

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 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 (Explain in Notes)		B. Mode 22 1 <input type="checkbox"/> Telephone 2 <input type="checkbox"/> Personal visit		C. Respondent 64 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"/> (Fill II.D)	
		D. Proxy Name 23-63			
		E. Field Representative's Name Code 66-68			

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

INITIAL SCREENING

1. May I please speak with <i>(sample person)</i>?	<input type="checkbox"/> Yes (<i>Go to A below</i>) <input type="checkbox"/> No (<i>Go to 2</i>)	5						
2. Why is <i>(sample person)</i> not available to be interviewed?	<input type="checkbox"/> SP deceased (<i>Skip to 6</i>) <input type="checkbox"/> SP moved (<i>Skip to 4</i>) <input type="checkbox"/> SP temporarily absent/unavailable (<i>Go to 3</i>) <input type="checkbox"/> SP incapable } (<i>Skip to 5</i>) <input type="checkbox"/> Other	6						
3. Will <i>(sample person)</i> [return/be available] before <i>(closeout date)</i>?	<input type="checkbox"/> Yes (<i>Schedule appointment</i>) <input type="checkbox"/> No } (<i>Go to 4</i>) <input type="checkbox"/> DK	7						
4a. Has <i>(sample person)</i> moved to a new residence or is [he/she] in a health facility, group home, or some other place?	<input type="checkbox"/> SP moved (<i>Record new address and telephone no.</i>) <input type="checkbox"/> SP in health facility/group home (<i>Go to 4b</i>) <input type="checkbox"/> SP in jail (<i>Skip to 5</i>) <input type="checkbox"/> SP in prison (<i>END interview – noninterview</i>) <input type="checkbox"/> SP on vacation/visiting/temporarily absent (<i>Skip to 4d</i>)	8						
b. What type of facility or group home is this? Mark (X) first appropriate box.	01 <input type="checkbox"/> Hospital } (<i>Go to 4c</i>) 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 } (<i>Record new address and telephone no.</i>) 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						
c. Refer to age on label.	<input type="checkbox"/> Under 69 (<i>Skip to 5</i>) <input type="checkbox"/> 69+ (<i>Go to 4d</i>)	11						
d. Is it possible to interview <i>(sample person)</i> at the [facility/present location]?	<input type="checkbox"/> Yes (<i>Record address and telephone no.</i>) <input type="checkbox"/> No (<i>Go to 5</i>)	12						
5. Since I won't be able to interview <i>(sample person)</i>, I need to talk to the person who knows the most about <i>(sample person's)</i> health. Who would that be?	<input type="checkbox"/> Respondent (<i>Go to A below</i>) <input type="checkbox"/> Other person (<i>Record person's name, address, and telephone no.</i>) <input type="checkbox"/> No one } (<i>END interview – noninterview</i>) <input type="checkbox"/> DK/Ref	13						
6. On what date did <i>(sample person)</i> 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> } (<i>Go to 7</i>) 999999 <input type="checkbox"/> DK	Month	Day	Year				14-19
Month	Day	Year						
7. Did <i>(sample person)</i> die at home, in a hospital, in a nursing or convalescent home, or some other place?	<input type="checkbox"/> At home } (<i>END interview – noninterview</i>) <input type="checkbox"/> In hospital } <input type="checkbox"/> In nursing/convalescent home } <input type="checkbox"/> Other place } <input type="checkbox"/> DK	20						
A	Begin interview by asking: When we conducted the interview several months ago, we recorded <i>(sample person's)</i> age as <i>(age from label)</i>. Is this still correct?	<input type="checkbox"/> Yes (<i>Go to Section A on page 4</i>) <input type="checkbox"/> No (<i>Correct age on label, then go to Section A on page 4</i>)	21					
Notes								

INITIAL SCREENING – Continued											
NEW ADDRESS (First or only)				RT 40 3-4	Second (If appropriate)				RT 41 3-4		
Name of place (If appropriate)				5-40	Name of place (If appropriate)				5-40		
Number and street				41-64	Number and street				41-64		
City	65-84	State	85-86	ZIP Code	87-95	City	65-84	State	85-86	ZIP Code	87-95
Telephone					Telephone						
Area code	96-98	Number	99-105	<input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Refused number	106	Area code	96-98	Number	99-105	<input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Refused number	106
PROXY RESPONDENT				RT 42 3-4					RT 41 3-4		
Name				5-40							
<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	<input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Refused number	107						

GENERAL INSTRUCTIONS

1. Conduct all interviews by personal visit unless the only way to get an interview is by telephone.
2. After appropriate introductions, begin all interviews with A on page 2.
3. If the sample person (or proxy) is not within your normal assignment area, call your office for instructions.
4. Make minor corrections to the sample person's address or phone number on the LABEL. Record new addresses and/or phone numbers above.
5. If a question is refused, enter "REF" in the answer space. If the respondent does not know the answer to a question, mark the "DK" box if there is one, or enter "DK" in the answer space.
6. The following symbols and print types are used throughout the questionnaire to standardize the asking of the questions:
 - **Long dash (—)** – Insert the appropriate words or names from the list.
 - **Underlined italics in parentheses** – Insert the specified words, name, date, etc.
 - **Regular type in parentheses** – Either read or do not read the parenthetical, depending on the situation and the context of the question.
 - **Brackets with a slash ([/])** – Choose the appropriate words or phrase for the particular interview.
 - **Bold capitals** – Emphasize the word(s) when reading the question.
7. If interviewing a proxy, substitute the sample person's name (or appropriate pronoun) for the word "You" in the questions.

Notes

Section A – HOUSING AND LONG-TERM CARE SERVICES			RT 43
			3-4
ITEM A1	Status of Sample Person (SP).	1 <input type="checkbox"/> Institutionalized (<i>Skip to 6 on page 5</i>)	5
		2 <input type="checkbox"/> All others (<i>Go to 1</i>)	
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
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 (<i>Go to 2c</i>) 2 <input type="checkbox"/> No } (<i>Skip to 3</i>) 9 <input type="checkbox"/> DK }	9
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
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		
b. Ramps or street level entrances?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 17		
c. Railings?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 19		
d. Automatic or easy to open doors?	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 21		
e. Accessible parking or drop-off site?	e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 23		
f. Bathroom modifications?	f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 25		
g. Kitchen modifications?	g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 27		
h. Elevator, chair lift, or stair glide?	h. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 29		
i. Alerting devices?	i. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 31		
j. Any other special features?	j. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 33		
5. Which special features do you NEED to get around this home, but do not have?		Yes No DK	
a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 16			
b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 18			
c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 20			
d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 22			
e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 24			
f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 26			
g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 28			
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			
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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(Go to 7b)

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
<i>Mark box if "Now in nursing home"; otherwise ask:</i>				67-70
d. On what date were you discharged (the LAST 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			
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 _____ (Number) Months 99 <input type="checkbox"/> DK			71-72
<i>Ask if date in 11d is within the past 12 months, including "Now in". If not within the past 12 months, skip to 13 on page 8.</i>				73-74
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 _____ (Number) Weeks 99 <input type="checkbox"/> DK			

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

HAND CARD A1. Read categories if telephone interview.

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

(Anyone else?)

Mark (X) all that apply.

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

} (Skip to 13 on page 8)

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

103-104

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

Record number of the main source.

