative
- 10 ☐ Friend/Neighbor
- 11 ☐ Unpaid volunteer from organization/business
- 12 ☐ Paid employee of organization/business
- 13 ☐ Paid employee of yours
- 14 ☐ Other
- 99 ☐ DK

ASK OR VERIFY:

b. Is *(Helper)* **male or female?**

b. (41)
- 1 ☐ Male
- 2 ☐ Female
- 9 ☐ DK

If parent, child, spouse, or unpaid volunteer in 38a, skip to 40; otherwise ask:

39a. Is *(Helper)* **paid?**

39a. (42)
- 1 ☐ Yes *(Go to 39b)*
- 2 ☐ No *(Skip to 40)*

HAND CARD A1. Read answers if telephone interview.

b. Who pays for this help?

(Anyone else?)

Mark (X) all that apply.

b.
- 01 ☐ Self or family in household (43-44)
- 02 ☐ Family NOT in household (45-46)
- 03 ☐ Private health insurance (47-48)
- 04 ☐ Medicare (49-50)
- 05 ☐ Medicaid (51-52)
- 06 ☐ Rehabilitation program (53-54)
- 07 ☐ Employer (55-56)
- 08 ☐ School system (57-58)
- 09 ☐ VA program (59-60)
- 10 ☐ Other military (61-62)
- 11 ☐ Other private source (63-64)
- 12 ☐ Other public source (65-66)
- 13 ☐ No one/Free (67-68)
- 99 ☐ DK (69-70)

40. DURING THE PAST 2 WEEKS, how many days did *(Helper)* **help you?**

40. (71-72)
- 00 ☐ None in past 2 weeks
- _____ Days (Number)
- 99 ☐ DK

41. On the days you receive help from *(Helper)*, **about how many hours per day does [he/she] usually help you?**

41. (73-74)
- _____ Hours/day (Number)
- 99 ☐ DK
- } *(Go to 37 for next helper, or H19)*

ITEM H19 *Refer to 36 above.* (Number of helpers)

H19
- ☐ Only one helper *(Skip to 43 on page 54)*
- ☐ More than one helper *(Go to 42 on page 54)*

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Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

42. You said that *(Read all helpers)* **assist you. Who helps you the most?** *If 2 or more equally, ask the respondent to specify who he/she considers the main helper.* (5-6)

Helper No. _____

Name : _____

43a. During the past 12 months, has someone other than *(main helper)* **stayed with you or assisted you so that** *(main helper)* **could go out for a while, take a break, or go on vacation?** (7)

1 ☐ Yes *(Go to 43b)*
2 ☐ No
9 ☐ DK
(Skip to 44)

b. How many days in the past 12 months? (8-10)

_____ (Days)
999 ☐ DK

Ask 44 about only helper in 36 or main helper in 42.

44. How satisfied are you with —

	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	DK
a. *(Helper's)* **scheduled hours or availability when you need [him/her]? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?**	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐ (11)
b. The amount of assistance *(helper)* **provides? (Would you say —** *(Read categories)***?)**	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐ (12)
c. *(Helper's)* **willingness to do what you ask? (Would you say —** *(Read categories)***?)**	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐ (13)
d. *(Helper's)* **ability to do what you need [him/her] to do? (Would you say —** *(Read categories)***?)**	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐ (14)
If helper is present or related to SP, skip to 45; otherwise, ask: **How satisfied are you with —**					(15)
e. *(Helper's)* **reliability? (Would you say —** *(Read categories)***?)**	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐ (16)
f. *(Helper's)* **trustworthiness? (Would you say —** *(Read categories)***?)**	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐ (17)
g. How *(helper)* **treats you? (Would you say —** *(Read categories)***?)**	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐

45. Are you EVER home alone for more than two hours at a time? (18)

1 ☐ Yes *(Skip to 47)*
2 ☐ No
9 ☐ DK
(Go to 46)

46. Would it be a problem for you to be alone at home for more than two hours at a time because you would need help or feel afraid? (19)

1 ☐ Yes
2 ☐ No
9 ☐ DK
(Skip to 48)

47. If it could be arranged, would it be better if you did not have to stay alone for as long as two hours? (20)

1 ☐ Yes
2 ☐ No
9 ☐ DK

48a. Including the other persons living here, is there a friend, relative, or neighbor who would take care of you for a few DAYS, if necessary? (21)

1 ☐ Yes *(Go to 48b)*
2 ☐ No
9 ☐ DK
(Skip to Item H20 on page 55)

b. Who is this person? (22)

Probe for description if necessary.

Mark (X) only one.

1 ☐ HH member – related
2 ☐ HH member – unrelated
3 ☐ Non HH member – related
4 ☐ Non HH member – unrelated
9 ☐ DK

49a. Again, including the other persons living here, is there a friend, relative, or neighbor who would take care of you for a few WEEKS, if necessary? (23)

1 ☐ Yes *(Go to 49b)*
2 ☐ No
9 ☐ DK
(Skip to Item H20 on page 55)

b. Who is this person? (24)

Probe for description if necessary.

Mark (X) only one.

1 ☐ HH member – related
2 ☐ HH member – unrelated
3 ☐ Non HH member – related
4 ☐ Non HH member – unrelated
9 ☐ DK

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM H20	*Refer to questions 8e and 11 for activities A–G on pages 38 and 39. (Need [more] help or supervision)*	1 ☐ Any "Yes" in questions 8e or 11 *(Skip to 50)* 2 ☐ All other *(Go to Item H21)*	25
ITEM H21	*Refer to questions 22e for activities H–O on pages 46 and 47. (Need [more] help)*	1 ☐ Any "Yes" in question 22e *(Skip to 50)* 2 ☐ All other *(Go to Item H22)*	26
ITEM H22	*Refer to question 25 for activities H–O on pages 46 and 47. (Need [more] supervision)*	1 ☐ Any "Yes" in question 25 *(Go to 50)* 2 ☐ All other *(Skip to 53)*	27

50a. You mentioned earlier that you need help or more help with certain activities. Have you or someone else ever tried to hire help or get someone from a program or agency to help you?

1 ☐ Yes *(Skip to 51)*
2 ☐ No *(Go to 50b)*
3 ☐ DK *(Skip to 52)*

28

b. Why not?

Anything else?

Read categories if necessary.

Mark (X) all that apply.

01 ☐ Did not want stranger for helper
02 ☐ Too expensive/can't afford
03 ☐ Not sick enough to get help from agency
04 ☐ Income too high to get help from agency
05 ☐ Type of help needed probably not available
06 ☐ Quality help not available
07 ☐ Did not know where to look for help
08 ☐ Too sick to look for help
09 ☐ Other
99 ☐ DK

(Skip to 52)

29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44 45-46 47-48

51. What problems have you had in trying to find help?

Anything else?

Read categories if necessary.

Mark (X) all that apply.

0 ☐ No problems
1 ☐ Too expensive
2 ☐ Can't locate right type of help
3 ☐ Can't locate adequately trained helper
4 ☐ Can't locate helper who is available when needed
5 ☐ Not sick enough to get help from agency
6 ☐ Income is too high to get help from agency
7 ☐ Other
9 ☐ DK

49 50 51 52 53 54 55 56 57

52. Has any agency or organization tried to find someone to help you?

1 ☐ Yes
2 ☐ No
3 ☐ DK

58

53. Have you ever hired someone or received help from a public agency or a non-profit agency?

1 ☐ Yes *(Go to 54a)*
2 ☐ No
3 ☐ DK
(Skip to 55)

59

54a. Did you stop getting help from the person or agency even though you still needed it?

1 ☐ Yes *(Skip to 54b)*
2 ☐ No
3 ☐ DK
(Skip to 55)

60

b. Why did you stop getting help?

Any other reason?

Read categories if necessary.

Mark (X) all that apply.

1 ☐ Too expensive
2 ☐ Inadequate training
3 ☐ Unavailable when needed
4 ☐ No longer sick enough to qualify for public agency or non-profit agency help
5 ☐ Income too high to get help from public or non-profit agency
6 ☐ Unreliable
7 ☐ Language problems
8 ☐ Other
9 ☐ DK

61 62 63 64 65 66 67 68 69

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

55a. [In the past 12 months/In the 12 months prior to moving to this *(type of institution)*], did you experience problems of any kind because you were home by yourself?

1 ☐ Yes *(Go to 55b)*
2 ☐ No } *(Skip to 56)*
3 ☐ DK } *(Skip to 56)*

70

b. What kind of problems did you have?

Anything else?

Read categories if necessary.

Mark (X) all that apply.

01 ☐ Fall — 71-72
02 ☐ Other accident or injury — 73-74
03 ☐ Incontinence – no reminders — 75-76
04 ☐ Incontinence – unable to get to toilet — 77-78
05 ☐ Confinement to bed or chairs — 79-80
06 ☐ Hunger or thirst — 81-82
07 ☐ Fire on stove/left stove on — 83-84
08 ☐ Fell asleep while smoking — 85-86
09 ☐ Got lost/wandered off — 87-88
10 ☐ Forgot medications — 89-90
11 ☐ Took wrong dose of medication (too much/little) — 91-92
12 ☐ Fear — 93-94
13 ☐ Other — 95-96
99 ☐ DK — 97-98

56. Because of YOUR health, did anyone in your family EVER —

		Yes	No	DK	
a. Quit a job or retire early?	a.	1 ☐	2 ☐	9 ☐	99
b. Change jobs?	b.	1 ☐	2 ☐	9 ☐	100
c. Change or reduce work hours?	c.	1 ☐	2 ☐	9 ☐	101
d. Not take a job in order to care for you?	d.	1 ☐	2 ☐	9 ☐	102

Notes

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Section I – OTHER SERVICES

ITEM I1	Status of SP.	5 1 ☐ Institutionalized *(Skip to Section K on page 78)* 2 ☐ All others *(Go to 1)*
	The next questions are about medical care received at home.	6
1.	**DURING THE PAST 3 MONTHS, did you get any medical treatments at home such as injections, therapy, blood or urine testing, or catheter care?**	1 ☐ Yes *(Go to 2)* 2 ☐ No } *(Skip to 7)* 9 ☐ DK
2.	**Do you need more help or a different kind of help with your medical treatments at home?**	7 1 ☐ Yes *(Go to 3)* 2 ☐ No } *(Skip to 4)* 9 ☐ DK
3.	**Have you experienced any problems because you did not have enough help or the right kind of help with home medical treatments?**	8 1 ☐ Yes 2 ☐ No 9 ☐ DK
4.	**Do family members or friends help you with medical treatments at home?**	9 1 ☐ Yes *(Go to 5)* 2 ☐ No } *(Skip to 7)* 9 ☐ DK
5.	**Have these friends or family members been trained by a health care professional to administer these medical treatments?**	10 1 ☐ Yes, all have been trained 2 ☐ Yes, some have been trained 3 ☐ No, none have been trained 9 ☐ DK
6a.	**Do you receive any home medical treatments from friends or relatives that you feel should be administered by a health professional?**	11 1 ☐ Yes *(Go to 6b)* 2 ☐ No } *(Skip to 7)* 9 ☐ DK
b.	**Why aren't you getting this help from a health professional?** **Any other reason?** *Mark (X) all that apply.*	1 ☐ Don't know where to go for help — 12 2 ☐ Looked for help, help not available — 13 3 ☐ No insurance coverage — 14 4 ☐ Cannot afford, even with insurance coverage — 15 5 ☐ Don't want the treatment — 16 6 ☐ Getting new helper/in between helpers — 17 7 ☐ Other — 18 9 ☐ DK — 19
7.	**Are there any home medical treatments that have been prescribed for you but you are not getting?**	20 1 ☐ Yes *(Go to 8)* 2 ☐ No } *(Skip to 9)* 9 ☐ DK
8.	**Why aren't you getting this treatment?** **Any other reason?** *Mark (X) all that apply.*	1 ☐ Don't know where to go for help — 21 2 ☐ Looked for help, help not available — 22 3 ☐ No insurance coverage — 23 4 ☐ Cannot afford, even with insurance coverage — 24 5 ☐ Don't want the treatment — 25 6 ☐ Getting new helper/in between helpers — 26 7 ☐ Other — 27 9 ☐ DK — 28
	Now I would like to ask about prescription medicines.	29
9.	**How many different prescription medicines are you supposed to use? Please count ones you should use each day and those that you use regularly but not every day. Include injections, eye drops, suppositories, creams, ointments, and skin patches, but not vitamins, oxygen, or medicines you get through an IV.** *Mark (X) only one.*	0 ☐ None *(Skip to 17 on page 58)* 1 ☐ One or two 2 ☐ Three–five 3 ☐ Six–nine } *(Go to 10)* 4 ☐ Ten or more 9 ☐ DK
	The next questions are about these prescription medicines.	30
10.	**Would you say that you use medicine(s) as prescribed by the doctor —** *(Read all categories)* *Mark (X) only one.*	1 ☐ **All of the time,** *(Skip to 14 on page 58)* 2 ☐ **Most of the time,** 3 ☐ **Some of the time,** 4 ☐ **Rarely, or,** } *(Skip to 11 on page 58)* 5 ☐ **Never?** 9 ☐ DK

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Section I – OTHER SERVICES – Continued

11. Are there any prescription medicines that you are supposed to use, but —

	Yes	No	DK	
a. did not get when first prescribed because of the cost?	a. 1☐	2☐	9☐	31
b. did not get the entire prescription filled because of the cost?	b. 1☐	2☐	9☐	32
c. did not refill when you ran out because of the cost?	c. 1☐	2☐	9☐	33
d. use less often than prescribed in order to stretch them out because of the cost?	d. 1☐	2☐	9☐	34
e. sometimes forget to use?	e. 1☐	2☐	9☐	35
f. don't use as prescribed because of the side effects?	f. 1☐	2☐	9☐	36
g. cannot pick up from the drug store or get delivered?	g. 1☐	2☐	9☐	37
h. don't use because you think you don't need it?	h. 1☐	2☐	9☐	38

12. Have you experienced any problems because you forgot to use your medicine or didn't use your medicine as prescribed? 39

1☐ Yes *(Go to 13)*
2☐ No } *(Skip to 14)*
9☐ DK

13. What problems did you experience?

Anything else?

