

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

Part I - CALL RECORD

RT 37
3-4

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

Part II - STATUS

A. Final Status 20-21		B. Mode 22		C. Respondent 64	
Interview 01 <input type="checkbox"/> Complete 02 <input type="checkbox"/> Partial (Explain in Notes) Noninterview 03 <input type="checkbox"/> SP refused 04 <input type="checkbox"/> Proxy refused 05 <input type="checkbox"/> Unable to contact 06 <input type="checkbox"/> Unable to locate 07 <input type="checkbox"/> Deceased 08 <input type="checkbox"/> Institutionalized, no proxy 09 <input type="checkbox"/> Incapable, no proxy 10 <input type="checkbox"/> Moved o/s PSU, unable to phone 11 <input type="checkbox"/> Other noninterview		1 <input type="checkbox"/> Telephone 2 <input type="checkbox"/> Personal visit D. Proxy Name 23-63 E. Field Representative's Name Code 66-68		1 <input type="checkbox"/> Self 2 <input type="checkbox"/> Proxy <input checked="" type="checkbox"/> Reason for proxy 1 <input type="checkbox"/> SP incapable 2 <input type="checkbox"/> SP institutionalized 3 <input type="checkbox"/> SP unavailable 4 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> _____ _____	
(Explain in Notes)				(Fill in D)	

Part III - NEW ADDRESS

RT 38
3-4

Notes

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	71	
1 <input type="checkbox"/> None 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK number					

INITIAL SCREENING

3-4

1. May I please speak with (sample person)?	1 <input type="checkbox"/> Yes (Go to A below) 2 <input type="checkbox"/> No (Go to 2)	5
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2. Why is (sample person) not available to be interviewed?	1 <input type="checkbox"/> SP deceased (Skip to 6) 2 <input type="checkbox"/> SP moved (Skip to 4) 3 <input type="checkbox"/> SP temporarily absent/unavailable (Go to 3) 4 <input type="checkbox"/> SP incapable } (Skip to 5) 5 <input type="checkbox"/> Other	6
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3. Will (sample person) [return/be available] before (closeout date)?	1 <input type="checkbox"/> Yes (Schedule appointment) 2 <input type="checkbox"/> No } (Go to 4) 9 <input type="checkbox"/> DK	7
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4a. Has (sample person) moved to a new residence or is [he/she] in a health facility, group home, or some other place?	1 <input type="checkbox"/> SP moved (Record new address and telephone no.) 2 <input type="checkbox"/> SP in health facility/group home (Go to 4b) 3 <input type="checkbox"/> SP in jail (Skip to 5) 4 <input type="checkbox"/> SP in prison (END interview - noninterview) 5 <input type="checkbox"/> SP on vacation/visiting/temporarily absent (Skip to 4d)	8
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b. What type of facility or group home is this? Mark (X) first appropriate box.	01 <input type="checkbox"/> Hospital } (Go to 4c) 02 <input type="checkbox"/> Nursing/convalescent home 03 <input type="checkbox"/> Retirement home 04 <input type="checkbox"/> Group home 05 <input type="checkbox"/> Supervised apartment 06 <input type="checkbox"/> Halfway house 07 <input type="checkbox"/> Board and Care home 08 <input type="checkbox"/> Developmental Center 09 <input type="checkbox"/> Other supervised group residence or facility 10 <input type="checkbox"/> Other	9-10
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(Record new address and telephone no.)

c. Refer to age on label.	1 <input type="checkbox"/> Under 69 (Skip to 5) 2 <input type="checkbox"/> 69+ (Go to 4d)	11
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d. Is it possible to interview (sample person) at the [facility/present location]?	1 <input type="checkbox"/> Yes (Record address and telephone no.) 2 <input type="checkbox"/> No (Go to 5)	12
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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?	1 <input type="checkbox"/> Respondent (Go to A below) 2 <input type="checkbox"/> Other person (Record person's name, address, and telephone no.) 3 <input type="checkbox"/> No one } (END interview - noninterview) 9 <input type="checkbox"/> DK/Ref	13
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6. On what date did (sample person) die?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Month</td> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Year</td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> } (Go to 7) 999999 <input type="checkbox"/> DK	Month	Day	Year				14-19
Month	Day	Year						

7. Did (sample person) die at home, in a hospital, in a nursing or convalescent home, or some other place?	1 <input type="checkbox"/> At home 2 <input type="checkbox"/> In hospital 3 <input type="checkbox"/> In nursing/convalescent home } (END interview - noninterview) 4 <input type="checkbox"/> Other place 9 <input type="checkbox"/> DK	20
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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?	1 <input type="checkbox"/> Yes (Go to Section A on page 4) 2 <input type="checkbox"/> No (Correct age on label, then go to Section A on page 4)	21
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Notes	
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INITIAL SCREENING – Continued

NEW ADDRESS (First or only)				RT 40	Second (If appropriate)				RT 41				
				3-4					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 <input type="checkbox"/> None	9 <input type="checkbox"/> DK	106	Area code	96-98	Number	99-105	1 <input type="checkbox"/> None	9 <input type="checkbox"/> DK	106
				7 <input type="checkbox"/> Refused	number						7 <input type="checkbox"/> Refused	number	
PROXY RESPONDENT				RT 42					RT 41				
Name				3-4									
				5-40									
1 <input type="checkbox"/> 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 <input type="checkbox"/> None	9 <input type="checkbox"/> DK	107							
				7 <input type="checkbox"/> Refused	number								

GENERAL INSTRUCTIONS

- | | |
|--|---|
| <ol style="list-style-type: none"> 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. | <ol style="list-style-type: none"> 6. The following symbols and print types are used throughout the questionnaire to standardize the asking of the questions: <ul style="list-style-type: none"> • 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. |
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Notes

Section A – HOUSING AND LONG-TERM CARE SERVICES

ITEM A1	Status of Sample Person (SP).	1 <input type="checkbox"/> Institutionalized (Skip to 6 on page 5) 2 <input type="checkbox"/> All others (Go to 1)	5
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These first questions are about the place you live.		6-7
1. How long have you been living here?	00 <input type="checkbox"/> Less than 1 year _____ Years (Number) 99 <input type="checkbox"/> DK	

2a. Is it NECESSARY to use any steps or stairs to get into this home from the outside?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	8
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b. Counting basements and step down living areas as separate levels, does this home have more than one floor or level?	1 <input type="checkbox"/> Yes (Go to 2c) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 3)	9
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c. Does this home have a bathroom, bedroom, and kitchen ALL on the SAME floor or level?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	10
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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 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11
b. Opening or closing any of the doors in your home?	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12
c. Reaching or opening cabinets in your home?	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13
d. Using the bathroom in your home?	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	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?										
		Yes	No	DK						
a. Widened doorways or hallways?	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	15	5. Which special features do you NEED to get around this home, but do not have?				
b. Ramps or street level entrances?	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	17		Yes	No	DK	
c. Railings?	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	19	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	16
d. Automatic or easy to open doors?	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	21	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	18
e. Accessible parking or drop-off site?	e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	20
f. Bathroom modifications?	f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	22
g. Kitchen modifications?	g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27	e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24
h. Elevator, chair lift, or stair glide?	h.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29	f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26
i. Alerting devices?	i.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31	g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28
j. Any other special features?	j.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33	h.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30
						i.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32
						j.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	34

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

Notes

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?	<input type="checkbox"/> Did not look <input type="checkbox"/> Yes, refused housing <input type="checkbox"/> No, not refused housing <input type="checkbox"/> DK	35
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ASK OR VERIFY: 7a. Is this place a — (Read all categories) Mark (X) only one.	<input type="checkbox"/> 01 Single family house or townhouse that is not part of a retirement community, (Skip to 10 on page 6) <input type="checkbox"/> 02 Single family house, townhouse, or apartment that is part of a retirement community, (Skip to 8) <input type="checkbox"/> 03 Regular apartment, (Skip to 10 on page 6) <input type="checkbox"/> 04 Supervised apartment, <input type="checkbox"/> 05 Group home, <input type="checkbox"/> 06 Halfway house, <input type="checkbox"/> 07 Personal care or board and care home, <input type="checkbox"/> 08 Developmental center, <input type="checkbox"/> 09 Some other type of supervised group residence or facility, <input type="checkbox"/> 10 Assisted living facility, <input type="checkbox"/> 11 Nursing or convalescent home, <input type="checkbox"/> 12 Retirement home, <input type="checkbox"/> 13 Center for Independent Living, or <input type="checkbox"/> 14 Something else? <input type="checkbox"/> 99 DK	36-37
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ASK OR VERIFY: b. Does this place primarily or exclusively serve people who are elderly?	<input type="checkbox"/> 1 Yes (Skip to Item A2) <input type="checkbox"/> 2 No } (Go to 7c) <input type="checkbox"/> 9 DK }	38
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ASK OR VERIFY: c. Does this place primarily or exclusively serve persons with hearing or vision impairments, mental illness, mental retardation, or developmental disabilities?	<input type="checkbox"/> 1 Yes (Go to 7d) <input type="checkbox"/> 2 No } (Skip to Item A2) <input type="checkbox"/> 9 DK }	39
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ASK OR VERIFY: d. Which? Mark (X) all that apply.	<input type="checkbox"/> 1 Hearing impairments <input type="checkbox"/> 2 Vision impairments <input type="checkbox"/> 3 Mental retardation/developmental disabilities <input type="checkbox"/> 9 DK	40 41 42 43
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ITEM A2	Status of SP.	<input type="checkbox"/> 1 Institutionalized (Skip to 11 on page 6) <input type="checkbox"/> 2 All others (Go to 8)	44
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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?	<input type="checkbox"/> 1 Yes (Go to 9 on page 6) <input type="checkbox"/> 2 No } (Skip to 10 on page 6) <input type="checkbox"/> 9 DK }	45
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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 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	46
b. Housekeeping or maid service?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	47
c. Nursing or medical care?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	48
d. Supervision of residents who give themselves their own medication?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	49
e. Help with bathing, eating, or dressing?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	50
f. Help with walking or getting about?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	51
g. Help with shopping?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	52
h. Planned social activities or trips?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	53
i. Educational or training programs?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	54
j. Help with laundry?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	55
k. Help with money management?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	56
l. Transportation?	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	57
m. Protective oversight?	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	58
10. Are you planning a move in order to receive any (additional) personal help, assistance or services?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			59
<i>Mark "Yes" if SP is currently living in a nursing home; otherwise ask:</i>				60
11a. Have you EVER been a resident or patient in a nursing home?	1 <input type="checkbox"/> Yes (Go to 11b) 2 <input type="checkbox"/> No } (Skip to 13 on page 8) 9 <input type="checkbox"/> DK }			
b. How many DIFFERENT TIMES have you been a resident or patient in a nursing home (including the current time)?	_____ Times (Number) 99 <input type="checkbox"/> DK			61-62
c. On what date were you admitted (the FIRST time)? <i>If date not known, ask: Was it within the past 12 months?</i>	_____/ 19_____ Month Year 0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK			63-66
d. On what date were you discharged (the LAST time)? <i>If date not known, ask: Was it within the past 12 months?</i>	0000 <input type="checkbox"/> Now in nursing home _____/ 19_____ Month Year 0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK			67-70
e. How long [were you/have you been] in the nursing home [the LAST time/THIS time]?	00 <input type="checkbox"/> Less than 1 month _____ Months (Number) 99 <input type="checkbox"/> DK			71-72
f. How many weeks in the past 12 months [were you/have you been] in a nursing home?	00 <input type="checkbox"/> Less than 1 week _____ Weeks (Number) 99 <input type="checkbox"/> DK			73-74

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
 - 02 Family NOT in household
 - 03 Private health insurance
 - 04 Medicare
 - 05 Medicaid
 - 06 Rehabilitation program
 - 07 Employer
 - 08 School system
 - 09 VA program
 - 10 Other military
 - 11 Other private source
 - 12 Other public source
 - 13 No one/Free
 - 99 DK
- } (Skip to 13 on page 8)

75-76
77-78
79-80
81-82
83-84
85-86
87-88
89-90
91-92
93-94
95-96
97-98
99-100
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.

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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

\$ _____ .

999999 DK

105-110

Notes

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

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

Notes

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

C	RT 44	3-4	D	RT 44	3-4	E	RT 44	3-4	F	RT 44	3-4
03 A board and care home?			04 A facility for persons with mental retardation?			05 An assisted living facility?			06 Any other long-term care facility?		
1 <input type="checkbox"/> Yes			1 <input type="checkbox"/> Yes			1 <input type="checkbox"/> Yes			1 <input type="checkbox"/> Yes		
2 <input type="checkbox"/> No			2 <input type="checkbox"/> No			2 <input type="checkbox"/> No			2 <input type="checkbox"/> No		
9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK		
13.			13.			13.			13.		
0000 <input type="checkbox"/> Now in			0000 <input type="checkbox"/> Now in			0000 <input type="checkbox"/> Now in			0000 <input type="checkbox"/> Now in		
_____/19			_____/19			_____/19			_____/19		
Month Year			Month Year			Month Year			Month Year		
0001 <input type="checkbox"/> In past 12 months			0001 <input type="checkbox"/> In past 12 months			0001 <input type="checkbox"/> In past 12 months			0001 <input type="checkbox"/> In past 12 months		
0002 <input type="checkbox"/> Not in past 12 months			0002 <input type="checkbox"/> Not in past 12 months			0002 <input type="checkbox"/> Not in past 12 months			0002 <input type="checkbox"/> Not in past 12 months		
9999 <input type="checkbox"/> DK			9999 <input type="checkbox"/> DK			9999 <input type="checkbox"/> DK			9999 <input type="checkbox"/> DK		
14a.			14a.			14a.			14a.		
b.			b.			b.			b.		
000 <input type="checkbox"/> Less than 1 month			000 <input type="checkbox"/> Less than 1 month			000 <input type="checkbox"/> Less than 1 month			000 <input type="checkbox"/> Less than 1 month		
Number $\left\{ \begin{array}{l} 1 \text{ Months} \\ 2 \text{ Years} \end{array} \right.$			Number $\left\{ \begin{array}{l} 1 \text{ Months} \\ 2 \text{ Years} \end{array} \right.$			Number $\left\{ \begin{array}{l} 1 \text{ Months} \\ 2 \text{ Years} \end{array} \right.$			Number $\left\{ \begin{array}{l} 1 \text{ Months} \\ 2 \text{ Years} \end{array} \right.$		
999 <input type="checkbox"/> DK			999 <input type="checkbox"/> DK			999 <input type="checkbox"/> DK			999 <input type="checkbox"/> DK		
c.			c.			c.			c.		
01 <input type="checkbox"/> Self or family in household			01 <input type="checkbox"/> Self or family in household			01 <input type="checkbox"/> Self or family in household			01 <input type="checkbox"/> Self or family in household		
02 <input type="checkbox"/> Family NOT in household			02 <input type="checkbox"/> Family NOT in household			02 <input type="checkbox"/> Family NOT in household			02 <input type="checkbox"/> Family NOT in household		
03 <input type="checkbox"/> Private health insurance			03 <input type="checkbox"/> Private health insurance			03 <input type="checkbox"/> Private health insurance			03 <input type="checkbox"/> Private health insurance		
04 <input type="checkbox"/> Medicare			04 <input type="checkbox"/> Medicare			04 <input type="checkbox"/> Medicare			04 <input type="checkbox"/> Medicare		
05 <input type="checkbox"/> Medicaid			05 <input type="checkbox"/> Medicaid			05 <input type="checkbox"/> Medicaid			05 <input type="checkbox"/> Medicaid		
06 <input type="checkbox"/> Rehabilitation program			06 <input type="checkbox"/> Rehabilitation program			06 <input type="checkbox"/> Rehabilitation program			06 <input type="checkbox"/> Rehabilitation program		
07 <input type="checkbox"/> Employer			07 <input type="checkbox"/> Employer			07 <input type="checkbox"/> Employer			07 <input type="checkbox"/> Employer		
08 <input type="checkbox"/> School system			08 <input type="checkbox"/> School system			08 <input type="checkbox"/> School system			08 <input type="checkbox"/> School system		
09 <input type="checkbox"/> VA program			09 <input type="checkbox"/> VA program			09 <input type="checkbox"/> VA program			09 <input type="checkbox"/> VA program		
10 <input type="checkbox"/> Other military			10 <input type="checkbox"/> Other military			10 <input type="checkbox"/> Other military			10 <input type="checkbox"/> Other military		
11 <input type="checkbox"/> Other private source			11 <input type="checkbox"/> Other private source			11 <input type="checkbox"/> Other private source			11 <input type="checkbox"/> Other private source		
12 <input type="checkbox"/> Other public source			12 <input type="checkbox"/> Other public source			12 <input type="checkbox"/> Other public source			12 <input type="checkbox"/> Other public source		
13 <input type="checkbox"/> No one/Free } (Skip to 14a for next "Yes" in 13)			13 <input type="checkbox"/> No one/Free } (Skip to 14a for next "Yes" in 13)			13 <input type="checkbox"/> No one/Free } (Skip to 14a for next "Yes" in 13)			13 <input type="checkbox"/> No one/Free } (Go to 15 on page 10)		
99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK		
d.			d.			d.			d.		
[] [] Paid most (Number)			[] [] Paid most (Number)			[] [] Paid most (Number)			[] [] Paid most (Number)		
99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK		
e.			e.			e.			e.		
000000 <input type="checkbox"/> None			000000 <input type="checkbox"/> None			000000 <input type="checkbox"/> None			000000 <input type="checkbox"/> None		
\$ _____ . 00			\$ _____ . 00			\$ _____ . 00			\$ _____ . 00		
999999 <input type="checkbox"/> DK			999999 <input type="checkbox"/> DK			999999 <input type="checkbox"/> DK			999999 <input type="checkbox"/> DK		

Notes

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

HAND CARD A2.

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

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

5

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

Anywhere else?

Read categories if necessary.

Mark (X) all that apply.

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

6
7
8
9
10
11
12
13

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

- 1 Yes
- 2 No
- 9 DK

14

Notes

Section B – TRANSPORTATION

<p>These next questions are about getting around outside your home.</p> <p>1. How frequently do you drive a car or other motor vehicle? Would you say — <i>(Read all categories)</i> <i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Everyday or almost everyday, 2 <input type="checkbox"/> Occasionally, 3 <input type="checkbox"/> Seldom, or 4 <input type="checkbox"/> Never? <i>(Go to 2)</i> 9 <input type="checkbox"/> DK <i>(Skip to 3)</i> } <i>(Skip to 3)</i></p>	<p>5</p>
<p>2. Is this because of an impairment or health problem?</p>	<p>1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } <i>(Skip to 4)</i> 9 <input type="checkbox"/> DK }</p>	<p>6</p>
<p>3a. Because of an impairment or health problem, do you have any special equipment on your car or other motor vehicle?</p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 3b)</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't have a car } <i>(Skip to 3c)</i> 9 <input type="checkbox"/> DK }</p>	<p>7</p>
<p>b. What special equipment do you have? Anything else? <i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Hand controls 2 <input type="checkbox"/> Hand rails, straps, specialized handles, ramps, or lifts 3 <input type="checkbox"/> Power controls for windows, mirrors, seat, or steering 4 <input type="checkbox"/> Automatic transmission 5 <input type="checkbox"/> Air conditioning 6 <input type="checkbox"/> A button that opens the door 7 <input type="checkbox"/> A large trunk or storage area 8 <input type="checkbox"/> Other special features 9 <input type="checkbox"/> DK</p>	<p>8 9 10 11 12 13 14 15 16</p>
<p>c. Do you need any (other) special equipment or features on a car or other motor vehicle because of an impairment or health problem?</p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 3d)</i> 2 <input type="checkbox"/> No } <i>(Skip to 4)</i> 9 <input type="checkbox"/> DK }</p>	<p>17</p>
<p>d. What (other) equipment or features do you need? Anything else? <i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Hand controls 2 <input type="checkbox"/> Hand rails, straps, specialized handles, ramps, or lifts 3 <input type="checkbox"/> Power controls for windows, mirrors, seat, or steering 4 <input type="checkbox"/> Automatic transmission 5 <input type="checkbox"/> Air conditioning 6 <input type="checkbox"/> A button that opens the door 7 <input type="checkbox"/> A large trunk or storage area 8 <input type="checkbox"/> Other special features 9 <input type="checkbox"/> DK</p>	<p>18 19 20 21 22 23 24 25 26</p>
<p>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?</p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 4b)</i> 2 <input type="checkbox"/> No } <i>(Skip to 6 on page 12)</i> 9 <input type="checkbox"/> DK }</p>	<p>27</p>
<p>b. Is this special service operated by a transit authority, government program or some other private source? <i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Transit authority 2 <input type="checkbox"/> Government program 3 <input type="checkbox"/> Other private source 9 <input type="checkbox"/> DK</p>	<p>28 29 30 31</p>

Notes

Section B - TRANSPORTATION - Continued

<p>5a. Have you used this special service in the past 12 months?</p>	<p>1 <input type="checkbox"/> Yes (Skip to 5c) 2 <input type="checkbox"/> No (Go to 5b) 9 <input type="checkbox"/> DK (Skip to 6)</p>	<p>32</p>
<p>b. Why haven't you used this service in the past 12 months? Anything else? Mark (X) all that apply.</p>	<p>01 <input type="checkbox"/> Don't know how to use 02 <input type="checkbox"/> Need help from another person 03 <input type="checkbox"/> Can't use alone 04 <input type="checkbox"/> Can't use phone 05 <input type="checkbox"/> Don't have phone 06 <input type="checkbox"/> Can't read 07 <input type="checkbox"/> Illness 08 <input type="checkbox"/> Can't get reservation for service 09 <input type="checkbox"/> Hours of service inadequate 10 <input type="checkbox"/> Pickup unreliable/inconvenient 11 <input type="checkbox"/> Cost 12 <input type="checkbox"/> Denied use of service 13 <input type="checkbox"/> Service not needed/wanted 14 <input type="checkbox"/> Other reason 99 <input type="checkbox"/> DK</p>	<p>33-34 35-36 37-38 39-40 41-42 43-44 45-46 47-48 49-50 51-52 53-54 55-56 57-58 59-60 61-62</p> <p align="center">(Skip to 6)</p>
<p>c. About how many times have you used this service in the PAST 12 MONTHS?</p>	<p>_____ Times in past 12 months (Number) 999 <input type="checkbox"/> DK</p>	<p>63-65</p>
<p>d. About how many times have you used this service in the PAST WEEK?</p>	<p>_____ Times in past week (Number) 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	<p>66-67</p>
<p>6a. During the past 12 months, have you used local public transportation, such as a regular bus line, rapid transit, subway, or street car? Mark (X) only one.</p>	<p>0 <input type="checkbox"/> No public system available (Skip to 8 on page 13) 1 <input type="checkbox"/> Yes (Skip to 6c) 2 <input type="checkbox"/> No (Go to 6b) 9 <input type="checkbox"/> DK (Go to 6b)</p>	<p>68</p>
<p>b. Does an impairment or health problem prevent or limit your use of the public transportation service? Mark (X) only one.</p>	<p>0 <input type="checkbox"/> No public system available (Skip to 8 on page 13) 1 <input type="checkbox"/> Yes (Skip to 6e) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 7 on page 13)</p>	<p>69</p>
<p>c. During the past 12 months, how often did you use the local public transportation service? Would you say — (Read all categories) Mark (X) only one.</p>	<p>1 <input type="checkbox"/> Everyday or almost everyday, 2 <input type="checkbox"/> Occasionally, or 3 <input type="checkbox"/> Seldom? 9 <input type="checkbox"/> DK</p>	<p>70</p>
<p>d. Because of an impairment or health problem, during the past 12 months, did you have any difficulty using the local public transportation service?</p>	<p>1 <input type="checkbox"/> Yes (Go to 6e) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 7 on page 13)</p>	<p>71</p>
<p>e. What types of difficulties [did/would] you have using the public transportation service? Anything else? Mark (X) all that apply.</p>	<p>01 <input type="checkbox"/> Cognitive/mental problems (remembering where to go/knowing how to avoid trouble) 02 <input type="checkbox"/> Fear 03 <input type="checkbox"/> Vision 04 <input type="checkbox"/> Hearing 05 <input type="checkbox"/> Weather 06 <input type="checkbox"/> Difficulty walking/can't walk 07 <input type="checkbox"/> Wheelchair/scooter/access problems 08 <input type="checkbox"/> Problems with other medical/assistive devices 09 <input type="checkbox"/> Need help from another person 10 <input type="checkbox"/> Hours inadequate 11 <input type="checkbox"/> Cost 12 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK</p>	<p>72-73 74-75 76-77 78-79 80-81 82-83 84-85 86-87 88-89 90-91 92-93 94-95 96-97</p>
<p><i>Ask 6f only if box 01 marked in 6e; otherwise, skip to 7 on page 13.</i></p> <p>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?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>98</p>

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.

