

1994 NATIONAL HEALTH INTERVIEW SURVEY
Disability Followback Survey: Adult
Public Use data file

Background Information on the Disability Supplement to the NHIS, 1994-1995

In the United States there are an estimated 35-43 million people with physical and mental disabilities. The Americans with Disabilities Act (ADA), which was signed into law in July, 1990, is one of the catalysts prompting legal and policy reforms in the area of disability. However, policy-relevant data on disability needed to understand its many aspects and impacts is either very limited or nonexistent, particularly on a national level.

In an effort to meet some of these data needs, four federal offices (Office of the Assistant Secretary for Planning and Evaluation, Health and Human Services; Office of Supplemental Security Income, Social Security Administration (SSA); Office of Disability, SSA; Bureau of Maternal and Child Health, Health Resources Administration) planned several national surveys about various aspects of disability in the early 1990's.

Since many of their interests overlapped, these agencies decided to merge their efforts into developing one survey to be included with the National Health Interview Survey (NHIS) for two consecutive years. As plans for this survey evolved, other organizations with an interest in disability participated including:

Office of the Assistant Secretary for Health, DHHS
Administration on Developmental Disabilities, DHHS
Administration on Aging, DHHS
Disability Prevention Program, CDC
National Center for Medical Rehabilitation Research, NICHD
Center for Mental Health Services, SAMHSA
Rehabilitation Services Administration, Dept. of Education
National Institute for Disability and Rehabilitation Research,
Dept. of Education
Office of Research and Demonstrations, Health Care Financing
Administration
Office of Research and Statistics, SSA
Bureau of Transportation Statistics, DoT
Robert Wood Johnson Foundation

Survey Goals and Objectives

One important goal of the NHIS Disability Survey (NHIS-D) was to develop a series of questionnaires that would provide a useful set of measures while maintaining a balance between the social, administrative, and medical considerations involved in disability measurement. The NHIS-D was not limited to one definition of disability; therefore, it allows analysts from varying programs to combine data items in different ways to meet specific agency or program needs. It is designed to collect data that can be used to understand disability, to develop public health policy, to produce simple prevalence estimates of selected health conditions, and to provide descriptive baseline statistics on the effects of disabilities. The second phase questionnaires provide greater detail on the use of services, problems, and barriers encountered by the respondents.

Questionnaire Development and Data Collection Methods

Given such broad objectives for the NHIS-D, it was apparent very early in the planning process that it would be impossible to collect all of the data needed about disability in one interview. Thus, it was decided to use a two phase data collection plan with a series of disability questionnaires.

Development of these questionnaires involved extensive input from federal agencies as well as consultants from the research community. Drafts of the questionnaires were reviewed by an outside panel of experts from the academic and private research community. Questionnaires were also tested extensively in the NCHS Questionnaire Design Research Laboratory and in field tests.

NHIS-D Phase I: The Phase I Disability questionnaire was administered at the same time as the NHIS Core, and collected information about all members of the NHIS households. For more information about the NHIS Core, please refer to the two publications cited at the end of this document (1,2). As with the NHIS Core, the NHIS-D Phase I questions were answered by any available adult in the household who was knowledgeable about the health of other household members. The Phase I questionnaire collected basic data on disability and was used as a screening device to determine eligibility for the second phase of the survey. Because of the low frequency of occurrence of disabilities within the non-institutionalized civilian population, Phase I of the NHIS-D was fielded over a two year period from 1994 through 1995. The sample size in 1994 for Phase I, for persons of all ages, was 107,469 persons. The data from Phase I is contained in separate data files for 1994 and for 1995 and is not included in this file.

NHIS-D Phase II: Eligibility for the second phase of the NHIS-D for adults and children (termed the "Disability Followback Survey or DFS") was originally based not only on responses to the Phase I questionnaire, but also on responses to other parts of the NHIS on activity limitation and receipt of disability benefits. The specific inclusion criteria for Phase II for adults are summarized in a table at the end of this document. These sample selection criteria were applied to the unedited data from Phase I. However, because very few adults (26) were eligible for (and completed) Phase II based only on their core data, ultimately only persons completing the Phase I questionnaire were included in the adult DFS data file. Interviewing for the two years of Phase II began in August 1994 and was completed in 1997. This file contains only the data for adults interviewed in 1994 and eligible on the basis of their responses to the Phase I questionnaire. The data for those adults followed up and interviewed on the basis of their 1995 Phase I questionnaire are found in a separate data file.

Altogether, there were 4 DFS questionnaires: one for children, one for adults, one for elderly persons (69 years of age and older) without any indication of disability (also called the Supplement on Aging or SOA), and one for persons with a past history of Polio. As stated above, only the data from the 1994 DFS for adults is included in this file.

Since disabilities increase with age, detailed information on older persons, even those currently not experiencing any type of disability, is needed for planning purposes. The SOA questionnaire included a number of items identical or similar to those on the Adult DFS questionnaire since many of the topics are very relevant to the elderly population. This data is available from NCHS in the 1994 SOA II file.

The Polio Questionnaire collected additional information about the symptoms and impact of the illness at the time of initial diagnosis of polio and at various times after the diagnosis. Information on current health problems was also obtained. Whenever possible, self response by the polio survivor was required for this component.

(The information above was adapted from a paper entitled "The 1994-95 National Health Interview Survey on Disability" written by Gloria Simpson, David Keer, and Marcie Cynamon of the National Center for Health Statistics)

PHASE II ADULT (or DFS) QUESTIONNAIRE

For adults, the DFS questionnaire obtained more extensive information about the persons with disabilities on issues such as employment, use of services and benefits, transportation and personal assistance needs, housing characteristics, environmental barriers, and participation in social activities. The respondent for the Adult DFS questionnaire was the individual identified from the Phase I interview whenever possible.

SECTIONS OF THE ADULT DFS QUESTIONNAIRE

Section A: Housing and Long-term Care Services

Some persons with health problems need to live in special facilities while others are able to live in adapted or modified homes in the community. This section contains questions about the respondent's physical surroundings, including barriers, modifications, and special features, both necessary and unnecessary. This section also includes questions on the type of dwelling place and services provided by living facilities other than private, non-retirement residences. Other questions address nursing home stays and costs, as well as stays in convalescent, board and care, assisted living or other long-term care home, and facilities for those with a mental illness or mental retardation.

Section B: Transportation

Lack of accessible transportation may be a serious problem for many people with disabilities. This section contains questions on the use of cars and other motor vehicles and any special equipment needed for these vehicles. It also has questions on the use of public transportation and special transportation services, as well as the frequency of travel in the previous week on a variety of forms of local transportation and, in the previous six months on planes, long distance buses, trains, and boats.

Section C: Social Activity

This section contains question on the frequency of various social activities and contacts such as getting together or talking with friends and relatives and going to events outside the home.

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Section D: Work History/Employment

Employment history, accessibility, the need/presence of special aids, and

facilities at work are of special interest to the economic well-being of those persons with disabilities. The skip patterns in this section are extremely complex as a result of the differing work circumstances of the respondents. Because of the complexity, a few respondents have no detailed information in this section, other than whether or not they worked; these persons are identified in location 902. A table indicating the flow pattern or sequence of the questions is included as an appendix to this cover sheet. Section D includes sets of parallel questions (to the extent appropriate) for those who (1) have never worked, (2) are currently working, or (3) have worked in the past, according to their work status group. The layout of this section has been left in the same order as in the original questionnaire which means that the same questions often appear in several places; which set of questions was asked depends on which of 16 "work status" groups the individual belongs to. A table that tracks specific questions, identifies which of the 16 groups were asked that question, and the corresponding field location is also included as an appendix to this cover sheet. When there are relatively minor question changes such as verb tense, the question versions are labelled A and B and listed consecutively in the table.

In addition to asking directly about the level of a person's ability to work, this section contains questions on necessary accommodations, special equipment/features that may be needed in order to work, actual and perceived barriers to working, and perceived discrimination. For those working, the number of hours usually worked per week is obtained, as well as their usual mode of transportation to work. All those who have worked are asked about whether they were restricted in changing their work circumstances by their health problem(s). Those who are no longer working are asked about the circumstances of stopping work and whether they would like to or could return to work, and if so, what accommodations, equipment, etc. they would need. All persons are asked about whether they were involved in volunteer work in the past year.

Section E: Vocational Rehabilitation

This section contains questions on receipt of various types of rehabilitative services, provision by the state rehabilitation agency, and a description of the individual's current employment or other occupational circumstances, such as school, day activity center, job training, etc.

Section F: Assistive Devices and Technologies

This section contains a detailed set of questions about the existence and use of a wide variety of medical devices, supplies, and implants.

Section G: Health Insurance

Health insurance coverage is a particularly important issue for those with chronic conditions and impairments. This set of questions, a condensed version of the usual NHIS health insurance questions, is specific to the time the DFS questions were asked. The answer may vary from the answers given to the insurance questions at the time of NHIS core interview.

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Section H: Assistance with Key Activities

One dimension of measuring ability or disability in individuals is the degree of difficulty in performing "functional" activities such as the ability to walk distances, sit or stand for 2 hours, stoop, reach out, carry loads, etc. in

addition to more standard questions about the ability to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs). This section contains questions on these key activities, how long they have been a problem, and the degree of difficulty. Questions on ADLs and IADLs include whether the individual requires any help, the degree and type of help, needs more help, or has equipment (ADLs only). For those reporting difficulty with an ADL or IADL activity, the general condition(s) causing the problem is obtained. There are also questions about urinary and bowel continence, falls in the previous year, and the presence of bedsores or contractures.

If a person has received help or supervision, there are questions about the helper, the activities they helped with, what the relationship is of the helper (eg. relative, friend, volunteer, employee, etc.), the source of payment if paid helper, the frequency of use, and the degree of satisfaction with the "main" helper. There are also a few questions about staying alone for a short period and the availability of help for longer periods of time. If the respondent indicated a need for more help, there are questions about why the reasons help is not available.

There are also questions about problems that may have occurred because the respondent was home alone and whether a family member had to alter their employment in some fashion because of the respondent's health.

Section I: Other Services

There are a variety of other medically oriented services and problems that may affect all persons, but particularly those with functional impairments and other

disabilities. This section contains questions about medical treatments received

at home, prescription medicines and problems that arise in conjunction with them, sources of medical care, frequency and types of practitioners seen, referrals, and satisfaction with the doctor most frequently seen. In addition, questions are included about a series of non-physician medical services received in the past year, the cost of these services, as well as whether the respondent was on a waiting list for these services. Services included are: physical, occupational, speech, recreational, and respiratory therapists, audiologist, visiting nurse, personal care attendant, reader or interpreter, adult day care, alcohol or drug abuse, center for independent living, social work, and transportation. Included are detailed questions about the nature of services received from a Center for Independent Living and from adult day care activities.

There are questions about admissions to facilities overnight, outpatient services for mental health care, and the associated costs.

And finally, there are questions about coordination of care, including who provides the coordination and what services are coordinated.

Section J: Self Direction

This section contains questions on who gives medical consent for the individual. If 18 to 20 years of age, there are questions about having an Individual Educational Plan or Individual Written Rehabilitation Plan,

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services received through special education including job related education, whether additional services are needed, and satisfaction with services received.

Section K: Family Structure, Relationships, and Living Arrangements

Marital status and social support are generally considered to be related to health status and risk of institutionalized. This section contains questions on current marital status, the length of the current marital status, the number of people living in the household, and their relationship to the respondent. Questions are also asked about the number of living sons, daughters, and the amount of contact there is. If living with persons other than a spouse, the reason for the arrangement (financial or the respondent's health problems) is ascertained. In addition, the vital status of parents, the number of living siblings, and the frequency of contact with non-resident family members is asked.

Sections L (Conditions and Impairments), Section M (Health Opinions and Behaviors), and Section N (Community Services) are sections only asked of those 70 years of age and older in conjunction with the Supplement on Aging (SOA II) and therefore are not included in this data file. They are included in the SOA II file.

Section O only includes confidential information not available on any file.

Section P: Proxy Status

This section identifies anyone who assisted the respondent in replying to this questionnaire or who was a proxy, answering the entire questionnaire on behalf of the respondent, and the relationship of the assistant or the proxy to the respondent.

CONTENT OF THE 1994 NHIS-D PHASE II ADULT DATA FILES

The structure of these file is given below:

| | |
|--|-------------|
| Person record for responding individual | 1 - 200 |
| Weight fields | 201 - 206 |
| Selected other data fields | 391 - 401 |
| Disability phase II Adult variable fields: | 411 - 3396 |
| Housing and long-term care services | 411 - 699 |
| Transportation | 761 - 869 |
| Social activity | 871 - 894 |
| Work history/employment | 901 - 1298 |
| Vocational rehabilitation | 1301 - 1376 |
| Assistive devices and technologies | 1379 - 1426 |
| Health insurance | 1428 - 1440 |
| Assistance with key activities | 1451 - 2257 |
| Other services | 2261 - 3174 |
| Self direction | 3181 - 3265 |
| Family structure, relationships, and living arrangements | 3271 - 3375 |
| Proxy Status: Relationship and Reason | 3381 - 3396 |

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Recodes

There are a limited number of recodes in these files; usually they were added to summarize data in several locations. Generally, the recodes are located close to the variables upon which it was based. When a recode was related to several non-contiguous variables, the recode was placed at the end of the relevant section of the data file.

Response rate

For the 1994 NHIS the Household response rate from core was 94.1%; the response rate for Disability Phase 1 was 92.5%; and the response rate for the DFS-Adult was 91.7%. The overall estimated response rate can be calculated two ways. One method is to multiply all three response rates including the original NHIS core sample and Phase 1 which were administered to all persons, as well as the DFS-Adult which was only administered to a subset of respondents to Phase 1. This method yields a response rate of 79.8%. The second method is based on the responses to Phase 1 which determined the eligibility criteria for DFS-Adult, as well as the respondents to DFS-Adult. This rate was calculated by multiplying the response rate to Phase 1 (92.5) by the response rate to DFS-Adult (91.7) yielding a rate of 84.8%.

Weights

Because the NHIS uses a multistage sample design to represent the civilian non-institutionalized population of the United States, weights must be used to make accurate estimates from the NHIS data. The weighting for the core NHIS in 1994 differs from that of 1995 because of the changes in the sample design in 1995. For the DFS-Adult, a revised set of weights were calculated to adjust for the additional non-response between Disability Phase 1 and DFS-Adult. The re-weighting process was similar to the non-response adjustment for the 1994 NHIS Core data and used the age-sex-race categories. The health data from the Core was examined before re-weighting to look for any evidence of bias due to differences in health status between NHIS-D respondents and non-respondents; no significant differences between the two groups were found. Because of this re-weighting, the corresponding weights on the DFS-Adult, Disability Phase I, and Core data files all differ.

There are two fields related to weighting on the DFS-Adult files:

The Final Annual Basic Weight (location 201-206) will be used in most analyses. This weight should be used with the DFS-Adult data found in locations 411-3418 and with the person level variables in the beginning of the file.

The Final Quarter Basic Weight before age-sex-race adjustment (loc. 172-177) is identical to the weight from the Core NHIS. This weight is required by some software packages for variance estimation for surveys with complex sample designs. The weight was adjusted for non-response twice (Phase 1 and DFS-Adult)

to create the Final Annual Basic Weight mentioned above. If an annualized version of this quarter weight is needed, divide the value in this field by 4.

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As mentioned above, the sample design for the NHIS was changed for 1995. Disability data from 1994 can be combined with the data from 1995, however, variances for the two years must be calculated separately.

There are a number of computer programs that yield variance estimates for data based on complex sample surveys. Some are based on replication approaches and others are based on Taylor linearization approaches. In addition to the Final Quarter Basic Weight before age-sex-race adjustment (which is the weight prior to post-stratification), included on the DFS-Adult file are the full sample stratum identifier (loc. 179-181), the Pseudo PSU codes (loc. 187-189), the type of substratum (loc. 178), the secondary sampling unit- a concatenation of processing quarter, random recode of PSU number, week-Census Code, and segment number (loc. 5-12), type of PSU (loc. 185) to permit the analyst the capability of using such variance estimation procedures. These variables and

weights are necessary for directly calculating sampling variances.

To reduce respondent error, the recall period for questions about some events is limited to two weeks. These events are bed days, work loss and school loss days, and doctor visits. The two week variables are found in locations 98-107 and 120-121. Estimates of the total number of occurrences of these events in the population can be derived as follows:

Number of events x 26 (number of two week periods in a year) x Final Annual Basic Weight

= Total number of events occurring in the population during 1994.

Example: Number of bed days (Location. 100-101) x 26 x Final Annual Basic Weight (Location. 207-212) = total number of bed days reported for the population in 1994.

The recall period for information on hospitalizations is 12 months. However, in calculating the number of discharges (Locations 132-133, 137-138), only discharges occurring in the past six months are counted. Therefore, the weighted estimates must be calculated as follows:

Number of discharges x 2 x Final Annual Basic Weight
= Total number of discharges occurring in the population in 1994

Item non-response

Two different types of item non-response are possible in the data files: responses of "don't know" or "refused" were assigned codes of "9", "99", or "999"; when a question was not answered when it should have been or the answer given was not possible, "Not ascertained" was assigned (a code of "8", "98", or "998").

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Linkable files

In addition to the files mentioned above, the following NHIS data files exist for 1994.

For all the NHIS-DFS adult persons:

- NHIS (Core)
- Disability Phase I
- Access to health care
- Health Insurance
- Imputed Family Income

Guidelines for Citation of Data

With the goal of mutual benefit, the National Center for Health Statistics (NCHS) requests that recipients of data files cooperate in certain actions related to their use. Any published material derived from the data should acknowledge NCHS as the original source.

The suggested citation to appear at the bottom of all tables is as follows:

Source: National Center for Health Statistics (1994).

The suggested citation to appear in a bibliography is as follows:

National Center for Health Statistics (1998). Data File Documentation, National Health Interview Survey of Disability, Phase II, Adult File 1994 (machine readable data file and documentation), National Center for Health Statistics, Hyattsville, Maryland.

The published material should also include a disclaimer that credits any analyses, interpretations, or conclusions reached to the author (recipient of the data file) and not to NCHS, which is responsible only for the initial data. Consumers who wish to publish a technical description of the data should make an effort to insure that the description is not inconsistent with that published by NCHS.

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References

1. Adams PF, Marano MA. Current estimates from the National Health Interview Survey, 1994. National Center for Health Statistics. Vital Health Stat 10(193), 1995.

2. National Center for Health Statistics (1995). Public Use Data Tape Documentation, Part I, Tape Formats, National Health Interview Survey, 1994. National Center for Health Statistics, Hyattsville, MD (Producer). National Technical Information Service, U.S. Department of Commerce, Springfield, VA. 22161 (Distributor).

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1994 NATIONAL HEALTH INTERVIEW SURVEY
DISABILITY PHASE II ADULT PUBLIC USE FILE

Outline of Items and Codes

16,114 Records

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|----------------------------------|--|
| 1-2 | - | 16,114 | RECORD TYPE 67. Adult Record |
| 3-4 | - | 16,114 | PROCESSING YEAR 94. 1994 |
| 5 | - | 3,767 4,241 4,024 4,082 | PROCESSING QUARTER 1. Quarter 1 2. Quarter 2 3. Quarter 3 4. Quarter 4 |

| | | | |
|-----|------|---|----------------------|
| 6-8 | HH-5 | - | RANDOM RECODE OF PSU |
|-----|------|---|----------------------|

| | | | |
|------|------|-------|---------------------|
| 9-10 | HH-5 | | WEEK - CENSUS CODE* |
| | | 980 | 01. Week 01 |
| | | 1,345 | 02. Week 02 |
| | | 1,297 | 03. Week 03 |
| | | 1,216 | 04. Week 04 |
| | | 1,271 | 05. Week 05 |
| | | 1,252 | 06. Week 06 |
| | | 1,281 | 07. Week 07 |
| | | 1,224 | 08. Week 08 |
| | | 1,260 | 09. Week 09 |
| | | 1,266 | 10. Week 10 |
| | | 1,249 | 11. Week 11 |
| | | 1,215 | 12. Week 12 |
| | | 1,258 | 13. Week 13 |

*This code represents the initial week of assignment. The interview may be re-assigned for administrative purposes. See locations 19-20 for the code which reflects the actual week assigned for conducting the interview.

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 11-12 | HH-5 | - | SEGMENT NUMBER Week plus Segment Number identifies the segment |
| 13-14 | HH-5 | - | HOUSEHOLD NUMBER Numbered within PSU-Week-Segment |
| 15-16 | - | - | PERSON NUMBER |
| 17-18 | - | - | BLANK (Record Serial Number on some other record types) |

| | |
|----|--|
| 0 | 09. Unit not permanent in transient hotel, motel, etc. |
| 2 | 10. Unoccupied site for mobile home, trailer, or tent |
| 40 | 11. Student quarters in college dormitory |
| 42 | 12. Other unit not specified above |
| 0 | 13. Other unit; kind unknown |

| | | | |
|----|-------|--------|-------------------------------|
| 24 | HH-11 | | HAS TELEPHONE |
| | | 14,826 | 1. Yes, phone number given |
| | | 374 | 2. Yes, no phone number given |
| | | 807 | 3. No |
| | | 107 | 4. Unknown |

| | | | |
|----|-----|-------|-----------|
| 25 | A-1 | | SEX |
| | | 6,850 | 1. Male |
| | | 9,264 | 2. Female |

| | | | |
|----|---|---|-------|
| 26 | - | - | BLANK |
|----|---|---|-------|

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|---------------|-----------|------------------------|
| 27-28 | Person Column | | AGE |
| | | 0 | 00. Under 1 year |
| | | 16,107 | 01-98. Number of years |
| | | 7 | 99. 99+ years of age |

| | | | |
|----|--------|-------|----------------------|
| 29 | Recode | | AGE RECODE #1 |
| | | 0 | 1. Under 5 years |
| | | 0 | 2. 5-17 years |
| | | 831 | 3. 18-24 years |
| | | 4,308 | 4. 25-44 years |
| | | 4,796 | 5. 45-64 years |
| | | 1,419 | 6. 65-69 years |
| | | 1,647 | 7. 70-74 years |
| | | 3,113 | 8. 75 years and over |

| | | | |
|----|--------|-------|----------------------|
| 30 | Recode | | AGE RECODE #2 |
| | | 0 | 1. Under 6 years |
| | | 0 | 2. 6-16 years |
| | | 831 | 3. 17-24 years |
| | | 1,809 | 4. 25-34 years |
| | | 2,499 | 5. 35-44 years |
| | | 2,392 | 6. 45-54 years |
| | | 2,404 | 7. 55-64 years |
| | | 3,066 | 8. 65-74 years |
| | | 3,113 | 9. 75 years and over |

| | | | |
|-------|--------|--------|------------------|
| 31-32 | Recode | | AGE RECODE #3 |
| | | 0 | 00-35. Months |
| | | 16,114 | 36. Over 3 years |

| | | | |
|----|---|---|-------|
| 33 | - | - | BLANK |
|----|---|---|-------|

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 34-39 | A-3 | | MONTH AND YEAR OF BIRTH |
| 34-35 | | - | Month |
| | | | 01. January 08. August |
| | | | 02. February 09. September |
| | | | 03. March 10. October |
| | | | 04. April 11. November |
| | | | 05. May 12. December |
| | | | 06. June 99. Unknown |
| | | | 07. July |
| 36-39 | | | Year of Birth |
| | | 42 | 1800-1899. 1800-1899 |
| | | 16,072 | 1900-1994. 1900-1994 |
| | | 0 | 9999. Unknown |

| | | | |
|----|--------|--|------------------------------|
| 40 | Recode | | HISPANIC ORIGIN IMPUTED FLAG |
|----|--------|--|------------------------------|

| | | |
|--------|----|---|
| 16,053 | 0. | Hispanic Origin Known |
| 61 | 1. | Hispanic Origin Imputed from Reference Person |

| | | | |
|-------|-----|--------|------------------------------------|
| 41-42 | L-4 | | MAIN RACIAL BACKGROUND* |
| | | | (see notation for locations 43-45) |
| | | 13,061 | 01. White |
| | | 2,248 | 02. Black |
| | | 191 | 03. Indian (American) |
| | | 2 | 04. Eskimo |
| | | 1 | 05. Aleut |
| | | 36 | 06. Chinese |
| | | 62 | 07. Filipino |
| | | 3 | 08. Hawaiian |
| | | 19 | 09. Korean |
| | | 26 | 10. Vietnamese |
| | | 51 | 11. Japanese |
| | | 19 | 12. Asian Indian |
| | | 0 | 13. Samoan |
| | | 2 | 14. Guamanian |
| | | 34 | 15. Other API |
| | | 227 | 16. Other race |
| | | 32 | 17. Multiple race |
| | | 100 | 99. Unknown |

*Some categories may be too small to analyze separately and therefore may produce unreliable estimates; in addition, counts may not agree with those produced by the Census Bureau.

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
| 43-45 | Recode | | RACE RECODES |
| 43 | | | Recode 1* |
| | | 13,390 | 1. White |
| | | 2,255 | 2. Black |
| | | 469 | 3. Other |
| 44 | | | Recode 2 |
| | | 13,390 | 1. White |
| | | 2,724 | 2. Non-white |
| 45 | | | Recode 3 |
| | | 2,255 | 1. Black |

Persons whose Main Racial Background (location 41-42) was "other" or "unknown" were classified in the following recodes by using the racial background observed by the interviewer. Use of these recodes is recommended for estimating statistics for the groups shown here.

13,859 2. Non-black

| | | | |
|-------|-----|--------|-------------------------------|
| 46-47 | L-3 | | HISPANIC ORIGIN** |
| | | 5 | 00. Multiple Hispanic |
| | | 189 | 01. Puerto Rican |
| | | 76 | 02. Cuban |
| | | 203 | 03. Mexican-Mexicano |
| | | 335 | 04. Mexican-American |
| | | 14 | 05. Chicano |
| | | 94 | 06. Other Latin American |
| | | 104 | 07. Other Spanish |
| | | 63 | 08. Spanish, DK type |
| | | 80 | 09. Unknown if Spanish origin |
| | | 14,951 | 10. Not Spanish origin |

| | | | |
|----|-----|-------|--------------------------------------|
| 48 | L-7 | | MARITAL STATUS |
| | | 0 | 0. Under 14 years |
| | | 8,683 | 1. Married - spouse in household |
| | | 165 | 2. Married - spouse not in household |
| | | 2,860 | 3. Widowed |
| | | 1,714 | 4. Divorced |
| | | 486 | 5. Separated |
| | | 2,178 | 6. Never married |
| | | 28 | 7. Unknown |

*This recode is used to define race in the Current Estimates tables.

**If unknown, the family reference person code was imputed. A flag indicating imputation is in loc. 40 and the relationship to reference person is in loc. 63.

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---------------------------------------|
| 49 | L-1 | | VETERAN STATUS |
| | | 12,935 | 1. Non-veteran |
| | | 13 | 2. WW I |
| | | 1,200 | 3. WW II |
| | | 491 | 4. Korean War |
| | | 659 | 5. Vietnam veteran |
| | | 187 | 6. Post-Vietnam |
| | | 385 | 7. Other service |
| | | 60 | 8. Served in Armed Forces, unknown if |

war veteran
 184 9. Unknown if served in Armed Forces
 0 Blank. Under 18 years of age

50 L-1 ACTIVE GUARD/RESERVE STATUS FOR PERSONS
 ON ACTIVE DUTY IN ARMED FORCES

| | | |
|--------|--------|--|
| 12,935 | 0. | Non-veteran |
| 151 | 1. | All service in Guard/Reserve |
| 483 | 2. | Some service in Guard/Reserve |
| 5 | 3. | Unknown if all service in Guard/Reserve |
| 2,157 | 4. | No active service in Guard/Reserve |
| 383 | 5. | Unknown if ever active member in Guard/Reserve or served in Armed Forces |
| 0 | Blank. | Under 18 years of age |

51-52 L-2 EDUCATION OF INDIVIDUAL - COMPLETED YEARS

| | | |
|--------|--------|-----------------------------------|
| 191 | 00. | Never attended; kindergarten only |
| 11,010 | 01-12. | Grades 1-12 |
| | | College: |
| 945 | 13. | 1 year |
| 1,255 | 14. | 2 years |
| 443 | 15. | 3 years |
| 1,146 | 16. | 4 years |
| 274 | 17. | 5 years |
| 649 | 18. | 6 years or more |
| 201 | 19. | Unknown |
| 0 | Blank. | Under 5 years of age |

1

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

53 Recode EDUCATION OF INDIVIDUAL RECODE

| | | |
|-------|----|---------------------------------|
| 191 | 0. | None; kindergarten only |
| 2,703 | 1. | 1-8 years (elementary) |
| 2,691 | 2. | 9-11 years (high school) |
| 5,616 | 3. | 12 years (high school graduate) |
| 2,643 | 4. | 1-3 years (college) |
| 1,146 | 5. | 4 years (college graduate) |
| 923 | 6. | 5+ years (post-college) |
| 201 | 7. | Unknown |

0 Blank. Under 5 years of age

| | | | |
|-------|---|---|---------------------------------------|
| 54-55 | - | HIGHEST EDUCATION OF RESPONSIBLE ADULT FAMILY MEMBER (Detail) | |
| | | 59 | 00. Never attended; kindergarten only |
| | | 9,472 | 01-12. Grades 1-12 |
| | | | College: |
| | | 1,103 | 13. 1 year |
| | | 1,625 | 14. 2 years |
| | | 571 | 15. 3 years |
| | | 1,668 | 16. 4 years |
| | | 433 | 17. 5 years |
| | | 1,086 | 18. 6 years or more |
| | | 97 | 19. Unknown |

| | | | |
|----|---|---|------------------------------------|
| 56 | - | HIGHEST EDUCATION OF RESPONSIBLE ADULT FAMILY MEMBER Recode | |
| | | 59 | 0. None; kindergarten only |
| | | 1,599 | 1. 1-8 years (elementary) |
| | | 2,051 | 2. 9-11 years (high school) |
| | | 5,822 | 3. 12 years (high school graduate) |
| | | 3,299 | 4. 1-3 years (college) |
| | | 1,668 | 5. 4 years (college graduate) |
| | | 1,519 | 6. 5+ years (post-college) |
| | | 97 | 7. Unknown |

| | | | |
|----|-----|--------------------------------|-----------------------|
| 57 | L-8 | FAMILY INCOME \$20,000 OR MORE | |
| | | 7,751 | 1. Less than \$20,000 |
| | | 7,935 | 2. \$20,000 or more |
| | | 428 | 3. Unknown |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|-------|-----|---------------|------------------------|
| 58-59 | L-8 | FAMILY INCOME | |
| | | 90 | 00. Less than \$1,000 |
| | | 113 | 01. \$1,000 - \$ 1,999 |
| | | 131 | 02. 2,000 - 2,999 |
| | | 164 | 03. 3,000 - 3,999 |

| | | | |
|----|------------|--------|--|
| 67 | Generated | | SIZE OF FAMILY RECODE |
| | | 16,060 | 1-8. Number of members |
| | | 54 | 9. 9+ members |
| 68 | A-2 | | PARENT/OTHER ADULT RELATIVE (under 25 years old and never married) |
| | | 193 | 1. Both parents, no other relative |
| | | 99 | 2. Mother only |
| | | 12 | 3. Father only |
| | | 57 | 4. Both parents and other 21+ year old adult relative |
| | | 20 | 5. Mother and other 21+ year old adult relative |
| | | 4 | 6. Father and other 21+ year old adult relative |
| | | 18 | 7. No parent, but one 21+ year old adult relative |
| | | 12 | 8. No parent, but two or more 21+ year old adult relatives |
| | | 29 | 9. Unknown |
| | | 146 | 0. Other |
| | | 15,524 | Blank. Not applicable (25+ years old or never married) |
| 69 | B-1 B-8 | | MAJOR ACTIVITY (18+ years old) |
| | | 5,243 | 1. Working |
| | | 4,460 | 2. Keeping house |
| | | 521 | 3. Going to school |
| | | 5,709 | 4. Something else |
| | | 181 | 5. Unknown |
| | | 0 | Blank. Not applicable (Under 18 years) |
| 70 | G-4 | | HEALTH STATUS |
| | | 1,879 | 1. Excellent |
| | | 2,976 | 2. Very Good |
| | | 4,990 | 3. Good |
| | | 3,870 | 4. Fair |
| | | 2,305 | 5. Poor |
| | | 94 | 6. Unknown |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|----|--------|--------|--|
| 71 | Recode | | ACTIVITY LIMITATION STATUS*- (all ages) |
| | | 3,826 | 1. Unable to perform major activity |
| | | 3,336 | 2. Limited in kind/amount major activity |
| | | 2,641 | 3. Limited in other activities |
| | | 6,311 | 4. Not limited (includes unknowns) |
| 72 | Recode | | ACTIVITY LIMITATION STATUS MEASURED BY "ABILITY TO WORK" (18-69 years) |
| | | 3,878 | 1. Unable to work |
| | | 1,976 | 2. Limited in kind/amount of work |
| | | 1,218 | 3. Limited in other activities |
| | | 4,282 | 4. Not limited (includes unknowns) |
| | | 4,760 | Blank. Not applicable (under 18 years, 70+ years) |
| 73 | B-11 | | LIMITATION OF SCHOOL ACTIVITIES (5-17 years) |
| | | 0 | 1. Unable to attend school |
| | | 0 | 2. Attends special school/classes |
| | | 0 | 3. Needs special school/classes |
| | | 0 | 4. Limited in school attendance |
| | | 0 | 5. Limited in other activities |
| | | 0 | 6. Not limited (includes unknowns) |
| | | 16,114 | Blank. Not applicable (under 5 years or 18+ years) |
| 74 | B-14 | | NEEDS HELP WITH PERSONAL CARE (5-59 years old and limited, or age 60-69 years) |
| | | 466 | 1. Unable to perform personal care needs |
| | | 1,269 | 2. Limited in performing other routine needs |
| | | 6,008 | 3. Not limited in performing personal or routine needs |
| | | 39 | 4. Unknown |
| | | 8,332 | Blank. Not applicable (under 5 years; 5-59 years not limited; 70+ years old) |

*This location is used to define limitation of activity in Current Estimates.
1 -13-

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 75 | D-1 | | EMPLOYMENT STATUS IN PAST 2 WEEKS (18+ years) |
| | | | In the Labor Force: (1-7) |
| | | | Currently employed: (1-3) |
| | | 5,262 | 1. Worked in past 2 weeks |
| | | 264 | 2. Did not work, has job; not on lay-off and not looking for work |
| | | 7 | 3. Did not work, has job; looking for work |
| | | | Unemployed: (4-7) |
| | | 21 | 4. Did not work, has job; on lay-off |
| | | 2 | 5. Did not work, has job; on lay-off and looking for work |
| | | 48 | 6. Did not work, has job; unknown if looking or on lay-off |
| | | 388 | 7. Did not work, has no job; looking for work or on lay-off |
| | | | Not in Labor Force (18+ years):(8) |
| | | 10,122 | 8. Not in Labor Force (18+ years) |
| | | 0 | Blank. Not applicable (Under 18 years old) |
| 76 | L-6 | | CLASS OF WORKER |
| | | 10,122 | 0. Not in labor force |
| | | 4,072 | 1. Private company |
| | | 200 | 2. Federal Government employee |
| | | 300 | 3. State Government employee |
| | | 461 | 4. Local Government employee |
| | | 144 | 5. Incorporated business |
| | | 672 | 6. Self-employed |
| | | 13 | 7. Without pay |
| | | 19 | 8. Never worked |
| | | 111 | 9. Unknown |
| | | 0 | Blank. Under 18 |
| 77-79 | L-6 | | INDUSTRY DETAIL CODE |
| | | 5,992 | 010-998. Code number |
| | | 10,122 | Blank. Not applicable |

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|--|--|
| 80-81 | Recode | - | INDUSTRY RECODE 1 SEE APPENDIX B |
| 82-83 | Recode | - | INDUSTRY RECODE 2 SEE APPENDIX B |
| 84-86 | L-6 | 5,992 10,122 | OCCUPATION DETAIL CODE 001-998. Code number Blank. Not applicable |
| 87-88 | Recode | - | OCCUPATION RECODE 1 SEE APPENDIX C |
| 89-90 | Recode | - | OCCUPATION RECODE 2 SEE APPENDIX C |
| 91 | L-R | 11,967 1,080 2,945 122 | RESPONDENT FOR CORE 1. Self-entirely 2. Self-partly 3. Proxy 4. Unknown |
| 92 | Recode | 2,675 2,609 2,649 2,677 2,847 2,549 | CONDITION LIST ASSIGNED AND ASKED 1. Condition List 1, Skin and musculoskeletal 2. Condition List 2, Impairments 3. Condition List 3, Digestive 4. Condition List 4, Miscellaneous 5. Condition List 5, Circulatory 6. Condition List 6, Respiratory |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 93-94 | G-5 | | HEIGHT WITHOUT SHOES (18+ years) |
| | | 15,994 | 36-98. Number of inches |
| | | 120 | 99. Unknown |
| | | 0 | Blank. Under 18 years of age |
| 95-97 | G-5 | | WEIGHT WITHOUT SHOES (18+ years) |
| | | 15,810 | 050-500. Number of pounds |
| | | 304 | 501. Unknown |
| | | 0 | Blank. Under 18 years of age |
| 98-99 | Recode | | TOTAL RESTRICTED ACTIVITY DAYS IN PAST TWO WEEKS |
| | | 12,112 | 00. None |
| | | 4,002 | 01-14. Days |
| 100-101 | D-4 | | BED DAYS IN PAST TWO WEEKS |
| | | 13,937 | 00. None |
| | | 2,177 | 01-14. Days |
| 102-103 | D-2 | | WORK-LOSS DAYS IN PAST TWO WEEKS (control on Currently Employed, 75:1-3) |
| | | 15,356 | 00. None |
| | | 758 | 01-14. Days |
| 104-105 | D-3 | | SCHOOL-LOSS DAYS IN PAST TWO WEEKS |
| | | 16,114 | 00. None |
| | | 0 | 01-14. Days |

106-107 D-6

OTHER DAYS OF RESTRICTED ACTIVITY
IN PAST TWO WEEKS

13,642 00. None
2,472 01-14. Days

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

| | | | |
|---------|-----|-------|----------------------------|
| 108-110 | G-2 | | BED DAYS IN PAST 12 MONTHS |
| | | 7,079 | 000. None |
| | | 8,784 | 001-365. 1-365 days |
| | | 251 | 366. Unknown |

| | | | |
|-----|--------|-------|----------------------------|
| 111 | Recode | | BED DAYS IN PAST 12 MONTHS |
| | | 7,079 | 0. None |
| | | 4,501 | 1. 1-7 days |
| | | 2,510 | 2. 8-30 days |
| | | 1,325 | 3. 31-180 days |
| | | 448 | 4. 181-365 days |
| | | 251 | 5. Unknown |

| | | | |
|---------|-----|--------|---------------------------------|
| 112-114 | G-3 | | DOCTOR VISITS IN PAST 12 MONTHS |
| | | 1,795 | 000. None |
| | | 14,185 | 001-996. Visits |
| | | 0 | 997. 997+ visits |
| | | 134 | 998. Unknown |

| | | | |
|-----|-----|--------|----------------------------------|
| 115 | G-3 | | INTERVAL SINCE LAST DOCTOR VISIT |
| | | 5 | 0. Never |
| | | 14,401 | 1. Less than 1 year |
| | | 673 | 2. 1 to less than 2 years |
| | | 614 | 3. 2 to less than 5 years |
| | | 255 | 4. 5 years or more |
| | | 166 | 5. Unknown |

| | | | |
|---------|-----------|---|----------------------|
| 116-117 | Generated | - | NUMBER OF CONDITIONS |
|---------|-----------|---|----------------------|

| | | | |
|---------|-----------|---|--|
| 118-119 | Generated | - | NUMBER OF ACUTE INCIDENCE CONDITIONS |
| 120-121 | Generated | - | NUMBER OF TWO-WEEK DOCTOR VISITS |
| 122-123 | Generated | - | NUMBER OF SHORT-STAY HOSPITAL EPISODES IN PAST 12 MONTHS |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| 124-126 | Generated | - | SHORT-STAY HOSPITAL EPISODE DAYS IN PAST 12 MONTHS |
| 127-128 | Generated | - | NUMBER OF SHORT-STAY HOSPITAL EPISODES IN PAST 12 MONTHS EXCLUDING DELIVERY* |
| 129-131 | Generated | - | SHORT-STAY HOSPITAL EPISODE DAYS IN PAST 12 MONTHS EXCLUDING DELIVERY* |
| 132-133 | Generated | - | NUMBER OF SHORT-STAY HOSPITAL DISCHARGES IN PAST 6 MONTHS |
| 134-136 | Generated | - | NUMBER OF DAYS IN SHORT-STAY HOSPITAL IN PAST 12 MONTHS FOR DISCHARGES IN PAST 6 MONTHS |
| 137-138 | Generated | - | NUMBER OF SHORT-STAY HOSPITAL DISCHARGES IN PAST 6 MONTHS EXCLUDING DELIVERY* |
| 139-141 | Generated | - | NUMBER OF DAYS IN SHORT-STAY HOSPITAL IN PAST 12 MONTHS FOR DISCHARGES IN PAST 6 MONTHS EXCLUDING DELIVERY* |

142-143 L-9a - BLANK

144 L-9b YEARS LIVED IN STATE OF PRESENT RESIDENCE

| | |
|--------|--------------------------------------|
| 134 | 1. Less than 1 year |
| 475 | 2. 1 yr., less than 5 years |
| 514 | 3. 5 yrs., less than 10 yrs. |
| 497 | 4. 10 yrs., less than 15 yrs. |
| 12,943 | 5. 15 years or more |
| 259 | 9. Unknown |
| 1,292 | Blank. Not applicable (Foreign born) |

*Based on Operation codes and reason entered hospital.

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

145 L-9c YEARS LIVED IN UNITED STATES

| | |
|--------|-----------------------------------|
| 11 | 1. Less than 1 year |
| 109 | 2. 1 yr., less than 5 years |
| 122 | 3. 5 yrs., less than 10 yrs. |
| 150 | 4. 10 yrs., less than 15 yrs. |
| 885 | 5. 15 years or more |
| 15 | 9. Unknown |
| 14,822 | Blank. Not applicable (U.S. born) |

146-171 - - BLANK

172-177 - - FINAL QUARTER BASIC WEIGHT BEFORE AGE-SEX-RACE ADJUSTMENT (Has one implied decimal)

178 Master Record TYPE OF SUBSTRATUM

| | |
|--------|-------------------------------------|
| 1,660 | 0. Permit |
| 1,614 | 1. Area, oversampled for blacks |
| 12,840 | 2. Area, not oversampled for blacks |

179-181 - - FULL SAMPLE STRATUM IDENTIFIER

182 Master REGION

| | | |
|--------|-------|--------------|
| Record | 2,968 | 1. Northeast |
| | 4,023 | 2. Midwest |
| | 5,609 | 3. South |
| | 3,514 | 4. West |

| | | | |
|-----|---------------|-------|-------------------------|
| 183 | Master Record | | GEOGRAPHIC DISTRIBUTION |
| | | | MSA Size |
| | | 6,058 | 1. 1,000,000 or more |
| | | 4,115 | 2. 250,000 - 999,999 |
| | | 1,057 | 3. 100,000 - 249,999 |
| | | 301 | 4. Under 100,000 |
| | | 4,583 | Blank. Non-MSA |

| | | | |
|-----|---|---|-------|
| 184 | - | - | BLANK |
|-----|---|---|-------|

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|---------------|-----------|-----------------------------------|
| 185 | Master Record | | TYPE OF PSU |
| | | 7,750 | 1. MSA - Self-representing |
| | | 3,781 | 3. MSA - Nonself-representing |
| | | 4 | 4. Non-MSA - Self-representing |
| | | 4,579 | 6. Non-MSA - Nonself-representing |
| 186 | Recode | | MSA - NON-MSA RESIDENCE |
| | | 5,207 | 1. MSA - Central City |
| | | 6,324 | 2. MSA - Not Central City |
| | | 4,402 | 3. Non-MSA - Nonfarm |
| | | 181 | 4. Non-MSA - Farm |
| 187-189 | | - | PSEUDO PSU CODES |
| 190-200 | | - | BLANK |
| 201-206 | - | - | FINAL ANNUAL BASIC WEIGHT |
| 207-390 | - | - | BLANK |
| (391-394) | - | | MONTH AND YEAR OF DFS INTERVIEW |

| | | | |
|---------|--|--------|---------------------------|
| 391-392 | | | DOI Month |
| | | 16,114 | 01-12. Month of Interview |
| | | 0 | 99. Unknown |

| | | | |
|---------|--|--------|--------------------------|
| 393-394 | | | DOI Year |
| | | 16,114 | 94-96. Year of Interview |

| | | | |
|---------|-----------|---|--|
| 395-397 | Generated | - | LENGTH OF TIME BETWEEN INTERVIEWS (DAYS) |
|---------|-----------|---|--|

| | | | |
|---------|---|--------|-----------------------------|
| 398-399 | - | | AGE AT FOLLOWBACK INTERVIEW |
| | | 0 | 00. Under 1 year |
| | | 16,108 | 01-98. Number of years |
| | | 6 | 99. 99+ years of age |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-------------------------------|
| 400 | Recode | | COMPLETION STATUS |
| | | 15,844 | 1. Complete |
| | | 172 | 2. Partial |
| | | 93 | 3. Institutionalized Complete |
| | | 5 | 4. Institutionalized Partial |
| 401 | Recode | | MODE OF INTERVIEW |
| | | 3,593 | 1. Telephone |
| | | 12,373 | 2. Personal Visit |
| | | 148 | 8. Not ascertained |
| 402-410 | - | - | BLANK |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|---------|--------|--------|---|
| 411 | A1 | | INSTITUTIONALIZED STATUS |
| | | 120 | 0. Interviewer considered institutionalized |
| | | 98 | 1. Institutionalized |
| | | 15,893 | 2. Not institutionalized |
| | | 3 | 3. Undefined (Section A not completed; assumed to be non-institutionalized) |
| 412-413 | 1 | | NUMBER OF YEARS LIVED HERE |
| | | 1,914 | 00. Less than 1 year |
| | | 13,748 | 01-96. 1-96 years |
| | | 0 | 97. 97+ years |
| | | 89 | 98. Not ascertained |
| | | 145 | 99. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| 414 | Recode | | NUMBER OF YEARS LIVING HERE |
| | | 1,914 | 0. Less than 1 year |
| | | 3,424 | 1. 1-4 years |
| | | 2,595 | 2. 5-9 years |
| | | 1,519 | 3. 10-14 years |
| | | 1,355 | 4. 15-19 years |
| | | 4,855 | 5. 20+ years |
| | | 234 | 9. Unknown or refused |
| | | 218 | Blank. NA (Institutionalized) |
| 415 | 2a | | NECESSARY TO USE STEPS OR STAIRS TO GET INTO HOME FROM OUTSIDE |
| | | 10,813 | 1. Yes |
| | | 5,033 | 2. No |
| | | 23 | 8. Not ascertained |
| | | 27 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|------------------------|
| 416 | 2b | | HOME HAS MORE THAN ONE |

FLOOR OR LEVEL

| | |
|-------|-------------------------------|
| 7,249 | 1. Yes |
| 8,550 | 2. No |
| 68 | 8. Not ascertained |
| 29 | 9. DK or refused |
| 218 | Blank. NA (Institutionalized) |

417 2c

HOME HAS BATHROOM, BEDROOM,
AND KITCHEN ALL ON THE SAME
LEVEL

| | |
|-------|---|
| 8,550 | 0. Yes, entire home on one floor or level |
| 5,219 | 1. Yes |
| 1,952 | 2. No |
| 71 | 8. Not ascertained |
| 7 | 9. DK or refused |
| 315 | Blank. NA (Institutionalized; No or DK if home has more than 1 floor/level) |

(418-421) 3a-d

BECAUSE OF IMPAIRMENT OR
HEALTH PROBLEM DO YOU HAVE
DIFFICULTY:

418 3a

ENTERING OR LEAVING YOUR HOME

| | |
|--------|-------------------------------|
| 2,010 | 1. Yes |
| 13,837 | 2. No |
| 32 | 8. Not ascertained |
| 17 | 9. DK or refused |
| 218 | Blank. NA (Institutionalized) |

419 3b

OPENING OR CLOSING DOORS IN
YOUR HOME

| | |
|--------|-------------------------------|
| 769 | 1. Yes |
| 15,084 | 2. No |
| 29 | 8. Not ascertained |
| 14 | 9. DK or refused |
| 218 | Blank. NA (Institutionalized) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

(418-421) 3a-d

BECAUSE OF IMPAIRMENT OR

HEALTH PROBLEM DO YOU HAVE
DIFFICULTY: - Continued

| | | | |
|-----|----|--------|--|
| 420 | 3c | | REACHING OR OPENING CABINETS IN YOUR HOME |
| | | 1,695 | 1. Yes |
| | | 14,148 | 2. No |
| | | 33 | 8. Not ascertained |
| | | 20 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |

| | | | |
|-----|----|--------|---------------------------------|
| 421 | 3d | | USING THE BATHROOM IN YOUR HOME |
| | | 782 | 1. Yes |
| | | 15,065 | 2. No |
| | | 35 | 8. Not ascertained |
| | | 14 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |

| | | | |
|-----|----|--------|--|
| 422 | 5a | | NEED WIDENED DOORWAYS OR HALLWAYS TO GET AROUND HOME BUT DO NOT HAVE |
| | | 1,120 | 0. Has feature already |
| | | 140 | 1. Yes |
| | | 13,034 | 2. No |
| | | 1,488 | 8. Not ascertained |
| | | 114 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |

| | | | |
|-----|----|--------|---|
| 423 | 5b | | NEED RAMPS OR STREET LEVEL ENTRANCES TO GET AROUND HOME BUT DO NOT HAVE |
| | | 1,530 | 0. Has feature already |
| | | 332 | 1. Yes |
| | | 12,432 | 2. No |
| | | 1,487 | 8. Not ascertained |
| | | 115 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

| | | | |
|-----|----|--|---|
| 424 | 5c | | NEED RAILINGS TO GET AROUND HOME BUT DO NOT HAVE |
|-----|----|--|---|

| | | |
|--------|--------|------------------------|
| 2,949 | 0. | Has feature already |
| 405 | 1. | Yes |
| 11,017 | 2. | No |
| 1,418 | 8. | Not ascertained |
| 107 | 9. | DK or refused |
| 218 | Blank. | NA (Institutionalized) |

425 5d

NEED AUTOMATIC OR EASY TO
OPEN DOORS TO GET AROUND
HOME BUT DO NOT HAVE

| | | |
|--------|--------|------------------------|
| 940 | 0. | Has feature already |
| 209 | 1. | Yes |
| 13,091 | 2. | No |
| 1,536 | 8. | Not ascertained |
| 120 | 9. | DK or refused |
| 218 | Blank. | NA (Institutionalized) |

426 5e

NEED ACCESSIBLE PARKING
DROP-OFF SITE TO GET AROUND
HOME BUT DO NOT HAVE

| | | |
|--------|--------|------------------------|
| 2,967 | 0. | Has feature already |
| 130 | 1. | Yes |
| 11,228 | 2. | No |
| 1,462 | 8. | Not ascertained |
| 109 | 9. | DK or refused |
| 218 | Blank. | NA (Institutionalized) |

427 5f

NEED BATHROOM MODIFICATIONS TO
GET AROUND HOME BUT DO NOT HAVE

| | | |
|--------|--------|------------------------|
| 1,725 | 0. | Has feature already |
| 467 | 1. | Yes |
| 12,100 | 2. | No |
| 1,486 | 8. | Not ascertained |
| 118 | 9. | DK or refused |
| 218 | Blank. | NA (Institutionalized) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

428 5g

NEED KITCHEN MODIFICATIONS TO
GET AROUND HOME BUT DO NOT HAVE

| | | |
|-----|----|---------------------|
| 281 | 0. | Has feature already |
|-----|----|---------------------|

| | |
|-------|----------------------------|
| 2,632 | 2. No, not refused housing |
| 54 | 8. Not ascertained |
| 45 | 9. DK or refused |

| | | | |
|---------|----|--------|---|
| 433-434 | 7a | | PLACE IS A: |
| | | 12,809 | 01. Single family house or townhouse not part of a retirement community |
| | | 390 | 02. Single family house, townhouse, or apartment that is part of a retirement community |
| | | 2,286 | 03. Regular apartment |
| | | 49 | 04. Supervised apartment |
| | | 8 | 05. Group home |
| | | 3 | 06. Halfway house |
| | | 14 | 07. Personal care or board and care home |
| | | 1 | 08. Developmental center |
| | | 25 | 09. Some other type of supervised group residence or facility |
| | | 28 | 10. Assisted living facility |
| | | 134 | 11. Nursing or convalescent home |
| | | 89 | 12. Retirement home |
| | | 15 | 13. Center for independent living |
| | | 191 | 14. Something else |
| | | 35 | 15. Institutionalized; unspecified type of Facility |
| | | 12 | 98. Not ascertained |
| | | 25 | 99. DK or refused |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 435 | 7b | | PLACE PRIMARILY OR EXCLUSIVELY SERVE PEOPLE WHO ARE ELDERLY |
| | | 390 | 0. Yes, single family house, townhouse, or apartment that is part of retirement community |
| | | 314 | 1. Yes |
| | | 256 | 2. No |
| | | 49 | 8. Not ascertained |
| | | 10 | 9. DK or refused |
| | | 15,095 | Blank. NA (Single family residence |

or regular apartment, not part
of retirement community)

| | | | |
|-----|----|--------|---|
| 436 | 7c | | PLACE PRIMARILY OR EXCLUSIVELY SERVE PERSONS WITH A DISABILITY |
| | | 21 | 1. Yes |
| | | 230 | 2. No |
| | | 50 | 8. Not ascertained |
| | | 14 | 9. DK or refused |
| | | 15,799 | Blank. NA (Single family residence or regular apartment, not part of retirement community; place primarily serves elderly persons) |

| | | | |
|-----------|---------|--------|---|
| (437-439) | 7d(1-3) | | WHICH DISABILITY |
| 437 | 7d(1) | | HEARING IMPAIRMENTS |
| | | 5 | 1. Mentioned |
| | | 16 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,093 | Blank. NA (Single family residence or regular apartment, may be part of retirement community; place primarily serves elderly persons; No or DK if place serves disabled persons) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (437-439) | 7d(1-3) | | WHICH DISABILITY - Continued |
| 438 | 7d(2) | | VISION IMPAIRMENTS |
| | | 4 | 1. Mentioned |
| | | 17 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,093 | Blank. NA (Single family residence or regular apartment, not part of retirement community; place primarily serves elderly persons; No or DK if place serves disabled persons) |

| | | | |
|-----|-------|--------|---|
| 439 | 7d(3) | | MENTAL RETARDATION/ DEVELOPMENTAL DISABILITIES |
| | | 21 | 1. Mentioned |
| | | 0 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,093 | Blank. NA (Single family residence or regular apartment, not part of retirement community; place primarily serves elderly persons; No or DK if place serves disabled persons) |

| | | | |
|-----|---|--------|---|
| 440 | 8 | | PLACE ROUTINELY PROVIDE SERVICES SUCH AS MEALS, HOUSEWORK, TRANSPORTATION |
| | | 293 | 1. Yes |
| | | 473 | 2. No |
| | | 19 | 8. Not ascertained |
| | | 16 | 9. DK or refused |
| | | 15,313 | Blank. NA (Single family residence or regular apartment, not part of retirement community; person is institutionalized) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (441-453) | 9 a-m | | PLACE ROUTINELY PROVIDE: |
| 441 | 9a | | GROUP MEALS FOR RESIDENTS |
| | | 204 | 1. Yes |
| | | 85 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 15,821 | Blank. NA (Single family residence or regular apartment, not part of retirement community; person is institutionalized; No or DK if place provides routine services) |
| 442 | 9b | | HOUSEKEEPING OR MAID SERVICES |
| | | 144 | 1. Yes |
| | | 140 | 2. No |

| | | |
|--------|--------|---|
| 1 | 8. | Not ascertained |
| 8 | 9. | DK or refused |
| 15,821 | Blank. | NA (Single family residence or regular apartment, not part of retirement community; person is institutionalized; No or DK if place provides routine services) |

| | | | |
|-----|----|--------|--|
| 443 | 9c | | NURSING OR MEDICAL CARE |
| | | 118 | 1. Yes |
| | | 166 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 8 | 9. DK or refused |
| | | 15,821 | Blank. NA (Single family residence or regular apartment, not part of retirement community; person is institutionalized; No or DK if place provides routine services) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (441-453) | 9 a-m | | PLACE ROUTINELY PROVIDE: - Continued |
| 444 | 9d | | SUPERVISION FOR RESIDENTS WHO GIVE THEMSELVES THEIR OWN MEDICATION |
| | | 103 | 1. Yes |
| | | 163 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 26 | 9. DK or refused |
| | | 15,821 | Blank. NA (Single family residence or regular apartment, not part of retirement community; person is institutionalized; No or DK if place provides routine services) |
| 445 | 9e | | HELP WITH BATHING, EATING, OR DRESSING |
| | | 91 | 1. Yes |
| | | 189 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 11 | 9. DK or refused |
| | | 15,821 | Blank. NA (Single family residence or regular apartment, not part |

of retirement community; person is institutionalized; No or DK if place provides routine services)

| | | | |
|-----|----|--------|--|
| 446 | 9f | | HELP WITH WALKING OR GETTING ABOUT |
| | | 81 | 1. Yes |
| | | 198 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 13 | 9. DK or refused |
| | | 15,821 | Blank. NA (Single family residence or regular apartment, not part of retirement community; person is institutionalized; No or DK if place provides routine services) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (441-453) | 9 a-m | | PLACE ROUTINELY PROVIDE: - Continued |
| 447 | 9g | | HELP WITH SHOPPING |
| | | 138 | 1. Yes |
| | | 144 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 10 | 9. DK or refused |
| | | 15,821 | Blank. NA (Single family residence or regular apartment, not part of retirement community; person is institutionalized; No or DK if place provides routine services) |
| 448 | 9h | | PLANNED SOCIAL ACTIVITIES OR TRIPS |
| | | 230 | 1. Yes |
| | | 57 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 5 | 9. DK or refused |
| | | 15,821 | Blank. NA (Single family residence or regular apartment, not part of retirement community; person is institutionalized; No or DK if place provides routine services) |
| 449 | 9i | | EDUCATIONAL OR TRAINING PROGRAMS |

| | | |
|--------|--------|---|
| 101 | 1. | Yes |
| 171 | 2. | No |
| 3 | 8. | Not ascertained |
| 18 | 9. | DK or refused |
| 15,821 | Blank. | NA (Single family residence or regular apartment, not part of retirement community; person is institutionalized; No or DK if place provides routine services) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (441-453) | 9 a-m | | PLACE ROUTINELY PROVIDE: - Continued |
| 450 | 9j | | HELP WITH LAUNDRY |
| | | 106 | 1. Yes |
| | | 173 | 2. No |
| | | 4 | 8. Not ascertained |
| | | 10 | 9. DK or refused |
| | | 15,821 | Blank. NA (Single family residence or regular apartment, not part of retirement community; person is institutionalized; No or DK if place provides routine services) |
| 451 | 9k | | HELP WITH MONEY MANAGEMENT |
| | | 52 | 1. Yes |
| | | 207 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 33 | 9. DK or refused |
| | | 15,821 | Blank. NA (Single family residence or regular apartment, not part of retirement community; person is institutionalized; No or DK if place provides routine services) |
| 452 | 9l | | TRANSPORTATION |
| | | 203 | 1. Yes |
| | | 84 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 4 | 9. DK or refused |
| | | 15,821 | Blank. NA (Single family residence |

or regular apartment, not part of retirement community; person is institutionalized; No or DK if place provides routine services)