Paid most
(Number)

99 DK

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

105-110

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

000000 None

\$ _____ . 00

999999 DK

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
	A convalescent home?			A facility or group home for persons with mental illness?		
	13.	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	7	13.	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	7
<p><i>Ask 14a–e for each "Yes" in 13.</i></p> <p><i>If more than one stay, these questions refer to the most recent.</i></p> <p>14a. When did you last leave (place)?</p> <p><i>If DK, probe: Was it within the past 12 months?</i></p>	14a.	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	8-11	14a.	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	8-11
<p>b. How long did you stay at (place)?</p>	b.	000 <input type="checkbox"/> Less than 1 month _____ { <input type="checkbox"/> 1 Months Number { <input type="checkbox"/> 2 Years 999 <input type="checkbox"/> DK	12-14	b.	000 <input type="checkbox"/> Less than 1 month _____ { <input type="checkbox"/> 1 Months Number { <input type="checkbox"/> 2 Years 999 <input type="checkbox"/> DK	12-14
<p><i>HAND CARD A1. Read categories if telephone interview.</i></p> <p>c. Who paid or will pay for your stay at (place)?</p> <p>(Anyone else?)</p> <p><i>Mark (X) all that apply.</i></p>	c.	01 <input type="checkbox"/> Self or family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicare 21-22 05 <input type="checkbox"/> Medicaid 23-24 06 <input type="checkbox"/> Rehabilitation program 25-26 07 <input type="checkbox"/> Employer 27-28 08 <input type="checkbox"/> School system 29-30 09 <input type="checkbox"/> VA program 31-32 10 <input type="checkbox"/> Other military 33-34 11 <input type="checkbox"/> Other private source 35-36 12 <input type="checkbox"/> Other public source 37-38 13 <input type="checkbox"/> No one/Free 39-40 <i>(Skip to 14a for next "Yes" in 13)</i> 99 <input type="checkbox"/> DK 41-42	43-44	c.	01 <input type="checkbox"/> Self or family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicare 21-22 05 <input type="checkbox"/> Medicaid 23-24 06 <input type="checkbox"/> Rehabilitation program 25-26 07 <input type="checkbox"/> Employer 27-28 08 <input type="checkbox"/> School system 29-30 09 <input type="checkbox"/> VA program 31-32 10 <input type="checkbox"/> Other military 33-34 11 <input type="checkbox"/> Other private source 35-36 12 <input type="checkbox"/> Other public source 37-38 13 <input type="checkbox"/> No one/Free 39-40 <i>(Skip to 14a for next "Yes" in 13)</i> 99 <input type="checkbox"/> DK 41-42	43-44
<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)?</p> <p><i>Record number of the main source.</i></p>	d.	[] [] Paid most (Number) 99 <input type="checkbox"/> DK	45-50	d.	[] [] Paid most (Number) 99 <input type="checkbox"/> DK	45-50
<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.	000000 <input type="checkbox"/> None 45-50 \$ _____ . [] [] 999999 <input type="checkbox"/> DK	45-50	e.	000000 <input type="checkbox"/> None 45-50 \$ _____ . [] [] 999999 <input type="checkbox"/> DK	45-50

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?		5-6		04 A facility for persons with mental retardation?		5-6		05 An assisted living facility?		5-6		06 Any other long-term care facility?		5-6	
13.		7		13.		7		13.		7		13.		7	
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			
14a.		8-11		14a.		8-11		14a.		8-11		14a.		8-11	
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			
b.		12-14		b.		12-14		b.		12-14		b.		12-14	
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 { 1 <input type="checkbox"/> Months				Number { 1 <input type="checkbox"/> Months				Number { 1 <input type="checkbox"/> Months				Number { 1 <input type="checkbox"/> Months			
{ 2 <input type="checkbox"/> Years				{ 2 <input type="checkbox"/> Years				{ 2 <input type="checkbox"/> Years				{ 2 <input type="checkbox"/> Years			
999 <input type="checkbox"/> DK				999 <input type="checkbox"/> DK				999 <input type="checkbox"/> DK				999 <input type="checkbox"/> DK			
c.		15-16		c.		15-16		c.		15-16		c.		15-16	
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				13 <input type="checkbox"/> No one/Free				13 <input type="checkbox"/> No one/Free				13 <input type="checkbox"/> No one/Free			
} (Skip to 14a for next "Yes" in 13)		39-40		} (Skip to 14a for next "Yes" in 13)		39-40		} (Skip to 14a for next "Yes" in 13)		39-40		} (Go to 15 on page 10)		39-40	
		41-42				41-42				41-42				41-42	
99 <input type="checkbox"/> DK				99 <input type="checkbox"/> DK				99 <input type="checkbox"/> DK				99 <input type="checkbox"/> DK			
d.		43-44		d.		43-44		d.		43-44		d.		43-44	
[] Paid most				[] Paid most				[] Paid most				[] Paid most			
(Number)				(Number)				(Number)				(Number)			
99 <input type="checkbox"/> DK				99 <input type="checkbox"/> DK				99 <input type="checkbox"/> DK				99 <input type="checkbox"/> DK			
e.		45-50		e.		45-50		e.		45-50		e.		45-50	
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			

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

<i>HAND CARD A2.</i>		
15a. Are you currently on a waiting list for any of these facilities? <i>Read categories in 15b if telephone interview.</i>	1 <input type="checkbox"/> Yes (<i>Go to 15b</i>) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (<i>Skip to 16</i>)	5

b. For which facilities are you on a waiting list? Anywhere else? <i>Read categories if necessary.</i> <i>Mark (X) all that apply.</i>	1 <input type="checkbox"/> Nursing home	6
	2 <input type="checkbox"/> Convalescent home	7
	3 <input type="checkbox"/> Facility or group home for persons with mental illness	8
	4 <input type="checkbox"/> Board and care home	9
	5 <input type="checkbox"/> Facility for persons with mental retardation	10
	6 <input type="checkbox"/> Assisted living facility	11
	7 <input type="checkbox"/> Any other long-term care facility	12
	9 <input type="checkbox"/> DK	13
	16. Are you on a waiting list for publicly funded home care or community-based care?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK

Notes

Section B – TRANSPORTATION		RT 46
		3-4
These next questions are about getting around outside your home.		5
1. How frequently do you drive a car or other motor vehicle? Would you say — <i>(Read all categories)</i> <i>Mark (X) only one.</i>	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>
2. Is this because of an impairment or health problem?	1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } <i>(Skip to 4)</i> 9 <input type="checkbox"/> DK }	6
3a. Because of an impairment or health problem, do you have any special equipment on your car or other motor vehicle?	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 }	7
b. What special equipment do you have? Anything else? <i>Mark (X) all that apply.</i>	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	8 9 10 11 12 13 14 15 16
c. Do you need any (other) special equipment or features on a car or other motor vehicle because of an impairment or health problem?	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 }	17
d. What (other) equipment or features do you need? Anything else? <i>Mark (X) all that apply.</i>	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	18 19 20 21 22 23 24 25 26
4a. Some communities have special bus, cab or van services for people who have difficulty using the regular public transportation service. When using this special service, people can call ahead and ask to be picked up. Is such a service available in your area?	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 }	27
b. Is this special service operated by a transit authority, government program or some other private source? <i>Mark (X) all that apply.</i>	1 <input type="checkbox"/> Transit authority 2 <input type="checkbox"/> Government program 3 <input type="checkbox"/> Other private source 9 <input type="checkbox"/> DK	28 29 30 31
Notes		