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

5

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

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

6

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?

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

29

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

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

Notes

Section B - TRANSPORTATION - Continued

11a. IN THE PAST 6 MONTHS, about how many times did you fly in an airplane?	01 <input type="checkbox"/> One (Skip to 11f) 48-49 _____ Times (Go to 11b) (Number) 00 <input type="checkbox"/> None } (Skip to 12) 99 <input type="checkbox"/> DK
b. About how many of these times were on a large airplane with 200 or more seats?	_____ Times 50-51 (Number) 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK
c. (About how many of these times were) on a medium sized airplane with 100 to 199 seats?	_____ Times 52-53 (Number) 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK
d. (About how many of these times were) on a small airplane with 19 to 99 seats?	_____ Times 54-55 (Number) 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK
e. (About how many of these times were) on an airplane with fewer than 19 seats?	_____ Times } (Skip to 12) (Number) } 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK
f. Was that flight in — (Read all categories)	1 <input type="checkbox"/> A large airplane with 200 or more seats, 2 <input type="checkbox"/> A medium sized airplane with 100-199 seats, 3 <input type="checkbox"/> A small airplane with 19-99 seats, or 4 <input type="checkbox"/> An airplane with fewer than 19 seats? 9 <input type="checkbox"/> DK 58

12a. IN THE PAST 6 MONTHS, about how many times did you ride a long-distance bus, such as Greyhound or Trailways?	_____ Times 59-60 (Number) 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK
b. (IN THE PAST 6 MONTHS, about how many times did you) take a trip on a train, such as Amtrak?	_____ Times 61-62 (Number) 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK
c. (IN THE PAST 6 MONTHS, about how many times did you) take a trip on a cruise ship or boat?	_____ Times 63-64 (Number) 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK

Notes

Section C – SOCIAL ACTIVITY

5

**ITEM
C1**

Status of SP.

- 1 Institutionalized (Skip to Section D on page 16)
2 All others (Go to 1)

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.

2. DURING THE PAST 2 WEEKS, how many times did you (activity)?

1. DURING THE PAST 2 WEEKS, did you —

a. Get together socially with friends or neighbors?

- 1 Yes
2 No
9 DK

6

7-8

a. _____ Times
(Number)
99 DK

b. Talk with friends or neighbors on the telephone?

- 1 Yes
2 No
9 DK

9

10-11

b. _____ Times
(Number)
99 DK

c. Get together with ANY relatives not including those living with you?

- 1 Yes
2 No
9 DK

12

13-14

c. _____ Times
(Number)
99 DK

d. Talk with ANY relatives on the telephone not including those living with you?

- 1 Yes
2 No
9 DK

15

16-17

d. _____ Times
(Number)
99 DK

e. Go to church, temple, or another place of worship for services or other activities?

- 1 Yes
2 No
9 DK

18

19-20

e. _____ Times
(Number)
99 DK

f. Go to a show or movie, sports event, club meeting, class, or other group event?

- 1 Yes
2 No
9 DK

21

22-23

f. _____ Times
(Number)
99 DK

g. Go out to eat at a restaurant?

- 1 Yes
2 No
9 DK

24

25-26

g. _____ Times
(Number)
99 DK

3. How many days in the past two weeks did you leave your home for any reason?

- 14 Every day
00 None

_____ Days
(Number)

- 99 DK

27-28

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?

Mark (X) only one.

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

29

Notes

Section D – WORK HISTORY/EMPLOYMENT

3-4

<p>These next questions are about working for pay or profit, and about unpaid volunteer work.</p>				5
<p>1. Have you EVER worked at a job or business?</p>	<p>1 <input type="checkbox"/> Yes (Skip to 16 on page 18) 2 <input type="checkbox"/> No } (Go to 2) 9 <input type="checkbox"/> DK }</p>			
<p>2. Does an ongoing health problem, impairment or disability ENTIRELY prevent you from working?</p>	<p>1 <input type="checkbox"/> Yes (Go to 3) 2 <input type="checkbox"/> No } (Skip to 8) 9 <input type="checkbox"/> DK }</p>			6
<p>3. If enough accommodations were made in transportation and at the work place, would you be able to work?</p>	<p>1 <input type="checkbox"/> Yes (Go to 4) 2 <input type="checkbox"/> No } (Skip to 6) 9 <input type="checkbox"/> DK }</p>			7
<p>4. IN ORDER TO WORK, would you NEED any of these special features at your worksite —</p>	<p style="text-align: center;">Yes No DK</p>			
<p>a. Handrails or ramps?</p>	<p>a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>			8
<p>b. Accessible parking or an accessible transportation stop close to the building?</p>	<p>b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>			9
<p>c. An elevator?</p>	<p>c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>			10
<p>d. An elevator designed for persons with special needs?</p>	<p>d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>			11
<p>e. A work station specially adapted for your use?</p>	<p>e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>			12
<p>f. A restroom designed for persons with special needs?</p>	<p>f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>			13
<p>g. An automatic door?</p>	<p>g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>			14
<p>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?</p>	<p>1 <input type="checkbox"/> Yes (Skip to 13b on page 18) 2 <input type="checkbox"/> No } (Go to 6) 9 <input type="checkbox"/> DK }</p>			15
<p>6. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</p>	<p>1 <input type="checkbox"/> Yes (Go to 7) 2 <input type="checkbox"/> No } (Skip to Section E on page 31) 9 <input type="checkbox"/> DK }</p>			16
<p>7. How many days did you do volunteer work in the past 12 months?</p>	<p>(Days) { 1 <input type="checkbox"/> Per week 2 <input type="checkbox"/> Per month 3 <input type="checkbox"/> Per year } (Skip to Section E on page 31)</p> <p>9999 <input type="checkbox"/> DK</p>			17-20
<p>8. Does an ongoing health problem, impairment or disability limit your ability to work?</p>	<p>1 <input type="checkbox"/> Yes (Go to 9) 2 <input type="checkbox"/> No (Skip to 14 on page 18) 9 <input type="checkbox"/> DK (Go to 9)</p>			21
<p>9. Have you looked for work in the past two years?</p>	<p>1 <input type="checkbox"/> Yes (Skip to 11 on page 17) 2 <input type="checkbox"/> No (Go to 10 on page 17) 9 <input type="checkbox"/> DK (Skip to 11 on page 17)</p>			22

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 <input type="checkbox"/> Yes (Go to 13b) 2 <input type="checkbox"/> No } (Skip to 14) 9 <input type="checkbox"/> DK }	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 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	43
(2) Braille, enlarged print, special lighting or audio tape?	(2) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	44
(3) A reader, oral or sign language interpreter to assist you at work?	(3) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	45
(4) A job coach to help train you and supervise your work?	(4) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	46
(5) A personal assistant to help with job related activities?	(5) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	47
(6) Special pens or pencils, chairs, or other office supplies?	(6) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	48
(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?	(7) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	49
(8) Reduced work hours to allow for more breaks or rest periods?	(8) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	50
(9) Reduced or part-time work hours?	(9) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	51
(10) Some other equipment, help, or work arrangements?	(10) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	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 <input type="checkbox"/> Yes (Go to 15) 2 <input type="checkbox"/> No } (Skip to Section E on page 31) 9 <input type="checkbox"/> DK }	53
15. How many days did you do volunteer work in the past 12 months?	_____ (Days) { 1 <input type="checkbox"/> Per week 2 <input type="checkbox"/> Per month 3 <input type="checkbox"/> Per year } (Skip to Section E on page 31) 9999 <input type="checkbox"/> DK	54-57
16. Do you NOW work at a job or business?	1 <input type="checkbox"/> Yes (Go to 17) 2 <input type="checkbox"/> No } (Skip to 37 on page 22) 9 <input type="checkbox"/> DK }	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 <input type="checkbox"/> Yes (Go to 18) 2 <input type="checkbox"/> No } (Skip to 27 on page 20) 9 <input type="checkbox"/> DK }	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.)	_____ Hours per week (Number) 99 <input type="checkbox"/> 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 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	62
b. The AMOUNT of work you do?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	63
c. Your job?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	64
20a. Does an ongoing health problem, impairment or disability now make it difficult for you to change jobs?	1 <input type="checkbox"/> Yes (Go to 20b) 2 <input type="checkbox"/> No } (Skip to 21 on page 19) 9 <input type="checkbox"/> DK }	65
b. Would you say very difficult or somewhat difficult?	1 <input type="checkbox"/> Very difficult 2 <input type="checkbox"/> Somewhat difficult 9 <input type="checkbox"/> DK	66

Section D - WORK HISTORY/EMPLOYMENT - Continued

<p>21a. Does an ongoing health problem, impairment, or disability make it difficult for you to advance at your present job?</p>	<p>1 <input type="checkbox"/> Yes (Go to 21b) 2 <input type="checkbox"/> No } (Skip to 22) 9 <input type="checkbox"/> DK</p>	67
<p>b. Would you say very difficult or somewhat difficult?</p>	<p>1 <input type="checkbox"/> Very difficult 2 <input type="checkbox"/> Somewhat difficult 9 <input type="checkbox"/> DK</p>	68

<p><i>Ask all of 22a(1)-(7) before going to 22b.</i></p> <p>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 —</p>	<p><i>Ask for each "Yes" in 22a.</i></p> <p>b. Do you have (feature) at work?</p>																																																																																																																																																																											
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<p>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?</p>	<p>1 <input type="checkbox"/> Yes (Go to 23b) 2 <input type="checkbox"/> No } (Skip to 24a on page 20) 9 <input type="checkbox"/> DK</p>	83
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<p><i>Ask all of 23b(1)-(10) before going to 23c.</i></p> <p>b. In order to work, do you NEED —</p>	<p><i>Ask for each "Yes" in 23b.</i></p> <p>c. Do you have ("Yes" response) at work?</p>																																																																																																																																																																																																						
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Notes

Section D - WORK HISTORY/EMPLOYMENT - Continued

24a. How do you USUALLY get to work?
Read list if necessary.
Mark (X) all that apply.

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

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

b. Who USUALLY drives this car?
Mark (X) only one.

1 <input type="checkbox"/> Self	
2 <input type="checkbox"/> Other family member	
3 <input type="checkbox"/> Carpool	
4 <input type="checkbox"/> Other	
9 <input type="checkbox"/> 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?

1 <input type="checkbox"/> Yes	28
2 <input type="checkbox"/> No	
3 <input type="checkbox"/> Not sure	
9 <input type="checkbox"/> 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 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29
(2) Refused a promotion?	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30
(3) Refused a transfer?	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31
(4) Refused access to training programs?	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32

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

1 <input type="checkbox"/> Yes (Go to 26c)	} (Skip to Section E on page 31)
2 <input type="checkbox"/> No	
9 <input type="checkbox"/> DK	

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

(Days) <input type="checkbox"/> Per week	} (Skip to Section E on page 31)
<input type="checkbox"/> Per month	
<input type="checkbox"/> Per year	
9999 <input type="checkbox"/> DK	

27. About how many hours a week do you work at your current job?
Note: If more than one job, include all jobs.

_____ Hours per week
 (Number)

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 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	40
b. The AMOUNT of work you do?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41
c. Your job?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	42

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

1 <input type="checkbox"/> Yes (Go to 29b)	} (Skip to 30 on page 21)
2 <input type="checkbox"/> No	
9 <input type="checkbox"/> DK	

b. Would you say very difficult or somewhat difficult?

1 <input type="checkbox"/> Very difficult	44
2 <input type="checkbox"/> Somewhat difficult	
9 <input type="checkbox"/> 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?	1 <input type="checkbox"/> Yes (Go to 30b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 31)	45
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b. Would you say very difficult or somewhat difficult?	1 <input type="checkbox"/> Very difficult 2 <input type="checkbox"/> Somewhat difficult 9 <input type="checkbox"/> DK	46
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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?																																																																																																																																																																
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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?	1 <input type="checkbox"/> Yes (Go to 33) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 34a on page 22)	61
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Ask all of 33a(1)–(10) before going to 33b.	Ask for each "Yes" in 33a.																																																																																																																																																																																																																												
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type="checkbox"/></td> <td align="center">81</td> </tr> </tbody> </table>		Yes	No	DK			Yes	No	DK		(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	62		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	63	(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	64		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	65	(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	67	(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	68		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	69	(5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	70		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	71	(6)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	72		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	73	(7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	74		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	75	(8)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	76		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	77	(9)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	78		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	79	(10)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	80		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	81
	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 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	62		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	63																																																																																																																																																																																																																				
(2) Braille, enlarged print, special lighting or audio tape?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	64		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	65																																																																																																																																																																																																																				
(3) A reader, oral or sign language interpreter to assist you at work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	67																																																																																																																																																																																																																				
(4) A job coach to help train you and supervise your work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	68		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	69																																																																																																																																																																																																																				
(5) A personal assistant to help you with job related activities?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	70		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	71																																																																																																																																																																																																																				
(6) Special pens or pencils, chairs, or other office supplies?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	72		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	73																																																																																																																																																																																																																				
(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	74		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	75																																																																																																																																																																																																																				
(8) Reduced work hours to allow for more breaks or rest periods?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	76		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	77																																																																																																																																																																																																																				
(9) Reduced or part-time work hours?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	78		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	79																																																																																																																																																																																																																				
(10) Some other equipment, help, or work arrangements?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	80		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	81																																																																																																																																																																																																																				
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(9)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	78		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	79																																																																																																																																																																																																																				
(10)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	80		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	81																																																																																																																																																																																																																				

Notes

Section D - WORK HISTORY/EMPLOYMENT - Continued

<p>34a. How do you USUALLY get to work?</p> <p><i>Read list if necessary.</i></p> <p><i>Mark (X) all that apply.</i></p> <p>-----</p> <p><i>Ask 34b only if box 01 marked in 34a; otherwise, skip to 35.</i></p> <p>b. Who USUALLY drives this car?</p> <p><i>Mark (X) only one.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border-right: 1px dashed black; padding: 2px;">01 <input type="checkbox"/> Car</td><td style="text-align: right; padding: 2px;">82-83</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">02 <input type="checkbox"/> Work at home</td><td style="text-align: right; padding: 2px;">84-85</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">03 <input type="checkbox"/> Rapid transit, subway, metro or regular bus</td><td style="text-align: right; padding: 2px;">86-87</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">04 <input type="checkbox"/> Specialized bus, van, or taxi service for persons with disabilities</td><td style="text-align: right; padding: 2px;">88-89</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">05 <input type="checkbox"/> Commuter train</td><td style="text-align: right; padding: 2px;">90-91</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">06 <input type="checkbox"/> Regular taxi</td><td style="text-align: right; padding: 2px;">92-93</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">07 <input type="checkbox"/> Bicycle</td><td style="text-align: right; padding: 2px;">94-95</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">08 <input type="checkbox"/> Walk</td><td style="text-align: right; padding: 2px;">96-97</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">09 <input type="checkbox"/> Scooter/wheelchair</td><td style="text-align: right; padding: 2px;">98-99</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">10 <input type="checkbox"/> Other</td><td style="text-align: right; padding: 2px;">100-101</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">99 <input type="checkbox"/> DK</td><td style="text-align: right; padding: 2px;">102-103</td></tr> <tr><td colspan="2" style="border-top: 1px dashed black; padding: 2px;">-----</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">1 <input type="checkbox"/> Self</td><td style="text-align: right; padding: 2px;">104</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">2 <input type="checkbox"/> Other family member</td><td></td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">3 <input type="checkbox"/> Carpool</td><td></td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">4 <input type="checkbox"/> Other</td><td></td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">9 <input type="checkbox"/> DK</td><td></td></tr> </table>	01 <input type="checkbox"/> Car	82-83	02 <input type="checkbox"/> Work at home	84-85	03 <input type="checkbox"/> Rapid transit, subway, metro or regular bus	86-87	04 <input type="checkbox"/> Specialized bus, van, or taxi service for persons with disabilities	88-89	05 <input type="checkbox"/> Commuter train	90-91	06 <input type="checkbox"/> Regular taxi	92-93	07 <input type="checkbox"/> Bicycle	94-95	08 <input type="checkbox"/> Walk	96-97	09 <input type="checkbox"/> Scooter/wheelchair	98-99	10 <input type="checkbox"/> Other	100-101	99 <input type="checkbox"/> DK	102-103	-----		1 <input type="checkbox"/> Self	104	2 <input type="checkbox"/> Other family member		3 <input type="checkbox"/> Carpool		4 <input type="checkbox"/> Other		9 <input type="checkbox"/> DK	
01 <input type="checkbox"/> Car	82-83																																		
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99 <input type="checkbox"/> DK	102-103																																		

1 <input type="checkbox"/> Self	104																																		
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3 <input type="checkbox"/> Carpool																																			
4 <input type="checkbox"/> Other																																			
9 <input type="checkbox"/> DK																																			

<p>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?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border-right: 1px dashed black; padding: 2px;">1 <input type="checkbox"/> Yes</td><td style="text-align: right; padding: 2px;">105</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">2 <input type="checkbox"/> No</td><td></td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">3 <input type="checkbox"/> Not sure</td><td></td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">9 <input type="checkbox"/> DK</td><td></td></tr> </table>	1 <input type="checkbox"/> Yes	105	2 <input type="checkbox"/> No		3 <input type="checkbox"/> Not sure		9 <input type="checkbox"/> DK	
1 <input type="checkbox"/> Yes	105								
2 <input type="checkbox"/> No									
3 <input type="checkbox"/> Not sure									
9 <input type="checkbox"/> DK									

<p>36a. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —</p> <p>(1) Refused employment?</p> <p>(2) Refused a promotion?</p> <p>(3) Refused a transfer?</p> <p>(4) Refused access to training programs?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td align="center">Yes</td> <td align="center">No</td> <td align="center">DK</td> <td></td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;">(1)</td> <td style="padding: 2px;">1 <input type="checkbox"/></td> <td style="padding: 2px;">2 <input type="checkbox"/></td> <td style="padding: 2px;">9 <input type="checkbox"/></td> <td style="text-align: right; padding: 2px;">106</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;">(2)</td> <td style="padding: 2px;">1 <input type="checkbox"/></td> <td style="padding: 2px;">2 <input type="checkbox"/></td> <td style="padding: 2px;">9 <input type="checkbox"/></td> <td style="text-align: right; padding: 2px;">107</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;">(3)</td> <td style="padding: 2px;">1 <input type="checkbox"/></td> <td style="padding: 2px;">2 <input type="checkbox"/></td> <td style="padding: 2px;">9 <input type="checkbox"/></td> <td style="text-align: right; padding: 2px;">108</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;">(4)</td> <td style="padding: 2px;">1 <input type="checkbox"/></td> <td style="padding: 2px;">2 <input type="checkbox"/></td> <td style="padding: 2px;">9 <input type="checkbox"/></td> <td style="text-align: right; padding: 2px;">109</td> </tr> </table>		Yes	No	DK		(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	106	(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	107	(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	108	(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	109
	Yes	No	DK																							
(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	106																						
(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	107																						
(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	108																						
(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	109																						

<p>b. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border-right: 1px dashed black; padding: 2px;">1 <input type="checkbox"/> Yes <i>(Go to 36c)</i></td><td></td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">2 <input type="checkbox"/> No</td><td rowspan="2" style="padding: 2px;">} <i>(Skip to Section E on page 31)</i></td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">9 <input type="checkbox"/> DK</td></tr> </table>	1 <input type="checkbox"/> Yes <i>(Go to 36c)</i>		2 <input type="checkbox"/> No	} <i>(Skip to Section E on page 31)</i>	9 <input type="checkbox"/> DK
1 <input type="checkbox"/> Yes <i>(Go to 36c)</i>						
2 <input type="checkbox"/> No	} <i>(Skip to Section E on page 31)</i>					
9 <input type="checkbox"/> DK						

<p>c. How many days did you do volunteer work in the past 12 months?</p> <p>_____ (Days)</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-right: 1px dashed black; padding: 2px;">1 <input type="checkbox"/> Per week</td> <td rowspan="3" style="padding: 2px;">} <i>(Skip to Section E on page 31)</i></td> </tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">2 <input type="checkbox"/> Per month</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">3 <input type="checkbox"/> Per year</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">9999 <input type="checkbox"/> DK</td><td></td></tr> </table>	1 <input type="checkbox"/> Per week	} <i>(Skip to Section E on page 31)</i>	2 <input type="checkbox"/> Per month	3 <input type="checkbox"/> Per year	9999 <input type="checkbox"/> DK	
1 <input type="checkbox"/> Per week	} <i>(Skip to Section E on page 31)</i>						
2 <input type="checkbox"/> Per month							
3 <input type="checkbox"/> Per year							
9999 <input type="checkbox"/> DK							

<p>37. Are you looking for work or on layoff from a job?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border-right: 1px dashed black; padding: 2px;">1 <input type="checkbox"/> Yes <i>(Go to 38)</i></td><td></td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">2 <input type="checkbox"/> No</td><td rowspan="2" style="padding: 2px;">} <i>(Skip to 54 on page 25)</i></td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">9 <input type="checkbox"/> DK</td></tr> </table>	1 <input type="checkbox"/> Yes <i>(Go to 38)</i>		2 <input type="checkbox"/> No	} <i>(Skip to 54 on page 25)</i>	9 <input type="checkbox"/> DK
1 <input type="checkbox"/> Yes <i>(Go to 38)</i>						
2 <input type="checkbox"/> No	} <i>(Skip to 54 on page 25)</i>					
9 <input type="checkbox"/> DK						

<p>38. Are you limited in the kind or amount of work you can do because of an ongoing health problem, impairment, or disability?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border-right: 1px dashed black; padding: 2px;">1 <input type="checkbox"/> Yes <i>(Go to 39)</i></td><td></td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">2 <input type="checkbox"/> No</td><td rowspan="2" style="padding: 2px;">} <i>(Skip to 48 on page 24)</i></td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">9 <input type="checkbox"/> DK</td></tr> </table>	1 <input type="checkbox"/> Yes <i>(Go to 39)</i>		2 <input type="checkbox"/> No	} <i>(Skip to 48 on page 24)</i>	9 <input type="checkbox"/> DK
1 <input type="checkbox"/> Yes <i>(Go to 39)</i>						
2 <input type="checkbox"/> No	} <i>(Skip to 48 on page 24)</i>					
9 <input type="checkbox"/> DK						