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (441-453) | 9 a-m | | PLACE ROUTINELY PROVIDE: - Continued |
| 453 | 9m | | PROTECTIVE OVERSIGHT |
| | | 144 | 1. Yes |
| | | 125 | 2. No |
| | | 3 | 8. Not ascertained |
| | | 21 | 9. DK or refused |
| | | 15,821 | Blank. NA (Single family residence or regular apartment, not part of retirement community; person is institutionalized; No or DK if place provides routine services) |
| 454 | 10 | | PLANNING A MOVE TO RECEIVE ANY (ADDITIONAL) PERSONAL HELP OR SERVICES |
| | | 197 | 1. Yes |
| | | 15,550 | 2. No |
| | | 70 | 8. Not ascertained |
| | | 79 | 9. DK or refused |
| | | 218 | Blank. NA (Person is institutionalized) |
| 455 | 11a | | EVER RESIDENT OR PATIENT IN A NURSING HOME |
| | | 443 | 1. Yes |
| | | 15,647 | 2. No |
| | | 18 | 8. Not ascertained |
| | | 6 | 9. DK or refused |
| 456-457 | 11b | | NUMBER OF TIMES BEEN A RESIDENT OR PATIENT IN NURSING HOME |
| | | 438 | 01-96. 1-96 times |
| | | 0 | 97. 97+ times |
| | | 2 | 98. Not ascertained |

3 99. DK or refused
 15,671 Blank. NA (No or DK if ever been
 a resident or patient in
 a nursing home)

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (458-461) | 11c | | DATE OF ADMISSION (FIRST TIME) |
| | | 21 | 0001. In past 12 months |
| | | 47 | 0002. Not in past 12 months |
| | | 1 | 9998. Not ascertained |
| | | 6 | 9999. DK or refused |
| 458-459 | | | MONTH |
| | | 22 | 01. January |
| | | 28 | 02. February |
| | | 29 | 03. March |
| | | 27 | 04. April |
| | | 21 | 05. May |
| | | 29 | 06. June |
| | | 37 | 07. July |
| | | 34 | 08. August |
| | | 25 | 09. September |
| | | 27 | 10. October |
| | | 24 | 11. November |
| | | 24 | 12. December |
| | | 38 | 98. Not ascertained |
| | | 10 | 99. DK or refused |
| | | 15,671 | Blank. NA (No or DK if ever been a resident or patient in a nursing home) |
| 460-461 | | | YEAR |
| | | 436 | 00-97. 1900-1997 |
| | | 1 | 98. Not ascertained |
| | | 6 | 99. DK or refused |
| | | 15,671 | Blank. NA (No or DK if ever been a resident or patient in a nursing home) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (462-465) | 11d | | DATE OF DISCHARGE (LAST TIME) |
| | | 133 | 0000. Now in nursing home |
| | | 8 | 0001. In past 12 months |
| | | 42 | 0002. Not in past 12 months |
| | | 1 | 9997. Unknown discharge date but within past year |
| | | 22 | 9998. Unknown discharge date but known not to be in past year |
| 462-463 | | | MONTH |
| | | 17 | 01. January |
| | | 17 | 02. February |
| | | 19 | 03. March |
| | | 17 | 04. April |
| | | 15 | 05. May |
| | | 24 | 06. June |
| | | 16 | 07. July |
| | | 14 | 08. August |
| | | 15 | 09. September |
| | | 20 | 10. October |
| | | 16 | 11. November |
| | | 18 | 12. December |
| | | 29 | 98. Not ascertained |
| | | 23 | 99. DK or refused |
| | | 15,671 | Blank. NA (No or DK if ever been a resident or patient in a nursing home) |
| 464-465 | | | YEAR |
| | | 421 | 00-97. 1900-1997 |
| | | 22 | 98. Not ascertained |
| | | 0 | 99. DK or refused |
| | | 15,671 | Blank. NA (No or DK if ever been a resident or patient in a nursing home) |
| 466 | Recode | | ANY PART OF STAY IN PAST 12 MONTHS |
| | | 228 | 1. Yes |
| | | 205 | 2. No |
| | | 10 | 9. Unknown if in past year |
| | | 15,671 | Blank. NA (No or DK if ever been a patient in a nursing home) |

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| 467-468 | 11e | | LENGTH OF TIME SPENT IN NURSING HOME |
| | | 124 | 00. Less than one month |
| | | 300 | 01-96. 1-96 months |
| | | 0 | 97. 97+ months |
| | | 4 | 98. Not ascertained |
| | | 15 | 99. DK or refused |
| | | 15,671 | Blank. NA (No or DK if ever been a resident or patient in a nursing home) |
| 469-470 | 11f | | NUMBER OF WEEKS SPENT IN A NURSING HOME IN THE PAST 12 MONTHS |
| | | 13 | 00. Less than one week |
| | | 185 | 01-52. 1-52 weeks |
| | | 11 | 98. Not ascertained |
| | | 19 | 99. DK or refused |
| | | 15,886 | Blank. NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home within past 12 months) |
| (471-482) | 12a(1-12) | | WHO PAYS OR PAID FOR THE NURSING HOME STAY(S) IN THE PAST 12 MONTHS |
| 471 | 12a(1) | | SELF OR FAMILY IN HH |
| | | 84 | 1. Mentioned |
| | | 131 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,886 | Blank. NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home within past 12 months) |

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (471-482) | 12a(1-12) | | WHO PAYS OR PAID FOR THE NURSING HOME STAY(S) IN THE PAST 12 MONTHS - Continued |
| 472 | 12a(2) | | FAMILY NOT IN HH |
| | | 3 | 1. Mentioned |
| | | 212 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,886 | Blank. NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home within past 12 months) |
| 473 | 12a(3) | | PRIVATE HEALTH INSURANCE |
| | | 46 | 1. Mentioned |
| | | 169 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,886 | Blank. NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home within past 12 months) |
| 474 | 12a(4) | | MEDICARE |
| | | 141 | 1. Mentioned |
| | | 74 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,886 | Blank. NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home within past 12 months) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|-----------|-----------|--------|---|
| (471-482) | 12a(1-12) | | WHO PAYS OR PAID FOR THE NURSING HOME STAY(S) IN THE PAST 12 MONTHS - Continued |
| 475 | 12a(5) | | MEDICAID |
| | | 63 | 1. Mentioned |
| | | 152 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,886 | Blank. NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home within past 12 months) |

| | | | |
|-----|--------|--------|---|
| 476 | 12a(6) | | REHABILITATION PROGRAM |
| | | 1 | 1. Mentioned |
| | | 214 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,886 | Blank. NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home within past 12 months) |

| | | | |
|-----|--------|--------|---|
| 477 | 12a(7) | | EMPLOYER |
| | | 0 | 1. Mentioned |
| | | 215 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,886 | Blank. NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home within past 12 months) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|---|
| (471-482) | 12a(1-12) | | WHO PAYS OR PAID FOR THE NURSING HOME STAY(S) IN THE PAST 12 MONTHS - Continued |
| 478 | 12a(8) | | SCHOOL SYSTEM |

| | |
|--------|--|
| 0 | 1. Mentioned |
| 215 | 2. Not mentioned |
| 0 | 3. No one/Free |
| 9 | 8. No answer to entire question |
| 4 | 9. DK or refused (entire question) |
| 15,886 | Blank. NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home within past 12 months) |

| | | |
|--------|--|------------|
| 479 | 12a(9) | VA PROGRAM |
| 7 | 1. Mentioned | |
| 208 | 2. Not mentioned | |
| 0 | 3. No one/Free | |
| 9 | 8. No answer to entire question | |
| 4 | 9. DK or refused (entire question) | |
| 15,886 | Blank. NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home within past 12 months) | |

| | | |
|--------|--|----------------|
| 480 | 12a(10) | OTHER MILITARY |
| 0 | 1. Mentioned | |
| 215 | 2. Not mentioned | |
| 0 | 3. No one/Free | |
| 9 | 8. No answer to entire question | |
| 4 | 9. DK or refused (entire question) | |
| 15,886 | Blank. NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home within past 12 months) | |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (471-482) | 12a(1-12) | | WHO PAYS OR PAID FOR THE NURSING HOME STAY(S) IN THE PAST 12 MONTHS - Continued |
| 481 | 12a(11) | | OTHER PRIVATE SOURCE |
| | | 5 | 1. Mentioned |
| | | 210 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |

| | | |
|--------|--------|---|
| 4 | 9. | DK or refused (entire question) |
| 15,886 | Blank. | NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home within past 12 months) |

| | | | |
|-----|---------|--------|--|
| 482 | 12a(12) | | OTHER PUBLIC SOURCE |
| | | 5 | 1. Mentioned |
| | | 210 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,886 | Blank. NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home within past 12 months) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 483-484 | 12b | | WHO PAID THE MOST FOR THIS HELP |
| | | 47 | 01. Self or family in HH |
| | | 0 | 02. Family not in HH |
| | | 9 | 03. Private health insurance |
| | | 96 | 04. Medicare |
| | | 30 | 05. Medicaid |
| | | 0 | 06. Rehabilitation program |
| | | 0 | 07. Employer |
| | | 0 | 08. School system |
| | | 5 | 09. VA program |
| | | 0 | 10. Other military |
| | | 2 | 11. Other private source |
| | | 3 | 12. Other public source |
| | | 23 | 13. Two or more sources given. Unknown which paid most |
| | | 0 | 33. No one/Free |
| | | 9 | 88. No source ascertained |
| | | 4 | 99. DK/refused any source |
| | | 15,886 | Blank. NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home within past 12 months; No one/Free/DK who paid or will pay for nursing home stay past 12 months) |

485-490 12c

AMOUNT PAID IN THE PAST 12 MONTHS

FOR NURSING HOME STAY(S)
 (Self or family in HH paid for stay)

| | | |
|--------|----------------|--|
| 2 | 000000. | None |
| 51 | 000001-999996. | Dollar amount paid |
| 0 | 999997. | 999997+ dollars paid |
| 5 | 999998. | Not ascertained |
| 26 | 999999. | DK or refused |
| 16,030 | Blank. | NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home; No one/Free/DK who paid or will pay for nursing home stay in past 12 months; self or family did not pay) |

491-500

BLANK

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (501-530) | 13-14e | | CONVALESCENT HOME RECORD |
| 501 | 13 | | EVER LIVED IN THIS TYPE OF FACILITY |
| | | 129 | 1. Yes |
| | | 15,918 | 2. No |
| | | 4 | 8. Not ascertained |
| | | 63 | 9. DK or refused |
| (502-505) | 14a | | WHEN DID YOU LEAVE? |
| | | 32 | 0000. Now in |
| | | 3 | 0001. In past 12 months |
| | | 9 | 0002. Not in past 12 months |
| | | 0 | 9998. Unknown discharge date |
| | | 3 | 9999. DK or refused |
| | | 15,985 | Blank. NA (No/DK if ever lived in a facility) |
| 502-503 | | | MONTH |
| | | 6 | 01. January |
| | | 5 | 02. February |
| | | 7 | 03. March |
| | | 5 | 04. April |

| | | |
|--------|--------|---|
| 2 | 05. | May |
| 2 | 06. | June |
| 3 | 07. | July |
| 6 | 08. | August |
| 6 | 09. | September |
| 6 | 10. | October |
| 3 | 11. | November |
| 6 | 12. | December |
| 25 | 98. | Not ascertained |
| 3 | 99. | DK or refused |
| 15,985 | Blank. | NA (No or DK if ever lived in a facility) |

504-505

YEAR

| | | |
|--------|--------|---|
| 120 | 00-97. | 1900-1997 |
| 6 | 98. | Not ascertained |
| 3 | 99. | DK or refused |
| 15,985 | Blank. | NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (501-530) | 13-14e | | CONVALESCENT HOME RECORD - Continued |
| 506 | Recode | | ANY PART OF STAY IN PAST 12 MONTHS |
| | | 59 | 1. Yes |
| | | 62 | 2. No |
| | | 8 | 9. Unknown |
| | | 15,985 | Blank. NA (No known stay at this type of facility) |
| (507-509) | 14b | | HOW LONG DID YOU STAY |
| | | 30 | 000. Less than 1 month |
| 507-508 | | | NUMBER OF UNITS |
| | | 30 | 00. Less than 1 month |
| | | 83 | 01-96. 1-96 months, years |
| | | 0 | 97. 97+ months, years |
| | | 16 | 99. DK/refused or not ascertained |
| | | 15,985 | Blank. NA (No or DK if ever lived in a facility) |

| | | |
|--------|--------|---|
| 30 | 0. | Less than 1 month |
| 72 | 1. | Months |
| 11 | 2. | Years |
| 12 | 8. | Not ascertained |
| 4 | 9. | DK or refused |
| 15,985 | Blank. | NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (501-530) | 13-14e | | CONVALESCENT HOME RECORD - Continued |
| (510-521) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY |
| 510 | 14c(1) | | SELF OR FAMILY IN HH |
| | | 32 | 1. Mentioned |
| | | 87 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,985 | Blank. NA (No or DK if ever lived in a facility) |
| 511 | 14c(2) | | FAMILY NOT IN HH |
| | | 2 | 1. Mentioned |
| | | 117 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,985 | Blank. NA (No or DK if ever lived in a facility) |
| 512 | 14c(3) | | PRIVATE HEALTH INSURANCE |
| | | 35 | 1. Mentioned |
| | | 84 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,985 | Blank. NA (No or DK if ever lived in a facility) |

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (501-530) | 13-14e | | CONVALESCENT HOME RECORD - Continued |
| (510-521) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY - Continued |
| 513 | 14c(4) | | MEDICARE |
| | | 63 | 1. Mentioned |
| | | 56 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,985 | Blank. NA (No or DK if ever lived in a facility) |
| 514 | 14c(5) | | MEDICAID |
| | | 25 | 1. Mentioned |
| | | 94 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,985 | Blank. NA (No or DK if ever lived in a facility) |
| 515 | 14c(6) | | REHABILITATION PROGRAM |
| | | 2 | 1. Mentioned |
| | | 117 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,985 | Blank. NA; (No or DK if ever lived in a facility) |

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (501-530) | 13-14e | | CONVALESCENT HOME RECORD - Continued |
| (510-521) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY - Continued |
| 516 | 14c(7) | | EMPLOYER |
| | | 3 | 1. Mentioned |
| | | 116 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,985 | Blank. NA (No or DK if ever lived in a facility) |
| 517 | 14c(8) | | SCHOOL SYSTEM |
| | | 0 | 1. Mentioned |
| | | 119 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,985 | Blank. NA (No or DK if ever lived in a facility) |
| 518 | 14c(9) | | VA PROGRAM |
| | | 7 | 1. Mentioned |
| | | 112 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,985 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (501-530) | 13-14e | | CONVALESCENT HOME RECORD - Continued |
| (510-521) | 14c(1-12) | | WHO PAID OR WILL PAY FOR |

YOUR STAY - Continued

| | | | |
|-----|---------|--------|--|
| 519 | 14c(10) | | OTHER MILITARY |
| | | 0 | 1. Mentioned |
| | | 119 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,985 | Blank. NA (No or DK if ever lived in a facility) |

| | | | |
|-----|---------|--------|--|
| 520 | 14c(11) | | OTHER PRIVATE SOURCE |
| | | 6 | 1. Mentioned |
| | | 113 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,985 | Blank. NA (No or DK if ever lived in a facility) |

| | | | |
|-----|---------|--------|--|
| 521 | 14c(12) | | OTHER PUBLIC SOURCE |
| | | 4 | 1. Mentioned |
| | | 115 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,985 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (501-530) | 13-14e | | CONVALESCENT HOME RECORD - Continued |
| 522-523 | 14d | | WHO PAID OR WILL PAY FOR MOST OF THE COST FOR YOUR STAY |
| | | 16 | 01. Self or family in household |
| | | 1 | 02. Family not in household |
| | | 17 | 03. Private health insurance |
| | | 46 | 04. Medicare |
| | | 15 | 05. Medicaid |
| | | 2 | 06. Rehabilitation program |

| | | |
|--------|--------|---|
| 2 | 07. | Employer |
| 0 | 08. | School system |
| 6 | 09. | VA program |
| 0 | 10. | Other military |
| 3 | 11. | Other private source |
| 4 | 12. | Other public source |
| 7 | 13. | Two or more sources given; Unknown which paid most |
| 0 | 33. | No one/Free |
| 6 | 88. | No source ascertained |
| 4 | 99. | DK/refused any source |
| 15,985 | Blank. | NA (No or DK if ever lived in a facility; No one/Free/DK who paid or will pay for stay) |

524-529 14e

AMOUNT PAID BY YOU OR YOUR
FAMILY IN THE PAST 12 MONTHS
(Self or family in HH:Q 14c(1)=1)

| | | |
|--------|----------------|--|
| 1 | 000000. | None |
| 5 | 000001-999996. | Dollar amount paid |
| 0 | 999997. | 999997+ dollars paid |
| 3 | 999998. | Not ascertained |
| 5 | 999999. | DK or refused |
| 16,100 | Blank. | NA (No or DK if ever lived in a facility) |

530

BLANK

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

(531-560) 13-14e HOME FOR MENTAL ILLNESS RECORD

531 13 EVER LIVED IN THIS TYPE OF
FACILITY

| | | |
|--------|----|-----------------|
| 315 | 1. | Yes |
| 15,737 | 2. | No |
| 10 | 8. | Not ascertained |
| 52 | 9. | DK or refused |

532-535 14a

WHEN DID YOU LEAVE?

| | | |
|----|-------|-----------------------|
| 6 | 0000. | Now in |
| 6 | 0001. | In past 12 months |
| 49 | 0002. | Not in past 12 months |

| | | |
|--------|--------|--|
| 1 | 9998. | Unknown discharge date |
| 8 | 9999. | DK or refused |
| 15,799 | Blank. | NA (No/DK if ever lived in a facility) |

532-533

MONTH

| | | |
|--------|--------|---|
| 13 | 01. | January |
| 12 | 02. | February |
| 12 | 03. | March |
| 11 | 04. | April |
| 13 | 05. | May |
| 13 | 06. | June |
| 22 | 07. | July |
| 7 | 08. | August |
| 6 | 09. | September |
| 16 | 10. | October |
| 20 | 11. | November |
| 11 | 12. | December |
| 85 | 98. | Not ascertained |
| 13 | 99. | DK or refused |
| 15,799 | Blank. | NA (No or DK if ever lived in a facility) |

534-535

YEAR

| | | |
|--------|--------|---|
| 300 | 00-97. | 1900-1997 |
| 7 | 98. | Not ascertained |
| 8 | 99. | DK or refused |
| 15,799 | Blank. | NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (531-560) | 13-14e | | HOME FOR MENTAL ILLNESS RECORD - Continued |
| 536 | Recode | | ANY PART OF STAY IN PAST 12 MONTHS |
| | | 54 | 1. Yes |
| | | 248 | 2. No |
| | | 13 | 9. Unknown |
| | | 15,799 | Blank. NA (No known stay at this type of facility) |
| (537-539) | 14b | | HOW LONG DID YOU STAY |

| | | | |
|---------|--------|--------|---|
| | 95 | 000. | Less than 1 month |
| 537-538 | | | NUMBER OF UNITS |
| | 95 | 00. | Less than 1 month |
| | 188 | 01-96. | 1-96 months, years |
| | 0 | 97. | 97+ months, years |
| | 32 | 99. | DK/refused or not ascertained |
| | 15,799 | Blank. | NA (No or DK if ever lived in a facility) |

| | | | |
|-----|--------|--------|---|
| 539 | | | TIME UNITS |
| | 95 | 0. | Less than 1 month |
| | 142 | 1. | Months |
| | 46 | 2. | Years |
| | 12 | 8. | Not ascertained |
| | 20 | 9. | DK or refused |
| | 15,799 | Blank. | NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (531-560) | 13-14e | | HOME FOR MENTAL ILLNESS RECORD - Continued |
| (540-551) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY |
| 540 | 14c(1) | | SELF OR FAMILY IN HH |
| | | 68 | 1. Mentioned |
| | | 223 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 7 | 8. No answer to entire question |
| | | 15 | 9. DK or refused (entire question) |
| | | 15,799 | Blank. NA (No or DK if ever lived in a facility) |
| 541 | 14c(2) | | FAMILY NOT IN HH |
| | | 15 | 1. Mentioned |
| | | 276 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 7 | 8. No answer to entire question |
| | | 15 | 9. DK or refused (entire question) |
| | | 15,799 | Blank. NA (No or DK if ever lived in a facility) |

| | | | |
|-----|--------|--------|---|
| 542 | 14c(3) | | PRIVATE HEALTH INSURANCE |
| | | 73 | 1. Mentioned |
| | | 218 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 7 | 8. No answer to entire question |
| | | 15 | 9. DK or refused (entire question) |
| | | 15,799 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (531-560) | 13-14e | | HOME FOR MENTAL ILLNESS RECORD - Continued |
| (540-551) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY - Continued |
| 543 | 14c(4) | | MEDICARE |
| | | 30 | 1. Mentioned |
| | | 261 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 7 | 8. No answer to entire question |
| | | 15 | 9. DK or refused (entire question) |
| | | 15,799 | Blank. NA (No or DK if ever lived in a facility) |
| 544 | 14c(5) | | MEDICAID |
| | | 92 | 1. Mentioned |
| | | 199 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 7 | 8. No answer to entire question |
| | | 15 | 9. DK or refused (entire question) |
| | | 15,799 | Blank. NA (No or DK if ever lived in a facility) |
| 545 | 14c(6) | | REHABILITATION PROGRAM |
| | | 9 | 1. Mentioned |
| | | 282 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 7 | 8. No answer to entire question |
| | | 15 | 9. DK or refused (entire question) |

15,799 Blank. NA; (No or DK if ever
lived in a facility)

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (531-560) | 13-14e | | HOME FOR MENTAL ILLNESS RECORD - Continued |
| (540-551) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY - Continued |
| 546 | 14c(7) | | EMPLOYER |
| | | 1 | 1. Mentioned |
| | | 290 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 7 | 8. No answer to entire question |
| | | 15 | 9. DK or refused (entire question) |
| | | 15,799 | Blank. NA (No or DK if ever lived in a facility) |
| 547 | 14c(8) | | SCHOOL SYSTEM |
| | | 2 | 1. Mentioned |
| | | 289 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 7 | 8. No answer to entire question |
| | | 15 | 9. DK or refused (entire question) |
| | | 15,799 | Blank. NA (No or DK if ever lived in a facility) |
| 548 | 14c(9) | | VA PROGRAM |
| | | 20 | 1. Mentioned |
| | | 271 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 7 | 8. No answer to entire question |
| | | 15 | 9. DK or refused (entire question) |
| | | 15,799 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (531-560) | 13-14e | | HOME FOR MENTAL ILLNESS RECORD - Continued |
| (540-551) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY - Continued |
| 549 | 14c(10) | | OTHER MILITARY |
| | | 3 | 1. Mentioned |
| | | 288 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 7 | 8. No answer to entire question |
| | | 15 | 9. DK or refused (entire question) |
| | | 15,799 | Blank. NA (No or DK if ever lived in a facility) |
| 550 | 14c(11) | | OTHER PRIVATE SOURCE |
| | | 6 | 1. Mentioned |
| | | 285 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 7 | 8. No answer to entire question |
| | | 15 | 9. DK or refused (entire question) |
| | | 15,799 | Blank. NA (No or DK if ever lived in a facility) |
| 551 | 14c(12) | | OTHER PUBLIC SOURCE |
| | | 52 | 1. Mentioned |
| | | 239 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 7 | 8. No answer to entire question |
| | | 15 | 9. DK or refused (entire question) |
| | | 15,799 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (531-560) | 13-14e | | HOME FOR MENTAL ILLNESS RECORD - Continued |

552-553 14d

WHO PAID OR WILL PAY FOR MOST OF THE COST FOR YOUR STAY

| | | |
|--------|--------|---|
| 39 | 01. | Self or family in household |
| 9 | 02. | Family not in household |
| 62 | 03. | Private health insurance |
| 19 | 04. | Medicare |
| 77 | 05. | Medicaid |
| 3 | 06. | Rehabilitation program |
| 1 | 07. | Employer |
| 2 | 08. | School system |
| 18 | 09. | VA program |
| 1 | 10. | Other military |
| 2 | 11. | Other private source |
| 44 | 12. | Other public source |
| 14 | 13. | Two or more sources given; Unknown which paid most |
| 2 | 33. | No one/Free |
| 7 | 88. | No source ascertained |
| 15 | 99. | DK/refused any source |
| 15,799 | Blank. | NA (No or DK if ever lived in a facility; No one/Free/DK who paid or will pay for stay) |

554-559 14e

AMOUNT PAID BY YOU OR YOUR FAMILY IN THE PAST 12 MONTHS (Self or family in HH:Q 14c(1)=1)

| | | |
|--------|----------------|--|
| 4 | 000000. | None |
| 9 | 000001-999996. | Dollar amount paid |
| 0 | 999997. | 999997+ dollars paid |
| 0 | 999998. | Not ascertained |
| 2 | 999999. | DK or refused |
| 16,099 | Blank. | NA (No or DK if ever lived in a facility) |

560

BLANK

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

(561-590) 13-14e BOARD AND CARE HOME RECORD

561 13 EVER LIVED IN THIS TYPE OF FACILITY

77 1. Yes

| | |
|--------|--------------------|
| 15,977 | 2. No |
| 10 | 8. Not ascertained |
| 50 | 9. DK or refused |

| | | | |
|---------|-----|--------|---|
| 562-565 | 14a | | WHEN DID YOU LEAVE? |
| | | 22 | 0000. Now in |
| | | 2 | 0001. In past 12 months |
| | | 13 | 0002. Not in past 12 months |
| | | 0 | 9998. Unknown discharge date |
| | | 3 | 9999. DK or refused |
| | | 16,037 | Blank. NA (No/DK if ever lived in a facility) |

| | | | |
|---------|--|--------|--|
| 562-563 | | | MONTH |
| | | 4 | 01. January |
| | | 4 | 02. February |
| | | 0 | 03. March |
| | | 2 | 04. April |
| | | 1 | 05. May |
| | | 4 | 06. June |
| | | 3 | 07. July |
| | | 1 | 08. August |
| | | 0 | 09. September |
| | | 0 | 10. October |
| | | 2 | 11. November |
| | | 2 | 12. December |
| | | 14 | 98. Not ascertained |
| | | 3 | 99. DK or refused |
| | | 16,037 | Blank. NA (No or DK if ever lived in a facility) |

| | | | |
|---------|--|--------|--|
| 564-565 | | | YEAR |
| | | 69 | 00-97. 1900-1997 |
| | | 5 | 98. Not ascertained |
| | | 3 | 99. DK or refused |
| | | 16,037 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE
Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (561-590) | 13-14e | | BOARD AND CARE HOME RECORD - Continued |
| 566 | Recode | | ANY PART OF STAY IN PAST 12 MONTHS |

| | |
|--------|--|
| 28 | 1. Yes |
| 41 | 2. No |
| 8 | 9. Unknown |
| 16,037 | Blank. NA (No known stay at this type of facility) |

| | | | |
|-----------|-----|--------|--|
| (567-569) | 14b | | HOW LONG DID YOU STAY |
| | | 5 | 000. Less than 1 month |
| 567-568 | | | NUMBER OF UNITS |
| | | 5 | 00. Less than 1 month |
| | | 50 | 01-96. 1-96 months, years |
| | | 0 | 97. 97+ months, years |
| | | 22 | 99. DK/refused or not ascertained |
| | | 16,037 | Blank. NA (No or DK if ever lived in a facility) |
| 569 | | | TIME UNITS |
| | | 5 | 0. Less than 1 month |
| | | 19 | 1. Months |
| | | 32 | 2. Years |
| | | 10 | 8. Not ascertained |
| | | 11 | 9. DK or refused |
| | | 16,037 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE
Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (561-590) | 13-14e | | BOARD AND CARE HOME RECORD - Continued |
| (570-581) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY |
| 570 | 14c(1) | | SELF OR FAMILY IN HH |
| | | 24 | 1. Mentioned |
| | | 41 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 16,037 | Blank. NA (No or DK if ever |

lived in a facility)

| | | | |
|-----|--------|--------|---|
| 571 | 14c(2) | | FAMILY NOT IN HH |
| | | 4 | 1. Mentioned |
| | | 61 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 16,037 | Blank. NA (No or DK if ever lived in a facility) |

| | | | |
|-----|--------|--------|---|
| 572 | 14c(3) | | PRIVATE HEALTH INSURANCE |
| | | 5 | 1. Mentioned |
| | | 60 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 16,037 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|---|
| (561-590) | 13-14e | | BOARD AND CARE HOME RECORD - Continued |
| (570-581) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY - Continued |
| 573 | 14c(4) | | MEDICARE |
| | | 8 | 1. Mentioned |
| | | 57 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 16,037 | Blank. NA (No or DK if ever lived in a facility) |

| | | | |
|-----|--------|----|---------------------------------|
| 574 | 14c(5) | | MEDICAID |
| | | 18 | 1. Mentioned |
| | | 47 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |

| | | |
|--------|--------|---|
| 0 | 3. | No one/Free |
| 5 | 8. | No answer to entire question |
| 7 | 9. | DK or refused (entire question) |
| 16,037 | Blank. | NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (561-590) | 13-14e | | BOARD AND CARE HOME RECORD - Continued |
| (570-581) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY - Continued |
| 579 | 14c(10) | | OTHER MILITARY |
| | | 0 | 1. Mentioned |
| | | 65 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 16,037 | Blank. NA (No or DK if ever lived in a facility) |
| 580 | 14c(11) | | OTHER PRIVATE SOURCE |
| | | 2 | 1. Mentioned |
| | | 63 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 16,037 | Blank. NA (No or DK if ever lived in a facility) |
| 581 | 14c(12) | | OTHER PUBLIC SOURCE |
| | | 21 | 1. Mentioned |
| | | 44 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 16,037 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (561-590) | 13-14e | | BOARD AND CARE HOME RECORD - Continued |
| 582-583 | 14d | | WHO PAID OR WILL PAY FOR MOST OF THE COST FOR YOUR STAY |
| | | 20 | 01. Self or family in household |
| | | 4 | 02. Family not in household |
| | | 4 | 03. Private health insurance |
| | | 1 | 04. Medicare |
| | | 11 | 05. Medicaid |
| | | 2 | 06. Rehabilitation program |
| | | 0 | 07. Employer |
| | | 0 | 08. School system |
| | | 1 | 09. VA program |
| | | 0 | 10. Other military |
| | | 1 | 11. Other private source |
| | | 15 | 12. Other public source |
| | | 6 | 13. Two or more sources given; Unknown which paid most |
| | | 0 | 33. No one/Free |
| | | 5 | 88. No source ascertained |
| | | 7 | 99. DK/refused any source |
| | | 16,037 | Blank. NA (No or DK if ever lived in a facility; No one/Free/DK who paid or will pay for stay) |
| 584-589 | 14e | | AMOUNT PAID BY YOU OR YOUR FAMILY IN THE PAST 12 MONTHS (Self or family in HH:Q 14c(1)=1) |
| | | 1 | 000000. None |
| | | 13 | 000001-999996. Dollar amount paid |
| | | 0 | 999997. 999997+ dollars paid |
| | | 0 | 999998. Not ascertained |
| | | 1 | 999999. DK or refused |
| | | 16,099 | Blank. NA (No or DK if ever lived in a facility) |
| 590 | | | BLANK |

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (591-620) | 13-14e | | HOME FOR MENTAL RETARDATION RECORD |
| 591 | 13 | | EVER LIVED IN THIS TYPE OF FACILITY |
| | | 48 | 1. Yes |
| | | 16,006 | 2. No |
| | | 12 | 8. Not ascertained |
| | | 48 | 9. DK or refused |
| 592-595 | 14a | | WHEN DID YOU LEAVE? |
| | | 7 | 0000. Now in |
| | | 2 | 0001. In past 12 months |
| | | 9 | 0002. Not in past 12 months |
| | | 1 | 9998. Unknown discharge date |
| | | 1 | 9999. DK or refused |
| | | 16,066 | Blank. NA (No/DK if ever lived in a facility) |
| 592-593 | | | MONTH |
| | | 0 | 01. January |
| | | 0 | 02. February |
| | | 1 | 03. March |
| | | 2 | 04. April |
| | | 1 | 05. May |
| | | 2 | 06. June |
| | | 3 | 07. July |
| | | 1 | 08. August |
| | | 0 | 09. September |
| | | 1 | 10. October |
| | | 0 | 11. November |
| | | 1 | 12. December |
| | | 15 | 98. Not ascertained |
| | | 3 | 99. DK or refused |
| | | 16,066 | Blank. NA (No or DK if ever lived in a facility) |
| 594-595 | | | YEAR |
| | | 44 | 00-97. 1900-1997 |
| | | 3 | 98. Not ascertained |
| | | 1 | 99. DK or refused |
| | | 16,066 | Blank. NA (No or DK if ever lived in a facility) |

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (591-620) | 13-14e | | HOME FOR MENTAL RETARDATION RECORD - Continued |
| 596 | Recode | | ANY PART OF STAY IN PAST 12 MONTHS |
| | | 11 | 1. Yes |
| | | 35 | 2. No |
| | | 2 | 9. Unknown |
| | | 16,066 | Blank. NA (No known stay at this type of facility) |
| (597-599) | 14b | | HOW LONG DID YOU STAY |
| | | 6 | 000. Less than 1 month |
| 597-598 | | | NUMBER OF UNITS |
| | | 6 | 00. Less than 1 month |
| | | 33 | 01-96. 1-96 months, years |
| | | 0 | 97. 97+ months, years |
| | | 9 | 99. DK/refused or not ascertained |
| | | 16,066 | Blank. NA (No or DK if ever lived in a facility) |
| 599 | | | TIME UNITS |
| | | 6 | 0. Less than 1 month |
| | | 16 | 1. Months |
| | | 18 | 2. Years |
| | | 3 | 8. Not ascertained |
| | | 5 | 9. DK or refused |
| | | 16,066 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (591-620) | 13-14e | | HOME FOR MENTAL RETARDATION RECORD - Continued |

| | | | |
|-----------|-----------|--------|---|
| (600-611) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY |
| 600 | 14c(1) | | SELF OR FAMILY IN HH |
| | | 8 | 1. Mentioned |
| | | 31 | 2. Not mentioned |
| | | 1 | 3. No one/Free |
| | | 3 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 16,066 | Blank. NA (No or DK if ever lived in a facility) |

| | | | |
|-----|--------|--------|---|
| 601 | 14c(2) | | FAMILY NOT IN HH |
| | | 0 | 1. Mentioned |
| | | 39 | 2. Not mentioned |
| | | 1 | 3. No one/Free |
| | | 3 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 16,066 | Blank. NA (No or DK if ever lived in a facility) |

| | | | |
|-----|--------|--------|---|
| 602 | 14c(3) | | PRIVATE HEALTH INSURANCE |
| | | 4 | 1. Mentioned |
| | | 35 | 2. Not mentioned |
| | | 1 | 3. No one/Free |
| | | 3 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 16,066 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|---|
| (591-620) | 13-14e | | HOME FOR MENTAL RETARDATION RECORD - Continued |
| (600-611) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY - Continued |
| 603 | 14c(4) | | MEDICARE |
| | | 2 | 1. Mentioned |
| | | 37 | 2. Not mentioned |
| | | 1 | 3. No one/Free |

| | | |
|--------|--------|---|
| 3 | 8. | No answer to entire question |
| 5 | 9. | DK or refused (entire question) |
| 16,066 | Blank. | NA (No or DK if ever lived in a facility) |

| | | | |
|-----|--------|--------|--|
| 604 | 14c(5) | | MEDICAID |
| | | 19 | 1. Mentioned |
| | | 20 | 2. Not mentioned |
| | | 1 | 3. No one/Free |
| | | 3 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 16,066 | Blank. NA (No or DK if ever lived in a facility) |

| | | | |
|-----|--------|--------|--|
| 605 | 14c(6) | | REHABILITATION PROGRAM |
| | | 3 | 1. Mentioned |
| | | 36 | 2. Not mentioned |
| | | 1 | 3. No one/Free |
| | | 3 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 16,066 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (591-620) | 13-14e | | HOME FOR MENTAL RETARDATION RECORD - Continued |
| (600-611) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY - Continued |
| 606 | 14c(7) | | EMPLOYER |
| | | 1 | 1. Mentioned |
| | | 38 | 2. Not mentioned |
| | | 1 | 3. No one/Free |
| | | 3 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 16,066 | Blank. NA (No or DK if ever lived in a facility) |

| | | | |
|-----|--------|---|---------------|
| 607 | 14c(8) | | SCHOOL SYSTEM |
| | | 0 | 1. Mentioned |

| | | |
|--------|--------|---|
| 39 | 2. | Not mentioned |
| 1 | 3. | No one/Free |
| 3 | 8. | No answer to entire question |
| 5 | 9. | DK or refused (entire question) |
| 16,066 | Blank. | NA (No or DK if ever lived in a facility) |

| | | | |
|-----|--------|--------|--|
| 608 | 14c(9) | | VA PROGRAM |
| | | 2 | 1. Mentioned |
| | | 37 | 2. Not mentioned |
| | | 1 | 3. No one/Free |
| | | 3 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 16,066 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE
Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (591-620) | 13-14e | | HOME FOR MENTAL RETARDATION RECORD - Continued |
| (600-611) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY - Continued |
| 609 | 14c(10) | | OTHER MILITARY |
| | | 0 | 1. Mentioned |
| | | 39 | 2. Not mentioned |
| | | 1 | 3. No one/Free |
| | | 3 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 16,066 | Blank. NA (No or DK if ever lived in a facility) |
| 610 | 14c(11) | | OTHER PRIVATE SOURCE |
| | | 0 | 1. Mentioned |
| | | 39 | 2. Not mentioned |
| | | 1 | 3. No one/Free |
| | | 3 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 16,066 | Blank. NA (No or DK if ever lived in a facility) |
| 611 | 14c(12) | | OTHER PUBLIC SOURCE |

| | | |
|--------|--------|---|
| 10 | 1. | Mentioned |
| 29 | 2. | Not mentioned |
| 1 | 3. | No one/Free |
| 3 | 8. | No answer to entire question |
| 5 | 9. | DK or refused (entire question) |
| 16,066 | Blank. | NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (591-620) | 13-14e | | HOME FOR MENTAL RETARDATION RECORD - Continued |
| 612-613 | 14d | | WHO PAID OR WILL PAY FOR MOST OF THE COST FOR YOUR STAY |
| | | 6 | 01. Self or family in household |
| | | 0 | 02. Family not in household |
| | | 4 | 03. Private health insurance |
| | | 1 | 04. Medicare |
| | | 16 | 05. Medicaid |
| | | 0 | 06. Rehabilitation program |
| | | 1 | 07. Employer |
| | | 0 | 08. School system |
| | | 2 | 09. VA program |
| | | 0 | 10. Other military |
| | | 0 | 11. Other private source |
| | | 6 | 12. Other public source |
| | | 3 | 13. Two or more sources given; Unknown which paid most |
| | | 1 | 33. No one/Free |
| | | 3 | 88. No source ascertained |
| | | 5 | 99. DK/refused any source |
| | | 16,066 | Blank. NA (No or DK if ever lived in a facility; No one/Free/DK who paid or will pay for stay) |
| 614-619 | 14e | | AMOUNT PAID BY YOU OR YOUR FAMILY IN THE PAST 12 MONTHS (Self or family in HH:Q 14c(1)=1) |
| | | 0 | 000000. None |
| | | 6 | 000001-999996. Dollar amount paid |
| | | 0 | 999997. 999997+ dollars paid |
| | | 0 | 999998. Not ascertained |
| | | 0 | 999999. DK or refused |
| | | 16,108 | Blank. NA (No or DK if ever |

lived in a facility)

620

BLANK

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (621-650) | 13-14e | | ASSISTED LIVING FACILITY RECORD |
| 621 | 13 | | EVER LIVED IN THIS TYPE OF FACILITY |
| | | 119 | 1. Yes |
| | | 15,936 | 2. No |
| | | 8 | 8. Not ascertained |
| | | 51 | 9. DK or refused |
| 622-625 | 14a | | WHEN DID YOU LEAVE? |
| | | 59 | 0000. Now in |
| | | 2 | 0001. In past 12 months |
| | | 8 | 0002. Not in past 12 months |
| | | 0 | 9998. Unknown discharge date |
| | | 0 | 9999. DK or refused |
| | | 15,995 | Blank. NA (No/DK if ever lived in a facility) |
| 622-623 | | | MONTH |
| | | 6 | 01. January |
| | | 1 | 02. February |
| | | 1 | 03. March |
| | | 1 | 04. April |
| | | 3 | 05. May |
| | | 3 | 06. June |
| | | 6 | 07. July |
| | | 7 | 08. August |
| | | 0 | 09. September |
| | | 2 | 10. October |
| | | 1 | 11. November |
| | | 5 | 12. December |
| | | 14 | 98. Not ascertained |
| | | 0 | 99. DK or refused |
| | | 15,995 | Blank. NA (No or DK if ever lived in a facility) |
| 624-625 | | | YEAR |

| | | |
|--------|--------|---|
| 111 | 00-97. | 1900-1997 |
| 8 | 98. | Not ascertained |
| 0 | 99. | DK or refused |
| 15,995 | Blank. | NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (621-650) | 13-14e | | ASSISTED LIVING FACILITY RECORD - Continued |
| 626 | Recode | | ANY PART OF STAY IN PAST 12 MONTHS |
| | | 75 | 1. Yes |
| | | 37 | 2. No |
| | | 7 | 9. Unknown |
| | | 15,995 | Blank. NA (No known stay at this type of facility) |
| (627-629) | 14b | | HOW LONG DID YOU STAY |
| | | 11 | 000. Less than 1 month |
| 627-628 | | | NUMBER OF UNITS |
| | | 11 | 00. Less than 1 month |
| | | 76 | 01-96. 1-96 months, years |
| | | 0 | 97. 97+ months, years |
| | | 32 | 99. DK/refused or not ascertained |
| | | 15,995 | Blank. NA (No or DK if ever lived in a facility) |
| 629 | | | TIME UNITS |
| | | 11 | 0. Less than 1 month |
| | | 55 | 1. Months |
| | | 21 | 2. Years |
| | | 29 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 15,995 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (621-650) | 13-14e | | ASSISTED LIVING FACILITY RECORD - Continued |
| (630-641) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY |
| 630 | 14c(1) | | SELF OR FAMILY IN HH |
| | | 57 | 1. Mentioned |
| | | 50 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 15,995 | Blank. NA (No or DK if ever lived in a facility) |
| 631 | 14c(2) | | FAMILY NOT IN HH |
| | | 18 | 1. Mentioned |
| | | 89 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 15,995 | Blank. NA (No or DK if ever lived in a facility) |
| 632 | 14c(3) | | PRIVATE HEALTH INSURANCE |
| | | 13 | 1. Mentioned |
| | | 94 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 15,995 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---------------------------------|
| (621-650) | 13-14e | | ASSISTED LIVING FACILITY RECORD |

- Continued

| | | | |
|-----------|-----------|--------|---|
| (630-641) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY -Continued |
| 633 | 14c(4) | | MEDICARE |
| | | 25 | 1. Mentioned |
| | | 82 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 15,995 | Blank. NA (No or DK if ever lived in a facility) |

| | | | |
|-----|--------|--------|---|
| 634 | 14c(5) | | MEDICAID |
| | | 15 | 1. Mentioned |
| | | 92 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 15,995 | Blank. NA (No or DK if ever lived in a facility) |

| | | | |
|-----|--------|--------|--|
| 635 | 14c(6) | | REHABILITATION PROGRAM |
| | | 4 | 1. Mentioned |
| | | 103 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 15,995 | Blank. NA; (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| (621-650) | 3-14e | | ASSISTED LIVING FACILITY RECORD - Continued |
| (630-641) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY -Continued |
| 636 | 14c(7) | | EMPLOYER |
| | | 1 | 1. Mentioned |
| | | 106 | 2. Not mentioned |

| | | |
|--------|--------|---|
| 0 | 3. | No one/Free |
| 9 | 8. | No answer to entire question |
| 3 | 9. | DK or refused (entire question) |
| 15,995 | Blank. | NA (No or DK if ever lived in a facility) |

| | | | |
|-----|--------|--------|--|
| 637 | 14c(8) | | SCHOOL SYSTEM |
| | | 0 | 1. Mentioned |
| | | 107 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 15,995 | Blank. NA (No or DK if ever lived in a facility) |

| | | | |
|-----|--------|--------|--|
| 638 | 14c(9) | | VA PROGRAM |
| | | 2 | 1. Mentioned |
| | | 105 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 15,995 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (621-650) | 13-14e | | ASSISTED LIVING FACILITY RECORD - Continued |
| (630-641) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY -Continued |
| 639 | 14c(10) | | OTHER MILITARY |
| | | 1 | 1. Mentioned |
| | | 106 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 15,995 | Blank. NA (No or DK if ever lived in a facility) |
| 640 | 14c(11) | | OTHER PRIVATE SOURCE |

| | |
|--------|--|
| 5 | 1. Mentioned |
| 102 | 2. Not mentioned |
| 0 | 3. No one/Free |
| 9 | 8. No answer to entire question |
| 3 | 9. DK or refused (entire question) |
| 15,995 | Blank. NA (No or DK if ever lived in a facility) |

| | | |
|-----|---------|--|
| 641 | 14c(12) | OTHER PUBLIC SOURCE |
| | 18 | 1. Mentioned |
| | 89 | 2. Not mentioned |
| | 0 | 3. No one/Free |
| | 9 | 8. No answer to entire question |
| | 3 | 9. DK or refused (entire question) |
| | 15,995 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (621-650) | 13-14e | | ASSISTED LIVING FACILITY RECORD - Continued |
| 642-643 | 14d | | WHO PAID OR WILL PAY FOR MOST OF THE COST FOR YOUR STAY |
| | | 48 | 01. Self or family in household |
| | | 7 | 02. Family not in household |
| | | 3 | 03. Private health insurance |
| | | 8 | 04. Medicare |
| | | 10 | 05. Medicaid |
| | | 3 | 06. Rehabilitation program |
| | | 1 | 07. Employer |
| | | 0 | 08. School system |
| | | 1 | 09. VA program |
| | | 0 | 10. Other military |
| | | 2 | 11. Other private source |
| | | 10 | 12. Other public source |
| | | 14 | 13. Two or more sources given; Unknown which paid most |
| | | 0 | 33. No one/Free |
| | | 9 | 88. No source ascertained |
| | | 3 | 99. DK/refused any source |
| | | 15,995 | Blank. NA (No or DK if ever lived in a facility; No one/Free/DK who paid or will pay for stay) |

644-649 14e

AMOUNT PAID BY YOU OR YOUR
FAMILY IN THE PAST 12 MONTHS
(Self or family in HH:Q 14c(1)=1)

| | | |
|--------|----------------|--|
| 2 | 000000. | None |
| 25 | 000001-999996. | Dollar amount paid |
| 0 | 999997. | 999997+ dollars paid |
| 2 | 999998. | Not ascertained |
| 16 | 999999. | DK or refused |
| 16,069 | Blank. | NA (No or DK if ever lived in a facility) |

650

BLANK

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (651-690) | 13-14e | | OTHER LONG TERM CARE FACILITY RECORD |
| 651 | 13 | | EVER LIVED IN THIS TYPE OF FACILITY |
| | | 141 | 1. Yes |
| | | 15,914 | 2. No |
| | | 14 | 8. Not ascertained |
| | | 45 | 9. DK or refused |
| 652-655 | 14a | | WHEN DID YOU LEAVE? |
| | | 17 | 0000. Now in |
| | | 1 | 0001. In past 12 months |
| | | 24 | 0002. Not in past 12 months |
| | | 0 | 9998. Unknown discharge date |
| | | 1 | 9999. DK or refused |
| | | 15,973 | Blank. NA (No/DK if ever lived in a facility) |
| 652-653 | | | MONTH |
| | | 5 | 01. January |
| | | 4 | 02. February |
| | | 5 | 03. March |
| | | 2 | 04. April |
| | | 7 | 05. May |
| | | 5 | 06. June |
| | | 7 | 07. July |
| | | 7 | 08. August |
| | | 8 | 09. September |

| | | |
|--------|--------|---|
| 6 | 10. | October |
| 4 | 11. | November |
| 7 | 12. | December |
| 29 | 98. | Not ascertained |
| 3 | 99. | DK or refused |
| 15,973 | Blank. | NA (No or DK if ever lived in a facility) |

654-655

YEAR

| | | |
|--------|--------|---|
| 135 | 00-97. | 1900-1997 |
| 5 | 98. | Not ascertained |
| 1 | 99. | DK or refused |
| 15,973 | Blank. | NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (651-690) | 13-14e | | OTHER LONG TERM CARE FACILITY RECORD - Continued |
| 656 | Recode | | ANY PART OF STAY IN PAST 12 MONTHS |
| | | 42 | 1. Yes |
| | | 95 | 2. No |
| | | 4 | 9. Unknown |
| | | 15,973 | Blank. NA (No known stay at this type of facility) |
| (657-659) | 14b | | HOW LONG DID YOU STAY |
| | | 20 | 000. Less than 1 month |
| 657-658 | | | NUMBER OF UNITS |
| | | 20 | 00. Less than 1 month |
| | | 97 | 01-96. 1-96 months, years |
| | | 0 | 97. 97+ months, years |
| | | 24 | 99. DK/refused or not ascertained |
| | | 15,973 | Blank. NA (No or DK if ever lived in a facility) |
| 659 | | | TIME UNITS |
| | | 20 | 0. Less than 1 month |
| | | 71 | 1. Months |
| | | 27 | 2. Years |

| | |
|--------|--|
| 16 | 8. Not ascertained |
| 7 | 9. DK or refused |
| 15,973 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (651-690) | 13-14e | | OTHER LONG TERM CARE FACILITY RECORD - Continued |
| (660-671) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY |
| 660 | 14c(1) | | SELF OR FAMILY IN HH |
| | | 33 | 1. Mentioned |
| | | 95 | 2. Not mentioned |
| | | 4 | 3. No one/Free |
| | | 4 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,973 | Blank. NA (No or DK if ever lived in a facility) |
| 661 | 14c(2) | | FAMILY NOT IN HH |
| | | 1 | 1. Mentioned |
| | | 127 | 2. Not mentioned |
| | | 4 | 3. No one/Free |
| | | 4 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,973 | Blank. NA (No or DK if ever lived in a facility) |
| 662 | 14c(3) | | PRIVATE HEALTH INSURANCE |
| | | 39 | 1. Mentioned |
| | | 89 | 2. Not mentioned |
| | | 4 | 3. No one/Free |
| | | 4 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,973 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (651-690) | 13-14e | | OTHER LONG TERM CARE FACILITY RECORD - Continued |
| (660-671) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY - Continued |
| 663 | 14c(4) | | MEDICARE |
| | | 36 | 1. Mentioned |
| | | 92 | 2. Not mentioned |
| | | 4 | 3. No one/Free |
| | | 4 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,973 | Blank. NA (No or DK if ever lived in a facility) |
| 664 | 14c(5) | | MEDICAID |
| | | 24 | 1. Mentioned |
| | | 104 | 2. Not mentioned |
| | | 4 | 3. No one/Free |
| | | 4 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,973 | Blank. NA (No or DK if ever lived in a facility) |
| 665 | 14c(6) | | REHABILITATION PROGRAM |
| | | 6 | 1. Mentioned |
| | | 122 | 2. Not mentioned |
| | | 4 | 3. No one/Free |
| | | 4 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,973 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|-----------|-----------|--------|---|
| (651-690) | 13-14e | | OTHER LONG TERM CARE FACILITY RECORD - Continued |
| (660-671) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY - Continued |
| 666 | 14c(7) | | EMPLOYER |
| | | 1 | 1. Mentioned |
| | | 127 | 2. Not mentioned |
| | | 4 | 3. No one/Free |
| | | 4 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,973 | Blank. NA (No or DK if ever lived in a facility) |

| | | | |
|-----|--------|--------|---|
| 667 | 14c(8) | | SCHOOL SYSTEM |
| | | 1 | 1. Mentioned |
| | | 127 | 2. Not mentioned |
| | | 4 | 3. No one/Free |
| | | 4 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,973 | Blank. NA (No or DK if ever lived in a facility) |

| | | | |
|-----|--------|--------|---|
| 668 | 14c(9) | | VA PROGRAM |
| | | 13 | 1. Mentioned |
| | | 115 | 2. Not mentioned |
| | | 4 | 3. No one/Free |
| | | 4 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,973 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|---|
| (651-690) | 13-14e | | OTHER LONG TERM CARE FACILITY RECORD - Continued |
| (660-671) | 14c(1-12) | | WHO PAID OR WILL PAY FOR YOUR STAY - Continued |
| 669 | 14c(10) | | OTHER MILITARY |
| | | 1 | 1. Mentioned |

| | | |
|--------|--------|---|
| 127 | 2. | Not mentioned |
| 4 | 3. | No one/Free |
| 4 | 8. | No answer to entire question |
| 5 | 9. | DK or refused (entire question) |
| 15,973 | Blank. | NA (No or DK if ever lived in a facility) |

| | | | |
|-----|---------|--------|--|
| 670 | 14c(11) | | OTHER PRIVATE SOURCE |
| | | 5 | 1. Mentioned |
| | | 123 | 2. Not mentioned |
| | | 4 | 3. No one/Free |
| | | 4 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,973 | Blank. NA (No or DK if ever lived in a facility) |

| | | | |
|-----|---------|--------|--|
| 671 | 14c(12) | | OTHER PUBLIC SOURCE |
| | | 21 | 1. Mentioned |
| | | 107 | 2. Not mentioned |
| | | 4 | 3. No one/Free |
| | | 4 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,973 | Blank. NA (No or DK if ever lived in a facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (651-690) | 13-14e | | OTHER LONG TERM CARE FACILITY RECORD - Continued |
| 672-673 | 14d | | WHO PAID OR WILL PAY FOR MOST OF THE COST FOR YOUR STAY |
| | | 12 | 01. Self or family in household |
| | | 0 | 02. Family not in household |
| | | 25 | 03. Private health insurance |
| | | 28 | 04. Medicare |
| | | 18 | 05. Medicaid |
| | | 5 | 06. Rehabilitation program |
| | | 1 | 07. Employer |
| | | 1 | 08. School system |
| | | 12 | 09. VA program |
| | | 1 | 10. Other military |
| | | 2 | 11. Other private source |
| | | 18 | 12. Other public source |

| | | |
|--------|--------|---|
| 5 | 13. | Two or more sources given; Unknown which paid most |
| 4 | 33. | No one/Free |
| 4 | 88. | No source ascertained |
| 5 | 99. | DK/refused any source |
| 15,973 | Blank. | NA (No or DK if ever lived in a facility; No one/Free/DK who paid or will pay for stay) |

| | | | |
|---------|-----|--------|---|
| 674-679 | 14e | | AMOUNT PAID BY YOU OR YOUR FAMILY IN THE PAST 12 MONTHS (Self or family in HH:Q 14c(1)=1) |
| | | 2 | 000000. None |
| | | 7 | 000001-999996. Dollar amount paid |
| | | 0 | 999997. 999997+ dollars paid |
| | | 1 | 999998. Not ascertained |
| | | 4 | 999999. DK or refused |
| | | 16,100 | Blank. NA (No or DK if ever lived in a facility) |

| | | |
|---------|--|-------|
| 680-690 | | BLANK |
|---------|--|-------|

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE
Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 691 | 15a | | CURRENTLY ON WAITING LIST FOR ANY OF THESE FACILITIES |
| | | 55 | 1. Yes |
| | | 16,034 | 2. No |
| | | 9 | 8. Not ascertained |
| | | 16 | 9. DK or refused |
| (692-698) | 15b(1-7) | | FACILITIES FOR WHICH YOU ARE ON WAITING LIST |
| 692 | 15b(1) | | NURSING HOME |
| | | 13 | 1. Mentioned |
| | | 35 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,059 | Blank. NA (No or DK if currently on a waiting list for any facility) |

| | | | |
|-----|--------|--------|--|
| 693 | 15b(2) | | CONVALESCENT HOME |
| | | 1 | 1. Mentioned |
| | | 47 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,059 | Blank. NA (No or DK if currently on a waiting list for any facility) |