Section B – TRANSPORTATION – Continued	
5a. Have you used this special service in the past 12 months?	<div style="text-align: right; font-weight: bold;">32</div> <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>
b. Why haven't you used this service in the past 12 months? Anything else? Mark (X) all that apply.	<div style="text-align: right; font-weight: bold;">33-34</div> <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> <div style="text-align: right; font-weight: bold;">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</div> <p style="text-align: right; margin-right: 20px;">(Skip to 6)</p>
c. About how many times have you used this service in the PAST 12 MONTHS?	<div style="text-align: right; font-weight: bold;">63-65</div> <p>_____ Times in past 12 months (Number) 999 <input type="checkbox"/> DK</p>
d. About how many times have you used this service in the PAST WEEK?	<div style="text-align: right; font-weight: bold;">66-67</div> <p>_____ Times in past week (Number) 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</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.	<div style="text-align: right; font-weight: bold;">68</div> <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>
b. Does an impairment or health problem prevent or limit your use of the public transportation service? Mark (X) only one.	<div style="text-align: right; font-weight: bold;">69</div> <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>
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.	<div style="text-align: right; font-weight: bold;">70</div> <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>
d. Because of an impairment or health problem, during the past 12 months, did you have any difficulty using the local public transportation service?	<div style="text-align: right; font-weight: bold;">71</div> <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>
e. What types of difficulties [did/would] you have using the public transportation service? Anything else? Mark (X) all that apply.	<div style="text-align: right; font-weight: bold;">72-73</div> <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> <div style="text-align: right; font-weight: bold;">74-75 76-77 78-79 80-81 82-83 84-85 86-87 88-89 90-91 92-93 94-95 96-97</div>
Ask 6f only if box 01 marked in 6e; otherwise, skip to 7 on page 13.	<div style="text-align: right; font-weight: bold;">98</div>
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>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>

Section B - TRANSPORTATION - Continued		RT 47
		3-4
<p>7. In general, how difficult is it for you to get to and use public transportation? Would you say it is — <i>(Read all categories)</i></p> <p><i>Mark (X) only one.</i></p>	<p>0 <input type="checkbox"/> No public system available</p> <p>1 <input type="checkbox"/> Very difficult,</p> <p>2 <input type="checkbox"/> Somewhat difficult,</p> <p>3 <input type="checkbox"/> A little difficult, or</p> <p>4 <input type="checkbox"/> Not at all difficult?</p> <p>9 <input type="checkbox"/> DK</p>	5
<p>8a. Do you have any (other) problems getting around outside your home due to an impairment or health problem?</p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 8b)</i></p> <p>2 <input type="checkbox"/> No } <i>(Skip to 9)</i></p> <p>9 <input type="checkbox"/> DK }</p>	6
<p>b. What (other) problems do you have getting around outside your home?</p> <p>Anything else?</p> <p><i>Mark (X) all that apply.</i></p>	<p>01 <input type="checkbox"/> Cognitive or mental problems (remembering where to go, knowing how to avoid trouble)</p> <p>02 <input type="checkbox"/> Fear</p> <p>03 <input type="checkbox"/> Vision</p> <p>04 <input type="checkbox"/> Hearing</p> <p>05 <input type="checkbox"/> Weather</p> <p>06 <input type="checkbox"/> Difficulty walking/can't walk</p> <p>07 <input type="checkbox"/> Wheelchair/scooter/access problems</p> <p>08 <input type="checkbox"/> Problems with other medical/assistive devices</p> <p>09 <input type="checkbox"/> Need help from another person</p> <p>10 <input type="checkbox"/> Other</p> <p>99 <input type="checkbox"/> DK</p>	<p>7-8</p> <p>9-10</p> <p>11-12</p> <p>13-14</p> <p>15-16</p> <p>17-18</p> <p>19-20</p> <p>21-22</p> <p>23-24</p> <p>25-26</p> <p>27-28</p>
<p>9. DURING THE PAST 6 MONTHS, have you traveled by car, airplane, bus, train, or boat?</p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 10)</i></p> <p>2 <input type="checkbox"/> No } <i>(Skip to Section C on page 15)</i></p> <p>9 <input type="checkbox"/> DK }</p>	29
<p>10. IN THE PAST WEEK, about how many times did you —</p>		
<p>a. Drive a car?</p>	<p>a. _____ Times 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p>(Number)</p>	30-31
<p>b. Ride as a passenger in a car?</p>	<p>b. _____ Times 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p>(Number)</p>	32-33
<p>IN THE PAST WEEK, about how many times did you ride —</p>		
<p>c. A regular bus?</p>	<p>c. _____ Times 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p>(Number)</p>	34-35
<p>d. An accessible bus?</p>	<p>d. _____ Times 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p>(Number)</p>	36-37
<p>e. A subway?</p>	<p>e. _____ Times 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p>(Number)</p>	38-39
<p>f. Some other rail system?</p>	<p>f. _____ Times 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p>(Number)</p>	40-41
<p>g. A ferry boat?</p>	<p>g. _____ Times 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p>(Number)</p>	42-43
<p>IN THE PAST WEEK, about how many times did you ride in a —</p>		
<p>h. Social service agency van?</p>	<p>h. _____ Times 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p>(Number)</p>	44-45
<p>i. Regular taxi, in which you paid the fare?</p>	<p>i. _____ Times 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p>(Number)</p>	46-47
<p>Notes</p>		

Section B - TRANSPORTATION - Continued

<p>11a. IN THE PAST 6 MONTHS, about how many times did you fly in an airplane?</p>	<p>01 <input type="checkbox"/> One (Skip to 11f) 48-49</p> <p>_____ Times (Go to 11b) (Number)</p> <p>00 <input type="checkbox"/> None } (Skip to 12) 99 <input type="checkbox"/> DK</p>
<p>b. About how many of these times were on a large airplane with 200 or more seats?</p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p style="text-align: right;">50-51</p>
<p>c. (About how many of these times were) on a medium sized airplane with 100 to 199 seats?</p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p style="text-align: right;">52-53</p>
<p>d. (About how many of these times were) on a small airplane with 19 to 99 seats?</p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p style="text-align: right;">54-55</p>
<p>e. (About how many of these times were) on an airplane with fewer than 19 seats?</p>	<p>_____ Times } (Skip to 12) (Number) } 00 <input type="checkbox"/> None } 99 <input type="checkbox"/> DK }</p> <p style="text-align: right;">56-57</p>
<p>f. Was that flight in — (Read all categories)</p>	<p>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</p> <p style="text-align: right;">58</p>
<p>12a. IN THE PAST 6 MONTHS, about how many times did you ride a long-distance bus, such as Greyhound or Trailways?</p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p style="text-align: right;">59-60</p>
<p>b. (IN THE PAST 6 MONTHS, about how many times did you) take a trip on a train, such as Amtrak?</p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p style="text-align: right;">61-62</p>
<p>c. (IN THE PAST 6 MONTHS, about how many times did you) take a trip on a cruise ship or boat?</p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p style="text-align: right;">63-64</p>