<p>39. In what year did you stop working at your last job?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border-right: 1px dashed black; padding: 2px;">19 _____ Year</td><td style="text-align: right; padding: 2px;">117-118</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">99 <input type="checkbox"/> DK</td><td></td></tr> </table>	19 _____ Year	117-118	99 <input type="checkbox"/> DK	
19 _____ Year	117-118				
99 <input type="checkbox"/> DK					

<p>40. Does an ongoing health problem, impairment or disability make it difficult for you to look for work?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border-right: 1px dashed black; padding: 2px;">1 <input type="checkbox"/> Yes</td><td style="text-align: right; padding: 2px;">119</td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">2 <input type="checkbox"/> No</td><td></td></tr> <tr><td style="border-right: 1px dashed black; padding: 2px;">9 <input type="checkbox"/> DK</td><td></td></tr> </table>	1 <input type="checkbox"/> Yes	119	2 <input type="checkbox"/> No		9 <input type="checkbox"/> DK	
1 <input type="checkbox"/> Yes	119						
2 <input type="checkbox"/> No							
9 <input type="checkbox"/> DK							

<p>Notes</p>	
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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 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	5
b. You would lose your housing if you went to work?	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	6
c. You would lose your health insurance or Medicaid coverage if you went to work?	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	7
d. Your family or friends discouraged you from going to work?	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8
e. Family responsibilities prevented you from going to work?	e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9
f. Appropriate information about jobs was not available to you?	f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	10
g. If you went to work you would be refused a promotion or transfer?	g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11
h. If you went to work, you would be refused access to training?	h.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12
i. Your training was not adequate?	i.	1 <input type="checkbox"/>	<input type="checkbox"/>	9 <input type="checkbox"/>	13
j. You lacked transportation that you were able to get to and use?	j.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14
k. There were no appropriate jobs available?	k.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	15
<hr/>					
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 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	16
b. Accessible parking or an accessible transportation stop close to the building?	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	17
c. An elevator?	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	18
d. An elevator designed for persons with special needs?	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	19
e. A work station specially adapted for your use?	e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	20
f. A restroom designed for persons with special needs?	f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	21
g. An automatic door?	g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	22

Notes

Section D - WORK HISTORY/EMPLOYMENT - Continued

<p>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?</p>	<p>1 <input type="checkbox"/> Yes (Go to 43b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Item D1)</p>	23
b. In order to work, would you NEED —		
<p>(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?</p>	<p>Yes No DK (1) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	24
<p>(2) Braille, enlarged print, special lighting, or audio tape?</p>	<p>(2) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	25
<p>(3) A reader, oral or sign language interpreter to assist you at work?</p>	<p>(3) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	26
<p>(4) A job coach to help train you and supervise your work?</p>	<p>(4) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	27
<p>(5) A personal assistant to help with job related activities?</p>	<p>(5) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	28
<p>(6) Special pens or pencils, chairs, or other office supplies?</p>	<p>(6) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	29
<p>(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?</p>	<p>(7) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	30
<p>(8) Reduced work hours to allow for more breaks or rest periods?</p>	<p>(8) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	31
<p>(9) Reduced or part-time work hours?</p>	<p>(9) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	32
<p>(10) Some other equipment, help, or work arrangements?</p>	<p>(10) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	33
<p>ITEM D1</p>	<p>Refer to question 39 on page 22. (Year last worked)</p>	34
<p>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?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not sure 9 <input type="checkbox"/> DK</p>	35
<p>45. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —</p>	<p>Yes No DK</p>	
<p>a. Refused employment?</p>	<p>a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	36
<p>b. Refused a promotion?</p>	<p>b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	37
<p>c. Refused a transfer?</p>	<p>c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	38
<p>d. Refused access to training programs?</p>	<p>d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	39
<p>46. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</p>	<p>1 <input type="checkbox"/> Yes (Go to 47) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Section E on page 31)</p>	40
<p>47. How many days did you do volunteer work in the past 12 months?</p>	<p>(Days) { 1 <input type="checkbox"/> Per week 2 <input type="checkbox"/> Per month 3 <input type="checkbox"/> Per year } (Skip to Section E on page 31)</p> <p>9999 <input type="checkbox"/> DK</p>	41-44
<p>48. In what year did you stop working at your last job?</p>	<p>19 _____ Year</p> <p>99 <input type="checkbox"/> DK</p>	45-46
<p>49. Does an ongoing health problem, impairment, or disability now make it difficult for you to look for work?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	47

Section D – WORK HISTORY/EMPLOYMENT – Continued

60. How many days did you do volunteer work in the past 12 months? _____ (Days)	<table style="width:100%; border: none;"> <tr> <td style="border: none;"> <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="border: none;">1 <input type="checkbox"/></td> <td style="border: none;">Per week</td> </tr> <tr> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">Per month</td> </tr> <tr> <td style="border: none;">3 <input type="checkbox"/></td> <td style="border: none;">Per year</td> </tr> </table> </td> <td style="border: none; vertical-align: middle;"> } (Skip to Section E on page 31) </td> </tr> <tr> <td style="border: none;">9999 <input type="checkbox"/></td> <td style="border: none;">DK</td> </tr> </table>	<table style="display: inline-table; vertical-align: middle;"> <tr> <td style="border: none;">1 <input type="checkbox"/></td> <td style="border: none;">Per week</td> </tr> <tr> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">Per month</td> </tr> <tr> <td style="border: none;">3 <input type="checkbox"/></td> <td style="border: none;">Per year</td> </tr> </table>	1 <input type="checkbox"/>	Per week	2 <input type="checkbox"/>	Per month	3 <input type="checkbox"/>	Per year	} (Skip to Section E on page 31)	9999 <input type="checkbox"/>	DK	73-76																																																			
<table style="display: inline-table; vertical-align: middle;"> <tr> <td style="border: none;">1 <input type="checkbox"/></td> <td style="border: none;">Per week</td> </tr> <tr> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">Per month</td> </tr> <tr> <td style="border: none;">3 <input type="checkbox"/></td> <td style="border: none;">Per year</td> </tr> </table>	1 <input type="checkbox"/>	Per week	2 <input type="checkbox"/>	Per month	3 <input type="checkbox"/>	Per year	} (Skip to Section E on page 31)																																																								
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2 <input type="checkbox"/>	Per month																																																														
3 <input type="checkbox"/>	Per year																																																														
9999 <input type="checkbox"/>	DK																																																														
61. Does an ongoing health problem, impairment, or disability ENTIRELY prevent you from working?	1 <input type="checkbox"/> Yes (Go to 62) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> 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 <input type="checkbox"/> Yes (Go to 63) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> 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 <input type="checkbox"/> DK	79-80																																																													
64. Does an ongoing health problem impairment or disability now make it difficult for you to look for work?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> 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 —	<table style="width:100%; border: none;"> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">Yes</td> <td style="border: none; text-align: center;">No</td> <td style="border: none; text-align: center;">DK</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">a. You would lose your SSI, SSDI, or other sources of income if you went to work?</td> <td style="border: none;">a. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/></td> <td style="border: none; text-align: right;">82</td> </tr> <tr> <td style="border: none;">b. You would lose your housing if you went to work?</td> <td style="border: none;">b. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/></td> <td style="border: none; text-align: right;">83</td> </tr> <tr> <td style="border: none;">c. You would lose your health insurance or Medicaid coverage if you went to work?</td> <td style="border: none;">c. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/></td> <td style="border: none; text-align: right;">84</td> </tr> <tr> <td style="border: none;">d. Your family or friends discouraged you from going to work?</td> <td style="border: none;">d. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/></td> <td style="border: none; text-align: right;">85</td> </tr> <tr> <td style="border: none;">e. Family responsibilities prevented you from going to work?</td> <td style="border: none;">e. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/></td> <td style="border: none; text-align: right;">86</td> </tr> <tr> <td style="border: none;">f. Appropriate information about jobs was not available to you?</td> <td style="border: none;">f. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/></td> <td style="border: none; text-align: right;">87</td> </tr> <tr> <td style="border: none;">g. If you went to work you would be refused a promotion or transfer?</td> <td style="border: none;">g. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/></td> <td style="border: none; text-align: right;">88</td> </tr> <tr> <td style="border: none;">h. If you went to work, you would be refused access to training?</td> <td style="border: none;">h. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/></td> <td style="border: none; text-align: right;">89</td> </tr> <tr> <td style="border: none;">i. Your training was not adequate?</td> <td style="border: none;">i. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/></td> <td style="border: none; text-align: right;">90</td> </tr> <tr> <td style="border: none;">j. You lacked transportation that you were able to get to and use?</td> <td style="border: none;">j. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/></td> <td style="border: none; text-align: right;">91</td> </tr> <tr> <td style="border: none;">k. There were no appropriate jobs available?</td> <td style="border: none;">k. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/></td> <td style="border: none; text-align: right;">92</td> </tr> </table>		Yes	No	DK		a. You would lose your SSI, SSDI, or other sources of income if you went to work?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	82	b. You would lose your housing if you went to work?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	83	c. You would lose your health insurance or Medicaid coverage if you went to work?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	84	d. Your family or friends discouraged you from going to work?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	85	e. Family responsibilities prevented you from going to work?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	86	f. Appropriate information about jobs was not available to you?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	87	g. If you went to work you would be refused a promotion or transfer?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	88	h. If you went to work, you would be refused access to training?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	89	i. Your training was not adequate?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	90	j. You lacked transportation that you were able to get to and use?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	91	k. There were no appropriate jobs available?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	92	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	83-92
	Yes	No	DK																																																												
a. You would lose your SSI, SSDI, or other sources of income if you went to work?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	82																																																											
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k. There were no appropriate jobs available?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	92																																																											
66. Do you think you will look for work at any time in the next six months?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	93																																																													
67. In order to work, would you NEED any of these special features at your worksite —	<table style="width:100%; border: none;"> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">Yes</td> <td style="border: none; text-align: center;">No</td> <td style="border: none; text-align: center;">DK</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">a. Handrails or ramps?</td> <td style="border: none;">a. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/></td> <td style="border: none; text-align: right;">94</td> </tr> <tr> <td style="border: none;">b. Accessible parking or an accessible transportation stop close to the building?</td> <td style="border: none;">b. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/></td> <td style="border: none; text-align: right;">95</td> </tr> <tr> <td style="border: none;">c. An elevator?</td> <td style="border: none;">c. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/></td> <td style="border: none; text-align: right;">96</td> </tr> <tr> <td style="border: none;">d. An elevator designed for persons with special needs?</td> <td style="border: none;">d. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/></td> <td style="border: none; text-align: right;">97</td> </tr> <tr> <td style="border: none;">e. A work station specially adapted for your use?</td> <td style="border: none;">e. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/></td> <td style="border: none; text-align: right;">98</td> </tr> <tr> <td style="border: none;">f. A restroom designed for persons with special needs?</td> <td style="border: none;">f. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/></td> <td style="border: none; text-align: right;">99</td> </tr> <tr> <td style="border: none;">g. An automatic door?</td> <td style="border: none;">g. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/></td> <td style="border: none; text-align: right;">100</td> </tr> </table>		Yes	No	DK		a. Handrails or ramps?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	94	b. Accessible parking or an accessible transportation stop close to the building?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	95	c. An elevator?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	96	d. An elevator designed for persons with special needs?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	97	e. A work station specially adapted for your use?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	98	f. A restroom designed for persons with special needs?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	99	g. An automatic door?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	100	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	94-100																				
	Yes	No	DK																																																												
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Section D – WORK HISTORY/EMPLOYMENT – Continued

<p>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?</p>	<p>1 <input type="checkbox"/> Yes (Go to 68b) 2 <input type="checkbox"/> No } (Skip to Item D3) 9 <input type="checkbox"/> DK }</p>	5	
<p>b. In order to work, would you NEED —</p>			
<p>(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?</p>	<p>Yes No DK (1) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	6	
<p>(2) Braille, enlarged print, special lighting, or audio tape?</p>	<p>(2) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	7	
<p>(3) A reader, oral or sign language interpreter to assist you at work?</p>	<p>(3) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	8	
<p>(4) A job coach to help train you and supervise your work?</p>	<p>(4) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	9	
<p>(5) A personal assistant to help with job related activities?</p>	<p>(5) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	10	
<p>(6) Special pens or pencils, chairs, or other office supplies?</p>	<p>(6) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	11	
<p>(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?</p>	<p>(7) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	12	
<p>(8) Reduced work hours to allow for more breaks or rest periods?</p>	<p>(8) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	13	
<p>(9) Reduced or part-time work hours?</p>	<p>(9) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	14	
<p>(10) Some other equipment, help, or work arrangements?</p>	<p>(10) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	15	
<p>ITEM D3</p>	<p>Refer to question 63 on page 26. (Year last worked)</p>	<p>1 <input type="checkbox"/> 1989 or after (Go to 69) 2 <input type="checkbox"/> Before 1989 (Skip to 71) 9 <input type="checkbox"/> DK (Go to 69)</p>	16
<p>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?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not sure 9 <input type="checkbox"/> DK</p>	17	
<p>70. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —</p>	<p>Yes No DK</p>		
<p>a. Refused employment?</p>	<p>a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	18	
<p>b. Refused a promotion?</p>	<p>b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	19	
<p>c. Refused a transfer?</p>	<p>c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	20	
<p>d. Refused access to training programs?</p>	<p>d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	21	
<p>71. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</p>	<p>1 <input type="checkbox"/> Yes (Go to 72) 2 <input type="checkbox"/> No } (Skip to Section E on page 31) 9 <input type="checkbox"/> DK }</p>	22	
<p>72. How many days did you do volunteer work in the past 12 months?</p>	<p>(Days) { 1 <input type="checkbox"/> Per week 2 <input type="checkbox"/> Per month 3 <input type="checkbox"/> Per year } (Skip to Section E on page 31) 9999 <input type="checkbox"/> DK</p>	23-26	
<p>73. Are you limited in the kind or amount of work you can do because of an ongoing health problem, impairment, or disability?</p>	<p>1 <input type="checkbox"/> Yes (Go to 74) 2 <input type="checkbox"/> No } (Skip to 85 on page 29) 9 <input type="checkbox"/> DK }</p>	27	
<p>74. If enough accommodations were made in transportation and at the work place, would you be able to work?</p>	<p>1 <input type="checkbox"/> Yes (Go to 75 on page 28) 2 <input type="checkbox"/> No } (Skip to 83 on page 29) 9 <input type="checkbox"/> DK }</p>	28	

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 <input type="checkbox"/> DK	29-30
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76. Does an ongoing health problem now make it difficult for you to look for work?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	31
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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 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	32	
b. You would lose your housing if you went to work?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	33	
c. You would lose your health insurance or Medicaid coverage if you went to work?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	34	
d. Your family or friends discouraged you from going to work?	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	35	
e. Family responsibilities prevented you from going to work?	e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	36	
f. Appropriate information about jobs was not available to you?	f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	37	
g. If you went to work you would be refused a promotion or transfer?	g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	38	
h. If you went to work, you would be refused access to training?	h. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	39	
i. Your training was not adequate?	i. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	40	
j. You lacked transportation that you were able to get to and use?	j. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	41	
k. There were no appropriate jobs available?	k. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	42	

78. Do you think you will look for work at any time in the next six months?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	43
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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 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	44	
b. Accessible parking or an accessible transportation stop close to the building?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	45	
c. An elevator?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	46	
d. An elevator designed for persons with special needs?	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	47	
e. A work station specially adapted for your use?	e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	48	
f. A restroom designed for persons with special needs?	f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	49	
g. An automatic door?	g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	50	

Notes

Section D - WORK HISTORY/EMPLOYMENT - Continued

<p>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?</p>	<p>1 <input type="checkbox"/> Yes (Go to 80b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Item D4)</p>	51
<p>b. In order to work, would you NEED —</p>	<p align="center">Yes No DK</p>	
<p>(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?</p>	<p>(1) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	52
<p>(2) Braille, enlarged print, special lighting, or audio tape?</p>	<p>(2) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	53
<p>(3) A reader, oral or sign language interpreter to assist you at work?</p>	<p>(3) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	54
<p>(4) A job coach to help train you and supervise your work?</p>	<p>(4) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	55
<p>(5) A personal assistant to help with job related activities?</p>	<p>(5) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	56
<p>(6) Special pens or pencils, chairs, or other office supplies?</p>	<p>(6) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	57
<p>(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?</p>	<p>(7) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	58
<p>(8) Reduced work hours to allow for more breaks or rest periods?</p>	<p>(8) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	59
<p>(9) Reduced or part-time work hours?</p>	<p>(9) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	60
<p>(10) Some other equipment, help, or work arrangements?</p>	<p>(10) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	61

ITEM D4	<p>Refer to question 75 on page 28. (Year last worked)</p>	<p>1 <input type="checkbox"/> 1989 or after (Go to 81) 2 <input type="checkbox"/> Before 1989 (Skip to 83) 9 <input type="checkbox"/> DK (Go to 81)</p>	62
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<p>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?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not sure 9 <input type="checkbox"/> DK</p>	63
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<p>82. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —</p>	<p align="center">Yes No DK</p>	
<p>a. Refused employment?</p>	<p>a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	64
<p>b. Refused a promotion?</p>	<p>b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	65
<p>c. Refused a transfer?</p>	<p>c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	66
<p>d. Refused access to training programs?</p>	<p>d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	67

<p>83. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</p>	<p>1 <input type="checkbox"/> Yes (Go to 84) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Section E on page 31)</p>	68
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<p>84. How many days did you do volunteer work in the past 12 months?</p>	<p>(Days) { 1 <input type="checkbox"/> Per week 2 <input type="checkbox"/> Per month 3 <input type="checkbox"/> Per year } (Skip to Section E on page 31)</p> <p>9999 <input type="checkbox"/> DK</p>	69-72
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<p>85. Because of an ongoing health problem, impairment or disability have you EVER changed —</p>	<p align="center">Yes No DK</p>	
<p>a. The KIND of work you do?</p>	<p>a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	73
<p>b. The AMOUNT of work you do?</p>	<p>b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	74
<p>c. Your job?</p>	<p>c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	75

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?

b. Was the (service) arranged or provided by a state rehabilitation agency.

	Yes	No	DK		Yes	No	DK	
(1) On-the-job training?	(1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	(1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6
(2) Job placement?	(2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	(2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
(3) Training in job seeking skills?	(3) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	(3) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
(4) Vocational or business school training?	(4) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	(4) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
(5) College or university training?	(5) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	(5) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
(6) Personal adjustment training?	(6) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	(6) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16
(7) Physical therapy?	(7) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	(7) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18
(8) Occupational therapy?	(8) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	(8) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
(9) Other medical treatment?	(9) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	(9) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22
(10) Special aids or technology such as wheelchairs, hearing aids, or computers?	(10) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	(10) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24
(11) Training in homemaking or in self-care?	(11) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	(11) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26
(12) Sheltered workshop?	(12) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	(12) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28
(13) Supported employment?	(13) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	(13) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
(14) Driver training?	(14) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	(14) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32
(15) Any other rehabilitation services?	(15) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	(15) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34

ITEM E1

Refer to question 1a. (Received rehabilitation services)

- Any "Yes" (Go to 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. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38
b. Helped you in getting a better job?	b. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39
c. Improved your ability to do your old job?	c. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
d. Improved your self-confidence and outlook?	d. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41
e. Improved your ability to get around?	e. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42
f. Improved your ability to take care of yourself?	f. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43
g. Improved your ability to take care of your home?	g. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44
h. Improved your communication skills?	h. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45
i. Helped you in some other way?	i. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46

Notes

Section E - VOCATIONAL REHABILITATION - Continued

4. Do you need (additional) vocational rehabilitation services?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	47
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ITEM E2	Refer to SP's age.	<input type="checkbox"/> 1 70+ (Skip to Section F on page 33) <input type="checkbox"/> 2 Under 70 (Go to 5)	48
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<i>HAND CARD A4. Ask all of 5a(1)-(12) before going to 5b.</i>		<i>Ask for each "Yes" in 5a.</i>	
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) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	49	(1) <input type="checkbox"/> 00 Less than 1 hour 50-51 _____ Hours per week (Number) <input type="checkbox"/> 99 DK
(2) Working with a paid JOB COACH?	(2) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	52	(2) <input type="checkbox"/> 00 Less than 1 hour 53-54 _____ Hours per week (Number) <input type="checkbox"/> 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) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	55	(3) <input type="checkbox"/> 00 Less than 1 hour 56-57 _____ Hours per week (Number) <input type="checkbox"/> 99 DK
(4) AN ENCLAVE; that is, working in a group with disabled persons in a regular business?	(4) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	58	(4) <input type="checkbox"/> 00 Less than 1 hour 59-60 _____ Hours per week (Number) <input type="checkbox"/> 99 DK
(5) Any other SUPPORTED EMPLOYMENT not listed above?	(5) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	61	(5) <input type="checkbox"/> 00 Less than 1 hour 62-63 _____ Hours per week (Number) <input type="checkbox"/> 99 DK
(6) A SHELTERED WORKSHOP; that is, working for piece rate wages below minimum wage?	(6) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	64	(6) <input type="checkbox"/> 00 Less than 1 hour 65-66 _____ Hours per week (Number) <input type="checkbox"/> 99 DK
(7) A WORK ACTIVITY CENTER that teaches independent living and work skills?	(7) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	67	(7) <input type="checkbox"/> 00 Less than 1 hour 68-69 _____ Hours per week (Number) <input type="checkbox"/> 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) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	70	(8) <input type="checkbox"/> 00 Less than 1 hour 71-72 _____ Hours per week (Number) <input type="checkbox"/> 99 DK
(9) ATTENDING SCHOOL?	(9) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	73	(9) <input type="checkbox"/> 00 Less than 1 hour 74-75 _____ Hours per week (Number) <input type="checkbox"/> 99 DK
(10) A FORMAL JOB TRAINING PROGRAM, not yet mentioned?	(10) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	76	(10) <input type="checkbox"/> 00 Less than 1 hour 77-78 _____ Hours per week (Number) <input type="checkbox"/> 99 DK
(11) VOLUNTEER WORK?	(11) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	79	(11) <input type="checkbox"/> 00 Less than 1 hour 80-81 _____ Hours per week (Number) <input type="checkbox"/> 99 DK
(12) No STRUCTURED ACTIVITY?	(12) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	82	_____ Hours per week (Number) <input type="checkbox"/> 99 DK
<i>Ask if all "No" in 5a (1-11); otherwise, go to Section F on page 33.</i>			

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.