Mark (X) all that apply.

01☐ Pain/Discomfort 40-41
02☐ Dizziness/Fainting 42-43
03☐ Disorientation 44-45
04☐ Overdose/Withdrawal 46-47
05☐ Change in blood pressure, breathing, or other vital signs 48-49
06☐ Condition for which medicine prescribed got worse 50-51
07☐ Other condition(s) got worse 52-53
08☐ Had to be admitted to hospital 54-55
09☐ Had to go to doctor/emergency room 56-57
10☐ Drug reaction 58-59
11☐ Other 60-61
99☐ DK 62-63

14. Do you receive help using your medications? This includes reminding you or measuring the medicines, and setting them up for you, OR do you use ALL of your medicine completely by yourself? 64

Mark (X) only one.

1☐ Receive help
2☐ All by self
9☐ DK

15. Not counting financial help, do you NEED (more) help with your medicine? 65

1☐ Yes *(Go to 16)*
2☐ No } *(Skip to 17)*
9☐ DK

16. What do you NEED (more) help with?

Anything else?

Mark (X) all that apply.

1☐ Ordering/Shopping for/Getting medicines from pharmacy 66
2☐ Reminder/Monitoring/Measuring/Setting up/Taking medicines 67
3☐ Other 68
9☐ DK 69

These next questions are about your sources of medical care. 70

17. Do you have a general practitioner, internist, or family doctor whom you see regularly?

1☐ Yes *(Go to 18)*
2☐ No } *(Skip to 26 on page 59)*
9☐ DK

18. Which do you see most often — a general practitioner, an internist, or family doctor? 71

Mark (X) only one.

1☐ General practitioner
2☐ Internist
3☐ Family doctor
4☐ DK specialty/title
9☐ DK which seen most often

19. Have you seen this [*(provider in 18)*/doctor] in the past 12 months? 72

1☐ Yes *(Go to 20)*
2☐ No } *(Skip to 25 on page 59)*
9☐ DK

20. In the past 3 months, how many times have you seen this [*(provider in 18)*/doctor]? 73-74

00☐ None *(Skip to 22 on page 59)*

_____ Times (Number) } *(Go to 21 on page 59)*

99☐ DK

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Section I – OTHER SERVICES – Continued

21. Did this [*(provider in 18)*/doctor] ask to see you for more [than the *(number in 20)* visit(s)/visits]? (5)

1 ☐ Yes
2 ☐ No
9 ☐ DK

22. In the past 3 months, did this [*(provider in 18)*/doctor] refer you to another doctor, therapist, or medical professional, or send you for tests or x-rays? (6)

1 ☐ Yes *(Go to 23)*
2 ☐ No } *(Skip to Item I2)*
9 ☐ DK }

23. Did you or will you go for all, some, or none of the visits or tests recommended by this [*(provider in 18)*/doctor]? (7)

Mark (X) only one.

1 ☐ All *(Go to Item I2)*
2 ☐ Some } *(Skip to 24)*
3 ☐ None }
9 ☐ DK *(Go to Item I2)*

ITEM I2 *Refer to question 21.* (Additional visits recommended) (8)

1 ☐ "Yes" in 21 *(Go to 24)*
2 ☐ All others *(Skip to 25)*

HAND CARD A6. Read categories if telephone interview.

24. Why did you not go for (all) your recommended visits or tests?

(Anything else?)

Mark (X) all that apply.

01 ☐ Waiting for upcoming appointment (9-10)
02 ☐ Did not like doctor or doctor's advice (11-12)
03 ☐ Went to another doctor instead (13-14)
04 ☐ Problems at place — long wait, no bathroom, not accessible (15-16)
05 ☐ Clinic/Office in unsafe neighborhood (17-18)
06 ☐ No insurance (19-20)
07 ☐ Insurance did not cover (21-22)
08 ☐ Can't afford it (23-24)
09 ☐ Transportation problem (25-26)
10 ☐ Could not get convenient appointment (27-28)
11 ☐ Thought problem would go away, or problem went away (29-30)
12 ☐ Used home remedy (31-32)
13 ☐ Health got worse (33-34)
14 ☐ Health of other family member interfered (35-36)
15 ☐ Other reason (37-38)
99 ☐ DK (39-40)

25. How would you rate this [*(provider in 18)*/doctor] in terms of overall quality of care and services? Would you say excellent, good, fair, or poor? (41)

Mark (X) only one.

1 ☐ Excellent
2 ☐ Good
3 ☐ Fair
4 ☐ Poor
9 ☐ DK

RT 78 3-4

Now, I'd like to ask about the (other) types of doctors you see most often.

26a. What types of specialists do you see regularly?

Any others?

Read categories if necessary.

Mark (X) all that apply.

Ask only if more than one specialist in 26a. If only one, transcribe the number of the box in 26b without asking.

b. Which of these specialists have you seen most often?

Mark (X) only one.

26a. Regularly		**26b. Most often**
00 ☐ None *(Skip to 35 on page 61)*	5-6	53-54
01 ☐ Allergist/Immunologist (Allergy doctor)	7-8	☐☐ Specialist
02 ☐ Cardiologist (Heart doctor)	9-10	
03 ☐ Dermatologist (Skin doctor)	11-12	
04 ☐ Endocrinologist (Gland/Hormone doctor)	13-14	
05 ☐ Gastroenterologist (Stomach doctor)	15-16	
06 ☐ Hematologist (Blood doctor)	17-18	
07 ☐ Nephrologist (Kidney doctor)	19-20	
08 ☐ Neurologist/Neuropathologist (Nervous system doctor)	21-22	
09 ☐ Neurosurgeon (Nervous system surgeon)	23-24	
10 ☐ Obstetrician/Gynecologist (OB/GYN)	25-26	
11 ☐ Oncologist (Cancer doctor)	27-28	
12 ☐ Ophthalmologist (Eye doctor)	29-30	
13 ☐ Orthopedist/Orthopedic surgeon (Bone and Muscle doctor)	31-32	
14 ☐ Otolaryngologist/Otorhinolaryngologist (Ear, nose, throat doctor)	33-34	
15 ☐ Physical medicine/Rehabilitation specialist (Physical therapy)	35-36	
16 ☐ Podiatrist (Foot doctor)	37-38	
17 ☐ Psychiatrist (Mental health doctor)	39-40	
18 ☐ Pulmonary/Lung specialist (Respiratory doctor)	41-42	
19 ☐ Radiologist (X-Ray/Nuclear medicine doctor)	43-44	
20 ☐ Rheumatologist (Joint doctor)	45-46	
21 ☐ Urologist (Urinary tract doctor)	47-48	
22 ☐ Other	49-50	
99 ☐ Specialist – DK type	51-52	

RT 79

Section I – OTHER SERVICES – Continued

3-4

27. Have you seen this [(specialist in 26b)/doctor] in the past 12 months?

5

1 ☐ Yes *(Go to 28)*
2 ☐ No } *(Skip to 29)*
9 ☐ DK

28. In the past 3 months, how many times have you seen this [(specialist in 26b)/doctor]? Do not count times while an overnight patient in a hospital.

6-7

00 ☐ None *(Skip to 30)*
01 ☐ Only while overnight patient
_____ Times
(Number)
99 ☐ DK
} *(Go to 29)*

29. Did this [(specialist in 26b)/doctor] ask to see you for more [than the (number in 28) visit(s)/visits]?

8

1 ☐ Yes
2 ☐ No
9 ☐ DK

30. In the past 3 months, did this [(specialist in 26b)/doctor] refer you to another doctor, therapist, or medical professional, or send you for tests or x-rays?

9

1 ☐ Yes *(Go to 31)*
2 ☐ No } *(Skip to Item I3)*
9 ☐ DK

31. Did you or will you go for all, some, or none of the visits or tests recommended by this [(specialist in 26b)/doctor]?

Mark (X) only one.

10

1 ☐ All *(Go to Item I3)*
2 ☐ Some } *(Skip to 32)*
3 ☐ None
9 ☐ DK *(Go to Item I3)*

ITEM I3

Refer to question 29.
(Additional visits recommended)

11

1 ☐ "Yes" in 29 *(Go to 32)*
2 ☐ All others *(Skip to 33)*

HAND CARD A6. Read categories if telephone interview.

32. Why did you not go for (all) your recommended visits or tests?

(Anything else?)

Mark (X) all that apply.

01 ☐ Waiting for upcoming appointment	12-13
02 ☐ Did not like doctor or doctor's advice	14-15
03 ☐ Went to another doctor instead	16-17
04 ☐ Problems at place — long wait, no bathroom, not accessible	18-19
05 ☐ Clinic/Office in unsafe neighborhood	20-21
06 ☐ No insurance	22-23
07 ☐ Insurance did not cover	24-25
08 ☐ Can't afford it	26-27
09 ☐ Transportation problem	28-29
10 ☐ Could not get convenient appointment	30-31
11 ☐ Thought problem would go away, or problem went away	32-33
12 ☐ Used home remedy	34-35
13 ☐ Health got worse	36-37
14 ☐ Health of other family member interfered	38-39
15 ☐ Other reason	40-41
99 ☐ DK	42-43

33. How would you rate this [(specialist in 26b)/doctor] in terms of overall quality of care and services? Would you say excellent, good, fair, or poor?

Mark (X) only one.

44

1 ☐ Excellent
2 ☐ Good
3 ☐ Fair
4 ☐ Poor
9 ☐ DK

Refer to questions 19 and 27, then ASK or VERIFY:

34. During the past 12 months, which doctor have you seen the most often — the (provider in 18) or the (specialist in 26b)?

45

1 ☐ Neither seen in past 12 months *(Skip to 37 on page 62)*
2 ☐ GP/Internist/Family doctor
3 ☐ Specialist
9 ☐ DK
} *(Go to 35 on page 61)*

Notes

FORM DFS-2 (7-1-94)

Section I – OTHER SERVICES – Continued

35. Now, I'm going to read you a list of items which concern visits to the doctor you see most often.

For each item, tell me if you would rate it as excellent, good, fair, or poor.

	Excellent	Good	Fair	Poor	NA	DK	
a. The thoroughness of the examination. Would you say excellent, good, fair, or poor?	a. 1☐	2☐	3☐	4☐	5☐	9☐	46
b. Their respect and attention to your privacy. (Would you say excellent, good, fair, or poor?)	b. 1☐	2☐	3☐	4☐	5☐	9☐	47
c. Their personal interest in you and your condition. (Would you say excellent, good, fair, or poor?)	c. 1☐	2☐	3☐	4☐	5☐	9☐	48
d. Availability in an emergency. (Would you say excellent, good, fair, or poor?)	d. 1☐	2☐	3☐	4☐	5☐	9☐	49
e. Office hours for appointments. (Would you say excellent, good, fair, or poor?)	e. 1☐	2☐	3☐	4☐	5☐	9☐	50
f. Being able to receive answers to questions over the telephone. (Would you say excellent, good, fair, or poor?)	f. 1☐	2☐	3☐	4☐	5☐	9☐	51
g. Being able to make appointments over the telephone. (Would you say excellent, good, fair, or poor?)	g. 1☐	2☐	3☐	4☐	5☐	9☐	52
h. Wait time for an appointment. (Would you say excellent, good, fair, or poor?)	h. 1☐	2☐	3☐	4☐	5☐	9☐	53
i. Wait time to see the doctor. (Would you say excellent, good, fair, or poor?)	i. 1☐	2☐	3☐	4☐	5☐	9☐	54
j. The location of the office or clinic. (Would you say excellent, good, fair, or poor?)	j. 1☐	2☐	3☐	4☐	5☐	9☐	55
k. The accessibility of transportation to the office. (Would you say excellent, good, fair, or poor?)	k. 1☐	2☐	3☐	4☐	5☐	9☐	56
l. Their handling of insurance claims. (Would you say excellent, good, fair, or poor?)	l. 1☐	2☐	3☐	4☐	5☐	9☐	57

36. Has a medical professional told you that because you did not have follow-up care —

	Yes	No	DK	
a. Your condition worsened?	a. 1☐	2☐	9☐	58
b. You need to be hospitalized?	b. 1☐	2☐	9☐	59
c. You need more medical care?	c. 1☐	2☐	9☐	60