Notes

Section C – SOCIAL ACTIVITY		RT 48
		3-4
ITEM C1	Status of SP.	1 <input type="checkbox"/> Institutionalized (<i>Skip to Section D on page 16</i>) 2 <input type="checkbox"/> All others (<i>Go to 1</i>)
<p>These next questions are about various activities you may have participated in.</p> <p><i>Ask 1a–g before going to question 2.</i></p>		5
<p>1. DURING THE PAST 2 WEEKS, did you —</p>		6
<p>a. Get together socially with friends or neighbors?</p>	<p>a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	7-8
<p>b. Talk with friends or neighbors on the telephone?</p>	<p>b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	9
<p>c. Get together with ANY relatives not including those living with you?</p>	<p>c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	12
<p>d. Talk with ANY relatives on the telephone not including those living with you?</p>	<p>d. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	15
<p>e. Go to church, temple, or another place of worship for services or other activities?</p>	<p>e. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	18
<p>f. Go to a show or movie, sports event, club meeting, class, or other group event?</p>	<p>f. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	21
<p>g. Go out to eat at a restaurant?</p>	<p>g. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	24
<p>2. DURING THE PAST 2 WEEKS, how many times did you (activity)?</p> <p><i>Ask 2 for each "Yes" in 1.</i></p>		7-8
<p>a. _____ Times (Number) 99 <input type="checkbox"/> DK</p>		7-8
<p>b. _____ Times (Number) 99 <input type="checkbox"/> DK</p>		10-11
<p>c. _____ Times (Number) 99 <input type="checkbox"/> DK</p>		13-14
<p>d. _____ Times (Number) 99 <input type="checkbox"/> DK</p>		16-17
<p>e. _____ Times (Number) 99 <input type="checkbox"/> DK</p>		19-20
<p>f. _____ Times (Number) 99 <input type="checkbox"/> DK</p>		22-23
<p>g. _____ Times (Number) 99 <input type="checkbox"/> DK</p>		25-26
<p>3. How many days in the past two weeks did you leave your home for any reason?</p>		27-28
<p>14 <input type="checkbox"/> Every day 00 <input type="checkbox"/> None</p> <p>_____ Days (Number)</p> <p>99 <input type="checkbox"/> DK</p>		27-28
<p><i>If proxy respondent, skip to Section D on page 16; otherwise ask:</i></p>		29
<p>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?</p> <p><i>Mark (X) only one.</i></p>		29
<p>1 <input type="checkbox"/> About enough 2 <input type="checkbox"/> Too much 3 <input type="checkbox"/> Would like to be doing more 9 <input type="checkbox"/> DK</p>		29
<p>Notes</p>		

Section D - WORK HISTORY/EMPLOYMENT

<p>These next questions are about working for pay or profit, and about unpaid volunteer work.</p> <p>1. Have you EVER worked at a job or business?</p>	<p>1 <input type="checkbox"/> Yes <i>(Skip to 16 on page 18)</i> 2 <input type="checkbox"/> No } <i>(Go to 2)</i> 9 <input type="checkbox"/> DK }</p>	5																																								
<p>2. Does an ongoing health problem, impairment or disability ENTIRELY prevent you from working?</p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 3)</i> 2 <input type="checkbox"/> No } <i>(Skip to 8)</i> 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 <i>(Go to 4)</i> 2 <input type="checkbox"/> No } <i>(Skip to 6)</i> 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>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:15%; text-align: center;">Yes</td> <td style="width:15%; text-align: center;">No</td> <td style="width:15%; text-align: center;">DK</td> <td style="width:55%;"></td> </tr> <tr> <td>a. Handrails or ramps?</td> <td>a. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">8</td> </tr> <tr> <td>b. Accessible parking or an accessible transportation stop close to the building?</td> <td>b. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">9</td> </tr> <tr> <td>c. An elevator?</td> <td>c. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">10</td> </tr> <tr> <td>d. An elevator designed for persons with special needs?</td> <td>d. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">11</td> </tr> <tr> <td>e. A work station specially adapted for your use?</td> <td>e. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">12</td> </tr> <tr> <td>f. A restroom designed for persons with special needs?</td> <td>f. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">13</td> </tr> <tr> <td>g. An automatic door?</td> <td>g. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">14</td> </tr> </table>		Yes	No	DK		a. Handrails or ramps?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8	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"/>	9	c. An elevator?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	10	d. An elevator designed for persons with special needs?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11	e. A work station specially adapted for your use?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12	f. A restroom designed for persons with special needs?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13	g. An automatic door?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14	
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<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 <i>(Skip to 13b on page 18)</i> 2 <input type="checkbox"/> No } <i>(Go to 6)</i> 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 <i>(Go to 7)</i> 2 <input type="checkbox"/> No } <i>(Skip to Section E on page 31)</i> 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 } <i>(Skip to Section E on page 31)</i></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 <i>(Go to 9)</i> 2 <input type="checkbox"/> No <i>(Skip to 14 on page 18)</i> 9 <input type="checkbox"/> DK <i>(Go to 9)</i></p>	21																																								
<p>9. Have you looked for work in the past two years?</p>	<p>1 <input type="checkbox"/> Yes <i>(Skip to 11 on page 17)</i> 2 <input type="checkbox"/> No <i>(Go to 10 on page 17)</i> 9 <input type="checkbox"/> DK <i>(Skip to 11 on page 17)</i></p>	22																																								

Notes

Section D – WORK HISTORY/EMPLOYMENT – Continued

10. Some people have encountered barriers which have discouraged them from looking for work. Did you not look for work because you were concerned that —				
	Yes	No	DK	
a. You would lose your SSI, SSDI, or other sources of income if you went to work?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23
b. You would lose your housing if you went to work?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24
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"/>	25
d. Your family or friends discouraged you from going to work?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26
e. Family responsibilities prevented you from going to work?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27
f. Appropriate information about jobs was not available to you?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28
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"/>	29
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"/>	30
i. Your training was not adequate?	i. 1 <input type="checkbox"/>	<input type="checkbox"/>	9 <input type="checkbox"/>	31
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"/>	32
k. There were no appropriate jobs available?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33
11. 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			34
12. In order to work, would you NEED any of these special features at your worksite —				
	Yes	No	DK	
a. Handrails or ramps?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	35
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"/>	36
c. An elevator?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	37
d. An elevator designed for persons with special needs?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	38
e. A work station specially adapted for your use?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	39
f. A restroom designed for persons with special needs?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	40
g. An automatic door?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41

Notes

Section D – WORK HISTORY/EMPLOYMENT – Continued		
13a. Because of an ongoing health problem, impairment, or disability, would you NEED any (other) special equipment, assistance or work arrangement in order to do your job?	1 <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? <i>(Note: If more than one job, include all jobs.)</i>	_____ Hours per week (Number)	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

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

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

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

1 Very difficult
 2 Somewhat difficult
 9 DK

Ask all of 22a(1)–(7) before going to 22b. Ask for each "Yes" in 22a.

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

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

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

Ask all of 23b(1)–(10) before going to 23c. Ask for each "Yes" in 23b.

	Yes No DK				Yes No DK			
	1	2	9		1	2	9	
b. In order to work, do you NEED —								
(1) A voice synthesizer, telecommunications 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"/>	84	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	85
(2) Braille, enlarged print, special lighting or audio tape?	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	86	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	87
(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"/>	88	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	89
(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"/>	90	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	91
(5) A personal assistant to help you with job related activities?	(5) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	92	(5) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	93
(6) Special pens or pencils, chairs, or other office supplies?	(6) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	94	(6) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	95
(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"/>	96	(7) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	97
(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"/>	98	(8) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	99
(9) Reduced or part-time work hours?	(9) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	100	(9) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	101
(10) Some other equipment, help, or work arrangements?	(10) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	102	(10) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	103