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE
Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (692-698) | 15b(1-7) | | FACILITIES FOR WHICH YOU ARE ON WAITING LIST - Continued |
| 694 | 15b(3) | | FACILITY OR GROUP HOME FOR PERSONS WITH MENTAL ILLNESS |
| | | 7 | 1. Mentioned |
| | | 41 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,059 | Blank. NA (No or DK if currently on a waiting list for any facility) |
| 695 | 15b(4) | | BOARD AND CARE HOME |
| | | 5 | 1. Mentioned |
| | | 43 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,059 | Blank. NA (No or DK if currently on a waiting list for any facility) |
| 696 | 15b(5) | | FACILITY FOR PERSONS WITH MENTAL RETARDATION |
| | | 3 | 1. Mentioned |
| | | 45 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,059 | Blank. NA (No or DK if currently on a waiting list for any facility) |
| 697 | 15b(6) | | ASSISTED LIVING FACILITY |
| | | 16 | 1. Mentioned |

| | | |
|--------|--------|---|
| 32 | 2. | Not mentioned |
| 4 | 8. | No answer to entire question |
| 3 | 9. | DK or refused (entire question) |
| 16,059 | Blank. | NA (No or DK if currently on a waiting list for any facility) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (692-698) | 15b(1-7) | | FACILITIES FOR WHICH YOU ARE ON WAITING LIST - Continued |
| 698 | 15b(7) | | OTHER LONG-TERM CARE FACILITY |
| | | 7 | 1. Mentioned |
| | | 41 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,059 | Blank. NA (No or DK if currently on a waiting list for any facility) |
| 699 | 16 | | ON WAITING LIST FOR PUBLICLY FUNDED HOME CARE OR COMMUNITY-BASED CARE |
| | | 53 | 1. Yes |
| | | 15,917 | 2. No |
| | | 96 | 8. Not ascertained |
| | | 48 | 9. DK or refused |
| 700-760 | | | BLANK |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 761 | 1 | | HOW FREQUENTLY DO YOU DRIVE A CAR OR OTHER MOTOR VEHICLE |

| | | | |
|-----|-------|--------|---|
| 765 | 3b(2) | | HAND RAILS, STRAPS, RAMPS, SPECIALIZED HANDLES, OR LIFTS |
| | | 35 | 1. Mentioned |
| | | 172 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 1 | 9. DK which equipment or refused (entire question) |
| | | 15,900 | Blank. NA (Have never driven a motor vehicle; No or Don't have a car or DK if car/motor vehicle has any special equipment) |

| | | | |
|-----|-------|--------|---|
| 766 | 3b(3) | | POWER CONTROLS FOR WINDOWS MIRRORS, SEAT, OR STEERING |
| | | 47 | 1. Mentioned |
| | | 160 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 1 | 9. DK which equipment or refused (entire question) |
| | | 15,900 | Blank. NA (Have never driven a motor vehicle; No or Don't have a car or DK if car/motor vehicle has any special equipment) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (764-771) | 3b(1-8) | | WHAT SPECIAL EQUIPMENT DO YOU HAVE? - Continued |
| 767 | 3b(4) | | AUTOMATIC TRANSMISSION |
| | | 78 | 1. Mentioned |
| | | 129 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 1 | 9. DK which equipment or refused (entire question) |
| | | 15,900 | Blank. NA (Have never driven a motor vehicle; No or Don't have a car or DK if car/motor vehicle has any special equipment) |

| | | | |
|-----|-------|--|------------------|
| 768 | 3b(5) | | AIR CONDITIONING |
|-----|-------|--|------------------|

| | | |
|--------|--------|---|
| 47 | 1. | Mentioned |
| 160 | 2. | Not mentioned |
| 6 | 8. | No answer to entire question |
| 1 | 9. | DK which equipment or refused (entire question) |
| 15,900 | Blank. | NA (Have never driven a motor vehicle; No or Don't have a car or DK if car/motor vehicle has any special equipment) |

| | | | |
|-----|-------|--------|--|
| 769 | 3b(6) | | A BUTTON THAT OPENS DOORS |
| | | 18 | 1. Mentioned |
| | | 189 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 1 | 9. DK which equipment or refused (entire question) |
| | | 15,900 | Blank. NA (Have never driven a motor vehicle; No or Don't have a car or DK if car/motor vehicle has any special equipment) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (764-771) | 3b(1-8) | | WHAT SPECIAL EQUIPMENT DO YOU HAVE? - Continued |
| 770 | 3b(7) | | A LARGE TRUNK OR STORAGE AREA |
| | | 17 | 1. Mentioned |
| | | 190 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 1 | 9. DK which equipment or refused (entire question) |
| | | 15,900 | Blank. NA (Have never driven a motor vehicle; No or Don't have a car or DK if car/motor vehicle has any special equipment) |
| 771 | 3b(8) | | SPECIAL FEATURES |
| | | 118 | 1. Mentioned |
| | | 89 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 1 | 9. DK which equipment or refused (entire question) |
| | | 15,900 | Blank. NA (Have never driven a motor |

vehicle; No or Don't have a car
or DK if car/motor vehicle has
any special equipment)

| | | | |
|-----|----|--------|--|
| 772 | 3c | | CAR OR OTHER MOTOR VEHICLE NEED ANY OTHER SPECIAL EQUIPMENT |
| | | 152 | 1. Yes |
| | | 11,014 | 2. No |
| | | 219 | 8. Not ascertained |
| | | 57 | 9. DK or refused |
| | | 4,672 | Blank. NA (Have never driven a motor vehicle) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (773-780) | 3d(1-8) | | WHAT OTHER EQUIPMENT OR FEATURE IS NEEDED |
| 773 | 3d(1) | | HAND CONTROLS |
| | | 18 | 1. Mentioned |
| | | 125 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 3 | 9. DK which feature/equipment needed or refused (entire question) |
| | | 15,962 | Blank. NA (Have never driven a motor vehicle; No or DK if need any special equipment on car/motor vehicle) |
| 774 | 3d(2) | | HAND RAILS, STRAPS, RAMPS, SPECIALIZED HANDLES, OR LIFTS |
| | | 13 | 1. Mentioned |
| | | 130 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 3 | 9. DK which feature/equipment needed or refused (entire question) |
| | | 15,962 | Blank. NA (Have never driven a motor vehicle; No or DK if need any special equipment on car/motor vehicle) |
| 775 | 3d(3) | | POWER CONTROLS FOR WINDOWS, MIRRORS, SEAT, OR STEERING |

| | | |
|--------|--------|---|
| 27 | 1. | Mentioned |
| 116 | 2. | Not mentioned |
| 6 | 8. | No answer to entire question |
| 3 | 9. | DK which feature/equipment needed or refused (entire question) |
| 15,962 | Blank. | NA (Have never driven a motor vehicle; No or DK if need any special equipment on car/motor vehicle) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (773-780) | 3d(1-8) | | WHAT OTHER EQUIPMENT OR FEATURE IS NEEDED - Continued |
| 776 | 3d(4) | | AUTOMATIC TRANSMISSION |
| | | 40 | 1. Mentioned |
| | | 103 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 3 | 9. DK which feature/equipment needed or refused (entire question) |
| | | 15,962 | Blank. NA (Have never driven a motor vehicle; No or DK if need any special equipment on car/motor vehicle) |
| 777 | 3d(5) | | AIR CONDITIONING |
| | | 5 | 1. Mentioned |
| | | 138 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 3 | 9. DK which feature/equipment needed or refused (entire question) |
| | | 15,962 | Blank. NA (Have never driven a motor vehicle; No or DK if need any special equipment on car/motor vehicle) |
| 778 | 3d(6) | | A BUTTON THAT OPENS DOORS |
| | | 9 | 1. Mentioned |
| | | 134 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 3 | 9. DK which feature/equipment needed or refused (entire question) |

15,962 Blank. NA (Have never driven a motor vehicle; No or DK if need any special equipment on car/motor vehicle)

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (773-780) | 3d(1-8) | | WHAT OTHER EQUIPMENT OR FEATURE IS NEEDED - Continued |
| 779 | 3d(7) | | A LARGE TRUNK OR STORAGE AREA |
| | | 2 | 1. Mentioned |
| | | 141 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 3 | 9. DK which feature/equipment needed or refused (entire question) |
| | | 15,962 | Blank. NA (Have never driven a motor vehicle; No or DK if need any special equipment on car/motor vehicle) |
| 780 | 3d(8) | | OTHER SPECIAL FEATURES |
| | | 78 | 1. Mentioned |
| | | 65 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 3 | 9. DK which feature/equipment needed or refused (entire question) |
| | | 15,962 | Blank. NA (Have never driven a motor vehicle; No or DK if need any special equipment on car/motor vehicle) |
| 781 | 4a | | SPECIAL BUS, CAB, OR VAN SERVICES AVAILABLE IN YOUR AREA |
| | | 8,259 | 1. Yes |
| | | 4,611 | 2. No |
| | | 11 | 8. Not ascertained |
| | | 3,233 | 9. DK or refused |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (782-784) | 4b(1-3) | | WHO OPERATES THIS SPECIAL SERVICE? |
| 782 | 4b(1) | | TRANSIT AUTHORITY |
| | | 2,507 | 1. Mentioned |
| | | 3,542 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 2,209 | 9. DK or refused (entire question) |
| | | 7,855 | Blank. NA (No or DK if special transportation service(s) is available in area) |
| 783 | 4b(2) | | GOVERNMENT PROGRAM |
| | | 2,867 | 1. Mentioned |
| | | 3,182 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 2,209 | 9. DK or refused (entire question) |
| | | 7,855 | Blank. NA (No or DK if special transportation service(s) is available in area) |
| 784 | 4b(3) | | OTHER PRIVATE SOURCE |
| | | 1,256 | 1. Mentioned |
| | | 4,793 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 2,209 | 9. DK or refused (entire question) |
| | | 7,855 | Blank. NA (No or DK if special transportation service(s) is available in area) |
| 785 | 5a | | HAVE YOU USED THIS SPECIAL SERVICE IN THE PAST 12 MONTHS |
| | | 826 | 1. Yes |
| | | 7,394 | 2. No |
| | | 20 | 8. Not ascertained |
| | | 19 | 9. DK or refused |
| | | 7,855 | Blank. NA (No or DK if special transportation service(s) is available in area) |

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (786-799) | 5b(1-14) | | WHY HAVEN'T YOU USED THIS SERVICE IN THE PAST 12 MONTHS |
| 786 | 5b(1) | | DON'T KNOW HOW TO USE |
| | | 201 | 1. Mentioned |
| | | 7,037 | 2. Not mentioned |
| | | 119 | 8. No answer to entire question |
| | | 37 | 9. DK or refused (entire question) |
| | | 8,720 | Blank. NA (No or DK if special transportation service(s) is available in area; Yes or DK if used special service in past 12 months) |
| 787 | 5b(2) | | NEED HELP FROM ANOTHER PERSON |
| | | 125 | 1. Mentioned |
| | | 7,113 | 2. Not mentioned |
| | | 119 | 8. No answer to entire question |
| | | 37 | 9. DK or refused (entire question) |
| | | 8,720 | Blank. NA (No or DK if special transportation service(s) is available in area; Yes or DK if used special service in past 12 months) |
| 788 | 5b(3) | | CAN'T USE ALONE |
| | | 91 | 1. Mentioned |
| | | 7,147 | 2. Not mentioned |
| | | 119 | 8. No answer to entire question |
| | | 37 | 9. DK or refused (entire question) |
| | | 8,720 | Blank. NA (No or DK if special transportation service(s) is available in area; Yes or DK if used special service in past 12 months) |

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Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|-----------|----------|-------|---|
| (786-799) | 5b(1-14) | | WHY HAVEN'T YOU USED THIS SERVICE IN THE PAST 12 MONTHS - Continued |
| 789 | 5b(4) | | CAN'T USE PHONE |
| | | 11 | 1. Mentioned |
| | | 7,227 | 2. Not mentioned |
| | | 119 | 8. No answer to entire question |
| | | 37 | 9. DK or refused (entire question) |
| | | 8,720 | Blank. NA (No or DK if special transportation service(s) is available in area; Yes or DK if used special service in past 12 months) |

| | | | |
|-----|-------|-------|---|
| 790 | 5b(5) | | DON'T HAVE PHONE |
| | | 7 | 1. Mentioned |
| | | 7,231 | 2. Not mentioned |
| | | 119 | 8. No answer to entire question |
| | | 37 | 9. DK or refused (entire question) |
| | | 8,720 | Blank. NA (No or DK if special transportation service(s) is available in area; Yes or DK if used special service in past 12 months) |

| | | | |
|-----|-------|-------|---|
| 791 | 5b(6) | | CAN'T READ |
| | | 8 | 1. Mentioned |
| | | 7,230 | 2. Not mentioned |
| | | 119 | 8. No answer to entire question |
| | | 37 | 9. DK or refused (entire question) |
| | | 8,720 | Blank. NA (No or DK if special transportation service(s) is available in area; Yes or DK if used special service in past 12 months) |

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Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (786-799) | 5b(1-14) | | WHY HAVEN'T YOU USED THIS SERVICE IN THE PAST 12 MONTHS - Continued |

| | | | |
|-----|-------|-------|---|
| 792 | 5b(7) | | ILLNESS |
| | | 48 | 1. Mentioned |
| | | 7,190 | 2. Not mentioned |
| | | 119 | 8. No answer to entire question |
| | | 37 | 9. DK or refused (entire question) |
| | | 8,720 | Blank. NA (No or DK if special transportation service(s) is available in area; Yes or DK if used special service in past 12 months) |

| | | | |
|-----|-------|-------|---|
| 793 | 5b(8) | | CAN'T GET RESERVATION FOR SERVICE |
| | | 15 | 1. Mentioned |
| | | 7,223 | 2. Not mentioned |
| | | 119 | 8. No answer to entire question |
| | | 37 | 9. DK or refused (entire question) |
| | | 8,720 | Blank. NA (No or DK if special transportation service(s) is available in area; Yes or DK if used special service in past 12 months) |

| | | | |
|-----|-------|-------|---|
| 794 | 5b(9) | | HOURS OF SERVICE INADEQUATE |
| | | 40 | 1. Mentioned |
| | | 7,198 | 2. Not mentioned |
| | | 119 | 8. No answer to entire question |
| | | 37 | 9. DK or refused (entire question) |
| | | 8,720 | Blank. NA (No or DK if special transportation service(s) is available in area; Yes or DK if used special service in past 12 months) |

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Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (786-799) | 5b(1-14) | | WHY HAVEN'T YOU USED THIS SERVICE IN THE PAST 12 MONTHS - Continued |
| 795 | 5b(10) | | PICKUP UNRELIABLE/INCONVENIENT |
| | | 66 | 1. Mentioned |
| | | 7,172 | 2. Not mentioned |

| | | |
|-------|--------|--|
| 119 | 8. | No answer to entire question |
| 37 | 9. | DK or refused (entire question) |
| 8,720 | Blank. | NA (No or DK if special transportation service(s) is available in area; Yes or DK if used special service in past 12 months) |

| | | | |
|-----|--------|-------|---|
| 796 | 5b(11) | | COST |
| | | 41 | 1. Mentioned |
| | | 7,197 | 2. Not mentioned |
| | | 119 | 8. No answer to entire question |
| | | 37 | 9. DK or refused (entire question) |
| | | 8,720 | Blank. NA (No or DK if special transportation service(s) is available in area; Yes or DK if used special service in past 12 months) |

| | | | |
|-----|--------|-------|---|
| 797 | 5b(12) | | DENIED USE OF SERVICE |
| | | 34 | 1. Mentioned |
| | | 7,204 | 2. Not mentioned |
| | | 119 | 8. No answer to entire question |
| | | 37 | 9. DK or refused (entire question) |
| | | 8,720 | Blank. NA (No or DK if special transportation service(s) is available in area; Yes or DK if used special service in past 12 months) |

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Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (786-799) | 5b(1-14) | | WHY HAVEN'T YOU USED THIS SERVICE IN THE PAST 12 MONTHS - Continued |
| 798 | 5b(13) | | SERVICE NOT NEEDED/WANTED |
| | | 6,625 | 1. Mentioned |
| | | 613 | 2. Not mentioned |
| | | 119 | 8. No answer to entire question |
| | | 37 | 9. DK or refused (entire question) |
| | | 8,720 | Blank. NA (No or DK if special transportation service(s) is available in area; Yes or |

DK if used special service
in past 12 months)

| | | | |
|-----|--------|-------|---|
| 799 | 5b(14) | | OTHER REASON |
| | | 330 | 1. Mentioned |
| | | 6,908 | 2. Not mentioned |
| | | 119 | 8. No answer to entire question |
| | | 37 | 9. DK or refused (entire question) |
| | | 8,720 | Blank. NA (No or DK if special transportation service(s) is available in area; Yes or DK if used special service in past 12 months) |

| | | | |
|---------|----|--------|--|
| 800-802 | 5c | | NUMBER OF TIMES YOU USED THIS SERVICE IN THE PAST 12 MONTHS |
| | | 735 | 001-996. 1-996 times |
| | | 2 | 997. 997+ times |
| | | 9 | 998. Not ascertained |
| | | 80 | 999. DK or refused |
| | | 15,288 | Blank. NA (No or DK if special transportation service(s) is available in area; No or DK if used special service in past 12 months) |

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Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 803-804 | 5d | | NUMBER OF TIMES YOU USED THIS SERVICE IN THE PAST WEEK |
| | | 141 | 00. None |
| | | 172 | 01-96. 1-96 times |
| | | 0 | 97. 97+ times |
| | | 504 | 98. Not ascertained |
| | | 9 | 99. DK or refused |
| | | 15,288 | Blank. NA (No or DK if special transportation service(s) is available in area; No or DK if used special service in past 12 months) |

| | | | |
|-----|----|--|--|
| 805 | 6a | | USED PUBLIC TRANSPORTATION DURING THE PAST 12 MONTHS |
|-----|----|--|--|

| | | |
|-------|----|----------------------------|
| 5,317 | 0. | No public system available |
| 2,551 | 1. | Yes |
| 8,126 | 2. | No |
| 55 | 8. | Not ascertained |
| 65 | 9. | DK or refused |

| | | | |
|-----|----|-------|--|
| 806 | 6b | | IMPAIRMENT OR HEALTH PROBLEM PREVENT OR LIMIT YOUR USE OF PUBLIC TRANSPORTATION |
| | | 305 | 0. No public system available |
| | | 1,280 | 1. Yes |
| | | 6,521 | 2. No |
| | | 65 | 8. Not ascertained |
| | | 75 | 9. DK or refused |
| | | 7,868 | Blank. NA (No public system available; Used local public transportation in past 12 months) |

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Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 807 | 6c | | HOW OFTEN DID YOU USE LOCAL PUBLIC TRANSPORTATION SERVICE THE PAST 12 MONTHS |
| | | 497 | 1. Everyday or almost everyday |
| | | 1,069 | 2. Occasionally |
| | | 910 | 3. Seldom |
| | | 65 | 8. Not ascertained |
| | | 10 | 9. DK or refused |
| | | 13,563 | Blank. NA (No public system available; No or DK if used public transportation in past 12 months) |
| 808 | 6d | | DO YOU HAVE ANY DIFFICULTY USING LOCAL PUBLIC TRANSPORTATION SERVICE |
| | | 324 | 1. Yes |
| | | 2,168 | 2. No |
| | | 52 | 8. Not ascertained |
| | | 7 | 9. DK or refused |
| | | 13,563 | Blank. NA (No public system available; No or DK if used public transportation in past 12 months) |

| | | | |
|-----------|----------|--------|---|
| (809-820) | 6e(1-12) | | WHAT DIFFICULTIES DO/WOULD YOU HAVE USING PUBLIC TRANSPORTATION SERVICE (Unable/limited use/difficulty using public transportation (Yes to Q 6b or Q 6d)) |
| 809 | 6e(1) | | COGNITIVE/MENTAL PROBLEMS |
| | | 295 | 1. Mentioned |
| | | 1,294 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 14,510 | Blank. NA |

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Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (809-820) | 6e(1-12) | | WHAT DIFFICULTIES DO/WOULD YOU HAVE USING PUBLIC TRANSPORTATION SERVICE - Continued (Unable/limited use/difficulty using public transportation (Yes to Q 6b or Q 6d)) |
| 810 | 6e(2) | | FEAR |
| | | 179 | 1. Mentioned |
| | | 1,410 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 14,510 | Blank. NA |
| 811 | 6e(3) | | VISION |
| | | 247 | 1. Mentioned |
| | | 1,342 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 14,510 | Blank. NA |
| 812 | 6e(4) | | HEARING |
| | | 95 | 1. Mentioned |
| | | 1,494 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |

14,510 Blank. NA

| | | | |
|-----|-------|--------|------------------------------------|
| 813 | 6e(5) | | WEATHER |
| | | 86 | 1. Mentioned |
| | | 1,503 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 14,510 | Blank. NA |

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Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (809-820) | 6e(1-12) | | WHAT DIFFICULTIES DO/WOULD YOU HAVE USING PUBLIC TRANSPORTATION SERVICE - Continued (Unable/limited use/difficulty using public transportation (Yes to Q 6b or Q 6d)) |
| 814 | 6e(6) | | DIFFICULTY WALKING/CAN'T WALK |
| | | 1,059 | 1. Mentioned |
| | | 530 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 14,510 | Blank. NA |
| 815 | 6e(7) | | WHEELCHAIR/SCOOTER/ ACCESS PROBLEMS |
| | | 256 | 1. Mentioned |
| | | 1,333 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 14,510 | Blank. NA |
| 816 | 6e(8) | | PROBLEMS WITH OTHER MEDICAL/ASSISTIVE DEVICES |
| | | 104 | 1. Mentioned |
| | | 1,485 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 14,510 | Blank. NA |

| | | | |
|-----|-------|--------|------------------------------------|
| 817 | 6e(9) | | NEED HELP FROM ANOTHER PERSON |
| | | 509 | 1. Mentioned |
| | | 1,080 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 14,510 | Blank. NA |

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Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (809-820) | 6e(1-12) | | WHAT DIFFICULTIES DO/WOULD YOU HAVE USING PUBLIC TRANSPORTATION SERVICE - Continued (Unable/limited use/difficulty using public transportation (Yes to Q 6b or Q 6d)) |
| 818 | 6e(10) | | HOURS INADEQUATE |
| | | 27 | 1. Mentioned |
| | | 1,562 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 14,510 | Blank. NA |
| 819 | 6e(11) | | COST |
| | | 28 | 1. Mentioned |
| | | 1,561 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 14,510 | Blank. NA |
| 820 | 6e(12) | | OTHER |
| | | 315 | 1. Mentioned |
| | | 1,274 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 14,510 | Blank. NA |
| 821 | 6f | | WOULD YOU USE THIS SERVICE IF GIVEN MOBILITY TRAINING IN HOW TO USE THE PUBLIC TRANSPORTATION SERVICE (Cognitive/mental problems) |

using public transportation)

| | |
|--------|--------------------|
| 17 | 1. Yes |
| 239 | 2. No |
| 11 | 8. Not ascertained |
| 28 | 9. DK or refused |
| 15,819 | Blank. NA |

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Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 822 | 7 | | HOW DIFFICULT IS IT FOR YOU TO GET AND USE PUBLIC TRANSPORTATION |
| | | 614 | 0. No public system (currently) available |
| | | 1,542 | 1. Very difficult |
| | | 904 | 2. Somewhat difficult |
| | | 898 | 3. A little difficult |
| | | 5,741 | 4. Not at all difficult |
| | | 50 | 8. Not ascertained |
| | | 743 | 9. DK or refused |
| | | 5,622 | Blank. NA (No public system available-response to Q 6a or 6b-) |
| 823 | 8a | | DO YOU HAVE ANY PROBLEMS GETTING AROUND OUTSIDE YOUR HOME DUE TO IMPAIRMENT/HEALTH PROBLEM |
| | | 3,101 | 1. Yes |
| | | 12,951 | 2. No |
| | | 32 | 8. Not ascertained |
| | | 30 | 9. DK or refused |
| (824-833) | 8b(1-10) | | WHAT PROBLEMS DO YOU HAVE GETTING AROUND OUTSIDE YOUR HOME |
| 824 | 8b(1) | | COGNITIVE OR MENTAL PROBLEMS |
| | | 315 | 1. Mentioned |
| | | 2,768 | 2. Not mentioned |
| | | 13 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 13,013 | Blank. NA (No or DK if problem getting around outside the home) |
| 825 | 8b(2) | | FEAR |

| | |
|--------|---|
| 195 | 1. Mentioned |
| 2,888 | 2. Not mentioned |
| 13 | 8. No answer to entire question |
| 5 | 9. DK or refused (entire question) |
| 13,013 | Blank. NA (No or DK if problem getting around outside the home) |

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Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (824-833) | 8b(1-10) | | WHAT PROBLEMS DO YOU HAVE GETTING AROUND OUTSIDE YOUR HOME - Continued |
| 826 | 8b(3) | | VISION |
| | | 393 | 1. Mentioned |
| | | 2,690 | 2. Not mentioned |
| | | 13 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 13,013 | Blank. NA (No or DK if problem getting around outside the home) |
| 827 | 8b(4) | | HEARING |
| | | 126 | 1. Mentioned |
| | | 2,957 | 2. Not mentioned |
| | | 13 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 13,013 | Blank. NA (No or DK if problem getting around outside the home) |
| 828 | 8b(5) | | WEATHER |
| | | 161 | 1. Mentioned |
| | | 2,922 | 2. Not mentioned |
| | | 13 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 13,013 | Blank. NA (No or DK if problem getting around outside the home) |
| 829 | 8b(6) | | DIFFICULTY WALKING/CAN'T WALK |
| | | 2,393 | 1. Mentioned |
| | | 690 | 2. Not mentioned |
| | | 13 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |

13,013 Blank. NA (No or DK if problem getting around outside the home)

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Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (824-833) | 8b(1-10) | | WHAT PROBLEMS DO YOU HAVE GETTING AROUND OUTSIDE YOUR HOME - Continued |
| 830 | 8b(7) | | WHEELCHAIR/SCOOTER/ACCESS PROBLEMS |
| | | 303 | 1. Mentioned |
| | | 2,780 | 2. Not mentioned |
| | | 13 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 13,013 | Blank. NA (No or DK if problem getting around outside the home) |
| 831 | 8b(8) | | PROBLEMS WITH OTHER MEDICAL/ASSISTIVE DEVICES |
| | | 127 | 1. Mentioned |
| | | 2,956 | 2. Not mentioned |
| | | 13 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 13,013 | Blank. NA (No or DK if problem getting around outside the home) |
| 832 | 8b(9) | | NEED HELP FROM ANOTHER PERSON |
| | | 589 | 1. Mentioned |
| | | 2,494 | 2. Not mentioned |
| | | 13 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 13,013 | Blank. NA (No or DK if problem getting around outside the home) |
| 833 | 8b(10) | | OTHER |
| | | 461 | 1. Mentioned |
| | | 2,622 | 2. Not mentioned |
| | | 13 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 13,013 | Blank. NA (No or DK if problem getting around outside the home) |

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Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 834 | 9 | | HAVE YOU TRAVELED BY CAR, AIRPLANE, BUS, TRAIN, OR BOAT DURING THE PAST 6 MONTHS |
| | | 14,543 | 1. Yes |
| | | 1,473 | 2. No |
| | | 76 | 8. Not ascertained |
| | | 22 | 9. DK or refused |
| (835-852) | 10(a-i) | | IN THE PAST WEEK, HOW MANY TIMES DID YOU: |
| 835-836 | 10a | | DRIVE A CAR |
| | | 4,606 | 00. None |
| | | 9,751 | 01-96. 1-96 times |
| | | 17 | 97. 97+ times |
| | | 17 | 98. Not ascertained |
| | | 152 | 99. DK or refused |
| | | 1,571 | Blank. NA (No or DK if travelled by car, airplane, bus, train, or boat during past 6 months) |
| 837-838 | 10b | | RIDE AS A PASSENGER IN A CAR |
| | | 5,153 | 00. None |
| | | 9,089 | 01-96. 1-96 times |
| | | 1 | 97. 97+ times |
| | | 14 | 98. Not ascertained |
| | | 286 | 99. DK or refused |
| | | 1,571 | Blank. NA (No or DK if travelled by car, airplane, bus, train, or boat during past 6 months) |
| 839-840 | 10c | | RIDE A REGULAR BUS |
| | | 13,588 | 00. None |
| | | 875 | 01-96. 1-96 times |
| | | 0 | 97. 97+ times |
| | | 15 | 98. Not ascertained |
| | | 65 | 99. DK or refused |
| | | 1,571 | Blank. NA (No or DK if travelled by car, airplane, bus, train, or boat during past 6 months) |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (835-852) | 10(a-i) | | IN THE PAST WEEK, HOW MANY TIMES DID YOU: - Continued |
| 841-842 | 10d | | RIDE AN ACCESSIBLE BUS |
| | | 14,353 | 00. None |
| | | 125 | 01-96. 1-96 times |
| | | 1 | 97. 97+ times |
| | | 24 | 98. Not ascertained |
| | | 40 | 99. DK or refused |
| | | 1,571 | Blank. NA (No or DK if travelled by car, airplane, bus, train, or boat during past 6 months) |
| 843-844 | 10e | | RIDE A SUBWAY |
| | | 14,303 | 00. None |
| | | 187 | 01-96. 1-96 times |
| | | 0 | 97. 97+ times |
| | | 16 | 98. Not ascertained |
| | | 37 | 99. DK or refused |
| | | 1,571 | Blank. NA (No or DK if travelled by car, airplane, bus, train, or boat during past 6 months) |
| 845-846 | 10f | | RIDE SOME OTHER RAIL SYSTEM |
| | | 14,359 | 00. None |
| | | 134 | 01-96. 1-96 times |
| | | 0 | 97. 97+ times |
| | | 17 | 98. Not ascertained |
| | | 33 | 99. DK or refused |
| | | 1,571 | Blank. NA (No or DK if travelled by car, airplane, bus, train, or boat during past 6 months) |

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Tape

| Locations | Item No. | Frequency | Items and Codes |
|-----------|----------|-----------|--|
| (835-852) | 10(a-i) | | IN THE PAST WEEK, HOW MANY TIMES DID YOU: - Continued |
| 847-848 | 10g | | RIDE A FERRY BOAT |
| | | 14,425 | 00. None |
| | | 64 | 01-96. 1-96 times |
| | | 0 | 97. 97+ times |
| | | 23 | 98. Not ascertained |
| | | 31 | 99. DK or refused |
| | | 1,571 | Blank. NA (No or DK if travelled by car, airplane, bus, train, or boat during past 6 months) |
| 849-850 | 10h | | RIDE A SOCIAL SERVICES AGENCY VAN |
| | | 14,324 | 00. None |
| | | 169 | 01-96. 1-96 times |
| | | 0 | 97. 97+ times |
| | | 15 | 98. Not ascertained |
| | | 35 | 99. DK or refused |
| | | 1,571 | Blank. NA (No or DK if travelled by car, airplane, bus, train, or boat during past 6 months) |
| 851-852 | 10i | | RIDE A REGULAR TAXI IN WHICH YOU PAID FARE |
| | | 14,132 | 00. None |
| | | 353 | 01-96. 1-96 times |
| | | 0 | 97. 97+ times |
| | | 15 | 98. Not ascertained |
| | | 43 | 99. DK or refused |
| | | 1,571 | Blank. NA (No or DK if travelled by car, airplane, bus, train, or boat during past 6 months) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 853-854 | 11a | | HOW MANY TIMES DID YOU FLY IN AN AIRPLANE IN THE PAST 6 MONTHS |
| | | 12,073 | 00. None |

| | | |
|-------|--------|---|
| 671 | 01. | One time |
| 1,740 | 02-96. | 2-96 times |
| 3 | 97. | 97+ times |
| 27 | 98. | Not ascertained |
| 29 | 99. | DK or refused |
| 1,571 | Blank. | NA (No or DK if travelled by car, airplane, bus, train, or boat during past 6 months) |

855-856 11b

HOW MANY TIMES ON LARGE
AIRPLANE WITH 200 OR MORE SEATS

| | | |
|--------|--------|---|
| 415 | 00. | None |
| 1,279 | 01-96. | 1-96 times |
| 0 | 97. | 97+ times |
| 13 | 98. | Not ascertained |
| 36 | 99. | DK or refused |
| 14,371 | Blank. | NA (No or DK if travelled by car, airplane, bus, train, or boat during past 6 months; No or One or DK time(s) flew in an airplane in past 6 months) |

857-858 11c

HOW MANY TIMES ON A MEDIUM SIZED
AIRPLANE WITH 100 TO 199 SEATS

| | | |
|--------|--------|---|
| 1,092 | 00. | None |
| 588 | 01-96. | 1-96 times |
| 2 | 97. | 97+ times |
| 30 | 98. | Not ascertained |
| 31 | 99. | DK or refused |
| 14,371 | Blank. | NA (No or DK if travelled by car, airplane, bus, train, or boat during past 6 months; No or One or DK time(s) flew in an airplane in past 6 months) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

859-860 11d

HOW MANY TIMES ON A SMALL
AIRPLANE WITH 19 TO 99 SEATS

| | | |
|-------|--------|-----------------|
| 1,465 | 00. | None |
| 220 | 01-96. | 1-96 times |
| 0 | 97. | 97+ times |
| 39 | 98. | Not ascertained |
| 19 | 99. | DK or refused |

14,371 Blank. NA (No or DK if travelled by car, airplane, bus, train, or boat during past 6 months; No or One or DK time(s) flew in an airplane in past 6 months)

861-862 11e HOW MANY TIMES ON AN AIRPLANE WITH FEWER THAN 19 SEATS

| | | |
|--------|--------|---|
| 1,578 | 00. | None |
| 116 | 01-96. | 1-96 times |
| 0 | 97. | 97+ times |
| 38 | 98. | Not ascertained |
| 11 | 99. | DK or refused |
| 14,371 | Blank. | NA (No or DK if travelled by car, airplane, bus, train, or boat during past 6 months; No or One or DK time(s) flew in an airplane in past 6 months) |

863 11f FLIGHT WAS IN

| | | |
|--------|--------|--|
| 292 | 1. | A large airplane with 200 or more seats |
| 113 | 2. | Medium sized airplane with 100 to 199 seats |
| 17 | 3. | Small airplane with 19 to 99 seats |
| 14 | 4. | An airplane with fewer than 19 seats |
| 211 | 8. | Not ascertained |
| 24 | 9. | DK or refused |
| 15,443 | Blank. | NA (No or DK if travelled by car, airplane, bus, train, or boat during past 6 months; travelled on airplane more than once in past 6 months) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section B - Transportation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 864-865 | 12a | | HOW MANY TIMES DID YOU RIDE A LONG-DISTANCE BUS IN PAST 6 MONTHS |
| | | 13,986 | 00. None |
| | | 512 | 01-96. 1-96 times |
| | | 0 | 97. 97+ times |
| | | 21 | 98. Not ascertained |

| | | |
|-------|--------|---|
| 24 | 99. | DK or refused |
| 1,571 | Blank. | NA (No or DK if travelled by car, airplane, bus, train, or boat during past 6 months) |

| | | | |
|---------|-----|--------|--|
| 866-867 | 12b | | HOW MANY TIMES DID YOU TAKE A TRIP ON A TRAIN IN THE PAST 6 MONTHS |
| | | 13,819 | 00. None |
| | | 316 | 01-96. 1-96 times |
| | | 1 | 97. 97+ times |
| | | 326 | 98. Not ascertained |
| | | 81 | 99. DK or refused |
| | | 1,571 | Blank. NA (No or DK if travelled by car, airplane, bus, train, or boat during past 6 months) |

| | | | |
|---------|-----|--------|--|
| 868-869 | 12c | | HOW MANY TIMES DID YOU TAKE A TRIP ON A CRUISE SHIP OR BOAT |
| | | 13,886 | 00. None |
| | | 302 | 01-96. 1-96 times |
| | | 0 | 97. 97+ times |
| | | 281 | 98. Not ascertained |
| | | 74 | 99. DK or refused |
| | | 1,571 | Blank. NA (No or DK if travelled by car, airplane, bus, train, or boat during past 6 months) |

| | | | |
|-----|--|--|-------|
| 870 | | | BLANK |
|-----|--|--|-------|

| | | | |
|---|--|--|-------|
| 1 | | | -114- |
|---|--|--|-------|

Notes:

| | | | |
|---|--|--|-------|
| 1 | | | -115- |
|---|--|--|-------|

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section C - Social Activity

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|--------------|-----------|--|
| (871-891) | 1a-g 2a-g | | SOCIAL ACTIVITIES DURING PAST 2 WEEKS: |
| 871 | 1a | | GET TOGETHER WITH FRIENDS OR NEIGHBORS |
| | | 10,935 | 1. Yes |
| | | 4,832 | 2. No |
| | | 48 | 8. Not ascertained |
| | | 81 | 9. DK or refused |

| | | | | |
|---------|----|--------|---|---|
| | | 218 | Blank. | NA (Institutionalized) |
| 872-873 | 2a | | IF YES, HOW OFTEN | |
| | | 10,557 | 01-96. | Number of times |
| | | 2 | 97. | 97+ times |
| | | 42 | 98. | Not ascertained |
| | | 334 | 99. | DK or refused |
| | | 5,179 | Blank. | NA (Institutionalized; No or DK if get together socially with friends or neighbors) |
| 874 | 1b | | TALK ON TELEPHONE WITH FRIENDS OR NEIGHBORS | |
| | | 12,199 | 1. | Yes |
| | | 3,528 | 2. | No |
| | | 61 | 8. | Not ascertained |
| | | 108 | 9. | DK or refused |
| | | 218 | Blank. | NA (Institutionalized) |
| 875-876 | 2b | | IF YES, HOW OFTEN | |
| | | 11,462 | 01-96. | Number of times |
| | | 28 | 97. | 97+ times |
| | | 63 | 98. | Not ascertained |
| | | 646 | 99. | DK or refused |
| | | 3,915 | Blank. | NA (Institutionalized; No or DK if talk on telephone with friends or neighbors) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section C - Social Activity

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|--------------|-----------|--|
| (871-891) | 1a-g 2a-g | | SOCIAL ACTIVITIES DURING PAST 2 WEEKS: - Continued |
| 877 | 1c | | GET TOGETHER WITH RELATIVES |
| | | 11,248 | 1. Yes |
| | | 4,492 | 2. No |
| | | 78 | 8. Not ascertained |
| | | 78 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| 878-879 | 2c | | IF YES, HOW OFTEN |

| | | | | |
|-----|----|--------|--------|--|
| | | 9,821 | Blank. | NA (Institutionalized; No or DK if go to place of worship) |
| 886 | 1f | | | GO TO MOVIES, SPORTS EVENTS, ETC. |
| | | 4,357 | 1. | Yes |
| | | 11,363 | 2. | No |
| | | 68 | 8. | Not ascertained |
| | | 108 | 9. | DK or refused |
| | | 218 | Blank. | NA (Institutionalized) |

| | | | | |
|---------|----|--------|--------|---|
| 887-888 | 2f | | | IF YES, HOW OFTEN |
| | | 4,237 | 01-96. | Number of times |
| | | 0 | 97. | 97+ times |
| | | 22 | 98. | Not ascertained |
| | | 98 | 99. | DK or refused |
| | | 11,757 | Blank. | NA (Institutionalized; No or DK if go to group event) |

| | | | | |
|-----|----|-------|--------|--------------------------|
| 889 | 1g | | | OUT TO EAT AT RESTAURANT |
| | | 9,560 | 1. | Yes |
| | | 6,147 | 2. | No |
| | | 75 | 8. | Not ascertained |
| | | 114 | 9. | DK or refused |
| | | 218 | Blank. | NA (Institutionalized) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section C - Social Activity

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|--------------|-----------|---|
| (871-891) | 1a-g 2a-g | | SOCIAL ACTIVITIES DURING PAST 2 WEEKS: - Continued |
| 890-891 | 2g | | IF YES, HOW OFTEN |
| | | 9,296 | 01-96. Number of times |
| | | 0 | 97. 97+ times |
| | | 85 | 98. Not ascertained |
| | | 179 | 99. DK or refused |
| | | 6,554 | Blank. NA (Institutionalized; No or DK if go to restaurant) |
| 892-893 | 3 | | DAYS OUTSIDE THE HOUSE IN PAST TWO WEEKS |

| | | |
|-------|--------|------------------------|
| 557 | 00. | None |
| 5,222 | 01-13. | 1-13 days |
| 9,848 | 14. | Every day |
| 60 | 98. | Not ascertained |
| 209 | 99. | DK or refused |
| 218 | Blank. | NA (Institutionalized) |

| | | | |
|-----|---|-------|--|
| 894 | 4 | | PRESENT SOCIAL ACTIVITIES ENOUGH, TOO MUCH |
| | | 7,986 | 1. About enough |
| | | 695 | 2. Too much |
| | | 5,176 | 3. Would like to be doing more |
| | | 88 | 8. Not ascertained |
| | | 188 | 9. DK or refused |
| | | 1,981 | Blank. NA (Institutionalized; proxy respondent) |

| | |
|---------|-------|
| 895-900 | BLANK |
|---------|-------|

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 901 | 1 | | EVER WORKED AT A JOB OR BUSINESS |
| | | 14,867 | 1. Yes |
| | | 1,215 | 2. No |
| | | 13 | 8. Not ascertained |
| | | 19 | 9. DK or refused |
| 902 | Recode | | WORK HISTORY RECODE |
| | | 12 | 0. No information about employment for this person |
| | | 14,730 | 1. Worked and has data (may not be complete) |
| | | 137 | 2. Worked but no data |
| | | 1,213 | 3. Never worked and has some data |
| | | 2 | 4. Never worked but has no data |
| | | 1 | 8. Not ascertained |
| | | 19 | 9. DK if ever worked |
| 903 | 2 | | DOES ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY ENTIRELY PREVENT YOU FROM |

WORKING (Never or DK if ever worked)

| | |
|--------|--------------------|
| 689 | 1. Yes |
| 523 | 2. No |
| 0 | 8. Not ascertained |
| 21 | 9. DK or refused |
| 14,881 | Blank. NA |

904 3

WOULD YOU BE ABLE TO WORK IF ACCOMMODATIONS WERE MADE IN TRANSPORTATION AND AT WORK PLACE (Never or DK if ever worked; entirely prevented from working)*

| | |
|--------|--------------------|
| 43 | 1. Yes |
| 610 | 2. No |
| 0 | 8. Not ascertained |
| 36 | 9. DK or refused |
| 15,425 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -120-

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (905-911) | 4a-g | | IN ORDER TO WORK, WOULD YOU NEED ANY SPECIAL FEATURE(S) AT YOUR WORKSITE:(Never or DK if ever worked; entirely prevented from working but able to work if accommodations made)* |
| 905 | 4a | | HANDRAILS OR RAMPS |
| | | 12 | 1. Yes |
| | | 30 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,071 | Blank. NA |
| 906 | 4b | | ACCESSIBLE PARKING OR TRANSPORTATION STOP CLOSE TO THE BUILDING |
| | | 18 | 1. Yes |
| | | 24 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 1 | 9. DK or refused |

16,071 Blank. NA

| | | | |
|-----|----|--------|--------------------|
| 907 | 4c | | AN ELEVATOR |
| | | 17 | 1. Yes |
| | | 25 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,071 | Blank. NA |

| | | | |
|-----|----|--------|--|
| 908 | 4d | | AN ELEVATOR DESIGNED FOR PERSONS WITH SPECIAL NEEDS |
| | | 5 | 1. Yes |
| | | 37 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,071 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -121-

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (905-911) | 4a-g | | IN ORDER TO WORK, WOULD YOU NEED ANY SPECIAL FEATURE(S) AT YOUR WORKSITE: Continued (Never or DK if ever worked; entirely prevented from working but able to work if accommodations made)* |
| 909 | 4e | | A WORK STATION SPECIALLY ADAPTED FOR YOUR USE |
| | | 15 | 1. Yes |
| | | 25 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 16,071 | Blank. NA |

| | | | |
|-----|----|----|---|
| 910 | 4f | | A RESTROOM DESIGNED FOR PERSONS WITH SPECIAL NEEDS |
| | | 7 | 1. Yes |
| | | 35 | 2. No |
| | | 0 | 8. Not ascertained |

1 9. DK or refused
 16,071 Blank. NA

911 4g AN AUTOMATIC DOOR

7 1. Yes
 34 2. No
 0 8. Not ascertained
 2 9. DK or refused
 16,071 Blank. NA

*All work restrictions due to ongoing health problem, impairment or disability
 1 -122-

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 912 | 5 | | NEED ANY OTHER SPECIAL EQUIPMENT ASSISTANCE, OR WORK ARRANGEMENTS IN ORDER TO WORK (Never or DK if ever worked; entirely prevented from working but able to work if accommodations made)* |
| | | 17 | 1. Yes |
| | | 24 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 16,071 | Blank. NA |
| 913 | 6 | | WERE YOU INVOLVED IN UNPAID VOLUNTEER WORK DURING PAST 12 MONTHS (Never or DK if ever worked; entirely prevented from working)* |
| | | 27 | 1. Yes |
| | | 639 | 2. No |
| | | 6 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,442 | Blank. NA |
| (914-917) | 7 | | NUMBER OF DAYS VOLUNTEERED IN PAST 12 MONTHS (Never or DK if ever worked; entirely prevented from working; did volunteer work in past 12 months)* |

914-916

NUMBER OF DAYS

| | | |
|--------|----------|----------------------------------|
| 26 | 001-365. | 1-365 days per week, month, year |
| 1 | 999. | DK or refused |
| 16,087 | Blank. | NA |

917

TIME UNITS

| | | |
|--------|--------|---------------|
| 9 | 1. | Per week |
| 6 | 2. | Per month |
| 11 | 3. | Per year |
| 1 | 9. | DK or refused |
| 16,087 | Blank. | NA |

*All work restrictions due to ongoing health problem, impairment or disability
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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-------------|-----------|---|
| 918-919 | Recode (Q7) | | DAYS PER MONTH DID VOLUNTEER WORK IN PAST 12 MONTHS |
| | | 19 | 01-31. Number of days per month |
| | | 7 | 88. Less than 1 day per month |
| | | 1 | 99. DK, refused, or not ascertained |
| | | 16,087 | Blank. NA |
| 920 | 8 | | DOES ONGOING HEALTH PROBLEM, IMPAIRMENT OR DISABILITY LIMIT YOUR ABILITY TO WORK(Never or DK if ever worked; not or DK if entirely prevented from working)* |
| | | 106 | 1. Yes |
| | | 413 | 2. No |
| | | 8 | 8. Not ascertained |
| | | 17 | 9. DK or refused |
| | | 15,570 | Blank. NA |
| 921 | 9 | | LOOKED FOR WORK IN PAST 2 YEARS(Never or DK if ever worked; not or DK if entirely prevented from working; limited or DK if limited in work)* |
| | | 9 | 1. Yes |
| | | 109 | 2. No |
| | | 9 | 8. Not ascertained |

4 9. DK or refused
 15,983 Blank. NA

*All work restrictions due to ongoing health problem, impairment or disability
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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (922-932) | 10a-k | | DID YOU NOT LOOK FOR WORK BECAUSE YOU WERE CONCERNED THAT: (Never or DK if ever worked; not or DK if entirely prevented from working and limited or DK if limited in work; did not look for work in past two years)* |
| 922 | 10a | | YOU WOULD LOSE YOUR SSI, SSDI, OR OTHER SOURCES OF INCOME |
| | | 12 | 1. Yes |
| | | 95 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 16,005 | Blank. NA |
| 923 | 10b | | YOU WOULD LOSE YOUR HOUSING |
| | | 1 | 1. Yes |
| | | 107 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,005 | Blank. NA |
| 924 | 10c | | YOU WOULD LOSE YOUR HEALTH INSURANCE OR MEDICAID COVERAGE |
| | | 12 | 1. Yes |
| | | 95 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 16,005 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
 1 -125-

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (922-932) | 10a-k | | DID YOU NOT LOOK FOR WORK BECAUSE YOU WERE CONCERNED THAT: - Continued (Never or DK if ever worked; not or DK if entirely prevented from working and limited or DK if limited in work; did not look for work in past two years)* |
| 925 | 10d | | YOUR FAMILY OR FRIENDS WOULD DISCOURAGE YOU FROM WORKING |
| | | 4 | 1. Yes |
| | | 105 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,005 | Blank. NA |
| 926 | 10e | | FAMILY RESPONSIBILITIES PREVENTED YOU FROM WORKING |
| | | 17 | 1. Yes |
| | | 91 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,005 | Blank. NA |
| 927 | 10f | | APPROPRIATE INFORMATION ABOUT JOBS WAS NOT AVAILABLE |
| | | 7 | 1. Yes |
| | | 98 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 4 | 9. DK or refused |
| | | 16,005 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

Tape

| Locations | Item No. | Frequency | Items and Codes |
|-----------|----------|-----------|--|
| (922-932) | 10a-k | | DID YOU NOT LOOK FOR WORK BECAUSE YOU WERE CONCERNED THAT: - Continued (Never or DK if ever worked; not or DK if entirely prevented from working and limited or DK if limited in work; did not look for work in past two years)* |
| 928 | 10g | | YOU WOULD BE REFUSED A PROMOTION OR TRANSFER |
| | | 1 | 1. Yes |
| | | 105 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 16,005 | Blank. NA |
| 929 | 10h | | YOU WOULD BE REFUSED ACCESS TO TRAINING |
| | | 0 | 1. Yes |
| | | 105 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 16,005 | Blank. NA |
| 930 | 10i | | TRAINING WAS NOT ADEQUATE |
| | | 11 | 1. Yes |
| | | 96 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 16,005 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (922-932) | 10a-k | | DID YOU NOT LOOK FOR WORK BECAUSE YOU WERE CONCERNED THAT: - Continued |

(Never or DK if ever worked;
not or DK if entirely
prevented from working and
limited or DK if limited in
work; did not look for work
in past two years)*

| | | | |
|-----|-----|--------|-----------------------|
| 931 | 10j | | LACKED TRANSPORTATION |
| | | 10 | 1. Yes |
| | | 96 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 16,005 | Blank. NA |

| | | | |
|-----|-----|--------|-------------------------------|
| 932 | 10k | | NO APPROPRIATE JOBS AVAILABLE |
| | | 10 | 1. Yes |
| | | 96 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 16,005 | Blank. NA |

| | | | |
|-----|----|--------|--|
| 933 | 11 | | IN THE NEXT 6 MONTHS, WOULD YOU LOOK FOR WORK? (Never or DK if ever worked; not or DK if entirely prevented from working and limited or DK if limited in work)* |
| | | 7 | 1. Yes |
| | | 104 | 2. No |
| | | 8 | 8. Not ascertained |
| | | 12 | 9. DK or refused |
| | | 15,983 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (934-940) | 12a-g | | IN ORDER TO WORK, DO YOU NEED ANY OF THESE SPECIAL FEATURE(S) AT YOUR WORKSITE: (Never or DK if ever worked; not or DK if entirely prevented from working and limited or DK if limited in work)* |

| | | | |
|-------|-----|--------|---|
| 934 | 12a | | HANDRAILS OR RAMPS |
| | | 20 | 1. Yes |
| | | 95 | 2. No |
| | | 8 | 8. Not ascertained |
| | | 8 | 9. DK or refused |
| | | 15,983 | Blank. NA |
| <hr/> | | | |
| 935 | 12b | | ACCESSIBLE PARKING OR TRANSPORTATION STOP CLOSE TO THE BUILDING |
| | | 20 | 1. Yes |
| | | 96 | 2. No |
| | | 8 | 8. Not ascertained |
| | | 7 | 9. DK or refused |
| | | 15,983 | Blank. NA |
| <hr/> | | | |
| 936 | 12c | | AN ELEVATOR |
| | | 24 | 1. Yes |
| | | 92 | 2. No |
| | | 8 | 8. Not ascertained |
| | | 7 | 9. DK or refused |
| | | 15,983 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (934-940) | 12a-g | | IN ORDER TO WORK, DO YOU NEED ANY OF THESE SPECIAL FEATURE(S) AT YOUR WORKSITE: - Continued (Never or DK if ever worked; not or DK if entirely prevented from working and limited or DK if limited in work)* |
| 937 | 12d | | AN ELEVATOR DESIGNED FOR PERSONS WITH SPECIAL NEEDS |
| | | 7 | 1. Yes |
| | | 110 | 2. No |
| | | 8 | 8. Not ascertained |
| | | 6 | 9. DK or refused |
| | | 15,983 | Blank. NA |

| | | | |
|-----|-----|--------|--|
| 938 | 12e | | A WORK STATION SPECIALLY ADAPTED FOR YOUR USE |
| | | 13 | 1. Yes |
| | | 100 | 2. No |
| | | 8 | 8. Not ascertained |
| | | 10 | 9. DK or refused |
| | | 15,983 | Blank. NA |

| | | | |
|-----|-----|--------|---|
| 939 | 12f | | A RESTROOM DESIGNED FOR PERSONS WITH SPECIAL NEEDS |
| | | 5 | 1. Yes |
| | | 112 | 2. No |
| | | 8 | 8. Not ascertained |
| | | 6 | 9. DK or refused |
| | | 15,983 | Blank. NA |

| | | | |
|-----|-----|--------|--------------------|
| 940 | 12g | | AN AUTOMATIC DOOR |
| | | 6 | 1. Yes |
| | | 112 | 2. No |
| | | 8 | 8. Not ascertained |
| | | 5 | 9. DK or refused |
| | | 15,983 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -130-

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 941 | 13a | | WOULD YOU NEED ANY SPECIAL EQUIPMENT, ASSISTANCE, OR WORK ARRANGEMENTS TO DO YOUR JOB BECAUSE OF ONGOING PROBLEMS (Never or DK if ever worked; not or DK if entirely prevented from working and limited or DK if limited in work) |
| | | 17 | 1. Yes |
| | | 91 | 2. No |
| | | 9 | 8. Not ascertained |
| | | 14 | 9. DK or refused |
| | | 15,983 | Blank. NA |

(942-951) 13b(1-10) IN ORDER TO WORK, WOULD YOU
 NEED: (Never or DK if ever
 worked; not or DK if entirely
 prevented from working and
 limited or DK if limited in
 work; entirely prevented from
 working but able to work with
 accommodation and need
 special equipment)*

942 13b(1) A VOICE SYNTHESIZER OR
 TECHNICAL DEVICE(S)

| | |
|--------|--------------------|
| 2 | 1. Yes |
| 31 | 2. No |
| 1 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 16,080 | Blank. NA |

943 13b(2) BRAILLE, ENLARGED PRINT,
 SPECIAL LIGHTING, OR AUDIO TAPE

| | |
|--------|--------------------|
| 5 | 1. Yes |
| 28 | 2. No |
| 1 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 16,080 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
 1 -131-

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|---|
| (942-951) | 13b(1-10) | | IN ORDER TO WORK, WOULD YOU NEED: - Continued (Never or DK if ever worked; not or DK if entirely prevented from working and limited or DK if limited in work; entirely prevented from working but able to work with accommodation and need special equipment)* |
| 944 | 13b(3) | | A READER, ORAL OR SIGN LANGUAGE INTERPRETER TO ASSIST YOU |
| | | 4 | 1. Yes |
| | | 29 | 2. No |
| | | 1 | 8. Not ascertained |

0 9. DK or refused
 16,080 Blank. NA

945 13b(4) A JOB COACH TO HELP TRAIN
 AND SUPERVISE YOUR WORK

17 1. Yes
 15 2. No
 1 8. Not ascertained
 1 9. DK or refused
 16,080 Blank. NA

946 13b(5) A PERSONAL ASSISTANT TO HELP
 WITH JOB RELATED ACTIVITIES

11 1. Yes
 18 2. No
 1 8. Not ascertained
 4 9. DK or refused
 16,080 Blank. NA

*All work restrictions due to ongoing health problem, impairment or disability
 1 -132-

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------------------------|---|
| (942-951) | 13b(1-10) | | IN ORDER TO WORK, WOULD YOU NEED: - Continued (Never or DK if ever worked; not or DK if entirely prevented from working and limited or DK if limited in work; entirely prevented from working but able to work with accommodation and need special equipment)* |
| 947 | 13b(6) | | SPECIAL PENS OR PENCILS, CHAIRS OR OTHER OFFICE SUPPLIES |
| | | 6 26 1 1 16,080 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA |
| 948 | 13b(7) | | JOB REDESIGN |
| | | 9 | 1. Yes |

12 MONTHS (Never or DK if ever worked; not or DK if entirely prevented from working and limited or DK if limited in work; entirely prevented from working but able to work with accommodation and need special equipment)*

| | |
|--------|--------------------|
| 30 | 1. Yes |
| 510 | 2. No |
| 20 | 8. Not ascertained |
| 1 | 9. DK or refused |
| 15,553 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -134-

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|--------------|-----------|---|
| (953-956) | 15 | | NUMBER OF DAYS VOLUNTEERED IN PAST 12 MONTHS (Never or DK if ever worked; not or DK if entirely prevented from working and limited or DK if limited in work; entirely prevented from working but able to work with accommodation and need special equipment)* |
| 953-955 | | | NUMBER OF DAYS |
| | | 28 | 001-365. 1-365 days per week, month, year |
| | | 2 | 999. DK or refused |
| | | 16,084 | Blank. NA |
| 956 | | | TIME UNITS |
| | | 11 | 1. Per week |
| | | 9 | 2. Per month |
| | | 8 | 3. Per year |
| | | 2 | 9. DK or refused |
| | | 16,084 | Blank. NA |
| 957-958 | Recode (Q15) | | DAYS PER MONTH DID VOLUNTEER WORK IN PAST 12 MONTHS |
| | | 25 | 01-31. Number of days per month |
| | | 3 | 88. Less than 1 day per month |
| | | 2 | 99. DK, refused, or not ascertained |

16,084 Blank. NA

| | | | |
|-----|----|-------|--|
| 959 | 16 | | DO YOU NOW WORK AT A JOB OR BUSINESS (Has worked at a job or business) |
| | | 5,409 | 1. Yes |
| | | 9,261 | 2. No |
| | | 48 | 8. Not ascertained |
| | | 12 | 9. DK or refused |
| | | 1,384 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -135-

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 960 | 17 | | LIMITED IN THE KIND OR AMOUNT OF WORK YOU CAN DO (Now working at a job or business) |
| | | 1,538 | 1. Yes |
| | | 3,844 | 2. No |
| | | 4 | 8. Not ascertained |
| | | 23 | 9. DK or refused |
| | | 10,705 | Blank. NA |
| 961-962 | 18 | | NUMBER OF HOURS A WEEK YOU USUALLY WORK (Now working at a job or business but limited in kind or amount of work)* |
| | | 1,491 | 01-96. 1-96 hours per week |
| | | 4 | 97. 97+ hours per week |
| | | 7 | 98. Not ascertained |
| | | 36 | 99. DK or refused |
| | | 14,576 | Blank. NA |
| (963-965) | 19a-c | | BECAUSE OF ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY, HAVE YOU EVER CHANGED: (Now working at a job or business but limited in kind or amount of work)* |
| 963 | 19a | | THE KIND OF WORK YOU DO |

| | |
|--------|--------------------|
| 760 | 1. Yes |
| 771 | 2. No |
| 3 | 8. Not ascertained |
| 4 | 9. DK or refused |
| 14,576 | Blank. NA |

| | | |
|-----|-----|---------------------------|
| 964 | 19b | THE AMOUNT OF WORK YOU DO |
| | | 907 1. Yes |
| | | 626 2. No |
| | | 3 8. Not ascertained |
| | | 2 9. DK or refused |
| | | 14,576 Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (963-965) | 19a-c | | BECAUSE OF ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY, HAVE YOU EVER CHANGED: - Continued (Now working at a job or business but limited in kind or amount of work)* |
| 965 | 19c | | YOUR JOB |
| | | 661 | 1. Yes |
| | | 868 | 2. No |
| | | 3 | 8. Not ascertained |
| | | 6 | 9. DK or refused |
| | | 14,576 | Blank. NA |
| 966 | 20a | | DOES ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY MAKE IT DIFFICULT TO CHANGE JOBS (Now working at a job or business but limited in kind or amount of work)* |
| | | 933 | 1. Yes |
| | | 515 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 88 | 9. DK or refused |
| | | 14,576 | Blank. NA |

| | | | |
|-----|-----|--------|--|
| 967 | 20b | | HOW DIFFICULT TO CHANGE JOBS (Now working at a job or business but limited in kind or amount of work; difficult to change jobs)* |
| | | 531 | 1. Very difficult |
| | | 388 | 2. Somewhat difficult |
| | | 1 | 8. Not ascertained |
| | | 13 | 9. DK or refused |
| | | 15,181 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -137-

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 968 | 21a | | DOES ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY MAKE IT DIFFICULT TO ADVANCE IN YOUR PRESENT JOB (Now working at a job or business but limited in kind or amount of work)* |
| | | 471 | 1. Yes |
| | | 978 | 2. No |
| | | 3 | 8. Not ascertained |
| | | 86 | 9. DK or refused |
| | | 14,576 | Blank. NA |
| 969 | 21b | | HOW DIFFICULT TO ADVANCE IN JOB (Now working at a job or business but limited in kind or amount of work; difficult to advance in job)* |
| | | 298 | 1. Very difficult |
| | | 170 | 2. Somewhat difficult |
| | | 1 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,643 | Blank. NA |
| 970 | 22a(1) | | NEED HANDRAILS OR RAMPS IN ORDER TO WORK (Now working at a job or business but limited in kind or amount of work)* |

| | |
|--------|--------------------|
| 120 | 1. Yes |
| 1,409 | 2. No |
| 4 | 8. Not ascertained |
| 5 | 9. DK or refused |
| 14,576 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -138-

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 971 | 22b(1) | | DO YOU HAVE HANDRAILS OR RAMPS AT WORK (Now working at a job or business but limited in kind or amount of work; needs this special feature to work)* |
| | | 70 | 1. Yes |
| | | 41 | 2. No |
| | | 8 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,994 | Blank. NA |
| 972 | 22a(2) | | NEED ACCESSIBLE PARKING OR TRANSPORTATION STOP CLOSE TO THE BUILDING (Now working at a job or business but limited in kind or amount of work)* |
| | | 213 | 1. Yes |
| | | 1,317 | 2. No |
| | | 3 | 8. Not ascertained |
| | | 5 | 9. DK or refused |
| | | 14,576 | Blank. NA |
| 973 | 22b(2) | | DO YOU HAVE ACCESSIBLE PARKING OR TRANSPORTATION STOP CLOSE TO THE BUILDING AT WORK (Now working at a job or business but limited in kind or amount of work; needs this special feature to work)* |
| | | 137 | 1. Yes |
| | | 59 | 2. No |
| | | 15 | 8. Not ascertained |
| | | 2 | 9. DK or refused |