Notes

Section I – OTHER SERVICES – Continued

	A	B
	RT 80 3-4	RT 80 3-4
The next questions are about other services you may have received.	01 **A physical therapist** 5-6	02 **An occupational therapist** 5-6
37a. During the past 12 months, did you receive any services from ____ ?	37a. 1 ☐ Yes *(Skip to 38)* 2 ☐ No 9 ☐ DK *(Go to 37b)* 7	37a. 1 ☐ Yes *(Skip to 38)* 2 ☐ No 9 ☐ DK *(Go to 37b)* 7
b. Did you need the services of ____ in the past 12 months?	b. 1 ☐ Yes *(Skip to 41)* 2 ☐ No 9 ☐ DK *(Go to 37a for next service)* 8	b. 1 ☐ Yes *(Skip to 41)* 2 ☐ No 9 ☐ DK *(Go to 37a for next service)* 8
38a. During the past 12 months, in how many months did you receive services from ____ ?	38a. _____ (Number) Months 99 ☐ DK 9-10	38a. _____ (Number) Months 99 ☐ DK 9-10
b. What was the total number of times you received services from ____ during [that/those] month(s)?	b. _____ (Number) Times 99 ☐ DK 11-12	b. _____ (Number) Times 99 ☐ DK 11-12
HAND CARD A1. Read categories if telephone interview. **39a. Who paid or will pay for the services received from ____ in the past 12 months? (Anyone else?)** *Mark (X) all that apply.*	39a. 01 ☐ Self or family in household 13-14; 02 ☐ Family NOT in household 15-16; 03 ☐ Private health insurance 17-18; 04 ☐ Medicare 19-20; 05 ☐ Medicaid 21-22; 06 ☐ Rehabilitation program 23-24; 07 ☐ Employer 25-26; 08 ☐ School system 27-28; 09 ☐ VA program 29-30; 10 ☐ Other military 31-32; 11 ☐ Other private source 33-34; 12 ☐ Other public source 35-36; 13 ☐ No one/ Free 37-38; 99 ☐ DK 39-40 *(Skip to 40)*	39a. 01 ☐ Self or family in household 13-14; 02 ☐ Family NOT in household 15-16; 03 ☐ Private health insurance 17-18; 04 ☐ Medicare 19-20; 05 ☐ Medicaid 21-22; 06 ☐ Rehabilitation program 23-24; 07 ☐ Employer 25-26; 08 ☐ School system 27-28; 09 ☐ VA program 29-30; 10 ☐ Other military 31-32; 11 ☐ Other private source 33-34; 12 ☐ Other public source 35-36; 13 ☐ No one/ Free 37-38; 99 ☐ DK 39-40 *(Skip to 40)*
Ask if more than one source in 39a. If only one, transcribe number of box marked without asking. **b. Who paid most of the cost for the services received from ____ in the past 12 months?** *Record number of main source.*	b. ☐☐ (Number) Paid most 99 ☐ DK 41-42	b. ☐☐ (Number) Paid most 99 ☐ DK 41-42
Ask only if box 01 marked in 39a; otherwise, skip to 40. **c. During the past 12 months, about how much did you or your family pay for the services received from ____ ? Do not count any money that has been or will be reimbursed by insurance or any other source.**	c. 00000 ☐ None $ _____ . 00 99999 ☐ DK 43-47	c. 00000 ☐ None $ _____ . 00 99999 ☐ DK 43-47
40. During *(month)*, **did you receive services from ____ ?**	40. 1 ☐ Yes *(Skip to 37a for next service)* 2 ☐ No *(Go to 41)* 9 ☐ DK *(Skip to 37a for next service)* 48	40. 1 ☐ Yes *(Skip to 37a for next service)* 2 ☐ No *(Go to 41)* 9 ☐ DK *(Skip to 37a for next service)* 48
HAND CARD A7. Read categories if telephone interview. **41. Why didn't you receive services from ____ [in** *(month)*/ **in the past 12 months]? (Anything else?)** *Mark (X) all that apply.*	41. 00 ☐ Didn't need services 49-50; 01 ☐ Provider thinks no longer needed 51-52; 02 ☐ Too expensive/ can't afford 53-54; 03 ☐ Insurance doesn't cover 55-56; 04 ☐ Insurance no longer covers 57-58; 05 ☐ No longer on Medicaid 59-60; 06 ☐ Provider not available 61-62; 07 ☐ Didn't like provider 63-64; 08 ☐ Transportation problems 65-66; 09 ☐ Could not take time off from work 67-68; 10 ☐ Other 69-70; 99 ☐ DK 71-72	41. 00 ☐ Didn't need services 49-50; 01 ☐ Provider thinks no longer needed 51-52; 02 ☐ Too expensive/ can't afford 53-54; 03 ☐ Insurance doesn't cover 55-56; 04 ☐ Insurance no longer covers 57-58; 05 ☐ No longer on Medicaid 59-60; 06 ☐ Provider not available 61-62; 07 ☐ Didn't like provider 63-64; 08 ☐ Transportation problems 65-66; 09 ☐ Could not take time off from work 67-68; 10 ☐ Other 69-70; 99 ☐ DK 71-72

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	C	D	E	F
RT 80	3-4	3-4	3-4	3-4
	03 **An audiologist** (5-6)	04 **A speech therapist or pathologist** (5-6)	05 **A recreational therapist** (5-6)	06 **A visiting nurse** (5-6)
37a. (7)	1 ☐ Yes *(Skip to 38)* 2 ☐ No 9 ☐ DK *(Go to 37b)*	1 ☐ Yes *(Skip to 38)* 2 ☐ No 9 ☐ DK *(Go to 37b)*	1 ☐ Yes *(Skip to 38)* 2 ☐ No 9 ☐ DK *(Go to 37b)*	1 ☐ Yes *(Skip to 38)* 2 ☐ No 9 ☐ DK *(Go to 37b)*
b. (8)	1 ☐ Yes *(Skip to 41)* 2 ☐ No 9 ☐ DK *(Go to 37a for next service)*	1 ☐ Yes *(Skip to 41)* 2 ☐ No 9 ☐ DK *(Go to 37a for next service)*	1 ☐ Yes *(Skip to 41)* 2 ☐ No 9 ☐ DK *(Go to 37a for next service)*	1 ☐ Yes *(Skip to 41)* 2 ☐ No 9 ☐ DK *(Go to 37a for next service on page 64)*
38a. (9-10)	_____ Months (Number) 99 ☐ DK	_____ Months (Number) 99 ☐ DK	_____ Months (Number) 99 ☐ DK	_____ Months (Number) 99 ☐ DK
b. (11-12)	_____ Times (Number) 99 ☐ DK	_____ Times (Number) 99 ☐ DK	_____ Times (Number) 99 ☐ DK	_____ Times (Number) 99 ☐ DK
39a.	01 ☐ Self or family in household (13-14) 02 ☐ Family NOT in household (15-16) 03 ☐ Private health insurance (17-18) 04 ☐ Medicare (19-20) 05 ☐ Medicaid (21-22) 06 ☐ Rehabilitation program (23-24) 07 ☐ Employer (25-26) 08 ☐ School system (27-28) 09 ☐ VA program (29-30) 10 ☐ Other military (31-32) 11 ☐ Other private source (33-34) 12 ☐ Other public source (35-36) 13 ☐ No one/ Free (37-38) 99 ☐ DK (39-40) *(Skip to 40)*	01 ☐ Self or family in household (13-14) 02 ☐ Family NOT in household (15-16) 03 ☐ Private health insurance (17-18) 04 ☐ Medicare (19-20) 05 ☐ Medicaid (21-22) 06 ☐ Rehabilitation program (23-24) 07 ☐ Employer (25-26) 08 ☐ School system (27-28) 09 ☐ VA program (29-30) 10 ☐ Other military (31-32) 11 ☐ Other private source (33-34) 12 ☐ Other public source (35-36) 13 ☐ No one/ Free (37-38) 99 ☐ DK (39-40) *(Skip to 40)*	01 ☐ Self or family in household (13-14) 02 ☐ Family NOT in household (15-16) 03 ☐ Private health insurance (17-18) 04 ☐ Medicare (19-20) 05 ☐ Medicaid (21-22) 06 ☐ Rehabilitation program (23-24) 07 ☐ Employer (25-26) 08 ☐ School system (27-28) 09 ☐ VA program (29-30) 10 ☐ Other military (31-32) 11 ☐ Other private source (33-34) 12 ☐ Other public source (35-36) 13 ☐ No one/ Free (37-38) 99 ☐ DK (39-40) *(Skip to 40)*	01 ☐ Self or family in household (13-14) 02 ☐ Family NOT in household (15-16) 03 ☐ Private health insurance (17-18) 04 ☐ Medicare (19-20) 05 ☐ Medicaid (21-22) 06 ☐ Rehabilitation program (23-24) 07 ☐ Employer (25-26) 08 ☐ School system (27-28) 09 ☐ VA program (29-30) 10 ☐ Other military (31-32) 11 ☐ Other private source (33-34) 12 ☐ Other public source (35-36) 13 ☐ No one/ Free (37-38) 99 ☐ DK (39-40) *(Skip to 40)*
b. (41-42)	☐☐ Paid most (Number) 99 ☐ DK	☐☐ Paid most (Number) 99 ☐ DK	☐☐ Paid most (Number) 99 ☐ DK	☐☐ Paid most (Number) 99 ☐ DK
c. (43-47)	00000 ☐ None $ _____ . 00 99999 ☐ DK	00000 ☐ None $ _____ . 00 99999 ☐ DK	00000 ☐ None $ _____ . 00 99999 ☐ DK	00000 ☐ None $ _____ . 00 99999 ☐ DK
40. (48)	1 ☐ Yes *(Skip to 37a for next service)* 2 ☐ No *(Go to 41)* 9 ☐ DK *(Skip to 37a for next service)*	1 ☐ Yes *(Skip 37a for next service)* 2 ☐ No *(Go to 41)* 9 ☐ DK *(Skip 37a for next service)*	1 ☐ Yes *(Skip 37a for next service)* 2 ☐ No *(Go to 41)* 9 ☐ DK *(Skip to 37a for next service)*	1 ☐ Yes *(Skip 37a for next service on page 64)* 2 ☐ No *(Go to 41)* 9 ☐ DK *(Skip 37a for next service on page 64)*
41.	00 ☐ Didn't need services (49-50) 01 ☐ Provider thinks no longer needed (51-52) 02 ☐ Too expensive/ can't afford (53-54) 03 ☐ Insurance doesn't cover (55-56) 04 ☐ Insurance no longer covers (57-58) 05 ☐ No longer on Medicaid (59-60) 06 ☐ Provider not available (61-62) 07 ☐ Didn't like provider (63-64) 08 ☐ Transportation problems (65-66) 09 ☐ Could not take time off from work (67-68) 10 ☐ Other (69-70) 99 ☐ DK (71-72)	00 ☐ Didn't need services (49-50) 01 ☐ Provider thinks no longer needed (51-52) 02 ☐ Too expensive/ can't afford (53-54) 03 ☐ Insurance doesn't cover (55-56) 04 ☐ Insurance no longer covers (57-58) 05 ☐ No longer on Medicaid (59-60) 06 ☐ Provider not available (61-62) 07 ☐ Didn't like provider (63-64) 08 ☐ Transportation problems (65-66) 09 ☐ Could not take time off from work (67-68) 10 ☐ Other (69-70) 99 ☐ DK (71-72)	00 ☐ Didn't need services (49-50) 01 ☐ Provider thinks no longer needed (51-52) 02 ☐ Too expensive/ can't afford (53-54) 03 ☐ Insurance doesn't cover (55-56) 04 ☐ Insurance no longer covers (57-58) 05 ☐ No longer on Medicaid (59-60) 06 ☐ Provider not available (61-62) 07 ☐ Didn't like provider (63-64) 08 ☐ Transportation problems (65-66) 09 ☐ Could not take time off from work (67-68) 10 ☐ Other (69-70) 99 ☐ DK (71-72)	00 ☐ Didn't need services (49-50) 01 ☐ Provider thinks no longer needed (51-52) 02 ☐ Too expensive/ can't afford (53-54) 03 ☐ Insurance doesn't cover (55-56) 04 ☐ Insurance no longer covers (57-58) 05 ☐ No longer on Medicaid (59-60) 06 ☐ Provider not available (61-62) 07 ☐ Didn't like provider (63-64) 08 ☐ Transportation problems (65-66) 09 ☐ Could not take time off from work (67-68) 10 ☐ Other (69-70) 99 ☐ DK (71-72)

FORM DFS-2 (7-1-94)