Notes

Section D - WORK HISTORY/EMPLOYMENT - Continued		RT 50 3-4																									
<p>24a. 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>01 <input type="checkbox"/> Car</p> <p>02 <input type="checkbox"/> Work at home</p> <p>03 <input type="checkbox"/> Rapid transit, subway, metro or regular bus</p> <p>04 <input type="checkbox"/> Specialized bus or van service for persons with disabilities</p> <p>05 <input type="checkbox"/> Commuter train</p> <p>06 <input type="checkbox"/> Taxi</p> <p>07 <input type="checkbox"/> Bicycle</p> <p>08 <input type="checkbox"/> Walk</p> <p>09 <input type="checkbox"/> Scooter/wheelchair</p> <p>10 <input type="checkbox"/> Other</p> <p>99 <input type="checkbox"/> DK</p>	<p>5-6</p> <p>7-8</p> <p>9-10</p> <p>11-12</p> <p>13-14</p> <p>15-16</p> <p>17-18</p> <p>19-20</p> <p>21-22</p> <p>23-24</p> <p>25-26</p> <p>27</p>																									
<p><i>Ask 24b only if box 01 marked in 24a; otherwise, skip to 25.</i></p> <p>b. Who USUALLY drives this car?</p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Self</p> <p>2 <input type="checkbox"/> Other family member</p> <p>3 <input type="checkbox"/> Carpool</p> <p>4 <input type="checkbox"/> Other</p> <p>9 <input type="checkbox"/> DK</p>																										
<p>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?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Not sure</p> <p>9 <input type="checkbox"/> DK</p>	28																									
<p>26a. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —</p>	<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">DK</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>(1) Refused employment?</td> <td>(1) 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">29</td> </tr> <tr> <td>(2) Refused a promotion?</td> <td>(2) 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">30</td> </tr> <tr> <td>(3) Refused a transfer?</td> <td>(3) 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">31</td> </tr> <tr> <td>(4) Refused access to training programs?</td> <td>(4) 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">32</td> </tr> </tbody> </table>		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	<p>33</p>
	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																							
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(4) Refused access to training programs?	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32																							
<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>	<p>1 <input type="checkbox"/> Yes <i>(Go to 26c)</i></p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK } <i>(Skip to Section E on page 31)</i></p>																										
<p>c. How many days did you do volunteer work in the past 12 months?</p>	<p>(Days) { 1 <input type="checkbox"/> Per week</p> <p style="margin-left: 20px;">2 <input type="checkbox"/> Per month</p> <p style="margin-left: 20px;">3 <input type="checkbox"/> Per year } <i>(Skip to Section E on page 31)</i></p> <p>9999 <input type="checkbox"/> DK</p>	34-37																									
<p>27. About how many hours a week do you work at your current job?</p> <p><i>Note: If more than one job, include all jobs.</i></p>	<p>_____ Hours per week</p> <p>(Number)</p> <p>99 <input type="checkbox"/> DK</p>	38-39																									
<p>28. Because of an ongoing health problem, impairment or disability have you EVER changed —</p>	<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">DK</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>a. The KIND of work you do?</td> <td>a. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">40</td> </tr> <tr> <td>b. The AMOUNT of work you do?</td> <td>b. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">41</td> </tr> <tr> <td>c. Your job?</td> <td>c. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">42</td> </tr> </tbody> </table>		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	<p>43</p>					
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<p>29a. Does an ongoing health problem, impairment or disability now make it difficult for you to change jobs?</p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 29b)</i></p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK } <i>(Skip to 30 on page 21)</i></p>																										
<p>b. Would you say very difficult or somewhat difficult?</p>	<p>1 <input type="checkbox"/> Very difficult</p> <p>2 <input type="checkbox"/> Somewhat difficult</p> <p>9 <input type="checkbox"/> DK</p>	44																									
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?	<input type="checkbox"/> Yes (Go to 30b) <input type="checkbox"/> No } (Skip to 31) <input type="checkbox"/> DK }	45
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b. Would you say very difficult or somewhat difficult?	<input type="checkbox"/> Very difficult <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> DK	46
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<i>Ask all of 32a(1)–(7) before going to 32b.</i>	<i>Ask for each "Yes" in 31a.</i>																																																																																
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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text-align: center;">53</td> </tr> <tr> <td>(5) A work station specially adapted for your use?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">55</td> </tr> <tr> <td>(6) A restroom designed for persons with special needs?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">57</td> </tr> <tr> <td>(7) An automatic door?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">59</td> </tr> </tbody> </table>		Yes	No	DK		(1) Handrails or ramps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	(2) Accessible parking or an accessible transportation stop close to the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	(3) An elevator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51	(4) An elevator designed for persons with special needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53	(5) A work station specially adapted for your use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55	(6) A restroom designed for persons with special needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57	(7) An automatic door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59	<table style="width:100%; 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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?	<input type="checkbox"/> Yes (Go to 33) <input type="checkbox"/> No } (Skip to 34a on page 22) <input type="checkbox"/> DK }	61
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<i>Ask all of 33a(1)–(10) before going to 33b.</i>	<i>Ask for each "Yes" in 33a.</i>																																																																																																														
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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>	<p>01 <input type="checkbox"/> Car 82-83</p> <p>02 <input type="checkbox"/> Work at home 84-85</p> <p>03 <input type="checkbox"/> Rapid transit, subway, metro or regular bus 86-87</p> <p>04 <input type="checkbox"/> Specialized bus, van, or taxi service for persons with disabilities 88-89</p> <p>05 <input type="checkbox"/> Commuter train 90-91</p> <p>06 <input type="checkbox"/> Regular taxi 92-93</p> <p>07 <input type="checkbox"/> Bicycle 94-95</p> <p>08 <input type="checkbox"/> Walk 96-97</p> <p>09 <input type="checkbox"/> Scooter/wheelchair 98-99</p> <p>10 <input type="checkbox"/> Other 100-101</p> <p>99 <input type="checkbox"/> DK 102-103</p> <hr style="border-top: 1px dashed black;"/> <p>1 <input type="checkbox"/> Self</p> <p>2 <input type="checkbox"/> Other family member</p> <p>3 <input type="checkbox"/> Carpool</p> <p>4 <input type="checkbox"/> Other</p> <p>9 <input type="checkbox"/> DK 104</p>																										
<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>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Not sure</p> <p>9 <input type="checkbox"/> DK 105</p>																										
<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;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">DK</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td>(1) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td style="text-align: right;">106</td> </tr> <tr> <td>(2) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td style="text-align: right;">107</td> </tr> <tr> <td>(3) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td style="text-align: right;">108</td> </tr> <tr> <td>(4) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td style="text-align: right;">109</td> </tr> </tbody> </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	
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(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>	<p>1 <input type="checkbox"/> Yes <i>(Go to 36c)</i></p> <p>2 <input type="checkbox"/> No } <i>(Skip to Section E on page 31)</i></p> <p>9 <input type="checkbox"/> DK }</p>	110																									
<p>c. How many days did you do volunteer work in the past 12 months?</p>	<p>(Days) { 1 <input type="checkbox"/> Per week</p> <p style="margin-left: 20px;">2 <input type="checkbox"/> Per month</p> <p style="margin-left: 20px;">3 <input type="checkbox"/> Per year } <i>(Skip to Section E on page 31)</i></p> <p>9999 <input type="checkbox"/> DK</p>	111-114																									
<p>37. Are you looking for work or on layoff from a job?</p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 38)</i></p> <p>2 <input type="checkbox"/> No } <i>(Skip to 54 on page 25)</i></p> <p>9 <input type="checkbox"/> DK }</p>	115																									
<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>	<p>1 <input type="checkbox"/> Yes <i>(Go to 39)</i></p> <p>2 <input type="checkbox"/> No } <i>(Skip to 48 on page 24)</i></p> <p>9 <input type="checkbox"/> DK }</p>	116																									
<p>39. In what year did you stop working at your last job?</p>	<p style="text-align: center;">19 _____ Year</p> <p>99 <input type="checkbox"/> DK</p>	117-118																									
<p>40. Does an ongoing health problem, impairment or disability make it difficult for you to look for work?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	119																									
<p>Notes</p>																											