2. Did you use (device) in the past two weeks?

1. During the past 12 months, did you use any of the following medical devices or supplies?

	Yes	No	DK		Yes	No	DK	
a. A tracheotomy tube?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	5	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	6
b. A respirator?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	7	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8
c. An ostomy bag?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	10
d. Catheterization equipment?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12
e. A glucose monitor?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14
f. Diabetic equipment or supplies?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	15	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	16
g. An inhaler?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	17	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	18
h. A nebulizer?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	19	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	20
i. A hearing aid?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	21	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	22
j. Crutches?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24
k. A cane?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26
l. A walker?	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28
m. A wheelchair?	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30
n. A scooter?	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32
o. A feeding tube?	o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33	o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	34

ITEM F1

Refer to question 1 above.
(Devices used)

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

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

4. Do you now have any of the following implants?

	Yes	No	DK	
a. Any shunt that drains away fluid?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41
b. An artificial joint?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	42
c. Implanted lens?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	43
d. Implanted pin, screw, nail, wire, rod, or plate?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	44
e. An artificial heart valve?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	45
f. A pacemaker?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	46
g. Silicone implant?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	47
h. Infusion pump?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	48
i. Implanted catheter?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	49
j. An organ implant?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	50
k. A cochlear (kōk' lē-ər) implant?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	51

Notes

Section G - HEALTH INSURANCE

<p>The next questions are about health insurance coverage.</p> <p>There are several government programs that provide medical care or help pay medical bills.</p> <p>People covered by Medicare have a card that looks like this. <i>SHOW MEDICARE CARD.</i></p>		5
<p>1a. In (month), were you covered by Medicare?</p>	<p>1 <input type="checkbox"/> Yes (Go to 1b) 2 <input type="checkbox"/> No } (Skip to 2) 9 <input type="checkbox"/> DK }</p>	
<p>b. How long have you been covered by Medicare? <i>Read categories if necessary.</i> <i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 months, but less than 1 year 3 <input type="checkbox"/> 1 year, but less than 2 years 4 <input type="checkbox"/> 2 years or more 9 <input type="checkbox"/> DK</p>	6
<p>There is a program called MEDICAID that pays for health care for persons in need. In this state, it is also called (state name).</p>		7
<p>2a. In (month), were you covered by MEDICAID or (state name)?</p>	<p>1 <input type="checkbox"/> Yes (Go to 2b) 2 <input type="checkbox"/> No } (Skip to 3) 9 <input type="checkbox"/> DK }</p>	
<p>b. How long have you had MEDICAID or (state name) coverage? <i>Read categories if necessary.</i> <i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 months, but less than 1 year 3 <input type="checkbox"/> 1 year, but less than 2 years 4 <input type="checkbox"/> 2 years, but less than 5 years 5 <input type="checkbox"/> 5 years or more 6 <input type="checkbox"/> On and off for less than 2 years 7 <input type="checkbox"/> On and off for 2 years, but less than 5 years 8 <input type="checkbox"/> On and off for 5 years or more 9 <input type="checkbox"/> DK</p>	8
<p>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.</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	9
<p>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?</p>	<p>1 <input type="checkbox"/> Yes (Go to 4b) 2 <input type="checkbox"/> No } (Skip to 5) 9 <input type="checkbox"/> DK }</p>	10
<p>b. Was this CHAMPUS, or CHAMP-VA? <i>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.</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	11
<p>c. In (month), were you covered by any other military health care, including armed forces retirement benefits, or the VA (Department of Veterans' Affairs)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	12
<p>5. In (month), were you covered by the Indian Health Service?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	13
<p>6a. (Not counting the government health programs we just mentioned), in (month), were you covered by a private health insurance plan? <i>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.</i></p>	<p>1 <input type="checkbox"/> Yes (Go to 6b) 2 <input type="checkbox"/> No } (Skip to Section H on page 35) 9 <input type="checkbox"/> DK }</p>	14
<p>b. Was any of this private health insurance obtained originally through the workplace, that is through a present or former employer or union? <i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Employer 2 <input type="checkbox"/> Union 3 <input type="checkbox"/> Through workplace, DK which 4 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	15

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)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
b. Walking up 10 steps without resting?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
c. Standing or being on your feet for about 2 hours?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
d. Sitting for about 2 hours?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
e. Stooping, crouching, or kneeling?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
f. Reaching up over your head?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
g. Reaching out (as if to shake someone's hand)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
h. Using your fingers to grasp or handle?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
i. Lifting or carrying something as heavy as 25 pounds, (such as two full bags of groceries)?	1 <input type="checkbox"/> Yes (Go to j) 2 <input type="checkbox"/> No (Skip to 2) 9 <input type="checkbox"/> NA/DK (Go to j)	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
j. Lifting or carrying something as heavy as 10 pounds?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> 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. 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.	(A) RT 57 3-4	(B) RT 58 3-4	(C) RT 59 3-4
	Bathing or showering?	Dressing?	Eating?
4.	1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason 9 <input type="checkbox"/> DK	4.	1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason 9 <input type="checkbox"/> DK

	(A)	(B)	(C)
ITEM H1	Bathing or showering	Dressing	Eating
H1	Refer to question 4. 6 1 <input type="checkbox"/> "Yes" marked (Go to 5) 2 <input type="checkbox"/> All other (Go to H1 for next activity)	H1	Refer to question 4. 6 1 <input type="checkbox"/> "Yes" marked (Go to 5) 2 <input type="checkbox"/> 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.	5.	5.
1 <input type="checkbox"/> Some } (Go to 6) 2 <input type="checkbox"/> A lot } 3 <input type="checkbox"/> Unable (H1 for next activity) 9 <input type="checkbox"/> DK (Go to 6)	1 <input type="checkbox"/> Some } (Go to 6) 2 <input type="checkbox"/> A lot } 3 <input type="checkbox"/> Unable (H1 for next activity) 9 <input type="checkbox"/> DK (Go to 6)	1 <input type="checkbox"/> Some } (Go to 6) 2 <input type="checkbox"/> A lot } 3 <input type="checkbox"/> Unable (H1 for next activity) 9 <input type="checkbox"/> DK (Go to 6)	1 <input type="checkbox"/> Some } (Go to 6) 2 <input type="checkbox"/> A lot } 3 <input type="checkbox"/> Unable (H1 for next activity) 9 <input type="checkbox"/> DK (Go to 6)
6. When you DO NOT HAVE HELP OR USE SPECIAL EQUIPMENT, is (activity) by yourself — (1) Very tiring? (2) Does (activity) take a long time? (3) Is it very painful?	6.	6.	6.
0 <input type="checkbox"/> Never do without help or special equipment (H1 for next activity)	0 <input type="checkbox"/> Never do without help or special equipment (H1 for next activity)	0 <input type="checkbox"/> Never do without help or special equipment (H1 for next activity)	0 <input type="checkbox"/> Never do without help or special equipment (H1 for next activity)
(1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 9	(1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 9	(1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 9	(1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 9
(2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 10	(2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 10	(2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 10	(2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 10
(3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 11 (Go to H1 for next activity)	(3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 11 (Go to H1 for next activity)	(3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 11 (Go to H1 for next activity)	(3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 11 (Go to H1 for next activity)

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

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

(D) RT 60 3-4		(E) RT 61 3-4		(F) RT 62 3-4		(G) RT 63 3-4		
Getting in and out of bed or chairs?		Walking?		Getting outside?		Using the toilet, including getting to the toilet?		
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't do for other reason <input type="checkbox"/> DK	5	4.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't do for other reason <input type="checkbox"/> DK	5	4.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't do for other reason <input type="checkbox"/> DK	5

(D) RT 60 3-4		(E) RT 61 3-4		(F) RT 62 3-4		(G) RT 63 3-4		
Getting in and out of bed or chairs		Walking		Getting outside		Using the toilet, including getting to the toilet		
H1	Refer to question 4. <input type="checkbox"/> "Yes" marked (Go to 5) <input type="checkbox"/> All other (Go to H1 for next activity)	6	H1	Refer to question 4. <input type="checkbox"/> "Yes" marked (Go to 5) <input type="checkbox"/> All other (Go to H1 for next activity)	6	H1	Refer to question 4. <input type="checkbox"/> "Yes" marked (Go to 5) <input type="checkbox"/> All other (Skip to H2 for activity (A))	6
5.	<input type="checkbox"/> Some } (Go to 6) <input type="checkbox"/> A lot } <input type="checkbox"/> Unable (H1 for next activity) <input type="checkbox"/> DK (Go to 6)	7	5.	<input type="checkbox"/> Some } (Go to 6) <input type="checkbox"/> A lot } <input type="checkbox"/> Unable (H1 for next activity) <input type="checkbox"/> DK (Go to 6)	7	5.	<input type="checkbox"/> Some } (Go to 6) <input type="checkbox"/> A lot } <input type="checkbox"/> Unable (H2 for activity (A)) <input type="checkbox"/> DK (Go to 6)	7
6.	<input type="checkbox"/> Never do without help or special equipment (H1 for next activity)	8	6.	<input type="checkbox"/> Never do without help or special equipment (H1 for next activity)	8	6.	<input type="checkbox"/> Never do without help or special equipment (H2 for activity (A))	8
(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	9	(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	9	(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	9
(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	10	(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	10	(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	10
(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK (Go to H1 for next activity)	11	(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK (Go to H1 for next activity)	11	(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK (Go to H2 for activity (A))	11

(D) RT 60 3-4		(E) RT 61 3-4		(F) RT 62 3-4		(G) RT 63 3-4		
Getting in and out of bed or chairs		Walking		Getting outside		Using the toilet, including getting to the toilet		
H2	Refer to question 4. <input type="checkbox"/> Box 3 marked (H2 for next activity) <input type="checkbox"/> All other (Go to 7)	12	H2	Refer to question 4. <input type="checkbox"/> Box 3 marked (H2 for next activity) <input type="checkbox"/> All other (Go to 7)	12	H2	Refer to question 4. <input type="checkbox"/> Box 3 marked (Skip to H3 on page 38) <input type="checkbox"/> All other (Go to 7)	12
7a.	<input type="checkbox"/> Yes (Go to 7b) <input type="checkbox"/> No (H2 for next activity)	13	7a.	<input type="checkbox"/> Yes (Go to 7b) <input type="checkbox"/> No (H2 for next activity)	13	7a.	<input type="checkbox"/> Yes (Go to 7b) <input type="checkbox"/> No (Skip to H3 on page 38)	13
b.	<input type="checkbox"/> Cane or walking stick <input type="checkbox"/> Walker <input type="checkbox"/> Extra/special cushions <input type="checkbox"/> Special "raising seat" chair/lift chair <input type="checkbox"/> Hospital bed <input type="checkbox"/> Trapeze/sling <input type="checkbox"/> Ramp <input type="checkbox"/> Other <input type="checkbox"/> DK	14	b.	<input type="checkbox"/> Cane or walking stick <input type="checkbox"/> Walker <input type="checkbox"/> Crutch or crutches <input type="checkbox"/> Wheelchair <input type="checkbox"/> Artificial leg <input type="checkbox"/> Brace <input type="checkbox"/> Guide dog <input type="checkbox"/> Oxygen/special breathing equipment <input type="checkbox"/> Other <input type="checkbox"/> DK	14-15	b.	<input type="checkbox"/> Cane or walking stick <input type="checkbox"/> Walker <input type="checkbox"/> Crutch or crutches <input type="checkbox"/> Wheelchair <input type="checkbox"/> Artificial leg <input type="checkbox"/> Brace <input type="checkbox"/> Guide dog <input type="checkbox"/> Oxygen/special breathing equipment <input type="checkbox"/> Other <input type="checkbox"/> DK	14-15
c.	<input type="checkbox"/> Never do without help (Go to H2 for next activity)	23	c.	<input type="checkbox"/> Never do without help (Go to H2 for next activity)	34	c.	<input type="checkbox"/> Never do without help (Go to H3 on page 38)	40
(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	24	(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	35	(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	41
(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	25	(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	36	(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	42
(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK (Go to H2 for next activity)	26	(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK (Go to H2 for next activity)	37	(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK (Go to H3 on page 38)	43

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

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

	(A) Bathing or showering	(B) Dressing	(C) Eating
ITEM H4	31 <i>Refer to H3 and 8b above.</i> 1 <input type="checkbox"/> Box 1 marked in H3 (Go to H4 for next activity) 2 <input type="checkbox"/> "Yes" in 8b (Go to H4 for next activity) 3 <input type="checkbox"/> All other (Go to 9)	33 <i>Refer to H3 and 8b above.</i> 1 <input type="checkbox"/> Box 1 marked in H3 (Go to H4 for next activity) 2 <input type="checkbox"/> "Yes" in 8b (Go to H4 for next activity) 3 <input type="checkbox"/> All other (Go to 9)	32 <i>Refer to H3 and 8b above.</i> 1 <input type="checkbox"/> Box 1 marked in H3 (Go to H4 for next activity) 2 <input type="checkbox"/> "Yes" in 8b (Go to H4 for next activity) 3 <input type="checkbox"/> All other (Go to 9)
9a. Do you have someone who supervises you or stays nearby when you are (activity)?	9a. 1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK	9a. 1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK	9a. 1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK
b. Does this person provide —	b.	b.	b.
(1) Supervisory help, such as making sure the activity is performed correctly when you are (activity)?	(1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(2) Standby help, such as observing to see if any help is needed when you are (activity)?	(2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
10. How often do you have supervision or standby help when you are (activity)? Would you say always, sometimes, or rarely?	10. 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	10. 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	10. 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
11. Do you need (more) supervision or standby help with (activity)?	11. 1 <input type="checkbox"/> Yes } (Go to H4 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	11. 1 <input type="checkbox"/> Yes } (Go to H4 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	11. 1 <input type="checkbox"/> Yes } (Go to H4 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

(D) RT 60		(E) RT 61		(F) RT 62		(G) RT 63	
Getting in and out of bed or chairs		Walking		Getting outside		Using the toilet, including getting to the toilet	
H3	Refer to question 4 on page 37. 1 <input type="checkbox"/> Box 3 marked (Go to H3 for next activity) 2 <input type="checkbox"/> All other (Go to 8)	H3	Refer to question 4 on page 37. 1 <input type="checkbox"/> Box 3 marked (Go to H3 for next activity) 2 <input type="checkbox"/> All other (Go to 8)	H3	Refer to question 4 on page 37. 1 <input type="checkbox"/> Box 3 marked (Go to H3 for next activity) 2 <input type="checkbox"/> All other (Go to 8)	H3	Refer to question 4 on page 37. 1 <input type="checkbox"/> Box 3 marked (Skip to H4 for activity (A)) 2 <input type="checkbox"/> All other (Go to 8)
8a.	1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK	8a.	1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK	8a.	1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK	8a.	1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK
b.	1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK	b.	1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK	b.	1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK	b.	1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK
c.	0 <input type="checkbox"/> Never does activity (Go to 8e)	c.	0 <input type="checkbox"/> Never does activity (Go to 8e)	c.	0 <input type="checkbox"/> Never does activity (Go to 8e)	c.	0 <input type="checkbox"/> Never does activity (Go to 8e)
(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(3)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(3)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(3)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(3)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
d.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	d.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	d.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	d.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
e.	1 <input type="checkbox"/> Yes } (Go to H3 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	e.	1 <input type="checkbox"/> Yes } (Go to H3 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	e.	1 <input type="checkbox"/> Yes } (Go to H3 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	e.	1 <input type="checkbox"/> Yes } (Go to H4 for activity (A)) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }

(D)		(E)		(F)		(G)	
Getting in and out of bed or chairs		Walking		Getting outside		Using the toilet, including getting to the toilet	
H4	Refer to H3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in H3 (Go to H4 for next activity) 2 <input type="checkbox"/> "Yes" in 8b (Go to H4 for next activity) 3 <input type="checkbox"/> All other (Go to 9)	H4	Refer to H3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in H3 (Go to H4 for next activity) 2 <input type="checkbox"/> "Yes" in 8b (Go to H4 for next activity) 3 <input type="checkbox"/> All other (Go to 9)	H4	Refer to H3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in H3 (Go to H4 for next activity) 2 <input type="checkbox"/> "Yes" in 8b (Go to H4 for next activity) 3 <input type="checkbox"/> All other (Go to 9)	H4	Refer to H3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in H3 (Skip to H5 on page 40) 2 <input type="checkbox"/> "Yes" in 8b (Skip to H5 on page 40) 3 <input type="checkbox"/> All other (Go to 9)
9a.	1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK	9a.	1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK	9a.	1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK	9a.	1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK
(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
10.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	10.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	10.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	10.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
11.	1 <input type="checkbox"/> Yes } (Go to H4 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	11.	1 <input type="checkbox"/> Yes } (Go to H4 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	11.	1 <input type="checkbox"/> Yes } (Go to H4 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	11.	1 <input type="checkbox"/> Yes } (Go to H5 on page 40) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

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

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

(D) RT 60 Getting in and out of bed or chairs		(E) RT 61 Walking		(G) RT 63 Using the toilet, including getting to the toilet	
H5	Refer to 8a, 8e, 9a and 11 on page 39. 42 1 <input type="checkbox"/> Any "Yes" (Go to 12) 2 <input type="checkbox"/> All other (Go to H5 for activity (E))	H5	Refer to 8a, 8e, 9a and 11 on page 39. 53 1 <input type="checkbox"/> Any "Yes" (Go to 12) 2 <input type="checkbox"/> All other (Go to H5 for activity (G))	H5	Refer to 8a, 8e, 9a and 11 on page 39. 59 1 <input type="checkbox"/> Any "Yes" (Go to 12) 2 <input type="checkbox"/> All other (Skip to H6 on page 42)
12a.	Because of a health or physical problem, do you usually stay in bed all or most of the time? 1 <input type="checkbox"/> Yes (Go to H5 for activity (E)) 43 2 <input type="checkbox"/> No } (Go to 12b) 9 <input type="checkbox"/> DK }	12a.	How often do you move around your [house/apartment/room]? Would you say — (Read categories) 1 <input type="checkbox"/> Whenever you want, 54 2 <input type="checkbox"/> Often enough to stretch and have a change of scenery now and then, 3 <input type="checkbox"/> Often enough to take care of toileting needs but not much more than that, or 4 <input type="checkbox"/> Not often enough even to use the bathroom? 9 <input type="checkbox"/> DK (Go to H5 for activity (G))	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? <i>If necessary: That can be either physical or emotional discomfort.</i> 1 <input type="checkbox"/> Yes 60 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
b.	Because of a health or physical problem, do you usually stay in a chair all or most of the time? 1 <input type="checkbox"/> Yes 44 2 <input type="checkbox"/> No 9 <input type="checkbox"/> 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? 1 <input type="checkbox"/> Yes (Go to 12c) 61 2 <input type="checkbox"/> No } (Skip to 12d) 9 <input type="checkbox"/> DK }
c.	How often do you get out of bed? Would you say — (Read categories) 1 <input type="checkbox"/> Everyday, 45 2 <input type="checkbox"/> 2-3 times per week, 3 <input type="checkbox"/> Once a week, or 4 <input type="checkbox"/> Less than once a week? 9 <input type="checkbox"/> DK (Go to H5 for activity (E))			c.	During the past month, did you experience skin problems such as a rash or irritation because of this? 1 <input type="checkbox"/> Yes 62 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
				d.	During the past month, did you use a commode or bed pan because no help was available? 1 <input type="checkbox"/> Yes 63 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK (Go to H6 on page 42)

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

RT 64
3-4

**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)?

Record conditions and ask 14b.

Ask if operation:

For what condition did you have the operation?

Record up to 5 conditions.

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

5-6
7-8

- (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)?

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

19

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

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

20

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

- 1 Yes
- 2 No
- 9 DK

21

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

- 1 Yes
- 2 No
- 9 DK

22

17a. Do you have difficulty controlling your bowels?

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

23

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

24

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

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

25

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

- 1 Yes
- 2 No
- 9 DK

26

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

18a. Do you have difficulty controlling urination?	1 <input type="checkbox"/> Yes <i>(Go to 18b)</i> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } <i>(Skip to 18c)</i>	27
b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week? <i>Mark (X) only one.</i>	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Several times a week 3 <input type="checkbox"/> Once a week 4 <input type="checkbox"/> Less than once a week 9 <input type="checkbox"/> DK	28
c. Do you have a urinary catheter or a device to help control urination?	1 <input type="checkbox"/> Yes <i>(Go to 18d)</i> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } <i>(Skip to Item H8)</i>	29
d. Do you need help from another person in taking care of this device?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	30

ITEM H8	Status of SP.	1 <input type="checkbox"/> Institutionalized <i>(Skip to 31 on page 50)</i> 2 <input type="checkbox"/> All others <i>(Go to 19 on page 44)</i>	31
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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.

<p>Ask questions 19(H)-(O) before continuing to Item H9.</p> <p>19. Because of a health or physical problem, do you have ANY difficulty —</p> <p>Ask if "Doesn't do": Is this because of a HEALTH or PHYSICAL problem?</p> <p>If "Yes", mark box 1; if "No" mark box 3.</p>	<p>(H) RT 65 3-4</p> <p>Preparing your own meals?</p>	<p>(I) RT 66 3-4</p> <p>Shopping for groceries and personal items, such as toilet items or medicines?</p>	<p>(J) RT 67 3-4</p> <p>Managing your money, such as keeping track of expenses or paying bills.</p>
	<p>19. 1 <input type="checkbox"/> Yes [5]</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Doesn't do for other reason [5]</p> <p>Does someone else regularly do this for you?</p> <p>4 <input type="checkbox"/> Yes [6]</p> <p>5 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes [5]</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Doesn't do for other reason [5]</p> <p>Does someone else regularly do this for you?</p> <p>4 <input type="checkbox"/> Yes [6]</p> <p>5 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes [5]</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Doesn't do for other reason [5]</p> <p>Does someone else regularly do this for you?</p> <p>4 <input type="checkbox"/> Yes [6]</p> <p>5 <input type="checkbox"/> No</p>
ITEM H9	H9	I9	J9
	<p>Refer to 19. [7]</p> <p>1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20)</p> <p>2 <input type="checkbox"/> All other (Go to H9 for next activity)</p>	<p>Refer to 19. [7]</p> <p>1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20)</p> <p>2 <input type="checkbox"/> All other (Go to H9 for next activity)</p>	<p>Refer to 19. [7]</p> <p>1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20)</p> <p>2 <input type="checkbox"/> All other (Go to H9 for next activity)</p>
<p>20. By yourself, how much difficulty do you have (activity), — some, a lot, or are you unable to do it?</p>	<p>20. 1 <input type="checkbox"/> Some } [8]</p> <p>2 <input type="checkbox"/> A lot } (Go to 21)</p> <p>3 <input type="checkbox"/> Unable (Go to H9 for next activity)</p> <p>9 <input type="checkbox"/> DK (Go to 21)</p>	<p>1 <input type="checkbox"/> Some } [8]</p> <p>2 <input type="checkbox"/> A lot } (Go to 21)</p> <p>3 <input type="checkbox"/> Unable (Go to H9 for next activity)</p> <p>9 <input type="checkbox"/> DK (Go to 21)</p>	<p>1 <input type="checkbox"/> Some } [8]</p> <p>2 <input type="checkbox"/> A lot } (Go to 21)</p> <p>3 <input type="checkbox"/> Unable (Go to H9 for next activity)</p> <p>9 <input type="checkbox"/> DK (Go to 21)</p>
<p>21. When you DO NOT HAVE HELP, is (activity) by yourself —</p> <p>a. Very tiring?</p> <p>b. Does (activity) take a long time?</p> <p>c. Is it very painful?</p>	<p>21a. 0 <input type="checkbox"/> Never do without help (Go to H9 for next activity) [9]</p> <p>Yes No DK</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> [10]</p> <p>b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> [11]</p> <p>c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> [12]</p> <p>(Go to H9 for next activity)</p>	<p>0 <input type="checkbox"/> Never do without help (Go to H9 for next activity) [9]</p> <p>Yes No DK</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> [10]</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> [11]</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> [12]</p> <p>(Go to H9 for next activity)</p>	<p>0 <input type="checkbox"/> Never do without help (Go to H9 for next activity) [9]</p> <p>Yes No DK</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> [10]</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> [11]</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> [12]</p> <p>(Go to H9 for next activity)</p>