Section I – OTHER SERVICES – Continued

	G (RT 80 3-4)	H (RT 80 3-4)
	07 **A personal care attendant (other than family or a friend)** (5-6)	08 **A reader or interpreter** (5-6)
37a. During the past 12 months, did you receive any services from ____ ?	37a. 1 ☐ Yes *(Skip to 38)* (7) 2 ☐ No } *(Go to 37b)* 9 ☐ DK	37a. 1 ☐ Yes *(Skip to 38)* (7) 2 ☐ No } *(Go to 37b)* 9 ☐ DK
b. Did you need the services of ____ in the past 12 months?	b. 1 ☐ Yes *(Skip to 41)* (8) 2 ☐ No } *(Go to 37a for next service)* 9 ☐ DK	b. 1 ☐ Yes *(Skip to 41)* (8) 2 ☐ No } *(Go to 37a for next service)* 9 ☐ DK
38a. During the past 12 months, in how many months did you receive services from ____ ?	38a. _____ Months (9-10) (Number) 99 ☐ DK	38a. _____ Months (9-10) (Number) 99 ☐ DK
b. What was the total number of times you received services from ____ during [that/those] month(s)?	b. _____ Times (11-12) (Number) 99 ☐ DK	b. _____ Times (11-12) (Number) 99 ☐ DK
HAND CARD A1. Read categories if telephone interview. **39a. Who paid or will pay for the services received from ____ in the past 12 months?** **(Anyone else?)** *Mark (X) all that apply.*	39a. 01 ☐ Self or family in household (13-14) 02 ☐ Family NOT in household (15-16) 03 ☐ Private health insurance (17-18) 04 ☐ Medicare (19-20) 05 ☐ Medicaid (21-22) 06 ☐ Rehabilitation program (23-24) 07 ☐ Employer (25-26) 08 ☐ School system (27-28) 09 ☐ VA program (29-30) 10 ☐ Other military (31-32) 11 ☐ Other private source (33-34) 12 ☐ Other public source (35-36) 13 ☐ No one/ Free } *(Skip to 40)* (37-38) 99 ☐ DK (39-40)	39a. 01 ☐ Self or family in household (13-14) 02 ☐ Family NOT in household (15-16) 03 ☐ Private health insurance (17-18) 04 ☐ Medicare (19-20) 05 ☐ Medicaid (21-22) 06 ☐ Rehabilitation program (23-24) 07 ☐ Employer (25-26) 08 ☐ School system (27-28) 09 ☐ VA program (29-30) 10 ☐ Other military (31-32) 11 ☐ Other private source (33-34) 12 ☐ Other public source (35-36) 13 ☐ No one/ Free } *(Skip to 40)* (37-38) 99 ☐ DK (39-40)
Ask if more than one source in 39a. If only one, transcribe number of box marked without asking. **b. Who paid most of the cost for the services received from ____ in the past 12 months?** *Record number of main source.*	b. ☐☐ Paid most (41-42) (Number) 99 ☐ DK	b. ☐☐ Paid most (41-42) (Number) 99 ☐ DK
Ask only if box 01 marked in 39a; otherwise, skip to 40. **c. During the past 12 months, about how much did you or your family pay for the services received from ____ ? Do not count any money that has been or will be reimbursed by insurance or any other source.**	c. 00000 ☐ None (43-47) $ _____ . 00 99999 ☐ DK	c. 00000 ☐ None (43-47) $ _____ . 00 99999 ☐ DK
40. During *(month)*, **did you receive services from ____ ?**	40. 1 ☐ Yes *(Skip to 37a for next service)* (48) 2 ☐ No *(Go to 41)* 9 ☐ DK *(Skip 37a for next service)*	40. 1 ☐ Yes *(Skip to 37a for next service)* (48) 2 ☐ No *(Go to 41)* 9 ☐ DK *(Skip to 37a for next service)*
HAND CARD A7. Read categories if telephone interview. **41. Why didn't you receive services from ____ [in** *(month)***/ in the past 12 months]?** **(Anything else?)** *Mark (X) all that apply.*	41. 00 ☐ Didn't need services (49-50) 01 ☐ Provider thinks no longer needed (51-52) 02 ☐ Too expensive/ can't afford (53-54) 03 ☐ Insurance doesn't cover (55-56) 04 ☐ Insurance no longer covers (57-58) 05 ☐ No longer on Medicaid (59-60) 06 ☐ Provider not available (61-62) 07 ☐ Didn't like provider (63-64) 08 ☐ Transportation problems (65-66) 09 ☐ Could not take time off from work (67-68) 10 ☐ Other (69-70) 99 ☐ DK (71-72)	41. 00 ☐ Didn't need services (49-50) 01 ☐ Provider thinks no longer needed (51-52) 02 ☐ Too expensive/ can't afford (53-54) 03 ☐ Insurance doesn't cover (55-56) 04 ☐ Insurance no longer covers (57-58) 05 ☐ No longer on Medicaid (59-60) 06 ☐ Provider not available (61-62) 07 ☐ Didn't like provider (63-64) 08 ☐ Transportation problems (65-66) 09 ☐ Could not take time off from work (67-68) 10 ☐ Other (69-70) 99 ☐ DK (71-72)

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RT 80

I 3-4

Notes

09 **An adult day care center or day activity center** 5-6

37a. 7

1 ☐ Yes *(Skip to 38)*
2 ☐ No
9 ☐ DK
(Go to 37b)

b. 8

1 ☐ Yes *(Skip to 41)*
2 ☐ No
9 ☐ DK
(Go to 42 for next service on page 66)

38a. 9-10

_____ Months
(Number)
99 ☐ DK

b. 11-12

_____ Times
(Number)
99 ☐ DK

39a.

01 ☐ Self or family in household 13-14
02 ☐ Family NOT in household 15-16
03 ☐ Private health insurance 17-18
04 ☐ Medicare 19-20
05 ☐ Medicaid 21-22
06 ☐ Rehabilitation program 23-24
07 ☐ Employer 25-26
08 ☐ School system 27-28
09 ☐ VA program 29-30
10 ☐ Other military 31-32
11 ☐ Other private source 33-34
12 ☐ Other public source 35-36
13 ☐ No one/ Free 37-38
99 ☐ DK 39-40
(Skip to 40)

b. 41-42

☐☐ Paid most
(Number)
99 ☐ DK

c. 43-47

00000 ☐ None
$ _____ . 00
99999 ☐ DK

40. 48

1 ☐ Yes *(Skip to 42 for next service on page 66)*
2 ☐ No *(Go to 41)*
9 ☐ DK *(Skip to 42 for next service on page 66)*

41.

00 ☐ Didn't need services 49-50
01 ☐ Provider thinks no longer needed 51-52
02 ☐ Too expensive/ can't afford 53-54
03 ☐ Insurance doesn't cover 55-56
04 ☐ Insurance no longer covers 57-58
05 ☐ No longer on Medicaid 59-60
06 ☐ Provider not available 61-62
07 ☐ Didn't like provider 63-64
08 ☐ Transportation problems 65-66
09 ☐ Could not take time off from work 67-68
10 ☐ Other 69-70
99 ☐ DK 71-72

Section I – OTHER SERVICES – Continued

	J	K
	RT 80 3-4	RT 80 3-4
	10 **Services for alcohol or drug abuse** 5-6	11 **Services from a center for independent living** 5-6
42a. During the past 12 months, did you receive ____?	42a. 1 ☐ Yes *(Skip to 43)* 2 ☐ No 9 ☐ DK *(Go to 42b)* 7	42a. 1 ☐ Yes *(Skip to 43)* 2 ☐ No 9 ☐ DK *(Go to 42b)* 7
b. Did you need ____ in the past 12 months?	b. 1 ☐ Yes *(Skip to 46)* 2 ☐ No 9 ☐ DK *(Go to 42a for next service)* 8	b. 1 ☐ Yes *(Skip to 46)* 2 ☐ No 9 ☐ DK *(Go to 42a for next service)* 8
43a. During the past 12 months in how many months did you receive ____?	43a. _____ Months (Number) 99 ☐ DK 9-10	43a. _____ Months (Number) 99 ☐ DK 9-10
b. What was the total number of times you received ____ during [that/those] month(s)?	b. _____ Times (Number) 99 ☐ DK 11-12	b. _____ Times (Number) 99 ☐ DK 11-12
HAND CARD A1. Read categories if telephone interview. **44a. Who paid or will pay for ____ in the past 12 months? (Anyone else?)** *Mark (X) all that apply.*	44a. 01 ☐ Self or family in household 13-14; 02 ☐ Family NOT in household 15-16; 03 ☐ Private health insurance 17-18; 04 ☐ Medicare 19-20; 05 ☐ Medicaid 21-22; 06 ☐ Rehabilitation program 23-24; 07 ☐ Employer 25-26; 08 ☐ School system 27-28; 09 ☐ VA program 29-30; 10 ☐ Other military 31-32; 11 ☐ Other private source 33-34; 12 ☐ Other public source 35-36; 13 ☐ No one/ Free 37-38; 99 ☐ DK 39-40 *(Skip to 45)*	44a. 01 ☐ Self or family in household 13-14; 02 ☐ Family NOT in household 15-16; 03 ☐ Private health insurance 17-18; 04 ☐ Medicare 19-20; 05 ☐ Medicaid 21-22; 06 ☐ Rehabilitation program 23-24; 07 ☐ Employer 25-26; 08 ☐ School system 27-28; 09 ☐ VA program 29-30; 10 ☐ Other military 31-32; 11 ☐ Other private source 33-34; 12 ☐ Other public source 35-36; 13 ☐ No one/ Free 37-38; 99 ☐ DK 39-40 *(Skip to 45)*
Ask if more than one source in 44a. If only one, transcribe number of box marked without asking. **b. Who paid most of the cost for ____ in the past 12 months?** *Record number of main source.*	b. ☐☐ Paid most (Number) 99 ☐ DK 41-42	b. ☐☐ Paid most (Number) 99 ☐ DK 41-42
Ask only if box 01 marked in 44a; otherwise, skip to 45. **c. During the past 12 months, about how much did you or your family pay for ____? Do not count any money that has been or will be reimbursed by insurance or any other source.**	c. 00000 ☐ None $ _____ . 00 99999 ☐ DK 43-47	c. 00000 ☐ None $ _____ . 00 99999 ☐ DK 43-47
45. During *(month)* **, did you receive ____?**	45. 1 ☐ Yes *(Skip to 42a for next service)* 2 ☐ No *(Go to 46)* 9 ☐ DK *(Skip to 42a for next service)* 48	45. 1 ☐ Yes *(Skip to 42a for next service)* 2 ☐ No *(Go to 46)* 9 ☐ DK *(Skip to 42a for next service)* 48
HAND CARD A7. Read categories if telephone interview. **46. Why didn't you receive ____ [in** *(month)* **in the past 12 months]? (Anything else?)** *Mark (X) all that apply.*	46. 00 ☐ Didn't need services 49-50; 01 ☐ Provider thinks no longer needed 51-52; 02 ☐ Too expensive/ can't afford 53-54; 03 ☐ Insurance doesn't cover 55-56; 04 ☐ Insurance no longer covers 57-58; 05 ☐ No longer on Medicaid 59-60; 06 ☐ Provider not available 61-62; 07 ☐ Didn't like provider 63-64; 08 ☐ Transportation problems 65-66; 09 ☐ Could not take time off from work 67-68; 10 ☐ Other 69-70; 99 ☐ DK 71-72	46. 00 ☐ Didn't need services 49-50; 01 ☐ Provider thinks no longer needed 51-52; 02 ☐ Too expensive/ can't afford 53-54; 03 ☐ Insurance doesn't cover 55-56; 04 ☐ Insurance no longer covers 57-58; 05 ☐ No longer on Medicaid 59-60; 06 ☐ Provider not available 61-62; 07 ☐ Didn't like provider 63-64; 08 ☐ Transportation problems 65-66; 09 ☐ Could not take time off from work 67-68; 10 ☐ Other 69-70; 99 ☐ DK 71-72

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L	M	N
RT 80 3-4	RT 80 3-4	RT 80 3-4
12 **Respiratory therapy services** 5-6	13 **Social work services** 5-6	14 **Transportation services** 5-6
42a. 1 ☐ Yes *(Skip to 43)* 7 2 ☐ No } *(Go to 42b)* 9 ☐ DK	**42a.** 1 ☐ Yes *(Skip to 43)* 7 2 ☐ No } *(Go to 42b)* 9 ☐ DK	**42a.** 1 ☐ Yes *(Skip to 43)* 7 2 ☐ No } *(Go to 42b)* 9 ☐ DK
b. 1 ☐ Yes *(Skip to 46)* 8 2 ☐ No } *(Go to 42a for next service)* 9 ☐ DK	**b.** 1 ☐ Yes *(Skip to 46)* 8 2 ☐ No } *(Go to 42a for next service)* 9 ☐ DK	**b.** 1 ☐ Yes *(Skip to 46)* 8 2 ☐ No } *(Skip to 47 on page 68)* 9 ☐ DK
43a. _____ Months (Number) 9-10 99 ☐ DK	**43a.** _____ Months (Number) 9-10 99 ☐ DK	**43a.** _____ Months (Number) 9-10 99 ☐ DK
b. _____ Times (Number) 11-12 99 ☐ DK	**b.** _____ Times (Number) 11-12 99 ☐ DK	**b.** _____ Times (Number) 11-12 99 ☐ DK
44a. 01 ☐ Self or family in household 13-14 02 ☐ Family NOT in household 15-16 03 ☐ Private health insurance 17-18 04 ☐ Medicare 19-20 05 ☐ Medicaid 21-22 06 ☐ Rehabilitation program 23-24 07 ☐ Employer 25-26 08 ☐ School system 27-28 09 ☐ VA program 29-30 10 ☐ Other military 31-32 11 ☐ Other private source 33-34 12 ☐ Other public source 35-36 13 ☐ No one/ Free } *(Skip to 45)* 37-38 99 ☐ DK 39-40	**44a.** 01 ☐ Self or family in household 13-14 02 ☐ Family NOT in household 15-16 03 ☐ Private health insurance 17-18 04 ☐ Medicare 19-20 05 ☐ Medicaid 21-22 06 ☐ Rehabilitation program 23-24 07 ☐ Employer 25-26 08 ☐ School system 27-28 09 ☐ VA program 29-30 10 ☐ Other military 31-32 11 ☐ Other private source 33-34 12 ☐ Other public source 35-36 13 ☐ No one/ Free } *(Skip to 45)* 37-38 99 ☐ DK 39-40	**44a.** 01 ☐ Self or family in household 13-14 02 ☐ Family NOT in household 15-16 03 ☐ Private health insurance 17-18 04 ☐ Medicare 19-20 05 ☐ Medicaid 21-22 06 ☐ Rehabilitation program 23-24 07 ☐ Employer 25-26 08 ☐ School system 27-28 09 ☐ VA program 29-30 10 ☐ Other military 31-32 11 ☐ Other private source 33-34 12 ☐ Other public source 35-36 13 ☐ No one/ Free } *(Skip to 45)* 37-38 99 ☐ DK 39-40
b. ☐☐ Paid most (Number) 41-42 99 ☐ DK	**b.** ☐☐ Paid most (Number) 41-42 99 ☐ DK	**b.** ☐☐ Paid most (Number) 41-42 99 ☐ DK
c. 00000 ☐ None 43-47 $ _____ . 00 99999 ☐ DK	**c.** 00000 ☐ None 43-47 $ _____ . 00 99999 ☐ DK	**c.** 00000 ☐ None 43-47 $ _____ . 00 99999 ☐ DK
45. 1 ☐ Yes *(Skip to 42a for next service)* 48 2 ☐ No *(Go to 46)* 9 ☐ DK *(Skip to 42a for next service)*	**45.** 1 ☐ Yes *(Skip to 42a for next service)* 48 2 ☐ No *(Go to 46)* 9 ☐ DK *(Skip to 42a for next service)*	**45.** 1 ☐ Yes *(Skip to 47 on page 68)* 48 2 ☐ No (Go to 46) 9 ☐ DK *(Skip to 47 on page 68)*
46. 00 ☐ Didn't need services 49-50 01 ☐ Provider thinks no longer needed 51-52 02 ☐ Too expensive/ can't afford 53-54 03 ☐ Insurance doesn't cover 55-56 04 ☐ Insurance no longer covers 57-58 05 ☐ No longer on Medicaid 59-60 06 ☐ Provider not available 61-62 07 ☐ Didn't like provider 63-64 08 ☐ Transportation problems 65-66 09 ☐ Could not take time off from work 67-68 10 ☐ Other 69-70 99 ☐ DK 71-72	**46.** 00 ☐ Didn't need services 49-50 01 ☐ Provider thinks no longer needed 51-52 02 ☐ Too expensive/ can't afford 53-54 03 ☐ Insurance doesn't cover 55-56 04 ☐ Insurance no longer covers 57-58 05 ☐ No longer on Medicaid 59-60 06 ☐ Provider not available 61-62 07 ☐ Didn't like provider 63-64 08 ☐ Transportation problems 65-66 09 ☐ Could not take time off from work 67-68 10 ☐ Other 69-70 99 ☐ DK 71-72	**46.** 00 ☐ Didn't need services 49-50 01 ☐ Provider thinks no longer needed 51-52 02 ☐ Too expensive/ can't afford 53-54 03 ☐ Insurance doesn't cover 55-56 04 ☐ Insurance no longer covers 57-58 05 ☐ No longer on Medicaid 59-60 06 ☐ Provider not available 61-62 07 ☐ Didn't like provider 63-64 08 ☐ Transportation problems 65-66 09 ☐ Could not take time off from work 67-68 10 ☐ Other 69-70 99 ☐ DK 71-72

Notes

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Section I – OTHER SERVICES – Continued

3-4

HAND CARD A8.