RT 51
3-4

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
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																																																							
<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>(2) Braille, enlarged print, special lighting, or audio tape?</p> <p>(3) A reader, oral or sign language interpreter to assist you at work?</p> <p>(4) A job coach to help train you and supervise your work?</p> <p>(5) A personal assistant to help with job related activities?</p> <p>(6) Special pens or pencils, chairs, or other office supplies?</p> <p>(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?</p> <p>(8) Reduced work hours to allow for more breaks or rest periods?</p> <p>(9) Reduced or part-time work hours?</p> <p>(10) Some other equipment, help, or work arrangements?</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:15%;">Yes</th> <th style="width:15%;">No</th> <th style="width:15%;">DK</th> <th style="width:55%;"></th> </tr> </thead> <tbody> <tr> <td>(1)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">24</td> </tr> <tr> <td>(2)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">25</td> </tr> <tr> <td>(3)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">26</td> </tr> <tr> <td>(4)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">27</td> </tr> <tr> <td>(5)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">28</td> </tr> <tr> <td>(6)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">29</td> </tr> <tr> <td>(7)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">30</td> </tr> <tr> <td>(8)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">31</td> </tr> <tr> <td>(9)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">32</td> </tr> <tr> <td>(10)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">33</td> </tr> </tbody> </table>		Yes	No	DK		(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24	(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25	(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26	(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27	(5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28	(6)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29	(7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30	(8)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31	(9)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32	(10)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33	
	Yes	No	DK																																																						
(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24																																																					
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(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26																																																					
(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27																																																					
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(9)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32																																																					
(10)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33																																																					
<p>ITEM D1</p>	<p>Refer to question 39 on page 22. (Year last worked)</p>	<p>1 <input type="checkbox"/> 1989 or after (Go to 44) 2 <input type="checkbox"/> Before 1989 (Skip to 46) 9 <input type="checkbox"/> DK (Go to 44)</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>a. Refused employment?</p> <p>b. Refused a promotion?</p> <p>c. Refused a transfer?</p> <p>d. Refused access to training programs?</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:15%;">Yes</th> <th style="width:15%;">No</th> <th style="width:15%;">DK</th> <th style="width:55%;"></th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">36</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 style="text-align: right;">37</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 style="text-align: right;">38</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 style="text-align: right;">39</td> </tr> </tbody> </table>		Yes	No	DK		a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	36	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	37	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	38	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	39																															
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d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	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) _____</p> <p>9999 <input type="checkbox"/> DK</p>	<p>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>	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		
ITEM D2	Refer to question 48 on page 24. (Year last worked)	<div style="text-align: right;">48</div> <input type="checkbox"/> 1989 or after (Go to 50) <input type="checkbox"/> Before 1989 (Skip to 52) <input type="checkbox"/> DK (Go to 50)
50. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment or disability?		<div style="text-align: right;">49</div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> DK
51. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —		<div style="text-align: center;">Yes No DK</div>
a. Refused employment?	a. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	50
b. Refused a promotion?	b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	51
c. Refused a transfer?	c. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	52
d. Refused access to training programs?	d. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	53
52. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?		<div style="text-align: right;">54</div> <input type="checkbox"/> Yes (Go to 53) <input type="checkbox"/> No } (Skip to Section E on page 31) <input type="checkbox"/> DK }
53. How many days did you do volunteer work in the past 12 months?		<div style="text-align: right;">55-58</div> (Days) { <input type="checkbox"/> Per week <input type="checkbox"/> Per month <input type="checkbox"/> Per year } (Skip to Section E on page 31) 9999 <input type="checkbox"/> DK
54a. Have you retired on disability?		<div style="text-align: right;">59</div> <input type="checkbox"/> Yes (Go to 54b) <input type="checkbox"/> No } (Skip to 57) <input type="checkbox"/> DK }
b. How old were you when you retired on disability?		<div style="text-align: right;">60-61</div> _____ Age 99 <input type="checkbox"/> DK
c. If enough accommodations were made at the work place or in transportation, would you have been able to continue working?		<div style="text-align: right;">62</div> <input type="checkbox"/> Yes } (Go to 55) <input type="checkbox"/> No } <input type="checkbox"/> DK }
55. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?		<div style="text-align: right;">63</div> <input type="checkbox"/> Yes (Go to 56) <input type="checkbox"/> No } (Skip to Section E on page 31) <input type="checkbox"/> DK }
56. How many days did you do volunteer work in the past 12 months?		<div style="text-align: right;">64-67</div> (Days) { <input type="checkbox"/> Per week <input type="checkbox"/> Per month <input type="checkbox"/> Per year } (Skip to Section E on page 31) 9999 <input type="checkbox"/> DK
57a. Have you retired from a job or business?		<div style="text-align: right;">68</div> <input type="checkbox"/> Yes (Go to 57b) <input type="checkbox"/> No } (Skip to 61 on page 26) <input type="checkbox"/> DK }
b. How old were you when you retired the last time?		<div style="text-align: right;">69-70</div> _____ Age 99 <input type="checkbox"/> DK
58. Did you retire because of an ongoing health problem, impairment, or disability?		<div style="text-align: right;">71</div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
59. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?		<div style="text-align: right;">72</div> <input type="checkbox"/> Yes (Go to 60 on page 26) <input type="checkbox"/> No } (Skip to Section E on page 31) <input type="checkbox"/> DK }