*All work restrictions due to ongoing health problem, impairment or disability
1 -139-

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 974 | 22a(3) | | NEED AN ELEVATOR (Now working at a job or business but limited in kind or amount of work)* |
| | | 169 | 1. Yes |
| | | 1,363 | 2. No |
| | | 4 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 14,576 | Blank. NA |
| 975 | 22b(3) | | DO YOU HAVE AN ELEVATOR AT WORK (Now working at a job or business but limited in kind or amount of work; needs this special feature to work)* |
| | | 92 | 1. Yes |
| | | 66 | 2. No |
| | | 11 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,945 | Blank. NA |
| 976 | 22a(4) | | NEED AN ELEVATOR DESIGNED FOR PERSONS WITH SPECIAL NEEDS (Now working at a job or business but limited in kind or amount of work)* |
| | | 29 | 1. Yes |
| | | 1,503 | 2. No |
| | | 4 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 14,576 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 977 | 22b(4) | | DO YOU HAVE AN ELEVATOR DESIGNED FOR PERSONS WITH SPECIAL NEEDS AT WORK (Now working at a job or business but limited in kind or amount of work; needs this special feature to work)* |
| | | 9 | 1. Yes |
| | | 17 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,085 | Blank. NA |
| 978 | 22a(5) | | NEED A WORK STATION SPECIALLY ADAPTED FOR YOUR USE (Now working at a job or business but limited in kind or amount of work)* |
| | | 164 | 1. Yes |
| | | 1,363 | 2. No |
| | | 4 | 8. Not ascertained |
| | | 7 | 9. DK or refused |
| | | 14,576 | Blank. NA |
| 979 | 22b(5) | | DO YOU HAVE A WORK STATION SPECIALLY ADAPTED FOR YOUR USE AT WORK (Now working at a job or business but limited in kind or amount of work; needs this special feature to work)* |
| | | 89 | 1. Yes |
| | | 68 | 2. No |
| | | 6 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,950 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -141-

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 980 | 22a(6) | | NEED A RESTROOM DESIGNED FOR PERSONS WITH SPECIAL NEEDS (Now working at a job or business but limited in kind or amount of work)* |
| | | 78 | 1. Yes |
| | | 1,456 | 2. No |
| | | 3 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 14,576 | Blank. NA |
| 981 | 22b(6) | | DO YOU HAVE A RESTROOM DESIGNED FOR PERSONS WITH SPECIAL NEEDS AT WORK (Now working at a job or business but limited in kind or amount of work; needs this special feature to work)* |
| | | 48 | 1. Yes |
| | | 24 | 2. No |
| | | 6 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,036 | Blank. NA |
| 982 | 22a(7) | | NEED AN AUTOMATIC DOOR (Now working at a job or business but limited in kind or amount of work)* |
| | | 59 | 1. Yes |
| | | 1,473 | 2. No |
| | | 3 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 14,576 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--------------------------|
| 983 | 22b(7) | | DO YOU HAVE AN AUTOMATIC |

DOOR (Now working at a job or business but limited in kind or amount of work; needs this special feature to work)*

| | |
|--------|--------------------|
| 18 | 1. Yes |
| 36 | 2. No |
| 4 | 8. Not ascertained |
| 1 | 9. DK or refused |
| 16,055 | Blank. NA |

984 23a

DO YOU NEED ANY SPECIAL EQUIPMENT, ASSISTANCE, OR WORK ARRANGEMENTS TO DO YOUR JOB BECAUSE OF ONGOING PROBLEMS (Now working at a job or business but limited in kind or amount of work)*

| | |
|--------|--------------------|
| 265 | 1. Yes |
| 1,258 | 2. No |
| 7 | 8. Not ascertained |
| 8 | 9. DK or refused |
| 14,576 | Blank. NA |

985 23b(1)

NEED A VOICE SYNTHESIZER OR TECHNICAL DEVICE(S) (Now working at a job or business but limited in kind or amount of work; needs special equipment, help or arrangements to work)*

| | |
|--------|--------------------|
| 14 | 1. Yes |
| 248 | 2. No |
| 2 | 8. Not ascertained |
| 1 | 9. DK or refused |
| 15,849 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -143-

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|-----|--------|--|---|
| 986 | 23c(1) | | DO YOU HAVE A VOICE SYNTHESIZER OR TECHNICAL DEVICE(S) AT WORK (Now working at a job or |
|-----|--------|--|---|

business but limited in kind or amount of work; needs special equipment, help or arrangements to work; needs this device)*

| | |
|--------|--------------------|
| 10 | 1. Yes |
| 3 | 2. No |
| 1 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 16,100 | Blank. NA |

| | | |
|-----|--------|--|
| 987 | 23b(2) | NEED BRAILLE, ENLARGED PRINT, SPECIAL LIGHTING, OR AUDIO TAPE (Now working at a job or business but limited in kind or amount of work; needs special equipment, help or arrangements to work)* |
|-----|--------|--|

| | |
|--------|--------------------|
| 11 | 1. Yes |
| 251 | 2. No |
| 3 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 15,849 | Blank. NA |

| | | |
|-----|--------|---|
| 988 | 23c(2) | DO YOU HAVE BRAILLE, ENLARGED PRINT, SPECIAL LIGHTING, OR AUDIO TAPE AT WORK (Now working at a job or business but limited in kind or amount of work; needs special equipment, help or arrangements to work; needs this equipment)* |
|-----|--------|---|

| | |
|--------|--------------------|
| 7 | 1. Yes |
| 3 | 2. No |
| 1 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 16,103 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 989 | 23b(3) | | NEED A READER, ORAL OR SIGN LANGUAGE INTERPRETER TO ASSIST YOU (Now working at a job or business but limited |

in kind or amount of work;
needs special equipment, help
or arrangements to work)*

| | |
|--------|--------------------|
| 6 | 1. Yes |
| 256 | 2. No |
| 3 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 15,849 | Blank. NA |

990 23c(3)

DO YOU HAVE A READER, ORAL
OR SIGN LANGUAGE INTERPRETER
TO ASSIST YOU AT WORK
(Now working at a job or
business but limited in kind
or amount of work; needs
special equipment, help
or arrangements to work; needs
this help)*

| | |
|--------|--------------------|
| 4 | 1. Yes |
| 1 | 2. No |
| 1 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 16,108 | Blank. NA |

991 23b(4)

NEED A JOB COACH TO HELP
TRAIN YOU AND SUPERVISE YOUR
WORK (Now working at a
job or business but limited
in kind or amount of work;
needs special equipment, help
or arrangements to work)*

| | |
|--------|--------------------|
| 21 | 1. Yes |
| 240 | 2. No |
| 3 | 8. Not ascertained |
| 1 | 9. DK or refused |
| 15,849 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

992 23c(4)

DO YOU HAVE A JOB COACH TO
HELP TRAIN YOU AND SUPERVISE
YOUR WORK AT WORK

PENCILS, CHAIRS, OR OTHER
OFFICE SUPPLIES (Now working at
a job or business but limited
in kind or amount of work;
needs special equipment, help
or arrangements to work)*

| | |
|--------|--------------------|
| 46 | 1. Yes |
| 216 | 2. No |
| 3 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 15,849 | Blank. NA |

| | | |
|-----|--------|--|
| 996 | 23c(6) | DO YOU HAVE SPECIAL PENS OR PENCILS, CHAIRS, OR OTHER OFFICE SUPPLIES AT WORK (Now working at a job or business but limited in kind or amount of work; needs special equipment, help or arrangements to work; needs this equipment)* |
|-----|--------|--|

| | |
|--------|--------------------|
| 26 | 1. Yes |
| 19 | 2. No |
| 1 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 16,068 | Blank. NA |

| | | |
|-----|--------|---|
| 997 | 23b(7) | NEED JOB REDESIGN (Now working at a job or business but limited in kind or amount of work; needs special equipment, help or arrangements to work)* |
|-----|--------|---|

| | |
|--------|--------------------|
| 85 | 1. Yes |
| 174 | 2. No |
| 3 | 8. Not ascertained |
| 3 | 9. DK or refused |
| 15,849 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

| | | |
|-----|--------|--------------------------|
| 998 | 23c(7) | DO YOU HAVE JOB REDESIGN |
|-----|--------|--------------------------|

AT WORK (Now working at a job or business but limited in kind or amount of work; needs special equipment, help or arrangements to work, needs this arrangement)*

54 1. Yes
 28 2. No
 2 8. Not ascertained
 1 9. DK or refused
 16,029 Blank. NA

999 23b(8) NEED REDUCED WORK HOURS TO ALLOW FOR MORE BREAKS (Now working at a job or business but limited in kind or amount of work; needs special equipment, help or arrangements to work)*

103 1. Yes
 154 2. No
 4 8. Not ascertained
 4 9. DK or refused
 15,849 Blank. NA

1000 23c(8) DO YOU HAVE REDUCED WORK HOURS TO ALLOW FOR MORE BREAKS AT WORK (Now working at a job or business but limited in kind or amount of work; needs special equipment, help or arrangements to work; needs this arrangement)*

64 1. Yes
 36 2. No
 2 8. Not ascertained
 1 9. DK or refused
 16,011 Blank. NA

*All work restrictions due to ongoing health problem, impairment or disability
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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---------------------------|
| 1001 | 23b(9) | | NEED REDUCED OR PART-TIME |

WORK HOURS (Now working at a job or business but limited in kind or amount of work; needs special equipment, help or arrangements to work)*

| | |
|--------|--------------------|
| 116 | 1. Yes |
| 145 | 2. No |
| 3 | 8. Not ascertained |
| 1 | 9. DK or refused |
| 15,849 | Blank. NA |

1002 23c(9) DO YOU HAVE REDUCED OR PART-TIME WORK HOURS AT WORK (Now working at a job or business but limited in kind or amount of work; needs special equipment, help or arrangements to work; needs this arrangement)*

| | |
|--------|--------------------|
| 86 | 1. Yes |
| 25 | 2. No |
| 4 | 8. Not ascertained |
| 1 | 9. DK or refused |
| 15,998 | Blank. NA |

1003 23b(10) NEED SOME OTHER EQUIPMENT, HELP, OR WORK ARRANGEMENTS (Now working at a job or business but limited in kind or amount of work; needs special equipment, help or arrangements to work)*

| | |
|--------|--------------------|
| 120 | 1. Yes |
| 136 | 2. No |
| 0 | 8. Not ascertained |
| 9 | 9. DK or refused |
| 15,849 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|------|---------|--|--|
| 1004 | 23c(10) | | DO YOU HAVE SOME OTHER EQUIPMENT, HELP, OR WORK ARRANGEMENTS AT WORK |
|------|---------|--|--|

(Now working at a job or business but limited in kind or amount of work; needs special equipment, help or arrangements to work; needs other equipment, help or work arrangement)*

| | |
|--------|--------------------|
| 74 | 1. Yes |
| 42 | 2. No |
| 4 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 15,994 | Blank. NA |

1005 BLANK

(1006-1015) 24a(1-10) HOW DO YOU USUALLY GET TO WORK (Now working at a job or business but limited in kind or amount of work)*

| | | |
|------|--------|------------------------------------|
| 1006 | 24a(1) | CAR |
| | 1,275 | 1. Mentioned |
| | 256 | 2. Not mentioned |
| | 6 | 8. No answer to entire question |
| | 1 | 9. DK or refused (entire question) |
| | 14,576 | Blank. NA |

| | | |
|------|--------|------------------------------------|
| 1007 | 24a(2) | WORK AT HOME |
| | 135 | 1. Mentioned |
| | 1,396 | 2. Not mentioned |
| | 6 | 8. No answer to entire question |
| | 1 | 9. DK or refused (entire question) |
| | 14,576 | Blank. NA |

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | |
|-------------|-----------|---|
| (1006-1015) | 24a(1-10) | HOW DO YOU USUALLY GET TO WORK - Continued (Now working at a job or business but limited in kind or amount of work)* |
|-------------|-----------|---|

| | | | |
|------|--------|--------|---|
| 1008 | 24a(3) | | RAPID TRANSIT, SUBWAY, METRO, OR REGULAR BUS |
| | | 62 | 1. Mentioned |
| | | 1,469 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 14,576 | Blank. NA |

| | | | |
|------|--------|--------|---|
| 1009 | 24a(4) | | SPECIALIZED BUS OR VAN SERVICE FOR PERSONS WITH DISABILITIES |
| | | 31 | 1. Mentioned |
| | | 1,500 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 14,576 | Blank. NA |

| | | | |
|------|--------|--------|------------------------------------|
| 1010 | 24a(5) | | COMMUTER TRAIN |
| | | 3 | 1. Mentioned |
| | | 1,528 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 14,576 | Blank. NA |

| | | | |
|------|--------|--------|------------------------------------|
| 1011 | 24a(6) | | TAXI |
| | | 3 | 1. Mentioned |
| | | 1,528 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 14,576 | Blank. NA |

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Section D - Work History/Employment

| Tape | Item No. | Frequency | Items and Codes |
|-------------|-----------|-----------|--|
| (1006-1015) | 24a(1-10) | | HOW DO YOU USUALLY GET TO WORK - Continued (Now working at a job or business but limited in kind or amount of work)* |
| 1012 | 24a(7) | | BICYCLE |

| | |
|--------|------------------------------------|
| 7 | 1. Mentioned |
| 1,524 | 2. Not mentioned |
| 6 | 8. No answer to entire question |
| 1 | 9. DK or refused (entire question) |
| 14,576 | Blank. NA |

| | | |
|--------|------------------------------------|------|
| 1013 | 24a(8) | WALK |
| 67 | 1. Mentioned | |
| 1,464 | 2. Not mentioned | |
| 6 | 8. No answer to entire question | |
| 1 | 9. DK or refused (entire question) | |
| 14,576 | Blank. NA | |

| | | |
|--------|------------------------------------|--------------------|
| 1014 | 24a(9) | SCOOTER/WHEELCHAIR |
| 1 | 1. Mentioned | |
| 1,530 | 2. Not mentioned | |
| 6 | 8. No answer to entire question | |
| 1 | 9. DK or refused (entire question) | |
| 14,576 | Blank. NA | |

| | | |
|--------|------------------------------------|-------|
| 1015 | 24a(10) | OTHER |
| 15 | 1. Mentioned | |
| 1,516 | 2. Not mentioned | |
| 6 | 8. No answer to entire question | |
| 1 | 9. DK or refused (entire question) | |
| 14,576 | Blank. NA | |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1016 | 24b | | WHO USUALLY DRIVES THIS CAR (Now working at a job or business but limited in kind or amount of work; usually gets to work by car)* |
| | | 1,138 | 1. Self |
| | | 85 | 2. Other family member |
| | | 22 | 3. Carpool |
| | | 26 | 4. Other |
| | | 4 | 8. Not ascertained |

0 9. DK or refused
 14,839 Blank. NA

1017 25 HAVE YOU BEEN FIRED, LAID OFF, OR TOLD TO RESIGN FROM A JOB BECAUSE OF ONGOING HEALTH PROBLEMS, IMPAIRMENT, OR DISABILITY IN PAST FIVE YEARS (Now working at a job or business but limited in kind or amount of work)*

204 1. Yes
 1,303 2. No
 21 3. Not sure
 5 8. Not ascertained
 5 9. DK or refused
 14,576 Blank. NA

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|-------------|----------|--|--|
| (1018-1021) | 26a(1-4) | | BECAUSE OF ONGOING HEALTH PROBLEMS, IMPAIRMENT, OR DISABILITY, IN PAST FIVE YEARS HAVE YOU BEEN: (Now working at a job or business but limited in kind or amount of work)* |
|-------------|----------|--|--|

| | | | |
|------|--------|--------|--------------------|
| 1018 | 26a(1) | | REFUSED EMPLOYMENT |
| | | 150 | 1. Yes |
| | | 1,362 | 2. No |
| | | 3 | 8. Not ascertained |
| | | 23 | 9. DK or refused |
| | | 14,576 | Blank. NA |

| | | | |
|------|--------|--------|---------------------|
| 1019 | 26a(2) | | REFUSED A PROMOTION |
| | | 82 | 1. Yes |
| | | 1,422 | 2. No |
| | | 3 | 8. Not ascertained |
| | | 31 | 9. DK or refused |
| | | 14,576 | Blank. NA |

| | | | |
|------|--------|--------|--------------------|
| 1020 | 26a(3) | | REFUSED A TRANSFER |
| | | 67 | 1. Yes |
| | | 1,458 | 2. No |
| | | 4 | 8. Not ascertained |
| | | 9 | 9. DK or refused |
| | | 14,576 | Blank. NA |

| | | | |
|------|--------|--------|-------------------------------------|
| 1021 | 26a(4) | | REFUSED ACCESS TO TRAINING PROGRAMS |
| | | 45 | 1. Yes |
| | | 1,471 | 2. No |
| | | 3 | 8. Not ascertained |
| | | 19 | 9. DK or refused |
| | | 14,576 | Blank. NA |

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1022 | 26b | | WERE YOU INVOLVED IN UNPAID VOLUNTEER WORK DURING PAST 12 MONTHS (Now working at a job or business but limited in kind or amount of work)* |
| | | 429 | 1. Yes |
| | | 1,101 | 2. No |
| | | 6 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 14,576 | Blank. NA |
| (1023-1026) | 26c | | NUMBER OF DAYS VOLUNTEERED IN PAST 12 MONTHS (Now working at a job or business but limited in kind or amount of work; volunteered in past 12 months)* |
| 1023-1025 | | | NUMBER OF DAYS |
| | | 392 | 001-365. 1-365 days per week, month, year |
| | | 37 | 999. DK or refused |
| | | 15,685 | Blank. NA |

1026

TIME UNITS

| | |
|--------|------------------|
| 132 | 1. Per week |
| 62 | 2. Per month |
| 199 | 3. Per year |
| 36 | 9. DK or refused |
| 15,685 | Blank. NA |

1027-1028 Recode
Q 26c

DAYS PER MONTH DID VOLUNTEER
WORK IN PAST 12 MONTHS

| | |
|--------|-------------------------------------|
| 309 | 01-31. Number of days per month |
| 83 | 88. Less than 1 day per month |
| 37 | 99. DK, refused, or not ascertained |
| 15,685 | Blank. NA |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1029-1030 | 27 | | NUMBER OF HOURS A WEEK YOU USUALLY WORK (Now working at a job or business; not or DK if limited in kind or amount of work)* |
| | | 3,775 | 01-96. 1-96 hours per week |
| | | 13 | 97. 97+ hours per week |
| | | 31 | 98. Not ascertained |
| | | 52 | 99. DK or refused |
| | | 12,243 | Blank. NA |
| (1031-1033) | 28(a-c) | | BECAUSE OF ONGOING HEALTH PROBLEMS, IMPAIRMENT, OR DISABILITY, HAVE YOU EVER CHANGED: (Now working at a job or business; not or DK if limited in kind or amount of work)* |
| 1031 | 28a | | THE KIND OF WORK YOU DO |
| | | 337 | 1. Yes |
| | | 3,500 | 2. No |
| | | 22 | 8. Not ascertained |
| | | 12 | 9. DK or refused |
| | | 12,243 | Blank. NA |

| | | | |
|------|-----|--------|---------------------------|
| 1032 | 28b | | THE AMOUNT OF WORK YOU DO |
| | | 334 | 1. Yes |
| | | 3,503 | 2. No |
| | | 23 | 8. Not ascertained |
| | | 11 | 9. DK or refused |
| | | 12,243 | Blank. NA |

| | | | |
|------|-----|--------|--------------------|
| 1033 | 28c | | YOUR JOB |
| | | 297 | 1. Yes |
| | | 3,538 | 2. No |
| | | 24 | 8. Not ascertained |
| | | 12 | 9. DK or refused |
| | | 12,243 | Blank. NA |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1034 | 29a | | DOES ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY NOW MAKE IT DIFFICULT FOR YOU TO CHANGE JOBS (Now working at a job or business; not or DK if limited in kind or amount of work)* |
| | | 260 | 1. Yes |
| | | 3,523 | 2. No |
| | | 24 | 8. Not ascertained |
| | | 64 | 9. DK or refused |
| | | 12,243 | Blank. NA |
| 1035 | 29b | | HOW DIFFICULT WAS THIS (Now working at a job or business; not or DK if limited in kind or amount of work; difficult to change jobs)* |
| | | 95 | 1. Very difficult |
| | | 159 | 2. Somewhat difficult |
| | | 0 | 8. Not ascertained |
| | | 6 | 9. DK or refused |
| | | 15,854 | Blank. NA |

| | | | |
|------|-----|--------|--|
| 1036 | 30a | | DOES ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY NOW MAKE IT DIFFICULT FOR YOU TO ADVANCE AT YOUR PRESENT JOB (Now working at a job or business; not or DK if limited in kind or amount of work)* |
| | | 108 | 1. Yes |
| | | 3,684 | 2. No |
| | | 31 | 8. Not ascertained |
| | | 48 | 9. DK or refused |
| | | 12,243 | Blank. NA |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 1037 | 30b | | HOW DIFFICULT WAS THIS (Now working at a job or business; not or DK if limited in kind or amount of work; difficult to advance at job)* |
| | | 38 | 1. Very difficult |
| | | 64 | 2. Some what difficult |
| | | 1 | 8. Not ascertained |
| | | 5 | 9. DK or refused |
| | | 16,006 | Blank. NA |
| 1038 | 31a(1) | | NEED HANDRAILS OR RAMPS IN ORDER TO WORK (Now working at a job or business; not or DK if limited in kind or amount of work)* |
| | | 22 | 1. Yes |
| | | 3,812 | 2. No |
| | | 27 | 8. Not ascertained |
| | | 10 | 9. DK or refused |
| | | 12,243 | Blank. NA |
| 1039 | 31b(1) | | DO YOU HAVE HANDRAILS OR RAMPS AT WORK (Now working |

at a job or business; not or
 DK if limited in kind or amount
 of work; needs this special
 feature to work)*

| | |
|--------|--------------------|
| 20 | 1. Yes |
| 1 | 2. No |
| 1 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 16,092 | Blank. NA |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1040 | 31a(2) | | NEED ACCESSIBLE PARKING OR TRANSPORTATION STOP CLOSE TO THE BUILDING (Now working at a job or business; not or DK if limited in kind or amount of work)* |
| | | 49 | 1. Yes |
| | | 3,784 | 2. No |
| | | 27 | 8. Not ascertained |
| | | 11 | 9. DK or refused |
| | | 12,243 | Blank. NA |
| 1041 | 31b(2) | | DO YOU HAVE ACCESSIBLE PARKING OR TRANSPORTATION STOP CLOSE TO THE BUILDING AT WORK (Now working at a job or business; not or DK if limited in kind or amount of work; needs this special feature to work)* |
| | | 35 | 1. Yes |
| | | 9 | 2. No |
| | | 5 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,065 | Blank. NA |
| 1042 | 31a(3) | | NEED AN ELEVATOR (Now working at a job or business; not or DK if limited in kind or amount of work)* |

| | |
|--------|--------------------|
| 47 | 1. Yes |
| 3,784 | 2. No |
| 29 | 8. Not ascertained |
| 11 | 9. DK or refused |
| 12,243 | Blank. NA |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1043 | 31b(3) | | DO YOU HAVE AN ELEVATOR AT WORK (Now working at a job or business; not or DK if limited in kind or amount of work; needs this special feature to work)* |
| | | 38 | 1. Yes |
| | | 7 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,067 | Blank. NA |
| 1044 | 31a(4) | | NEED AN ELEVATOR DESIGNED FOR PERSONS WITH SPECIAL NEEDS (Now working at a job or business; not or DK if limited in kind or amount of work)* |
| | | 5 | 1. Yes |
| | | 3,824 | 2. No |
| | | 30 | 8. Not ascertained |
| | | 12 | 9. DK or refused |
| | | 12,243 | Blank. NA |
| 1045 | 31b(4) | | DO YOU HAVE AN ELEVATOR DESIGNED FOR PERSONS WITH SPECIAL NEEDS AT WORK (Now working at a job or business; not or DK if limited in kind or amount of work; needs this special feature to work)* |
| | | 2 | 1. Yes |
| | | 2 | 2. No |

| | |
|--------|--------------------|
| 1 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 16,109 | Blank. NA |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1046 | 31a(5) | | NEED A WORK STATION SPECIALLY ADAPTED FOR YOUR USE (Now working at a job or business; not or DK if limited in kind or amount of work)* |
| | | 35 | 1. Yes |
| | | 3,796 | 2. No |
| | | 29 | 8. Not ascertained |
| | | 11 | 9. DK or refused |
| | | 12,243 | Blank. NA |
| 1047 | 31b(5) | | DO YOU HAVE A WORK STATION SPECIALLY ADAPTED FOR YOUR USE AT WORK (Now working at a job or business; not or DK if limited in kind or amount of work; needs this special feature to work)* |
| | | 27 | 1. Yes |
| | | 7 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,079 | Blank. NA |
| 1048 | 31a(6) | | NEED A RESTROOM DESIGNED FOR PERSONS WITH SPECIAL NEEDS (Now working at a job or business; not or DK if limited in kind or amount of work)* |
| | | 25 | 1. Yes |
| | | 3,808 | 2. No |
| | | 27 | 8. Not ascertained |
| | | 11 | 9. DK or refused |
| | | 12,243 | Blank. NA |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1049 | 31b(6) | | DO YOU HAVE A RESTROOM DESIGNED FOR PERSONS WITH SPECIAL NEEDS AT WORK (Now working at a job or business; not or DK if limited in kind or amount of work; needs this special feature to work)* |
| | | 15 | 1. Yes |
| | | 8 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,089 | Blank. NA |
| 1050 | 31a(7) | | NEED AN AUTOMATIC DOOR (Now working at a job or business; not or DK if limited in kind or amount of work)* |
| | | 9 | 1. Yes |
| | | 3,819 | 2. No |
| | | 32 | 8. Not ascertained |
| | | 11 | 9. DK or refused |
| | | 12,243 | Blank. NA |
| 1051 | 31b(7) | | DO YOU HAVE AN AUTOMATIC DOOR (Now working at a job or business; not or DK if limited in kind or amount of work; needs this special feature to work)* |
| | | 4 | 1. Yes |
| | | 4 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,105 | Blank. NA |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1052 | 32 | | DO YOU NEED ANY SPECIAL EQUIPMENT, ASSISTANCE, OR WORK ARRANGEMENTS TO DO YOUR JOB BECAUSE OF ONGOING PROBLEMS (Now working at a job or business; not or DK if limited in kind or amount of work)* |
| | | 58 | 1. Yes |
| | | 3772 | 2. No |
| | | 32 | 8. Not ascertained |
| | | 9 | 9. DK or refused |
| | | 12,243 | Blank. NA |
| 1053 | 33a(1) | | NEED A VOICE SYNTHESIZER OR TECHNICAL DEVICE(S) IN ORDER TO WORK (Now working at a job or business; not or DK if limited in kind or amount of work; needs special equipment, help or arrangements to work)* |
| | | 8 | 1. Yes |
| | | 50 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,056 | Blank. NA |
| 1054 | 33b(1) | | DO YOU HAVE A VOICE SYNTHESIZER OR TECHNICAL DEVICE(S) AT WORK (Now working at a job or business; not or DK if limited in kind or amount of work; needs special equipment, help or arrangements to work; needs this device)* |
| | | 8 | 1. Yes |
| | | 0 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,106 | Blank. NA |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1055 | 33a(2) | | NEED BRAILLE, ENLARGED PRINT, SPECIAL LIGHTING, OR AUDIO TAPE TO WORK (Now working at a job or business; not or DK if limited in kind or amount of work; needs special equipment, help or arrangements to work)* |
| | | 0 | 1. Yes |
| | | 58 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,056 | Blank. NA |
| 1056 | 33b(2) | | DO YOU HAVE BRAILLE, ENLARGED PRINT, SPECIAL LIGHTING, OR AUDIO TAPE AT WORK (Now working at a job or business; not or DK if limited in kind or amount of work; needs special equipment, help or arrangements to work; needs this device)* |
| | | 0 | 1. Yes |
| | | 0 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,114 | Blank. NA |
| 1057 | 33a(3) | | NEED A READER, ORAL OR SIGN LANGUAGE INTERPRETER TO ASSIST YOU AT WORK (Now working at a job or business; not or DK if limited in kind or amount of work; needs special equipment, help or arrangements to work)* |
| | | 0 | 1. Yes |
| | | 58 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,056 | Blank. NA |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1058 | 33b(3) | | DO YOU HAVE A READER, ORAL OR SIGN LANGUAGE INTERPRETER TO ASSIST YOU AT WORK (Now working at a job or business; not or DK if limited in kind or amount of work; needs special equipment, help or arrangements to work; needs this device)* |
| | | 0 | 1. Yes |
| | | 0 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,114 | Blank. NA |
| 1059 | 33a(4) | | NEED A JOB COACH TO HELP TRAIN YOU AND SUPERVISE YOUR WORK (Now working at a job or business; not or DK if limited in kind or amount of work; needs special equipment, help or arrangements to work)* |
| | | 3 | 1. Yes |
| | | 55 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,056 | Blank. NA |
| 1060 | 33b(4) | | DO YOU HAVE A JOB COACH TO HELP TRAIN YOU AND SUPERVISE YOUR WORK AT WORK (Now working at a job or business; not or DK if limited in kind or amount of work; needs special equipment, help or arrangements to work; needs this device)* |
| | | 3 | 1. Yes |
| | | 0 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,111 | Blank. NA |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1061 | 33a(5) | | NEED A PERSONAL ASSISTANT TO HELP WITH JOB RELATED ACTIVITIES (Now working at a job or business; not or DK if limited in kind or amount of work; needs special equipment, help or arrangements to work)* |
| | | 1 | 1. Yes |
| | | 57 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,056 | Blank. NA |
| 1062 | 33b(5) | | DO YOU HAVE A PERSONAL ASSISTANT TO HELP WITH JOB RELATED ACTIVITIES AT WORK (Now working at a job or business; not or DK if limited in kind or amount of work; needs special equipment, help or arrangements to work; needs this device)* |
| | | 1 | 1. Yes |
| | | 0 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,113 | Blank. NA |
| 1063 | 33a(6) | | NEED SPECIAL PENS OR PENCILS, CHAIRS, OR OTHER OFFICE SUPPLIES (Now working at a job or business; not or DK if limited in kind or amount of work; needs special equipment, help or arrangements to work)* |
| | | 8 | 1. Yes |
| | | 50 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,056 | Blank. NA |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1064 | 33b(6) | | DO YOU HAVE SPECIAL PENS OR PENCILS, CHAIRS, OR OTHER OFFICE SUPPLIES AT WORK (Now working at a job or or business; not or DK if limited in kind or amount of work; needs special equipment, help or arrangements to work; needs this device)* |
| | | 7 | 1. Yes |
| | | 1 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,106 | Blank. NA |
| 1065 | 33a(7) | | NEED JOB REDESIGN (Now working at a job or business; not or DK if limited in kind or amount of work; needs special equipment, help or arrangements to work)* |
| | | 6 | 1. Yes |
| | | 52 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,056 | Blank. NA |
| 1066 | 33b(7) | | DO YOU HAVE JOB REDESIGN AT WORK (Now working at a job or business; not or DK if limited in kind or amount of work; needs special equipment, help or arrangements to work; needs this device)* |
| | | 4 | 1. Yes |
| | | 1 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,108 | Blank. NA |

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1067 | 33a(8) | | NEED REDUCED WORK HOURS TO ALLOW FOR MORE BREAKS (Now working at a job or business; not or DK if limited in kind or amount of work; needs special equipment, help or arrangements to work)* |
| | | 4 | 1. Yes |
| | | 54 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,056 | Blank. NA |
| 1068 | 33b(8) | | DO YOU HAVE REDUCED WORK HOURS TO ALLOW FOR MORE BREAKS AT WORK (Now working at a job or business; not or DK if limited in kind or amount of work; needs special equipment, help or arrangements to work; needs this device)* |
| | | 3 | 1. Yes |
| | | 0 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,110 | Blank. NA |
| 1069 | 33a(9) | | NEED REDUCED OR PART-TIME WORK HOURS (Now working at a job or business; not or DK if limited in kind or amount of work; needs special equipment, help or arrangements to work)* |
| | | 5 | 1. Yes |
| | | 52 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,056 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1070 | 33b(9) | | DO YOU HAVE REDUCED OR PART-TIME WORK HOURS AT WORK (Now working at a job or or business; not or DK if limited in kind or amount of work; needs special equipment, help or arrangements to work; needs this device)* |
| | | 4 | 1. Yes |
| | | 0 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,109 | Blank. NA |
| 1071 | 33a(10) | | NEED SOME OTHER EQUIPMENT, HELP, OR WORK ARRANGEMENTS (Now working at a job or business; not or DK if limited in kind or amount of work; needs special equipment, help or arrangements to work)* |
| | | 30 | 1. Yes |
| | | 28 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,056 | Blank. NA |
| 1072 | 33b(10) | | DO YOU HAVE SOME OTHER EQUIPMENT, HELP, OR WORK ARRANGEMENTS AT WORK (Now working at a job or business; not or DK if limited in kind or amount of work; needs special equipment, help or arrangements to work; needs this device)* |
| | | 23 | 1. Yes |
| | | 6 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,084 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (1073-1082) | 34a(1-10) | | HOW DO YOU USUALLY GET TO WORK (Now working at a job or business; not or DK if limited in kind or amount of work)* |
| 1073 | 34a(1) | | CAR |
| | | 3,445 | 1. Mentioned |
| | | 398 | 2. Not mentioned |
| | | 22 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 12,243 | Blank. NA |
| 1074 | 34a(2) | | WORK AT HOME |
| | | 172 | 1. Mentioned |
| | | 3,671 | 2. Not mentioned |
| | | 22 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 12,243 | Blank. NA |
| 1075 | 34a(3) | | RAPID TRANSIT, SUBWAY, METRO, OR REGULAR BUS |
| | | 165 | 1. Mentioned |
| | | 3,678 | 2. Not mentioned |
| | | 22 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 12,243 | Blank. NA |
| 1076 | 34a(4) | | SPECIALIZED BUS OR VAN SERVICE FOR PERSONS WITH DISABILITIES |
| | | 3 | 1. Mentioned |
| | | 3,840 | 2. Not mentioned |
| | | 22 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 12,243 | Blank. NA |

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Section D - Work History/Employment

Tape

| Locations | Item No. | Frequency | Items and Codes |
|-------------|-----------|-----------|--|
| (1073-1082) | 34a(1-10) | | HOW DO YOU USUALLY GET TO WORK - Continued (Now working at a job or business; not or DK if limited in kind or amount of work)* |
| 1077 | 34a(5) | | COMMUTER TRAIN |
| | | 6 | 1. Mentioned |
| | | 3,837 | 2. Not mentioned |
| | | 22 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 12,243 | Blank. NA |
| 1078 | 34a(6) | | TAXI |
| | | 8 | 1. Mentioned |
| | | 3,835 | 2. Not mentioned |
| | | 22 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 12,243 | Blank. NA |
| 1079 | 34a(7) | | BICYCLE |
| | | 23 | 1. Mentioned |
| | | 3,820 | 2. Not mentioned |
| | | 22 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 12,243 | Blank. NA |
| 1080 | 34a(8) | | WALK |
| | | 123 | 1. Mentioned |
| | | 3,720 | 2. Not mentioned |
| | | 22 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 12,243 | Blank. NA |

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

| | | | |
|-------------|-----------|--------|--|
| (1073-1082) | 34a(1-10) | | HOW DO YOU USUALLY GET TO WORK - Continued (Now working at a job or business; not or DK if limited in kind or amount of work)* |
| 1081 | 34a(9) | | SCOOTER/WHEELCHAIR |
| | | 0 | 1. Mentioned |
| | | 3,843 | 2. Not mentioned |
| | | 22 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 12,243 | Blank. NA |

| | | | |
|------|---------|--------|------------------------------------|
| 1082 | 34a(10) | | OTHER |
| | | 37 | 1. Mentioned |
| | | 3,806 | 2. Not mentioned |
| | | 22 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 12,243 | Blank. NA |

| | | | |
|------|-----|--------|---|
| 1083 | 34b | | WHO USUALLY DRIVES THIS CAR (Now working at a job or business; not or DK if limited in kind or amount of work; usually gets to work by car)* |
| | | 3,210 | 1. Self |
| | | 100 | 2. Other family member |
| | | 74 | 3. Carpool |
| | | 50 | 4. Other |
| | | 10 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 12,669 | Blank. NA |

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Section D- Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 1084 | 35 | | HAVE YOU BEEN FIRED, LAID OFF, OR TOLD TO RESIGN FROM A JOB BECAUSE ONGOING HEALTH PROBLEMS, IMPAIRMENT, OR DISABILITY IN PAST FIVE YEARS (Now working at a job or business; not or DK if limited in kind or amount of work)* |

| | |
|--------|--------------------|
| 84 | 1. Yes |
| 3,733 | 2. No |
| 17 | 3. Not sure |
| 24 | 8. Not ascertained |
| 13 | 9. DK or refused |
| 12,243 | Blank. NA |

(1085-1088) 36a(1-4) BECAUSE OF ONGOING HEALTH PROBLEMS, IMPAIRMENT, OR DISABILITY, IN PAST FIVE YEARS HAVE YOU BEEN: (Now working at a job or business; not or DK if limited in kind or amount of work)*

1085 36a(1) REFUSED EMPLOYMENT

| | |
|--------|--------------------|
| 36 | 1. Yes |
| 3,787 | 2. No |
| 27 | 8. Not ascertained |
| 21 | 9. DK or refused |
| 12,243 | Blank. NA |

1086 36a(2) REFUSED A PROMOTION

| | |
|--------|--------------------|
| 23 | 1. Yes |
| 3,793 | 2. No |
| 27 | 8. Not ascertained |
| 28 | 9. DK or refused |
| 12,243 | Blank. NA |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

(1085-1088) 36a(1-4) BECAUSE OF ONGOING HEALTH PROBLEMS, IMPAIRMENT, OR DISABILITY, IN PAST FIVE YEARS HAVE YOU BEEN: - Continued (Now working at a job or business; not or DK if limited in kind or amount of work)*

1087 36a(3) REFUSED A TRANSFER

| | |
|----|--------|
| 19 | 1. Yes |
|----|--------|

| | |
|--------|--------------------|
| 3,810 | 2. No |
| 27 | 8. Not ascertained |
| 15 | 9. DK or refused |
| 12,243 | Blank. NA |

| | | |
|------|--------|-------------------------------------|
| 1088 | 36a(4) | REFUSED ACCESS TO TRAINING PROGRAMS |
| | 14 | 1. Yes |
| | 3,814 | 2. No |
| | 27 | 8. Not ascertained |
| | 16 | 9. DK or refused |
| | 12,243 | Blank. NA |

| | | |
|------|--------|--|
| 1089 | 36b | WERE YOU INVOLVED IN UNPAID VOLUNTEER WORK DURING PAST 12 MONTHS (Now working at a job or business; not or DK if limited in kind or amount of work)* |
| | 845 | 1. Yes |
| | 2,982 | 2. No |
| | 30 | 8. Not ascertained |
| | 14 | 9. DK or refused |
| | 12,243 | Blank. NA |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1090-1093) | 36c | | NUMBER OF DAYS VOLUNTEERED IN PAST 12 MONTHS (Now working at a job or business; not or DK if limited in kind or amount of work; did volunteer work in past 12 months)* |
| 1090-1092 | | | NUMBER OF DAYS |
| | | 760 | 001-365. 1-365 days per week, month, year |
| | | 85 | 999. DK or refused |
| | | 15,269 | Blank. NA |
| 1093 | | | TIME UNITS |
| | | 178 | 1. Per week |

| | |
|--------|------------------|
| 155 | 2. Per month |
| 430 | 3. Per Year |
| 82 | 9. DK or refused |
| 15,269 | Blank. NA |

| | | | |
|-----------|-----------------|--------|--|
| 1094-1095 | Recode Q 36c | | DAYS PER MONTH DID VOLUNTEER WORK IN PAST 12 MONTHS |
| | | 573 | 01-31. Number of days per month |
| | | 187 | 88. Less than 1 day per month |
| | | 85 | 99. DK, refused, or not ascertained |
| | | 15,269 | Blank. NA |

| | | | |
|------|----|-------|--|
| 1096 | 37 | | ARE YOU LOOKING FOR WORK OR ON LAYOFF FROM A JOB (Has worked; not or DK if currently working) |
| | | 629 | 1. Yes |
| | | 8,607 | 2. No |
| | | 60 | 8. Not ascertained |
| | | 25 | 9. DK or refused |
| | | 6,793 | Blank. NA |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1097 | 38 | | LIMITED IN KIND OR AMOUNT OF WORK YOU CAN DO BECAUSE OF ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY (Has worked; not or DK if currently working; looking for work or on layoff) |
| | | 320 | 1. Yes |
| | | 303 | 2. No |
| | | 3 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 15,485 | Blank. NA |
| 1098-1099 | 39 | | IN WHAT YEAR DID YOU STOP WORKING AT YOUR LAST JOB (Has worked; not or DK if currently working; looking |

for work or on layoff; limited
in kind or amount of work)*

| | | |
|--------|--------|-----------------------------------|
| 314 | 00-97. | 1900-1997 Year stopped working |
| 6 | 98. | Not ascertained |
| 0 | 99. | DK or refused |
| 15,794 | Blank. | NA |

| | | |
|------|----|---|
| 1100 | 40 | ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY MAKE IT DIFFICULT FOR YOU TO LOOK FOR WORK (Has worked; not or DK if currently working; looking for work or on layoff; limited in kind or amount of work)* |
|------|----|---|

| | | |
|--------|--------|-----------------|
| 197 | 1. | Yes |
| 122 | 2. | No |
| 0 | 8. | Not ascertained |
| 1 | 9. | DK or refused |
| 15,794 | Blank. | NA |

| | |
|------|-------|
| 1101 | BLANK |
|------|-------|

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| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (1102-1112) | 41a-k | | DID YOU NOT LOOK FOR WORK BECAUSE YOU WERE CONCERNED THAT: (Has worked; not or DK if currently working; looking for work or on layoff; limited in kind or amount of work)* |
| 1102 | 41a | | YOU WOULD LOSE YOUR SSI, SSDI, OR OTHER SOURCES OF INCOME |
| | | 31 | 1. Yes |
| | | 286 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,794 | Blank. NA |

| | | |
|------|-----|-----------------------------|
| 1103 | 41b | YOU WOULD LOSE YOUR HOUSING |
|------|-----|-----------------------------|

| | |
|--------|--------------------|
| 14 | 1. Yes |
| 302 | 2. No |
| 1 | 8. Not ascertained |
| 3 | 9. DK or refused |
| 15,794 | Blank. NA |

1104 41c YOU WOULD LOSE YOUR HEALTH
INSURANCE OR MEDICAID COVERAGE

| | |
|--------|--------------------|
| 41 | 1. Yes |
| 270 | 2. No |
| 2 | 8. Not ascertained |
| 7 | 9. DK or refused |
| 15,794 | Blank. NA |

1105 41d YOUR FAMILY OR FRIENDS
DISCOURAGED YOU FROM WORKING

| | |
|--------|--------------------|
| 20 | 1. Yes |
| 296 | 2. No |
| 1 | 8. Not ascertained |
| 3 | 9. DK or refused |
| 15,794 | Blank. NA |

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

| | | | |
|-------------|-------|--|--|
| (1102-1112) | 41a-k | | DID YOU NOT LOOK FOR WORK BECAUSE YOU WERE CONCERNED THAT: - Continued (Has worked; not or DK if currently working; looking for work or on layoff; limited in kind or amount of work)* |
|-------------|-------|--|--|

1106 41e FAMILY RESPONSIBILITIES
PREVENTED YOU FROM WORKING

| | |
|--------|--------------------|
| 45 | 1. Yes |
| 272 | 2. No |
| 1 | 8. Not ascertained |
| 2 | 9. DK or refused |
| 15,794 | Blank. NA |

1107 41f APPROPRIATE INFORMATION

| | | | |
|------|-----|--------|-----------------------|
| 1111 | 41j | | LACKED TRANSPORTATION |
| | | 62 | 1. Yes |
| | | 254 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 15,794 | Blank. NA |

| | | | |
|------|-----|--------|-------------------------------|
| 1112 | 41k | | NO APPROPRIATE JOBS AVAILABLE |
| | | 112 | 1. Yes |
| | | 198 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 8 | 9. DK or refused |
| | | 15,794 | Blank. NA |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1113-1119) | 42a-g | | IN ORDER TO WORK, WOULD YOU NEED ANY SPECIAL FEATURE(S) AT YOUR WORKSITE (Has worked; not or DK if currently working; looking for work or on layoff; limited in kind or amount of work)* |
| 1113 | 42a | | HANDRAILS OR RAMPS |
| | | 35 | 1. Yes |
| | | 282 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 15,794 | Blank. NA |
| 1114 | 42b | | ACCESSIBLE PARKING OR TRANSPORTATION STOP CLOSE TO THE BUILDING |
| | | 74 | 1. Yes |
| | | 245 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,794 | Blank. NA |

| | | | |
|------|-----|--------|--------------------|
| 1115 | 42c | | AN ELEVATOR |
| | | 64 | 1. Yes |
| | | 254 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,794 | Blank. NA |

| | | | |
|------|-----|--------|--|
| 1116 | 42d | | AN ELEVATOR DESIGNED FOR PERSONS WITH SPECIAL NEEDS |
| | | 9 | 1. Yes |
| | | 309 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,794 | Blank. NA |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (1113-1119) | 42a-g | | IN ORDER TO WORK, WOULD YOU NEED ANY SPECIAL FEATURE(S) AT YOUR WORKSITE - Continued (Has worked; not or DK if currently working; looking for work or on layoff; limited in kind or amount of work)* |
| 1117 | 42e | | A WORK STATION SPECIALLY ADAPTED FOR YOUR USE |
| | | 42 | 1. Yes |
| | | 271 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 7 | 9. DK or refused |
| | | 15,794 | Blank. NA |
| 1118 | 42f | | A RESTROOM DESIGNED FOR PERSONS WITH SPECIAL NEEDS |
| | | 19 | 1. Yes |
| | | 300 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,794 | Blank. NA |

| | | | |
|------|-----|--------|--------------------|
| 1119 | 42g | | AN AUTOMATIC DOOR |
| | | 17 | 1. Yes |
| | | 302 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,794 | Blank. NA |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| 1120 | 43a | | WOULD YOU NEED ANY SPECIAL EQUIPMENT, ASSISTANCE, OR WORK ARRANGEMENTS TO DO YOUR JOB BECAUSE OF ONGOING PROBLEMS (Has worked; not or DK if currently working; looking for work or on layoff; limited in kind or amount of work)* |
| | | 84 | 1. Yes |
| | | 231 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 15,794 | Blank. NA |
| (1121-1130) | 43b(1-10) | | IN ORDER TO WORK, WOULD YOU NEED: (Has worked; not or DK if currently working; looking for work or on layoff; limited in kind or amount of work)* |
| 1121 | 43b(1) | | A VOICE SYNTHESIZER OR TECHNICAL DEVICE(S) |
| | | 5 | 1. Yes |
| | | 78 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,030 | Blank. NA |
| 1122 | 43b(2) | | BRAILLE, ENLARGED PRINT, SPECIAL LIGHTING, OR AUDIO TAPE TO WORK |
| | | 3 | 1. Yes |
| | | 80 | 2. No |

| | |
|--------|--------------------|
| 0 | 8. Not ascertained |
| 1 | 9. DK or refused |
| 16,030 | Blank. NA |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (1121-1130) | 43b(1-10) | | IN ORDER TO WORK, WOULD YOU NEED: - Continued (Has worked; not or DK if currently working; looking for work or on layoff; limited in kind or amount of work)* |
| 1123 | 43b(3) | | A READER, ORAL OR SIGN LANGUAGE INTERPRETER TO ASSIST YOU AT WORK |
| | | 9 | 1. Yes |
| | | 75 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,030 | Blank. NA |
| 1124 | 43b(4) | | A JOB COACH TO HELP TRAIN YOU AND SUPERVISE YOUR WORK |
| | | 22 | 1. Yes |
| | | 61 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,030 | Blank. NA |
| 1125 | 43b(5) | | A PERSONAL ASSISTANT TO HELP WITH JOB RELATED ACTIVITIES |
| | | 17 | 1. Yes |
| | | 64 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 16,030 | Blank. NA |
| 1126 | 43b(6) | | SPECIAL PENS OR PENCILS, CHAIRS, OR OTHER OFFICE SUPPLIES |
| | | 18 | 1. Yes |

| | |
|--------|--------------------|
| 63 | 2. No |
| 0 | 8. Not ascertained |
| 3 | 9. DK or refused |
| 16,030 | Blank. NA |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (1121-1130) | 43b(1-10) | | IN ORDER TO WORK, WOULD YOU NEED: - Continued (Has worked; not or DK if currently working; looking for work or on layoff; limited in kind or amount of work)* |
| 1127 | 43b(7) | | JOB REDESIGN |
| | | 34 | 1. Yes |
| | | 46 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 16,030 | Blank. NA |
| 1128 | 43b(8) | | REDUCED WORK HOURS TO ALLOW FOR MORE BREAKS |
| | | 44 | 1. Yes |
| | | 40 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,030 | Blank. NA |
| 1129 | 43b(9) | | REDUCED OR PART-TIME WORK HOURS |
| | | 49 | 1. Yes |
| | | 34 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,030 | Blank. NA |
| 1130 | 43b(10) | | SOME OTHER EQUIPMENT, HELP, OR WORK ARRANGEMENTS |
| | | 34 | 1. Yes |
| | | 45 | 2. No |

| | |
|--------|--------------------|
| 0 | 8. Not ascertained |
| 5 | 9. DK or refused |
| 16,030 | Blank. NA |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1131 | 44 | | HAVE YOU BEEN FIRED, LAID OFF, OR TOLD TO RESIGN FROM A JOB BECAUSE ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY IN PAST FIVE YEARS (Has worked; not or DK if currently working; looking for work or on layoff; limited in kind or amount of work; last worked in 1989 or after or DK when last worked)* |
| | | 71 | 1. Yes |
| | | 194 | 2. No |
| | | 7 | 3. Not sure |
| | | 3 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,839 | Blank. NA |
| (1132-1135) | 45a-d | | BECAUSE OF ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY, IN PAST FIVE YEARS, HAVE YOU BEEN: (Has worked; not or DK if currently working; looking for work or on layoff; limited in kind or amount of work; last worked in 1989 or after or DK when last worked)* |
| 1132 | 45a | | REFUSED EMPLOYMENT |
| | | 54 | 1. Yes |
| | | 207 | 2. No |
| | | 3 | 8. Not ascertained |
| | | 11 | 9. DK or refused |
| | | 15,839 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (1132-1135) | 45a-d | | BECAUSE OF ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY, IN PAST FIVE YEARS, HAVE YOU BEEN: - Continued (Has worked; not or DK if currently working; looking for work or on layoff; limited in kind or amount of work; last worked in 1989 or after or DK when last worked)* |
| 1133 | 45b | | REFUSED A PROMOTION |
| | | 16 | 1. Yes |
| | | 245 | 2. No |
| | | 3 | 8. Not ascertained |
| | | 11 | 9. DK or refused |
| | | 15,839 | Blank. NA |
| 1134 | 45c | | REFUSED A TRANSFER |
| | | 12 | 1. Yes |
| | | 254 | 2. No |
| | | 3 | 8. Not ascertained |
| | | 6 | 9. DK or refused |
| | | 15,839 | Blank. NA |
| 1135 | 45d | | REFUSED ACCESS TO TRAINING PROGRAMS |
| | | 17 | 1. Yes |
| | | 248 | 2. No |
| | | 3 | 8. Not ascertained |
| | | 7 | 9. DK or refused |
| | | 15,839 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1136 | 46 | | WERE YOU INVOLVED IN UNPAID VOLUNTEER WORK DURING PAST 12 MONTHS (Has worked; not or DK if currently working; looking for work or on layoff; limited in kind or amount of work)* |
| | | 71 | 1. Yes |
| | | 246 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,794 | Blank. NA |
| (1137-1140) | 47 | | NUMBER OF DAYS VOLUNTEERED IN PAST 12 MONTHS (Has worked; not or DK if currently working; looking for work or on layoff; limited in kind or amount of work; has done volunteer work in past 12 months)* |
| 1137-1139 | | | NUMBER OF DAYS |
| | | 71 | 001-365. 1-365 days per week, month, year |
| | | 0 | 999. DK or refused |
| | | 16,043 | Blank. NA |
| 1140 | | | TIME UNITS |
| | | 35 | 1. Per week |
| | | 5 | 2. Per month |
| | | 31 | 3. Per Year |
| | | 0 | 9. DK or refused |
| | | 16,043 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -187-

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|------------------------------|
| 1141-1142 | Recode | | DAYS PER MONTH DID VOLUNTEER |

Q 47

WORK IN PAST 12 MONTHS

| | | |
|--------|--------|---------------------------------|
| 57 | 01-31. | Number of days per month |
| 14 | 88. | Less than 1 day per month |
| 0 | 99. | DK, refused, or not ascertained |
| 16,043 | Blank. | NA |

1143-1144 48

IN WHAT YEAR DID YOU STOP WORKING AT YOUR LAST JOB (Has worked; not or DK if currently working; looking for work or on layoff; not or DK if limited in kind or amount of work)*

| | | |
|--------|--------|--------------------------------|
| 300 | 00-97. | 1900-1997 Year stopped working |
| 6 | 98. | Not ascertained |
| 3 | 99. | DK or refused |
| 15,805 | Blank. | NA |

1145 49

DOES ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY MAKE IT DIFFICULT FOR YOU TO LOOK FOR WORK (Has worked; not or DK if currently working; looking for work or on layoff; not or DK if limited in kind or amount of work)*

| | | |
|--------|--------|-----------------|
| 13 | 1. | Yes |
| 288 | 2. | No |
| 6 | 8. | Not ascertained |
| 2 | 9. | DK or refused |
| 15,805 | Blank. | NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -188-

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Section D- Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1146 | 50 | | HAVE YOU BEEN FIRED, LAID OFF, OR TOLD TO RESIGN FROM A JOB BECAUSE ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY IN PAST FIVE YEARS (Has worked; not or DK if currently working; looking for work or on layoff; not or DK if |

limited in kind or amount of work; last worked in 1989 or after or DK when last worked)*

| | |
|--------|--------------------|
| 18 | 1. Yes |
| 256 | 2. No |
| 4 | 3. Not sure |
| 7 | 8. Not ascertained |
| 2 | 9. DK or refused |
| 15,827 | Blank. NA |

(1147-1150) 51a-d

BECAUSE OF ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY, IN PAST FIVE YEARS, HAVE YOU BEEN:
(Has worked; not or DK if currently working; looking for work or on layoff; not or DK if limited in kind or amount of work; last worked in 1989 or after or DK when last worked)*

1147 51a

REFUSED EMPLOYMENT

| | |
|--------|--------------------|
| 5 | 1. Yes |
| 269 | 2. No |
| 7 | 8. Not ascertained |
| 6 | 9. DK or refused |
| 15,827 | Blank. NA |

1148 51b

REFUSED A PROMOTION

| | |
|--------|--------------------|
| 3 | 1. Yes |
| 273 | 2. No |
| 7 | 8. Not ascertained |
| 4 | 9. DK or refused |
| 15,827 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -189-

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

(1147-1150) 51a-d

BECAUSE OF ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY, IN PAST FIVE YEARS, HAVE YOU BEEN:- Continued
(Has worked; not or DK if currently working; looking for work or on layoff; not or DK if limited in kind or amount of work; last worked in 1989 or

after or DK when last worked)*

1149 51c

REFUSED A TRANSFER

| | |
|--------|--------------------|
| 1 | 1. Yes |
| 277 | 2. No |
| 7 | 8. Not ascertained |
| 2 | 9. DK or refused |
| 15,827 | Blank. NA |

1150 51d

REFUSED ACCESS TO TRAINING PROGRAMS

| | |
|--------|--------------------|
| 1 | 1. Yes |
| 276 | 2. No |
| 7 | 8. Not ascertained |
| 3 | 9. DK or refused |
| 15,827 | Blank. NA |

1151 52

WERE YOU INVOLVED IN UNPAID VOLUNTEER WORK DURING PAST 12 MONTHS (Has worked; not or DK if currently working; looking for work or on layoff; not or DK if limited in kind or amount of work)*

| | |
|--------|--------------------|
| 68 | 1. Yes |
| 236 | 2. No |
| 5 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 15,805 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -190-

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1152-1155) | 53 | | NUMBER OF DAYS VOLUNTEERED IN PAST 12 MONTHS (Has worked; not or DK if currently working; looking for work or on layoff; not or DK if limited in kind or amount of work; has done volunteer work in past 12 months)* |
| 1152-1154 | | | NUMBER OF DAYS |

| | | |
|--------|----------|----------------------------------|
| 64 | 001-365. | 1-365 days per week, month, year |
| 4 | 999. | DK or refused |
| 16,046 | Blank. | NA |

1155

TIME UNITS

| | | |
|--------|--------|---------------|
| 19 | 1. | Per week |
| 8 | 2. | Per month |
| 37 | 3. | Per Year |
| 4 | 9. | DK or refused |
| 16,046 | Blank. | NA |

1156-1157 Recode
Q 53

DAYS PER MONTH DID VOLUNTEER
WORK IN PAST 12 MONTHS

| | | |
|--------|--------|---------------------------------|
| 50 | 01-31. | Number of days per month |
| 14 | 88. | Less than 1 day per month |
| 4 | 99. | DK, refused, or not ascertained |
| 16,046 | Blank. | NA |

1158 54a

RETIRED ON DISABILITY
(Has worked; not or DK if currently working; not or DK if looking for work or on layoff)

| | | |
|-------|--------|-----------------|
| 2,072 | 1. | Yes |
| 6,390 | 2. | No |
| 198 | 8. | Not ascertained |
| 32 | 9. | DK or refused |
| 7,422 | Blank. | NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -191-

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1159-1160 | 54b | | AGE WHEN RETIRED ON DISABILITY (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; retired on disability) |
| | | 2,006 | 00-96. 0-96 years of age |
| | | 0 | 97. 97+ years of age |
| | | 66 | 98. Not ascertained |
| | | 0 | 99. DK or refused |
| | | 14,042 | Blank. NA |

| | | | |
|------|-----|--------|--|
| 1161 | 54c | | WOULD YOU HAVE CONTINUED WORKING IF ENOUGH ACCOMMODATIONS WERE MADE AT THE WORK PLACE OR IN TRANSPORTATION (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; retired on disability) |
| | | 168 | 1. Yes |
| | | 1,836 | 2. No |
| | | 5 | 8. Not ascertained |
| | | 63 | 9. DK or refused |
| | | 14,042 | Blank. NA |

| | | | |
|------|----|--------|---|
| 1162 | 55 | | WERE YOU INVOLVED IN UNPAID VOLUNTEER WORK DURING PAST 12 MONTHS (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; retired on disability) |
| | | 227 | 1. Yes |
| | | 1,840 | 2. No |
| | | 5 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 14,042 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -192-