47a. Are you currently on a waiting list for any of these services? *Read categories in 47b if telephone interview.*

5

1 ☐ Yes *(Go to 47b)*
2 ☐ No
9 ☐ DK
(Skip to 48)

b. For which of these services are you on a waiting list?

(Any others?)

Mark (X) all that apply.

01 ☐ A physical therapist — 6-7
02 ☐ An occupational therapist — 8-9
03 ☐ An audiologist — 10-11
04 ☐ A speech therapist or pathologist — 12-13
05 ☐ A recreational therapist — 14-15
06 ☐ A visiting nurse — 16-17
07 ☐ A personal care attendant, other than a family member or friend — 18-19
08 ☐ A reader or interpreter — 20-21
09 ☐ An adult day care center or day activity center — 22-23
10 ☐ Services for alcohol or drug abuse — 24-25
11 ☐ Services from a center for independent living — 26-27
12 ☐ Respiratory therapy services — 28-29
13 ☐ Social work services — 30-31
14 ☐ Transportation services — 32-33
99 ☐ DK — 34-35

48a. During the past 12 months, did you stay OVERNIGHT in a hospital or other facility to receive mental health services? Do not include treatment for substance abuse.

36

1 ☐ Yes *(Go to 48b)*
2 ☐ No
9 ☐ DK
(Skip to 52 on page 69)

HAND CARD A9. Read categories if telephone interview.

b. Where did you receive inpatient mental health services in the past 12 months?

(Anywhere else?)

Mark (X) all that apply.

1 ☐ Private or public psychiatric hospital — 37
2 ☐ Psychiatric services in a general hospital — 38
3 ☐ Other hospital — 39
4 ☐ Residential treatment center — 40
5 ☐ Other place — 41
9 ☐ DK — 42

49a. During the past 12 months, how many times altogether were you admitted to *(place(s) in 48b)* **for mental health care?**

43-44

_____ Times admitted
(Number)

99 ☐ DK

b. During the past 12 months, how many nights altogether did you spend in the *(place(s) in 48b)***?**

45-47

_____ Nights
(Number)

999 ☐ DK

ITEM 14

Refer to question 49a.
(Number of admissions)

48

1 ☐ 1 admission *(Go to 50a)*
2 ☐ 2 or more admissions *(Skip to 50b)*
3 ☐ All other *(Skip to 50c)*

50a. Was that admission on an emergency basis?

49

1 ☐ Yes
2 ☐ No
9 ☐ DK
(Skip to 51 on page 69)

b. How many of the *(number in 49a)* **admissions were on an emergency basis?**

50-51

00 ☐ None

_____ Emergency admissions
(Number)

99 ☐ DK

(Skip to 51 on page 69)

c. Were any of the admissions in the past 12 months on an emergency basis?

52

1 ☐ Yes *(Go to 50d)*
2 ☐ No
9 ☐ DK
(Skip to 51 on page 69)

d. How many admissions were on an emergency basis?

53-54

_____ Emergency admissions
(Number)

99 ☐ DK

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Section I – OTHER SERVICES – Continued

HAND CARD A1. Read categories if telephone interview.

51a. Who paid or will pay for the inpatient mental health services you received during the past 12 months?

(Anyone else?)

Mark (X) all that apply.

01 ☐ Self or family in household — 55-56
02 ☐ Family NOT in household — 57-58
03 ☐ Private health insurance — 59-60
04 ☐ Medicare — 61-62
05 ☐ Medicaid — 63-64
06 ☐ Rehabilitation program — 65-66
07 ☐ Employer — 67-68
08 ☐ School system — 69-70
09 ☐ VA program — 71-72
10 ☐ Other military — 73-74
11 ☐ Other private source — 75-76
12 ☐ Other public source — 77-78
13 ☐ No one/Free } *(Skip to 52)* — 79-80
99 ☐ DK } *(Skip to 52)* — 81-82

Ask if more than one source in 51a. If only one source, transcribe number of box marked without asking. — 83-84

b. Who paid most of the cost for the inpatient mental health services?

Record number of main source.

☐☐ Paid most
(Number)

99 ☐ DK

Ask only if box 01 marked in 51a; otherwise, skip to 52. — 85-89

c. During the past 12 months, about how much did you or your family pay for your inpatient mental health services? Do not count any money that has been or will be reimbursed by insurance or any other source.

00000 ☐ None

$ _____ . 00

99999 ☐ DK

52a. During the past 12 months, did you receive any outpatient mental health services, including mental health services received from a general practitioner? Do not include treatment for substance abuse or smoking cessation. — 90

1 ☐ Yes *(Go to 52b)*
2 ☐ No } *(Skip to 56 on page 70)*
9 ☐ DK } *(Skip to 56 on page 70)*

HAND CARD A10. Read categories if telephone interview.

b. From whom did you receive outpatient mental health services during the past 12 months?

(Anyone else?)

Mark (X) all that apply.

1 ☐ Psychiatrist — 91
2 ☐ Psychologist — 92
3 ☐ Nurse — 93
4 ☐ Social worker — 94
5 ☐ Other mental health counselor or therapist — 95
6 ☐ General practitioner or other medical doctor — 96
7 ☐ Other health professional — 97
9 ☐ DK — 98

HAND CARD A11. Read categories if telephone interview.

c. Where did you receive outpatient mental health services during the past 12 months?

(Anywhere else?)

Mark (X) all that apply.

1 ☐ Doctor's/Other health professional's office, NOT a clinic — 99
2 ☐ Outpatient mental health clinic, such as a community mental health center — 100
3 ☐ Outpatient medical clinic — 101
4 ☐ HMO — 102
5 ☐ Other place — 103
9 ☐ DK — 104

53a. During the past 12 months, in how many months did you receive outpatient mental health services? — 105-106

_____ Month(s)
(Number)

99 ☐ DK

b. Altogether, how many outpatient mental health visits did you make during [that/those] *(number in 53a)* month(s)? — 107-109

_____ Outpatient visit(s)
(Number)

999 ☐ DK

ITEM I5

Refer to question 53b.
(Number of visits)

110

1 ☐ 1 visit *(Go to 54a on page 70)*
2 ☐ 2 or more visits *(Skip to 54b on page 70)*
9 ☐ All other *(Skip to 54c on page 70)*

Notes

RT 82 3-4

Section I – OTHER SERVICES – Continued

54a. Was that visit on an emergency basis? 5

1 ☐ Yes
2 ☐ No
9 ☐ DK
(Skip to 55)

b. How many of the *(number in 53b)* **visits were on an emergency basis?** 6-8

000 ☐ None
_____ Emergency visits
(Number)
999 ☐ DK
(Skip to 55)

c. Were any of the visits in the past 12 months on an emergency basis? 9

1 ☐ Yes *(Go to 54d)*
2 ☐ No
9 ☐ DK
(Skip to 55)

d. How many visits were on an emergency basis? 10-12

_____ Emergency visits
(Number)
999 ☐ DK

HAND CARD A1. Read categories if telephone interview.

55a. Who paid or will pay for the outpatient mental health services you received during the past 12 months?

(Anyone else?)

Mark (X) all that apply.

01 ☐ Self or family in household 13-14
02 ☐ Family NOT in household 15-16
03 ☐ Private health insurance 17-18
04 ☐ Medicare 19-20
05 ☐ Medicaid 21-22
06 ☐ Rehabilitation program 23-24
07 ☐ Employer 25-26
08 ☐ School system 27-28
09 ☐ VA program 29-30
10 ☐ Other military 31-32
11 ☐ Other private source 33-34
12 ☐ Other public source 35-36
13 ☐ No one/Free 37-38
99 ☐ DK 39-40
(Skip to 56)

Ask if more than one source in 55a. If only one source, transcribe the number of the box marked without asking. 41-42

b. Who paid for most of the cost of the outpatient mental health services?

Record number of the main source.

☐☐ Paid most
(Number)
99 ☐ DK

Ask only if box 01 marked in 55a; otherwise, skip to 56. 43-47

c. During the past 12 months, about how much did you or your family pay for the outpatient mental health services? Do not count any money that has been or will be reimbursed by insurance or any other source.

00000 ☐ None
$ _____ . 00
99999 ☐ DK

56. During the past 12 months, did you receive any services from a mental health community support program? 48

Read if necessary: **A community support program for clients with mental or emotional problems makes available mental health, health, social and support services based on individual need.**

1 ☐ Yes
2 ☐ No
9 ☐ DK

57. During the past 12 months, were you on a waiting list for outpatient mental health services? 49

1 ☐ Yes
2 ☐ No
9 ☐ DK

ITEM I6 50

Refer to questions 48a on page 68, 52a on page 69, and question 56 above. (Any mental health services)

1 ☐ "Yes" in 48a, 52a, or 56 *(Go to 58 on page 71)*
2 ☐ All other *(Skip to 59 on page 71)*

Notes

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Section I – OTHER SERVICES – Continued

58a. Did you receive any mental health services during *(month)*? Do not include treatment for substance abuse or smoking cessation. [51]

1 ☐ Yes *(Skip to 59)*
2 ☐ No *(Go to 58b)*
9 ☐ DK *(Skip to 59)*

HAND CARD A7. Read categories if telephone interview.

b. Why didn't you get mental health services during *(month)*?

(Any other reason?)

Mark (X) all that apply.

00 ☐ Didn't need services [52-53]
01 ☐ Provider thinks no longer needed [54-55]
02 ☐ Too expensive/can't afford [56-57]
03 ☐ Insurance does not cover [58-59]
04 ☐ Insurance no longer covers [60-61]
05 ☐ No longer on Medicaid [62-63]
06 ☐ Provider not available [64-65]
07 ☐ Didn't like provider [66-67]
08 ☐ Transportation problems [68-69]
09 ☐ Could not take time off from work [70-71]
10 ☐ Other reasons [72-73]
99 ☐ DK [74-75]

59a. During the past 12 months, have you needed any mental health services or counseling that you have not received? [76]

1 ☐ Yes *(Go to 59b)*
2 ☐ No } *(Skip to 60)*
9 ☐ DK }

HAND CARD A12. Read categories if telephone interview.

b. Which of these statements explain why you did not receive the mental health services you needed?

(Any other reason?)

Mark (X) all that apply.

00 ☐ Did not try to get mental health services during the past 12 months [77-78]
01 ☐ Too expensive/can't afford [79-80]
02 ☐ Didn't know where to go to get services [81-82]
03 ☐ No mental health services nearby [83-84]
04 ☐ No nearby provider who accepts Medicaid [85-86]
05 ☐ Private insurance does not cover the services [87-88]
06 ☐ Did not have insurance [89-90]
07 ☐ Transportation problems [91-92]
08 ☐ Trouble finding the right kind of mental health professional [93-94]
09 ☐ Language barrier [95-96]
10 ☐ Could not take time off from work [97-98]
11 ☐ Other reasons [99-100]
99 ☐ DK [101-102]

60. Because of a physical, mental or emotional problem, did you receive any training during the past 12 months in social skills, such as making and keeping friends or how to interact with other people? [103]

1 ☐ Yes
2 ☐ No
9 ☐ DK

The next questions are about the coordination of services. [104]

61a. Is there any one doctor who you think of as the one who coordinates your overall medical care? By coordinating, I mean one who keeps in touch with the different doctors or therapists whom you see, who knows the results of all tests and treatments that you have, and who is aware of your different prescription medicines?

1 ☐ Yes
2 ☐ No
9 ☐ DK

b. Do your doctors talk to each other about your health and the care you get, including any tests or medications? [105]

1 ☐ Yes
2 ☐ No
3 ☐ Only one doctor
9 ☐ DK

62a. Is there anyone who is not a doctor who coordinates your medical care? [106]

1 ☐ Yes *(Go to 62b)*
2 ☐ No }
3 ☐ Does by self } *(Skip to 63 on page 72)*
9 ☐ DK }

b. Who does this for you?

Anyone else?

Mark (X) all that apply.

0 ☐ Self [107]
1 ☐ Friend/Family member [108]
2 ☐ Nurse [109]
3 ☐ Therapist [110]
4 ☐ Social worker [111]
5 ☐ Hospital discharge planner [112]
6 ☐ Case manager [113]
7 ☐ Other [114]
9 ☐ DK [115]

Section I – OTHER SERVICES – Continued

63a. Does any physician or someone in a physician's office help you with arranging non-medical care, like social services and personal care? (5)

1 ☐ Yes *(Go to 63b)*
2 ☐ No
3 ☐ Does by self
9 ☐ DK
} *(Skip to 64)*

b. Is this person or does this person work for a general care physician or a specialist? (6)

Mark (X) only one.