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

	(K) Using the telephone? <small>RT 68 3-4</small>	(L) Doing heavy housework, like scrubbing floors, or washing windows? <small>RT 69 3-4</small>	(M) Doing light housework, like doing dishes, straightening up, or light cleaning? <small>RT 70 3-4</small>	(N) Getting to places outside of walking distance? <small>RT 71 3-4</small>	(O) Managing your medication? <small>RT 72 3-4</small>
19.	<input type="checkbox"/> Yes 5 <input type="checkbox"/> No <input type="checkbox"/> Doesn't do for other reason <input checked="" type="checkbox"/> Does someone else regularly do this for you? <input type="checkbox"/> Yes 6 <input type="checkbox"/> No	<input type="checkbox"/> Yes 5 <input type="checkbox"/> No <input type="checkbox"/> Doesn't do for other reason <input checked="" type="checkbox"/> Does someone else regularly do this for you? <input type="checkbox"/> Yes 6 <input type="checkbox"/> No	<input type="checkbox"/> Yes 5 <input type="checkbox"/> No <input type="checkbox"/> Doesn't do for other reason <input checked="" type="checkbox"/> Does someone else regularly do this for you? <input type="checkbox"/> Yes 6 <input type="checkbox"/> No	<input type="checkbox"/> Yes 5 <input type="checkbox"/> No <input type="checkbox"/> Doesn't do for other reason <input checked="" type="checkbox"/> Does someone else regularly do this for you? <input type="checkbox"/> Yes 6 <input type="checkbox"/> No	<input type="checkbox"/> Yes 5 <input type="checkbox"/> No <input type="checkbox"/> Doesn't do for other reason <input checked="" type="checkbox"/> Does someone else regularly do this for you? <input type="checkbox"/> Yes 6 <input type="checkbox"/> No

	(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 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20) <input type="checkbox"/> All other (Go to H9 for next activity)	Refer to 19. 7 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20) <input type="checkbox"/> All other (Go to H9 for next activity)	Refer to 19. 7 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20) <input type="checkbox"/> All other (Go to H9 for next activity)	Refer to 19. 7 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20) <input type="checkbox"/> All other (Go to H9 for next activity)	Refer to 19. 7 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20) <input type="checkbox"/> All other (Skip to H10 on page 46)
20.	<input type="checkbox"/> Some } (Go to 21) 8 <input type="checkbox"/> A lot } <input type="checkbox"/> Unable (Go to H9 for next activity) <input type="checkbox"/> DK (Go to 21)	<input type="checkbox"/> Some } (Go to 21) 8 <input type="checkbox"/> A lot } <input type="checkbox"/> Unable (Go to H9 for next activity) <input type="checkbox"/> DK (Go to 21)	<input type="checkbox"/> Some } (Go to 21) 8 <input type="checkbox"/> A lot } <input type="checkbox"/> Unable (Go to H9 for next activity) <input type="checkbox"/> DK (Go to 21)	<input type="checkbox"/> Some } (Go to 21) 8 <input type="checkbox"/> A lot } <input type="checkbox"/> Unable (Go to H9 for next activity) <input type="checkbox"/> DK (Go to 21)	<input type="checkbox"/> Some } (Go to 21) 8 <input type="checkbox"/> A lot } <input type="checkbox"/> Unable (Skip to H10 on page 46) <input type="checkbox"/> DK (Go to 21)
21a.	<input type="checkbox"/> Never do without help (Go to H9 for next activity) 9 Yes No DK <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 10	<input type="checkbox"/> Never do without help (Go to H9 for next activity) 9 Yes No DK <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 10	<input type="checkbox"/> Never do without help (Go to H9 for next activity) 9 Yes No DK <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 10	<input type="checkbox"/> Never do without help (Go to H9 for next activity) 9 Yes No DK <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 10	<input type="checkbox"/> Never do without help (Skip to H10 on page 46) 9 Yes No DK <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 10
b.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 11	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 11	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 11	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 11	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 11
c.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 12 (Go to H9 for next activity)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 12 (Go to H9 for next activity)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 12 (Go to H9 for next activity)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 12 (Go to H9 for next activity)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 12 (Go to H10 on page 46)

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

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

	(H) <small>RT 65</small> Preparing your own meals	(I) <small>RT 66</small> Shopping for groceries and personal items	(J) <small>RT 67</small> Managing your money
ITEM H11	H11 Refer to H10 and 22b: 22 1 <input type="checkbox"/> Box 1 marked in H10 (Go to H11 for next activity) 2 <input type="checkbox"/> "Yes" marked in 22b (Go to H11 for next activity) 3 <input type="checkbox"/> Other (Go to 23)	Refer to H10 and 22b: 22 1 <input type="checkbox"/> Box 1 marked in H10 (Go to H11 for next activity) 2 <input type="checkbox"/> "Yes" marked in 22b (Go to H11 for next activity) 3 <input type="checkbox"/> Other (Go to 23)	Refer to H10 and 22b: 22 1 <input type="checkbox"/> Box 1 marked in H10 (Go to H11 for next activity) 2 <input type="checkbox"/> "Yes" marked in 22b (Go to H11 for next activity) 3 <input type="checkbox"/> Other (Go to 23)
23a. Do you have someone who supervises you or stays nearby when you are (activity)?	23a. 23 1 <input type="checkbox"/> Yes (Go to 23b) 2 <input type="checkbox"/> No } (Skip to 25) 9 <input type="checkbox"/> DK }	23 1 <input type="checkbox"/> Yes (Go to 23b) 2 <input type="checkbox"/> No } (Skip to 25) 9 <input type="checkbox"/> DK }	23 1 <input type="checkbox"/> Yes (Go to 23b) 2 <input type="checkbox"/> No } (Skip to 25) 9 <input type="checkbox"/> DK }
b. Does this person provide —	b. 24 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	24 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	24 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
c. Stand-by help, such as observing to see if any help is needed when you are (activity)?	c. 25 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	25 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	25 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> 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 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	26 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	26 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
25. Do you need (more) supervision or standby help with (activity)?	25. 27 1 <input type="checkbox"/> Yes } (Go to H11 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	27 1 <input type="checkbox"/> Yes } (Go to H11 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	27 1 <input type="checkbox"/> Yes } (Go to H11 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

(K) RT 68		(L) RT 69		(M) RT 70		(N) RT 71		(O) RT 72		
Using the telephone		Doing heavy housework		Doing light housework		Getting to places outside of walking distance		Managing your medication		
<i>Refer to 19 on page 45.</i> 13		<i>Refer to 19 on page 45.</i> 13		<i>Refer to 19 on page 45.</i> 13		<i>Refer to 19 on page 45.</i> 13		<i>Refer to 19 on page 45.</i> 13		
H10	1 <input type="checkbox"/> Box 3 marked (Go to H10 for next activity) 2 <input type="checkbox"/> All others (Go to 22)	1 <input type="checkbox"/> Box 3 marked (Go to H10 for next activity) 2 <input type="checkbox"/> All others (Go to 22)	1 <input type="checkbox"/> Box 3 marked (Go to H10 for next activity) 2 <input type="checkbox"/> All others (Go to 22)	1 <input type="checkbox"/> Box 3 marked (Go to H10 for next activity) 2 <input type="checkbox"/> All others (Go to 22)	1 <input type="checkbox"/> Box 3 marked (Go to H10 for next activity) 2 <input type="checkbox"/> All others (Go to 22)	1 <input type="checkbox"/> Box 3 marked (Go to H10 for next activity) 2 <input type="checkbox"/> All others (Go to 22)	1 <input type="checkbox"/> Box 3 marked (Go to H10 for next activity) 2 <input type="checkbox"/> All others (Go to 22)	1 <input type="checkbox"/> Box 3 marked (Skip to H11 for activity (H)) 2 <input type="checkbox"/> All others (Go to 22)	1 <input type="checkbox"/> Box 3 marked (Skip to H11 for activity (H)) 2 <input type="checkbox"/> All others (Go to 22)	
22a.	1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	
b.	1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	
c.	0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK	0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK	0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK	0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK	0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK	0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK	0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK	0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK	0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK	
(1)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	
(2)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	
(3)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	
d.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
e.	1 <input type="checkbox"/> Yes } (Go to H10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes } (Go to H10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes } (Go to H10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes } (Go to H10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes } (Go to H10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes } (Go to H10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes } (Go to H10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes } (Go to H10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes } (Skip to H11 for activity (H)) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes } (Skip to H11 for activity (H)) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }

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

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

	(H) RT 65 Preparing your own meals	(I) RT 66 Shopping for groceries and personal items	
ITEM H12	H12 <i>Refer to 22a, 22e, 23a, and 25 on page 46.</i> 28 1 <input type="checkbox"/> Any "Yes" (Go to 26) 2 <input type="checkbox"/> All other (Go to H12 for activity (I))	H12 <i>Refer to 22a, 22e, 23a, and 25 on page 46.</i> 28 1 <input type="checkbox"/> Any "Yes" (Go to 26) 2 <input type="checkbox"/> 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? 29 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	26a. During the past month, were you unable to follow a special diet because you needed help shopping? 29 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
	b. During the past month, were you unable to follow a special diet because you needed help cooking? 30 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	b. During the past month, did you miss a meal because you were unable to shop? 30 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Go to H12 for activity (L))	
	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? 31 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Go to H12 for activity (I))		

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

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

		(L) RT 69	(M) RT 70	(N) RT 71
		Doing heavy housework	Doing light housework	Getting to places outside of walking distance
	H12	Refer to 22a, 22e, 23a, and 25 on page 47. 28 1 <input type="checkbox"/> Any "Yes" (Go to 26) 2 <input type="checkbox"/> All other (Go to H12 for activity (M))	H12	Refer to 22a, 22e, 23a, and 25 on page 47. 28 1 <input type="checkbox"/> Any "Yes" (Go to 26) 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes } (Go to H12 for next activity (M)) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	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 <input type="checkbox"/> Yes } (Go to H12 for next activity (N)) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
				c. During the past month, did you run out of food because you were unable to get to the store? 31 1 <input type="checkbox"/> Yes } (Go to H13 for activity (H)) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK

		(L) RT 69	(M) RT 70	
		Do heavy housework	Do light housework	
	H13	Refer to 19 on page 45. 30 1 <input type="checkbox"/> Box 3 marked (Go to H13 for activity (M)) 2 <input type="checkbox"/> All other (Go to 27)	H13	Refer to 19 on page 45. 30 1 <input type="checkbox"/> Box 3 marked (Skip to H14 on page 50) 2 <input type="checkbox"/> All other (Go to 27)
	27.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK } (Go to H13 for next activity) 31	27.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK } (Go to H14 on page 50) 31

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)?

Record conditions and ask 28b.

Ask if operation:

For what condition did you have the operation?

Record up to 5 conditions.

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

- (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)?

- 1 Yes (Reask 28a and b)
- 2 No } (Skip to 29)
- 9 DK }

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

- 1 Yes (Reask 28a and b)
- 2 No } (Go to 29)
- 9 DK }

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

- 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?

- 1 Yes
- 2 No
- 9 DK

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

- 1 Yes (Go to 31b)
- 2 No } (Skip to Item H16 on page 51)
- 9 DK }

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

- 1 Yes
- 2 No
- 9 DK

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

- 1 Yes (Go to 31d)
- 2 No } (Skip to 31e)
- 9 DK }

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
- 2 Bruise, cut, or scrape
- 3 Lost consciousness
- 4 Other
- 9 DK

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?

- 1 Yes
- 2 No
- 9 DK

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

- 1 Yes
- 2 No
- 9 DK

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

ITEM H16	Status of SP.	1 <input type="checkbox"/> Institutionalized (<i>Skip to 55 on page 56</i>) 2 <input type="checkbox"/> All others (<i>Go to 32</i>)	33
32a. During the past three months, did you experience bedsores or pressure sores?		1 <input type="checkbox"/> Yes (<i>Go to 32</i>) 2 <input type="checkbox"/> No } (<i>Skip to 33</i>) 9 <input type="checkbox"/> DK	34
b. Were any of these NEW bedsores or pressure sores?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	35
33a. During the past three months, did you experience contractures, that is, joints that won't straighten out?		1 <input type="checkbox"/> Yes (<i>Go to 33b</i>) 2 <input type="checkbox"/> No } (<i>Skip to Item H17</i>) 9 <input type="checkbox"/> DK	36
b. Were any of these NEW contractures?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> 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 <input type="checkbox"/> "Yes" in 8a for A. Bathing 2 <input type="checkbox"/> "Yes" in 8a for D. Getting in/out of bed/chairs } (<i>Go to 34</i>) 3 <input type="checkbox"/> "Yes" in 8a for G. Using the toilet 4 <input type="checkbox"/> All others (<i>Skip to 35</i>)	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 <input type="checkbox"/> Yes, strong enough 2 <input type="checkbox"/> No, physically difficult 9 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> 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.	<input type="checkbox"/> "Yes" in 8a or 9a for A. Bathing <input type="checkbox"/> "Yes" in 8a or 9a for B. Dressing <input type="checkbox"/> "Yes" in 8a or 9a for C. Eating <input type="checkbox"/> "Yes" in 8a or 9a for D. Getting in/out of bed/chairs <input type="checkbox"/> "Yes" in 8a or 9a for E. Walking <input type="checkbox"/> "Yes" in 8a or 9a for F. Getting outside <input type="checkbox"/> "Yes" in 8a or 9a for G. Using the toilet <input type="checkbox"/> "Yes" in 22a or 23a for H. Preparing your own meals <input type="checkbox"/> "Yes" in 22a or 23a for I. Shopping <input type="checkbox"/> "Yes" in 22a or 23a for J. Managing your money <input type="checkbox"/> "Yes" in 22a or 23a for K. Using the telephone <input type="checkbox"/> "Yes" in 22a or 23a for L. Doing heavy housework <input type="checkbox"/> "Yes" in 22a or 23a for M. Doing light housework <input type="checkbox"/> "Yes" in 22a or 23a for N. Getting places <input type="checkbox"/> "Yes" in 22a or 23a for O. Managing your medication <input type="checkbox"/> All others (<i>Skip to Item H20 on page 55</i>)	(Insert marked activities when asking question 36 on page 52)
Notes			

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

36. Who usually helps you with (activities marked in H18)? <i>Anyone else? Enter the name or description of each helper in separate columns.</i>	36.	(01) _____ First helper	5-6
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<p><i>Ask 37–41 for each helper in 36.</i> <i>ASK OR VERIFY:</i></p> <p>37. Which activities does (Helper) help you with? <i>Mark (X) all that apply.</i></p>	37.	<table style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Bathing or showering</td><td style="text-align: right;">7-8</td></tr> <tr><td><input type="checkbox"/> Dressing</td><td style="text-align: right;">9-10</td></tr> <tr><td><input type="checkbox"/> Eating</td><td style="text-align: right;">11-12</td></tr> <tr><td><input type="checkbox"/> Getting in or out of bed/chairs</td><td style="text-align: right;">13-14</td></tr> <tr><td><input type="checkbox"/> Walking</td><td style="text-align: right;">15-16</td></tr> <tr><td><input type="checkbox"/> Getting outside</td><td style="text-align: right;">17-18</td></tr> <tr><td><input type="checkbox"/> Using or getting to the toilet</td><td style="text-align: right;">19-20</td></tr> <tr><td><input type="checkbox"/> Preparing your own meals</td><td style="text-align: right;">21-22</td></tr> <tr><td><input type="checkbox"/> Shopping for groceries</td><td style="text-align: right;">23-24</td></tr> <tr><td><input type="checkbox"/> Managing your money</td><td style="text-align: right;">25-26</td></tr> <tr><td><input type="checkbox"/> Using the telephone</td><td style="text-align: right;">27-28</td></tr> <tr><td><input type="checkbox"/> Doing heavy housework</td><td style="text-align: right;">29-30</td></tr> <tr><td><input type="checkbox"/> Doing light housework</td><td style="text-align: right;">31-32</td></tr> <tr><td><input type="checkbox"/> Getting to places</td><td style="text-align: right;">33-34</td></tr> <tr><td><input type="checkbox"/> Managing your medications</td><td style="text-align: right;">35-36</td></tr> <tr><td><input type="checkbox"/> DK</td><td style="text-align: right;">37-38</td></tr> </table>	<input type="checkbox"/> Bathing or showering	7-8	<input type="checkbox"/> Dressing	9-10	<input type="checkbox"/> Eating	11-12	<input type="checkbox"/> Getting in or out of bed/chairs	13-14	<input type="checkbox"/> Walking	15-16	<input type="checkbox"/> Getting outside	17-18	<input type="checkbox"/> Using or getting to the toilet	19-20	<input type="checkbox"/> Preparing your own meals	21-22	<input type="checkbox"/> Shopping for groceries	23-24	<input type="checkbox"/> Managing your money	25-26	<input type="checkbox"/> Using the telephone	27-28	<input type="checkbox"/> Doing heavy housework	29-30	<input type="checkbox"/> Doing light housework	31-32	<input type="checkbox"/> Getting to places	33-34	<input type="checkbox"/> Managing your medications	35-36	<input type="checkbox"/> DK	37-38	
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<input type="checkbox"/> Doing light housework	31-32																																		
<input type="checkbox"/> Getting to places	33-34																																		
<input type="checkbox"/> Managing your medications	35-36																																		
<input type="checkbox"/> DK	37-38																																		

<p><i>ASK OR VERIFY:</i> <i>HAND CARD A5. Read answers if telephone interview.</i></p> <p>38a. Which of these best describes (Helper)? <i>Mark (X) only one.</i></p>	38a.	<table style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Spouse</td><td rowspan="3" style="font-size: 2em; vertical-align: middle;">}</td><td rowspan="3" style="vertical-align: middle;">In household</td><td style="text-align: right;">39-40</td></tr> <tr><td><input type="checkbox"/> Child</td><td rowspan="2" style="font-size: 2em; vertical-align: middle;">}</td><td rowspan="2" style="vertical-align: middle;">Not in household</td><td></td></tr> <tr><td><input type="checkbox"/> Parent</td><td></td></tr> <tr><td><input type="checkbox"/> Spouse</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Child</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Parent</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Other HH relative</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Non-HH relative</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> HH non-relative</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Friend/Neighbor</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Unpaid volunteer from organization/business</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Paid employee of organization/business</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Paid employee of yours</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Other</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> DK</td><td></td><td></td><td></td></tr> </table>	<input type="checkbox"/> Spouse	}	In household	39-40	<input type="checkbox"/> Child	}	Not in household		<input type="checkbox"/> Parent		<input type="checkbox"/> Spouse				<input type="checkbox"/> Child				<input type="checkbox"/> Parent				<input type="checkbox"/> Other HH relative				<input type="checkbox"/> Non-HH relative				<input type="checkbox"/> HH non-relative				<input type="checkbox"/> Friend/Neighbor				<input type="checkbox"/> Unpaid volunteer from organization/business				<input type="checkbox"/> Paid employee of organization/business				<input type="checkbox"/> Paid employee of yours				<input type="checkbox"/> Other				<input type="checkbox"/> DK				
<input type="checkbox"/> Spouse	}	In household	39-40																																																										
<input type="checkbox"/> Child			}			Not in household																																																							
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<input type="checkbox"/> Unpaid volunteer from organization/business																																																													
<input type="checkbox"/> Paid employee of organization/business																																																													
<input type="checkbox"/> Paid employee of yours																																																													
<input type="checkbox"/> Other																																																													
<input type="checkbox"/> DK																																																													

<p><i>ASK OR VERIFY:</i></p> <p>b. Is (Helper) male or female?</p>	b.	<table style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Male</td><td style="text-align: right;">41</td></tr> <tr><td><input type="checkbox"/> Female</td><td></td></tr> <tr><td><input type="checkbox"/> DK</td><td></td></tr> </table>	<input type="checkbox"/> Male	41	<input type="checkbox"/> Female		<input type="checkbox"/> DK		
<input type="checkbox"/> Male	41								
<input type="checkbox"/> Female									
<input type="checkbox"/> DK									

<p><i>If parent, child, spouse, or unpaid volunteer in 38a, skip to 40; otherwise ask:</i></p> <p>39a. Is (Helper) paid?</p>	39a.	<table style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Yes (Go to 39b)</td><td style="text-align: right;">42</td></tr> <tr><td><input type="checkbox"/> No (Skip to 40)</td><td></td></tr> </table>	<input type="checkbox"/> Yes (Go to 39b)	42	<input type="checkbox"/> No (Skip to 40)		
<input type="checkbox"/> Yes (Go to 39b)	42						
<input type="checkbox"/> No (Skip to 40)							

<p><i>HAND CARD A1. Read answers if telephone interview.</i></p> <p>b. Who pays for this help? (Anyone else?) <i>Mark (X) all that apply.</i></p>	b.	<table style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Self or family in household</td><td style="text-align: right;">43-44</td></tr> <tr><td><input type="checkbox"/> Family NOT in household</td><td style="text-align: right;">45-46</td></tr> <tr><td><input type="checkbox"/> Private health insurance</td><td style="text-align: right;">47-48</td></tr> <tr><td><input type="checkbox"/> Medicare</td><td style="text-align: right;">49-50</td></tr> <tr><td><input type="checkbox"/> Medicaid</td><td style="text-align: right;">51-52</td></tr> <tr><td><input type="checkbox"/> Rehabilitation program</td><td style="text-align: right;">53-54</td></tr> <tr><td><input type="checkbox"/> Employer</td><td style="text-align: right;">55-56</td></tr> <tr><td><input type="checkbox"/> School system</td><td style="text-align: right;">57-58</td></tr> <tr><td><input type="checkbox"/> VA program</td><td style="text-align: right;">59-60</td></tr> <tr><td><input type="checkbox"/> Other military</td><td style="text-align: right;">61-62</td></tr> <tr><td><input type="checkbox"/> Other private source</td><td style="text-align: right;">63-64</td></tr> <tr><td><input type="checkbox"/> Other public source</td><td style="text-align: right;">65-66</td></tr> <tr><td><input type="checkbox"/> No one/Free</td><td style="text-align: right;">67-68</td></tr> <tr><td><input type="checkbox"/> DK</td><td style="text-align: right;">69-70</td></tr> </table>	<input type="checkbox"/> Self or family in household	43-44	<input type="checkbox"/> Family NOT in household	45-46	<input type="checkbox"/> Private health insurance	47-48	<input type="checkbox"/> Medicare	49-50	<input type="checkbox"/> Medicaid	51-52	<input type="checkbox"/> Rehabilitation program	53-54	<input type="checkbox"/> Employer	55-56	<input type="checkbox"/> School system	57-58	<input type="checkbox"/> VA program	59-60	<input type="checkbox"/> Other military	61-62	<input type="checkbox"/> Other private source	63-64	<input type="checkbox"/> Other public source	65-66	<input type="checkbox"/> No one/Free	67-68	<input type="checkbox"/> DK	69-70	
<input type="checkbox"/> Self or family in household	43-44																														
<input type="checkbox"/> Family NOT in household	45-46																														
<input type="checkbox"/> Private health insurance	47-48																														
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<input type="checkbox"/> Medicaid	51-52																														
<input type="checkbox"/> Rehabilitation program	53-54																														
<input type="checkbox"/> Employer	55-56																														
<input type="checkbox"/> School system	57-58																														
<input type="checkbox"/> VA program	59-60																														
<input type="checkbox"/> Other military	61-62																														
<input type="checkbox"/> Other private source	63-64																														
<input type="checkbox"/> Other public source	65-66																														
<input type="checkbox"/> No one/Free	67-68																														
<input type="checkbox"/> DK	69-70																														