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (1163-1166) | 56 | | NUMBER OF DAYS VOLUNTEERED IN PAST 12 MONTHS (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; retired on disability; has done volunteer work in past 12 months) |
| 1163-1165 | | | NUMBER OF DAYS |
| | | 206 | 001-365. 1-365 days per week, month, year |
| | | 21 | 999. DK or refused |
| | | 15,887 | Blank. NA |

1166

TIME UNITS

| | |
|--------|------------------|
| 87 | 1. Per week |
| 41 | 2. Per month |
| 79 | 3. Per Year |
| 20 | 9. DK or refused |
| 15,887 | Blank. NA |

1167-1168 Recode
Q 56

DAYS PER MONTH DID VOLUNTEER
WORK IN PAST 12 MONTHS

| | |
|--------|-------------------------------------|
| 179 | 01-31. Number of days per month |
| 27 | 88. Less than 1 day per month |
| 21 | 99. DK, refused, or not ascertained |
| 15,887 | Blank. NA |

1169 57a

RETIRED FROM A JOB OR
BUSINESS (Has worked; not or DK
if currently working; not or DK if
looking for work or on layoff; not
or DK if retired on disability)

| | |
|-------|--------------------|
| 3,671 | 1. Yes |
| 2,816 | 2. No |
| 113 | 8. Not ascertained |
| 20 | 9. DK or refused |
| 9,494 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -193-

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

1170-1171 57b

AGE WHEN RETIRED THE LAST
TIME (Has worked; not or DK
if currently working; not or
DK if looking for work or on
layoff; not or DK if retired
on disability but retired)

| | |
|--------|--------------------------|
| 3,528 | 00-96. 0-96 years of age |
| 0 | 97. 97+ years of age |
| 142 | 98. Not ascertained |
| 1 | 99. DK or refused |
| 12,443 | Blank. NA |

1172-1173 Recode

TIME SINCE (LAST) RETIRED

(Retired)

| | | |
|--------|--------|---------------------------|
| 130 | 00. | Less than 1 year |
| 5,404 | 01-97. | 1-97 years |
| 209 | 99. | Unknown age at retirement |
| 10,371 | Blank. | NA |

| | | | |
|------|--------|--------|---|
| 1174 | 58 | RETIRE | RETIRED BECAUSE OF ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired on disability but retired) |
| | 546 | 1. | Yes |
| | 3,109 | 2. | No |
| | 5 | 8. | Not ascertained |
| | 11 | 9. | DK or refused |
| | 12,443 | Blank. | NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -194-

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1175 | 59 | | WERE YOU INVOLVED IN UNPAID VOLUNTEER WORK DURING PAST 12 MONTHS (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired on disability but retired) |
| | | 581 | 1. Yes |
| | | 3,083 | 2. No |
| | | 4 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 12,443 | Blank. NA |

| | | |
|-------------|----|--|
| (1176-1179) | 60 | NUMBER OF DAYS VOLUNTEERED IN PAST 12 MONTHS (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired on disability but retired; has done volunteer work in past 12 months) |
|-------------|----|--|

| | | | |
|-----------|--------|----------|----------------------------------|
| 1176-1178 | | | NUMBER OF DAYS |
| | 530 | 001-365. | 1-365 days per week, month, year |
| | 51 | 999. | DK or refused |
| | 15,533 | Blank. | NA |

| | | | |
|------|--------|--------|---------------|
| 1179 | | | TIME UNITS |
| | 218 | 1. | Per week |
| | 108 | 2. | Per month |
| | 206 | 3. | Per Year |
| | 49 | 9. | DK or refused |
| | 15,533 | Blank. | NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -195-

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-------------|-----------|---|
| 1180-1181 | Recode Q 60 | | DAYS PER MONTH DID VOLUNTEER WORK IN PAST 12 MONTHS |
| | | 467 | 01-31. Number of days per month |
| | | 63 | 88. Less than 1 day per month |
| | | 51 | 99. DK, refused, or not ascertained |
| | | 15,533 | Blank. NA |
| 1182 | 61 | | ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY ENTIRELY PREVENT YOU FROM WORKING |
| | | 1,493 | 1. Yes |
| | | 1,271 | 2. No |
| | | 130 | 8. Not ascertained |
| | | 55 | 9. DK or refused |
| | | 13,165 | Blank. NA |
| 1183 | 62 | | WOULD YOU BE ABLE TO WORK IF ENOUGH ACCOMMODATIONS WERE MADE IN TRANSPORTATION AND AT WORK PLACE (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; entirely prevented from working)* |
| | | 145 | 1. Yes |

| | |
|--------|--------------------|
| 1,273 | 2. No |
| 0 | 8. Not ascertained |
| 75 | 9. DK or refused |
| 14,621 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -196-

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1184-1185 | 63 | | IN WHAT YEAR DID YOU LAST WORK AT A JOB OR BUSINESS (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; entirely prevented from working but able to work if accommodations made)* |
| | | 139 | 00-97. 1900-1997 Year last worked |
| | | 6 | |
| | | 0 | 98. Not ascertained |
| | | 15,969 | 99. DK or refused |
| | | | Blank. NA |
| 1186 | 64 | | ONGOING HEALTH PROBLEM, IMPAIRMENT OR DISABILITY NOW MAKE IT DIFFICULT TO LOOK FOR WORK (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; entirely prevented from working but able to work if accommodations made)* |
| | | 126 | 1. Yes |
| | | 16 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,969 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -197-

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (1187-1197) | 65a-k | | DID YOU NOT LOOK FOR WORK BECAUSE YOU WERE CONCERNED THAT: (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; entirely prevented from working but able to work if accommodations made)* |
| 1187 | 65a | | YOU WOULD LOSE YOUR SSI, SSDI, OR OTHER SOURCES OF INCOME |
| | | 19 | 1. Yes |
| | | 124 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,969 | Blank. NA |
| 1188 | 65b | | YOU WOULD LOSE YOUR HOUSING |
| | | 9 | 1. Yes |
| | | 135 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,969 | Blank. NA |
| 1189 | 65c | | YOU WOULD LOSE YOUR HEALTH INSURANCE OR MEDICAID COVERAGE |
| | | 22 | 1. Yes |
| | | 119 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 15,969 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -198-

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

(1187-1197) 65a-k DID YOU NOT LOOK FOR WORK
BECAUSE YOU WERE CONCERNED
THAT: - Continued
(Has worked; not or DK
if currently working; not
or DK if looking for work
or on layoff; not or DK if
retired; entirely prevented
from working but able to work
if accommodations made)*

1190 65d YOUR FAMILY OR FRIENDS
DISCOURAGED YOU FROM WORKING

| | |
|--------|--------------------|
| 14 | 1. Yes |
| 129 | 2. No |
| 1 | 8. Not ascertained |
| 1 | 9. DK or refused |
| 15,969 | Blank. NA |

1191 65e FAMILY RESPONSIBILITIES
PREVENTED YOU FROM WORKING

| | |
|--------|--------------------|
| 24 | 1. Yes |
| 119 | 2. No |
| 1 | 8. Not ascertained |
| 1 | 9. DK or refused |
| 15,969 | Blank. NA |

1192 65f APPROPRIATE INFORMATION
ABOUT JOBS WAS NOT AVAILABLE

| | |
|--------|--------------------|
| 23 | 1. Yes |
| 118 | 2. No |
| 2 | 8. Not ascertained |
| 2 | 9. DK or refused |
| 15,969 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -199-

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

(1187-1197) 65a-k DID YOU NOT LOOK FOR WORK
BECAUSE YOU WERE CONCERNED
THAT: - Continued
(Has worked; not or DK
if currently working; not

or DK if looking for work
 or on layoff; not or DK if
 retired; entirely prevented
 from working but able to work
 if accommodations made)*

| | | | |
|------|-----|--------|---|
| 1193 | 65g | | YOU WOULD BE REFUSED A PROMOTION OR TRANSFER |
| | | 16 | 1. Yes |
| | | 118 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 10 | 9. DK or refused |
| | | 15,969 | Blank. NA |

| | | | |
|------|-----|--------|--|
| 1194 | 65h | | YOU WOULD BE REFUSED ACCESS TO TRAINING |
| | | 15 | 1. Yes |
| | | 119 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 10 | 9. DK or refused |
| | | 15,969 | Blank. NA |

| | | | |
|------|-----|--------|---------------------------|
| 1195 | 65i | | TRAINING WAS NOT ADEQUATE |
| | | 26 | 1. Yes |
| | | 108 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 10 | 9. DK or refused |
| | | 15,969 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
 1 -200-

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (1187-1197) | 65a-k | | DID YOU NOT LOOK FOR WORK BECAUSE YOU WERE CONCERNED THAT: - Continued (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; entirely prevented from working but able to work if accommodations made)* |

| | | | |
|-------|-----|--------|--|
| 1196 | 65j | | LACKED TRANSPORTATION |
| | | 36 | 1. Yes |
| | | 107 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,969 | Blank. NA |
| <hr/> | | | |
| 1197 | 65k | | NO APPROPRIATE JOBS AVAILABLE |
| | | 51 | 1. Yes |
| | | 82 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 10 | 9. DK or refused |
| | | 15,969 | Blank. NA |
| <hr/> | | | |
| 1198 | 66 | | IN THE NEXT 6 MONTHS, WOULD YOU LOOK FOR WORK (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; entirely prevented from working but able to work if accommodations made)* |
| | | 36 | 1. Yes |
| | | 86 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 22 | 9. DK or refused |
| | | 15,969 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -201-

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1199-1205) | 67a-g | | IN ORDER TO WORK, WOULD YOU NEED ANY SPECIAL FEATURE(S) AT YOUR WORKSITE: (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; entirely prevented from working but able to work if accommodations made)* |
| 1199 | 67a | | HANDRAILS OR RAMPS |

| | |
|--------|--------------------|
| 35 | 1. Yes |
| 107 | 2. No |
| 1 | 8. Not ascertained |
| 2 | 9. DK or refused |
| 15,969 | Blank. NA |

| | | |
|------|--------|---|
| 1200 | 67b | ACCESSIBLE PARKING OR TRANSPORTATION STOP CLOSE TO THE BUILDING |
| | 58 | 1. Yes |
| | 84 | 2. No |
| | 1 | 8. Not ascertained |
| | 2 | 9. DK or refused |
| | 15,969 | Blank. NA |

| | | |
|------|--------|--------------------|
| 1201 | 67c | AN ELEVATOR |
| | 57 | 1. Yes |
| | 84 | 2. No |
| | 1 | 8. Not ascertained |
| | 3 | 9. DK or refused |
| | 15,969 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -202-

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (1199-1205) | 67a-g | | IN ORDER TO WORK, WOULD YOU NEED ANY SPECIAL FEATURE(S) AT YOUR WORKSITE: - Continued (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; entirely prevented from working but able to work if accommodations made)* |
| 1202 | 67d | | AN ELEVATOR DESIGNED FOR PERSONS WITH SPECIAL NEEDS |
| | | 13 | 1. Yes |
| | | 130 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,969 | Blank. NA |

| | | | |
|------|-----|--------|--|
| 1203 | 67e | | A WORK STATION SPECIALLY ADAPTED FOR YOUR USE |
| | | 39 | 1. Yes |
| | | 99 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 6 | 9. DK or refused |
| | | 15,969 | Blank. NA |

| | | | |
|------|-----|--------|---|
| 1204 | 67f | | A RESTROOM DESIGNED FOR PERSONS WITH SPECIAL NEEDS |
| | | 17 | 1. Yes |
| | | 125 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,969 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -203-

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (1199-1205) | 67a-g | | IN ORDER TO WORK, WOULD YOU NEED ANY SPECIAL FEATURE(S) AT YOUR WORKSITE: - Continued (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; entirely prevented from working but able to work if accommodations made)* |
| 1205 | 67g | | AN AUTOMATIC DOOR |
| | | 21 | 1. Yes |
| | | 121 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,969 | Blank. NA |
| 1206 | | | BLANK |
| 1207 | 68a | | WOULD YOU NEED ANY SPECIAL EQUIPMENT, ASSISTANCE, OR WORK ARRANGEMENTS TO DO YOUR |

JOB BECAUSE OF ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; entirely prevented from working but able to work if accommodations made)*

| | |
|--------|--------------------|
| 43 | 1. Yes |
| 93 | 2. No |
| 4 | 8. Not ascertained |
| 5 | 9. DK or refused |
| 15,969 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -204-

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (1208-1217) | 68b(1-10) | | IN ORDER TO WORK, WOULD YOU NEED: (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; entirely prevented from working but able to work if accommodations made; needs special equipment, help or work arrangement to work)* |
| 1208 | 68b(1) | | A VOICE SYNTHESIZER OR TECHNICAL DEVICE(S) |
| | | 3 | 1. Yes |
| | | 40 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,071 | Blank. NA |
| 1209 | 68b(2) | | BRAILLE, ENLARGED PRINT, SPECIAL LIGHTING, OR AUDIO TAPE |
| | | 5 | 1. Yes |
| | | 38 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,071 | Blank. NA |

| | | | |
|------|--------|--------|---|
| 1210 | 68b(3) | | A READER, ORAL OR SIGN LANGUAGE INTERPRETER TO ASSIST YOU |
| | | 5 | 1. Yes |
| | | 37 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,071 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -205-

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| (1208-1217) | 68b(1-10) | | IN ORDER TO WORK, WOULD YOU NEED: - Continued (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; entirely prevented from working but able to work if accommodations made; needs special equipment, help or work arrangement to work)* |
| 1211 | 68b(4) | | A JOB COACH TO HELP TRAIN AND SUPERVISE YOUR WORK |
| | | 15 | 1. Yes |
| | | 28 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,071 | Blank. NA |
| 1212 | 68b(5) | | A PERSONAL ASSISTANT TO HELP WITH JOB RELATED ACTIVITIES |
| | | 9 | 1. Yes |
| | | 32 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 16,071 | Blank. NA |
| 1213 | 68b(6) | | SPECIAL PENS OR PENCILS, CHAIRS OR OTHER OFFICE SUPPLIES |
| | | 9 | 1. Yes |

| | |
|--------|--------------------|
| 32 | 2. No |
| 2 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 16,071 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -206-

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (1208-1217) | 68b(1-10) | | IN ORDER TO WORK, WOULD YOU NEED: - Continued (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; entirely prevented from working but able to work if accommodations made; needs special equipment, help or work arrangement to work)* |
| 1214 | 68b(7) | | JOB REDESIGN |
| | | 19 | 1. Yes |
| | | 23 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,071 | Blank. NA |
| 1215 | 68b(8) | | REDUCED WORK HOURS TO ALLOW FOR MORE BREAKS |
| | | 30 | 1. Yes |
| | | 11 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 16,071 | Blank. NA |
| 1216 | 68b(9) | | REDUCED OR PART-TIME WORK HOURS |
| | | 30 | 1. Yes |
| | | 10 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 16,071 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -207-

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (1208-1217) | 68b(1-10) | | IN ORDER TO WORK, WOULD YOU NEED: - Continued (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; entirely prevented from working but able to work if accommodations made; needs special equipment, help or work arrangement to work)* |
| 1217 | 68b(10) | | SOME OTHER EQUIPMENT, HELP, OR WORK ARRANGEMENTS |
| | | 15 | 1. Yes |
| | | 26 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 16,071 | Blank. NA |
| 1218 | 69 | | HAVE YOU BEEN FIRED, LAID OFF, OR TOLD TO RESIGN FROM A JOB BECAUSE OF ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY IN PAST FIVE YEARS (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; entirely prevented from working but able to work if accommodations made; last worked in 1989 or after or DK when last worked)* |
| | | 29 | 1. Yes |
| | | 71 | 2. No |
| | | 1 | 3. Not sure |
| | | 2 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,011 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -208-

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1219-1222) | 70a-d | | BECAUSE OF ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY, IN PAST FIVE YEARS, HAVE YOU BEEN: (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; entirely prevented from working; last worked in 1989 or after or DK when last worked)* |
| 1219 | 70a | | REFUSED EMPLOYMENT |
| | | 21 | 1. Yes |
| | | 80 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,011 | Blank. NA |
| 1220 | 70b | | REFUSED A PROMOTION |
| | | 7 | 1. Yes |
| | | 94 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,011 | Blank. NA |
| 1221 | 70c | | REFUSED A TRANSFER |
| | | 4 | 1. Yes |
| | | 97 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,011 | Blank. NA |
| 1222 | 70d | | REFUSED ACCESS TO TRAINING PROGRAMS |
| | | 3 | 1. Yes |
| | | 98 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,011 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1223 | 71 | | WERE YOU INVOLVED IN UNPAID VOLUNTEER WORK DURING PAST 12 MONTHS (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; entirely prevented from working)* |
| | | 130 | 1. Yes |
| | | 1,351 | 2. No |
| | | 11 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 14,621 | Blank. NA |
| (1224-1227) | 72 | | NUMBER OF DAYS VOLUNTEERED IN LAST 12 MONTHS (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; entirely prevented from working; did volunteer work in past 12 months)* |
| 1224-1226 | | | NUMBER OF DAYS |
| | | 117 | 001-365. 1-365 days per week, month, year |
| | | 13 | 999. DK or refused |
| | | 15,984 | Blank. NA |
| 1227 | | | TIME UNITS |
| | | 44 | 1. Per week |
| | | 23 | 2. Per month |
| | | 50 | 3. Per Year |
| | | 13 | 9. DK or refused |
| | | 15,984 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -210-

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------------|-----------|---|
| 1228-1229 | Recode Q 72 | | DAYS PER MONTH DID VOLUNTEER WORK IN PAST 12 MONTHS |
| | | 94 | 01-31. Number of days per month |
| | | 23 | 88. Less than 1 day per month |
| | | 13 | 99. DK, refused, or not ascertained |
| | | 15,984 | Blank. NA |
| 1230 | 73 | | LIMITED IN KIND OR AMOUNT OF WORK YOU CAN DO BECAUSE OF ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working)* |
| | | 499 | 1. Yes |
| | | 802 | 2. No |
| | | 128 | 8. Not ascertained |
| | | 27 | 9. DK or refused |
| | | 14,658 | Blank. NA |
| 1231 | 74 | | WOULD YOU BE ABLE TO WORK IF ENOUGH ACCOMMODATION WERE MADE AT WORK PLACE AND IN TRANSPORTATION (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; limited in kind or amount of work)* |
| | | 207 | 1. Yes |
| | | 246 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 46 | 9. DK or refused |
| | | 15,615 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -211-

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|-----------|----|--------|---|
| 1232-1233 | 75 | | IN WHAT YEAR DID YOU LAST WORK AT A JOB OR BUSINESS (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; limited in kind amount of work but able to work if accommodations made)* |
| | | 199 | 00-97. 1900-1997 Year last worked |
| | | 8 | 98. Not ascertained |
| | | 0 | 99. DK or refused |
| | | 15,907 | Blank. NA |

| | | | |
|------|----|--------|---|
| 1234 | 76 | | DOES ONGOING HEALTH PROBLEM NOW MAKE IT DIFFICULT FOR YOU TO LOOK FOR WORK (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; limited in kind or amount of work but able to work if accommodations made)* |
| | | 74 | 1. Yes |
| | | 129 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 4 | 9. DK or refused |
| | | 15,907 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (1235-1245) | 77a-k | | DID YOU NOT LOOK FOR WORK BECAUSE YOU WERE CONCERNED THAT: (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; limited in kind or amount of work but able to work if accommodations made)* |
| 1235 | 77a | | YOU WOULD LOSE YOUR SSI, SSDI, SSDI, OR OTHER SOURCES OF INCOME |

| | |
|--------|--------------------|
| 19 | 1. Yes |
| 186 | 2. No |
| 0 | 8. Not ascertained |
| 2 | 9. DK or refused |
| 15,907 | Blank. NA |

| | | |
|--------|--------------------|-----------------------------|
| 1236 | 77b | YOU WOULD LOSE YOUR HOUSING |
| 5 | 1. Yes | |
| 200 | 2. No | |
| 0 | 8. Not ascertained | |
| 2 | 9. DK or refused | |
| 15,907 | Blank. NA | |

| | | |
|--------|--------------------|--|
| 1237 | 77c | YOU WOULD LOSE YOUR HEALTH INSURANCE OR MEDICAID COVERAGE |
| 19 | 1. Yes | |
| 182 | 2. No | |
| 1 | 8. Not ascertained | |
| 5 | 9. DK or refused | |
| 15,907 | Blank. NA | |

*All work restrictions due to ongoing health problem, impairment or disability
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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (1235-1245) | 77a-k | | DID YOU NOT LOOK FOR WORK BECAUSE YOU WERE CONCERNED THAT: - Continued (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; limited in kind or amount of work but able to work if accommodations made)* |
| 1238 | 77d | | YOUR FAMILY OR FRIENDS DISCOURAGED YOU FROM WORKING |
| | | 23 | 1. Yes |
| | | 183 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,907 | Blank. NA |

| | | | |
|------|-----|--------|---|
| 1239 | 77e | | FAMILY RESPONSIBILITIES PREVENTED YOU FROM WORKING |
| | | 63 | 1. Yes |
| | | 143 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,907 | Blank. NA |

| | | | |
|------|-----|--------|---|
| 1240 | 77f | | APPROPRIATE INFORMATION ABOUT JOBS WAS NOT AVAILABLE |
| | | 15 | 1. Yes |
| | | 189 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,907 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (1235-1245) | 77a-k | | DID YOU NOT LOOK FOR WORK BECAUSE YOU WERE CONCERNED THAT: - Continued (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; limited in kind or amount of work but able to work if accommodations made)* |
| 1241 | 77g | | YOU WOULD BE REFUSED A PROMOTION OR TRANSFER |
| | | 8 | 1. Yes |
| | | 190 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 8 | 9. DK or refused |
| | | 15,907 | Blank. NA |
| 1242 | 77h | | YOU WOULD BE REFUSED ACCESS TO TRAINING |
| | | 7 | 1. Yes |
| | | 192 | 2. No |

| | |
|--------|--------------------|
| 1 | 8. Not ascertained |
| 7 | 9. DK or refused |
| 15,907 | Blank. NA |

| | | | |
|------|-----|--------|---------------------------|
| 1243 | 77i | | TRAINING WAS NOT ADEQUATE |
| | | 33 | 1. Yes |
| | | 168 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 5 | 9. DK or refused |
| | | 15,907 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1235-1245) | 77a-k | | DID YOU NOT LOOK FOR WORK BECAUSE YOU WERE CONCERNED THAT: - Continued (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; limited in kind or amount of work but able to work if accommodations made)* |
| 1244 | 77j | | LACKED TRANSPORTATION |
| | | 36 | 1. Yes |
| | | 169 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,907 | Blank. NA |
| 1245 | 77k | | NO APPROPRIATE JOBS AVAILABLE |
| | | 52 | 1. Yes |
| | | 148 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 6 | 9. DK or refused |
| | | 15,907 | Blank. NA |
| 1246 | 78 | | IN THE NEXT 6 MONTHS, WILL YOU LOOK FOR WORK (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not |

or DK if retired; not or DK if entirely prevented from working; limited in kind or amount of work but able to work if accommodations made)*

| | |
|--------|--------------------|
| 67 | 1. Yes |
| 119 | 2. No |
| 0 | 8. Not ascertained |
| 21 | 9. DK or refused |
| 15,907 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1247-1253) | 79a-g | | IN ORDER TO WORK, WOULD YOU NEED ANY SPECIAL FEATURE(S) AT YOUR WORKSITE: (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; limited in kind or amount of work but able to work if accommodations made)* |
| 1247 | 79a | | HANDRAILS OR RAMPS |
| | | 14 | 1. Yes |
| | | 192 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,907 | Blank. NA |
| 1248 | 79b | | ACCESSIBLE PARKING OR TRANSPORTATION STOP CLOSE TO THE BUILDING |
| | | 31 | 1. Yes |
| | | 174 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,907 | Blank. NA |
| 1249 | 79c | | AN ELEVATOR |
| | | 34 | 1. Yes |
| | | 168 | 2. No |

| | |
|--------|--------------------|
| 2 | 8. Not ascertained |
| 3 | 9. DK or refused |
| 15,907 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1247-1253) | 79a-g | | IN ORDER TO WORK, WOULD YOU NEED ANY SPECIAL FEATURE(S) AT YOUR WORKSITE:- Continued (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; limited in kind amount of work but able to work if accommodations made)* |
| 1250 | 79d | | AN ELEVATOR DESIGNED FOR PERSONS WITH SPECIAL NEEDS |
| | | 7 | 1. Yes |
| | | 199 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,907 | Blank. NA |
| 1251 | 79e | | A WORK STATION SPECIALLY ADAPTED FOR YOUR USE |
| | | 29 | 1. Yes |
| | | 173 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 15,907 | Blank. NA |
| 1252 | 79f | | A RESTROOM DESIGNED FOR PERSONS WITH SPECIAL NEEDS |
| | | 9 | 1. Yes |
| | | 196 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,907 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (1247-1253) | 79a-g | | IN ORDER TO WORK, WOULD YOU NEED ANY SPECIAL FEATURE(S) AT YOUR WORKSITE:- Continued (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; limited in kind amount of work but able to work if accommodations made)* |
| 1253 | 79g | | AN AUTOMATIC DOOR |
| | | 10 | 1. Yes |
| | | 195 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,907 | Blank. NA |
| 1254 | 80a | | WOULD YOU NEED ANY SPECIAL EQUIPMENT, ASSISTANCE, OR WORK ARRANGEMENTS TO DO YOUR JOB BECAUSE OF ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; limited in kind or amount of work but able to work if accommodations made)* |
| | | 44 | 1. Yes |
| | | 159 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 15,907 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (1255-1264) | 80b(1-10) | | IN ORDER TO WORK, WOULD YOU NEED: (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; limited in kind or amount of work but able to work if accommodations made; needs special equipment, help or work arrangement to work)* |
| 1255 | 80b(1) | | A VOICE SYNTHESIZER OR TECHNICAL DEVICE(S) |
| | | 4 | 1. Yes |
| | | 39 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,070 | Blank. NA |
| 1256 | 80b(2) | | BRAILLE, ENLARGED PRINT, SPECIAL LIGHTING, OR AUDIO TAPE |
| | | 6 | 1. Yes |
| | | 37 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,070 | Blank. NA |
| 1257 | 80b(3) | | A READER, ORAL OR SIGN LANGUAGE INTERPRETER TO ASSIST YOU |
| | | 8 | 1. Yes |
| | | 35 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,070 | Blank. NA |

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Section D - Work History/Employment

Tape

| Locations | Item No. | Frequency | Items and Codes |
|-------------|-----------|-----------|---|
| (1255-1264) | 80b(1-10) | | IN ORDER TO WORK, WOULD YOU NEED: - Continued (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; limited in kind amount of work but able to work if accommodations made; needs special equipment, help or work arrangement to work)* |
| 1258 | 80b(4) | | A JOB COACH TO HELP TRAIN AND SUPERVISE YOUR WORK |
| | | 13 | 1. Yes |
| | | 29 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,070 | Blank. NA |
| 1259 | 80b(5) | | A PERSONAL ASSISTANT TO HELP WITH JOB RELATED ACTIVITIES |
| | | 7 | 1. Yes |
| | | 34 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 16,070 | Blank. NA |
| 1260 | 80b(6) | | SPECIAL PENS OR PENCILS, CHAIRS, OR OTHER OFFICE SUPPLIES |
| | | 11 | 1. Yes |
| | | 33 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,070 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -221-

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|-----------------------------|
| (1255-1264) | 80b(1-10) | | IN ORDER TO WORK, WOULD YOU |

NEED: - Continued (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; limited in kind amount of work but able to work if accommodations made; needs special equipment, help or work arrangement to work)*

| | | | |
|------|--------|--------|--------------------|
| 1261 | 80b(7) | | JOB REDESIGN |
| | | 20 | 1. Yes |
| | | 23 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,070 | Blank. NA |

| | | | |
|------|--------|--------|---|
| 1262 | 80b(8) | | REDUCED WORK HOURS TO ALLOW FOR MORE BREAKS |
| | | 26 | 1. Yes |
| | | 16 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 16,070 | Blank. NA |

| | | | |
|------|--------|--------|---------------------------------|
| 1263 | 80b(9) | | REDUCED OR PART-TIME WORK HOURS |
| | | 26 | 1. Yes |
| | | 17 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,070 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -222-

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D- Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (1255-1264) | 80b(1-10) | | IN ORDER TO WORK, WOULD YOU NEED: - Continued (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; limited in kind amount of work but able to work if accommodations made; |

needs special equipment, help or work arrangement to work)*

1264 80b(10) SOME OTHER EQUIPMENT, HELP, OR WORK ARRANGEMENTS

| | |
|--------|--------------------|
| 13 | 1. Yes |
| 26 | 2. No |
| 0 | 8. Not ascertained |
| 5 | 9. DK or refused |
| 16,070 | Blank. NA |

1265 81 HAVE YOU BEEN FIRED, LAID OFF, OR TOLD TO RESIGN FROM A JOB BECAUSE OF ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY IN PAST FIVE YEARS (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; limited in kind or amount of work but able to work if accommodations made; last worked in 1989 or after or DK when last worked)*

| | |
|--------|--------------------|
| 15 | 1. Yes |
| 127 | 2. No |
| 2 | 3. Not sure |
| 5 | 8. Not ascertained |
| 1 | 9. DK or refused |
| 15,964 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -223-

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|-------------|-------|--|---|
| (1266-1269) | 82a-d | | BECAUSE OF ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY, IN PAST FIVE YEARS, HAVE YOU BEEN: (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; limited in kind or amount of work but able to work if accommodations made; last worked in 1989 or after or DK when last worked)* |
|-------------|-------|--|---|

| | | | |
|------|-----|--------|-------------------------------------|
| 1266 | 82a | | REFUSED EMPLOYMENT |
| | | 17 | 1. Yes |
| | | 126 | 2. No |
| | | 5 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,964 | Blank. NA |
| 1267 | 82b | | REFUSED A PROMOTION |
| | | 4 | 1. Yes |
| | | 139 | 2. No |
| | | 5 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,964 | Blank. NA |
| 1268 | 82c | | REFUSED A TRANSFER |
| | | 3 | 1. Yes |
| | | 141 | 2. No |
| | | 5 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,964 | Blank. NA |
| 1269 | 82d | | REFUSED ACCESS TO TRAINING PROGRAMS |
| | | 4 | 1. Yes |
| | | 140 | 2. No |
| | | 5 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,964 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -224-

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1270 | 83 | | WERE YOU INVOLVED IN UNPAID VOLUNTEER WORK DURING PAST 12 MONTHS (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; limited in kind or amount of work)* |
| | | 101 | 1. Yes |

| | |
|--------|--------------------|
| 391 | 2. No |
| 6 | 8. Not ascertained |
| 1 | 9. DK or refused |
| 15,615 | Blank. NA |

(1271-1274) 84 NUMBER OF DAYS VOLUNTEERED
 IN PAST 12 MONTHS (Has worked; not
 or DK if currently working; not or DK
 if looking for work or on layoff; not
 or DK if retired; not or DK if entirely
 prevented from working; limited in
 kind or amount of work; did volunteer
 work in past 12 months)*

1271-1273 NUMBER OF DAYS

| | |
|--------|--|
| 95 | 001-365. 1-365 days per week, month, year |
| 6 | 999. DK or refused |
| 16,013 | Blank. NA |

1274 TIME UNITS

| | |
|--------|------------------|
| 42 | 1. Per week |
| 10 | 2. Per month |
| 43 | 3. Per Year |
| 6 | 9. DK or refused |
| 16,013 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
 1 -225-

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------------|-----------|--|
| 1275-1276 | Recode Q 84 | | DAYS PER MONTH DID VOLUNTEER WORK IN PAST 12 MONTHS |
| | | 80 | 01-31. Number of days per month |
| | | 15 | 88. Less than 1 day per month |
| | | 6 | 99. DK, refused, or not ascertained |
| | | 16,013 | Blank. NA |

(1277-1279) 85a-c BECAUSE OF ONGOING HEALTH PROBLEM,
 IMPAIRMENT, OR DISABILITY, HAVE
 YOU EVER CHANGED: (Has worked; not or
 DK if currently working; not or DK if
 looking for work or on layoff; not or
 DK if retired; not or DK if entirely

prevented from working; not or DK if limited in kind or amount of work)*

| | | | |
|------|-----|--------|-------------------------|
| 1277 | 85a | | THE KIND OF WORK YOU DO |
| | | 27 | 1. Yes |
| | | 762 | 2. No |
| | | 155 | 8. Not ascertained |
| | | 13 | 9. DK or refused |
| | | 15,157 | Blank. NA |

| | | | |
|------|-----|--------|---------------------------|
| 1278 | 85b | | THE AMOUNT OF WORK YOU DO |
| | | 31 | 1. Yes |
| | | 759 | 2. No |
| | | 155 | 8. Not ascertained |
| | | 12 | 9. DK or refused |
| | | 15,157 | Blank. NA |

| | | | |
|------|-----|--------|--------------------|
| 1279 | 85c | | YOUR JOB |
| | | 22 | 1. Yes |
| | | 767 | 2. No |
| | | 155 | 8. Not ascertained |
| | | 13 | 9. DK or refused |
| | | 15,157 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
1 -226-

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1280-128 | 86 | | IN WHAT YEAR DID YOU LAST WORK AT A JOB OR BUSINESS (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; not or DK if limited in kind or amount of work)* |
| | | 675 | 00-97. 1900-1997 Year last worked |
| | | 282 | 98. Not ascertained |
| | | 0 | 99. DK or refused |
| | | 15,157 | Blank. NA |

| | | | |
|------|----|--|------------------------------|
| 1282 | 87 | | DOES ONGOING HEALTH PROBLEM, |
|------|----|--|------------------------------|

IMPAIRMENT OR DISABILITY NOW MAKE
IT DIFFICULT FOR YOU TO LOOK FOR
WORK (Has worked; not or DK if currently
working; not or DK if looking for work
or on layoff; not or DK if retired; not
or DK if entirely prevented from working;
not or DK if limited in kind or amount
of work; last worked in 1989 or after
or DK when last worked)*

| | |
|--------|--------------------|
| 18 | 1. Yes |
| 408 | 2. No |
| 186 | 8. Not ascertained |
| 10 | 9. DK or refused |
| 15,492 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1283 | 88 | | IN THE NEXT 6 MONTHS, WOULD YOU LOOK FOR WORK (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; not or DK if limited in kind or amount of work; last worked in 1989 or after or DK when last worked)* |
| | | 115 | 1. Yes |
| | | 262 | 2. No |
| | | 185 | 8. Not ascertained |
| | | 60 | 9. DK or refused |
| | | 15,492 | Blank. NA |
| 1284 | 89 | | HAVE YOU BEEN FIRED, LAID OFF, OR TOLD TO RESIGN FROM A JOB BECAUSE OF ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY IN PAST FIVE YEARS (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; not or DK if limited in kind or amount of work; last worked in 1989 or after or DK when last worked)* |

| | |
|--------|--------------------|
| 8 | 1. Yes |
| 408 | 2. No |
| 7 | 3. Not sure |
| 185 | 8. Not ascertained |
| 14 | 9. DK or refused |
| 15,492 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1285-1288) | 90a-d | | BECAUSE OF ONGOING HEALTH PROBLEM, IMPAIRMENT, OR DISABILITY, IN PAST FIVE YEARS, HAVE YOU BEEN: (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; not or DK if limited in kind or amount of work; last worked in 1989 or after or DK when last worked)* |
| 1285 | 90a | | REFUSED EMPLOYMENT |
| | | 1 | 1. Yes |
| | | 422 | 2. No |
| | | 185 | 8. Not ascertained |
| | | 14 | 9. DK or refused |
| | | 15,492 | Blank. NA |
| 1286 | 90b | | REFUSED A PROMOTION |
| | | 1 | 1. Yes |
| | | 422 | 2. No |
| | | 186 | 8. Not ascertained |
| | | 13 | 9. DK or refused |
| | | 15,492 | Blank. NA |
| 1287 | 90c | | REFUSED A TRANSFER |
| | | 2 | 1. Yes |
| | | 421 | 2. No |
| | | 186 | 8. Not ascertained |
| | | 13 | 9. DK or refused |
| | | 15,492 | Blank. NA |

1288 90d REFUSED ACCESS TO TRAINING PROGRAMS

| | |
|--------|--------------------|
| 2 | 1. Yes |
| 420 | 2. No |
| 187 | 8. Not ascertained |
| 13 | 9. DK or refused |
| 15,492 | Blank. NA |

*All work restrictions due to ongoing health problem, impairment or disability
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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1289 | 91 | | WERE YOU INVOLVED IN UNPAID VOLUNTEER WORK DURING PAST 12 MONTHS (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; not or DK if limited in kind or amount of work)* |
| | | 165 | 1. Yes |
| | | 648 | 2. No |
| | | 132 | 8. Not ascertained |
| | | 12 | 9. DK or refused |
| | | 15,157 | Blank. NA |
| (1290-1293) | 92 | | NUMBER OF DAYS VOLUNTEERED IN PAST 12 MONTHS (Has worked; not or DK if currently working; not or DK if looking for work or on layoff; not or DK if retired; not or DK if entirely prevented from working; not or DK if limited in kind or amount of work; has done volunteer work in past 12 months)* |
| 1290-1292 | | | NUMBER OF DAYS |
| | | 150 | 001-365. 365 days per week, month, year |
| | | 15 | 999. DK or refused |
| | | 15,949 | Blank. NA |
| 1293 | | | TIME UNITS |

| | | |
|--------|--------|---------------|
| 62 | 1. | Per week |
| 25 | 2. | Per month |
| 63 | 3. | Per year |
| 15 | 9. | DK or refused |
| 15,949 | Blank. | NA |

*All work restrictions due to ongoing health problem, impairment or disability
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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-------------|-----------|---|
| 1294-1295 | Recode Q 92 | | DAYS PER MONTH DID VOLUNTEER WORK IN PAST 12 MONTHS |
| | | 131 | 01-31. Number of days per month |
| | | 19 | 88. Less than 1 day per month |
| | | 15 | 99. DK, refused, or not ascertained |
| | | 15,949 | Blank. NA |
| 1296 | Recode | | CURRENT WORK STATUS |
| | | 1,215 | 0. Never worked |
| | | 5,409 | 1. Currently working |
| | | 2,741 | 2. Not currently working and not retired or looking for job/on layoff |
| | | 629 | 3. Not currently working; looking for job/on layoff |
| | | 180 | 4. Not currently working; unknown if retired at all or on disability |
| | | 5,743 | 5. Retired |
| | | 165 | 8. Has worked; unknown if currently working |
| | | 32 | 9. Unknown if ever worked |
| 1297 | Recode | | CURRENT WORK LIMITATION STATUS |
| | | 5,349 | 0. No health limitations |
| | | 2,182 | 1. Health prevents work |
| | | 2,463 | 2. Health limits work |
| | | 2,072 | 3. Retired on disability |
| | | 546 | 4. Retired because of health/impairment |
| | | 3,125 | 7. Not asked |
| | | 75 | 8. Unknown if health limits work |
| | | 151 | 9. Unknown if health prevents work |
| | | 151 | Blank. NA (No employment data after question 1) |

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Section D - Work History/Employment

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1298 | Recode | | LEVEL OF WORK LIMITATION |
| | | 4,931 | 0. Needs no accommodation/special equipment to work |
| | | 3,965 | 1. Couldn't work even with accommodation/special equipment |
| | | 1,312 | 2. Could/Does work with accommodation/special equipment |
| | | 132 | 3. May need accommodation/help in transportation but no special features/special equipment |
| | | 5,350 | 7. Not asked |
| | | 225 | 8. Unknown if could work with accommodation/special equipment |
| | | 48 | 9. Unknown if needs accommodation/special equipment |
| | | 151 | Blank. NA (no employment data after question 1) |
| 1299-1300 | | | BLANK |

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Notes:

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Section E - Vocational Rehabilitation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|----------------------------------|
| 1301 | 1a(a) | | RECEIVED ON-THE-JOB TRAINING |
| | | 758 | 1. Yes |
| | | 15,239 | 2. No |
| | | 66 | 8. Not ascertained |
| | | 51 | 9. DK or refused |
| | | | Blank. NA |
| 1302 | 1b(1) | | WAS THIS ARRANGED OR PROVIDED BY |

A STATE REHABILITATION AGENCY

| | |
|--------|---|
| 315 | 1. Yes |
| 382 | 2. No |
| 22 | 8. Not ascertained |
| 39 | 9. DK or refused |
| 15,356 | Blank. NA (No or DK if ever received on-the-job training) |

1303 1a(2) EVER RECEIVED JOB PLACEMENT

| | |
|-------|--------------------|
| 481 | 1. Yes |
| 15515 | 2. No |
| 66 | 8. Not ascertained |
| 52 | 9. DK or refused |

1304 1b(2) WAS THIS ARRANGED OR PROVIDED BY A STATE REHABILITATION AGENCY

| | |
|--------|---|
| 296 | 1. Yes |
| 143 | 2. No |
| 16 | 8. Not ascertained |
| 26 | 9. DK or refused |
| 15,633 | Blank. NA (No or DK if ever received job placement) |

1305 1a(3) EVER RECEIVED TRAINING IN JOB SEEKING SKILLS

| | |
|--------|--------------------|
| 623 | 1. Yes |
| 15,361 | 2. No |
| 77 | 8. Not ascertained |
| 53 | 9. DK or refused |

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Section E - Vocational Rehabilitation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1306 | 1b(3) | | WAS THIS ARRANGED OR PROVIDED BY A STATE REHABILITATION AGENCY |
| | | 378 | 1. Yes |
| | | 187 | 2. No |
| | | 23 | 8. Not ascertained |
| | | 35 | 9. DK or refused |
| | | 15,491 | Blank. NA (No or DK if ever received job seeking skills) |

| | | | |
|------|-------|--------|--|
| 1307 | 1a(4) | | EVER RECEIVED VOCATIONAL OR BUSINESS SCHOOL TRAINING |
| | | 696 | 1. Yes |
| | | 15,304 | 2. No |
| | | 70 | 8. Not ascertained |
| | | 44 | 9. DK or refused |
| 1308 | 1b(4) | | WAS THIS ARRANGED OR PROVIDED BY A STATE REHABILITATION AGENCY |
| | | 343 | 1. Yes |
| | | 287 | 2. No |
| | | 24 | 8. Not ascertained |
| | | 42 | 9. DK or refused |
| | | 15,418 | Blank. NA (No or DK if ever received vocational or business school training) |
| 1309 | 1a(5) | | EVER RECEIVED COLLEGE OR UNIVERSITY TRAINING |
| | | 573 | 1. Yes |
| | | 15,428 | 2. No |
| | | 74 | 8. Not ascertained |
| | | 39 | 9. DK or refused |

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Section E - Vocational Rehabilitation

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1310 | 1b(5) | | WAS THIS ARRANGED OR PROVIDED BY A STATE REHABILITATION AGENCY |
| | | 202 | 1. Yes |
| | | 327 | 2. No |
| | | 23 | 8. Not ascertained |
| | | 21 | 9. DK or refused |
| | | 15,541 | Blank. NA (No or DK if ever received college or university training) |
| 1311 | 1a(6) | | EVER RECEIVED PERSONAL ADJUSTMENT TRAINING |
| | | 277 | 1. Yes |
| | | 15,687 | 2. No |

80 8. Not ascertained
70 9. DK or refused

| | | | |
|------|-------|--------|---|
| 1312 | 1b(6) | | WAS THIS ARRANGED OR PROVIDED BY A STATE REHABILITATION AGENCY |
| | | 140 | 1. Yes |
| | | 106 | 2. No |
| | | 18 | 8. Not ascertained |
| | | 13 | 9. DK or refused |
| | | 15,837 | Blank. NA (No or DK if ever received personal adjustment training) |

| | | | |
|------|-------|--------|--------------------------------|
| 1313 | 1a(7) | | EVER RECEIVED PHYSICAL THERAPY |
| | | 1,750 | 1. Yes |
| | | 14,244 | 2. No |
| | | 68 | 8. Not ascertained |
| | | 52 | 9. DK or refused |

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Section E - Vocational Rehabilitation

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1314 | 1b(7) | | WAS THIS ARRANGED OR PROVIDED BY A STATE REHABILITATION AGENCY |
| | | 402 | 1. Yes |
| | | 1,203 | 2. No |
| | | 37 | 8. Not ascertained |
| | | 108 | 9. DK or refused |
| | | 14,364 | Blank. NA (No or DK if ever received physical therapy) |

| | | | |
|------|-------|--------|------------------------------------|
| 1315 | 1a(8) | | EVER RECEIVED OCCUPATIONAL THERAPY |
| | | 523 | 1. Yes |
| | | 15,452 | 2. No |
| | | 81 | 8. Not ascertained |
| | | 58 | 9. DK or refused |

| | | | |
|------|-------|-----|---|
| 1316 | 1b(8) | | WAS THIS ARRANGED OR PROVIDED BY A STATE REHABILITATION AGENCY |
| | | 181 | 1. Yes |

| | |
|--------|--|
| 294 | 2. No |
| 13 | 8. Not ascertained |
| 35 | 9. DK or refused |
| 15,591 | Blank. NA (No or DK if ever received occupational therapy) |

| | | |
|------|-------|---------------------------------------|
| 1317 | 1a(9) | EVER RECEIVED OTHER MEDICAL TREATMENT |
|------|-------|---------------------------------------|

| | |
|--------|--------------------|
| 877 | 1. Yes |
| 15,097 | 2. No |
| 79 | 8. Not ascertained |
| 61 | 9. DK or refused |

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Section E - Vocational Rehabilitation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | |
|------|-------|--|
| 1318 | 1b(9) | WAS THIS ARRANGED OR PROVIDED BY A STATE REHABILITATION AGENCY |
|------|-------|--|

| | |
|--------|---|
| 252 | 1. Yes |
| 555 | 2. No |
| 25 | 8. Not ascertained |
| 45 | 9. DK or refused |
| 15,237 | Blank. NA (No or DK if ever received other medical treatment) |

| | | |
|------|--------|---|
| 1319 | 1a(10) | EVER RECEIVED SPECIAL AIDS OR TECHNOLOGY SUCH AS WHEELCHAIRS ETC. |
|------|--------|---|

| | |
|--------|--------------------|
| 486 | 1. Yes |
| 15,507 | 2. No |
| 75 | 8. Not ascertained |
| 46 | 9. DK or refused |

| | | |
|------|--------|--|
| 1320 | 1b(10) | WAS THIS ARRANGED OR PROVIDED BY A STATE REHABILITATION AGENCY |
|------|--------|--|

| | |
|--------|--|
| 161 | 1. Yes |
| 275 | 2. No |
| 19 | 8. Not ascertained |
| 31 | 9. DK or refused |
| 15,628 | Blank. NA (No or DK if ever received special aids or technology) |

| | | | |
|------|--------|--------|---|
| 1321 | 1a(11) | | EVER RECEIVED TRAINING IN HOMEMAKING OR IN SELF-CARE |
| | | 323 | 1. Yes |
| | | 15,667 | 2. No |
| | | 80 | 8. Not ascertained |
| | | 44 | 9. DK or refused |

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Section E - Vocational Rehabilitation

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1322 | 1b(11) | | WAS THIS ARRANGED OR PROVIDED BY A STATE REHABILITATION AGENCY |
| | | 133 | 1. Yes |
| | | 155 | 2. No |
| | | 14 | 8. Not ascertained |
| | | 21 | 9. DK or refused |
| | | 15,791 | Blank. NA (No or DK if ever received training in homemaking or self care) |
| 1323 | 1a(12) | | EVER RECEIVED SHELTERED WORKSHOP |
| | | 147 | 1. Yes |
| | | 15,844 | 2. No |
| | | 78 | 8. Not ascertained |
| | | 45 | 9. DK or refused |
| 1324 | 1b(12) | | WAS THIS ARRANGED OR PROVIDED BY A STATE REHABILITATION AGENCY |
| | | 97 | 1. Yes |
| | | 23 | 2. No |
| | | 8 | 8. Not ascertained |
| | | 19 | 9. DK or refused |
| | | 15,967 | Blank. NA (No or DK if ever received sheltered workshop services) |
| 1325 | 1a(13) | | EVER RECEIVED SUPPORTED EMPLOYMENT |
| | | 105 | 1. Yes |
| | | 15,876 | 2. No |
| | | 80 | 8. Not ascertained |
| | | 53 | 9. DK or refused |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1326 | 1b(13) | | WAS THIS ARRANGED OR PROVIDED BY A STATE REHABILITATION AGENCY |
| | | 70 | 1. Yes |
| | | 20 | 2. No |
| | | 5 | 8. Not ascertained |
| | | 10 | 9. DK or refused |
| | | 16,009 | Blank. NA (No or DK if ever received supported employment) |
| 1327 | 1a(14) | | EVER RECEIVED DRIVER TRAINING |
| | | 166 | 1. Yes |
| | | 15,823 | 2. No |
| | | 83 | 8. Not ascertained |
| | | 42 | 9. DK or refused |
| 1328 | 1b(14) | | WAS THIS ARRANGED OR PROVIDED BY A STATE REHABILITATION AGENCY |
| | | 43 | 1. Yes |
| | | 103 | 2. No |
| | | 6 | 8. Not ascertained |
| | | 14 | 9. DK or refused |
| | | 15,948 | Blank. NA (No or DK if ever received driver training) |
| 1329 | 1a(15) | | EVER RECEIVED ANY OTHER REHABILITATION SERVICES |
| | | 207 | 1. Yes |
| | | 15,754 | 2. No |
| | | 91 | 8. Not ascertained |
| | | 62 | 9. DK or refused |

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Section E - Vocational Rehabilitation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1330 | 1b(15) | | WAS THIS ARRANGED OR PROVIDED BY A STATE REHABILITATION AGENCY |
| | | 98 | 1. Yes |
| | | 81 | 2. No |
| | | 5 | 8. Not ascertained |
| | | 23 | 9. DK or refused |
| | | 15,907 | Blank. NA (No or DK if ever received any other rehabilitation services) |

| | | | |
|-----------|---|--------|---|
| 1331-1332 | 2 | | IN WHAT YEAR DID YOU LAST RECEIVE REHABILITATION SERVICES |
| | | 193 | 00. Now in rehabilitation program |
| | | 2,712 | 01-97. 1901-1997 Year last received Services |
| | | 86 | 98. Not ascertained |
| | | 229 | 99. DK or refused |
| | | 12,894 | Blank. NA (No or DK if received rehabilitation services) |

| | | | |
|-------------|--------|--------|--|
| (1333-1341) | 3(a-i) | | HAVE VOCATIONAL REHABILITATION SERVICES YOU RECEIVED: |
| 1333 | 3a | | HELPED YOU IN GETTING A JOB |
| | | 699 | 1. Yes |
| | | 2,391 | 2. No |
| | | 81 | 8. Not ascertained |
| | | 49 | 9. DK or refused |
| | | 12,894 | Blank. NA (No or DK if received rehabilitation services) |

| | | | |
|------|----|--------|--|
| 1334 | 3b | | HELPED YOU IN GETTING A BETTER JOB |
| | | 415 | 1. Yes |
| | | 2,662 | 2. No |
| | | 81 | 8. Not ascertained |
| | | 62 | 9. DK or refused |
| | | 12,894 | Blank. NA (No or DK if received rehabilitation services) |

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Section E - Vocational Rehabilitation

Tape

| Locations | Item No. | Frequency | Items and Codes |
|-------------|----------|-----------|--|
| (1333-1341) | 3(a-i) | | HAVE VOCATIONAL REHABILITATION SERVICES YOU RECEIVED:- Continued |
| 1335 | 3c | | IMPROVED YOUR ABILITY TO DO YOUR OLD JOB |
| | | 668 | 1. Yes |
| | | 2,409 | 2. No |
| | | 83 | 8. Not ascertained |
| | | 60 | 9. DK or refused |
| | | 12,894 | Blank. NA (No or DK if received rehabilitation services) |
| 1336 | 3d | | IMPROVED YOUR SELF-CONFIDENCE AND OUTLOOK |
| | | 1,463 | 1. Yes |
| | | 1,604 | 2. No |
| | | 80 | 8. Not ascertained |
| | | 73 | 9. DK or refused |
| | | 12,894 | Blank. NA (No or DK if received rehabilitation services) |
| 1337 | 3e | | IMPROVED YOUR ABILITY TO GET AROUND |
| | | 1,309 | 1. Yes |
| | | 1,781 | 2. No |
| | | 78 | 8. Not ascertained |
| | | 52 | 9. DK or refused |
| | | 12,894 | Blank. NA (No or DK if received rehabilitation services) |
| 1338 | 3f | | IMPROVED YOUR ABILITY TO TAKE CARE OF YOURSELF |
| | | 1,330 | 1. Yes |
| | | 1,763 | 2. No |
| | | 77 | 8. Not ascertained |
| | | 50 | 9. DK or refused |
| | | 12,894 | Blank. NA (No or DK if received rehabilitation services) |

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Section E - Vocational Rehabilitation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (1333-1341) | 3(a-i) | | HAVE VOCATIONAL REHABILITATION SERVICES YOU RECEIVED:-Continued |

| | | | |
|------|----|--------|---|
| 1339 | 3g | | IMPROVED YOUR ABILITY TO TAKE CARE OF YOUR HOME |
| | | 1,066 | 1. Yes |
| | | 2,024 | 2. No |
| | | 82 | 8. Not ascertained |
| | | 48 | 9. DK or refused |
| | | 12,894 | Blank. NA (No or DK if received rehabilitation services) |

| | | | |
|------|----|--------|---|
| 1340 | 3h | | IMPROVED YOUR COMMUNICATION SKILLS |
| | | 911 | 1. Yes |
| | | 2,185 | 2. No |
| | | 79 | 8. Not ascertained |
| | | 45 | 9. DK or refused |
| | | 12,894 | Blank. NA (No or DK if received rehabilitation services) |

| | | | |
|------|----|--------|---|
| 1341 | 3i | | HELPED YOU IN SOME OTHER WAY |
| | | 824 | 1. Yes |
| | | 2,198 | 2. No |
| | | 81 | 8. Not ascertained |
| | | 117 | 9. DK or refused |
| | | 12,894 | Blank. NA (No or DK if received rehabilitation services) |

| | | | |
|------|---|--------|---|
| 1342 | 4 | | NEED (ADDITIONAL) VOCATIONAL REHABILITATION SERVICES |
| | | 1,035 | 1. Yes |
| | | 14,696 | 2. No |
| | | 63 | 8. Not ascertained |
| | | 320 | 9. DK or refused |

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Section E - Vocational Rehabilitation

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1343 | 5a(1) | | CURRENT JOB OR OTHER ACTIVITY - COMPETITIVE EMPLOYMENT |
| | | 4,892 | 1. Yes |
| | | 5,950 | 2. No |
| | | 182 | 8. Not ascertained |
| | | 22 | 9. DK or refused |
| | | 5,068 | Blank. NA (70+ yrs. old) |

| | | | |
|-----------|-------|--------|---|
| 1344-1345 | 5b(1) | | HOURS USUALLY SPEND PER WEEK |
| | | 3 | 00. Less than 1 hour |
| | | 4,656 | 01-96. 1-96 hours per week |
| | | 15 | 97. 97+ hours per week |
| | | 116 | 98. Not ascertained |
| | | 102 | 99. DK or refused |
| | | 11,222 | Blank. NA (70+ yrs. old; No or DK if employment is competitive) |

| | | | |
|------|-------|--------|---|
| 1346 | 5a(2) | | CURRENT JOB OR OTHER ACTIVITY - WORK WITH PAID JOB COACH |
| | | 24 | 1. Yes |
| | | 10,732 | 2. No |
| | | 268 | 8. Not ascertained |
| | | 22 | 9. DK or refused |
| | | 5,068 | Blank. NA (70+ yrs. old) |

| | | | |
|-----------|-------|--------|--|
| 1347-1348 | 5b(2) | | HOURS USUALLY SPEND PER WEEK |
| | | 3 | 00. Less than 1 hour |
| | | 19 | 01-96. 1-96 hours per week |
| | | 0 | 97. 97+ hours per week |
| | | 0 | 98. Not ascertained |
| | | 2 | 99. DK or refused |
| | | 16,090 | Blank. NA (70+ yrs. old; No or DK if employed with paid job coach) |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1349 | 5a(3) | | CURRENT JOB OR OTHER ACTIVITY - WITH WORK CREW |
| | | 32 | 1. Yes |
| | | 10,720 | 2. No |
| | | 272 | 8. Not ascertained |
| | | 22 | 9. DK or refused |
| | | 5,068 | Blank. NA (70+ yrs. old) |

| | | | |
|-----------|-------|--------|-----------------------------------|
| 1350-1351 | 5b(3) | | HOURS USUALLY SPEND PER WEEK |
| | | 0 | 00. Less than 1 hour |
| | | 27 | 01-96. 1-96 hours per week |
| | | 0 | 97. 97+ hours per week |
| | | 3 | 98. Not ascertained |
| | | 2 | 99. DK or refused |
| | | 16,082 | Blank. NA (70+ yrs. old; No or DK |

if employed with a work crew)

| | | | |
|------|-------|--------|--|
| 1352 | 5a(4) | | CURRENT JOB OR OTHER ACTIVITY - WORKING WITH AN ENCLAVE |
| | | 19 | 1. Yes |
| | | 10,730 | 2. No |
| | | 271 | 8. Not ascertained |
| | | 26 | 9. DK or refused |
| | | 5,068 | Blank. NA (70+ yrs. old) |

| | | | |
|-----------|-------|--------|---|
| 1353-1354 | 5b(4) | | HOURS USUALLY SPEND PER WEEK |
| | | 0 | 00. Less than 1 hour |
| | | 18 | 01-96. 1-96 hours per week |
| | | 0 | 97. 97+ hours per week |
| | | 1 | 98. Not ascertained |
| | | 0 | 99. DK or refused |
| | | 16,095 | Blank. NA (70+ yrs. old; No or DK if employed as an enclave) |

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Section E - Vocational Rehabilitation

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1355 | 5a(5) | | CURRENT JOB OR OTHER ACTIVITY - OTHER SUPPORTED EMPLOYMENT |
| | | 39 | 1. Yes |
| | | 10,728 | 2. No |
| | | 260 | 8. Not ascertained |
| | | 19 | 9. DK or refused |
| | | 5,068 | Blank. NA (70+ yrs. old) |

| | | | |
|-----------|-------|--------|---|
| 1356-1357 | 5b(5) | | HOURS USUALLY SPEND PER WEEK |
| | | 0 | 00. Less than 1 hour |
| | | 34 | 01-96. 1-96 hours per week |
| | | 1 | 97. 97+ hours per week |
| | | 4 | 98. Not ascertained |
| | | 0 | 99. DK or refused |
| | | 16,075 | Blank. NA (70+ yrs. old; No or DK if any other supported employment) |

| | | | |
|------|-------|--------|---|
| 1358 | 5a(6) | | CURRENT JOB OR OTHER ACTIVITY - SHELTERED WORKSHOP |
| | | 47 | 1. Yes |
| | | 10,721 | 2. No |
| | | 258 | 8. Not ascertained |

20 9. DK or refused
5,068 Blank. NA (70+ yrs. old)