1 ☐ General care physician
2 ☐ Specialist
3 ☐ Someone else
9 ☐ DK

c. Is this person a — *(Read each category)*

Mark (X) all that apply.

1 ☐ **Physician?** (7)
2 ☐ **Therapist?** (8)
3 ☐ **Nurse?** (9)
4 ☐ **Social worker?** (10)
5 ☐ **Hospital discharge planner?** (11)
6 ☐ **Case manager?** (12)
7 ☐ **Something else?** (13)
9 ☐ DK (14)

64a. Does anyone NOT in a physician's office help you with arranging non-medical services? (15)

1 ☐ Yes *(Go to 64b)*
2 ☐ No
3 ☐ Does by self
9 ☐ DK
} *(Skip to Item I7)*

b. Who does this for you?

Anyone else?

Mark (X) all that apply.

0 ☐ Self (16)
1 ☐ Friend/Family member (17)
2 ☐ Nurse (18)
3 ☐ Therapist (19)
4 ☐ Social worker (20)
5 ☐ Hospital discharge planner (21)
6 ☐ Case manager (22)
7 ☐ Other (23)
9 ☐ DK (24)

ITEM I7

Refer to questions 61a and 62a on page 71, 63a and 64a above. (Service coordinator) (25)

1 ☐ "Yes" marked in 61a and/or 63a *(Skip to 65)*
2 ☐ "Yes" marked in 62a and/or 64a *(Go to Item I8)*
3 ☐ All others *(Skip to 69 on page 73)*

ITEM I8

Refer to questions 62b on page 71 and 64b above. (Who arranges services) (26)

1 ☐ Anyone other than "Self" marked in 62b or 64b *(Go to 65)*
2 ☐ "Self" only in 62b and 64b *(Skip to 70 on page 73)*

HAND CARD A13. Read categories if telephone interview.

65. What kinds of medical or non-medical services are provided for you?

(Anything else?)

Mark (X) all that apply.

01 ☐ Helps make medical appointments with (other) doctors (27-28)
02 ☐ Makes appointments with nurses/therapists/dieticians (29-30)
03 ☐ Follows up to be sure appointments are kept (31-32)
04 ☐ Arranges transportation to appointments (33-34)
05 ☐ Makes referrals to doctors (35-36)
06 ☐ Makes referrals to nurses/therapists/dieticians (37-38)
07 ☐ Checks to see if needs or conditions have changed (39-40)
08 ☐ Makes sure I am doing exercises or following diet (41-42)
09 ☐ Reviews medications (43-44)
10 ☐ Explains medical procedures or terms (45-46)
11 ☐ Helps with insurance or other benefits (47-48)
12 ☐ Arranges for home care (49-50)
13 ☐ Arranges for vocational rehabilitation services (51-52)
14 ☐ Helps develop a personal care plan (53-54)
15 ☐ Evaluates need for services (55-56)
16 ☐ Arranges special education services (57-58)
17 ☐ Tries to find volunteers to help me (59-60)
18 ☐ Tries to find workers/agencies to help me (61-62)
19 ☐ Arranges for home delivered meals (63-64)
20 ☐ Makes sure friends/family are able to help me (65-66)
21 ☐ Other (67-68)
99 ☐ DK (69-70)

ITEM I9

Refer to questions 64b above. (Who arranges services) (71)

1 ☐ Any of boxes 2–9 marked *(Go to 66 on page 73)*
2 ☐ All others *(Skip to 70 on page 73)*

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Section I – OTHER SERVICES – Continued

66a. You said that someone not in a physician's office helps you with arranging non-medical services. Was any of this help paid for? [72]

1 ☐ Yes *(Go to 66b)*
2 ☐ No } *(Skip to 68)*
9 ☐ DK

HAND CARD A1. Read categories if telephone interview.

b. Who paid or will pay for this help?

(Anyone else?)

Mark (X) all that apply.

01 ☐ Self or family in household [73-74]
02 ☐ Family NOT in household [75-76]
03 ☐ Private health insurance [77-78]
04 ☐ Medicare [79-80]
05 ☐ Medicaid [81-82]
06 ☐ Rehabilitation program [83-84]
07 ☐ Employer [85-86]
08 ☐ School system [87-88]
09 ☐ VA program [89-90]
10 ☐ Other military [91-92]
11 ☐ Other private source [93-94]
12 ☐ Other public source [95-96]
99 ☐ DK *(Skip to 67)* [97-98]

Ask if more than one source in 66b. If only one source, transcribe the number of the box marked without asking.

c. Who paid for most of the cost of this help?

Record number of the main source.

[99-100]

☐☐ Paid most
(Number)

99 ☐ DK

67. In the past 6 months, about how many times did you see or talk to the person or persons who help arrange your non-medical services? [101-103]

000 ☐ None

_____ (Number) { 1 ☐ Per week; 2 ☐ Per month; 3 ☐ Per six months }

999 ☐ DK

68. Overall, how satisfied are you with the job the person or persons have done to help with arranging your non-medical services? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied? [104]

Mark (X) only one.

1 ☐ Very satisfied
2 ☐ Somewhat satisfied
3 ☐ Somewhat dissatisfied } *(Skip to 70)*
4 ☐ Very dissatisfied
9 ☐ DK

69. During the past 12 months, have you felt that you NEEDED someone to arrange or coordinate personal care or social services? [105]

1 ☐ Yes
2 ☐ No
3 ☐ Never thought about it
9 ☐ DK

70a. Do you NEED help filling out insurance forms or benefit applications? [106]

Mark (X) only one.

1 ☐ Yes } *(Go to 70b)*
2 ☐ No
3 ☐ Never filled forms/applications *(Skip to Item I10 on page 74)*
9 ☐ DK *(Go to 70b)*

b. Who helps you fill out insurance forms or applications for public programs or benefits?

Mark (X) all that apply.

0 ☐ No one [107]
1 ☐ Household member [108]
2 ☐ Friend/Other relative not in household [109]
3 ☐ Paid caregiver [110]
4 ☐ Volunteer from organization [111]
5 ☐ Other [112]
9 ☐ DK [113]

Notes

Section I – OTHER SERVICES – Continued

ITEM I10

Refer to question 42a, Service K on page 66.
(Center for Independent Living)

5
1 ☐ "Yes" in 42a for K *(Go to 71)*
2 ☐ All others *(Skip to Item I11)*

71. Did you receive any of the following services from the Center for Independent Living —

	Yes	No	DK	
a. Peer counseling?	a. 1 ☐	2 ☐	9 ☐	6
b. Employment counseling, training, or referral?	b. 1 ☐	2 ☐	9 ☐	7
c. Help with accommodations at home?	c. 1 ☐	2 ☐	9 ☐	8
d. Help with accommodations at work?	d. 1 ☐	2 ☐	9 ☐	9
e. Help with accommodations in transportation?	e. 1 ☐	2 ☐	9 ☐	10
f. Legal rights counseling?	f. 1 ☐	2 ☐	9 ☐	11
g. Attendant referral or personal assistant services?	g. 1 ☐	2 ☐	9 ☐	12
h. Recreational services?	h. 1 ☐	2 ☐	9 ☐	13
i. Transportation services?	i. 1 ☐	2 ☐	9 ☐	14
j. Getting assistive technology?	j. 1 ☐	2 ☐	9 ☐	15
k. Advocacy services?	k. 1 ☐	2 ☐	9 ☐	16

ITEM I11

Refer to 37a, Service I on page 65.
(Adult Day Care)

17
1 ☐ "Yes" in 37a for I *(Go to 72)*
2 ☐ All others *(Skip to Section J on page 75)*

HAND CARD A14. Read categories if telephone interview.

72. Which services did you receive from an adult day care center or day activities center?

(Anything else?)

Mark (X) all that apply.

01 ☐ Transportation	18-19
02 ☐ Socialization	20-21
03 ☐ Recreational activities	22-23
04 ☐ Recreational therapy	24-25
05 ☐ Speech therapy	26-27
06 ☐ Physical therapy	28-29
07 ☐ Occupational therapy	30-31
08 ☐ Social services	32-33
09 ☐ Nutritional services	34-35
10 ☐ Meals	36-37
11 ☐ Counseling for participants or families	38-39
12 ☐ Referrals to outside services	40-41
13 ☐ Nursing services	42-43
14 ☐ Monitoring medications	44-45
15 ☐ Coordinating care with physicians	46-47
16 ☐ Personal care services (such as bathing, feeding)	48-49
17 ☐ Vocational rehabilitation services	50-51
18 ☐ Other	52-53
00 ☐ None	54-55
99 ☐ DK	56-57

Notes

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Section J – SELF DIRECTION

3-4

Reminder: If SP is institutionalized, skip to Section K on page 78.

1a. Do you give your own consent for medical care, or does someone else do that for you? 5

1 ☐ Gives own consent *(Skip to Item J1)*
2 ☐ Someone else gives consent
3 ☐ It varies
} *(Go to 1b)*
9 ☐ DK *(Skip to Item J1)*

b. Who generally gives medical consent for you? 6

Mark (X) only one.

1 ☐ Family member
2 ☐ Legal guardian
3 ☐ Agency or school staff member
4 ☐ Someone else
9 ☐ DK

ITEM J1 *Refer to SP's age.* 7

1 ☐ Under 21 *(Go to 2)*
2 ☐ Age 21 and over *(Skip to Section K on page 78)*

2. Do you now have an Individual Education Plan or IEP? 8

1 ☐ Yes
2 ☐ No
9 ☐ DK

3. Do you currently have an Individual Written Rehabilitation Plan or IWRP? 9

1 ☐ Yes
2 ☐ No
9 ☐ DK

Notes

Section J – SELF DIRECTION – Continued

Special education is a program designed to meet the individual needs of persons with special needs. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.

4a. DURING THE PAST 12 MONTHS, have you received any type of services or benefits through special education? Do not include gifted or talented programs. 10

1 ☐ Yes *(Go to 4b)*
2 ☐ No
9 ☐ DK
} *(Skip to 5 on page 77)*

HAND CARD A15. Read categories if telephone interview.

b. DURING THE PAST 12 MONTHS, which of these services or benefits did you receive through special education programs?

(Anything else?)

Mark (X) all that apply.

01	☐ Transportation services	11-12
02	☐ Speech/Language therapy	13-14
03	☐ Audiology services for hearing problems (such as testing, evaluation, and training)	15-16
04	☐ Mental health or counseling services	17-18
05	☐ Developmental testing	19-20
06	☐ Physical therapy	21-22
07	☐ Occupational therapy	23-24
08	☐ Recreational therapy	25-26
09	☐ Respiratory therapy	27-28
10	☐ Social work services	29-30
11	☐ Eyeglasses	31-32
12	☐ Hearing aids	33-34
13	☐ Wheelchair	35-36
14	☐ Other assistive devices and training in their use	37-38
15	☐ Medical services for diagnostic and evaluation purposes	39-40
16	☐ Communication services (such as a reader, interpreter, or writer)	41-42
17	☐ Nursing services	43-44
18	☐ Other	45-46
99	☐ DK	47-48

HAND CARD A16. Read categories if telephone interview.

c. DURING THE PAST 12 MONTHS, have you received special education for any of these conditions?

(Anything else?)

Mark (X) all that apply.

01	☐ Learning disabilities	49-50
02	☐ Speech or language problems	51-52
03	☐ Mental retardation	53-54
04	☐ Emotional disturbances	55-56
05	☐ Deaf and blind	57-58
06	☐ Hearing, including deafness or hard of hearing	59-60
07	☐ Visual, including blindness and other problems	61-62
08	☐ Orthopedic problems	63-64
09	☐ Autism	65-66
10	☐ Traumatic brain injury	67-68
11	☐ Developmental delay	69-70
12	☐ Multiple disabilities	71-72
13	☐ Other health problem	73-74
14	☐ Not a specific condition	75-76
99	☐ DK	77-78

HAND CARD A17. Read categories if telephone interview.

d. During the past 12 months, where did you receive these special education services?

Mark (X) all that apply.

01	☐ Regular classroom setting	79-80
02	☐ Resource room in regular school	81-82
03	☐ Separate class all day or part of a day in regular school	83-84
04	☐ Special school-day school	85-86
05	☐ Special school-residential school	87-88
06	☐ Home	89-90
07	☐ Hospital or institution	91-92
08	☐ Provider's office	93-94
09	☐ Other	95-96
99	☐ DK	97-98

e. Have you received any of these special education services during the past month? 99

1 ☐ Yes *(Skip to 5 on page 77)*
2 ☐ No *(Go to 4f)*
9 ☐ DK *(Skip to 5 on page 77)*

f. Why haven't you received any special education services in the past month?

Any other reason?

Mark (X) all that apply.

0	☐ Did not need the service during the past month	100
1	☐ Provider/school thinks services no longer necessary	101
2	☐ On vacation from school	102
3	☐ Provider/service no longer available	103
4	☐ Didn't like provider/service	104
5	☐ Transportation problems	105
6	☐ Could not take time off from work to arrange it	106
7	☐ Other reason	107
9	☐ DK	108

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Section J – SELF DIRECTION – Continued

5. DURING THE PAST 12 MONTHS, did you receive any instruction through special education about how to get and keep a job? (5)

1 ☐ Yes
2 ☐ No
9 ☐ DK

6a. DURING THE PAST 12 MONTHS, have you tried to get any (additional) special education services? (6)

1 ☐ Yes *(Go to 6b)*
2 ☐ No } *(Skip to 7)*
9 ☐ DK }

HAND CARD A15. Read categories if telephone interview.

b. What (additional) special education services did you try to get?