<p>40. DURING THE PAST 2 WEEKS, how many days did (Helper) help you?</p>	40.	<table style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> None in past 2 weeks</td><td style="text-align: right;">71-72</td></tr> <tr><td>_____ Days (Number)</td><td></td></tr> <tr><td><input type="checkbox"/> DK</td><td></td></tr> </table>	<input type="checkbox"/> None in past 2 weeks	71-72	_____ Days (Number)		<input type="checkbox"/> DK		
<input type="checkbox"/> None in past 2 weeks	71-72								
_____ Days (Number)									
<input type="checkbox"/> DK									

<p>41. On the days you receive help from (Helper), about how many hours per day does [he/she] usually help you?</p>	41.	<table style="width:100%; border-collapse: collapse;"> <tr><td>_____ Hours/day (Number)</td><td rowspan="2" style="font-size: 2em; vertical-align: middle;">}</td><td rowspan="2" style="vertical-align: middle;">(Go to 37 for next helper, or H19)</td><td style="text-align: right;">73-74</td></tr> <tr><td><input type="checkbox"/> DK</td><td></td></tr> </table>	_____ Hours/day (Number)	}	(Go to 37 for next helper, or H19)	73-74	<input type="checkbox"/> DK		
_____ Hours/day (Number)	}	(Go to 37 for next helper, or H19)	73-74						
<input type="checkbox"/> DK									

<p>ITEM H19 <i>Refer to 36 above. (Number of helpers)</i></p>	H19	<table style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Only one helper (Skip to 43 on page 54)</td></tr> <tr><td><input type="checkbox"/> More than one helper (Go to 42 on page 54)</td></tr> </table>	<input type="checkbox"/> Only one helper (Skip to 43 on page 54)	<input type="checkbox"/> More than one helper (Go to 42 on page 54)	
<input type="checkbox"/> Only one helper (Skip to 43 on page 54)					
<input type="checkbox"/> More than one helper (Go to 42 on page 54)					

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

<p>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.</p>	<p>Helper No. _____</p> <p>Name : _____</p>	5-6					
<p>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?</p>	<p>1 <input type="checkbox"/> Yes (Go to 43b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 44)</p>	7					
<p>b. How many days in the past 12 months?</p>	<p>_____ (Days)</p> <p>999 <input type="checkbox"/> DK</p>	8-10					
<p><i>Ask 44 about only helper in 36 or main helper in 42.</i></p>							
<p>44. How satisfied are you with —</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:16.6%;">Very satisfied</td> <td style="width:16.6%;">Somewhat satisfied</td> <td style="width:16.6%;">Somewhat dissatisfied</td> <td style="width:16.6%;">Very dissatisfied</td> <td style="width:16.6%;">DK</td> </tr> </table>	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	DK	
Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	DK			
<p>a. (Helper's) scheduled hours or availability when you need [him/her]? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:16.6%;">1 <input type="checkbox"/></td> <td style="width:16.6%;">2 <input type="checkbox"/></td> <td style="width:16.6%;">3 <input type="checkbox"/></td> <td style="width:16.6%;">4 <input type="checkbox"/></td> <td style="width:16.6%;">9 <input type="checkbox"/></td> </tr> </table>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	11
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>			
<p>b. The amount of assistance (helper) provides? (Would you say — (Read categories?)?)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:16.6%;">1 <input type="checkbox"/></td> <td style="width:16.6%;">2 <input type="checkbox"/></td> <td style="width:16.6%;">3 <input type="checkbox"/></td> <td style="width:16.6%;">4 <input type="checkbox"/></td> <td style="width:16.6%;">9 <input type="checkbox"/></td> </tr> </table>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	12
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>			
<p>c. (Helper's) willingness to do what you ask? (Would you say — (Read categories?)?)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:16.6%;">1 <input type="checkbox"/></td> <td style="width:16.6%;">2 <input type="checkbox"/></td> <td style="width:16.6%;">3 <input type="checkbox"/></td> <td style="width:16.6%;">4 <input type="checkbox"/></td> <td style="width:16.6%;">9 <input type="checkbox"/></td> </tr> </table>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	13
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>			
<p>d. (Helper's) ability to do what you need [him/her] to do? (Would you say — (Read categories?)?) <i>If helper is present or related to SP, skip to 45; otherwise, ask:</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:16.6%;">1 <input type="checkbox"/></td> <td style="width:16.6%;">2 <input type="checkbox"/></td> <td style="width:16.6%;">3 <input type="checkbox"/></td> <td style="width:16.6%;">4 <input type="checkbox"/></td> <td style="width:16.6%;">9 <input type="checkbox"/></td> </tr> </table>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	14
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>			
<p>e. (Helper's) reliability? (Would you say — (Read categories?)?)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:16.6%;">1 <input type="checkbox"/></td> <td style="width:16.6%;">2 <input type="checkbox"/></td> <td style="width:16.6%;">3 <input type="checkbox"/></td> <td style="width:16.6%;">4 <input type="checkbox"/></td> <td style="width:16.6%;">9 <input type="checkbox"/></td> </tr> </table>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	15
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>			
<p>f. (Helper's) trustworthiness? (Would you say — (Read categories?)?)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:16.6%;">1 <input type="checkbox"/></td> <td style="width:16.6%;">2 <input type="checkbox"/></td> <td style="width:16.6%;">3 <input type="checkbox"/></td> <td style="width:16.6%;">4 <input type="checkbox"/></td> <td style="width:16.6%;">9 <input type="checkbox"/></td> </tr> </table>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	16
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>			
<p>g. How (helper) treats you? (Would you say — (Read categories?)?)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:16.6%;">1 <input type="checkbox"/></td> <td style="width:16.6%;">2 <input type="checkbox"/></td> <td style="width:16.6%;">3 <input type="checkbox"/></td> <td style="width:16.6%;">4 <input type="checkbox"/></td> <td style="width:16.6%;">9 <input type="checkbox"/></td> </tr> </table>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	17
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>			
<p>45. Are you EVER home alone for more than two hours at a time?</p>	<p>1 <input type="checkbox"/> Yes (Skip to 47) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Go to 46)</p>	18					
<p>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?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 48)</p>	19					
<p>47. If it could be arranged, would it be better if you did not have to stay alone for as long as two hours?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	20					
<p>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?</p>	<p>1 <input type="checkbox"/> Yes (Go to 48b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Item H20 on page 55)</p>	21					
<p>b. Who is this person? <i>Probe for description if necessary.</i> <i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> HH member - related 2 <input type="checkbox"/> HH member - unrelated 3 <input type="checkbox"/> Non HH member - related 4 <input type="checkbox"/> Non HH member - unrelated 9 <input type="checkbox"/> DK</p>	22					
<p>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?</p>	<p>1 <input type="checkbox"/> Yes (Go to 49b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Item H20 on page 55)</p>	23					
<p>b. Who is this person? <i>Probe for description if necessary.</i> <i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> HH member - related 2 <input type="checkbox"/> HH member - unrelated 3 <input type="checkbox"/> Non HH member - related 4 <input type="checkbox"/> Non HH member - unrelated 9 <input type="checkbox"/> DK</p>	24					

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 <input type="checkbox"/> Any "Yes" in questions 8e or 11 (Skip to 50) 2 <input type="checkbox"/> 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 <input type="checkbox"/> Any "Yes" in question 22e (Skip to 50) 2 <input type="checkbox"/> 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 <input type="checkbox"/> Any "Yes" in question 25 (Go to 50) 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes (Skip to 51) 2 <input type="checkbox"/> No (Go to 50b) 3 <input type="checkbox"/> DK (Skip to 52)	28
b. Why not? Anything else? Read categories if necessary. Mark (X) all that apply.		01 <input type="checkbox"/> Did not want stranger for helper 02 <input type="checkbox"/> Too expensive/can't afford 03 <input type="checkbox"/> Not sick enough to get help from agency 04 <input type="checkbox"/> Income too high to get help from agency 05 <input type="checkbox"/> Type of help needed probably not available 06 <input type="checkbox"/> Quality help not available 07 <input type="checkbox"/> Did not know where to look for help 08 <input type="checkbox"/> Too sick to look for help 09 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	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 <input type="checkbox"/> No problems 1 <input type="checkbox"/> Too expensive 2 <input type="checkbox"/> Can't locate right type of help 3 <input type="checkbox"/> Can't locate adequately trained helper 4 <input type="checkbox"/> Can't locate helper who is available when needed 5 <input type="checkbox"/> Not sick enough to get help from agency 6 <input type="checkbox"/> Income is too high to get help from agency 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	49 50 51 52 53 54 55 56 57
52. Has any agency or organization tried to find someone to help you?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	58
53. Have you ever hired someone or received help from a public agency or a non-profit agency?		1 <input type="checkbox"/> Yes (Go to 54a) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK } (Skip to 55)	59
54a. Did you stop getting help from the person or agency even though you still needed it?		1 <input type="checkbox"/> Yes (Skip to 54b) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> 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 <input type="checkbox"/> Too expensive 2 <input type="checkbox"/> Inadequate training 3 <input type="checkbox"/> Unavailable when needed 4 <input type="checkbox"/> No longer sick enough to qualify for public agency or non-profit agency help 5 <input type="checkbox"/> Income too high to get help from public or non-profit agency 6 <input type="checkbox"/> Unreliable 7 <input type="checkbox"/> Language problems 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> 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 <input type="checkbox"/> Yes (Go to 55b) 2 <input type="checkbox"/> No } (Skip to 56) 3 <input type="checkbox"/> DK }	70
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b. What kind of problems did you have? Anything else? <i>Read categories if necessary.</i> <i>Mark (X) all that apply.</i>	01 <input type="checkbox"/> Fall 02 <input type="checkbox"/> Other accident or injury 03 <input type="checkbox"/> Incontinence - no reminders 04 <input type="checkbox"/> Incontinence - unable to get to toilet 05 <input type="checkbox"/> Confinement to bed or chairs 06 <input type="checkbox"/> Hunger or thirst 07 <input type="checkbox"/> Fire on stove/left stove on 08 <input type="checkbox"/> Fell asleep while smoking 09 <input type="checkbox"/> Got lost/wandered off 10 <input type="checkbox"/> Forgot medications 11 <input type="checkbox"/> Took wrong dose of medication (too much/little) 12 <input type="checkbox"/> Fear 13 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	71-72 73-74 75-76 77-78 79-80 81-82 83-84 85-86 87-88 89-90 91-92 93-94 95-96 97-98
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56. Because of YOUR health, did anyone in your family EVER —	Yes No DK	
a. Quit a job or retire early?	a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	99
b. Change jobs?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	100
c. Change or reduce work hours?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	101
d. Not take a job in order to care for you?	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	102

Notes

Section I - OTHER SERVICES

3-4

ITEM 11	Status of SP.	1 <input type="checkbox"/> Institutionalized (<i>Skip to Section K on page 78</i>) 2 <input type="checkbox"/> All others (<i>Go to 1</i>)	5
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 <input type="checkbox"/> Yes (<i>Go to 2</i>) 2 <input type="checkbox"/> No } (<i>Skip to 7</i>) 9 <input type="checkbox"/> DK }	
2. Do you need more help or a different kind of help with your medical treatments at home?		1 <input type="checkbox"/> Yes (<i>Go to 3</i>) 2 <input type="checkbox"/> No } (<i>Skip to 4</i>) 9 <input type="checkbox"/> DK }	7
3. Have you experienced any problems because you did not have enough help or the right kind of help with home medical treatments?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	8
4. Do family members or friends help you with medical treatments at home?		1 <input type="checkbox"/> Yes (<i>Go to 5</i>) 2 <input type="checkbox"/> No } (<i>Skip to 7</i>) 9 <input type="checkbox"/> DK }	9
5. Have these friends or family members been trained by a health care professional to administer these medical treatments?		1 <input type="checkbox"/> Yes, all have been trained 2 <input type="checkbox"/> Yes, some have been trained 3 <input type="checkbox"/> No, none have been trained 9 <input type="checkbox"/> DK	10
6a. Do you receive any home medical treatments from friends or relatives that you feel should be administered by a health professional?		1 <input type="checkbox"/> Yes (<i>Go to 6b</i>) 2 <input type="checkbox"/> No } (<i>Skip to 7</i>) 9 <input type="checkbox"/> DK }	11
b. Why aren't you getting this help from a health professional? Any other reason? Mark (X) all that apply.		1 <input type="checkbox"/> Don't know where to go for help 2 <input type="checkbox"/> Looked for help, help not available 3 <input type="checkbox"/> No insurance coverage 4 <input type="checkbox"/> Cannot afford, even with insurance coverage 5 <input type="checkbox"/> Don't want the treatment 6 <input type="checkbox"/> Getting new helper/in between helpers 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	12 13 14 15 16 17 18 19
7. Are there any home medical treatments that have been prescribed for you but you are not getting?		1 <input type="checkbox"/> Yes (<i>Go to 8</i>) 2 <input type="checkbox"/> No } (<i>Skip to 9</i>) 9 <input type="checkbox"/> DK }	20
8. Why aren't you getting this treatment? Any other reason? Mark (X) all that apply.		1 <input type="checkbox"/> Don't know where to go for help 2 <input type="checkbox"/> Looked for help, help not available 3 <input type="checkbox"/> No insurance coverage 4 <input type="checkbox"/> Cannot afford, even with insurance coverage 5 <input type="checkbox"/> Don't want the treatment 6 <input type="checkbox"/> Getting new helper/in between helpers 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	21 22 23 24 25 26 27 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 <input type="checkbox"/> None (<i>Skip to 17 on page 58</i>) 1 <input type="checkbox"/> One or two 2 <input type="checkbox"/> Three-five 3 <input type="checkbox"/> Six-nine } (<i>Go to 10</i>) 4 <input type="checkbox"/> Ten or more 9 <input type="checkbox"/> 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 <input type="checkbox"/> All of the time, (<i>Skip to 14 on page 58</i>) 2 <input type="checkbox"/> Most of the time, 3 <input type="checkbox"/> Some of the time, 4 <input type="checkbox"/> Rarely, or, 5 <input type="checkbox"/> Never? } (<i>Skip to 11 on page 58</i>) 9 <input type="checkbox"/> DK }	

Section I – OTHER SERVICES – Continued

<p>11. Are there any prescription medicines that you are supposed to use, but —</p> <p>a. did not get when first prescribed because of the cost?</p> <p>b. did not get the entire prescription filled because of the cost?</p> <p>c. did not refill when you ran out because of the cost?</p> <p>d. use less often than prescribed in order to stretch them out because of the cost?</p> <p>e. sometimes forget to use?</p> <p>f. don't use as prescribed because of the side effects?</p> <p>g. cannot pick up from the drug store or get delivered?</p> <p>h. don't use because you think you don't need it?</p>	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>DK</td> <td></td> </tr> <tr> <td>a.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">31</td> </tr> <tr> <td>b.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">32</td> </tr> <tr> <td>c.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">33</td> </tr> <tr> <td>d.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">34</td> </tr> <tr> <td>e.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">35</td> </tr> <tr> <td>f.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">36</td> </tr> <tr> <td>g.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">37</td> </tr> <tr> <td>h.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">38</td> </tr> </table>		Yes	No	DK		a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	34	e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	35	f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	36	g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	37	h.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	38
	Yes	No	DK																																											
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g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	37																																										
h.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	38																																										
<p>12. Have you experienced any problems because you forgot to use your medicine or didn't use your medicine as prescribed?</p>	<table border="0"> <tr> <td>1 <input type="checkbox"/> Yes (Go to 13)</td> <td></td> <td align="right">39</td> </tr> <tr> <td>2 <input type="checkbox"/> No</td> <td rowspan="2">} (Skip to 14)</td> <td></td> </tr> <tr> <td>9 <input type="checkbox"/> DK</td> <td></td> </tr> </table>	1 <input type="checkbox"/> Yes (Go to 13)		39	2 <input type="checkbox"/> No	} (Skip to 14)		9 <input type="checkbox"/> DK																																						
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2 <input type="checkbox"/> No	} (Skip to 14)																																													
9 <input type="checkbox"/> DK																																														
<p>13. What problems did you experience?</p> <p>Anything else?</p> <p><i>Mark (X) all that apply.</i></p>	<table border="0"> <tr> <td>01 <input type="checkbox"/> Pain/Discomfort</td> <td align="right">40-41</td> </tr> <tr> <td>02 <input type="checkbox"/> Dizziness/Fainting</td> <td align="right">42-43</td> </tr> <tr> <td>03 <input type="checkbox"/> Disorientation</td> <td align="right">44-45</td> </tr> <tr> <td>04 <input type="checkbox"/> Overdose/Withdrawal</td> <td align="right">46-47</td> </tr> <tr> <td>05 <input type="checkbox"/> Change in blood pressure, breathing, or other vital signs</td> <td align="right">48-49</td> </tr> <tr> <td>06 <input type="checkbox"/> Condition for which medicine prescribed got worse</td> <td align="right">50-51</td> </tr> <tr> <td>07 <input type="checkbox"/> Other condition(s) got worse</td> <td align="right">52-53</td> </tr> <tr> <td>08 <input type="checkbox"/> Had to be admitted to hospital</td> <td align="right">54-55</td> </tr> <tr> <td>09 <input type="checkbox"/> Had to go to doctor/emergency room</td> <td align="right">56-57</td> </tr> <tr> <td>10 <input type="checkbox"/> Drug reaction</td> <td align="right">58-59</td> </tr> <tr> <td>11 <input type="checkbox"/> Other</td> <td align="right">60-61</td> </tr> <tr> <td>99 <input type="checkbox"/> DK</td> <td align="right">62-63</td> </tr> </table>	01 <input type="checkbox"/> Pain/Discomfort	40-41	02 <input type="checkbox"/> Dizziness/Fainting	42-43	03 <input type="checkbox"/> Disorientation	44-45	04 <input type="checkbox"/> Overdose/Withdrawal	46-47	05 <input type="checkbox"/> Change in blood pressure, breathing, or other vital signs	48-49	06 <input type="checkbox"/> Condition for which medicine prescribed got worse	50-51	07 <input type="checkbox"/> Other condition(s) got worse	52-53	08 <input type="checkbox"/> Had to be admitted to hospital	54-55	09 <input type="checkbox"/> Had to go to doctor/emergency room	56-57	10 <input type="checkbox"/> Drug reaction	58-59	11 <input type="checkbox"/> Other	60-61	99 <input type="checkbox"/> DK	62-63																					
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11 <input type="checkbox"/> Other	60-61																																													
99 <input type="checkbox"/> DK	62-63																																													
<p>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?</p> <p><i>Mark (X) only one.</i></p>	<table border="0"> <tr> <td>1 <input type="checkbox"/> Receive help</td> <td align="right">64</td> </tr> <tr> <td>2 <input type="checkbox"/> All by self</td> <td></td> </tr> <tr> <td>9 <input type="checkbox"/> DK</td> <td></td> </tr> </table>	1 <input type="checkbox"/> Receive help	64	2 <input type="checkbox"/> All by self		9 <input type="checkbox"/> DK																																								
1 <input type="checkbox"/> Receive help	64																																													
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9 <input type="checkbox"/> DK																																														
<p>15. Not counting financial help, do you NEED (more) help with your medicine?</p>	<table border="0"> <tr> <td>1 <input type="checkbox"/> Yes (Go to 16)</td> <td></td> <td align="right">65</td> </tr> <tr> <td>2 <input type="checkbox"/> No</td> <td rowspan="2">} (Skip to 17)</td> <td></td> </tr> <tr> <td>9 <input type="checkbox"/> DK</td> <td></td> </tr> </table>	1 <input type="checkbox"/> Yes (Go to 16)		65	2 <input type="checkbox"/> No	} (Skip to 17)		9 <input type="checkbox"/> DK																																						
1 <input type="checkbox"/> Yes (Go to 16)		65																																												
2 <input type="checkbox"/> No	} (Skip to 17)																																													
9 <input type="checkbox"/> DK																																														
<p>16. What do you NEED (more) help with?</p> <p>Anything else?</p> <p><i>Mark (X) all that apply.</i></p>	<table border="0"> <tr> <td>1 <input type="checkbox"/> Ordering/Shopping for/Getting medicines from pharmacy</td> <td align="right">66</td> </tr> <tr> <td>2 <input type="checkbox"/> Reminder/Monitoring/Measuring/Setting up/Taking medicines</td> <td align="right">67</td> </tr> <tr> <td>3 <input type="checkbox"/> Other</td> <td align="right">68</td> </tr> <tr> <td>9 <input type="checkbox"/> DK</td> <td align="right">69</td> </tr> </table>	1 <input type="checkbox"/> Ordering/Shopping for/Getting medicines from pharmacy	66	2 <input type="checkbox"/> Reminder/Monitoring/Measuring/Setting up/Taking medicines	67	3 <input type="checkbox"/> Other	68	9 <input type="checkbox"/> DK	69																																					
1 <input type="checkbox"/> Ordering/Shopping for/Getting medicines from pharmacy	66																																													
2 <input type="checkbox"/> Reminder/Monitoring/Measuring/Setting up/Taking medicines	67																																													
3 <input type="checkbox"/> Other	68																																													
9 <input type="checkbox"/> DK	69																																													
<p>These next questions are about your sources of medical care.</p>																																														
<p>17. Do you have a general practitioner, internist, or family doctor whom you see regularly?</p>	<table border="0"> <tr> <td>1 <input type="checkbox"/> Yes (Go to 18)</td> <td></td> <td align="right">70</td> </tr> <tr> <td>2 <input type="checkbox"/> No</td> <td rowspan="2">} (Skip to 26 on page 59)</td> <td></td> </tr> <tr> <td>9 <input type="checkbox"/> DK</td> <td></td> </tr> </table>	1 <input type="checkbox"/> Yes (Go to 18)		70	2 <input type="checkbox"/> No	} (Skip to 26 on page 59)		9 <input type="checkbox"/> DK																																						
1 <input type="checkbox"/> Yes (Go to 18)		70																																												
2 <input type="checkbox"/> No	} (Skip to 26 on page 59)																																													
9 <input type="checkbox"/> DK																																														
<p>18. Which do you see most often — a general practitioner, an internist, or family doctor?</p> <p><i>Mark (X) only one.</i></p>	<table border="0"> <tr> <td>1 <input type="checkbox"/> General practitioner</td> <td align="right">71</td> </tr> <tr> <td>2 <input type="checkbox"/> Internist</td> <td></td> </tr> <tr> <td>3 <input type="checkbox"/> Family doctor</td> <td></td> </tr> <tr> <td>4 <input type="checkbox"/> DK specialty/title</td> <td></td> </tr> <tr> <td>9 <input type="checkbox"/> DK which seen most often</td> <td></td> </tr> </table>	1 <input type="checkbox"/> General practitioner	71	2 <input type="checkbox"/> Internist		3 <input type="checkbox"/> Family doctor		4 <input type="checkbox"/> DK specialty/title		9 <input type="checkbox"/> DK which seen most often																																				
1 <input type="checkbox"/> General practitioner	71																																													
2 <input type="checkbox"/> Internist																																														
3 <input type="checkbox"/> Family doctor																																														
4 <input type="checkbox"/> DK specialty/title																																														
9 <input type="checkbox"/> DK which seen most often																																														
<p>19. Have you seen this [(provider in 18)/doctor] in the past 12 months?</p>	<table border="0"> <tr> <td>1 <input type="checkbox"/> Yes (Go to 20)</td> <td></td> <td align="right">72</td> </tr> <tr> <td>2 <input type="checkbox"/> No</td> <td rowspan="2">} (Skip to 25 on page 59)</td> <td></td> </tr> <tr> <td>9 <input type="checkbox"/> DK</td> <td></td> </tr> </table>	1 <input type="checkbox"/> Yes (Go to 20)		72	2 <input type="checkbox"/> No	} (Skip to 25 on page 59)		9 <input type="checkbox"/> DK																																						
1 <input type="checkbox"/> Yes (Go to 20)		72																																												
2 <input type="checkbox"/> No	} (Skip to 25 on page 59)																																													
9 <input type="checkbox"/> DK																																														
<p>20. In the past 3 months, how many times have you seen this [(provider in 18)/doctor]?</p>	<table border="0"> <tr> <td>00 <input type="checkbox"/> None (Skip to 22 on page 59)</td> <td></td> <td align="right">73-74</td> </tr> <tr> <td>(Number) Times</td> <td rowspan="2">} (Go to 21 on page 59)</td> <td></td> </tr> <tr> <td>99 <input type="checkbox"/> DK</td> <td></td> </tr> </table>	00 <input type="checkbox"/> None (Skip to 22 on page 59)		73-74	(Number) Times	} (Go to 21 on page 59)		99 <input type="checkbox"/> DK																																						
00 <input type="checkbox"/> None (Skip to 22 on page 59)		73-74																																												
(Number) Times	} (Go to 21 on page 59)																																													
99 <input type="checkbox"/> DK																																														

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]?