1359-1360 5b(6) HOURS USUALLY SPEND PER WEEK

| | |
|--------|--|
| 0 | 00. Less than 1 hour |
| 42 | 01-96. 1-96 hours per week |
| 0 | 97. 97+ hours per week |
| 1 | 98. Not ascertained |
| 4 | 99. DK or refused |
| 16,067 | Blank. NA (70+ yrs. old; No or DK if employed in a sheltered workshop) |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1361 | 5a(7) | | CURRENT JOB OR OTHER ACTIVITY - A WORK ACTIVITY CENTER |
| | | 22 | 1. Yes |
| | | 10,744 | 2. No |
| | | 261 | 8. Not ascertained |
| | | 19 | 9. DK or refused |
| | | 5,068 | Blank. NA (70+ yrs. old) |

1362-1363 5b(7) HOURS USUALLY SPEND PER WEEK

| | |
|--------|--|
| 0 | 00. Less than 1 hour |
| 19 | 01-96. 1-96 hours per week |
| 0 | 97. 97+ hours per week |
| 2 | 98. Not ascertained |
| 1 | 99. DK or refused |
| 16,092 | Blank. NA (70+ yrs. old; No or DK if employed in a work activity center) |

| | | | |
|------|-------|--------|---|
| 1364 | 5a(8) | | CURRENT JOB OR OTHER ACTIVITY - A DAY ACTIVITY CENTER |
| | | 36 | 1. Yes |
| | | 10,727 | 2. No |
| | | 262 | 8. Not ascertained |
| | | 21 | 9. DK or refused |
| | | 5,068 | Blank. NA (70+ yrs. old) |

1365-1366 5b(8) HOURS USUALLY SPEND PER WEEK

| | |
|---|----------------------|
| 0 | 00. Less than 1 hour |
|---|----------------------|

| | | |
|--------|--------|--|
| 35 | 01-96. | 1-96 hours per week |
| 0 | 97. | 97+ hours per week |
| 0 | 98. | Not ascertained |
| 1 | 99. | DK or refused |
| 16,078 | Blank. | NA (70+ yrs. old; No or DK if employed in a day activity center) |

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Section E - Vocational Rehabilitation

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1367 | 5a(9) | | CURRENT JOB OR OTHER ACTIVITY - ATTENDING SCHOOL |
| | | 432 | 1. Yes |
| | | 10,335 | 2. No |
| | | 257 | 8. Not ascertained |
| | | 22 | 9. DK or refused |
| | | 5,068 | Blank. NA (70+ yrs. old) |
| 1368-1369 | 5b(9) | | HOURS USUALLY SPEND PER WEEK |
| | | 7 | 00. Less than 1 hour |
| | | 390 | 01-96. 1-96 hours per week |
| | | 1 | 97. 97+ hours per week |
| | | 12 | 98. Not ascertained |
| | | 22 | 99. DK or refused |
| | | 15,682 | Blank. NA (70+ yrs. old; No or DK if attending school) |
| 1370 | 5a(10) | | CURRENT JOB OR OTHER ACTIVITY - A FORMAL JOB TRAINING PROGRAM |
| | | 43 | 1. Yes |
| | | 10,710 | 2. No |
| | | 265 | 8. Not ascertained |
| | | 28 | 9. DK or refused |
| | | 5,068 | Blank. NA (70+ yrs. old) |
| 1371-1372 | 5b(10) | | HOURS USUALLY SPEND PER WEEK |
| | | 6 | 00. Less than 1 hour |
| | | 31 | 01-96. 1-96 hours per week |
| | | 0 | 97. 97+ hours per week |
| | | 2 | 98. Not ascertained |
| | | 4 | 99. DK or refused |
| | | 16,071 | Blank. NA (70+ yrs. old; No or DK if employed in a formal job training program) |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1373 | 5a(11) | | CURRENT JOB OR OTHER ACTIVITY - VOLUNTEER WORK |
| | | 1,287 | 1. Yes |
| | | 9,481 | 2. No |
| | | 255 | 8. Not ascertained |
| | | 23 | 9. DK or refused |
| | | 5,068 | Blank. NA (70+ yrs. old) |
| 1374-1375 | 5b(11) | | HOURS USUALLY SPEND PER WEEK |
| | | 208 | 00. Less than 1 hour |
| | | 963 | 01-96. 1-96 hours per week |
| | | 5 | 97. 97+ hours per week |
| | | 26 | 98. Not ascertained |
| | | 85 | 99. DK or refused |
| | | 14,827 | Blank. NA (70+ yrs. old; No or DK if does volunteer work) |
| 1376 | 5a(12) | | CURRENT JOB OR OTHER ACTIVITY - NO STRUCTURED ACTIVITY |
| | | 2,607 | 1. Yes |
| | | 2,278 | 2. No |
| | | 64 | 8. Not ascertained |
| | | 11 | 9. DK or refused |
| | | 11,154 | Blank. NA (70+ yrs. old; Yes or DK if has job or other structured activity) |
| 1377-1378 | | | BLANK |

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Section F - Assistive Devices and Technologies

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|------------------|-----------|------------------------------------|
| (1379-1408) | 1(a-o) 2(a-o) | | DID YOU USE: |
| 1379 | 1a | | TRACHEOTOMY TUBE IN PAST 12 MONTHS |

| | |
|--------|--------------------|
| 57 | 1. Yes |
| 15,967 | 2. No |
| 67 | 8. Not ascertained |
| 23 | 9. DK or refused |

| | | | |
|------|----|--------|---|
| 1380 | 2a | | TRACHEOTOMY TUBE IN PAST TWO WEEKS |
| | | 20 | 1. Yes |
| | | 34 | 2. No |
| | | 3 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,057 | Blank. NA (No or DK if used tracheotomy tube in past 12 months) |

| | | | |
|------|----|--------|---------------------------|
| 1381 | 1b | | RESPIRATOR PAST 12 MONTHS |
| | | 328 | 1. Yes |
| | | 15,688 | 2. No |
| | | 71 | 8. Not ascertained |
| | | 27 | 9. DK or refused |

| | | | |
|------|----|--------|---|
| 1382 | 2b | | RESPIRATOR PAST TWO WEEKS |
| | | 121 | 1. Yes |
| | | 188 | 2. No |
| | | 16 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 15,786 | Blank. NA (No or DK if used a respirator in past 12 months) |

| | | | |
|------|----|--------|------------------------------|
| 1383 | 1c | | AN OSTOMY BAG PAST 12 MONTHS |
| | | 96 | 1. Yes |
| | | 15,921 | 2. No |
| | | 75 | 8. Not ascertained |
| | | 22 | 9. DK or refused |

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Section F - Assistive Devices and Technologies

| Tape | Locations | Item No. | Frequency | Items and Codes |
|-------------|-----------|------------------|-----------|------------------------------|
| (1379-1408) | | 1(a-o) 2(a-o) | | DID YOU USE: - Continued |
| 1384 | | 2c | | AN OSTOMY BAG PAST TWO WEEKS |
| | | | 74 | 1. Yes |
| | | | 18 | 2. No |
| | | | 4 | 8. Not ascertained |

| | |
|--------|---|
| 0 | 9. DK or refused |
| 16,018 | Blank. NA (No or DK if used an ostomy bag in past 12 months) |

| | | | |
|------|----|--|---|
| 1385 | 1d | | CATHETERIZATION EQUIPMENT PAST 12 MONTHS |
|------|----|--|---|

| | |
|--------|--------------------|
| 563 | 1. Yes |
| 15,443 | 2. No |
| 78 | 8. Not ascertained |
| 30 | 9. DK or refused |

| | | | |
|------|----|--|---|
| 1386 | 2d | | CATHETERIZATION EQUIPMENT PAST TWO WEEKS |
|------|----|--|---|

| | |
|--------|--|
| 177 | 1. Yes |
| 371 | 2. No |
| 13 | 8. Not ascertained |
| 2 | 9. DK or refused |
| 15,551 | Blank. NA (No or DK if used catheterization equipment in past 12 months) |

| | | | |
|------|----|--|--------------------------------|
| 1387 | 1e | | GLUCOSE MONITOR PAST 12 MONTHS |
|------|----|--|--------------------------------|

| | |
|--------|--------------------|
| 854 | 1. Yes |
| 15,136 | 2. No |
| 78 | 8. Not ascertained |
| 46 | 9. DK or refused |

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Section F - Assistive Devices and Technologies

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

| | | | |
|-------------|------------------|--|--------------------------|
| (1379-1408) | 1(a-o) 2(a-o) | | DID YOU USE: - Continued |
|-------------|------------------|--|--------------------------|

| | | | |
|------|----|--|--------------------------------|
| 1388 | 2e | | GLUCOSE MONITOR PAST TWO WEEKS |
|------|----|--|--------------------------------|

| | |
|--------|---|
| 696 | 1. Yes |
| 129 | 2. No |
| 25 | 8. Not ascertained |
| 4 | 9. DK or refused |
| 15,260 | Blank. NA (No or DK if used a glucose monitor in past 12 months) |

| | | | |
|------|----|--|-----------------------------------|
| 1389 | 1f | | DIABETIC EQUIPMENT PAST 12 MONTHS |
|------|----|--|-----------------------------------|

| | |
|--------|--------|
| 1,122 | 1. Yes |
| 14,889 | 2. No |

85 8. Not ascertained
18 9. DK or refused

| | | | |
|------|----|--------|---|
| 1390 | 2f | | DIABETIC EQUIPMENT PAST TWO WEEKS |
| | | 1,011 | 1. Yes |
| | | 61 | 2. No |
| | | 41 | 8. Not ascertained |
| | | 9 | 9. DK or refused |
| | | 14,992 | Blank. NA (No or DK if used diabetic equipment in past 12 months) |

| | | | |
|------|----|--------|---------------------------|
| 1391 | 1g | | AN INHALER PAST 12 MONTHS |
| | | 1,648 | 1. Yes |
| | | 14,364 | 2. No |
| | | 80 | 8. Not ascertained |
| | | 22 | 9. DK or refused |

| | | | |
|------|----|--------|---|
| 1392 | 2g | | AN INHALER PAST TWO WEEKS |
| | | 1,164 | 1. Yes |
| | | 424 | 2. No |
| | | 41 | 8. Not ascertained |
| | | 19 | 9. DK or refused |
| | | 14,466 | Blank. NA (No or DK if used an inhaler in past 12 months) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE
Section F - Assistive Devices and Technologies

| Tape | Locations | Item No. | Frequency | Items and Codes |
|-------------|-----------|------------------|-----------|----------------------------|
| (1379-1408) | | 1(a-o) 2(a-o) | | DID YOU USE: - Continued |
| 1393 | | 1h | | A NEBULIZER PAST 12 MONTHS |
| | | | 399 | 1. Yes |
| | | | 15,567 | 2. No |
| | | | 86 | 8. Not ascertained |
| | | | 62 | 9. DK or refused |

| | | | |
|------|----|--------|--|
| 1394 | 2h | | A NEBULIZER PAST TWO WEEKS |
| | | 252 | 1. Yes |
| | | 129 | 2. No |
| | | 11 | 8. Not ascertained |
| | | 7 | 9. DK or refused |
| | | 15,715 | Blank. NA (No or DK if used a nebulizer in past 12 months) |

| | | | |
|------|----|--------|------------------------------|
| 1395 | 1i | | A HEARING AID PAST 12 MONTHS |
| | | 1,066 | 1. Yes |
| | | 14,952 | 2. No |
| | | 84 | 8. Not ascertained |
| | | 12 | 9. DK or refused |

| | | | |
|------|----|--------|--|
| 1396 | 2i | | A HEARING AID PAST TWO WEEKS |
| | | 897 | 1. Yes |
| | | 139 | 2. No |
| | | 22 | 8. Not ascertained |
| | | 8 | 9. DK or refused |
| | | 15,048 | Blank. NA (No or DK if used a hearing aid in past 12 months) |

| | | | |
|------|----|--------|-------------------------|
| 1397 | 1j | | CRUTCHES PAST 12 MONTHS |
| | | 569 | 1. Yes |
| | | 15,443 | 2. No |
| | | 88 | 8. Not ascertained |
| | | 14 | 9. DK or refused |

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Section F - Assistive Devices and Technologies

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|------------------|-----------|---|
| (1379-1408) | 1(a-o) 2(a-o) | | DID YOU USE: - Continued |
| 1398 | 2j | | CRUTCHES PAST TWO WEEKS |
| | | 204 | 1. Yes |
| | | 343 | 2. No |
| | | 16 | 8. Not ascertained |
| | | 6 | 9. DK or refused |
| | | 15,545 | Blank. NA (No or DK if used crutches in past 12 months) |
| 1399 | 1k | | CANE PAST 12 MONTHS |
| | | 2,395 | 1. Yes |
| | | 13,620 | 2. No |
| | | 82 | 8. Not ascertained |
| | | 17 | 9. DK or refused |
| 1400 | 2k | | CANE PAST TWO WEEKS |

| | |
|--------|--|
| 1,696 | 1. Yes |
| 598 | 2. No |
| 79 | 8. Not ascertained |
| 22 | 9. DK or refused |
| 13,719 | Blank. NA (No or DK if used cane in past 12 months) |

| | | |
|------|----|-----------------------|
| 1401 | 1l | WALKER PAST 12 MONTHS |
|------|----|-----------------------|

| | |
|--------|--------------------|
| 1,226 | 1. Yes |
| 14,795 | 2. No |
| 77 | 8. Not ascertained |
| 16 | 9. DK or refused |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE
Section F - Assistive Devices and Technologies

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|------------------|-----------|--|
| (1379-1408) | 1(a-o) 2(a-o) | | DID YOU USE: - Continued |
| 1402 | 2l | | WALKER PAST TWO WEEKS |
| | | 738 | 1. Yes |
| | | 428 | 2. No |
| | | 52 | 8. Not ascertained |
| | | 8 | 9. DK or refused |
| | | 14,888 | Blank. NA (No or DK if used walker in past 12 months) |
| 1403 | 1m | | A WHEELCHAIR PAST 12 MONTHS |
| | | 1,113 | 1. Yes |
| | | 14,912 | 2. No |
| | | 75 | 8. Not ascertained |
| | | 14 | 9. DK or refused |
| 1404 | 2m | | A WHEELCHAIR PAST TWO WEEKS |
| | | 693 | 1. Yes |
| | | 364 | 2. No |
| | | 47 | 8. Not ascertained |
| | | 9 | 9. DK or refused |
| | | 15,001 | Blank. NA (No or DK if used wheelchair in past 12 months) |
| 1405 | 1n | | A SCOOTER PAST 12 MONTHS |
| | | 103 | 1. Yes |
| | | 15,917 | 2. No |

80 8. Not ascertained
 14 9. DK or refused

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section F - Assistive Devices and Technologies

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|------------------|-----------|---|
| (1379-1408) | 1(a-o) 2(a-o) | | DID YOU USE: - Continued |
| 1406 | 2n | | A SCOOTER PAST TWO WEEKS |
| | | 69 | 1. Yes |
| | | 29 | 2. No |
| | | 3 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 16,011 | Blank. NA (No or DK if used scooter in past 12 months) |
| 1407 | 1o | | A FEEDING TUBE PAST 12 MONTHS |
| | | 84 | 1. Yes |
| | | 15,916 | 2. No |
| | | 95 | 8. Not ascertained |
| | | 19 | 9. DK or refused |
| 1408 | 2o | | A FEEDING TUBE PAST TWO WEEKS |
| | | 41 | 1. Yes |
| | | 38 | 2. No |
| | | 5 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,030 | Blank. NA (No or DK if used feeding tube in past 12 months) |
| 1409-1410 | Recode | | NUMBER OF MEDICAL DEVICES USED IN PAST 12 MONTHS |
| | | 9,977 | 00. No known medical devices used |
| | | 6,064 | 00-15. Number of known medical devices used |
| | | 73 | 99. DK or unknown if used any medical devices |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section F - Assistive Devices and Technologies

Tape

| Locations | Item No. | Frequency | Items and Codes |
|-----------|----------|-----------|---|
| 1411-1415 | 3 | | HOW MUCH DID YOU OR YOUR FAMILY PAY FOR THE DEVICE IN PAST 12 MONTHS |
| | | 3,413 | 00000. None |
| | | 1,885 | 00001-99996. Dollar amount paid |
| | | 0 | 99997. 99997+ dollars paid |
| | | 189 | 99998. Not ascertained |
| | | 577 | 99999. DK or refused |
| | | 10,050 | Blank. NA (No or DK if medical devices were used) |

(1416-1426) 4a-k

DO YOU HAVE ANY OF THESE
IMPLANTS:

| | | | |
|------|----|--------|----------------------------------|
| 1416 | 4a | | ANY SHUNT THAT DRAINS AWAY FLUID |
| | | 94 | 1. Yes |
| | | 15,941 | 2. No |
| | | 57 | 8. Not ascertained |
| | | 22 | 9. DK or refused |

1417 4b

AN ARTIFICIAL JOINT

| | | | |
|--|--|--------|--------------------|
| | | 704 | 1. Yes |
| | | 15,336 | 2. No |
| | | 54 | 8. Not ascertained |
| | | 20 | 9. DK or refused |

1418 4c

IMPLANTED LENS

| | | | |
|--|--|--------|--------------------|
| | | 1,036 | 1. Yes |
| | | 15,000 | 2. No |
| | | 55 | 8. Not ascertained |
| | | 23 | 9. DK or refused |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section F - Assistive Devices and Technologies

| Tape | Locations | Item No. | Frequency | Items and Codes |
|------|-------------|----------|-----------|--|
| | (1416-1426) | 4a-k | | DO YOU HAVE ANY OF THESE IMPLANTS:- Continued |
| | 1419 | 4d | | IMPLANTED PIN, SCREW, NAIL, WIRE, ROD, OR PLATE |
| | | | 1,126 | 1. Yes |
| | | | 14,871 | 2. No |
| | | | 57 | 8. Not ascertained |

| | | | |
|------|----|--------|------------------------|
| | | 60 | 9. DK or refused |
| 1420 | 4e | | ARTIFICIAL HEART VALVE |
| | | 106 | 1. Yes |
| | | 15,928 | 2. No |
| | | 55 | 8. Not ascertained |
| | | 25 | 9. DK or refused |
| 1421 | 4f | | A PACEMAKER |
| | | 206 | 1. Yes |
| | | 15,839 | 2. No |
| | | 54 | 8. Not ascertained |
| | | 15 | 9. DK or refused |
| 1422 | 4g | | SILICONE IMPLANT |
| | | 63 | 1. Yes |
| | | 15,978 | 2. No |
| | | 56 | 8. Not ascertained |
| | | 17 | 9. DK or refused |
| 1423 | 4h | | INFUSION PUMP |
| | | 17 | 1. Yes |
| | | 16,023 | 2. No |
| | | 55 | 8. Not ascertained |
| | | 19 | 9. DK or refused |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section F - Assistive Devices and Technologies

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (1416-1426) | 4a-k | | DO YOU HAVE ANY OF THESE IMPLANTS:- Continued |
| 1424 | 4i | | IMPLANTED CATHETER |
| | | 72 | 1. Yes |
| | | 15,973 | 2. No |
| | | 53 | 8. Not ascertained |
| | | 16 | 9. DK or refused |
| 1425 | 4j | | AN ORGAN IMPLANT |
| | | 46 | 1. Yes |
| | | 16,000 | 2. No |
| | | 55 | 8. Not ascertained |

13

9. DK or refused

| | | | |
|------|----|--------|--------------------|
| 1426 | 4k | | A COCHLEAR IMPLANT |
| | | 13 | 1. Yes |
| | | 16,017 | 2. No |
| | | 62 | 8. Not ascertained |
| | | 22 | 9. DK or refused |

| | | | |
|------|--|--|-------|
| 1427 | | | BLANK |
|------|--|--|-------|

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section G - Health Insurance

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1428 | 1a | | WERE YOU COVERED BY MEDICARE (LAST MONTH) |
| | | 7,394 | 1. Yes |
| | | 8,633 | 2. No |
| | | 38 | 8. Not ascertained |
| | | 49 | 9. DK or refused |
| 1429 | 1b | | HOW LONG HAVE YOU BEEN COVERED BY MEDICARE |
| | | 157 | 1. Less than 6 months |
| | | 134 | 2. 6 months, but less than 1 year |
| | | 337 | 3. 1 year, but less than 2 years |
| | | 6,679 | 4. 2 years or more |
| | | 50 | 8. Not ascertained |
| | | 37 | 9. DK or refused |
| | | 8,720 | Blank. NA (No or DK if covered by Medicare) |
| 1430 | 2a | | WERE YOU COVERED BY MEDICAID (LAST MONTH) |
| | | 2,861 | 1. Yes |
| | | 13,103 | 2. No |
| | | 50 | 8. Not ascertained |
| | | 100 | 9. DK or refused |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section G - Health Insurance

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1431 | 2b | | HOW LONG HAVE YOU HAD MEDICAID |
| | | 129 | 0. Less than 6 months |
| | | 146 | 1. 6 months, but less than 1 year |
| | | 236 | 2. 1 year, but less than 2 years |
| | | 563 | 3. 2 years, but less than 5 years |
| | | 1,476 | 4. 5 years or more |
| | | 10 | 5. On and off for less than 2 years |
| | | 47 | 6. On and off for 2 years, but less than 5 years |
| | | 169 | 7. On and off for 5 years or more |
| | | 10 | 8. Not ascertained |
| | | 75 | 9. DK or refused |
| | | 13,253 | Blank. NA (No or DK if covered by Medicaid) |

| | | | |
|------|---|--------|---|
| 1432 | 3 | | WERE YOU COVERED BY ANY OTHER PUBLIC ASSISTANCE PROGRAM THAT PAYS FOR HEALTH CARE (NOT MEDICAID) (LAST MONTH) |
| | | 280 | 1. Yes |
| | | 15,651 | 2. No |
| | | 108 | 8. Not ascertained |
| | | 75 | 9. DK or refused |

| | | | |
|------|----|--------|---|
| 1433 | 4a | | WERE YOU COVERED BY MILITARY HEALTH CARE (LAST MONTH) |
| | | 924 | 1. Yes |
| | | 14,962 | 2. No |
| | | 167 | 8. Not ascertained |
| | | 61 | 9. DK or refused |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section G - Health Insurance

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|------------------------------|
| 1434 | 4b | | WAS THIS CHAMPUS OR CHAMP-VA |
| | | 343 | 1. Yes |
| | | 505 | 2. No |
| | | 5 | 8. Not ascertained |

| | |
|--------|---|
| 71 | 9. DK or refused |
| 15,190 | Blank. NA (No or DK if covered by military health care) |

| | | | |
|------|----|--------|---|
| 1435 | 4c | | WERE YOU COVERED BY ANY OTHER MILITARY HEALTH CARE (LAST MONTH) |
| | | 577 | 1. Yes |
| | | 317 | 2. No |
| | | 9 | 8. Not ascertained |
| | | 21 | 9. DK or refused |
| | | 15,190 | Blank. NA (No or DK if covered by military health care) |

| | | | |
|------|---|--------|---|
| 1436 | 5 | | WERE YOU COVERED BY THE INDIAN HEALTH SERVICE |
| | | 81 | 1. Yes |
| | | 15,824 | 2. No |
| | | 183 | 8. Not ascertained |
| | | 26 | 9. DK or refused |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section G - Health Insurance

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1437 | 6a | | WERE YOU COVERED BY A PRIVATE HEALTH INSURANCE PLAN (LAST MONTH) |
| | | 9,955 | 1. Yes |
| | | 6,017 | 2. No |
| | | 52 | 8. Not ascertained |
| | | 90 | 9. DK or refused |
| 1438 | 6b | | WAS PRIVATE HEALTH INSURANCE ORIGINALLY OBTAINED THROUGH EMPLOYER OR UNION |
| | | 6,183 | 1. Employer |
| | | 241 | 2. Union |
| | | 297 | 3. Through workplace, DK which |
| | | 3,150 | 4. No |
| | | 10 | 8. Not ascertained |
| | | 74 | 9. DK or refused |
| | | 6,159 | Blank. NA (No or DK if covered by private health insurance plan) |
| 1439 | Recode | | MEDICARE AND/OR PRIVATE HEALTH INSURANCE (RECODE) |

| | |
|--------|---------------------------|
| 12,642 | 1. Covered by one or both |
| 3,356 | 2. Not covered by either |
| 116 | 9. Unknown if covered |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section G - Health Insurance

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1440 | Recode | | MEDICARE AND/OR PRIVATE HEALTH INSURANCE (RECODE) |
| | | 1,497 | 0. Not covered by govt or private health insurance |
| | | 4,457 | 1. Covered by govt health programs only |
| | | 4,757 | 2. Covered by private programs only |
| | | 5,042 | 3. Covered by both govt and private health insurance |
| | | 67 | 4. Covered by govt, unknown if covered by private health insurance |
| | | 156 | 5. Covered by private, unknown if covered by govt health insurance |
| | | 18 | 6. Not covered by govt, unknown if covered by private health insurance |
| | | 63 | 7. Not covered by private, unknown if covered by govt health insurance |
| | | 57 | 9. Unknown if covered by either govt or private health insurance |

1441-1450

BLANK

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Notes:

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------------------|-----------|--|
| (1451-1490) | 1a-j 2a-j 3a-j | | ANY DIFFICULTY DOING THE FOLLOWING (UNAIDED) |

| | | | |
|-----------|----|--------|---|
| 1451 | 1a | | WALKING FOR A QUARTER-MILE |
| | | 5,913 | 1. Yes |
| | | 10,061 | 2. No |
| | | 45 | 8. Not ascertained |
| | | 95 | 9. NA/DK or refused |
| 1452 | 2a | | HOW MUCH DIFFICULTY WALKING QUARTER-MILE |
| | | 1,877 | 1. Some |
| | | 1,570 | 2. A lot |
| | | 2,409 | 3. Unable |
| | | 23 | 8. Not ascertained |
| | | 34 | 9. DK or refused |
| | | 10,201 | Blank. NA (No or DK difficulty walking) |
| 1453-1454 | 3a | | LENGTH OF TIME WITH DIFFICULTY WALKING QUARTER-MILE |
| | | 589 | 00. Less than 1 year |
| | | 5,099 | 01-96. 1-96 years |
| | | 0 | 97. 97+ years |
| | | 35 | 98. Not ascertained |
| | | 190 | 99. DK or refused |
| | | 10,201 | Blank. NA (No or DK difficulty walking) |
| 1455 | 1b | | ANY DIFFICULTY WALKING UP 10 STEPS WITHOUT RESTING |
| | | 4,757 | 1. Yes |
| | | 11,123 | 2. No |
| | | 47 | 8. Not ascertained |
| | | 187 | 9. NA/DK or refused |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------------------|-----------|--|
| (1451-1490) | 1a-j 2a-j 3a-j | | ANY DIFFICULTY DOING THE FOLLOWING (UNAIDED) - Continued |
| 1456 | 2b | | HOW MUCH DIFFICULTY WALKING UP 10 STEPS |
| | | 1,664 | 1. Some |
| | | 1,372 | 2. A lot |
| | | 1,672 | 3. Unable |
| | | 27 | 8. Not ascertained |

| | |
|--------|--|
| 22 | 9. DK or refused |
| 11,357 | Blank. NA (No or DK difficulty walking up steps) |

1457-1458 3b

LENGTH OF TIME WITH DIFFICULTY WALKING UP STEPS

| | |
|--------|--|
| 477 | 00. Less than 1 year |
| 4,062 | 01-96. 1-96 years |
| 0 | 97. 97+ years |
| 32 | 98. Not ascertained |
| 186 | 99. DK or refused |
| 11,357 | Blank. NA (No or DK difficulty walking up steps) |

1459 1c

ANY DIFFICULTY STANDING OR BEING ON FEET FOR TWO HOURS

| | |
|-------|---------------------|
| 6,815 | 1. Yes |
| 9,034 | 2. No |
| 46 | 8. Not ascertained |
| 219 | 9. NA/DK or refused |

1460 2c

HOW MUCH DIFFICULTY STANDING OR BEING ON FEET FOR TWO HOURS

| | |
|-------|--|
| 2,137 | 1. Some |
| 1,917 | 2. A lot |
| 2,681 | 3. Unable |
| 40 | 8. Not ascertained |
| 40 | 9. DK or refused |
| 9,299 | Blank. NA (No or DK difficulty standing) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------------------|-----------|--|
| (1451-1490) | 1a-j 2a-j 3a-j | | ANY DIFFICULTY DOING THE FOLLOWING (UNAIDED) - Continued |
| 1461-1462 | 3c | | LENGTH OF TIME WITH DIFFICULTY STANDING |
| | | 582 | 00. Less than 1 year |
| | | 5,874 | 01-96. 1-96 years |
| | | 0 | 97. 97+ years |
| | | 59 | 98. Not ascertained |
| | | 300 | 99. DK or refused |
| | | 9,299 | Blank. NA (No or DK difficulty standing) |

standing)

| | | | |
|------|----|--------|---|
| 1463 | 1d | | ANY DIFFICULTY SITTING FOR TWO HOURS |
| | | 2,967 | 1. Yes |
| | | 13,032 | 2. No |
| | | 53 | 8. Not ascertained |
| | | 62 | 9. NA/DK or refused |

| | | | |
|------|----|--------|--|
| 1464 | 2d | | HOW MUCH DIFFICULTY SITTING FOR TWO HOURS |
| | | 1,505 | 1. Some |
| | | 947 | 2. A lot |
| | | 474 | 3. Unable |
| | | 26 | 8. Not ascertained |
| | | 15 | 9. DK or refused |
| | | 13,147 | Blank. NA (No or DK difficulty sitting) |

| | | | |
|-----------|----|--------|--|
| 1465-1466 | 3d | | LENGTH OF TIME WITH DIFFICULTY SITTING |
| | | 243 | 00. Less than 1 year |
| | | 2,568 | 01-96. 1-96 years |
| | | 0 | 97. 97+ years |
| | | 38 | 98. Not ascertained |
| | | 118 | 99. DK or refused |
| | | 13,147 | Blank. NA (No or DK difficulty sitting) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------------------|-----------|---|
| (1451-1490) | 1a-j 2a-j 3a-j | | ANY DIFFICULTY DOING THE FOLLOWING (UNAIDED) - Continued |
| 1467 | 1e | | ANY DIFFICULTY STOOPING, CROUCHING, OR KNEELING |
| | | 6,979 | 1. Yes |
| | | 9,005 | 2. No |
| | | 51 | 8. Not ascertained |
| | | 79 | 9. NA/DK or refused |

| | | | |
|------|----|--|---|
| 1468 | 2e | | HOW MUCH DIFFICULTY STOOPING/ CROUCHING/KNEELING |
|------|----|--|---|

| | |
|-------|---|
| 2,567 | 1. Some |
| 2,143 | 2. A lot |
| 2,211 | 3. Unable |
| 40 | 8. Not ascertained |
| 18 | 9. DK or refused |
| 9,135 | Blank. NA (No or DK difficulty stooping/crouching/kneeling) |

1469-1470 3e

LENGTH OF TIME WITH DIFFICULTY
STOOPING/CROUCHING/KNEELING

| | |
|-------|---|
| 573 | 00. Less than 1 year |
| 6,078 | 01-96. 1-96 years |
| 0 | 97. 97+ years |
| 46 | 98. Not ascertained |
| 282 | 99. DK or refused |
| 9,135 | Blank. NA (No or DK difficulty stooping/crouching/kneeling) |

1471 1f

ANY DIFFICULTY REACHING UP
OVER YOUR HEAD

| | |
|--------|---------------------|
| 3,100 | 1. Yes |
| 12,903 | 2. No |
| 61 | 8. Not ascertained |
| 50 | 9. NA/DK or refused |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------------------|-----------|---|
| (1451-1490) | 1a-j 2a-j 3a-j | | ANY DIFFICULTY DOING THE FOLLOWING (UNAIDED) - Continued |
| 1472 | 2f | | HOW MUCH DIFFICULTY REACHING OVER YOUR HEAD |
| | | 1,567 | 1. Some |
| | | 913 | 2. A lot |
| | | 582 | 3. Unable |
| | | 23 | 8. Not ascertained |
| | | 15 | 9. DK or refused |
| | | 13,014 | Blank. NA (No or DK difficulty reaching over head) |

1473-1474 3f

LENGTH OF TIME WITH
DIFFICULTY REACHING

| | |
|-----|----------------------|
| 317 | 00. Less than 1 year |
|-----|----------------------|

| | | |
|--------|--------|---|
| 2,630 | 01-96. | 1-96 years |
| 0 | 97. | 97+ years |
| 23 | 98. | Not ascertained |
| 130 | 99. | DK or refused |
| 13,014 | Blank. | NA (No or DK difficulty reaching over head) |

| | | |
|------|----|--|
| 1475 | 1g | ANY DIFFICULTY REACHING OUT AS IF TO SHAKE HANDS |
|------|----|--|

| | | |
|--------|----|------------------|
| 684 | 1. | Yes |
| 15,356 | 2. | No |
| 51 | 8. | Not ascertained |
| 23 | 9. | NA/DK or refused |

| | | |
|------|----|---|
| 1476 | 2g | HOW MUCH DIFFICULTY REACHING OUT AS IF TO SHAKE HANDS |
|------|----|---|

| | | |
|--------|--------|---------------------------------------|
| 389 | 1. | Some |
| 155 | 2. | A lot |
| 125 | 3. | Unable |
| 13 | 8. | Not ascertained |
| 2 | 9. | DK or refused |
| 15,430 | Blank. | NA (No or DK difficulty reaching out) |

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|-------------|----------------------|--|--|
| (1451-1490) | 1a-j 2a-j 3a-j | | ANY DIFFICULTY DOING THE FOLLOWING (UNAIDED) - Continued |
|-------------|----------------------|--|--|

| | | | |
|-----------|----|--------|--|
| 1477-1478 | 3g | | LENGTH OF TIME WITH DIFFICULTY REACHING OUT |
| | | 98 | 00. Less than 1 year |
| | | 537 | 01-96. 1-96 years |
| | | 0 | 97. 97+ years |
| | | 12 | 98. Not ascertained |
| | | 37 | 99. DK or refused |
| | | 15,430 | Blank. NA (No or DK difficulty reaching out) |

| | | |
|------|----|---------------------------------------|
| 1479 | 1h | ANY DIFFICULTY USING FINGERS TO GRASP |
|------|----|---------------------------------------|

| | | |
|--------|----|-----------------|
| 2,423 | 1. | Yes |
| 13,618 | 2. | No |
| 50 | 8. | Not ascertained |

| | | | |
|------|----|--------|---|
| 1480 | 2h | | HOW MUCH DIFFICULTY USING FINGERS TO GRASP |
| | | 1,492 | 1. Some |
| | | 697 | 2. A lot |
| | | 197 | 3. Unable |
| | | 27 | 8. Not ascertained |
| | | 10 | 9. DK or refused |
| | | 13,691 | Blank. NA (No or DK difficulty using fingers to grasp) |

| | | | |
|-----------|----|--------|---|
| 1481-1482 | 3h | | LENGTH OF TIME WITH DIFFICULTY USING FINGERS TO GRASP |
| | | 260 | 00. Less than 1 year |
| | | 2,042 | 01-96. 1-96 years |
| | | 0 | 97. 97+ years |
| | | 25 | 98. Not ascertained |
| | | 96 | 99. DK or refused |
| | | 13,691 | Blank. NA (No or DK difficulty using fingers to grasp) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------------------|-----------|---|
| (1451-1490) | 1a-j 2a-j 3a-j | | ANY DIFFICULTY DOING THE FOLLOWING (UNAIDED) - Continued |
| 1483 | 1i | | ANY DIFFICULTY LIFTING OR CARRYING 25 POUNDS |
| | | 6,529 | 1. Yes |
| | | 9,284 | 2. No |
| | | 52 | 8. Not ascertained |
| | | 249 | 9. NA/DK or refused |
| 1484 | 2i | | HOW MUCH DIFFICULTY CARRYING 25 POUNDS |
| | | 1,409 | 1. Some |
| | | 1,323 | 2. A lot |
| | | 2,853 | 3. Unable |
| | | 847 | 8. Not ascertained |
| | | 97 | 9. DK or refused |
| | | 9,585 | Blank. NA (No or DK difficulty carrying 25 pounds) |

1485-1486 3i

LENGTH OF TIME WITH
DIFFICULTY CARRYING 25 POUNDS

| | | |
|-------|--------|---|
| 461 | 00. | Less than 1 year |
| 4,785 | 01-96. | 1-96 years |
| 0 | 97. | 97+ years |
| 859 | 98. | Not ascertained |
| 424 | 99. | DK or refused |
| 9,585 | Blank. | NA (No or DK difficulty carrying 25 pounds) |

1487 1j

ANY DIFFICULTY LIFTING
OR CARRYING 10 POUNDS

| | | |
|-------|--------|---------------------------------------|
| 3,270 | 1. | Yes |
| 3,234 | 2. | No |
| 176 | 8. | Not ascertained |
| 150 | 9. | NA/DK or refused |
| 9,284 | Blank. | NA (No difficulty carrying 25 pounds) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------------------|-----------|--|
| (1451-1490) | 1a-j 2a-j 3a-j | | ANY DIFFICULTY DOING THE FOLLOWING (UNAIDED) - Continued |
| 1488 | 2j | | HOW MUCH DIFFICULTY CARRYING 10 POUNDS |
| | | 1,040 | 1. Some |
| | | 793 | 2. A lot |
| | | 1,372 | 3. Unable |
| | | 43 | 8. Not ascertained |
| | | 22 | 9. DK or refused |
| | | 12,844 | Blank. NA (No difficulty carrying 25 pounds; No or DK difficulty carrying 10 pounds) |

1489-1490 3j

LENGTH OF TIME WITH DIFFICULTY
CARRYING 10 POUNDS

| | | |
|--------|--------|--|
| 323 | 00. | Less than 1 year |
| 2,728 | 01-96. | 1-96 years |
| 0 | 97. | 97+ years |
| 40 | 98. | Not ascertained |
| 179 | 99. | DK or refused |
| 12,844 | Blank. | NA (No difficulty carrying 25 pounds; No or DK |

difficulty carrying 10 pounds)

| | | | |
|-----------|--------|--------|--|
| 1491-1492 | Recode | | NUMBER OF FUNCTIONAL LIMITATION ACTIVITY |
| | | 16,067 | 00-10. Number of functional limitations |
| | | 47 | 99. NA (DK, refused all questions related to functional limitations) |

1493 BLANK

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1494 | 4 | | HAVE DIFFICULTY BATHING OR SHOWERING |
| | | 2,306 | 1. Yes |
| | | 13,728 | 2. No |
| | | 25 | 3. Doesn't do for other reason |
| | | 44 | 8. Not ascertained |
| | | 11 | 9. DK or refused |
| 1495 | 5 | | HOW MUCH DIFFICULTY BATHING/SHOWERING |
| | | 931 | 1. Some |
| | | 588 | 2. A lot |
| | | 764 | 3. Unable |
| | | 9 | 8. Not ascertained |
| | | 14 | 9. DK or refused |
| | | 13,808 | Blank. NA (No or DK any difficulty; doesn't do for other reason) |
| (1496-1498) | 6(1-3) | | BATHING WITHOUT EQUIPMENT/ WITHOUT HELP |
| 1496 | 6(1) | | VERY TIRING |
| | | 282 | 0. Never do without help or equipment |
| | | 797 | 1. Yes |
| | | 427 | 2. No |
| | | 764 | 3. Unable to do for other reason |
| | | 16 | 8. Not ascertained |
| | | 20 | 9. DK or refused |
| | | 13,808 | Blank. NA (No or DK difficulty; |

doesn't do for other reason)

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (1496-1498) | 6(1-3) | | BATHING WITHOUT EQUIPMENT/ WITHOUT HELP - Continued |
| 1497 | 6(2) | | TAKES A LONG TIME |
| | | 282 | 0. Never do without help or equipment |
| | | 803 | 1. Yes |
| | | 424 | 2. No |
| | | 764 | 3. Unable to do for other reason |
| | | 15 | 8. Not ascertained |
| | | 18 | 9. DK or refused |
| | | 13,808 | Blank. NA (No or DK difficulty; doesn't do for other reason) |
| 1498 | 6(3) | | VERY PAINFUL |
| | | 282 | 0. Never do without help or equipment |
| | | 580 | 1. Yes |
| | | 639 | 2. No |
| | | 764 | 3. Unable to do for other reason |
| | | 16 | 8. Not ascertained |
| | | 25 | 9. DK or refused |
| | | 13,808 | Blank. NA (No or DK difficulty; doesn't do for other reason) |
| 1499 | 7a | | USE SPECIAL EQUIPMENT OR AIDS |
| | | 1,545 | 1. Yes |
| | | 14,260 | 2. No |
| | | 284 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 25 | Blank. NA (Doesn't do for other reason) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---------------------------|
| (1500-1502) | 7b(1-3) | | SPECIAL EQUIPMENT OR AIDS |

USED FOR BATHING OR SHOWERING

| | | | |
|------|-------|--------|--|
| 1500 | 7b(1) | | STOOL, SEAT OR CHAIR |
| | | 942 | 1. Mentioned |
| | | 582 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 13 | 9. DK or refused (entire question) |
| | | 14,569 | Blank. NA (Doesn't do for other reason; No or DK if use any aids or special equipment) |

| | | | |
|------|-------|--------|--|
| 1501 | 7b(2) | | HANDBAR OR RAIL |
| | | 842 | 1. Mentioned |
| | | 682 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 13 | 9. DK or refused (entire question) |
| | | 14,569 | Blank. NA (Doesn't do for other reason; No or DK if use any aids or special equipment) |

| | | | |
|------|-------|--------|--|
| 1502 | 7b(3) | | OTHER |
| | | 276 | 1. Mentioned |
| | | 1,248 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 13 | 9. DK or refused (entire question) |
| | | 14,569 | Blank. NA (Doesn't do for other reason; No or DK if use any aids or special equipment) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1503-1505) | 7c(1-3) | | BATHING WITH EQUIPMENT WITHOUT HELP |
| 1503 | 7c(1) | | VERY TIRING |
| | | 539 | 0. Never do without help |
| | | 428 | 1. Yes |
| | | 541 | 2. No |
| | | 26 | 8. Not ascertained |
| | | 11 | 9. DK or refused |
| | | 14,569 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment) |

| | | | |
|------|-------|--|-------------------|
| 1504 | 7c(2) | | TAKES A LONG TIME |
|------|-------|--|-------------------|

| | | |
|--------|--------|---|
| 539 | 0. | Never do without help |
| 473 | 1. | Yes |
| 498 | 2. | No |
| 26 | 8. | Not ascertained |
| 9 | 9. | DK or refused |
| 14,569 | Blank. | NA (Doesn't do for other reason; No or DK if use any special equipment) |

| | | | |
|------|-------|--------|--|
| 1505 | 7c(3) | | VERY PAINFUL |
| | | 539 | 0. Never do without help |
| | | 260 | 1. Yes |
| | | 708 | 2. No |
| | | 27 | 8. Not ascertained |
| | | 11 | 9. DK or refused |
| | | 14,569 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment) |

| | | | |
|------|----|--------|---|
| 1506 | 8a | | RECEIVE HELP WHEN BATHING OR SHOWERING |
| | | 1,464 | 1. Yes |
| | | 14,502 | 2. No |
| | | 110 | 8. Not ascertained |
| | | 13 | 9. DK or refused |
| | | 25 | Blank. NA (Doesn't do for other reason) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1507 | 8b | | IS THIS HANDS-ON HELP |
| | | 1,363 | 1. Yes |
| | | 95 | 2. No |
| | | 6 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 14,650 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person) |

(1508-1510) 8c(1-3) BATHING WITH HANDS-ON HELP

| | | | |
|------|-------|-----|--|
| 1508 | 8c(1) | | VERY TIRING |
| | | 77 | 0. Never does activity, receives hands-on help |
| | | 588 | 1. Yes |

| | | |
|--------|--------|--|
| 619 | 2. | No |
| 21 | 8. | Not ascertained |
| 58 | 9. | DK or refused |
| 14,751 | Blank. | NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

| | | | |
|------|-------|--------|---|
| 1509 | 8c(2) | | TAKES A LONG TIME |
| | | 77 | 0. Never does activity, receives hands-on help |
| | | 582 | 1. Yes |
| | | 631 | 2. No |
| | | 24 | 8. Not ascertained |
| | | 49 | 9. DK or refused |
| | | 14,751 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (1508-1510) | 8c(1-3) | | BATHING WITH HANDS-ON HELP - Continued |
| 1510 | 8c(3) | | VERY PAINFUL |
| | | 77 | 0. Never does activity, receives hands-on help |
| | | 344 | 1. Yes |
| | | 845 | 2. No |
| | | 27 | 8. Not ascertained |
| | | 70 | 9. DK or refused |
| | | 14,751 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |
| 1511 | 8d | | HOW OFTEN HAVE HANDS-ON HELP WHEN BATHING |
| | | 77 | 0. Never does activity, receives hands-on help |
| | | 914 | 1. Always |
| | | 312 | 2. Sometimes |
| | | 43 | 3. Rarely |
| | | 17 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 14,751 | Blank. NA (Doesn't do for other reason; |

No or DK if receive help from another person; No or DK if help received is hands-on)

| | | | |
|------|----|--------|---|
| 1512 | 8e | | NEED (MORE) HANDS-ON HELP WHEN BATHING |
| | | 255 | 1. Yes |
| | | 15,595 | 2. No |
| | | 178 | 8. Not ascertained |
| | | 61 | 9. DK or refused |
| | | 25 | Blank. NA (Doesn't do for other reason) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1513 | 9a | | SOMEONE SUPERVISES OR STAYS NEAR YOU WHEN BATHING |
| | | 471 | 1. Yes |
| | | 14,114 | 2. No |
| | | 126 | 8. Not ascertained |
| | | 15 | 9. DK or refused |
| | | 1,388 | Blank. NA (Doesn't do for other reason; receives hands-on help) |
| 1514 | 9b(1) | | IS THIS SUPERVISORY HELP |
| | | 61 | 1. Yes |
| | | 382 | 2. No |
| | | 25 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 15,643 | Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when bathing/showering) |
| 1515 | 9b(2) | | IS THIS STANDBY HELP |
| | | 407 | 1. Yes |
| | | 50 | 2. No |
| | | 12 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,643 | Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when bathing/showering) |
| 1516 | 10 | | HOW OFTEN SUPERVISION OR |

STANDBY HELP WHEN BATHING

| | |
|--------|---|
| 262 | 1. Always |
| 175 | 2. Sometimes |
| 26 | 3. Rarely |
| 8 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 15,643 | Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when bathing/showering) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1517 | 11 | | NEED (MORE) SUPERVISION OR STANDBY HELP WHEN BATHING |
| | | 88 | 1. Yes |
| | | 14,463 | 2. No |
| | | 136 | 8. Not ascertained |
| | | 39 | 9. DK or refused |
| | | 1,388 | Blank. NA (Doesn't do for other reason; receives hands-on help) |
| 1518 | 12a | | HOW OFTEN HAVE COMPLETE BATH |
| | | 763 | 1. Everyday |
| | | 857 | 2. 2-3 times per week |
| | | 184 | 3. Once a week |
| | | 56 | 4. Less than once a week |
| | | 65 | 8. Not ascertained |
| | | 41 | 9. DK or refused |
| | | 14,148 | Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision) |
| 1519 | 12b | | HOW OFTEN HAVE PARTIAL BATH |
| | | 816 | 1. Everyday |
| | | 422 | 2. 2-3 times per week |
| | | 78 | 3. Once a week |
| | | 407 | 4. Less than once a week |
| | | 89 | 8. Not ascertained |
| | | 154 | 9. DK or refused |
| | | 14,148 | Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1520 | 13a | | DISCOMFORT IN PAST MONTH FROM INFREQUENT BATHING |
| | | 314 | 1. Yes |
| | | 1,490 | 2. No |
| | | 73 | 8. Not ascertained |
| | | 89 | 9. DK or refused |
| | | 14,148 | Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision) |
| 1521 | 13b | | BURN OR SCALD IN PAST MONTH FROM HOT WATER |
| | | 28 | 1. Yes |
| | | 1,825 | 2. No |
| | | 85 | 8. Not ascertained |
| | | 28 | 9. DK or refused |
| | | 14,148 | Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision) |
| 1522-1524 | | | BLANK |
| 1 | | | -282- |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------------------------|
| 1525 | 4 | | HAVE DIFFICULTY DRESSING |
| | | 1,811 | 1. Yes |
| | | 14,229 | 2. No |
| | | 19 | 3. Doesn't do for other reason |
| | | 46 | 8. Not ascertained |
| | | 9 | 9. DK or refused |
| 1526 | 5 | | HOW MUCH DIFFICULTY DRESSING |
| | | 1,004 | 1. Some |
| | | 376 | 2. A lot |
| | | 416 | 3. Unable |
| | | 9 | 8. Not ascertained |

6
14,303

9. DK or refused
Blank. NA (No or DK if has any
difficulty; doesn't
do for other reason)

(1527-1529) 6(1-3)

DRESSING WITHOUT EQUIPMENT/
WITHOUT HELP

1527 6(1)

VERY TIRING

114 0. Never do without help
or equipment
788 1. Yes
465 2. No
416 3. Unable to do for other reason
10 8. Not ascertained
18 9. DK or refused
14,303 Blank. NA (No or DK if has any
difficulty; doesn't do
for other reason)

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (1527-1529) | 6(1-3) | | DRESSING WITHOUT EQUIPMENT/ WITHOUT HELP - Continued |
| 1528 | 6(2) | | TAKES A LONG TIME |
| | | 114 | 0. Never do without help or equipment |
| | | 930 | 1. Yes |
| | | 322 | 2. No |
| | | 416 | 3. Unable to do for other reason |
| | | 13 | 8. Not ascertained |
| | | 16 | 9. DK or refused |
| | | 14,303 | Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |
| 1529 | 6(3) | | VERY PAINFUL |
| | | 114 | 0. Never do without help or equipment |
| | | 722 | 1. Yes |
| | | 527 | 2. No |
| | | 416 | 3. Unable to do for other reason |
| | | 13 | 8. Not ascertained |
| | | 19 | 9. DK or refused |
| | | 14,303 | Blank. NA (No or DK if has any difficulty; doesn't do |

for other reason)

| | | | |
|------|----|--------|---|
| 1530 | 7a | | USE SPECIAL EQUIPMENT OR AIDS |
| | | 239 | 1. Yes |
| | | 15,536 | 2. No |
| | | 320 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 19 | Blank. NA (Doesn't do for other reason) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (1531-1535) | 7b(1-5) | | SPECIAL EQUIPMENT OR AIDS USED FOR DRESSING |
| 1531 | 7b(1) | | SPECIAL CLOTHES |
| | | 47 | 1. Mentioned |
| | | 182 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,875 | Blank. NA (Doesn't do for other reason; No or DK if use any aids or special equipment when doing activity) |
| 1532 | 7b(2) | | SPECIAL FASTENERS |
| | | 47 | 1. Mentioned |
| | | 182 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,875 | Blank. NA (Doesn't do for other reason; No or DK if use any aids or special equipment when doing activity) |
| 1533 | 7b(3) | | CORD, STRING, ZIPPER PULL |
| | | 28 | 1. Mentioned |
| | | 201 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,875 | Blank. NA (Doesn't do for other reason; No or DK if use any aids or special equipment when doing activity) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (1531-1535) | 7b(1-5) | | SPECIAL EQUIPMENT OR AIDS USED FOR DRESSING - Cont'd |
| 1534 | 7b(4) | | ORTHOPEDIC SHOES |
| | | 19 | 1. Mentioned |
| | | 210 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,875 | Blank. NA (Doesn't do for other reason; No or DK if use any aids or special equipment when doing activity) |
| 1535 | 7b(5) | | OTHER |
| | | 149 | 1. Mentioned |
| | | 80 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,875 | Blank. NA (Doesn't do for other reason; No or DK if use any aids or special equipment when doing activity) |
| (1536-1538) | 7c(1-3) | | DRESSING WITH EQUIPMENT WITHOUT HELP |
| 1536 | 7c(1) | | VERY TIRING |
| | | 86 | 0. Never do without help |
| | | 94 | 1. Yes |
| | | 53 | 2. No |
| | | 5 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,875 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

(1536-1538) 7c(1-3)

DRESSING WITH EQUIPMENT
WITHOUT HELP - Continued

1537 7c(2)

TAKES A LONG TIME

| | | |
|--------|--------|---|
| 86 | 0. | Never do without help |
| 107 | 1. | Yes |
| 41 | 2. | No |
| 4 | 8. | Not ascertained |
| 1 | 9. | DK or refused |
| 15,875 | Blank. | NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

1538 7c(3)

VERY PAINFUL

| | | |
|--------|--------|---|
| 86 | 0. | Never do without help |
| 62 | 1. | Yes |
| 83 | 2. | No |
| 5 | 8. | Not ascertained |
| 3 | 9. | DK or refused |
| 15,875 | Blank. | NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

1539 8a

RECEIVE HELP WHEN DRESSING

| | | |
|--------|--------|----------------------------------|
| 1,255 | 1. | Yes |
| 14,703 | 2. | No |
| 124 | 8. | Not ascertained |
| 13 | 9. | DK or refused |
| 19 | Blank. | NA (Doesn't do for other reason) |

1540 8b

IS THIS HANDS-ON HELP

| | | |
|--------|--------|--|
| 1,209 | 1. | Yes |
| 43 | 2. | No |
| 3 | 8. | Not ascertained |
| 0 | 9. | DK or refused |
| 14,859 | Blank. | NA (Doesn't do for other reason; No or DK if receive help from another person) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

(1541-1543) 8c(1-3)

DRESSING WITH HANDS-ON HELP

1541 8c(1)

VERY TIRING

| | | |
|--------|--------|--|
| 70 | 0. | Never does activity, receives hands-on help |
| 424 | 1. | Yes |
| 658 | 2. | No |
| 21 | 8. | Not ascertained |
| 36 | 9. | DK or refused |
| 14,905 | Blank. | NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

| | | | |
|------|-------|--------|---|
| 1542 | 8c(2) | | TAKES A LONG TIME |
| | | 70 | 0. Never does activity, receives hands-on help |
| | | 471 | 1. Yes |
| | | 610 | 2. No |
| | | 24 | 8. Not ascertained |
| | | 34 | 9. DK or refused |
| | | 14,905 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

| | | | |
|------|-------|--------|---|
| 1543 | 8c(3) | | VERY PAINFUL |
| | | 70 | 0. Never does activity, receives hands-on help |
| | | 315 | 1. Yes |
| | | 746 | 2. No |
| | | 27 | 8. Not ascertained |
| | | 51 | 9. DK or refused |
| | | 14,905 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1544 | 8d | | HOW OFTEN HAVE HANDS-ON HELP WHEN DRESSING |
| | | 70 | 0. Never does activity, receives hands-on help |
| | | 610 | 1. Always |
| | | 436 | 2. Sometimes |
| | | 69 | 3. Rarely |
| | | 23 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 14,905 | Blank. NA (Doesn't do for other reason; |

No or DK if receive help
from another person; No or DK
if help received is hands-on)

| | | | |
|------|----|--------|--|
| 1545 | 8e | | NEED MORE HANDS-ON HELP WHEN DRESSING |
| | | 200 | 1. Yes |
| | | 15,638 | 2. No |
| | | 205 | 8. Not ascertained |
| | | 52 | 9. DK or refused |
| | | 19 | Blank. NA (Doesn't do for other reason) |

| | | | |
|------|----|--------|--|
| 1546 | 9a | | SOMEONE SUPERVISES OR STAYS NEAR YOU WHEN DRESSING |
| | | 184 | 1. Yes |
| | | 14,548 | 2. No |
| | | 137 | 8. Not ascertained |
| | | 17 | 9. DK or refused |
| | | 1,228 | Blank. NA (Doesn't do for other reason; receives hands-on help) |

| | | | |
|------|-------|--------|---|
| 1547 | 9b(1) | | IS THIS SUPERVISORY HELP |
| | | 54 | 1. Yes |
| | | 119 | 2. No |
| | | 6 | 8. Not ascertained |
| | | 5 | 9. DK or refused |
| | | 15,930 | Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1548 | 9b(2) | | IS THIS STANDBY HELP |
| | | 165 | 1. Yes |
| | | 11 | 2. No |
| | | 6 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,930 | Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity) |

| | | | |
|------|----|--|--------------------------|
| 1549 | 10 | | HOW OFTEN SUPERVISION OR |
|------|----|--|--------------------------|

STANDBY HELP WHEN DRESSING

| | |
|--------|--|
| 80 | 1. Always |
| 79 | 2. Sometimes |
| 19 | 3. Rarely |
| 6 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 15,930 | Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity) |

1550 11 NEED (MORE) SUPERVISION OR STANDBY HELP WHEN DRESSING

| | |
|--------|---|
| 46 | 1. Yes |
| 14,658 | 2. No |
| 151 | 8. Not ascertained |
| 31 | 9. DK or refused |
| 1,228 | Blank. NA (Doesn't do for other reason; receives hands-on help) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1551 | 12a | | GET DRESSED FOR THE DAY |
| | | 1,142 | 1. Everyday |
| | | 144 | 2. 2-3 times per week |
| | | 24 | 3. Once a week |
| | | 124 | 4. Stay in night clothes |
| | | 58 | 8. Not ascertained |
| | | 7 | 9. DK or refused |
| | | 14,615 | Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision) |
| 1552 | 12b | | HOW OFTEN CHANGE NIGHT CLOTHES |
| | | 140 | 1. Everyday |
| | | 122 | 2. 2-3 times per week |
| | | 13 | 3. Once a week |
| | | 3 | 4. Less than once a week |
| | | 2 | 8. Not ascertained |
| | | 12 | 9. DK or refused |
| | | 15,822 | Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision; gets dressed everyday) |

| | | | |
|------|----|--------|---|
| 1553 | 13 | | DISCOMFORT IN PAST MONTH FROM INFREQUENT CHANGING OF CLOTHES FROM LACK OF HELP |
| | | 122 | 1. Yes |
| | | 1,248 | 2. No |
| | | 73 | 8. Not ascertained |
| | | 56 | 9. DK or refused |
| | | 14,615 | Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision) |

1554-1555 BLANK

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1556 | 4 | | HAVE DIFFICULTY EATING |
| | | 505 | 1. Yes |
| | | 15,535 | 2. No |
| | | 17 | 3. Doesn't do for other reason |
| | | 47 | 8. Not ascertained |
| | | 10 | 9. DK or refused |
| 1557 | 5 | | HOW MUCH DIFFICULTY EATING |
| | | 256 | 1. Some |
| | | 126 | 2. A lot |
| | | 111 | 3. Unable |
| | | 6 | 8. Not ascertained |
| | | 6 | 9. DK or refused |
| | | 15,609 | Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |
| (1558-1560) | 6(1-3) | | EATING WITHOUT EQUIPMENT/ WITHOUT HELP |
| 1558 | 6(1) | | VERY TIRING |
| | | 42 | 0. Never do without help or equipment |
| | | 143 | 1. Yes |
| | | 194 | 2. No |
| | | 111 | 3. Unable to do for other reason |
| | | 9 | 8. Not ascertained |
| | | 6 | 9. DK or refused |
| | | 15,609 | Blank. NA (No or DK if has any |

difficulty; doesn't do
for other reason)