(Anything else?)

Mark (X) all that apply.

01 ☐ Transportation services (7-8)
02 ☐ Speech/Language therapy (9-10)
03 ☐ Audiology services for hearing problems (such as testing, evaluation, and training) (11-12)
04 ☐ Mental health or counseling services (13-14)
05 ☐ Developmental testing (15-16)
06 ☐ Physical therapy (17-18)
07 ☐ Occupational therapy (19-20)
08 ☐ Recreational therapy (21-22)
09 ☐ Respiratory therapy (23-24)
10 ☐ Social work services (25-26)
11 ☐ Eyeglasses (27-28)
12 ☐ Hearing aids (29-30)
13 ☐ Wheelchair (31-32)
14 ☐ Other assistive devices and training in their use (33-34)
15 ☐ Medical services for diagnostic and evaluation purposes (35-36)
16 ☐ Communication services (such as reader, interpreter, writer) (37-38)
17 ☐ Nursing services (39-40)
18 ☐ Other (41-42)
99 ☐ DK (43-44)

c. During the past 12 months were you on a waiting list for any special education services? (45)

1 ☐ Yes
2 ☐ No
9 ☐ DK

HAND CARD A18. Read categories if telephone interview.

d. What problems did you have trying to get (additional) special education services during the past 12 months?

(Anything else?)

Mark (X) all that apply.

0 ☐ No problem getting services (46)

1 ☐ Service is not available (47)
2 ☐ Had trouble finding the right kind of service (48)
3 ☐ Services available are inadequate (49)
4 ☐ School did not think services were needed (50)
5 ☐ School would not test for disabilities (51)
6 ☐ School would not help in finding services (52)
7 ☐ Could not take time off from work to arrange it (53)
8 ☐ Other problems (54)
9 ☐ DK (55)

7. Overall, how satisfied are you with the educational services that you receive? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied? (56)

0 ☐ Does not receive any educational services
1 ☐ Very satisfied
2 ☐ Somewhat satisfied
3 ☐ Somewhat dissatisfied
4 ☐ Very dissatisfied
9 ☐ DK

Notes

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Section K – FAMILY STRUCTURE, RELATIONSHIPS, AND LIVING ARRANGEMENTS

3-4

1. Are you now married, widowed, divorced, separated, or have you never been married? 5

If married, probe as necessary to determine if the spouse is a current household member.

Mark (X) only one.

1 ☐ Married – spouse in HH
2 ☐ Married – spouse not in HH } *(Go to 2a)*
3 ☐ Widowed
4 ☐ Divorced } *(Go to 2b)*
5 ☐ Separated
6 ☐ Never married
9 ☐ DK } *(Skip to Item K1)*

2a. How long have you been married to your current spouse? 6-7

00 ☐ Less than 1 year
_____ Years (Number)
99 ☐ DK
} *(Skip to Item K1)*

b. How long have you been [widowed/divorced/separated]? 8-9

00 ☐ Less than 1 year
_____ Years (Number)
99 ☐ DK

ITEM K1 Status of SP. 10

1 ☐ Institutionalized *(Skip to 5 on page 79)*
2 ☐ All others *(Go to 3)*

3. Including yourself, how many people altogether live in this household? 11-12

01 ☐ SP only *(Skip to 5 on page 79)*
_____ Household members *(Go to 4)* (Number)
99 ☐ DK *(Go to 4a)*

4a. What are the names of all persons living in your household?

Enter SP on line 1, all others on subsequent lines.

If more than 9 household members, continue listing in the Notes space.

b. *If necessary, ask:* **What is** *(name's)* **sex?**

c. *If necessary, ask:* **How is** *(name)* **related TO YOU?** *Record relationship to sample person.*

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Line No.	**4a.** Name *(First/Middle initial/Last)*	**b.** Sex	**c.** Relationship to SP
3-4 / 5-6 / **01**	7-57	58 1 ☐ M 2 ☐ F	59-60 77 ☐ **SAMPLE PERSON**
3-4 / 5-6 / **02**	7-57	58 1 ☐ M 2 ☐ F	59-60
3-4 / 5-6 / **03**	7-57	58 1 ☐ M 2 ☐ F	59-60
3-4 / 5-6 / **04**	7-57	58 1 ☐ M 2 ☐ F	59-60
3-4 / 5-6 / **05**	7-57	58 1 ☐ M 2 ☐ F	59-60
3-4 / 5-6 / **06**	7-57	58 1 ☐ M 2 ☐ F	59-60
3-4 / 5-6 / **07**	7-57	58 1 ☐ M 2 ☐ F	59-60
3-4 / 5-6 / **08**	7-57	58 1 ☐ M 2 ☐ F	59-60
3-4 / 5-6 / **09**	7-57	58 1 ☐ M 2 ☐ F	59-60

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Section K – FAMILY STRUCTURE, RELATIONSHIPS, AND LIVING ARRANGEMENTS – Continued

3-4

5a. Including step and adopted children, how many LIVING SONS do you have? 5-6

00 ☐ None

_____ Sons
(Number)

99 ☐ DK

b. Including step and adopted children, how many LIVING DAUGHTERS do you have? 7-8

00 ☐ None

_____ Daughters
(Number)

99 ☐ DK

ITEM K2

Refer to 5a and 5b above.
(Living children)

9

1 ☐ 1+ living children *(Go to Item K3)*
2 ☐ All others *(Skip to Item K4 on page 80)*

ITEM K3

Refer to question 4 on page 78.
(Household composition)

10

1 ☐ Any of SP's child(ren) in HH *(Skip to 7)*
2 ☐ All others *(Go to 6)*

6a. How quickly can [any of your children/your son/your daughter] get here? 11-13

If asked, "Here" means where the SP resides.

_____ (Number)
1 ☐ Minutes
2 ☐ Hours
3 ☐ Days

999 ☐ DK

b. How often do you see [any of your children/your son/your daughter]? 14-16

000 ☐ Less than once a year/never

_____ (Times)
1 ☐ Per day
2 ☐ Per week
3 ☐ Per month
4 ☐ Per year

999 ☐ DK

c. How often do you talk on the telephone with [any of your children/your son/your daughter]? 17-19

000 ☐ Less than once a year/never

_____ (Times)
1 ☐ Per day
2 ☐ Per week
3 ☐ Per month
4 ☐ Per year

999 ☐ DK

d. How often do you get mail from [any of your children/your son/your daughter]? 20-22

000 ☐ Less than once a year/never

_____ (Times)
1 ☐ Per day
2 ☐ Per week
3 ☐ Per month
4 ☐ Per year

999 ☐ DK

7. [Do your children/Does your son/Does your daughter] routinely give you money to help with your living expenses or pay your bills? 23

1 ☐ Yes
2 ☐ No
3 ☐ DK

Notes

Section K – FAMILY STRUCTURE, RELATIONSHIPS, AND LIVING ARRANGEMENTS – Continued

ITEM K4	*Refer to question 4 on page 78.* (Household composition) *Mark (X) first appropriate box.*	1☐ SP is institutionalized 2☐ SP lives alone 3☐ SP lives w/spouse only } *(Skip to 11)* 4☐ Other *(Go to 8)*
8.	**(Other than your spouse) [is/are any of] the person(s) living with you 18 years of age or older?**	1☐ Yes *(Go to 9)* 2☐ No 9☐ DK } *(Skip to 11)*
9.	**Do you live with [these people/this person] NOW because YOU need to share living expenses?**	1☐ Yes 2☐ No 9☐ DK
10.	**Do you live with [these people/this person] NOW because of a health or physical problem YOU have?**	1☐ Yes 2☐ No 9☐ DK
11.	**Including step and adopted brothers, how many LIVING brothers do you have?**	00☐ None _____ Brothers (Number) 99☐ DK
12.	**Including step and adopted sisters, how many LIVING sisters do you have?**	00☐ None _____ Sisters (Number) 99☐ DK
	ASK OR VERIFY:	
13a.	**Is your mother still living?**	1☐ Yes 2☐ No 9☐ DK
b.	**Is your father still living?**	1☐ Yes 2☐ No 9☐ DK

Notes

FORM DFS-2 (7-1-94)

Section K – FAMILY STRUCTURE, RELATIONSHIPS, AND LIVING ARRANGEMENTS – Continued

ITEM K5	*Refer to Item K4.* (SP's living arrangements)	1 ☐ Box 1, 2, or 3 marked *(Go to 14)* 2 ☐ Box 4 marked *(Skip to 15)*	34
	The next few questions are about contact you have with family members (other than your spouse or children).		35-37
14a.	**How quickly can any member of your family (other than your spouse or children) get here?** *If asked, "Here" means where the SP resides.*	000 ☐ No other family *(Skip to Section L on page 82)* _____ (Number) { 1 ☐ Minutes, 2 ☐ Hours, 3 ☐ Days } 999 ☐ DK	
b.	**How often do you see any member of your family (other than your spouse or children)?**	000 ☐ Less than once a year/Never _____ (Times) { 1 ☐ Per day, 2 ☐ Per week, 3 ☐ Per month, 4 ☐ Per year } 999 ☐ DK	38-40
c.	**How often do you talk on the telephone with any member of your family (other than your spouse or children)?**	000 ☐ Less than once a year/Never _____ (Times) { 1 ☐ Per day, 2 ☐ Per week, 3 ☐ Per month, 4 ☐ Per year } 999 ☐ DK	41-43
d.	**How often do you get mail from any member of your family (other than your spouse or children)?**	000 ☐ Less than once a year/Never _____ (Times) { 1 ☐ Per day, 2 ☐ Per week, 3 ☐ Per month, 4 ☐ Per year } 999 ☐ DK	44-46
15.	**Do any members of your family (other than your spouse or children) routinely give you money to help with your living expenses or pay your bills?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	47

Notes

RT 90 3-4

Section L – CONDITIONS AND IMPAIRMENTS

ITEM L1	*Refer to SP's age.*	1 ☐ 70+ *(Go to 1)* 2 ☐ Under 70 *(Skip to Section O on page 87)*

Now I'm going to ask some questions about vision and hearing. Please tell me if you have any of the following conditions, even if you have mentioned them before.

1. Do you NOW have —	Yes	No	DK	
a. Cataracts?	**a.** 1 ☐	2 ☐	9 ☐	6
b. Glaucoma?	**b.** 1 ☐	2 ☐	9 ☐	7
c. Blindness in both eyes?	**c.** 1 ☐ *(Skip to 3)*	2 ☐	9 ☐	8
d. Blindness in one eye?	**d.** 1 ☐	2 ☐	9 ☐	9
e. Any other trouble seeing with one or both eyes, EVEN when wearing glasses?	**e.** 1 ☐	2 ☐	9 ☐	10

2a. Do you use eyeglasses? Include eyeglasses that just magnify.	1 ☐ Yes *(Go to 2b)* 2 ☐ No 9 ☐ DK } *(Skip to 2c)*	11
b. Were these eyeglasses prescribed for you?	1 ☐ Yes 2 ☐ No 9 ☐ DK	12
c. Do you use contact lenses?	1 ☐ Yes 2 ☐ No 9 ☐ DK	13
3. Have you EVER had an operation for cataracts?	1 ☐ Yes 2 ☐ No 9 ☐ DK	14
ITEM L2 *Refer to 1c above.* (Blind in both eyes)	1 ☐ "Yes" marked in 1c *(Skip to 6)* 2 ☐ All others *(Go to 4)*	15
4. Do you have a lens implant?	1 ☐ Yes 2 ☐ No 9 ☐ DK	16
5. Do you use a magnifying glass to read or to do other close work?	1 ☐ Yes 2 ☐ No 9 ☐ DK	17

6. Do you NOW have —	Yes	No	DK	
a. Deafness in both ears?	**a.** 1 ☐ *(Skip to 7)*	2 ☐	9 ☐	18
b. Deafness in one ear?	**b.** 1 ☐	2 ☐	9 ☐	19
c. Any other trouble hearing with one or both ears ?	**c.** 1 ☐	2 ☐	9 ☐	20

Notes

Section L – CONDITIONS AND IMPAIRMENTS – Continued

Now I'm going to ask about some other conditions. Again, please tell me if you ever had any of these conditions, even if you have mentioned them before.

Ask all of 7a(1)–(11) before going to 7b–d across.

Ask 7b–d as appropriate for each "Yes" in 7a.