1 Yes
 2 No
 9 DK

5

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?

1 Yes (Go to 23)
 2 No } (Skip to Item 12)
 9 DK }

6

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

Mark (X) only one.

1 All (Go to Item 12)
 2 Some } (Skip to 24)
 3 None }
 9 DK (Go to Item 12)

7

ITEM 12 Refer to question 21. (Additional visits recommended)

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

8

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

Mark (X) only one.

1 Excellent
 2 Good
 3 Fair
 4 Poor
 9 DK

41

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

Section I - OTHER SERVICES - Continued

3-4

27. Have you seen this [(specialist in 26b)/doctor] in the past 12 months?	1 <input type="checkbox"/> Yes (Go to 28) 2 <input type="checkbox"/> No } (Skip to 29) 9 <input type="checkbox"/> DK }	5
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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.	00 <input type="checkbox"/> None (Skip to 30) 01 <input type="checkbox"/> Only while overnight patient } _____ Times } (Go to 29) (Number) 99 <input type="checkbox"/> DK	6-7
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29. Did this [(specialist in 26b)/doctor] ask to see you for more [than the (number in 28) visit(s)/visits]?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	8
---	--	---

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?	1 <input type="checkbox"/> Yes (Go to 31) 2 <input type="checkbox"/> No } (Skip to Item I3) 9 <input type="checkbox"/> DK }	9
--	---	---

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.	1 <input type="checkbox"/> All (Go to Item I3) 2 <input type="checkbox"/> Some } (Skip to 32) 3 <input type="checkbox"/> None } 9 <input type="checkbox"/> DK (Go to Item I3)	10
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ITEM I3	Refer to question 29. (Additional visits recommended)	1 <input type="checkbox"/> "Yes" in 29 (Go to 32) 2 <input type="checkbox"/> All others (Skip to 33)	11
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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 <input type="checkbox"/> Waiting for upcoming appointment 02 <input type="checkbox"/> Did not like doctor or doctor's advice 03 <input type="checkbox"/> Went to another doctor instead 04 <input type="checkbox"/> Problems at place — long wait, no bathroom, not accessible 05 <input type="checkbox"/> Clinic/Office in unsafe neighborhood 06 <input type="checkbox"/> No insurance 07 <input type="checkbox"/> Insurance did not cover 08 <input type="checkbox"/> Can't afford it 09 <input type="checkbox"/> Transportation problem 10 <input type="checkbox"/> Could not get convenient appointment 11 <input type="checkbox"/> Thought problem would go away, or problem went away 12 <input type="checkbox"/> Used home remedy 13 <input type="checkbox"/> Health got worse 14 <input type="checkbox"/> Health of other family member interfered 15 <input type="checkbox"/> Other reason 99 <input type="checkbox"/> DK	12-13 14-15 16-17 18-19 20-21 22-23 24-25 26-27 28-29 30-31 32-33 34-35 36-37 38-39 40-41 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.	1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor 9 <input type="checkbox"/> DK	44
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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)?	1 <input type="checkbox"/> Neither seen in past 12 months (Skip to 37 on page 62) 2 <input type="checkbox"/> GP/Internist/Family doctor } (Go to 35 on page 61) 3 <input type="checkbox"/> Specialist } 9 <input type="checkbox"/> DK	45

Notes

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
b. Their respect and attention to your privacy. (Would you say excellent, good, fair, or poor?)	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	47
c. Their personal interest in you and your condition. (Would you say excellent, good, fair, or poor?)	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	48
d. Availability in an emergency. (Would you say excellent, good, fair, or poor?)	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	49
e. Office hours for appointments. (Would you say excellent, good, fair, or poor?)	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	50
f. Being able to receive answers to questions over the telephone. (Would you say excellent, good, fair, or poor?)	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	51
g. Being able to make appointments over the telephone. (Would you say excellent, good, fair, or poor?)	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	52
h. Wait time for an appointment. (Would you say excellent, good, fair, or poor?)	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	53
i. Wait time to see the doctor. (Would you say excellent, good, fair, or poor?)	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	54
j. The location of the office or clinic. (Would you say excellent, good, fair, or poor?)	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	55
k. The accessibility of transportation to the office. (Would you say excellent, good, fair, or poor?)	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	56
l. Their handling of insurance claims. (Would you say excellent, good, fair, or poor?)	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	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 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>				58
b. You need to be hospitalized?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>				59
c. You need more medical care?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>				60

Notes

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

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

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

Notes

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

Section I - OTHER SERVICES - Continued		RT 80 3-4	RT 80 3-4
J		5-6	K
10 Services for alcohol or drug abuse		5-6	11 Services from a center for independent living
42a. During the past 12 months, did you receive ____?	42a. 1 <input type="checkbox"/> Yes (Skip to 43) 7 2 <input type="checkbox"/> No } (Go to 42b) 9 <input type="checkbox"/> DK }	7	42a. 1 <input type="checkbox"/> Yes (Skip to 43) 7 2 <input type="checkbox"/> No } (Go to 42b) 9 <input type="checkbox"/> DK }
b. Did you need ____ in the past 12 months?	b. 1 <input type="checkbox"/> Yes (Skip to 46) 8 2 <input type="checkbox"/> No } (Go to 42a for 9 <input type="checkbox"/> DK } next service)	8	b. 1 <input type="checkbox"/> Yes (Skip to 46) 8 2 <input type="checkbox"/> No } (Go to 42a for 9 <input type="checkbox"/> DK } next service)
43a. During the past 12 months in how many months did you receive ____?	43a. _____ Months 9-10 (Number) 99 <input type="checkbox"/> DK	9-10	43a. _____ Months 9-10 (Number) 99 <input type="checkbox"/> DK
b. What was the total number of times you received ____ during [that/those] month(s)?	b. _____ Times 11-12 (Number) 99 <input type="checkbox"/> DK	11-12	b. _____ Times 11-12 (Number) 99 <input type="checkbox"/> DK
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 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/ Free } (Skip to 45) 99 <input type="checkbox"/> DK } 37-38 39-40	13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40	44a. 01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/ Free } (Skip to 45) 99 <input type="checkbox"/> DK } 37-38 39-40
b. Who paid most of the cost for ____ in the past 12 months? Record number of main source.	b. <input type="text"/> Paid most (Number) 41-42 99 <input type="checkbox"/> DK	41-42	b. <input type="text"/> Paid most (Number) 41-42 99 <input type="checkbox"/> DK
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 <input type="checkbox"/> None 43-47 \$ _____ 00 99999 <input type="checkbox"/> DK	43-47	c. 00000 <input type="checkbox"/> None 43-47 \$ _____ 00 99999 <input type="checkbox"/> DK
45. During (month), did you receive ____?	45. 1 <input type="checkbox"/> Yes (Skip to 42a for next service) 48 2 <input type="checkbox"/> No (Go to 46) 9 <input type="checkbox"/> DK (Skip to 42a for next service)	48	45. 1 <input type="checkbox"/> Yes (Skip to 42a for next service) 48 2 <input type="checkbox"/> No (Go to 46) 9 <input type="checkbox"/> DK (Skip to 42a for next service)
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 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/ can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72	49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70 71-72	46. 00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/ can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72

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

Section I - OTHER SERVICES - Continued

<p>HAND CARD A8.</p> <p>47a. Are you currently on a waiting list for any of these services? Read categories in 47b if telephone interview.</p> <p>b. For which of these services are you on a waiting list? (Any others?) Mark (X) all that apply.</p>	<p>1 <input type="checkbox"/> Yes (Go to 47b) 2 <input type="checkbox"/> No } (Skip to 48) 9 <input type="checkbox"/> DK }</p> <hr/> <p>01 <input type="checkbox"/> A physical therapist 02 <input type="checkbox"/> An occupational therapist 03 <input type="checkbox"/> An audiologist 04 <input type="checkbox"/> A speech therapist or pathologist 05 <input type="checkbox"/> A recreational therapist 06 <input type="checkbox"/> A visiting nurse 07 <input type="checkbox"/> A personal care attendant, other than a family member or friend 08 <input type="checkbox"/> A reader or interpreter 09 <input type="checkbox"/> An adult day care center or day activity center 10 <input type="checkbox"/> Services for alcohol or drug abuse 11 <input type="checkbox"/> Services from a center for independent living 12 <input type="checkbox"/> Respiratory therapy services 13 <input type="checkbox"/> Social work services 14 <input type="checkbox"/> Transportation services 99 <input type="checkbox"/> DK</p>	<p>5 6-7 8-9 10-11 12-13 14-15 16-17 18-19 20-21 22-23 24-25 26-27 28-29 30-31 32-33 34-35</p>
<p>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.</p> <p>HAND CARD A9. Read categories if telephone interview.</p> <p>b. Where did you receive inpatient mental health services in the past 12 months? (Anywhere else?) Mark (X) all that apply.</p>	<p>1 <input type="checkbox"/> Yes (Go to 48b) 2 <input type="checkbox"/> No } (Skip to 52 on page 69) 9 <input type="checkbox"/> DK }</p> <hr/> <p>1 <input type="checkbox"/> Private or public psychiatric hospital 2 <input type="checkbox"/> Psychiatric services in a general hospital 3 <input type="checkbox"/> Other hospital 4 <input type="checkbox"/> Residential treatment center 5 <input type="checkbox"/> Other place 9 <input type="checkbox"/> DK</p>	<p>36 37 38 39 40 41 42</p>
<p>49a. During the past 12 months, how many times altogether were you admitted to (place(s) in 48b) for mental health care?</p> <p>b. During the past 12 months, how many nights altogether did you spend in the (place(s) in 48b)?</p>	<p>_____ Times admitted (Number) 99 <input type="checkbox"/> DK</p> <hr/> <p>_____ Nights (Number) 999 <input type="checkbox"/> DK</p>	<p>43-44 45-47</p>
<p>ITEM 14 Refer to question 49a. (Number of admissions)</p>	<p>1 <input type="checkbox"/> 1 admission (Go to 50a) 2 <input type="checkbox"/> 2 or more admissions (Skip to 50b) 3 <input type="checkbox"/> All other (Skip to 50c)</p>	<p>48</p>
<p>50a. Was that admission on an emergency basis?</p> <p>b. How many of the (number in 49a) admissions were on an emergency basis?</p> <p>c. Were any of the admissions in the past 12 months on an emergency basis?</p> <p>d. How many admissions were on an emergency basis?</p>	<p>1 <input type="checkbox"/> Yes } (Skip to 51 on page 69) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p> <hr/> <p>00 <input type="checkbox"/> None _____ Emergency admissions } (Skip to 51 on page 69) (Number) 99 <input type="checkbox"/> DK }</p> <hr/> <p>1 <input type="checkbox"/> Yes (Go to 50d) 2 <input type="checkbox"/> No } (Skip to 51 on page 69) 9 <input type="checkbox"/> DK }</p> <hr/> <p>_____ Emergency admissions (Number) 99 <input type="checkbox"/> DK</p>	<p>49 50-51 52 53-54</p>

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
- 02 Family NOT in household
- 03 Private health insurance
- 04 Medicare
- 05 Medicaid
- 06 Rehabilitation program
- 07 Employer
- 08 School system
- 09 VA program
- 10 Other military
- 11 Other private source
- 12 Other public source
- 13 No one/Free } (Skip to 52)
- 99 DK

55-56
57-58
59-60
61-62
63-64
65-66
67-68
69-70
71-72
73-74
75-76
77-78
79-80
81-82

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

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

Record number of main source.

Paid most
(Number)

99 DK

83-84

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

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

\$ _____ .

99999 DK

85-89

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.

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

90

- 1 Psychiatrist
- 2 Psychologist
- 3 Nurse
- 4 Social worker
- 5 Other mental health counselor or therapist
- 6 General practitioner or other medical doctor
- 7 Other health professional
- 9 DK

91
92
93
94
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96
97
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
- 2 Outpatient mental health clinic, such as a community mental health center
- 3 Outpatient medical clinic
- 4 HMO
- 5 Other place
- 9 DK

99
100
101
102
103
104

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

_____ Month(s)
(Number)

99 DK

105-106

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

_____ Outpatient visit(s)
(Number)

999 DK

107-109

ITEM 15

Refer to question 53b. (Number of visits)

- 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)

110

Notes

Section I - OTHER SERVICES - Continued

<p>54a. Was that visit on an emergency basis?</p>	<p>1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } (Skip to 55) 9 <input type="checkbox"/> DK }</p>	5
<p>b. How many of the (number in 53b) visits were on an emergency basis?</p>	<p>000 <input type="checkbox"/> None } _____ Emergency visits } (Skip to 55) (Number) 999 <input type="checkbox"/> DK }</p>	6-8
<p>c. Were any of the visits in the past 12 months on an emergency basis?</p>	<p>1 <input type="checkbox"/> Yes (Go to 54d) 2 <input type="checkbox"/> No } (Skip to 55) 9 <input type="checkbox"/> DK }</p>	9
<p>d. How many visits were on an emergency basis?</p>	<p>_____ Emergency visits (Number) 999 <input type="checkbox"/> DK</p>	10-12

HAND CARD A1. Read categories if telephone interview.

<p>55a. Who paid or will pay for the outpatient mental health services you received during the past 12 months? (Anyone else?) (Anyone else?) Mark (X) all that apply.</p>	<p>01 <input type="checkbox"/> Self or family in household } 13-14 02 <input type="checkbox"/> Family NOT in household } 15-16 03 <input type="checkbox"/> Private health insurance } 17-18 04 <input type="checkbox"/> Medicare } 19-20 05 <input type="checkbox"/> Medicaid } 21-22 06 <input type="checkbox"/> Rehabilitation program } 23-24 07 <input type="checkbox"/> Employer } 25-26 08 <input type="checkbox"/> School system } 27-28 09 <input type="checkbox"/> VA program } 29-30 10 <input type="checkbox"/> Other military } 31-32 11 <input type="checkbox"/> Other private source } 33-34 12 <input type="checkbox"/> Other public source } 35-36 13 <input type="checkbox"/> No one/Free } (Skip to 56) } 37-38 99 <input type="checkbox"/> DK } 39-40</p>	
<p><i>Ask if more than one source in 55a. If only one source, transcribe the number of the box marked without asking.</i></p> <p>b. Who paid for most of the cost of the outpatient mental health services? Record number of the main source.</p>	<p>____ Paid most (Number) 99 <input type="checkbox"/> DK</p>	41-42
<p><i>Ask only if box 01 marked in 55a; otherwise, skip to 56.</i></p> <p>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.</p>	<p>00000 <input type="checkbox"/> None } 43-47 \$ _____ .00 99999 <input type="checkbox"/> DK }</p>	

<p>56. During the past 12 months, did you receive any services from a mental health community support program? 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.</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	48
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<p>57. During the past 12 months, were you on a waiting list for outpatient mental health services?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	49
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<p>ITEM 16</p>	<p>Refer to questions 48a on page 68, 52a on page 69, and question 56 above. (Any mental health services)</p>	<p>1 <input type="checkbox"/> "Yes" in 48a, 52a, or 56 (Go to 58 on page 71) 2 <input type="checkbox"/> All other (Skip to 59 on page 71)</p>	50
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<p>Notes</p>

Section I - OTHER SERVICES - Continued

<p>58a. Did you receive any mental health services during (month)? Do not include treatment for substance abuse or smoking cessation.</p> <p align="center">----- <i>HAND CARD A7. Read categories if telephone interview.</i></p>	<p>1 <input type="checkbox"/> Yes (<i>Skip to 59</i>)</p> <p>2 <input type="checkbox"/> No (<i>Go to 58b</i>)</p> <p>9 <input type="checkbox"/> DK (<i>Skip to 59</i>)</p>	51
<p>b. Why didn't you get mental health services during (month)? (Any other reason?)</p> <p><i>Mark (X) all that apply.</i></p>	<p>00 <input type="checkbox"/> Didn't need services</p> <p>01 <input type="checkbox"/> Provider thinks no longer needed</p> <p>02 <input type="checkbox"/> Too expensive/can't afford</p> <p>03 <input type="checkbox"/> Insurance does not cover</p> <p>04 <input type="checkbox"/> Insurance no longer covers</p> <p>05 <input type="checkbox"/> No longer on Medicaid</p> <p>06 <input type="checkbox"/> Provider not available</p> <p>07 <input type="checkbox"/> Didn't like provider</p> <p>08 <input type="checkbox"/> Transportation problems</p> <p>09 <input type="checkbox"/> Could not take time off from work</p> <p>10 <input type="checkbox"/> Other reasons</p> <p>99 <input type="checkbox"/> DK</p>	52-53 54-55 56-57 58-59 60-61 62-63 64-65 66-67 68-69 70-71 72-73 74-75
<p>59a. During the past 12 months, have you needed any mental health services or counseling that you have not received?</p> <p align="center">----- <i>HAND CARD A12. Read categories if telephone interview.</i></p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 59b</i>)</p> <p>2 <input type="checkbox"/> No } (<i>Skip to 60</i>)</p> <p>9 <input type="checkbox"/> DK }</p>	76
<p>b. Which of these statements explain why you did not receive the mental health services you needed? (Any other reason?)</p> <p><i>Mark (X) all that apply.</i></p>	<p>00 <input type="checkbox"/> Did not try to get mental health services during the past 12 months</p> <p>01 <input type="checkbox"/> Too expensive/can't afford</p> <p>02 <input type="checkbox"/> Didn't know where to go to get services</p> <p>03 <input type="checkbox"/> No mental health services nearby</p> <p>04 <input type="checkbox"/> No nearby provider who accepts Medicaid</p> <p>05 <input type="checkbox"/> Private insurance does not cover the services</p> <p>06 <input type="checkbox"/> Did not have insurance</p> <p>07 <input type="checkbox"/> Transportation problems</p> <p>08 <input type="checkbox"/> Trouble finding the right kind of mental health professional</p> <p>09 <input type="checkbox"/> Language barrier</p> <p>10 <input type="checkbox"/> Could not take time off from work</p> <p>11 <input type="checkbox"/> Other reasons</p> <p>99 <input type="checkbox"/> DK</p>	77-78 79-80 81-82 83-84 85-86 87-88 89-90 91-92 93-94 95-96 97-98 99-100 101-102
<p>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?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	103
<p>The next questions are about the coordination of services.</p>		
<p>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?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	104
<p>b. Do your doctors talk to each other about your health and the care you get, including any tests or medications?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Only one doctor</p> <p>9 <input type="checkbox"/> DK</p>	105
<p>62a. Is there anyone who is not a doctor who coordinates your medical care?</p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 62b</i>)</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Does by self } (<i>Skip to 63 on page 72</i>)</p> <p>9 <input type="checkbox"/> DK }</p>	106
<p>b. Who does this for you?</p> <p>Anyone else?</p> <p><i>Mark (X) all that apply.</i></p>	<p>0 <input type="checkbox"/> Self</p> <p>1 <input type="checkbox"/> Friend/Family member</p> <p>2 <input type="checkbox"/> Nurse</p> <p>3 <input type="checkbox"/> Therapist</p> <p>4 <input type="checkbox"/> Social worker</p> <p>5 <input type="checkbox"/> Hospital discharge planner</p> <p>6 <input type="checkbox"/> Case manager</p> <p>7 <input type="checkbox"/> Other</p> <p>9 <input type="checkbox"/> DK</p>	107 108 109 110 111 112 113 114 115

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?		<input type="checkbox"/> Yes (<i>Go to 63b</i>) <input type="checkbox"/> No <input type="checkbox"/> Does by self } (<i>Skip to 64</i>) <input type="checkbox"/> DK	5
b. Is this person or does this person work for a general care physician or a specialist? <i>Mark (X) only one.</i>		<input type="checkbox"/> General care physician <input type="checkbox"/> Specialist <input type="checkbox"/> Someone else <input type="checkbox"/> DK	6
c. Is this person a — (Read each category) <i>Mark (X) all that apply.</i>		<input type="checkbox"/> Physician? <input type="checkbox"/> Therapist? <input type="checkbox"/> Nurse? <input type="checkbox"/> Social worker? <input type="checkbox"/> Hospital discharge planner? <input type="checkbox"/> Case manager? <input type="checkbox"/> Something else? <input type="checkbox"/> DK	7 8 9 10 11 12 13 14
64a. Does anyone NOT in a physician's office help you with arranging non-medical services?		<input type="checkbox"/> Yes (<i>Go to 64b</i>) <input type="checkbox"/> No <input type="checkbox"/> Does by self } (<i>Skip to Item 17</i>) <input type="checkbox"/> DK	15
b. Who does this for you? Anyone else? <i>Mark (X) all that apply.</i>		<input type="checkbox"/> Self <input type="checkbox"/> Friend/Family member <input type="checkbox"/> Nurse <input type="checkbox"/> Therapist <input type="checkbox"/> Social worker <input type="checkbox"/> Hospital discharge planner <input type="checkbox"/> Case manager <input type="checkbox"/> Other <input type="checkbox"/> DK	16 17 18 19 20 21 22 23 24
ITEM 17	<i>Refer to questions 61a and 62a on page 71, 63a and 64a above. (Service coordinator)</i>	<input type="checkbox"/> "Yes" marked in 61a and/or 63a (<i>Skip to 65</i>) <input type="checkbox"/> "Yes" marked in 62a and/or 64a (<i>Go to Item 18</i>) <input type="checkbox"/> All others (<i>Skip to 69 on page 73</i>)	25
ITEM 18	<i>Refer to questions 62b on page 71 and 64b above. (Who arranges services)</i>	<input type="checkbox"/> Anyone other than "Self" marked in 62b or 64b (<i>Go to 65</i>) <input type="checkbox"/> "Self" only in 62b and 64b (<i>Skip to 70 on page 73</i>)	26
<i>HAND CARD A13. Read categories if telephone interview.</i>			
65. What kinds of medical or non-medical services are provided for you? (Anything else?) <i>Mark (X) all that apply.</i>		<input type="checkbox"/> Helps make medical appointments with (other) doctors <input type="checkbox"/> Makes appointments with nurses/therapists/dieticians <input type="checkbox"/> Follows up to be sure appointments are kept <input type="checkbox"/> Arranges transportation to appointments <input type="checkbox"/> Makes referrals to doctors <input type="checkbox"/> Makes referrals to nurses/therapists/dieticians <input type="checkbox"/> Checks to see if needs or conditions have changed <input type="checkbox"/> Makes sure I am doing exercises or following diet <input type="checkbox"/> Reviews medications <input type="checkbox"/> Explains medical procedures or terms <input type="checkbox"/> Helps with insurance or other benefits <input type="checkbox"/> Arranges for home care <input type="checkbox"/> Arranges for vocational rehabilitation services <input type="checkbox"/> Helps develop a personal care plan <input type="checkbox"/> Evaluates need for services <input type="checkbox"/> Arranges special education services <input type="checkbox"/> Tries to find volunteers to help me <input type="checkbox"/> Tries to find workers/agencies to help me <input type="checkbox"/> Arranges for home delivered meals <input type="checkbox"/> Makes sure friends/family are able to help me <input type="checkbox"/> Other <input type="checkbox"/> DK	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 55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70
ITEM 19	<i>Refer to questions 64b above. (Who arranges services)</i>	<input type="checkbox"/> Any of boxes 2–9 marked (<i>Go to 66 on page 73</i>) <input type="checkbox"/> All others (<i>Skip to 70 on page 73</i>)	71