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (1558-1560) | 6(1-3) | | EATING WITHOUT EQUIPMENT/ WITHOUT HELP - Continued |
| 1559 | 6(2) | | TAKES A LONG TIME |
| | | 42 | 0. Never do without help or equipment |
| | | 231 | 1. Yes |
| | | 109 | 2. No |
| | | 111 | 3. Unable to do for other reason |
| | | 9 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 15,609 | Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |
| 1560 | 6(3) | | VERY PAINFUL |
| | | 42 | 0. Never do without help or equipment |
| | | 123 | 1. Yes |
| | | 209 | 2. No |
| | | 111 | 3. Unable to do for other reason |
| | | 10 | 8. Not ascertained |
| | | 10 | 9. DK or refused |
| | | 15,609 | Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |
| 1561 | 7a | | USE SPECIAL EQUIPMENT OR AIDS |
| | | 108 | 1. Yes |
| | | 15,629 | 2. No |
| | | 360 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 17 | Blank. NA (Doesn't do for other reason) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

| | | | |
|-------------|---------|--------|---|
| (1562-1565) | 7b(1-4) | | SPECIAL EQUIPMENT OR AIDS USED FOR EATING |
| 1562 | 7b(1) | | OVERSIZED EATING EQUIPMENT |
| | | 18 | 1. Mentioned |
| | | 88 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,006 | Blank. NA (Doesn't do for other reason; No or DK if use any aids or special equipment when doing activity) |

| | | | |
|------|-------|--------|---|
| 1563 | 7b(2) | | BED OR LAP TRAY |
| | | 33 | 1. Mentioned |
| | | 73 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,006 | Blank. NA (Doesn't do for other reason; No or DK if use any aids or special equipment when doing activity) |

| | | | |
|------|-------|--------|---|
| 1564 | 7b(3) | | COVERED CUP/MODIFIED BOWL |
| | | 14 | 1. Mentioned |
| | | 92 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,006 | Blank. NA (Doesn't do for other reason; No or DK if use any aids or special equipment when doing activity) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

| | | | |
|-------------|---------|--------|--|
| (1562-1565) | 7b(1-4) | | SPECIAL EQUIPMENT OR AIDS USED FOR EATING - Continued |
| 1565 | 7b(4) | | OTHER |
| | | 62 | 1. Mentioned |
| | | 44 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,006 | Blank. NA (Doesn't do for other |

reason; No or DK if use any
aids or special equipment when
doing activity)

| | | | |
|-------------|---------|--------|---|
| (1566-1568) | 7c(1-3) | | EATING WITH EQUIPMENT WITHOUT HELP |
| 1566 | 7c(1) | | VERY TIRING |
| | | 57 | 0. Never do without help |
| | | 19 | 1. Yes |
| | | 28 | 2. No |
| | | 4 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,006 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

| | | | |
|------|-------|--------|---|
| 1567 | 7c(2) | | TAKES A LONG TIME |
| | | 57 | 0. Never do without help |
| | | 29 | 1. Yes |
| | | 19 | 2. No |
| | | 3 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,006 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (1566-1568) | 7c(1-3) | | EATING WITH EQUIPMENT WITHOUT HELP - Continued |
| 1568 | 7c(3) | | VERY PAINFUL |
| | | 57 | 0. Never do without help |
| | | 13 | 1. Yes |
| | | 33 | 2. No |
| | | 4 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,006 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

1569 8a

RECEIVE HELP WHEN EATING

| | |
|--------|---|
| 315 | 1. Yes |
| 15,627 | 2. No |
| 138 | 8. Not ascertained |
| 17 | 9. DK or refused |
| 17 | Blank. NA (Doesn't do for other reason) |

| | | | |
|------|----|--------|---|
| 1570 | 8b | | IS THIS HANDS-ON HELP |
| | | 262 | 1. Yes |
| | | 52 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,799 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1571-1573) | 8c(1-3) | | EATING WITH HANDS-ON HELP |
| 1571 | 8c(1) | | VERY TIRING |
| | | 32 | 0. Never does activity, receives hands-on help |
| | | 82 | 1. Yes |
| | | 120 | 2. No |
| | | 7 | 8. Not ascertained |
| | | 21 | 9. DK or refused |
| | | 15,852 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |
| 1572 | 8c(2) | | TAKES A LONG TIME |
| | | 32 | 0. Never does activity, receives hands-on help |
| | | 128 | 1. Yes |
| | | 73 | 2. No |
| | | 11 | 8. Not ascertained |
| | | 18 | 9. DK or refused |
| | | 15,852 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |
| 1573 | 8c(3) | | VERY PAINFUL |

| | | |
|--------|--------|--|
| 32 | 0. | Never does activity, receives hands-on help |
| 40 | 1. | Yes |
| 151 | 2. | No |
| 12 | 8. | Not ascertained |
| 27 | 9. | DK or refused |
| 15,852 | Blank. | NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1574 | 8d | | HOW OFTEN HAVE HANDS-ON HELP WHEN EATING |
| | | 32 | 0. Never does activity, receives hands-on help |
| | | 152 | 1. Always |
| | | 66 | 2. Sometimes |
| | | 5 | 3. Rarely |
| | | 7 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,852 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |
| 1575 | 8e | | NEED MORE HANDS-ON HELP WHEN EATING |
| | | 45 | 1. Yes |
| | | 15,804 | 2. No |
| | | 215 | 8. Not ascertained |
| | | 33 | 9. DK or refused |
| | | 17 | Blank. NA (Doesn't do for other reason) |
| 1576 | 9a | | SOMEONE SUPERVISES OR STAYS NEAR YOU EATING |
| | | 234 | 1. Yes |
| | | 15,406 | 2. No |
| | | 170 | 8. Not ascertained |
| | | 25 | 9. DK or refused |
| | | 279 | Blank. NA (Doesn't do for other reason; receives hands-on help) |
| 1577 | 9b(1) | | IS THIS SUPERVISORY HELP |

| | | |
|--------|--------|--|
| 104 | 1. | Yes |
| 121 | 2. | No |
| 5 | 8. | Not ascertained |
| 4 | 9. | DK or refused |
| 15,880 | Blank. | NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1578 | 9b(2) | | IS THIS STANDBY HELP |
| | | 213 | 1. Yes |
| | | 14 | 2. No |
| | | 5 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,880 | Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity) |
| 1579 | 10 | | HOW OFTEN HAVE SUPERVISION OR STANDBY HELP WHEN EATING |
| | | 150 | 1. Always |
| | | 72 | 2. Sometimes |
| | | 7 | 3. Rarely |
| | | 4 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,880 | Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity) |
| 1580 | 11 | | NEED (MORE) SUPERVISION OR STANDBY HELP WHEN EATING |
| | | 31 | 1. Yes |
| | | 15,591 | 2. No |
| | | 181 | 8. Not ascertained |
| | | 32 | 9. DK or refused |
| | | 279 | Blank. NA (Doesn't do for other reason; receives hands-on help) |
| 1581 | 12a | | UNABLE TO EAT AT ANY TIME DURING PAST MONTH FROM LACK OF HELP |
| | | 28 | 1. Yes |

| | |
|--------|---|
| 428 | 2. No |
| 76 | 8. Not ascertained |
| 13 | 9. DK or refused |
| 15,569 | Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1582 | 12b(1) | | LOST WEIGHT DUE TO DIET IN PAST MONTH |
| | | 18 | 1. Yes |
| | | 433 | 2. No |
| | | 76 | 8. Not ascertained |
| | | 18 | 9. DK or refused |
| | | 15,569 | Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision) |
| 1583 | 12b(2) | | LOST WEIGHT NOT DUE TO DIET IN PAST MONTH |
| | | 105 | 1. Yes |
| | | 328 | 2. No |
| | | 77 | 8. Not ascertained |
| | | 35 | 9. DK or refused |
| | | 15,569 | Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision) |
| 1584 | 12b(3) | | BEEN DEHYDRATED IN PAST MONTH |
| | | 40 | 1. Yes |
| | | 411 | 2. No |
| | | 76 | 8. Not ascertained |
| | | 18 | 9. DK or refused |
| | | 15,569 | Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision) |
| 1585-1586 | | | BLANK |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1587 | 4 | | HAVE DIFFICULTY GETTING IN/OUT OF BED OR CHAIRS |
| | | 2,497 | 1. Yes |
| | | 13,546 | 2. No |
| | | 14 | 3. Doesn't do for other reason |
| | | 48 | 8. Not ascertained |
| | | 9 | 9. DK or refused |

| | | | |
|------|---|--------|---|
| 1588 | 5 | | HOW MUCH DIFFICULTY GETTING IN/OUT BED/CHAIRS |
| | | 1,506 | 1. Some |
| | | 614 | 2. A lot |
| | | 360 | 3. Unable |
| | | 14 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 13,617 | Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |

(1589-1591) 6(1-3)

GETTING IN/OUT OF BED OR CHAIRS WITHOUT EQUIPMENT/
WITHOUT HELP

1589 6(1)

VERY TIRING

| | | | |
|--|--|--------|---|
| | | 131 | 0. Never do without help or equipment |
| | | 1,025 | 1. Yes |
| | | 916 | 2. No |
| | | 360 | 3. Unable to do for other reason |
| | | 37 | 8. Not ascertained |
| | | 28 | 9. DK or refused |
| | | 13,617 | Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1589-1591) | 6(1-3) | | GETTING IN/OUT OF BED OR CHAIRS WITHOUT EQUIPMENT/ WITHOUT HELP - Continued |
| 1590 | 6(2) | | TAKES A LONG TIME |

| | | |
|--------|--------|--|
| 131 | 0. | Never do without help or equipment |
| 1,169 | 1. | Yes |
| 776 | 2. | No |
| 360 | 3. | Unable to do for other reason |
| 37 | 8. | Not ascertained |
| 24 | 9. | DK or refused |
| 13,617 | Blank. | NA (No or DK if has any difficulty; doesn't do for other reason) |

| | | | |
|------|------|--------|---|
| 1591 | 6(3) | | VERY PAINFUL |
| | | 131 | 0. Never do without help or equipment |
| | | 1,354 | 1. Yes |
| | | 592 | 2. No |
| | | 360 | 3. Unable to do for other reason |
| | | 33 | 8. Not ascertained |
| | | 27 | 9. DK or refused |
| | | 13,617 | Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |

| | | | |
|------|----|--------|---|
| 1592 | 7a | | USE SPECIAL EQUIPMENT OR AIDS |
| | | 776 | 1. Yes |
| | | 14,986 | 2. No |
| | | 338 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 14 | Blank. NA (Doesn't do for other reason) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1593-1600) | 7b(1-8) | | SPECIAL EQUIPMENT OR AIDS USED FOR GETTING IN AND OUT OF BED OR CHAIRS |
| 1593 | 7b(1) | | CANE OR WALKING STICK |
| | | 332 | 1. Mentioned |
| | | 434 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 15,338 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

| | | | |
|------|-------|--------|--|
| 1594 | 7b(2) | | WALKER |
| | | 280 | 1. Mentioned |
| | | 486 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 15,338 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

| | | | |
|------|-------|--------|--|
| 1595 | 7b(3) | | EXTRA/SPECIAL CUSHIONS |
| | | 48 | 1. Mentioned |
| | | 718 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 15,338 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

| | | | |
|------|-------|--------|--|
| 1596 | 7b(4) | | SPECIAL "RAISING SEAT" CHAIR/LIFT CHAIR |
| | | 91 | 1. Mentioned |
| | | 675 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 15,338 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (1593-1600) | 7b(1-8) | | SPECIAL EQUIPMENT OR AIDS USED FOR GETTING IN AND OUT OF BED OR CHAIRS - Continued |
| 1597 | 7b(5) | | HOSPITAL BED |
| | | 110 | 1. Mentioned |
| | | 656 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 15,338 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

| | | | |
|------|-------|--|---------------|
| 1598 | 7b(6) | | TRAPEZE/SLING |
|------|-------|--|---------------|

| | |
|--------|--|
| 27 | 1. Mentioned |
| 739 | 2. Not mentioned |
| 4 | 8. No answer to entire question |
| 6 | 9. DK or refused (entire question) |
| 15,338 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

| | | |
|------|--------|--|
| 1599 | 7b(7) | RAMP |
| | 4 | 1. Mentioned |
| | 762 | 2. Not mentioned |
| | 4 | 8. No answer to entire question |
| | 6 | 9. DK or refused (entire question) |
| | 15,338 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

| | | |
|------|--------|--|
| 1600 | 7b(8) | OTHER |
| | 165 | 1. Mentioned |
| | 601 | 2. Not mentioned |
| | 4 | 8. No answer to entire question |
| | 6 | 9. DK or refused (entire question) |
| | 15,338 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1601-1603) | 7c(1-3) | | GETTING IN/OUT OF BED OR CHAIRS WITH EQUIPMENT WITHOUT HELP |
| 1601 | 7c(1) | | VERY TIRING |
| | | 260 | 0. Never do without help |
| | | 266 | 1. Yes |
| | | 215 | 2. No |
| | | 24 | 8. Not ascertained |
| | | 11 | 9. DK or refused |
| | | 15,338 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

| | | | |
|------|-------|-------------------|--------------------------|
| 1602 | 7c(2) | TAKES A LONG TIME | |
| | | 260 | 0. Never do without help |
| | | 303 | 1. Yes |
| | | 182 | 2. No |

| | | |
|--------|--------|---|
| 23 | 8. | Not ascertained |
| 8 | 9. | DK or refused |
| 15,338 | Blank. | NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

| | | | |
|------|-------|--------|--|
| 1603 | 7c(3) | | VERY PAINFUL |
| | | 260 | 0. Never do without help |
| | | 266 | 1. Yes |
| | | 214 | 2. No |
| | | 24 | 8. Not ascertained |
| | | 12 | 9. DK or refused |
| | | 15,338 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

| | | | |
|------|----|--------|--|
| 1604 | 8a | | RECEIVE HELP WHEN GETTING IN/OUT OF BED OR CHAIRS |
| | | 930 | 1. Yes |
| | | 15,010 | 2. No |
| | | 147 | 8. Not ascertained |
| | | 13 | 9. DK or refused |
| | | 14 | Blank. NA (Doesn't do for other reason) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1605 | 8b | | IS THIS HANDS-ON HELP |
| | | 897 | 1. Yes |
| | | 26 | 2. No |
| | | 6 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,184 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person) |

(1606-1608) 8c(1-3)

GETTING IN/OUT OF BED OR
CHAIRS WITH HANDS-ON HELP

| | | | |
|------|-------|-----|---|
| 1606 | 8c(1) | | VERY TIRING |
| | | 54 | 0. Never does activity, receives hands-on help |
| | | 390 | 1. Yes |
| | | 405 | 2. No |
| | | 18 | 8. Not ascertained |
| | | 30 | 9. DK or refused |

15,217 Blank. NA (Doesn't do for other reason;
No or DK if receive help
from another person; No or DK
if help received is hands-on)

| | | | |
|------|-------|--------|---|
| 1607 | 8c(2) | | TAKES A LONG TIME |
| | | 54 | 0. Never does activity, receives hands-on help |
| | | 372 | 1. Yes |
| | | 422 | 2. No |
| | | 18 | 8. Not ascertained |
| | | 31 | 9. DK or refused |
| | | 15,217 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (1606-1608) | 8c(1-3) | | GETTING IN/OUT OF BED OR CHAIRS WITH HANDS-ON HELP - Continued |
| 1608 | 8c(3) | | VERY PAINFUL |
| | | 54 | 0. Never does activity, receives hands-on help |
| | | 429 | 1. Yes |
| | | 355 | 2. No |
| | | 16 | 8. Not ascertained |
| | | 43 | 9. DK or refused |
| | | 15,217 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

| | | | |
|------|----|--------|---|
| 1609 | 8d | | HOW OFTEN HAVE HANDS-ON HELP WHEN GETTING IN/OUT OF BED OR CHAIRS |
| | | 54 | 0. Never does activity, receives hands-on help |
| | | 330 | 1. Always |
| | | 428 | 2. Sometimes |
| | | 67 | 3. Rarely |
| | | 17 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,217 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if |

help received is hands-on)

| | | | |
|------|----|--------|---|
| 1610 | 8e | | NEED MORE HANDS-ON HELP WHEN GETTING IN/OUT OF BED OR CHAIRS |
| | | 196 | 1. Yes |
| | | 15,642 | 2. No |
| | | 203 | 8. Not ascertained |
| | | 59 | 9. DK or refused |
| | | 14 | Blank. NA (Doesn't do for other reason) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1611 | 9a | | SOMEONE SUPERVISES OR STAYS NEAR YOU GETTING IN/OUT OF BED OR CHAIRS |
| | | 202 | 1. Yes |
| | | 14,824 | 2. No |
| | | 161 | 8. Not ascertained |
| | | 16 | 9. DK or refused |
| | | 911 | Blank. NA (Doesn't do for other reason; receives hands-on help) |
| 1612 | 9b(1) | | IS THIS SUPERVISORY HELP |
| | | 49 | 1. Yes |
| | | 143 | 2. No |
| | | 9 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,912 | Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/ stays nearby when doing activity) |
| 1613 | 9b(2) | | IS THIS STANDBY HELP |
| | | 185 | 1. Yes |
| | | 10 | 2. No |
| | | 7 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,912 | Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1614 | 10 | | HOW OFTEN SUPERVISION OR STANDBY HELP WHEN GETTING IN/OUT OF BED OR CHAIRS |
| | | 75 | 1. Always |
| | | 103 | 2. Sometimes |
| | | 18 | 3. Rarely |
| | | 5 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,912 | Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity) |
| 1615 | 11 | | NEED (MORE) SUPERVISION OR STANDBY HELP WHEN GETTING IN/OUT OF BED OR CHAIRS |
| | | 63 | 1. Yes |
| | | 14,944 | 2. No |
| | | 166 | 8. Not ascertained |
| | | 30 | 9. DK or refused |
| | | 911 | Blank. NA (Doesn't do for other reason; receives hands-on help) |
| (1616-1617) | 12a-b | | BECAUSE OF HEALTH OR PHYSICAL PROBLEM: |
| 1616 | 12a | | STAY IN BED ALL OR MOST OF TIME |
| | | 253 | 1. Yes |
| | | 894 | 2. No |
| | | 49 | 8. Not ascertained |
| | | 8 | 9. DK or refused |
| | | 14,910 | Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (1616-1617) | 12a-b | | BECAUSE OF HEALTH OR PHYSICAL PROBLEM:- Continued |

| | | | |
|------|-----|--------|--|
| 1617 | 12b | | STAY IN CHAIR ALL OR MOST OF TIME |
| | | 483 | 1. Yes |
| | | 411 | 2. No |
| | | 52 | 8. Not ascertained |
| | | 5 | 9. DK or refused |
| | | 15,163 | Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision; stays in bed all or most of time) |

| | | | |
|------|-----|--------|--|
| 1618 | 12c | | HOW OFTEN GET OUT OF BED |
| | | 884 | 1. Everyday |
| | | 10 | 2. 2-3 times per week |
| | | 0 | 3. Once a week |
| | | 1 | 4. Less than once a week |
| | | 53 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 15,163 | Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision; stays in bed all or most of time) |

1619-1620 BLANK

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------------------------|
| 1621 | 4 | | HAVE DIFFICULTY WALKING |
| | | 4,624 | 1. Yes |
| | | 11,394 | 2. No |
| | | 35 | 3. Doesn't do for other reason |
| | | 50 | 8. Not ascertained |
| | | 11 | 9. DK or refused |

| | | | |
|------|---|--------|---|
| 1622 | 5 | | HOW MUCH DIFFICULTY WALKING |
| | | 2,121 | 1. Some |
| | | 1,640 | 2. A lot |
| | | 812 | 3. Unable |
| | | 34 | 8. Not ascertained |
| | | 17 | 9. DK or refused |
| | | 11,490 | Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |

| | | | |
|-------------|--------|--------|---|
| (1623-1625) | 6(1-3) | | WALKING WITHOUT EQUIPMENT/ WITHOUT HELP |
| 1623 | 6(1) | | VERY TIRING |
| | | 410 | 0. Never do without help or equipment |
| | | 2,629 | 1. Yes |
| | | 689 | 2. No |
| | | 812 | 3. Unable to do for other reason |
| | | 50 | 8. Not ascertained |
| | | 34 | 9. DK or refused |
| | | 11,490 | Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (1623-1625) | 6(1-3) | | WALKING WITHOUT EQUIPMENT/ WITHOUT HELP - Continued |
| 1624 | 6(2) | | TAKES A LONG TIME |
| | | 410 | 0. Never do without help or equipment |
| | | 2,503 | 1. Yes |
| | | 792 | 2. No |
| | | 812 | 3. Unable to do for other reason |
| | | 63 | 8. Not ascertained |
| | | 44 | 9. DK or refused |
| | | 11,490 | Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |
| 1625 | 6(3) | | VERY PAINFUL |
| | | 410 | 0. Never do without help or equipment |
| | | 2,259 | 1. Yes |
| | | 1,032 | 2. No |
| | | 812 | 3. Unable to do for other reason |
| | | 55 | 8. Not ascertained |
| | | 56 | 9. DK or refused |
| | | 11,490 | Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |

1626

7a

USE SPECIAL EQUIPMENT OR AIDS

| | |
|--------|---|
| 2,698 | 1. Yes |
| 13,069 | 2. No |
| 312 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 35 | Blank. NA (Doesn't do for other reason) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1627-1635) | 7b(1-9) | | SPECIAL EQUIPMENT OR AIDS USED FOR WALKING |
| 1627 | 7b(1) | | CANE OR WALKING STICK |
| | | 1,886 | 1. Mentioned |
| | | 803 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 13,416 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
| 1628 | 7b(2) | | WALKER |
| | | 795 | 1. Mentioned |
| | | 1,894 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 13,416 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
| 1629 | 7b(3) | | CRUTCH OR CRUTCHES |
| | | 208 | 1. Mentioned |
| | | 2,481 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 13,416 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
| 1630 | 7b(4) | | WHEELCHAIR |
| | | 504 | 1. Mentioned |
| | | 2,185 | 2. Not mentioned |

| | |
|--------|--|
| 6 | 8. No answer to entire question |
| 3 | 9. DK or refused (entire question) |
| 13,416 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1627-1635) | 7b(1-9) | | SPECIAL EQUIPMENT OR AIDS USED FOR WALKING - Continued |
| 1631 | 7b(5) | | ARTIFICIAL LEG |
| | | 32 | 1. Mentioned |
| | | 2,657 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 13,416 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
| 1632 | 7b(6) | | BRACE |
| | | 126 | 1. Mentioned |
| | | 2,563 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 13,416 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
| 1633 | 7b(7) | | GUIDE DOG |
| | | 0 | 1. Mentioned |
| | | 2,689 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 13,416 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
| 1634 | 7b(8) | | OXYGEN/SPECIAL BREATHING EQUIPMENT |
| | | 81 | 1. Mentioned |
| | | 2,608 | 2. Not mentioned |

| | |
|--------|--|
| 6 | 8. No answer to entire question |
| 3 | 9. DK or refused (entire question) |
| 13,416 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1627-1635) | 7b(1-9) | | SPECIAL EQUIPMENT OR AIDS USED FOR WALKING - Continued |
| 1635 | 7b(9) | | OTHER |
| | | 127 | 1. Mentioned |
| | | 2,562 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 13,416 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
| (1636-1638) | 7c(1-3) | | WALKING WITH EQUIPMENT WITHOUT HELP |
| 1636 | 7c(1) | | VERY TIRING |
| | | 576 | 0. Never do without help |
| | | 1,355 | 1. Yes |
| | | 660 | 2. No |
| | | 80 | 8. Not ascertained |
| | | 27 | 9. DK or refused |
| | | 13,416 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
| 1637 | 7c(2) | | TAKES A LONG TIME |
| | | 576 | 0. Never do without help |
| | | 1,443 | 1. Yes |
| | | 572 | 2. No |
| | | 87 | 8. Not ascertained |
| | | 20 | 9. DK or refused |
| | | 13,416 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1636-1638) | 7c(1-3) | | WALKING WITH EQUIPMENT WITHOUT HELP - Continued |
| 1638 | 7c(3) | | VERY PAINFUL |
| | | 576 | 0. Never do without help |
| | | 1,038 | 1. Yes |
| | | 957 | 2. No |
| | | 85 | 8. Not ascertained |
| | | 42 | 9. DK or refused |
| | | 13,416 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
| 1639 | 8a | | RECEIVE HELP WHEN WALKING |
| | | 1,105 | 1. Yes |
| | | 14,799 | 2. No |
| | | 160 | 8. Not ascertained |
| | | 15 | 9. DK or refused |
| | | 35 | Blank. NA (Doesn't do for other reason) |
| 1640 | 8 | | IS THIS HANDS-ON HELP |
| | | 1,007 | 1. Yes |
| | | 85 | 2. No |
| | | 11 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,009 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person) |
| (1641-1643) | 8c(1-3) | | WALKING WITH HANDS-ON HELP |
| 1641 | 8c(1) | | VERY TIRING |
| | | 148 | 0. Never does activity, receives hands-on help |
| | | 603 | 1. Yes |
| | | 218 | 2. No |
| | | 18 | 8. Not ascertained |
| | | 20 | 9. DK or refused |
| | | 15,107 | Blank. NA (Doesn't do for other reason; No or DK if receive help |

from another person; No or DK
if help received is hands-on)

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (1641-1643) | 8c(1-3) | | WALKING WITH HANDS-ON HELP - Continued |
| 1642 | 8c(2) | | TAKES A LONG TIME |
| | | 148 | 0. Never does activity, receives hands-on help |
| | | 625 | 1. Yes |
| | | 191 | 2. No |
| | | 23 | 8. Not ascertained |
| | | 20 | 9. DK or refused |
| | | 15,107 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |
| 1643 | 8c(3) | | VERY PAINFUL |
| | | 148 | 0. Never does activity, receives hands-on help |
| | | 437 | 1. Yes |
| | | 366 | 2. No |
| | | 23 | 8. Not ascertained |
| | | 33 | 9. DK or refused |
| | | 15,107 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |
| 1644 | 8d | | HOW OFTEN HAVE HANDS-ON HELP WHEN WALKING |
| | | 148 | 0. Never does activity, receives hands-on help |
| | | 357 | 1. Always |
| | | 425 | 2. Sometimes |
| | | 57 | 3. Rarely |
| | | 18 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,107 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help |

received is hands-on)

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1645 | 8e | | NEED (MORE) HANDS-ON HELP WHEN WALKING |
| | | 245 | 1. Yes |
| | | 15,555 | 2. No |
| | | 216 | 8. Not ascertained |
| | | 63 | 9. DK or refused |
| | | 35 | Blank. NA (Doesn't do for other reason) |
| 1646 | 9a | | SOMEONE SUPERVISES OR STAYS NEAR YOU WHEN WALKING |
| | | 378 | 1. Yes |
| | | 14,475 | 2. No |
| | | 200 | 8. Not ascertained |
| | | 19 | 9. DK or refused |
| | | 1,042 | Blank. NA (Doesn't do for other reason; receives hands-on help) |
| 1647 | 9b(1) | | IS THIS SUPERVISORY HELP |
| | | 85 | 1. Yes |
| | | 271 | 2. No |
| | | 16 | 8. Not ascertained |
| | | 6 | 9. DK or refused |
| | | 15,736 | Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity) |
| 1648 | 9b(2) | | IS THIS STANDBY HELP |
| | | 350 | 1. Yes |
| | | 13 | 2. No |
| | | 13 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,736 | Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1649 | 10 | | HOW OFTEN HAVE SUPERVISION OR STANDBY HELP WHEN WALKING |
| | | 129 | 1. Always |
| | | 204 | 2. Sometimes |
| | | 31 | 3. Rarely |
| | | 12 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,736 | Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity) |
| 1650 | 11 | | NEED (MORE) SUPERVISION OR STANDBY HELP WHEN WALKING |
| | | 109 | 1. Yes |
| | | 14,722 | 2. No |
| | | 203 | 8. Not ascertained |
| | | 38 | 9. DK or refused |
| | | 1,042 | Blank. NA (Doesn't do for other reason; receives hands-on help) |
| 1651 | 12a | | HOW OFTEN MOVE AROUND HOUSE/ APARTMENT/ROOM |
| | | 873 | 1. Whenever want to |
| | | 257 | 2. Often enough to stretch and change scenery |
| | | 228 | 3. Often enough for toilet needs |
| | | 86 | 4. Not often enough to use bathroom |
| | | 79 | 8. Not ascertained |
| | | 28 | 9. DK or refused |
| | | 14,563 | Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision) |
| 1652-1654 | | | BLANK |
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Section H - Assistance With Key Activities (ADL)

Tape

| Locations | Item No. | Frequency | Items and Codes |
|-------------|----------|-----------|---|
| 1655 | 4 | | HAVE DIFFICULTY GETTING OUTSIDE |
| | | 2,308 | 1. Yes |
| | | 13,690 | 2. No |
| | | 55 | 3. Doesn't do for other reason |
| | | 52 | 8. Not ascertained |
| | | 9 | 9. DK or refused |
| 1656 | 5 | | HOW MUCH DIFFICULTY GETTING OUTSIDE |
| | | 776 | 1. Some |
| | | 719 | 2. A lot |
| | | 780 | 3. Unable |
| | | 25 | 8. Not ascertained |
| | | 8 | 9. DK or refused |
| | | 13,806 | Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |
| (1657-1659) | 6(1-3) | | GETTING OUTSIDE WITHOUT EQUIPMENT/WITHOUT HELP |
| 1657 | 6(1) | | VERY TIRING |
| | | 363 | 0. Never do without help or equipment |
| | | 843 | 1. Yes |
| | | 270 | 2. No |
| | | 780 | 3. Unable to do for other reason |
| | | 35 | 8. Not ascertained |
| | | 17 | 9. DK or refused |
| | | 13,806 | Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |

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Section H - Assistance With Key Activities (ADL)

| Tape | Locations | Item No. | Frequency | Items and Codes |
|------|-------------|----------|-----------|---|
| | (1657-1659) | 6(1-3) | | GETTING OUTSIDE WITHOUT EQUIPMENT/WITHOUT HELP - Continued |
| | 1658 | 6(2) | | TAKES A LONG TIME |
| | | | 363 | 0. Never do without help or equipment |

| | |
|--------|---|
| 836 | 1. Yes |
| 274 | 2. No |
| 780 | 3. Unable to do for other reason |
| 38 | 8. Not ascertained |
| 17 | 9. DK or refused |
| 13,806 | Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |

| | | | |
|------|------|--------|---|
| 1659 | 6(3) | | VERY PAINFUL |
| | | 363 | 0. Never do without help or equipment |
| | | 708 | 1. Yes |
| | | 400 | 2. No |
| | | 780 | 3. Unable to do for other reason |
| | | 36 | 8. Not ascertained |
| | | 21 | 9. DK or refused |
| | | 13,806 | Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |

| | | | |
|------|----|--------|---|
| 1660 | 7a | | USE SPECIAL EQUIPMENT OR AIDS |
| | | 1,824 | 1. Yes |
| | | 13,867 | 2. No |
| | | 368 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 55 | Blank. NA (Doesn't do for other reason) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1661-1669) | 7b(1-9) | | SPECIAL EQUIPMENT OR AIDS USED FOR GETTING OUTSIDE |
| 1661 | 7b(1) | | CANE OR WALKING STICK |
| | | 1,132 | 1. Mentioned |
| | | 684 | 2. Not mentioned |
| | | 5 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 14,290 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

| | | | |
|------|-------|-------|------------------|
| 1662 | 7b(2) | | WALKER |
| | | 564 | 1. Mentioned |
| | | 1,252 | 2. Not mentioned |

| | | |
|--------|--------|---|
| 5 | 8. | No answer to entire question |
| 3 | 9. | DK or refused (entire question) |
| 14,290 | Blank. | NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

| | | | |
|------|-------|--------|--|
| 1663 | 7b(3) | | CRUTCH OR CRUTCHES |
| | | 119 | 1. Mentioned |
| | | 1,697 | 2. Not mentioned |
| | | 5 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 14,290 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

| | | | |
|------|-------|--------|--|
| 1664 | 7b(4) | | WHEELCHAIR |
| | | 481 | 1. Mentioned |
| | | 1,335 | 2. Not mentioned |
| | | 5 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 14,290 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1661-1669) | 7b(1-9) | | SPECIAL EQUIPMENT OR AIDS USED FOR GETTING OUTSIDE - Continued |
| 1665 | 7b(5) | | ARTIFICIAL LEG |
| | | 24 | 1. Mentioned |
| | | 1,792 | 2. Not mentioned |
| | | 5 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 14,290 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

| | | | |
|------|-------|--------|--|
| 1666 | 7b(6) | | BRACE |
| | | 56 | 1. Mentioned |
| | | 1,760 | 2. Not mentioned |
| | | 5 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 14,290 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

equipment when doing activity)

| | | | |
|------|-------|--------|--|
| 1667 | 7b(7) | | GUIDE DOG |
| | | 0 | 1. Mentioned |
| | | 1,816 | 2. Not mentioned |
| | | 5 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 14,290 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

| | | | |
|------|-------|--------|--|
| 1668 | 7b(8) | | OXYGEN/SPECIAL BREATHING EQUIPMENT |
| | | 61 | 1. Mentioned |
| | | 1,755 | 2. Not mentioned |
| | | 5 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 14,290 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (1661-1669) | 7b(1-9) | | SPECIAL EQUIPMENT OR AIDS USED FOR GETTING OUTSIDE - Continued |
| 1669 | 7b(9) | | OTHER |
| | | 143 | 1. Mentioned |
| | | 1,673 | 2. Not mentioned |
| | | 5 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 14,290 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

| | | | |
|-------------|---------|--------|--|
| (1670-1672) | 7c(1-3) | | GETTING OUTSIDE WITH EQUIPMENT WITHOUT HELP |
| 1670 | 7c(1) | | VERY TIRING |
| | | 720 | 0. Never do without help |
| | | 667 | 1. Yes |
| | | 359 | 2. No |
| | | 67 | 8. Not ascertained |
| | | 11 | 9. DK or refused |
| | | 14,290 | Blank. NA (Doesn't do for other reason; |

No or DK if use any special
equipment when doing activity)

| | | | |
|------|-------|--------|--|
| 1671 | 7c(2) | | TAKES A LONG TIME |
| | | 720 | 0. Never do without help |
| | | 718 | 1. Yes |
| | | 302 | 2. No |
| | | 68 | 8. Not ascertained |
| | | 16 | 9. DK or refused |
| | | 14,290 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (1670-1672) | 7c(1-3) | | GETTING OUTSIDE WITH EQUIPMENT WITHOUT HELP - Continued |
| 1672 | 7c(3) | | VERY PAINFUL |
| | | 720 | 0. Never do without help |
| | | 484 | 1. Yes |
| | | 535 | 2. No |
| | | 67 | 8. Not ascertained |
| | | 18 | 9. DK or refused |
| | | 14,290 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
| 1673 | 8a | | RECEIVE HELP WHEN GETTING OUTSIDE |
| | | 1,290 | 1. Yes |
| | | 14,574 | 2. No |
| | | 174 | 8. Not ascertained |
| | | 21 | 9. DK or refused |
| | | 55 | Blank. NA (Doesn't do for other reason) |
| 1674 | 8b | | IS THIS HANDS-ON HELP |
| | | 1,154 | 1. Yes |
| | | 120 | 2. No |
| | | 13 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 14,824 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person) |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (1675-1677) | 8c(1-3) | | GETTING OUTSIDE WITH HANDS-ON HELP |
| 1675 | 8c(1) | | VERY TIRING |
| | | 121 | 0. Never does activity, receives hands-on help |
| | | 637 | 1. Yes |
| | | 335 | 2. No |
| | | 26 | 8. Not ascertained |
| | | 35 | 9. DK or refused |
| | | 14,960 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |
| 1676 | 8c(2) | | TAKES A LONG TIME |
| | | 121 | 0. Never does activity, receives hands-on help |
| | | 644 | 1. Yes |
| | | 330 | 2. No |
| | | 27 | 8. Not ascertained |
| | | 32 | 9. DK or refused |
| | | 14,960 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |
| 1677 | 8c(3) | | VERY PAINFUL |
| | | 121 | 0. Never does activity, receives hands-on help |
| | | 418 | 1. Yes |
| | | 540 | 2. No |
| | | 31 | 8. Not ascertained |
| | | 44 | 9. DK or refused |
| | | 14,960 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

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Section H - Assistance With Key Activities (ADL)

Tape

| Locations | Item No. | Frequency | Items and Codes |
|-----------|----------|-----------|---|
| 1678 | 8d | | HOW OFTEN HAVE HANDS-ON HELP WHEN GETTING OUTSIDE |
| | | 121 | 0. Never does activity, receives hands-on help |
| | | 705 | 1. Always |
| | | 260 | 2. Sometimes |
| | | 36 | 3. Rarely |
| | | 29 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 14,960 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |
| 1679 | 8e | | NEED (MORE) HANDS-ON HELP WHEN GETTING OUTSIDE |
| | | 236 | 1. Yes |
| | | 15,545 | 2. No |
| | | 212 | 8. Not ascertained |
| | | 66 | 9. DK or refused |
| | | 55 | Blank. NA (Doesn't do for other reason) |
| 1680 | 9a | | SOMEONE SUPERVISES OR STAYS NEAR YOU GETTING OUTSIDE |
| | | 366 | 1. Yes |
| | | 14,316 | 2. No |
| | | 201 | 8. Not ascertained |
| | | 22 | 9. DK or refused |
| | | 1,209 | Blank. NA (Doesn't do for other reason; receives hands-on help) |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1681 | 9b(1) | | IS THIS SUPERVISORY HELP |
| | | 87 | 1. Yes |
| | | 255 | 2. No |
| | | 17 | 8. Not ascertained |
| | | 7 | 9. DK or refused |
| | | 15,748 | Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity) |

| | | | |
|------|-------|--------|---|
| 1682 | 9b(2) | | IS THIS STANDBY HELP |
| | | 332 | 1. Yes |
| | | 18 | 2. No |
| | | 12 | 8. Not ascertained |
| | | 4 | 9. DK or refused |
| | | 15,748 | Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity) |

| | | | |
|------|----|--------|---|
| 1683 | 10 | | HOW OFTEN HAVE SUPERVISION OR STANDBY HELP WHEN GETTING OUTSIDE |
| | | 185 | 1. Always |
| | | 150 | 2. Sometimes |
| | | 19 | 3. Rarely |
| | | 10 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,748 | Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity) |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 1684 | 11 | | NEED (MORE) SUPERVISION OR STANDBY HELP WHEN GETTING OUTSIDE |
| | | 77 | 1. Yes |
| | | 14,603 | 2. No |
| | | 189 | 8. Not ascertained |
| | | 36 | 9. DK or refused |
| | | 1,209 | Blank. NA (Doesn't do for other reason; receives hands-on help) |

1685-1686 BLANK

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| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

| | | | |
|------|---|--------|--------------------------------|
| 1687 | 4 | | HAVE DIFFICULTY USING TOILET |
| | | 1,254 | 1. Yes |
| | | 14,770 | 2. No |
| | | 22 | 3. Doesn't do for other reason |
| | | 59 | 8. Not ascertained |
| | | 9 | 9. DK or refused |

| | | | |
|------|---|--------|---|
| 1688 | 5 | | HOW MUCH DIFFICULTY USING TOILET |
| | | 518 | 1. Some |
| | | 294 | 2. A lot |
| | | 419 | 3. Unable |
| | | 18 | 8. Not ascertained |
| | | 5 | 9. DK or refused |
| | | 14,860 | Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |

| | | | |
|-------------|--------|--------|---|
| (1689-1691) | 6(1-3) | | USING TOILET WITHOUT EQUIPMENT/WITHOUT HELP |
| 1689 | 6(1) | | VERY TIRING |
| | | 175 | 0. Never do without help or equipment |
| | | 384 | 1. Yes |
| | | 248 | 2. No |
| | | 419 | 3. Unable to do for other reason |
| | | 20 | 8. Not ascertained |
| | | 8 | 9. DK or refused |
| | | 14,860 | Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1689-1691) | 6(1-3) | | USING TOILET WITHOUT EQUIPMENT/WITHOUT HELP - Continued |
| 1690 | 6(2) | | TAKES A LONG TIME |
| | | 175 | 0. Never do without help or equipment |
| | | 457 | 1. Yes |
| | | 178 | 2. No |

| | |
|--------|---|
| 419 | 3. Unable to do for other reason |
| 19 | 8. Not ascertained |
| 6 | 9. DK or refused |
| 14,860 | Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |

| | | | |
|------|------|--------|---|
| 1691 | 6(3) | | VERY PAINFUL |
| | | 175 | 0. Never do without help or equipment |
| | | 382 | 1. Yes |
| | | 247 | 2. No |
| | | 419 | 3. Unable to do for other reason |
| | | 19 | 8. Not ascertained |
| | | 12 | 9. DK or refused |
| | | 14,860 | Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |

| | | | |
|------|----|--------|---|
| 1692 | 7a | | USE SPECIAL EQUIPMENT OR AIDS |
| | | 1,059 | 1. Yes |
| | | 14,660 | 2. No |
| | | 373 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 22 | Blank. NA (Doesn't do for other reason) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1693-1704) | 7b(1-12) | | SPECIAL EQUIPMENT OR AIDS USED FOR USING THE TOILET |
| 1693 | 7b(1) | | CANE OR WALKING STICK |
| | | 327 | 1. Mentioned |
| | | 721 | 2. Not mentioned |
| | | 7 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,055 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

| | | | |
|------|-------|-----|------------------------------------|
| 1694 | 7b(2) | | WALKER |
| | | 285 | 1. Mentioned |
| | | 763 | 2. Not mentioned |
| | | 7 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |

15,055 Blank. NA (Doesn't do for other reason;
No or DK if use any special
equipment when doing activity)

1695 7b(3) CRUTCH OR CRUTCHES

| | |
|--------|--|
| 44 | 1. Mentioned |
| 1,004 | 2. Not mentioned |
| 7 | 8. No answer to entire question |
| 4 | 9. DK or refused (entire question) |
| 15,055 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

1696 7b(4) WHEELCHAIR

| | |
|--------|--|
| 162 | 1. Mentioned |
| 886 | 2. Not mentioned |
| 7 | 8. No answer to entire question |
| 4 | 9. DK or refused (entire question) |
| 15,055 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 1697 | 7b(5) | | ARTIFICIAL LEG |
| | | 15 | 1. Mentioned |
| | | 1,033 | 2. Not mentioned |
| | | 7 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,055 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

1698 7b(6) BRACE

| | |
|--------|--|
| 17 | 1. Mentioned |
| 1,031 | 2. Not mentioned |
| 7 | 8. No answer to entire question |
| 4 | 9. DK or refused (entire question) |
| 15,055 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

1699 7b(7) GUIDE DOG

| | |
|--------|--|
| 0 | 1. Mentioned |
| 1,048 | 2. Not mentioned |
| 7 | 8. No answer to entire question |
| 4 | 9. DK or refused (entire question) |
| 15,055 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

| | | | |
|------|-------|--------|--|
| 1700 | 7b(8) | | BED PAN |
| | | 64 | 1. Mentioned |
| | | 984 | 2. Not mentioned |
| | | 7 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,055 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1701 | 7b(9) | | RAISED TOILET SEAT |
| | | 277 | 1. Mentioned |
| | | 771 | 2. Not mentioned |
| | | 7 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,055 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
| 1702 | 7b(10) | | SPECIAL TOILET/PORTABLE TOILET |
| | | 183 | 1. Mentioned |
| | | 865 | 2. Not mentioned |
| | | 7 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,055 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
| 1703 | 7b(11) | | HAND HOLDS/RAILS NEAR TOILET |
| | | 259 | 1. Mentioned |
| | | 789 | 2. Not mentioned |
| | | 7 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,055 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

| | | | |
|------|--------|--------|--|
| 1704 | 7b(12) | | OTHER |
| | | 83 | 1. Mentioned |
| | | 965 | 2. Not mentioned |
| | | 7 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,055 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (1705-1707) | 7c(1-3) | | USING TOILET WITH EQUIPMENT WITHOUT HELP |
| 1705 | 7c(1) | | VERY TIRING |
| | | 369 | 0. Never do without help |
| | | 296 | 1. Yes |
| | | 362 | 2. No |
| | | 20 | 8. Not ascertained |
| | | 12 | 9. DK or refused |
| | | 15,055 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
| 1706 | 7c(2) | | TAKES A LONG TIME |
| | | 369 | 0. Never do without help |
| | | 342 | 1. Yes |
| | | 313 | 2. No |
| | | 20 | 8. Not ascertained |
| | | 15 | 9. DK or refused |
| | | 15,055 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
| 1707 | 7c(3) | | VERY PAINFUL |
| | | 369 | 0. Never do without help |
| | | 221 | 1. Yes |
| | | 433 | 2. No |
| | | 20 | 8. Not ascertained |
| | | 16 | 9. DK or refused |
| | | 15,055 | Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |

| | | | |
|------|----|--------|---|
| 1708 | 8a | | RECEIVE HELP WHEN USING THE TOILET |
| | | 581 | 1. Yes |
| | | 15,324 | 2. No |
| | | 170 | 8. Not ascertained |
| | | 17 | 9. DK or refused |
| | | 22 | Blank. NA (Doesn't do for other reason) |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1709 | 8b | | IS THIS HANDS-ON HELP |
| | | 534 | 1. Yes |
| | | 40 | 2. No |
| | | 7 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,533 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person) |
| (1710-1712) | 8c(1-3) | | USING THE TOILET WITH HANDS-ON HELP |
| 1710 | 8c(1) | | VERY TIRING |
| | | 62 | 0. Never does activity, receives hands-on help |
| | | 225 | 1. Yes |
| | | 203 | 2. No |
| | | 13 | 8. Not ascertained |
| | | 31 | 9. DK or refused |
| | | 15,580 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |
| 1711 | 8c(2) | | TAKES A LONG TIME |
| | | 62 | 0. Never does activity, receives hands-on help |
| | | 234 | 1. Yes |
| | | 194 | 2. No |
| | | 13 | 8. Not ascertained |
| | | 31 | 9. DK or refused |
| | | 15,580 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1710-1712) | 8c(1-3) | | USING THE TOILET WITH HANDS-ON HELP - Continued |
| 1712 | 8c(3) | | VERY PAINFUL |
| | | 62 | 0. Never does activity, receives hands-on help |
| | | 160 | 1. Yes |
| | | 258 | 2. No |
| | | 14 | 8. Not ascertained |
| | | 40 | 9. DK or refused |
| | | 15,580 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |
| 1713 | 8d | | HOW OFTEN HAVE HANDS-ON HELP WHEN USING THE TOILET |
| | | 62 | 0. Never does activity, receives hands-on help |
| | | 289 | 1. Always |
| | | 147 | 2. Sometimes |
| | | 23 | 3. Rarely |
| | | 12 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,580 | Blank. NA (Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |
| 1714 | 8e | | NEED MORE HANDS-ON HELP WHEN USING THE TOILET |
| | | 100 | 1. Yes |
| | | 15,724 | 2. No |
| | | 214 | 8. Not ascertained |
| | | 54 | 9. DK or refused |
| | | 22 | Blank. NA (Doesn't do for other reason) |

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Tape

| Locations | Item No. | Frequency | Items and Codes |
|-----------|----------|-----------|---|
| 1715 | 9a | | SOMEONE SUPERVISES OR STAYS NEAR YOU WHEN USING THE TOILET |
| | | 188 | 1. Yes |
| | | 15,156 | 2. No |
| | | 195 | 8. Not ascertained |
| | | 19 | 9. DK or refused |
| | | 556 | Blank. NA (Doesn't do for other reason; receives hands-on help) |
| 1716 | 9b(1) | | IS THIS SUPERVISORY HELP |
| | | 48 | 1. Yes |
| | | 130 | 2. No |
| | | 8 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,926 | Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity) |
| 1717 | 9b(2) | | IS THIS STANDBY HELP |
| | | 170 | 1. Yes |
| | | 9 | 2. No |
| | | 8 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,926 | Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity) |
| 1718 | 10 | | HOW OFTEN HAVE SUPERVISION OR STANDBY HELP WHEN USING THE TOILET |
| | | 80 | 1. Always |
| | | 79 | 2. Sometimes |
| | | 21 | 3. Rarely |
| | | 6 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,926 | Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity) |

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Section H - Assistance With Key Activities (ADL)

| Tape | Locations | Item No. | Frequency | Items and Codes |
|------|-----------|----------|-----------|-----------------|
|------|-----------|----------|-----------|-----------------|

| | | | |
|------|----|--------|---|
| 1719 | 11 | | NEED (MORE) SUPERVISION OR STANDBY HELP WHEN USING THE TOILET |
| | | 50 | 1. Yes |
| | | 15,300 | 2. No |
| | | 172 | 8. Not ascertained |
| | | 36 | 9. DK or refused |
| | | 556 | Blank. NA (Doesn't do for other reason; receives hands-on help) |

| | | | |
|------|-----|--------|---|
| 1720 | 12a | | ANY DISCOMFORT IN PAST MONTH BECAUSE NO HELP USING TOILET OR CHANGING SOILED CLOTHING |
| | | 109 | 1. Yes |
| | | 589 | 2. No |
| | | 36 | 8. Not ascertained |
| | | 55 | 9. DK or refused |
| | | 15,325 | Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision) |

| | | | |
|------|-----|--------|---|
| 1721 | 12b | | WET OR SOILED SELF IN PAST MONTH BECAUSE NO HELP USING TOILET, BEDPAN, OR COMMUNE |
| | | 159 | 1. Yes |
| | | 548 | 2. No |
| | | 39 | 8. Not ascertained |
| | | 43 | 9. DK or refused |
| | | 15,325 | Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 1722 | 12c | | ANY RASH OR IRRITATION IN PAST MONTH AS RESULT |
| | | 36 | 1. Yes |
| | | 116 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 5 | 9. DK or refused |
| | | 15,955 | Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision; No or DK if wet or soiled self in past month because of no help) |

| | | | |
|------|-----|--------|---|
| 1723 | 12d | | USED COMMODE OR BEDPAN IN PAST MONTH BECAUSE NO HELP |
| | | 86 | 1. Yes |
| | | 629 | 2. No |
| | | 39 | 8. Not ascertained |
| | | 35 | 9. DK or refused |
| | | 15,325 | Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision) |

| | | | |
|------|--------|--------|--|
| 1724 | Recode | | NUMBER OF ADLs WHICH SAMPLE PERSON HAS DIFFICULTY |
| | | 10,581 | 0. No known difficulty with any ADLs |
| | | 5,484 | 1-7. Number of ADLs with difficulty |
| | | 49 | 9. All ADLs/unknown difficulty |

| | | | |
|------|--------|--------|---|
| 1725 | Recode | | NUMBER OF ADLs WITH WHICH SAMPLE PERSON USES SPECIAL EQUIPMENT |
| | | 12,523 | 0. Doesn't need special equipment for any ADL activities |
| | | 3,362 | 1-7. Number of ADLs with which special equipment is used |
| | | 223 | 9. DK or unknown ADLs for special equipment |
| | | 6 | Blank. NA (Doesn't do any ADL activities) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 1726 | Recode | | NUMBER OF ADLs WITH WHICH SAMPLE PERSON RECEIVES HELP |
| | | 13,598 | 0. Doesn't receive help |
| | | 2,400 | 1-7. Number of ADLs with which help is received |
| | | 110 | 9. DK or unknown ADLs for help |
| | | 6 | Blank. NA (Doesn't do any ADL activities) |

| | | | |
|------|--------|--------|---|
| 1727 | Recode | | NUMBER OF ADLs WITH WHICH SAMPLE PERSON RECEIVES HANDS-ON HELP |
| | | 13,864 | 0. Doesn't receive hands-on help |
| | | 2,243 | 1-7. Number of ADLs with which |

| | | |
|---|--------|---|
| 1 | 9. | hands-on help is received DK or unknown ADLs for hands-on help |
| 6 | Blank. | NA (Doesn't do any ADL activities) |

| | | | |
|------|--------|--------|---|
| 1728 | Recode | | NUMBER OF ADLs WITH WHICH SAMPLE PERSON RECEIVES SUPERVISORY HELP |
| | | 14,929 | 0. Doesn't need help or supervision |
| | | 1,071 | 1-7. Number of ADLs with which help or supervision is needed |
| | | 108 | 9. DK or unknown ADLs for additional help |
| | | 6 | Blank. NA (Doesn't do any ADL activities) |

| | | | |
|------|--------|--------|--|
| 1729 | Recode | | NUMBER OF ADLs WITH WHICH SAMPLE PERSON NEEDS MORE HELP THAN CURRENTLY RECEIVING |
| | | 15,390 | 0. Doesn't need help or supervision |
| | | 622 | 1-7. Number of ADLs with which SP needs more help |
| | | 96 | 9. DK or unknown ADLs for additional help |
| | | 6 | Blank. NA (Doesn't do any ADL activities) |

| | | | |
|------|--|--|-------|
| 1730 | | | BLANK |
|------|--|--|-------|

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (1731-1740) | 14a(a-e) | | CONDITION THAT CAUSES TROUBLE IN ACTIVITY |
| 1731-1732 | 14a(a) | 49 | 00. NO CONDITION |
| | | 140 | 01. OLD AGE |
| | | 5,295 | 02-98. 2-98 FOR 1ST CONDITION |
| | | 10,630 | Blank. NA (No reported condition(s)) |
| 1733-1734 | 14a(b) | 2,952 | 02-98. 2-98 FOR 2ND CONDITION |
| | | 13,162 | Blank. NA (No reported condition(s)) |
| 1735-1736 | 14a(c) | 1,413 | 02-98. 2-98 FOR 3RD CONDITION |
| | | 14,701 | Blank. NA (No reported condition(s)) |

| | | | |
|-----------|--------|---------------|---|
| 1737-1738 | 14a(d) | 584 15,530 | 02-98. 2-98 FOR 4TH CONDITION Blank. NA (No reported condition(s)) |
|-----------|--------|---------------|---|

| | | | |
|-----------|--------|---------------|---|
| 1739-1740 | 14a(e) | 201 15,913 | 02-98. 2-98 FOR 5TH CONDITION Blank. NA (No reported condition(s)) |
|-----------|--------|---------------|---|

| | | | |
|------|--------|--------|--|
| 1741 | Recode | | NUMBER OF CONDITIONS LISTED AS CAUSING ADLs |
| | | 49 | 0. No condition |
| | | 5,053 | 1-5. Number of conditions |
| | | 140 | 8. Only condition mentioned was "old age" |
| | | 242 | 9. DK or condition(s) unknown |
| | | 10,630 | Blank. NA (No activities mentioned) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1742 | 15 | | CONDITION(S) RESULT OF MOTOR VEHICLE ACCIDENT |
| | | 431 | 1. Yes |
| | | 4,831 | 2. No |
| | | 135 | 8. Not ascertained |
| | | 38 | 9. DK or refused |
| | | 10,679 | Blank. NA (No reported condition(s)) |
| 1743 | 16 | | TRAINING IN INDEPENDENT LIVING IN PAST 12 MONTHS |
| | | 262 | 1. Yes |
| | | 15,682 | 2. No |
| | | 130 | 8. Not ascertained |
| | | 40 | 9. DK or refused |
| 1744 | 17a | | HAVE DIFFICULTY CONTROLLING BOWELS |
| | | 1,092 | 1. Yes |
| | | 14,903 | 2. No |
| | | 84 | 8. Not ascertained |
| | | 35 | 9. DK or refused |
| 1745 | 17b | | HOW OFTEN HAVE DIFFICULTY CONTROLLING BOWELS |

| | |
|--------|--|
| 391 | 1. Daily |
| 295 | 2. Several times a week |
| 148 | 3. Once a week |
| 216 | 4. Less than once a week |
| 12 | 8. Not ascertained |
| 30 | 9. DK or refused |
| 15,022 | Blank. NA (No or DK if has difficulty controlling bowels) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1746 | 17c | | HAVE COLOSTOMY OR DEVICE TO HELP CONTROL BOWEL MOVEMENTS |
| | | 92 | 1. Yes |
| | | 15,867 | 2. No |
| | | 137 | 8. Not ascertained |
| | | 18 | 9. DK or refused |
| 1747 | 17d | | NEED HELP IN CARING FOR THIS DEVICE |
| | | 26 | 1. Yes |
| | | 64 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,022 | Blank. NA (No or DK if has a colostomy or device to help control bowel movements) |
| 1748 | 18a | | HAVE DIFFICULTY CONTROLLING URINATION |
| | | 1,843 | 1. Yes |
| | | 14,146 | 2. No |
| | | 79 | 8. Not ascertained |
| | | 46 | 9. DK or refused |
| 1749 | 18b | | HOW OFTEN HAVE DIFFICULTY CONTROLLING URINATION |
| | | 1,077 | 1. Daily |
| | | 329 | 2. Several times a week |
| | | 106 | 3. Once a week |
| | | 245 | 4. Less than once a week |
| | | 34 | 8. Not ascertained |
| | | 52 | 9. DK or refused |
| | | 14,271 | Blank. NA (No or DK if has difficulty controlling urination) |