7a. Have you EVER had —		**b. In what year [did/was] *(condition)* first [occur/noticed]?**	**c. Did a doctor ever tell you that you had *(condition)*?**	**d. Do you still have *(condition)*?**
(1) A broken hip?	5 ☐ 1 Yes ☐ 2 No ☐ 9 DK	(1) 6-7 19 ____ Year ☐ 99 DK		
(2) Osteoporosis?	8 ☐ 1 Yes ☐ 2 No ☐ 9 DK	(2) 9-10 19 ____ Year ☐ 99 DK	(2) 11 ☐ 1 Yes ☐ 2 No ☐ 9 DK	
(3) Diabetes?	12 ☐ 1 Yes ☐ 2 No ☐ 9 DK	(3) 13-14 19 ____ Year ☐ 99 DK	(3) 15 ☐ 1 Yes ☐ 2 No ☐ 9 DK	(3) 16 ☐ 1 Yes ☐ 2 No ☐ 9 DK
(4) Arthritis?	17 ☐ 1 Yes ☐ 2 No ☐ 9 DK	(4) 18-19 19 ____ Year ☐ 99 DK	(4) 20 ☐ 1 Yes ☐ 2 No ☐ 9 DK	
(5) Chronic bronchitis or emphysema?	21 ☐ 1 Yes ☐ 2 No ☐ 9 DK	(5) 22-23 19 ____ Year ☐ 99 DK	(5) 24 ☐ 1 Yes ☐ 2 No ☐ 9 DK	(5) 25 ☐ 1 Yes ☐ 2 No ☐ 9 DK
(6) Asthma?	26 ☐ 1 Yes ☐ 2 No ☐ 9 DK	(6) 27-28 19 ____ Year ☐ 99 DK	(6) 29 ☐ 1 Yes ☐ 2 No ☐ 9 DK	(6) 30 ☐ 1 Yes ☐ 2 No ☐ 9 DK
(7) Hypertension, sometimes called high blood pressure?	31 ☐ 1 Yes ☐ 2 No ☐ 9 DK	(7) 32-33 19 ____ Year ☐ 99 DK	(7) 34 ☐ 1 Yes ☐ 2 No ☐ 9 DK	(7) 34 ☐ 1 Yes ☐ 2 No ☐ 9 DK
(8) Heart disease, including coronary heart disease, angina, heart attack or myocardial infarction?	36 ☐ 1 Yes ☐ 2 No ☐ 9 DK	(8) 37-38 19 ____ Year ☐ 99 DK	(8) 39 ☐ 1 Yes ☐ 2 No ☐ 9 DK	
(9) Any other heart disease?	40 ☐ 1 Yes ☐ 2 No ☐ 9 DK	(9) 41-42 19 ____ Year ☐ 99 DK	(9) 43 ☐ 1 Yes ☐ 2 No ☐ 9 DK	
(10) A stroke or cerebrovascular accident?	44 ☐ 1 Yes ☐ 2 No ☐ 9 DK	(10) 45-46 19 ____ Year ☐ 99 DK	(10) 47 ☐ 1 Yes ☐ 2 No ☐ 9 DK	
(11) Cancer of any kind?	48 ☐ 1 Yes ☐ 2 No ☐ 9 DK	(11) 49-50 19 ____ Year ☐ 99 DK	(11) 51 ☐ 1 Yes ☐ 2 No ☐ 9 DK	(11) 52 ☐ 1 Yes ☐ 2 No ☐ 9 DK

ITEM L3

Refer to 7a (11).
(Cancer of any kind)

53
☐ 1 "Yes" marked in 7a (11) *(Go to 8)*
☐ 2 All others *(Skip to 9 on page 84)*

Hand card A19. Read categories if telephone interview.

8. What kind of cancer [was/is] it?

(Anything else?)

Mark (X) all that apply.

01 ☐ Colon/rectal/bowel	54-55
02 ☐ Skin – melanoma	56-57
03 ☐ Skin – nonmelanoma	58-59
04 ☐ Skin – unknown type	60-61
05 ☐ Uterine/ovarian	62-63
06 ☐ Prostate	64-65
07 ☐ Stomach	66-67
08 ☐ Leukemia	68-69
09 ☐ Breast	70-71
10 ☐ Cervical	72-73
11 ☐ Lung	74-75
12 ☐ Other	76-77
99 ☐ DK	78-79

Section L – CONDITIONS AND IMPAIRMENTS – Continued

9a. Do you sometimes have trouble with dizziness?	1 ☐ Yes *(Go to 9b)* 2 ☐ No } *(Skip to 10)* 9 ☐ DK	80
b. Does dizziness prevent you in any way from doing things you otherwise could do?	1 ☐ Yes 2 ☐ No 9 ☐ DK	81
10. Do you have trouble biting or chewing any kinds of food, such as firm meat or apples? *If asked, this includes while wearing false teeth or dentures.*	1 ☐ Yes 2 ☐ No 9 ☐ DK	82

Notes

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Section M – HEALTH OPINIONS AND BEHAVIORS

3-4

Reminder – If SP is less than 70 years old, skip to Section O on page 87.

READ TO RESPONDENT – **Now I'd like to ask your personal opinions about health related matters.** **1. Would you say your health in general is excellent, very good, good, fair, or poor?**	1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor 9 ☐ DK	5
If proxy respondent, skip to 3; otherwise ask. **2. In the past 12 months, how often did you feel sad or depressed? Would you say you were sad or depressed —** *(Read all categories.)* *Mark (X) only one.*	1 ☐ **All of the time,** 2 ☐ **Some of the time,** 3 ☐ **A little of the time, or** 4 ☐ **None of the time?** 9 ☐ DK	6
3. Compared to your own level of physical activity 1 year ago, would you say you are now more active, less active, or about the same as you were then? *Mark (X) only one.*	1 ☐ More active 2 ☐ Less active 3 ☐ About the same 9 ☐ DK	7
4. Do you follow a REGULAR routine of physical exercise?	1 ☐ Yes 2 ☐ No 9 ☐ DK	8
5. About how tall are you without shoes?	_____ Feet _____ Inches 999 ☐ DK	9-11
6. About how much do you weigh without shoes?	_____ Pounds 999 ☐ DK	12-14
If proxy respondent, skip to 8; otherwise ask. **7. What was your usual weight at the age of 50?**	_____ Pounds 999 ☐ DK	15-17
8. Have you smoked at least 100 cigarettes in your entire life? *If asked:* **Approximately 5 packs.**	1 ☐ Yes *(Go to 9)* 2 ☐ No } *(Skip to 11)* 9 ☐ DK } *(Skip to 11)*	18
9. Do you NOW smoke cigarettes every day, some days, or not at all?	1 ☐ Every day 2 ☐ Some days 3 ☐ Not at all 9 ☐ DK	19
10. For how many years [have you smoked/did you smoke] cigarettes?	00 ☐ Less than 1 year _____ Years (Number) 99 ☐ DK	20-21
11. Now I would like to ask you about drinking alcoholic beverages. By alcoholic beverages I mean beer, wine, or liquor. Have you had at least one drink of beer, wine, or liquor during the past year?	1 ☐ Yes *(Go to 12)* 2 ☐ No } *(Skip to Section N on page 86)* 9 ☐ DK } *(Skip to Section N on page 86)*	22
12. During the past year, on the average, on how many days did you drink alcoholic beverages, that is beer, wine, or liquor?	0000 ☐ Every day _____ Days (Number) { 1 ☐ Per week, 2 ☐ Per month, 3 ☐ Per year } 9999 ☐ DK	23-26
13. On [the/those] day(s) when you drank, about how many drinks would you say you had?	_____ Drink(s) (Number) 99 ☐ DK	27-28

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Section N – COMMUNITY SERVICES

REMINDER – If SP is less than 70 years old, skip to Section O on page 87.

NOTE – Ask 2 immediately after a "Yes" in 1a–f.

READ TO RESPONDENT – **The next questions are about community services.**

1. [In the past 12 months/In the 12 months prior to coming to this (type of institution)], did you —		**2. How often did you use it — frequently, sometimes, or rarely?**
a. Use a senior center?	29 1 ☐ Yes *(Go to 2a)* 2 ☐ No 9 ☐ DK *(Go to 1b)*	30 **a.** 1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK *(Go to 1b)*
b. Use special transportation for the elderly?	31 1 ☐ Yes *(Go to 2b)* 2 ☐ No 9 ☐ DK *(Go to 1c)*	32 **b.** 1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK *(Go to 1c)*
c. Have meals delivered to your home by an agency or organization like Meals on Wheels?	33 1 ☐ Yes *(Go to 2c)* 2 ☐ No 9 ☐ DK *(Go to 1d)*	34 **c.** 1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK *(Go to 1d)*
d. Eat meals in a senior center or in some place with a special meal program for the elderly?	35 1 ☐ Yes *(Go to 2d)* 2 ☐ No 9 ☐ DK *(Go to 1e)*	36 **d.** 1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK *(Go to 1e)*
e. Use a homemaker service for the elderly that provides services like cleaning and cooking in the home?	37 1 ☐ Yes *(Go to 2e)* 2 ☐ No 9 ☐ DK *(Go to 1f)*	38 **e.** 1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK *(Go to 1f)*
f. Use information and referral services?	39 1 ☐ Yes *(Go to 2f)* 2 ☐ No 9 ☐ DK *(Go to Section O on page 87)*	40 **f.** 1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK *(Go to Section O on page 87)*

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Section O – UPDATE CONTACT PERSON INFORMATION

The National Center for Health Statistics may wish to contact you again to obtain additional health related information.

ITEM O1	*Refer to CP on label.*	5 1 ☐ CP on label *(Ask 1a)* 2 ☐ No CP on label *(Ask 1b)*
1a. The last time a Census Bureau interviewer talked to you or your family, we were told that *(CP on label)* will always know how to get in touch with you if we want to contact you again. Is *(CP on label)* still the best person to contact if we are unable to reach you?		6 1 ☐ Yes *(Verify CP's address and phone number. If incorrect, enter correct information in 2 below.)* 2 ☐ No *(Go to 1b)*
b. The National Center for Health Statistics would like the name, address, and telephone number of a relative or friend who would know where you could be reached in case we need additional health information in the future but cannot reach you. Please give me the name of someone who is not currently living in the household. *(Record information in 2.)*		

2. Contact Person current information

Last name	7-26	First name	27-41	MI	42
Number and street					43-67
City	68-87	State	88-89	ZIP Code	90-98
Telephone					
Area code 99-101	Number 102-108	1 ☐ None 7 ☐ Refused	9 ☐ DK		109

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Section P – INTERVIEWER OBSERVATIONS

ITEM P1 *Mark (X) the one that best represents this interview.* (5)

1 ☐ Self response without assistance *(Skip to Item P2)*
2 ☐ Self response with assistance *(Go to 1a)*
3 ☐ Proxy *(Skip to 1b)*

ASK OR VERIFY:

1a. How is *(assistant)* **related to you?** (6-7)

If more than one assistant, indicate the relationship of the one you consider to be the main assistant.

00 ☐ Parent
01 ☐ Spouse
02 ☐ Son/Daughter
03 ☐ Son-in-law/Daughter-in-law
04 ☐ Grandchild/Great grandchild
05 ☐ Brother/Sister
06 ☐ Brother-in-law/Sister-in-law
07 ☐ Aunt/Uncle/Cousin
08 ☐ Niece/Nephew
09 ☐ Other relative
10 ☐ Roommate/Friend/Neighbor
11 ☐ Other non-relative

(Skip to 1c)

b. How are you related to *(sample person)***?** (8-9)

If more than one proxy, direct this question to the one you consider to be the main proxy.

00 ☐ Parent
01 ☐ Spouse
02 ☐ Son/Daughter
03 ☐ Son-in-law/Daughter-in-law
04 ☐ Grandchild/Great grandchild
05 ☐ Brother/Sister
06 ☐ Brother-in-law/Sister-in-law
07 ☐ Aunt/Uncle/Cousin
08 ☐ Niece/Nephew
09 ☐ Other relative
10 ☐ Roommate/Friend/Neighbor
11 ☐ Other non-relative

ASK OR VERIFY:

c. Do(es) [you/*(assistant)***] live here?** (10)

1 ☐ Yes
2 ☐ No
9 ☐ DK

Mark each to indicate why a proxy/assistant was needed.

		Yes	No	
2a.	Sample person hospitalized	**a.** 1 ☐	2 ☐	11
b.	Sample person institutionalized	**b.** 1 ☐	2 ☐	12
c.	Sample person's hearing problem	**c.** 1 ☐	2 ☐	13
d.	Sample person's speech problem	**d.** 1 ☐	2 ☐	14
e.	Sample person's language problem	**e.** 1 ☐	2 ☐	15
f.	Sample person's poor memory, senility, or confusion	**f.** 1 ☐	2 ☐	16
g.	Sample person's Alzheimer's disease	**g.** 1 ☐	2 ☐	17
h.	Sample person's other mental condition	**h.** 1 ☐	2 ☐	18
i.	Sample person's other physical illness and/or disability	**i.** 1 ☐	2 ☐	19
j.	Other non-health related reason	**j.** 1 ☐	2 ☐	20

ITEM P2 *Refer to SP's age.* (21)

1 ☐ 70+ *(Go to 3)*
2 ☐ Under 70 *(END interview)*

The "respondent" in the following items refers to the sample person if he/she answered questions with or without assistance, or to the proxy if the sample person was not interviewed.

		Yes	No	DK	
3.	Do you feel the —				
a.	Respondent was intellectually capable of responding?	**a.** 1 ☐	2 ☐	9 ☐	22
b.	Respondent's answers were reasonably accurate?	**b.** 1 ☐	2 ☐	9 ☐	23
c.	Respondent understood the questions?	**c.** 1 ☐	2 ☐	9 ☐	24

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Section P – INTERVIEWER OBSERVATIONS – Continued

4a. Was there a section which seemed to be particularly upsetting or problematic to the respondent?	1 ☐ Yes *(Go to 4b)* 2 ☐ No *(Skip to 5)*	25
b. Which section(s)? *Mark (X) all that apply.*	01 ☐ **A.** Housing and long-term care services 02 ☐ **B.** Transportation 03 ☐ **C.** Social activity 04 ☐ **D.** Work history/employment 05 ☐ **E.** Vocational rehabilitation 06 ☐ **F.** Assistive devices and technologies 07 ☐ **G.** Health insurance 08 ☐ **H.** Assistance with key activities 09 ☐ **I.** Other services 10 ☐ **J.** Self direction 11 ☐ **K.** Family structure, relationships, and living arrangements 12 ☐ **L.** Conditions and impairments 13 ☐ **M.** Health opinions and behaviors 14 ☐ **N.** Community services 15 ☐ **O.** Contact person	26-27 28-29 30-31 32-33 34-35 36-37 38-39 40-41 42-43 44-45 46-47 48-49 50-51 52-53 54-55
5. How tiring did the interview seem to be for the respondent?	1 ☐ Very tiring 2 ☐ A little tiring 3 ☐ Not tiring	56
6. Did the respondent have difficulty hearing you during the interview?	1 ☐ Yes *(Go to 7)* 2 ☐ No 9 ☐ DK } *(END interview)*	57
7. Do you feel the respondent's hearing difficulty affected the interview?	1 ☐ Yes 2 ☐ No	58

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