Section I - OTHER SERVICES - Continued

<p>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?</p> <p>----- <i>HAND CARD A1. Read categories if telephone interview.</i></p> <p>b. Who paid or will pay for this help? (Anyone else?) <i>Mark (X) all that apply.</i></p> <p>----- <i>Ask if more than one source in 66b. If only one source, transcribe the number of the box marked without asking.</i></p> <p>c. Who paid for most of the cost of this help? <i>Record number of the main source.</i></p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 66b</i>) 2 <input type="checkbox"/> No } (<i>Skip to 68</i>) 9 <input type="checkbox"/> DK</p> <hr/> <p>01 <input type="checkbox"/> Self or family in household 02 <input type="checkbox"/> Family NOT in household 03 <input type="checkbox"/> Private health insurance 04 <input type="checkbox"/> Medicare 05 <input type="checkbox"/> Medicaid 06 <input type="checkbox"/> Rehabilitation program 07 <input type="checkbox"/> Employer 08 <input type="checkbox"/> School system 09 <input type="checkbox"/> VA program 10 <input type="checkbox"/> Other military 11 <input type="checkbox"/> Other private source 12 <input type="checkbox"/> Other public source 99 <input type="checkbox"/> DK (<i>Skip to 67</i>)</p> <hr/> <p><input type="text"/> <input type="text"/> Paid most (Number)</p> <p>99 <input type="checkbox"/> DK</p>	<p>72</p> <hr/> <p>73-74 75-76 77-78 79-80 81-82 83-84 85-86 87-88 89-90 91-92 93-94 95-96 97-98</p> <hr/> <p>99-100</p>
<p>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?</p>	<p>000 <input type="checkbox"/> None _____ } (Number) { 1 <input type="checkbox"/> Per week { 2 <input type="checkbox"/> Per month { 3 <input type="checkbox"/> Per six months</p> <p>999 <input type="checkbox"/> DK</p>	<p>101-103</p>
<p>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?</p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Somewhat satisfied 3 <input type="checkbox"/> Somewhat dissatisfied } (<i>Skip to 70</i>) 4 <input type="checkbox"/> Very dissatisfied 9 <input type="checkbox"/> DK</p>	<p>104</p>
<p>69. During the past 12 months, have you felt that you NEEDED someone to arrange or coordinate personal care or social services?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Never thought about it 9 <input type="checkbox"/> DK</p>	<p>105</p>
<p>70a. Do you NEED help filling out insurance forms or benefit applications?</p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Yes } (<i>Go to 70b</i>) 2 <input type="checkbox"/> No } 3 <input type="checkbox"/> Never filled forms/applications (<i>Skip to Item 110 on page 74</i>) 9 <input type="checkbox"/> DK (<i>Go to 70b</i>)</p>	<p>106</p>
<p>b. Who helps you fill out insurance forms or applications for public programs or benefits?</p> <p><i>Mark (X) all that apply.</i></p>	<p>0 <input type="checkbox"/> No one 1 <input type="checkbox"/> Household member 2 <input type="checkbox"/> Friend/Other relative not in household 3 <input type="checkbox"/> Paid caregiver 4 <input type="checkbox"/> Volunteer from organization 5 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK</p>	<p>107 108 109 110 111 112 113</p>
<p>Notes</p>		

Section I - OTHER SERVICES - Continued

ITEM 110

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

- 1 "Yes" in 42a for K (Go to 71)
- 2 All others (Skip to Item 111)

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

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

ITEM 111

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

- 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
- 02 Socialization
- 03 Recreational activities
- 04 Recreational therapy
- 05 Speech therapy
- 06 Physical therapy
- 07 Occupational therapy
- 08 Social services
- 09 Nutritional services
- 10 Meals
- 11 Counseling for participants or families
- 12 Referrals to outside services
- 13 Nursing services
- 14 Monitoring medications
- 15 Coordinating care with physicians
- 16 Personal care services (such as bathing, feeding)
- 17 Vocational rehabilitation services
- 18 Other
- 00 None
- 99 DK

Notes

Section J - SELF DIRECTION

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

<p>1a. Do you give your own consent for medical care, or does someone else do that for you?</p>	<p>1 <input type="checkbox"/> Gives own consent (<i>Skip to Item J1</i>) 2 <input type="checkbox"/> Someone else gives consent } (<i>Go to 1b</i>) 3 <input type="checkbox"/> It varies 9 <input type="checkbox"/> DK (<i>Skip to Item J1</i>)</p>	<p>5</p>
<p>b. Who generally gives medical consent for you? <i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Family member 2 <input type="checkbox"/> Legal guardian 3 <input type="checkbox"/> Agency or school staff member 4 <input type="checkbox"/> Someone else 9 <input type="checkbox"/> DK</p>	<p>6</p>
<p>ITEM J1 <i>Refer to SP's age.</i></p>	<p>1 <input type="checkbox"/> Under 21 (<i>Go to 2</i>) 2 <input type="checkbox"/> Age 21 and over (<i>Skip to Section K on page 78</i>)</p>	<p>7</p>
<p>2. Do you now have an Individual Education Plan or IEP?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>8</p>
<p>3. Do you currently have an Individual Written Rehabilitation Plan or IWRP?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>9</p>

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.

10

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.

- 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
- 02 Speech/Language therapy
- 03 Audiology services for hearing problems (such as testing, evaluation, and training)
- 04 Mental health or counseling services
- 05 Developmental testing
- 06 Physical therapy
- 07 Occupational therapy
- 08 Recreational therapy
- 09 Respiratory therapy
- 10 Social work services
- 11 Eyeglasses
- 12 Hearing aids
- 13 Wheelchair
- 14 Other assistive devices and training in their use
- 15 Medical services for diagnostic and evaluation purposes
- 16 Communication services (such as a reader, interpreter, or writer)
- 17 Nursing services
- 18 Other
- 99 DK

- 11-12
- 13-14
- 15-16
- 17-18
- 19-20
- 21-22
- 23-24
- 25-26
- 27-28
- 29-30
- 31-32
- 33-34
- 35-36
- 37-38
- 39-40
- 41-42
- 43-44
- 45-46
- 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
- 02 Speech or language problems
- 03 Mental retardation
- 04 Emotional disturbances
- 05 Deaf and blind
- 06 Hearing, including deafness or hard of hearing
- 07 Visual, including blindness and other problems
- 08 Orthopedic problems
- 09 Autism
- 10 Traumatic brain injury
- 11 Developmental delay
- 12 Multiple disabilities
- 13 Other health problem
- 14 Not a specific condition
- 99 DK

- 49-50
- 51-52
- 53-54
- 55-56
- 57-58
- 59-60
- 61-62
- 63-64
- 65-66
- 67-68
- 69-70
- 71-72
- 73-74
- 75-76
- 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
- 02 Resource room in regular school
- 03 Separate class all day or part of a day in regular school
- 04 Special school-day school
- 05 Special school-residential school
- 06 Home
- 07 Hospital or institution
- 08 Provider's office
- 09 Other
- 99 DK

- 79-80
- 81-82
- 83-84
- 85-86
- 87-88
- 89-90
- 91-92
- 93-94
- 95-96
- 97-98

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

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

99

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
- 1 Provider/school thinks services no longer necessary
- 2 On vacation from school
- 3 Provider/service no longer available
- 4 Didn't like provider/service
- 5 Transportation problems
- 6 Could not take time off from work to arrange it
- 7 Other reason
- 9 DK

- 100
- 101
- 102
- 103
- 104
- 105
- 106
- 107
- 108

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?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	5
---	--	---

6a. DURING THE PAST 12 MONTHS, have you tried to get any (additional) special education services?	<input type="checkbox"/> 1 Yes (Go to 6b) <input type="checkbox"/> 2 No } (Skip to 7) <input type="checkbox"/> 9 DK }	6
--	---	---

HAND CARD A15. Read categories if telephone interview.

b. What (additional) special education services did you try to get? (Anything else?) <i>Mark (X) all that apply.</i>	<input type="checkbox"/> 01 Transportation services <input type="checkbox"/> 02 Speech/Language therapy <input type="checkbox"/> 03 Audiology services for hearing problems (such as testing, evaluation, and training) <input type="checkbox"/> 04 Mental health or counseling services <input type="checkbox"/> 05 Developmental testing <input type="checkbox"/> 06 Physical therapy <input type="checkbox"/> 07 Occupational therapy <input type="checkbox"/> 08 Recreational therapy <input type="checkbox"/> 09 Respiratory therapy <input type="checkbox"/> 10 Social work services <input type="checkbox"/> 11 Eyeglasses <input type="checkbox"/> 12 Hearing aids <input type="checkbox"/> 13 Wheelchair <input type="checkbox"/> 14 Other assistive devices and training in their use <input type="checkbox"/> 15 Medical services for diagnostic and evaluation purposes <input type="checkbox"/> 16 Communication services (such as reader, interpreter, writer) <input type="checkbox"/> 17 Nursing services <input type="checkbox"/> 18 Other <input type="checkbox"/> 99 DK	7-8 9-10 11-12 13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44
--	--	--

c. During the past 12 months were you on a waiting list for any special education services?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	45
--	--	----

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?) <i>Mark (X) all that apply.</i>	<input type="checkbox"/> 0 No problem getting services <input type="checkbox"/> 1 Service is not available <input type="checkbox"/> 2 Had trouble finding the right kind of service <input type="checkbox"/> 3 Services available are inadequate <input type="checkbox"/> 4 School did not think services were needed <input type="checkbox"/> 5 School would not test for disabilities <input type="checkbox"/> 6 School would not help in finding services <input type="checkbox"/> 7 Could not take time off from work to arrange it <input type="checkbox"/> 8 Other problems <input type="checkbox"/> 9 DK	46 47 48 49 50 51 52 53 54 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?	<input type="checkbox"/> 0 Does not receive any educational services <input type="checkbox"/> 1 Very satisfied <input type="checkbox"/> 2 Somewhat satisfied <input type="checkbox"/> 3 Somewhat dissatisfied <input type="checkbox"/> 4 Very dissatisfied <input type="checkbox"/> 9 DK	56
---	---	----

Notes

Section K – FAMILY STRUCTURE, RELATIONSHIPS, AND LIVING ARRANGEMENTS

<p>1. Are you now married, widowed, divorced, separated, or have you never been married? <i>If married, probe as necessary to determine if the spouse is a current household member.</i> <i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Married – spouse in HH } (Go to 2a) 2 <input type="checkbox"/> Married – spouse not in HH } 3 <input type="checkbox"/> Widowed } (Go to 2b) 4 <input type="checkbox"/> Divorced } 5 <input type="checkbox"/> Separated } 6 <input type="checkbox"/> Never married } (Skip to Item K1) 9 <input type="checkbox"/> DK }</p>	5
---	---	---

<p>2a. How long have you been married to your current spouse?</p>	<p>00 <input type="checkbox"/> Less than 1 year } _____ Years } (Skip to Item K1) (Number) 99 <input type="checkbox"/> DK }</p>	6-7
--	--	-----

<p>b. How long have you been [widowed/divorced/separated]?</p>	<p>00 <input type="checkbox"/> Less than 1 year } _____ Years } (Number) 99 <input type="checkbox"/> DK }</p>	8-9
---	--	-----

ITEM K1	<p>Status of SP.</p>	<p>1 <input type="checkbox"/> Institutionalized (Skip to 5 on page 79) 2 <input type="checkbox"/> All others (Go to 3)</p>	10
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<p>3. Including yourself, how many people altogether live in this household?</p>	<p>01 <input type="checkbox"/> SP only (Skip to 5 on page 79) _____ Household members (Go to 4) (Number) 99 <input type="checkbox"/> DK (Go to 4a)</p>	11-12
---	---	-------

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.

Line No.	4a. Name (First/Middle initial/Last)	7-57	58	b. Sex	c. Relationship to SP	59-60
01				1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	77 <input type="checkbox"/> SAMPLE PERSON	
02				1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
03				1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
04				1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
05				1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
06				1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
07				1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
08				1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
09				1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		

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

RT 89
3-4

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

00 None
____ Sons
(Number)
99 DK

5-6

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

00 None
____ Daughters
(Number)
99 DK

7-8

ITEM K2
Refer to 5a and 5b above.
(Living children)

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

9

ITEM K3
Refer to question 4 on page 78.
(Household composition)

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

10

6a. How quickly can [any of your children/your son/your daughter] get here?
If asked, "Here" means where the SP resides.

____ { 1 Minutes
2 Hours
3 Days
(Number)
999 DK

11-13

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

000 Less than once a year/never
____ { 1 Per day
2 Per week
3 Per month
4 Per year
(Times)
999 DK

14-16

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

000 Less than once a year/never
____ { 1 Per day
2 Per week
3 Per month
4 Per year
(Times)
999 DK

17-19

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

000 Less than once a year/never
____ { 1 Per day
2 Per week
3 Per month
4 Per year
(Times)
999 DK

20-22

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

1 Yes
2 No
3 DK

23

Notes

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

ITEM K4	Refer to question 4 on page 78. (Household composition)	<input type="checkbox"/> SP is institutionalized <input type="checkbox"/> SP lives alone <input type="checkbox"/> SP lives w/spouse only <input type="checkbox"/> Other (Go to 8)	24
	Mark (X) first appropriate box.	} (Skip to 11)	
8. (Other than your spouse) [is/are any of] the person(s) living with you 18 years of age or older?		<input type="checkbox"/> Yes (Go to 9) <input type="checkbox"/> No <input type="checkbox"/> DK } (Skip to 11)	25
9. Do you live with [these people/this person] NOW because YOU need to share living expenses?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	26
10. Do you live with [these people/this person] NOW because of a health or physical problem YOU have?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	27
11. Including step and adopted brothers, how many LIVING brothers do you have?		<input type="checkbox"/> None _____ Brothers (Number) <input type="checkbox"/> DK	28-29
12. Including step and adopted sisters, how many LIVING sisters do you have?		<input type="checkbox"/> None _____ Sisters (Number) <input type="checkbox"/> DK	30-31
<i>ASK OR VERIFY:</i>			32
13a. Is your mother still living?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
b. Is your father still living?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	33
Notes			

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

ITEM K5	Refer to Item K4. (SP's living arrangements)	1 <input type="checkbox"/> Box 1, 2, or 3 marked (Go to 14) 2 <input type="checkbox"/> 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 <input type="checkbox"/> No other family (Skip to Section L on page 82) _____ { 1 <input type="checkbox"/> Minutes (Number) { 2 <input type="checkbox"/> Hours { 3 <input type="checkbox"/> Days 999 <input type="checkbox"/> DK	
b. How often do you see any member of your family (other than your spouse or children)?		38-40	
c. How often do you talk on the telephone with any member of your family (other than your spouse or children)?		41-43	
d. How often do you get mail from any member of your family (other than your spouse or children)?		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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	

Notes

Section L - CONDITIONS AND IMPAIRMENTS

5

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 } (Skip to 2c)
- 9 DK }

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?

- 1 Yes
2 No
9 DK

5

(1) 6-7

19 ____ Year
99 DK

(2) Osteoporosis?

- 1 Yes
2 No
9 DK

8

(2) 9-10

19 ____ Year
99 DK

- (2) 1 Yes
2 No
9 DK

11

(3) Diabetes?

- 1 Yes
2 No
9 DK

12

(3) 13-14

19 ____ Year
99 DK

- (3) 1 Yes
2 No
9 DK

15

(3) 1 Yes
2 No
9 DK

16

(4) Arthritis?

- 1 Yes
2 No
9 DK

17

(4) 18-19

19 ____ Year
99 DK

- (4) 1 Yes
2 No
9 DK

20

(5) Chronic bronchitis or emphysema?

- 1 Yes
2 No
9 DK

21

(5) 22-23

19 ____ Year
99 DK

- (5) 1 Yes
2 No
9 DK

24

(5) 1 Yes
2 No
9 DK

25

(6) Asthma?

- 1 Yes
2 No
9 DK

26

(6) 27-28

19 ____ Year
99 DK

- (6) 1 Yes
2 No
9 DK

29

(6) 1 Yes
2 No
9 DK

30

(7) Hypertension, sometimes called high blood pressure?

- 1 Yes
2 No
9 DK

31

(7) 32-33

19 ____ Year
99 DK

- (7) 1 Yes
2 No
9 DK

34

(7) 1 Yes
2 No
9 DK

34

(8) Heart disease, including coronary heart disease, angina, heart attack or myocardial infarction?

- 1 Yes
2 No
9 DK

36

(8) 37-38

19 ____ Year
99 DK

- (8) 1 Yes
2 No
9 DK

39

(9) Any other heart disease?

- 1 Yes
2 No
9 DK

40

(9) 41-42

19 ____ Year
99 DK

- (9) 1 Yes
2 No
9 DK

43

(10) A stroke or cerebrovascular accident?

- 1 Yes
2 No
9 DK

44

(10) 45-46

19 ____ Year
99 DK

- (10) 1 Yes
2 No
9 DK

47

(11) Cancer of any kind?

- 1 Yes
2 No
9 DK

48

(11) 49-50

19 ____ Year
99 DK

- (11) 1 Yes
2 No
9 DK

51

(11) 1 Yes
2 No
9 DK

52

ITEM L3

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

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

53

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
- 02 Skin - melanoma
- 03 Skin - nonmelanoma
- 04 Skin - unknown type
- 05 Uterine/ovarian
- 06 Prostate
- 07 Stomach
- 08 Leukemia
- 09 Breast
- 10 Cervical
- 11 Lung
- 12 Other
- 99 DK

54-55
56-57
58-59
60-61
62-63
64-65
66-67
68-69
70-71
72-73
74-75
76-77
78-79

Section L - CONDITIONS AND IMPAIRMENTS - Continued

9a. Do you sometimes have trouble with dizziness?

- 1 Yes (Go to 9b)
 - 2 No
 - 9 DK
- } (Skip to 10)

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

Section M – HEALTH OPINIONS AND BEHAVIORS

RT 92
3-4

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

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

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?

- 1 Yes (Go to 2a)
 2 No } (Go to 1b)
 9 DK

29

a.

- 1 Frequently
 2 Sometimes
 3 Rarely
 9 DK } (Go to 1b)

30

b. Use special transportation for the elderly?

- 1 Yes (Go to 2b)
 2 No } (Go to 1c)
 9 DK

31

b.

- 1 Frequently
 2 Sometimes
 3 Rarely
 9 DK } (Go to 1c)

32

c. Have meals delivered to your home by an agency or organization like Meals on Wheels?

- 1 Yes (Go to 2c)
 2 No } (Go to 1d)
 9 DK

33

c.

- 1 Frequently
 2 Sometimes
 3 Rarely
 9 DK } (Go to 1d)

34

d. Eat meals in a senior center or in some place with a special meal program for the elderly?

- 1 Yes (Go to 2d)
 2 No } (Go to 1e)
 9 DK

35

d.

- 1 Frequently
 2 Sometimes
 3 Rarely
 9 DK } (Go to 1e)

36

e. Use a homemaker service for the elderly that provides services like cleaning and cooking in the home?

- 1 Yes (Go to 2e)
 2 No } (Go to 1f)
 9 DK

37

e.

- 1 Frequently
 2 Sometimes
 3 Rarely
 9 DK } (Go to 1f)

38

f. Use information and referral services?

- 1 Yes (Go to 2f)
 2 No } (Go to Section O
 9 DK } on page 87)

39

f.

- 1 Frequently
 2 Sometimes
 3 Rarely
 9 DK } (Go to Section O on page 87)

40

Notes

Section O - UPDATE CONTACT PERSON INFORMATION

RT 93
3-4

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 9 DK
- 7 Refused

Notes

Section P – INTERVIEWER OBSERVATIONS

ITEM P1	Mark (X) the one that best represents this interview.	1 <input type="checkbox"/> Self response without assistance (<i>Skip to Item P2</i>) 2 <input type="checkbox"/> Self response with assistance (<i>Go to 1a</i>) 3 <input type="checkbox"/> Proxy (<i>Skip to 1b</i>)	5
ASK OR VERIFY: 1a. How is (assistant) related to you? <i>If more than one assistant, indicate the relationship of the one you consider to be the main assistant.</i>		00 <input type="checkbox"/> Parent 01 <input type="checkbox"/> Spouse 02 <input type="checkbox"/> Son/Daughter 03 <input type="checkbox"/> Son-in-law/Daughter-in-law 04 <input type="checkbox"/> Grandchild/Great grandchild 05 <input type="checkbox"/> Brother/Sister 06 <input type="checkbox"/> Brother-in-law/Sister-in-law 07 <input type="checkbox"/> Aunt/Uncle/Cousin 08 <input type="checkbox"/> Niece/Nephew 09 <input type="checkbox"/> Other relative 10 <input type="checkbox"/> Roommate/Friend/Neighbor 11 <input type="checkbox"/> Other non-relative	6-7
----- b. How are you related to (sample person)? <i>If more than one proxy, direct this question to the one you consider to be the main proxy.</i>		00 <input type="checkbox"/> Parent 01 <input type="checkbox"/> Spouse 02 <input type="checkbox"/> Son/Daughter 03 <input type="checkbox"/> Son-in-law/Daughter-in-law 04 <input type="checkbox"/> Grandchild/Great grandchild 05 <input type="checkbox"/> Brother/Sister 06 <input type="checkbox"/> Brother-in-law/Sister-in-law 07 <input type="checkbox"/> Aunt/Uncle/Cousin 08 <input type="checkbox"/> Niece/Nephew 09 <input type="checkbox"/> Other relative 10 <input type="checkbox"/> Roommate/Friend/Neighbor 11 <input type="checkbox"/> Other non-relative	8-9
ASK OR VERIFY: c. Do(es) [you/(assistant)] live here?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	10
Mark each to indicate why a proxy/assistant was needed.		Yes No	
2a.	Sample person hospitalized	a. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	11
b.	Sample person institutionalized	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	12
c.	Sample person's hearing problem	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	13
d.	Sample person's speech problem	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	14
e.	Sample person's language problem	e. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	15
f.	Sample person's poor memory, senility, or confusion	f. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	16
g.	Sample person's Alzheimer's disease	g. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	17
h.	Sample person's other mental condition	h. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	18
i.	Sample person's other physical illness and/or disability	i. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	19
j.	Other non-health related reason	j. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	20
ITEM P2	Refer to SP's age.	1 <input type="checkbox"/> 70+ (<i>Go to 3</i>) 2 <input type="checkbox"/> Under 70 (<i>END interview</i>)	21
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 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	22
b.	Respondent's answers were reasonably accurate?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	23
c.	Respondent understood the questions?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	24