Section D – WORK HISTORY/EMPLOYMENT – Continued																																																															
60. How many days did you do volunteer work in the past 12 months?		_____ { <input type="checkbox"/> Per week (Days) { <input type="checkbox"/> Per month { <input type="checkbox"/> Per year } (Skip to Section E on page 31) 9999 <input type="checkbox"/> DK	73-76																																																												
61. Does an ongoing health problem, impairment, or disability ENTIRELY prevent you from working?		<input type="checkbox"/> Yes (Go to 62) <input type="checkbox"/> No } (Skip to 73 on page 27) <input type="checkbox"/> DK	77																																																												
62. If enough accommodations were made in transportation and at the work place, would you be able to work?		<input type="checkbox"/> Yes (Go to 63) <input type="checkbox"/> No } (Skip to 71 on page 27) <input type="checkbox"/> DK	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?		<input type="checkbox"/> Yes <input type="checkbox"/> No <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="width: 40%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">DK</td> <td style="width: 10%;"></td> </tr> <tr> <td style="padding: 5px;">a. You would lose your SSI, SSDI, or other sources of income if you went to work?</td> <td style="padding: 5px;">a. <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="text-align: right; padding: 5px;">82</td> </tr> <tr> <td style="padding: 5px;">b. You would lose your housing if you went to work?</td> <td style="padding: 5px;">b. <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="text-align: right; padding: 5px;">83</td> </tr> <tr> <td style="padding: 5px;">c. You would lose your health insurance or Medicaid coverage if you went to work?</td> <td style="padding: 5px;">c. <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="text-align: right; padding: 5px;">84</td> </tr> <tr> <td style="padding: 5px;">d. Your family or friends discouraged you from going to work?</td> <td style="padding: 5px;">d. <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="text-align: right; padding: 5px;">85</td> </tr> <tr> <td style="padding: 5px;">e. Family responsibilities prevented you from going to work?</td> <td style="padding: 5px;">e. <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="text-align: right; padding: 5px;">86</td> </tr> <tr> <td style="padding: 5px;">f. Appropriate information about jobs was not available to you?</td> <td style="padding: 5px;">f. <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="text-align: right; padding: 5px;">87</td> </tr> <tr> <td style="padding: 5px;">g. If you went to work you would be refused a promotion or transfer?</td> <td style="padding: 5px;">g. <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="text-align: right; padding: 5px;">88</td> </tr> <tr> <td style="padding: 5px;">h. If you went to work, you would be refused access to training?</td> <td style="padding: 5px;">h. <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="text-align: right; padding: 5px;">89</td> </tr> <tr> <td style="padding: 5px;">i. Your training was not adequate?</td> <td style="padding: 5px;">i. <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="text-align: right; padding: 5px;">90</td> </tr> <tr> <td style="padding: 5px;">j. You lacked transportation that you were able to get to and use?</td> <td style="padding: 5px;">j. <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="text-align: right; padding: 5px;">91</td> </tr> <tr> <td style="padding: 5px;">k. 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Family responsibilities prevented you from going to work?	e. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86	f. Appropriate information about jobs was not available to you?	f. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	87	g. If you went to work you would be refused a promotion or transfer?	g. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88	h. If you went to work, you would be refused access to training?	h. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	89	i. Your training was not adequate?	i. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	90	j. You lacked transportation that you were able to get to and use?	j. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	91	k. There were no appropriate jobs available?	k. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	92	
	Yes	No	DK																																																												
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f. Appropriate information about jobs was not available to you?	f. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	87																																																											
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h. If you went to work, you would be refused access to training?	h. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	89																																																											
i. Your training was not adequate?	i. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	90																																																											
j. You lacked transportation that you were able to get to and use?	j. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	91																																																											
k. There were no appropriate jobs available?	k. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	92																																																											
66. Do you think you will look for work at any time in the next six months?		<input type="checkbox"/> Yes <input type="checkbox"/> No <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="width: 40%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">DK</td> <td style="width: 10%;"></td> </tr> <tr> <td style="padding: 5px;">a. Handrails or ramps?</td> <td style="padding: 5px;">a. <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="text-align: right; padding: 5px;">94</td> </tr> <tr> <td style="padding: 5px;">b. Accessible parking or an accessible transportation stop close to the building?</td> <td style="padding: 5px;">b. <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="text-align: right; padding: 5px;">95</td> </tr> <tr> <td style="padding: 5px;">c. An elevator?</td> <td style="padding: 5px;">c. <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="text-align: right; padding: 5px;">96</td> </tr> <tr> <td style="padding: 5px;">d. An elevator designed for persons with special needs?</td> <td style="padding: 5px;">d. <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="text-align: right; padding: 5px;">97</td> </tr> <tr> <td style="padding: 5px;">e. A work station specially adapted for your use?</td> <td style="padding: 5px;">e. <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="text-align: right; padding: 5px;">98</td> </tr> <tr> <td style="padding: 5px;">f. A restroom designed for persons with special needs?</td> <td style="padding: 5px;">f. <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="text-align: right; padding: 5px;">99</td> </tr> <tr> <td style="padding: 5px;">g. An automatic door?</td> <td style="padding: 5px;">g. <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="text-align: right; padding: 5px;">100</td> </tr> </table>		Yes	No	DK		a. Handrails or ramps?	a. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	94	b. Accessible parking or an accessible transportation stop close to the building?	b. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	95	c. An elevator?	c. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	96	d. An elevator designed for persons with special needs?	d. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	97	e. A work station specially adapted for your use?	e. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98	f. A restroom designed for persons with special needs?	f. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99	g. An automatic door?	g. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100																					
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Section D – WORK HISTORY/EMPLOYMENT – Continued		RT 52			
		3-4			
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?	1 <input type="checkbox"/> Yes (Go to 68b) 2 <input type="checkbox"/> No } (Skip to Item D3) 9 <input type="checkbox"/> DK }	5			

b. In order to work, would you NEED —					
(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?	Yes No DK (1) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	6			
(2) Braille, enlarged print, special lighting, or audio tape?	(2) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	7			
(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"/>	8			
(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"/>	9			
(5) A personal assistant to help with job related activities?	(5) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	10			
(6) Special pens or pencils, chairs, or other office supplies?	(6) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	11			
(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"/>	12			
(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"/>	13			
(9) Reduced or part-time work hours?	(9) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	14			
(10) Some other equipment, help, or work arrangements?	(10) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	15			

ITEM D3	Refer to question 63 on page 26. (Year last worked)	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)			

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?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not sure 9 <input type="checkbox"/> DK	17			

70. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —	Yes No DK				
a. Refused employment?	a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	18			
b. Refused a promotion?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	19			
c. Refused a transfer?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	20			
d. Refused access to training programs?	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	21			

71. 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 72) 2 <input type="checkbox"/> No } (Skip to Section E on page 31) 9 <input type="checkbox"/> DK }	22			

72. How many days did you do volunteer work in the past 12 months?	_____ (Days) { <table style="display: inline-table; vertical-align: middle;"> <tr><td>1 <input type="checkbox"/> Per week</td></tr> <tr><td>2 <input type="checkbox"/> Per month</td></tr> <tr><td>3 <input type="checkbox"/> Per year</td></tr> </table> } (Skip to Section E on page 31) 9999 <input type="checkbox"/> DK	1 <input type="checkbox"/> Per week	2 <input type="checkbox"/> Per month	3 <input type="checkbox"/> Per year	23-26
1 <input type="checkbox"/> Per week					
2 <input type="checkbox"/> Per month					
3 <input type="checkbox"/> Per year					

73. 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 74) 2 <input type="checkbox"/> No } (Skip to 85 on page 29) 9 <input type="checkbox"/> DK }	27			

74. 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 75 on page 28) 2 <input type="checkbox"/> No } (Skip to 83 on page 29) 9 <input type="checkbox"/> DK }	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																																																													
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																																																													
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 —	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 15%;">Yes</th> <th style="width: 15%;">No</th> <th style="width: 15%;">DK</th> <th style="width: 55%;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">a. You would lose your SSI, SSDI, or other sources of income if you went to work?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="padding: 2px;">a.</td> </tr> <tr> <td style="padding: 2px;">b. You would lose your housing if you went to work?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="padding: 2px;">b.</td> </tr> <tr> <td style="padding: 2px;">c. You would lose your health insurance or Medicaid coverage if you went to work?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="padding: 2px;">c.</td> </tr> <tr> <td style="padding: 2px;">d. Your family or friends discouraged you from going to work?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="padding: 2px;">d.</td> </tr> <tr> <td style="padding: 2px;">e. 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If you went to work, you would be refused access to training?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="padding: 2px;">h.</td> </tr> <tr> <td style="padding: 2px;">i. Your training was not adequate?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="padding: 2px;">i.</td> </tr> <tr> <td style="padding: 2px;">j. You lacked transportation that you were able to get to and use?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="padding: 2px;">j.</td> </tr> <tr> <td style="padding: 2px;">k. There were no appropriate jobs available?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="padding: 2px;">k.</td> </tr> </tbody> </table>		Yes	No	DK		a. You would lose your SSI, SSDI, or other sources of income if you went to work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	a.	b. You would lose your housing if you went to work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	b.	c. You would lose your health insurance or Medicaid coverage if you went to work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	c.	d. Your family or friends discouraged you from going to work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	d.	e. Family responsibilities prevented you from going to work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	e.	f. Appropriate information about jobs was not available to you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	f.	g. If you went to work you would be refused a promotion or transfer?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	g.	h. If you went to work, you would be refused access to training?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	h.	i. Your training was not adequate?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	i.	j. You lacked transportation that you were able to get to and use?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	j.	k. There were no appropriate jobs available?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	k.			
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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																																																													
79. In order to work, would you NEED any of these special features at your worksite —	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 15%;">Yes</th> <th style="width: 15%;">No</th> <th style="width: 15%;">DK</th> <th style="width: 55%;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">a. Handrails or ramps?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="padding: 2px;">a.</td> </tr> <tr> <td style="padding: 2px;">b. Accessible parking or an accessible transportation stop close to the building?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="padding: 2px;">b.</td> </tr> <tr> <td style="padding: 2px;">c. An elevator?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="padding: 2px;">c.</td> </tr> <tr> <td style="padding: 2px;">d. An elevator designed for persons with special needs?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="padding: 2px;">d.</td> </tr> <tr> <td style="padding: 2px;">e. A work station specially adapted for your use?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="padding: 2px;">e.</td> </tr> <tr> <td style="padding: 2px;">f. A restroom designed for persons with special needs?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="padding: 2px;">f.</td> </tr> <tr> <td style="padding: 2px;">g. An automatic door?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="padding: 2px;">g.</td> </tr> </tbody> </table>		Yes	No	DK		a. Handrails or ramps?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	a.	b. Accessible parking or an accessible transportation stop close to the building?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	b.	c. An elevator?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	c.	d. An elevator designed for persons with special needs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	d.	e. A work station specially adapted for your use?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	e.	f. A restroom designed for persons with special needs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	f.	g. An automatic door?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	g.																							
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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 style="text-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
<p>ITEM D4</p>	<p>Refer to question 75 on page 28. (Year last worked)</p>	62
<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
<p>82. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —</p>	<p style="text-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
<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
<p>85. Because of an ongoing health problem, impairment or disability have you EVER changed —</p>	<p style="text-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 D - WORK HISTORY/EMPLOYMENT - Continued																										
86. In what year did you last work at a job or business, even for a few days?	<div style="text-align: right;">76-77</div> <p>19 ____ Year</p> <p>⁹⁹ <input type="checkbox"/> DK</p>																									
ITEM D5 <i>Refer to question 86.</i> <i>(Year last worked)</i>	<div style="text-align: right;">78</div> <p>1 <input type="checkbox"/> 1989 or after (<i>Go to 87</i>)</p> <p>2 <input type="checkbox"/> Before 1989 (<i>Skip to 91</i>)</p> <p>9 <input type="checkbox"/> DK (<i>Go to 87</i>)</p>																									
87. Does an ongoing health problem, impairment or disability now make it difficult for you to look for work?	<div style="text-align: right;">79</div> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>																									
88. Do you think you will look for work at any time in the next six months?	<div style="text-align: right;">80</div> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>																									
89. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment or disability?	<div style="text-align: right;">81</div> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Not sure</p> <p>9 <input type="checkbox"/> DK</p>																									
90. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —	<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;">Yes</th> <th style="width: 15%; text-align: center;">No</th> <th style="width: 15%; text-align: center;">DK</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>a. Refused employment?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">82</td> </tr> <tr> <td>b. Refused a promotion?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">83</td> </tr> <tr> <td>c. Refused a transfer?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">84</td> </tr> <tr> <td>d. Refused access to training programs?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">85</td> </tr> </tbody> </table>		Yes	No	DK		a. Refused employment?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	82	b. Refused a promotion?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	83	c. Refused a transfer?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	84	d. Refused access to training programs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	85
	Yes	No	DK																							
a. Refused employment?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	82																						
b. Refused a promotion?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	83																						
c. Refused a transfer?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	84																						
d. Refused access to training programs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	85																						
91. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work, such as teaching or coaching, office work, or providing care?	<div style="text-align: right;">86</div> <p>1 <input type="checkbox"/> Yes (<i>Go to 92</i>)</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK } (<i>Skip to Section E on page 31</i>)</p>																									
92. How many days did you do volunteer work in the past 12 months?	<div style="text-align: right;">87-90</div> <p>____</p> <p>(Days) { 1 <input type="checkbox"/> Per week</p> <p style="margin-left: 100px;">2 <input type="checkbox"/> Per month</p> <p style="margin-left: 100px;">3 <input type="checkbox"/> Per year</p> <p>⁹⁹⁹⁹ <input type="checkbox"/> DK</p>																									
Notes																										

RT 53
3-4

Section E – VOCATIONAL REHABILITATION

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

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

Ask for each "Yes" in 1a.

1a. Have you ever received any of these vocational rehabilitation services?

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?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	47
ITEM E2	Refer to SP's age.	1 <input type="checkbox"/> 70+ (Skip to Section F on page 33) 2 <input type="checkbox"/> Under 70 (Go to 5)
HAND CARD A4. Ask all of 5a(1)-(12) before going to 5b.		Ask for each "Yes" in 5a.
5a. Which of the following describe your current job or other activities?		5b. 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) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1) 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> DK
(2) Working with a paid JOB COACH?	(2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2) 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> 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) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(3) 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> DK
(4) AN ENCLAVE; that is, working in a group with disabled persons in a regular business?	(4) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(4) 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> DK
(5) Any other SUPPORTED EMPLOYMENT not listed above?	(5) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(5) 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> DK
(6) A SHELTERED WORKSHOP; that is, working for piece rate wages below minimum wage?	(6) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(6) 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> DK
(7) A WORK ACTIVITY CENTER that teaches independent living and work skills?	(7) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(7) 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> 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) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(8) 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> DK
(9) ATTENDING SCHOOL?	(9) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(9) 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> DK
(10) A FORMAL JOB TRAINING PROGRAM, not yet mentioned?	(10) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(10) 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> DK
(11) VOLUNTEER WORK?	(11) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(11) 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> DK
(12) No STRUCTURED ACTIVITY?	(12) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	

RT 54
3-4

Section F – ASSISTIVE DEVICES AND TECHNOLOGIES

The next questions are about medical devices and implants.

Ask all of 1a–o before going to 2.

Ask for each "Yes" in 1.

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?

- a. A tracheotomy tube?
- b. A respirator?
- c. An ostomy bag?
- d. Catheterization equipment?
- e. A glucose monitor?
- f. Diabetic equipment or supplies?
- g. An inhaler?
- h. A nebulizer?
- i. A hearing aid?
- j. Crutches?
- k. A cane?
- l. A walker?
- m. A wheelchair?
- n. A scooter?
- o. A feeding tube?

Yes	No	DK	
a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	5
b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	7
c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9
d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11
e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13
f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	15
g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	17
h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	19
i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	21
j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23
k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25
l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27
m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29
n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31
o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33

Yes	No	DK	
a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	6
b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8
c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	10
d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12
e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14
f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	16
g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	18
h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	20
i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	22
j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24
k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26
l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28
m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30
n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32
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?**
- a. Any shunt that drains away fluid?
 - b. An artificial joint?
 - c. Implanted lens?
 - d. Implanted pin, screw, nail, wire, rod, or plate?
 - e. An artificial heart valve?
 - f. A pacemaker?
 - g. Silicone implant?
 - h. Infusion pump?
 - i. Implanted catheter?
 - j. An organ implant?
 - k. A cochlear (kōk' lē-ər) implant?

Yes	No	DK	
a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41
b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	42
c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	43
d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	44
e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	45
f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	46
g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	47
h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	48
i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	49
j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	50
k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	51

Notes