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Section H - Assistance With Key Activities (ADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1750 | 18c | | HAVE URINARY CATHETER OR DEVICE CONTROLLING URINATION |
| | | 230 | 1. Yes |
| | | 15,738 | 2. No |
| | | 119 | 8. Not ascertained |
| | | 27 | 9. DK or refused |
| 1751 | 18d | | NEED HELP IN CARING FOR THIS DEVICE |
| | | 95 | 1. Yes |
| | | 131 | 2. No |
| | | 4 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,884 | Blank. NA (No or DK if has urinary catheter or device to help control urination) |
| 1752-1760 | | | BLANK |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1761 | 19 | | HAVE DIFFICULTY PREPARING MEALS |
| | | 1,572 | 1. Yes |
| | | 13,169 | 2. No |
| | | 1,078 | 3. Doesn't do for other reason |
| | | 76 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| 1762 | 19 | | SOMEONE ELSE REGULARLY PREPARES MEALS |
| | | 975 | 1. Yes |
| | | 34 | 2. No |

| | |
|--------|--|
| 69 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 15,036 | Blank. NA (Institutionalized; Yes, No, or DK if has difficulty because of health/physical problem) |

| | | | |
|------|----|--------|---|
| 1763 | 20 | | HOW MUCH DIFFICULTY PREPARING OWN MEALS |
| | | 597 | 1. Some |
| | | 349 | 2. A lot |
| | | 616 | 3. Unable |
| | | 5 | 8. Not ascertained |
| | | 5 | 9. DK or refused |
| | | 14,542 | Blank. NA (Institutionalized; No difficulty preparing meals; Doesn't do for other reason) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|-------------|---------|--------|---|
| (1764-1766) | 21(a-c) | | WHEN YOU DO NOT HAVE HELP IS/DOES PREPARING MEAL |
| 1764 | 21a | | VERY TIRING |
| | | 63 | 0. Never do without help |
| | | 636 | 1. Yes |
| | | 231 | 2. No |
| | | 616 | 3. Unable to do activity |
| | | 10 | 8. Not ascertained |
| | | 16 | 9. DK or refused |
| | | 14,542 | Blank. NA (Institutionalized; No difficulty preparing meals; Doesn't do for other reason) |

| | | | |
|------|-----|--------|---|
| 1765 | 21b | | TAKE A LONG TIME |
| | | 63 | 0. Never do without help |
| | | 660 | 1. Yes |
| | | 203 | 2. No |
| | | 616 | 3. Unable to do activity |
| | | 14 | 8. Not ascertained |
| | | 16 | 9. DK or refused |
| | | 14,542 | Blank. NA (Institutionalized; No difficulty preparing meals; Doesn't do for other reason) |

| | | | |
|------|-----|--|--------------|
| 1766 | 21c | | VERY PAINFUL |
|------|-----|--|--------------|

| | | |
|--------|--------|--|
| 63 | 0. | Never do without help |
| 465 | 1. | Yes |
| 401 | 2. | No |
| 616 | 3. | Unable to do activity |
| 12 | 8. | Not ascertained |
| 15 | 9. | DK or refused |
| 14,542 | Blank. | NA (Institutionalized; No difficulty preparing meals; Doesn't do for other reason) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1767 | 22a | | DO YOU RECEIVE HELP WHEN PREPARING MEALS |
| | | 1,733 | 1. Yes |
| | | 12,880 | 2. No |
| | | 195 | 8. Not ascertained |
| | | 10 | 9. DK or refused |
| | | 1,296 | Blank. NA (Institutionalized; Doesn't do for other reason) |
| 1768 | 22b | | IS THIS HANDS-ON HELP |
| | | 1,409 | 1. Yes |
| | | 316 | 2. No |
| | | 5 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 14,381 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person) |
| (1769-1771) | 22c(1-3) | | WHEN YOU HAVE HANDS-ON HELP IS/DOES PREPARING MEALS |
| 1769 | 22c(1) | | VERY TIRING |
| | | 565 | 0. Never does activity, receives hands-on help |
| | | 247 | 1. Yes |
| | | 567 | 2. No |
| | | 18 | 8. Not ascertained |
| | | 12 | 9. DK or refused |
| | | 14,705 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (1769-1771) | 22c(1-3) | | WHEN YOU HAVE HANDS-ON HELP IS/DOES PREPARING MEALS - Continued |
| 1770 | 22c(2) | | TAKE A LONG TIME |
| | | 565 | 0. Never does activity, receives hands-on help |
| | | 258 | 1. Yes |
| | | 552 | 2. No |
| | | 18 | 8. Not ascertained |
| | | 16 | 9. DK or refused |
| | | 14,705 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |
| 1771 | 22c(3) | | VERY PAINFUL |
| | | 565 | 0. Never does activity, receives hands-on help |
| | | 194 | 1. Yes |
| | | 614 | 2. No |
| | | 18 | 8. Not ascertained |
| | | 18 | 9. DK or refused |
| | | 14,705 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |
| 1772 | 22d | | HOW OFTEN HAVE HANDS-ON HELP WHEN PREPARING MEALS |
| | | 565 | 0. Never does activity, receives hands-on help |
| | | 283 | 1. Always |
| | | 499 | 2. Sometimes |
| | | 38 | 3. Rarely |
| | | 22 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 14,705 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1773 | 22e | | NEED MORE HANDS-ON HELP WITH PREPARING MEALS |
| | | 243 | 1. Yes |
| | | 14,177 | 2. No |
| | | 349 | 8. Not ascertained |
| | | 49 | 9. DK or refused |
| | | 1,296 | Blank. NA (Institutionalized; Doesn't do for other reason) |
| 1774 | 23a | | SOMEONE SUPERVISES OR STAYS NEAR YOU WHEN PREPARING MEALS |
| | | 123 | 1. Yes |
| | | 13,051 | 2. No |
| | | 226 | 8. Not ascertained |
| | | 9 | 9. DK or refused |
| | | 2,705 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help) |
| 1775 | 23b | | IS THIS SUPERVISORY HELP |
| | | 34 | 1. Yes |
| | | 81 | 2. No |
| | | 7 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,991 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |
| 1776 | 23c | | IS THIS STANDBY HELP |
| | | 99 | 1. Yes |
| | | 18 | 2. No |
| | | 6 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,991 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |

Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1777 | 24 | | HOW OFTEN HAVE SUPERVISION OR STANDBY HELP WHEN PREPARING MEALS |
| | | 40 | 1. Always |
| | | 59 | 2. Sometimes |
| | | 16 | 3. Rarely |
| | | 7 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,991 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |
| 1778 | 25 | | NEED MORE SUPERVISION OR STANDBY HELP WITH PREPARING MEALS |
| | | 64 | 1. Yes |
| | | 13,108 | 2. No |
| | | 215 | 8. Not ascertained |
| | | 22 | 9. DK or refused |
| | | 2,705 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help) |
| 1779 | 26a | | DISCOMFORT IN PAST MONTH WHEN HUNGRY BECAUSE NOBODY AVAILABLE TO PREPARE FOOD |
| | | 114 | 1. Yes |
| | | 1,670 | 2. No |
| | | 86 | 8. Not ascertained |
| | | 28 | 9. DK or refused |
| | | 14,216 | Blank. NA (Institutionalized; Doesn't receive or need help or supervision) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1780 | 26b | | UNABLE TO FOLLOW SPECIAL DIET IN PAST MONTH BECAUSE NEEDED HELP PREPARING MEALS |

| | |
|--------|--|
| 76 | 1. Yes |
| 1,718 | 2. No |
| 90 | 8. Not ascertained |
| 14 | 9. DK or refused |
| 14,216 | Blank. NA (Institutionalized; Doesn't receive or need help or supervision) |

1781 26c

UNABLE TO EAT PREFERRED
KIND OF FOOD IN PAST MONTH
BECAUSE NEEDED HELP

| | |
|--------|--|
| 152 | 1. Yes |
| 1,634 | 2. No |
| 93 | 8. Not ascertained |
| 19 | 9. DK or refused |
| 14,216 | Blank. NA (Institutionalized; Doesn't receive or need help or supervision) |

1782 27

HOW OFTEN PREPARE OWN MEALS

| | |
|-------|---|
| 7,762 | 1. Always |
| 4,192 | 2. Sometimes |
| 1,555 | 3. Rarely |
| 844 | 4. Never |
| 372 | 8. Not ascertained |
| 93 | 9. DK or refused |
| 1,296 | Blank. NA (Institutionalized; Doesn't do for other reason) |

1783-1784

BLANK

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1785 | 19 | | HAVE DIFFICULTY SHOPPING FOR GROCERIES |
| | | 2,640 | 1. Yes |
| | | 12,250 | 2. No |
| | | 928 | 3. Doesn't do for other reason |
| | | 77 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |

1786 19

SOMEONE ELSE REGULARLY SHOPS

| | |
|--------|---|
| 867 | 1. Yes |
| 12 | 2. No |
| 49 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 15,186 | Blank. NA (Institutionalized; Yes, No or DK if has difficulty because of health/physical problem) |

| | | | |
|------|----|--------|--|
| 1787 | 20 | | HOW MUCH DIFFICULTY SHOPPING |
| | | 663 | 1. Some |
| | | 634 | 2. A lot |
| | | 1,321 | 3. Unable |
| | | 14 | 8. Not ascertained |
| | | 8 | 9. DK or refused |
| | | 13,474 | Blank. NA (Institutionalized; No difficulty shopping; Doesn't do for other reason) |

| | | | |
|-------------|---------|--------|--|
| (1788-1790) | (21a-c) | | WHEN YOU DO NOT HAVE HELP IS/DOES SHOPPING |
| 1788 | 21a | | VERY TIRING |
| | | 237 | 0. Never do without help |
| | | 870 | 1. Yes |
| | | 190 | 2. No |
| | | 1,321 | 3. Unable to do activity |
| | | 15 | 8. Not ascertained |
| | | 7 | 9. DK or refused |
| | | 13,474 | Blank. NA (Institutionalized; no difficulty shopping; Doesn't do for other reason) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1788-1790) | 21(a-c) | | WHEN YOU DO NOT HAVE HELP IS/DOES SHOPPING - Continued |
| 1789 | 21b | | TAKE A LONG TIME |
| | | 237 | 0. Never do without help |
| | | 847 | 1. Yes |
| | | 213 | 2. No |
| | | 1,321 | 3. Unable to do activity |
| | | 14 | 8. Not ascertained |
| | | 8 | 9. DK or refused |
| | | 13,474 | Blank. NA (Institutionalized; No difficulty shopping; Doesn't do for other reason) |

| | | | |
|------|-----|--------|--|
| 1790 | 21c | | VERY PAINFUL |
| | | 237 | 0. Never do without help |
| | | 702 | 1. Yes |
| | | 351 | 2. No |
| | | 1,321 | 3. Unable to do activity |
| | | 15 | 8. Not ascertained |
| | | 14 | 9. DK or refused |
| | | 13,474 | Blank. NA (Institutionalized; No difficulty shopping; Doesn't do for other reason) |

| | | | |
|------|-----|--------|---|
| 1791 | 22a | | RECEIVE HELP WHEN SHOPPING FOR GROCERIES |
| | | 2,816 | 1. Yes |
| | | 11,916 | 2. No |
| | | 221 | 8. Not ascertained |
| | | 15 | 9. DK or refused |
| | | 1,146 | Blank. NA (Institutionalized; Doesn't do for other reason) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1792 | 22b | | IS THIS HANDS-ON HELP |
| | | 2,318 | 1. Yes |
| | | 480 | 2. No |
| | | 13 | 8. Not ascertained |
| | | 5 | 9. DK or refused |
| | | 13,298 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person) |

(1793-1795) 22c(1-3)

WHEN YOU HAVE HANDS-ON
HELP IS/DOES SHOPPING

| | | | |
|------|--------|--------|---|
| 1793 | 22c(1) | | VERY TIRING |
| | | 875 | 0. Never does activity, receives hands-on help |
| | | 713 | 1. Yes |
| | | 684 | 2. No |
| | | 31 | 8. Not ascertained |
| | | 15 | 9. DK or refused |
| | | 13,796 | Blank. NA (Institutionalized; Doesn't do for other reason; |

No or DK if receive help from another person; No or DK if help received is hands-on)

| | | | |
|------|--------|--------|---|
| 1794 | 22c(2) | | TAKE A LONG TIME |
| | | 875 | 0. Never does activity, receives hands-on help |
| | | 713 | 1. Yes |
| | | 679 | 2. No |
| | | 33 | 8. Not ascertained |
| | | 18 | 9. DK or refused |
| | | 13,796 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (1793-1795) | 22c(1-3) | | WHEN YOU HAVE HANDS-ON HELP IS/DOES SHOPPING - Continued |
| 1795 | 22c(3) | | VERY PAINFUL |
| | | 875 | 0. Never does activity, receives hands-on help |
| | | 506 | 1. Yes |
| | | 883 | 2. No |
| | | 34 | 8. Not ascertained |
| | | 20 | 9. DK or refused |
| | | 13,796 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

| | | | |
|------|-----|--------|--|
| 1796 | 22d | | HOW OFTEN HAVE HANDS-ON HELP WITH SHOPPING FOR GROCERIES |
| | | 875 | 0. Never does activity, receives hands-on help |
| | | 906 | 1. Always |
| | | 459 | 2. Sometimes |
| | | 32 | 3. Rarely |
| | | 41 | 8. Not ascertained |
| | | 5 | 9. DK or refused |
| | | 13,796 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from |

another person; No or DK if help received is hands-on)

| | | | |
|------|-----|--------|---|
| 1797 | 22e | | NEED (MORE) HANDS-ON HELP WITH SHOPPING FOR GROCERIES |
| | | 273 | 1. Yes |
| | | 14,266 | 2. No |
| | | 378 | 8. Not ascertained |
| | | 51 | 9. DK or refused |
| | | 1,146 | Blank. NA (Institutionalized; Doesn't do for other reason) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1798 | 23a | | SOMEONE SUPERVISES OR STAYS NEAR YOU WHEN SHOPPING FOR GROCERIES |
| | | 237 | 1. Yes |
| | | 12,119 | 2. No |
| | | 282 | 8. Not ascertained |
| | | 12 | 9. DK or refused |
| | | 3,464 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help) |
| 1799 | 23b | | IS THIS SUPERVISORY HELP |
| | | 56 | 1. Yes |
| | | 165 | 2. No |
| | | 11 | 8. Not ascertained |
| | | 5 | 9. DK or refused |
| | | 15,877 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |
| 1800 | 23c | | IS THIS STANDBY HELP |
| | | 196 | 1. Yes |
| | | 31 | 2. No |
| | | 8 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,877 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1801 | 24 | | HOW OFTEN HAVE SUPERVISION OR STANDBY HELP WHEN SHOPPING FOR GROCERIES |
| | | 154 | 1. Always |
| | | 68 | 2. Sometimes |
| | | 7 | 3. Rarely |
| | | 7 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,877 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |
| 1802 | 25 | | NEED (MORE) SUPERVISION OR STANDBY HELP WITH SHOPPING FOR GROCERIES |
| | | 50 | 1. Yes |
| | | 12,331 | 2. No |
| | | 246 | 8. Not ascertained |
| | | 23 | 9. DK or refused |
| | | 3,464 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help) |
| 1803 | 26a | | UNABLE TO FOLLOW SPECIAL DIET IN PAST MONTH BECAUSE NEED HELP SHOPPING |
| | | 95 | 1. Yes |
| | | 2,757 | 2. No |
| | | 105 | 8. Not ascertained |
| | | 14 | 9. DK or refused |
| | | 13,143 | Blank. NA (Institutionalized; Doesn't need help or supervision) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|------|-----|--------|---|
| 1804 | 26b | | MISSED A MEAL IN PAST MONTH BECAUSE UNABLE TO SHOP |
| | | 80 | 1. Yes |
| | | 2,769 | 2. No |
| | | 110 | 8. Not ascertained |
| | | 12 | 9. DK or refused |
| | | 13,143 | Blank. NA (Institutionalized; Doesn't need help or supervision) |

| | | | |
|------|----|-------|---|
| 1805 | 27 | | HOW OFTEN SHOP FOR GROCERIES |
| | | 8,024 | 1. Always |
| | | 4,109 | 2. Sometimes |
| | | 1,144 | 3. Rarely |
| | | 1,213 | 4. Never |
| | | 379 | 8. Not ascertained |
| | | 99 | 9. DK or refused |
| | | 1,146 | Blank. NA (Institutionalized; Doesn't do for other reason) |

| | | | |
|-----------|--|--|-------|
| 1806-1807 | | | BLANK |
|-----------|--|--|-------|

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------------------------|
| 1808 | 19 | | HAVE DIFFICULTY MANAGING MONEY |
| | | 977 | 1. Yes |
| | | 14,235 | 2. No |
| | | 595 | 3. Doesn't do for other reason |
| | | 88 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |

| | | | |
|------|----|--------|---|
| 1809 | 19 | | SOMEONE ELSE REGULARLY MANAGES MONEY |
| | | 542 | 1. Yes |
| | | 10 | 2. No |
| | | 43 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,519 | Blank. NA (Institutionalized; Yes, No or DK if has difficulty because of health/physical problem) |

| | | | |
|------|----|--------|--|
| 1810 | 20 | | HOW MUCH DIFFICULTY MANAGING MONEY |
| | | 223 | 1. Some |
| | | 138 | 2. A lot |
| | | 599 | 3. Unable |
| | | 9 | 8. Not ascertained |
| | | 8 | 9. DK or refused |
| | | 15,137 | Blank. NA (Institutionalized; No difficulty managing money; Doesn't do for other reason) |

| | | | |
|-------------|---------|--------|--|
| (1811-1813) | 21(a-c) | | WHEN YOU DO NOT HAVE HELP IS/DOES MANAGING MONEY |
| 1811 | 21a | | VERY TIRING |
| | | 92 | 0. Never do without help |
| | | 109 | 1. Yes |
| | | 154 | 2. No |
| | | 599 | 3. Unable to do activity |
| | | 8 | 8. Not ascertained |
| | | 15 | 9. DK or refused |
| | | 15,137 | Blank. NA (Institutionalized; No difficulty managing money; Doesn't do for other reason) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (1811-1813) | 21(a-c) | | WHEN YOU DO NOT HAVE HELP IS/ DOES MANAGING MONEY - Continued |
| 1812 | 21b | | TAKE A LONG TIME |
| | | 92 | 0. Never do without help |
| | | 158 | 1. Yes |
| | | 107 | 2. No |
| | | 599 | 3. Unable to do activity |
| | | 8 | 8. Not ascertained |
| | | 13 | 9. DK or refused |
| | | 15,137 | Blank. NA (Institutionalized; No difficulty managing money; Doesn't do for other reason) |

| | | | |
|------|-----|-----|--------------------------|
| 1813 | 21c | | VERY PAINFUL |
| | | 92 | 0. Never do without help |
| | | 37 | 1. Yes |
| | | 224 | 2. No |
| | | 599 | 3. Unable to do activity |

| | |
|--------|--|
| 9 | 8. Not ascertained |
| 16 | 9. DK or refused |
| 15,137 | Blank. NA (Institutionalized; No difficulty managing money; Doesn't do for other reason) |

| | | | |
|------|-----|--------|--|
| 1814 | 22a | | DO YOU RECEIVE HELP WHEN MANAGING MONEY |
| | | 1,090 | 1. Yes |
| | | 13,980 | 2. No |
| | | 214 | 8. Not ascertained |
| | | 17 | 9. DK or refused |
| | | 813 | Blank. NA (Institutionalized; Doesn't do for other reason) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1815 | 22b | | IS THIS HANDS-ON HELP |
| | | 945 | 1. Yes |
| | | 139 | 2. No |
| | | 6 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,024 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person) |

| | | | |
|-------------|----------|--------|---|
| (1816-1818) | 22c(1-3) | | WHEN YOU HAVE HANDS-ON HELP IS/DOES MANAGING MONEY |
| 1816 | 22c(1) | | VERY TIRING |
| | | 535 | 0. Never does activity, receives hands-on help |
| | | 55 | 1. Yes |
| | | 331 | 2. No |
| | | 16 | 8. Not ascertained |
| | | 8 | 9. DK or refused |
| | | 15,169 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

| | | | |
|------|--------|-----|-------------------------|
| 1817 | 22c(2) | | TAKE A LONG TIME |
| | | 535 | 0. Never does activity, |

| | | | |
|--------|--------|--|------------------------|
| 74 | 1. | Yes | receives hands-on help |
| 309 | 2. | No | |
| 16 | 8. | Not ascertained | |
| 11 | 9. | DK or refused | |
| 15,169 | Blank. | NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) | |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (1816-1818) | 22c(1-3) | | WHEN YOU HAVE HANDS-ON HELP IS/DOES MANAGING MONEY - Continued |
| 1818 | 22c(3) | | VERY PAINFUL |
| | | 535 | 0. Never does activity, receives hands-on help |
| | | 24 | 1. Yes |
| | | 360 | 2. No |
| | | 16 | 8. Not ascertained |
| | | 10 | 9. DK or refused |
| | | 15,169 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |
| 1819 | 22d | | HOW OFTEN HAVE HANDS-ON HELP WITH MANAGING MONEY |
| | | 535 | 0. Never does activity, receives hands-on help |
| | | 225 | 1. Always |
| | | 149 | 2. Sometimes |
| | | 7 | 3. Rarely |
| | | 23 | 8. Not ascertained |
| | | 6 | 9. DK or refused |
| | | 15,169 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |
| 1820 | 22e | | NEED (MORE) HANDS-ON HELP WITH MANAGING MONEY |
| | | 69 | 1. Yes |

| | |
|--------|---|
| 14,853 | 2. No |
| 349 | 8. Not ascertained |
| 30 | 9. DK or refused |
| 813 | Blank. NA (Institutionalized; Doesn't do for other reason) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1821 | 23a | | SOMEONE SUPERVISES OR STAYS NEAR YOU WHEN MANAGING MONEY |
| | | 92 | 1. Yes |
| | | 13,981 | 2. No |
| | | 268 | 8. Not ascertained |
| | | 15 | 9. DK or refused |
| | | 1,758 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help) |
| 1822 | 23b | | IS THIS SUPERVISORY HELP |
| | | 60 | 1. Yes |
| | | 28 | 2. No |
| | | 3 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,022 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |
| 1823 | 23c | | IS THIS STANDBY HELP |
| | | 64 | 1. Yes |
| | | 24 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 16,022 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |

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Section H - Assistance With Key Activities (IADL)

Tape

| Locations | Item No. | Frequency | Items and Codes |
|-----------|----------|-----------|--|
| 1824 | 24 | | HOW OFTEN HAVE SUPERVISION OR STANDBY HELP WHEN MANAGING MONEY |
| | | 49 | 1. Always |
| | | 37 | 2. Sometimes |
| | | 3 | 3. Rarely |
| | | 2 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,022 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |

| | | | |
|------|----|--------|--|
| 1825 | 25 | | NEED MORE SUPERVISION OR STANDBY HELP WITH MANAGING MONEY |
| | | 25 | 1. Yes |
| | | 14,082 | 2. No |
| | | 226 | 8. Not ascertained |
| | | 23 | 9. DK or refused |
| | | 1,758 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help) |

| | | | |
|------|----|--------|---|
| 1826 | 27 | | HOW OFTEN MANAGE YOUR MONEY |
| | | 12,168 | 1. Always |
| | | 1,412 | 2. Sometimes |
| | | 374 | 3. Rarely |
| | | 812 | 4. Never |
| | | 424 | 8. Not ascertained |
| | | 111 | 9. DK or refused |
| | | 813 | Blank. NA (Institutionalized; Doesn't do for other reason) |

1827-1828 BLANK

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-------------------------------------|
| 1829 | 19 | | HAVE DIFFICULTY USING THE TELEPHONE |
| | | 722 | 1. Yes |
| | | 14,945 | 2. No |
| | | 147 | 3. Doesn't do for |

| | | |
|--|-----|-------------------------------|
| | 81 | other reason |
| | 1 | 8. Not ascertained |
| | 218 | 9. DK or refused |
| | | Blank. NA (Institutionalized) |

| | | | |
|------|--------|--------|--|
| 1830 | 19 | | SOMEONE ELSE REGULARLY USES THE TELEPHONE FOR YOU |
| | 84 | 1. | Yes |
| | 46 | 2. | No |
| | 17 | 8. | Not ascertained |
| | 0 | 9. | DK or refused |
| | 15,967 | Blank. | NA (Institutionalized; Yes, No or DK if has difficulty because of health/physical problem) |

| | | | |
|------|--------|--------|--|
| 1831 | 20 | | HOW MUCH DIFFICULTY USING TELEPHONE |
| | 273 | 1. | Some |
| | 156 | 2. | A lot |
| | 286 | 3. | Unable |
| | 5 | 8. | Not ascertained |
| | 2 | 9. | DK or refused |
| | 15,392 | Blank. | NA (Institutionalized; No difficulty using telephone; Doesn't do for other reason) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (1832-1834) | 21(a-c) | | WHEN YOU DO NOT HAVE HELP IS/DOES USING TELEPHONE |
| 1832 | 21a | | VERY TIRING |
| | | 43 | 0. Never do without help |
| | | 91 | 1. Yes |
| | | 285 | 2. No |
| | | 286 | 3. Unable to do activity |
| | | 11 | 8. Not ascertained |
| | | 6 | 9. DK or refused |
| | | 15,392 | Blank. NA (Institutionalized; No difficulty using telephone; Doesn't do for other reason) |

| | | | |
|------|-----|-----|--------------------------|
| 1833 | 21b | | TAKE A LONG TIME |
| | | 43 | 0. Never do without help |
| | | 145 | 1. Yes |
| | | 230 | 2. No |

| | | |
|--------|--------|--|
| 286 | 3. | Unable to do activity |
| 12 | 8. | Not ascertained |
| 6 | 9. | DK or refused |
| 15,392 | Blank. | NA (Institutionalized; No difficulty using telephone; Doesn't do for other reason) |

| | | | |
|------|-----|--------|---|
| 1834 | 21c | | VERY PAINFUL |
| | | 43 | 0. Never do without help |
| | | 57 | 1. Yes |
| | | 320 | 2. No |
| | | 286 | 3. Unable to do activity |
| | | 10 | 8. Not ascertained |
| | | 6 | 9. DK or refused |
| | | 15,392 | Blank. NA (Institutionalized; No difficulty using telephone; Doesn't do for other reason) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1835 | 22a | | DO YOU RECEIVE HELP WHEN USING THE TELEPHONE |
| | | 486 | 1. Yes |
| | | 15,031 | 2. No |
| | | 221 | 8. Not ascertained |
| | | 11 | 9. DK or refused |
| | | 365 | Blank. NA (Institutionalized; Doesn't do for other reason) |

| | | | |
|------|-----|--------|--|
| 1836 | 22b | | IS THIS HANDS-ON HELP |
| | | 431 | 1. Yes |
| | | 52 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,628 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person) |

(1837-1839) 22c(1-3) WHEN YOU HAVE HANDS-ON HELP IS/DOES USING TELEPHONE

| | | | |
|------|--------|-----|--|
| 1837 | 22c(1) | | VERY TIRING |
| | | 161 | 0. Never does activity, receives hands-on help |

| | | |
|--------|--------|--|
| 41 | 1. | Yes |
| 215 | 2. | No |
| 5 | 8. | Not ascertained |
| 9 | 9. | DK or refused |
| 15,683 | Blank. | NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (1837-1839) | 22c(1-3) | | WHEN YOU HAVE HANDS-ON HELP IS/DOES USING TELEPHONE - Continued |
| 1838 | 22c(2) | | TAKE A LONG TIME |
| | | 161 | 0. Never does activity, receives hands-on help |
| | | 57 | 1. Yes |
| | | 200 | 2. No |
| | | 5 | 8. Not ascertained |
| | | 8 | 9. DK or refused |
| | | 15,683 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |
| 1839 | 22c(3) | | VERY PAINFUL |
| | | 161 | 0. Never does activity, receives hands-on help |
| | | 21 | 1. Yes |
| | | 235 | 2. No |
| | | 5 | 8. Not ascertained |
| | | 9 | 9. DK or refused |
| | | 15,683 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

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Section H - Assistance With Key Activities (IADL)

Tape

| Locations | Item No. | Frequency | Items and Codes |
|-----------|----------|-----------|---|
| 1840 | 22d | | HOW OFTEN HAVE HANDS-ON HELP WITH USING THE TELEPHONE |
| | | 161 | 0. Never does activity, receives hands-on help |
| | | 135 | 1. Always |
| | | 118 | 2. Sometimes |
| | | 9 | 3. Rarely |
| | | 6 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,683 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |
| 1841 | 22e | | NEED MORE HANDS-ON HELP WITH USING THE TELEPHONE |
| | | 39 | 1. Yes |
| | | 15,341 | 2. No |
| | | 334 | 8. Not ascertained |
| | | 35 | 9. DK or refused |
| | | 365 | Blank. NA (Institutionalized; Doesn't do for other reason) |
| 1842 | 23a | | SOMEONE SUPERVISES OR STAYS NEAR YOU WHEN USING THE TELEPHONE |
| | | 81 | 1. Yes |
| | | 14,962 | 2. No |
| | | 261 | 8. Not ascertained |
| | | 14 | 9. DK or refused |
| | | 796 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 1843 | 23b | | IS THIS SUPERVISORY HELP |
| | | 42 | 1. Yes |
| | | 36 | 2. No |
| | | 1 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 16,033 | Blank. NA (Institutionalized; Doesn't do for other reason; receives |

hands-on help; No or DK if someone supervises or stays nearby when doing activity)

| | | | |
|------|-----|--------|--|
| 1844 | 23c | | IS THIS STANDBY HELP |
| | | 67 | 1. Yes |
| | | 12 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,033 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |

| | | | |
|------|----|--------|--|
| 1845 | 24 | | HOW OFTEN HAVE SUPERVISION OR STANDBY HELP WHEN USING THE TELEPHONE |
| | | 36 | 1. Always |
| | | 33 | 2. Sometimes |
| | | 8 | 3. Rarely |
| | | 4 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,033 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1846 | 25 | | NEED (MORE) SUPERVISION OR STANDBY HELP WITH USING THE TELEPHONE |
| | | 18 | 1. Yes |
| | | 15,039 | 2. No |
| | | 232 | 8. Not ascertained |
| | | 29 | 9. DK or refused |
| | | 796 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help) |

1847-1848

BLANK

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1849 | 19 | | HAVE DIFFICULTY DOING HEAVY HOUSEWORK |
| | | 4,875 | 1. Yes |
| | | 9,210 | 2. No |
| | | 1,729 | 3. Doesn't do for other reason |
| | | 81 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| 1850 | 19 | | SOMEONE ELSE REGULARLY DOES HEAVY HOUSEWORK |
| | | 1,497 | 1. Yes |
| | | 106 | 2. No |
| | | 126 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 14,385 | Blank. NA (Institutionalized; Yes, No or DK if has difficulty because of health/physical problem) |
| 1851 | 20 | | HOW MUCH DIFFICULTY DOING HEAVY HOUSEWORK |
| | | 945 | 1. Some |
| | | 993 | 2. A lot |
| | | 2,890 | 3. Unable |
| | | 34 | 8. Not ascertained |
| | | 13 | 9. DK or refused |
| | | 11,239 | Blank. NA (Institutionalized; No difficulty doing heavy house work; Doesn't do for other reason) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (1852-1854) | 21(a-c) | | WHEN YOU DO NOT HAVE HELP IS/DOES DOING HEAVY HOUSEWORK |
| 1852 | 21a | | VERY TIRING |

| | | |
|--------|--------|---|
| 226 | 0. | Never do without help |
| 1,408 | 1. | Yes |
| 294 | 2. | No |
| 2,890 | 3. | Unable to do activity |
| 41 | 8. | Not ascertained |
| 16 | 9. | DK or refused |
| 11,239 | Blank. | NA (Institutionalized; No difficulty doing heavy house work; Doesn't do for other reason) |

1853 21b

TAKE A LONG TIME

| | | |
|--------|--------|---|
| 226 | 0. | Never do without help |
| 1,379 | 1. | Yes |
| 315 | 2. | No |
| 2,890 | 3. | Unable to do activity |
| 41 | 8. | Not ascertained |
| 24 | 9. | DK or refused |
| 11,239 | Blank. | NA (Institutionalized; No difficulty doing heavy house work; Doesn't do for other reason) |

1854 21c

VERY PAINFUL

| | | |
|--------|--------|---|
| 226 | 0. | Never do without help |
| 1,185 | 1. | Yes |
| 507 | 2. | No |
| 2,890 | 3. | Unable to do activity |
| 40 | 8. | Not ascertained |
| 27 | 9. | DK or refused |
| 11,239 | Blank. | NA (Institutionalized; No difficulty doing heavy house work; Doesn't do for other reason) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1855 | 22a | | DO YOU RECEIVE HELP WHEN DOING HEAVY HOUSEWORK |
| | | 4,052 | 1. Yes |
| | | 9,821 | 2. No |
| | | 275 | 8. Not ascertained |
| | | 19 | 9. DK or refused |
| | | 1,947 | Blank. NA (Institutionalized; Doesn't do for other reason) |

| | | | |
|------|-----|--------|---|
| 1856 | 22b | | IS THIS HANDS-ON HELP |
| | | 3,487 | 1. Yes |
| | | 537 | 2. No |
| | | 16 | 8. Not ascertained |
| | | 12 | 9. DK or refused |
| | | 12,062 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person) |

(1857-1859) 22c(1-3)

WHEN YOU HAVE HANDS-ON HELP
IS/DOES HEAVY HOUSEWORK

| | | | |
|------|--------|--------|---|
| 1857 | 22c(1) | | VERY TIRING |
| | | 2,291 | 0. Never does activity, receives hands-on help |
| | | 520 | 1. Yes |
| | | 633 | 2. No |
| | | 26 | 8. Not ascertained |
| | | 17 | 9. DK or refused |
| | | 12,627 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (1857-1859) | 22c(1-3) | | WHEN YOU HAVE HANDS-ON HELP IS/DOES HEAVY HOUSEWORK - Continued |
| 1858 | 22c(2) | | TAKE A LONG TIME |
| | | 2,291 | 0. Never does activity, receives hands-on help |
| | | 484 | 1. Yes |
| | | 665 | 2. No |
| | | 26 | 8. Not ascertained |
| | | 21 | 9. DK or refused |
| | | 12,627 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

| | | | |
|------|--------|-------|-------------------------|
| 1859 | 22c(3) | | VERY PAINFUL |
| | | 2,291 | 0. Never does activity, |

| | | |
|--------|--------|--|
| | | receives hands-on help |
| 451 | 1. | Yes |
| 695 | 2. | No |
| 27 | 8. | Not ascertained |
| 23 | 9. | DK or refused |
| 12,627 | Blank. | NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

| | | | |
|------|-----|--------|---|
| 1860 | 22d | | HOW OFTEN HAVE HANDS-ON HELP WITH HEAVY HOUSEWORK |
| | | 2,291 | 0. Never does activity, receives hands-on help |
| | | 522 | 1. Always |
| | | 518 | 2. Sometimes |
| | | 122 | 3. Rarely |
| | | 33 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 12,627 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1861 | 22e | | NEED MORE HANDS-ON HELP WITH DOING HEAVY HOUSEWORK |
| | | 753 | 1. Yes |
| | | 12,822 | 2. No |
| | | 515 | 8. Not ascertained |
| | | 77 | 9. DK or refused |
| | | 1,947 | Blank. NA (Institutionalized; Doesn't do for other reason) |

| | | | |
|------|-----|--------|--|
| 1862 | 23a | | SOMEONE SUPERVISES OR STAYS NEAR YOU WHEN DOING HEAVY HOUSEWORK |
| | | 62 | 1. Yes |
| | | 10,188 | 2. No |
| | | 409 | 8. Not ascertained |
| | | 21 | 9. DK or refused |
| | | 5,434 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help) |

| | | | |
|------|-----|--------|--|
| 1863 | 23b | | IS THIS SUPERVISORY HELP |
| | | 20 | 1. Yes |
| | | 36 | 2. No |
| | | 5 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,052 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |

| | | | |
|------|-----|--------|--|
| 1864 | 23c | | IS THIS STANDBY HELP |
| | | 43 | 1. Yes |
| | | 14 | 2. No |
| | | 5 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,052 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1865 | 24 | | HOW OFTEN HAVE SUPERVISION OR STANDBY HELP WHEN DOING HEAVY HOUSEWORK |
| | | 23 | 1. Always |
| | | 24 | 2. Sometimes |
| | | 8 | 3. Rarely |
| | | 7 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,052 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |

| | | | |
|------|----|--------|--|
| 1866 | 25 | | NEED (MORE) SUPERVISION OR STANDBY HELP WITH DOING HEAVY HOUSEWORK |
| | | 93 | 1. Yes |
| | | 10,201 | 2. No |
| | | 357 | 8. Not ascertained |
| | | 29 | 9. DK or refused |

5,434 Blank. NA (Institutionalized;
Doesn't do for other reason;
receives hands-on help)

1867 26 DISTRESS IN PAST MONTH BECAUSE
UNABLE TO WASH CLOTHES OR CLEAN
UP AROUND HOUSE

778 1. Yes
3,376 2. No
170 8. Not ascertained
47 9. DK or refused
11,743 Blank. NA (Institutionalized
Doesn't need help or

supervision)

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1868 | 27 | | HOW OFTEN DO HEAVY HOUSEWORK |
| | | 5,109 | 1. Always |
| | | 3,601 | 2. Sometimes |
| | | 1,604 | 3. Rarely |
| | | 3,318 | 4. Never |
| | | 440 | 8. Not ascertained |
| | | 95 | 9. DK or refused |
| | | 1,947 | Blank. NA (Institutionalized; Doesn't do for other reason) |

1869-1870 BLANK

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1871 | 19 | | HAVE DIFFICULTY DOING LIGHT HOUSEWORK |
| | | 1,663 | 1. Yes |
| | | 13,363 | 2. No |
| | | 787 | 3. Doesn't do for other reason |
| | | 82 | 8. Not ascertained |
| | | 1 | 9. DK or refused |

218 Blank. NA (Institutionalized)

| | | | |
|------|----|--------|---|
| 1872 | 19 | | SOMEONE ELSE REGULARLY DOES LIGHT HOUSEWORK |
| | | 686 | 1. Yes |
| | | 24 | 2. No |
| | | 77 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,327 | Blank. NA (Institutionalized; Yes, No or DK if has difficulty because of health/physical problem) |

| | | | |
|------|----|--------|---|
| 1873 | 20 | | HOW MUCH DIFFICULTY DOING LIGHT HOUSEWORK |
| | | 470 | 1. Some |
| | | 401 | 2. A lot |
| | | 772 | 3. Unable |
| | | 15 | 8. Not ascertained |
| | | 5 | 9. DK or refused |
| | | 14,451 | Blank. NA (Institutionalized; No difficulty doing light house work; Doesn't do for other reason) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (1874-1876) | 21(a-c) | | WHEN YOU DO NOT HAVE HELP IS/DOES DOING LIGHT HOUSEWORK |
| 1874 | 21a | | VERY TIRING |
| | | 57 | 0. Never do without help |
| | | 675 | 1. Yes |
| | | 129 | 2. No |
| | | 772 | 3. Unable to do activity |
| | | 26 | 8. Not ascertained |
| | | 4 | 9. DK or refused |
| | | 14,451 | Blank. NA (Institutionalized; No difficulty doing light house work; Doesn't do for other reason) |

| | | | |
|------|-----|-----|--------------------------|
| 1875 | 21b | | TAKE A LONG TIME |
| | | 57 | 0. Never do without help |
| | | 690 | 1. Yes |
| | | 113 | 2. No |

| | | |
|--------|--------|---|
| 772 | 3. | Unable to do activity |
| 26 | 8. | Not ascertained |
| 5 | 9. | DK or refused |
| 14,451 | Blank. | NA (Institutionalized; No difficulty doing light house work; Doesn't do for other reason) |

| | | | |
|------|-----|--------|--|
| 1876 | 21c | | VERY PAINFUL |
| | | 57 | 0. Never do without help |
| | | 567 | 1. Yes |
| | | 231 | 2. No |
| | | 772 | 3. Unable to do activity |
| | | 27 | 8. Not ascertained |
| | | 9 | 9. DK or refused |
| | | 14,451 | Blank. NA (Institutionalized; No difficulty doing light house work; Doesn't do for other reason) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1877 | 22a | | DO YOU RECEIVE HELP WHEN DOING LIGHT HOUSEWORK |
| | | 1,829 | 1. Yes |
| | | 13,033 | 2. No |
| | | 232 | 8. Not ascertained |
| | | 15 | 9. DK or refused |
| | | 1,005 | Blank. NA (Institutionalized; Doesn't do for other reason) |

| | | | |
|------|-----|--------|--|
| 1878 | 22b | | IS THIS HANDS-ON HELP |
| | | 1,567 | 1. Yes |
| | | 249 | 2. No |
| | | 10 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 14,285 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person) |

| | | | |
|-------------|----------|--|---|
| (1879-1881) | 22c(1-3) | | WHEN YOU HAVE HANDS-ON HELP IS/DOES LIGHT HOUSEWORK |
|-------------|----------|--|---|

| | | | |
|------|--------|--|-------------|
| 1879 | 22c(1) | | VERY TIRING |
|------|--------|--|-------------|

| | | |
|--------|--------|--|
| 707 | 0. | Never does activity, receives hands-on help |
| 439 | 1. | Yes |
| 391 | 2. | No |
| 20 | 8. | Not ascertained |
| 10 | 9. | DK or refused |
| 14,547 | Blank. | NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (1879-1881) | 22c(1-3) | | WHEN YOU HAVE HANDS-ON HELP IS/DOES LIGHT HOUSEWORK - Continued |
| 1880 | 22c(2) | | TAKE A LONG TIME |
| | | 707 | 0. Never does activity, receives hands-on help |
| | | 448 | 1. Yes |
| | | 380 | 2. No |
| | | 20 | 8. Not ascertained |
| | | 12 | 9. DK or refused |
| | | 14,547 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |
| 1881 | 22c(3) | | VERY PAINFUL |
| | | 707 | 0. Never does activity, receives hands-on help |
| | | 333 | 1. Yes |
| | | 492 | 2. No |
| | | 21 | 8. Not ascertained |
| | | 14 | 9. DK or refused |
| | | 14,547 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1882 | 22d | | HOW OFTEN HAVE HANDS-ON HELP WITH LIGHT HOUSEWORK |
| | | 707 | 0. Never does activity, receives hands-on help |
| | | 252 | 1. Always |
| | | 534 | 2. Sometimes |
| | | 40 | 3. Rarely |
| | | 31 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 14,547 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |
| 1883 | 22e | | NEED MORE HANDS-ON HELP WITH DOING LIGHT HOUSEWORK |
| | | 323 | 1. Yes |
| | | 14,341 | 2. No |
| | | 393 | 8. Not ascertained |
| | | 52 | 9. DK or refused |
| | | 1,005 | Blank. NA (Institutionalized; Doesn't do for other reason) |
| 1884 | 23a | | SOMEONE SUPERVISES OR STAYS NEAR YOU WHEN DOING LIGHT HOUSEWORK |
| | | 94 | 1. Yes |
| | | 13,124 | 2. No |
| | | 311 | 8. Not ascertained |
| | | 13 | 9. DK or refused |
| | | 2,572 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--------------------------|
| 1885 | 23b | | IS THIS SUPERVISORY HELP |
| | | 39 | 1. Yes |
| | | 51 | 2. No |
| | | 4 | 8. Not ascertained |
| | | 0 | 9. DK or refused |

16,020 Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity)

1886 23c IS THIS STANDBY HELP

| | |
|--------|--|
| 73 | 1. Yes |
| 17 | 2. No |
| 4 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 16,020 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |

1887 24 HOW OFTEN HAVE SUPERVISION OR STANDBY HELP WHEN DOING LIGHT HOUSEWORK

| | |
|--------|--|
| 30 | 1. Always |
| 49 | 2. Sometimes |
| 10 | 3. Rarely |
| 5 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 16,020 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1888 | 25 | | NEED MORE SUPERVISION OR STANDBY HELP WITH DOING LIGHT HOUSEWORK |
| | | 49 | 1. Yes |
| | | 13,219 | 2. No |
| | | 252 | 8. Not ascertained |
| | | 22 | 9. DK or refused |
| | | 2,572 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help) |

1889 26 DISTRESS IN PAST MONTH BECAUSE UNABLE TO DO DISHES OR STRAIGHTEN

UP AROUND HOUSE

| | |
|--------|---|
| 387 | 1. Yes |
| 1,485 | 2. No |
| 122 | 8. Not ascertained |
| 28 | 9. DK or refused |
| 14,092 | Blank. NA (Institutionalized; Doesn't need help or supervision) |

1890 27

HOW OFTEN DO LIGHT HOUSEWORK

| | |
|-------|---|
| 7,880 | 1. Always |
| 4,524 | 2. Sometimes |
| 1,203 | 3. Rarely |
| 1,021 | 4. Never |
| 385 | 8. Not ascertained |
| 96 | 9. DK or refused |
| 1,005 | Blank. NA (Institutionalized; Doesn't do for other reason) |

1891-1892

BLANK

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

1893 19

HAVE DIFFICULTY GETTING TO OUTSIDE PLACES

| | |
|--------|-----------------------------------|
| 2,544 | 1. Yes |
| 12,966 | 2. No |
| 295 | 3. Doesn't do for other reason |
| 90 | 8. Not ascertained |
| 1 | 9. DK or refused |
| 218 | Blank. NA (Institutionalized) |

1894 19

SOMEONE ELSE REGULARLY GETS TO OUTSIDE PLACES FOR YOU

| | |
|--------|---|
| 244 | 1. Yes |
| 28 | 2. No |
| 23 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 15,819 | Blank. NA (Institutionalized; Yes, No or DK if has difficulty because of health/physical problem) |

1895 20

HOW MUCH DIFFICULTY GETTING

TO OUTSIDE PLACES

| | |
|--------|--|
| 499 | 1. Some |
| 626 | 2. A lot |
| 1,380 | 3. Unable |
| 29 | 8. Not ascertained |
| 10 | 9. DK or refused |
| 13,570 | Blank. NA (Institutionalized; No difficulty getting to outside places; Doesn't do for other reason) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1896-1898) | 21(a-c) | | WHEN YOU DO NOT HAVE HELP IS/ DOES GETTING TO OUTSIDE PLACES |
| 1896 | 21a | | VERY TIRING |
| | | 246 | 0. Never do without help |
| | | 701 | 1. Yes |
| | | 163 | 2. No |
| | | 1,380 | 3. Unable to do activity |
| | | 39 | 8. Not ascertained |
| | | 15 | 9. DK or refused |
| | | 13,570 | Blank. NA (Institutionalized; No difficulty getting to outside places; Doesn't do for other reason) |
| 1897 | 21b | | TAKE A LONG TIME |
| | | 246 | 0. Never do without help |
| | | 685 | 1. Yes |
| | | 181 | 2. No |
| | | 1,380 | 3. Unable to do activity |
| | | 37 | 8. Not ascertained |
| | | 15 | 9. DK or refused |
| | | 13,570 | Blank. NA (Institutionalized; No difficulty getting to outside places; Doesn't do for other reason) |
| 1898 | 21c | | VERY PAINFUL |
| | | 246 | 0. Never do without help |
| | | 550 | 1. Yes |
| | | 310 | 2. No |
| | | 1,380 | 3. Unable to do activity |
| | | 41 | 8. Not ascertained |

| | |
|--------|--|
| 17 | 9. DK or refused |
| 13,570 | Blank. NA (Institutionalized; No difficulty getting to outside places; Doesn't do for other reason) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1899 | 22a | | DO YOU RECEIVE HELP WHEN GETTING TO OUTSIDE PLACES |
| | | 2,594 | 1. Yes |
| | | 12,742 | 2. No |
| | | 247 | 8. Not ascertained |
| | | 18 | 9. DK or refused |
| | | 513 | Blank. NA (Institutionalized; Doesn't do for other reason) |
| 1900 | 22b | | IS THIS HANDS-ON HELP |
| | | 2,125 | 1. Yes |
| | | 442 | 2. No |
| | | 21 | 8. Not ascertained |
| | | 6 | 9. DK or refused |
| | | 13,520 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person) |
| (1901-1903) | 22c(1-3) | | WHEN YOU HAVE HANDS-ON HELP IS/DOES GETTING OUTSIDE |
| 1901 | 22c(1) | | VERY TIRING |
| | | 377 | 0. Never does activity, receives hands-on help |
| | | 903 | 1. Yes |
| | | 787 | 2. No |
| | | 36 | 8. Not ascertained |
| | | 22 | 9. DK or refused |
| | | 13,989 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (1901-1903) | 22c(1-3) | | WHEN YOU HAVE HANDS-ON HELP IS/DOES GETTING OUTSIDE - Continued |
| 1902 | 22c(2) | | TAKE A LONG TIME |
| | | 377 | 0. Never does activity, receives hands-on help |
| | | 884 | 1. Yes |
| | | 803 | 2. No |
| | | 37 | 8. Not ascertained |
| | | 24 | 9. DK or refused |
| | | 13,989 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |
| 1903 | 22c(3) | | VERY PAINFUL |
| | | 377 | 0. Never does activity, receives hands-on help |
| | | 595 | 1. Yes |
| | | 1,085 | 2. No |
| | | 39 | 8. Not ascertained |
| | | 29 | 9. DK or refused |
| | | 13,989 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1904 | 22d | | HOW OFTEN HAVE HANDS-ON HELP WITH GETTING TO OUTSIDE PLACES |
| | | 377 | 0. Never does activity, receives hands-on help |
| | | 1,281 | 1. Always |
| | | 380 | 2. Sometimes |
| | | 35 | 3. Rarely |
| | | 48 | 8. Not ascertained |
| | | 4 | 9. DK or refused |
| | | 13,989 | Blank. NA (Institutionalized; |

Doesn't do for other reason;
 No or DK if receive help from
 another person; No or DK if
 help received is hands-on)

| | | | |
|------|-----|--------|---|
| 1905 | 22e | | NEED (MORE) HANDS-ON HELP WITH GETTING TO OUTSIDE PLACES |
| | | 322 | 1. Yes |
| | | 14,891 | 2. No |
| | | 343 | 8. Not ascertained |
| | | 45 | 9. DK or refused |
| | | 513 | Blank. NA (Institutionalized; Doesn't do for other reason) |

| | | | |
|------|-----|--------|--|
| 1906 | 23a | | SOMEONE SUPERVISES OR STAYS NEAR YOU WHEN GETTING TO OUTSIDE PLACES |
| | | 244 | 1. Yes |
| | | 12,847 | 2. No |
| | | 369 | 8. Not ascertained |
| | | 16 | 9. DK or refused |
| | | 2,638 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 1907 | 23b | | IS THIS SUPERVISORY HELP |
| | | 70 | 1. Yes |
| | | 158 | 2. No |
| | | 12 | 8. Not ascertained |
| | | 4 | 9. DK or refused |
| | | 15,870 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |

| | | | |
|------|-----|--------|--|
| 1908 | 23c | | IS THIS STANDBY HELP |
| | | 185 | 1. Yes |
| | | 42 | 2. No |
| | | 13 | 8. Not ascertained |
| | | 4 | 9. DK or refused |
| | | 15,870 | Blank. NA (Institutionalized; Doesn't do for other reason; receives |

hands-on help; No or DK if someone supervises or stays nearby when doing activity)

| | | | |
|------|----|--------|--|
| 1909 | 24 | | HOW OFTEN HAVE SUPERVISION OR STANDBY HELP WHEN GETTING TO OUTSIDE PLACES |
| | | 162 | 1. Always |
| | | 55 | 2. Sometimes |
| | | 8 | 3. Rarely |
| | | 16 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 15,870 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 1910 | 25 | | NEED (MORE) SUPERVISION OR STANDBY HELP WITH GETTING TO OUTSIDE PLACES |
| | | 68 | 1. Yes |
| | | 13,071 | 2. No |
| | | 309 | 8. Not ascertained |
| | | 28 | 9. DK or refused |
| | | 2,638 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help) |
| 1911 | 26a | | MISSED MEDICAL APPOINTMENT IN PAST MONTH BECAUSE UNABLE TO GET THERE |
| | | 171 | 1. Yes |
| | | 2,435 | 2. No |
| | | 163 | 8. Not ascertained |
| | | 12 | 9. DK or refused |
| | | 13,333 | Blank. NA (Institutionalized; Doesn't need help or supervision) |
| 1912 | 26b | | LACKED TRANSPORTATION TO RECREATIONAL PLACES IN PAST MONTH |
| | | 342 | 1. Yes |
| | | 2,223 | 2. No |

| | | |
|--------|--------|--|
| 175 | 8. | Not ascertained |
| 41 | 9. | DK or refused |
| 13,333 | Blank. | NA (Institutionalized; Doesn't need help or supervision) |

| | | | |
|------|-----|--|---|
| 1913 | 26c | | RAN OUT OF FOOD IN PAST MONTH BECAUSE UNABLE TO GET TO STORE |
|------|-----|--|---|

| | | |
|--------|--------|--|
| 70 | 1. | Yes |
| 2,518 | 2. | No |
| 176 | 8. | Not ascertained |
| 17 | 9. | DK or refused |
| 13,333 | Blank. | NA (Institutionalized; Doesn't need help or supervision) |

| | | |
|-----------|--|-------|
| 1914-1915 | | BLANK |
|-----------|--|-------|

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1916 | 19 | | HAVE DIFFICULTY MANAGING MEDICATION |
| | | 876 | 1. Yes |
| | | 14,629 | 2. No |
| | | 304 | 3. Doesn't do for other reason |
| | | 86 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| 1917 | 19 | | SOMEONE ELSE REGULARLY MANAGES MEDICATION |
| | | 183 | 1. Yes |
| | | 97 | 2. No |
| | | 24 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,810 | Blank. NA (Institutionalized; Yes, No, or DK if has difficulty because of health/physical problem) |
| 1918 | 20 | | HOW MUCH DIFFICULTY MANAGING MEDICATION |
| | | 275 | 1. Some |
| | | 127 | 2. A lot |

| | |
|--------|--|
| 453 | 3. Unable |
| 12 | 8. Not ascertained |
| 9 | 9. DK or refused |
| 15,238 | Blank. NA (Institutionalized; No difficulty managing own medication; Doesn't do for other reason) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (1919-1921) | 21(a-c) | | WHEN YOU DO NOT HAVE HELP IS/DOES MANAGING MEDICATION |
| 1919 | 21a | | VERY TIRING |
| | | 110 | 0. Never do without help |
| | | 41 | 1. Yes |
| | | 249 | 2. No |
| | | 453 | 3. Unable to do activity |
| | | 18 | 8. Not ascertained |
| | | 5 | 9. DK or refused |
| | | 15,238 | Blank. NA (Institutionalized; No difficulty managing own medication; Doesn't do for other reason) |
| 1920 | 21b | | TAKE A LONG TIME |
| | | 110 | 0. Never do without help |
| | | 64 | 1. Yes |
| | | 224 | 2. No |
| | | 453 | 3. Unable to do activity |
| | | 18 | 8. Not ascertained |
| | | 7 | 9. DK or refused |
| | | 15,238 | Blank. NA (Institutionalized; No difficulty managing own medication; Doesn't do for other reason) |
| 1921 | 21c | | VERY PAINFUL |
| | | 110 | 0. Never do without help |
| | | 27 | 1. Yes |
| | | 262 | 2. No |
| | | 453 | 3. Unable to do activity |
| | | 18 | 8. Not ascertained |
| | | 6 | 9. DK or refused |
| | | 15,238 | Blank. NA (Institutionalized; No difficulty managing own medication; Doesn't do for other reason) |

do for other reason)

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1922 | 22a | | DO YOU RECEIVE HELP MANAGING MEDICATION |
| | | 949 | 1. Yes |
| | | 14,360 | 2. No |
| | | 262 | 8. Not ascertained |
| | | 21 | 9. DK or refused |
| | | 522 | Blank. NA (Institutionalized; Doesn't do for other reason) |
| 1923 | 22b | | IS THIS HANDS-ON HELP |
| | | 820 | 1. Yes |
| | | 119 | 2. No |
| | | 7 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 15,165 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person) |
| (1924-1926) | 22c(1-3) | | WHEN YOU HAVE HANDS-ON HELP IS/DOES MANAGING MEDICATION |
| 1924 | 22c(1) | | VERY TIRING |
| | | 315 | 0. Never does activity, receives hands-on help |
| | | 30 | 1. Yes |
| | | 449 | 2. No |
| | | 13 | 8. Not ascertained |
| | | 13 | 9. DK or refused |
| | | 15,294 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

(1924-1926) 22c(1-3)

WHEN YOU HAVE HANDS-ON HELP
IS/DOES MANAGING MEDICATION
- Continued

1925 22c(2)

TAKE A LONG TIME

| | | |
|--------|--------|--|
| 315 | 0. | Never does activity, receives hands-on help |
| 42 | 1. | Yes |
| 437 | 2. | No |
| 13 | 8. | Not ascertained |
| 13 | 9. | DK or refused |
| 15,294 | Blank. | NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

1926 22c(3)

VERY PAINFUL

| | | |
|--------|--------|--|
| 315 | 0. | Never does activity, receives hands-on help |
| 25 | 1. | Yes |
| 454 | 2. | No |
| 13 | 8. | Not ascertained |
| 13 | 9. | DK or refused |
| 15,294 | Blank. | NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1927 | 22d | | HOW OFTEN HAVE HANDS-ON HELP WITH MANAGING MEDICATION |
| | | 315 | 0. Never does activity, receives hands-on help |
| | | 319 | 1. Always |
| | | 149 | 2. Sometimes |
| | | 18 | 3. Rarely |
| | | 18 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,294 | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

| | | | |
|------|-----|--------|---|
| 1928 | 22e | | NEED MORE HANDS-ON HELP WITH MANAGING MEDICATION |
| | | 58 | 1. Yes |
| | | 15,163 | 2. No |
| | | 330 | 8. Not ascertained |
| | | 41 | 9. DK or refused |
| | | 522 | Blank. NA (Institutionalized; Doesn't do for other reason) |

| | | | |
|------|-----|--------|--|
| 1929 | 23a | | SOMEONE SUPERVISES OR STAYS NEAR YOU WHEN MANAGING MEDICATION |
| | | 134 | 1. Yes |
| | | 14,303 | 2. No |
| | | 320 | 8. Not ascertained |
| | | 15 | 9. DK or refused |
| | | 1,342 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 1930 | 23b | | IS THIS SUPERVISORY HELP |
| | | 79 | 1. Yes |
| | | 48 | 2. No |
| | | 6 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,980 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |
| 1931 | 23c | | IS THIS STANDBY HELP |
| | | 93 | 1. Yes |
| | | 33 | 2. No |
| | | 8 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,980 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |

| | | | |
|------|----|--------|--|
| 1932 | 24 | | HOW OFTEN HAVE SUPERVISION OR STANDBY HELP WHEN MANAGING MEDICATION |
| | | 57 | 1. Always |
| | | 60 | 2. Sometimes |
| | | 11 | 3. Rarely |
| | | 6 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,980 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 1933 | 25 | | NEED MORE SUPERVISION OR STANDBY HELP WITH MANAGING MEDICATION |
| | | 25 | 1. Yes |
| | | 14,484 | 2. No |
| | | 230 | 8. Not ascertained |
| | | 33 | 9. DK or refused |
| | | 1,342 | Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help) |
| 1934 | Recode | | NUMBER OF IADLs WHICH SAMPLE PERSON HAS DIFFICULTY |
| | | 9,801 | 0. No known difficulty with any IADLs |
| | | 6,022 | 1-8. Number of IADLs with difficulty |
| | | 73 | 9. All IADLs/unknown difficulty |
| | | 218 | Blank. |
| 1935 | Recode | | NUMBER OF IADLs WITH WHICH SAMPLE PERSON RECEIVES HELP (GLOBAL HELP) |
| | | 10,246 | 0. Doesn't receive help |
| | | 5,489 | 1-8. Number of IADLs with which help is received |
| | | 121 | 9. DK or unknown IADLs for help |
| | | 258 | Blank. NA (Institutionalized; Doesn't do any IADL activities) |

| 1936 | Recode | | NUMBER OF IADLs WITH WHICH SAMPLE PERSON RECEIVES HANDS-ON HELP |
|------|--------|--------|---|
| | | 11,136 | 0. Doesn't receive hands-on help |
| | | 4,720 | 1-8. Number of IADLs with which hands-on help is received |
| | | 0 | 9. DK or unknown IADLs for hands-on help |
| | | 258 | Blank. NA (Institutionalized; Doesn't do any IADL activities) |

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Section H - Assistance With Key Activities (IADL)

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 1937 | Recode | | NUMBER OF IADLs WITH WHICH SAMPLE PERSON RECEIVES SUPERVISORY HELP |
| | | 15,021 | 0. Doesn't receive supervisory help |
| | | 711 | 1-8. Number of IADLs with which supervisory help is received |
| | | 124 | 9. DK or unknown IADLs for supervisory help |
| | | 258 | Blank. NA (Institutionalized; Doesn't do any IADL activities) |
| 1938 | Recode | | NUMBER OF IADLs WITH WHICH SAMPLE PERSON NEEDS MORE HELP THAN CURRENTLY RECEIVING |
| | | 14,579 | 0. Doesn't need additional help or supervision |
| | | 1,175 | 1-8. Number of IADL activities with which SP needs more help |
| | | 102 | 9. DK or unknown IADLs for additional help |
| | | 258 | Blank. NA (Institutionalized; Doesn't do any IADL activities) |
| 1939 | Recode | | NUMBER OF ADLs AND IADLs WHICH SAMPLE PERSON HAS DIFFICULTY |
| | | 4,082 | 1. Difficulty with 1+ ADL and 1+ IADL |
| | | 1,225 | 2. Difficulty with 1+ ADL only (includes institutionalized with 1+ ADL difficulty) |
| | | 1,940 | 3. Difficulty with 1+ IADL only (includes institutionalized with no ADL difficulty) |

| | | |
|-------|--------|---|
| 8,607 | 4. | Difficulty with neither |
| 0 | 8. | Institutionalized; unknown difficulty with ADLs |
| 42 | 9. | All ADLs and IADLs/unknown difficulty |
| 218 | Blank. | NA (Institutionalized) |

| | |
|-----------|-------|
| 1940-1941 | BLANK |
|-----------|-------|

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|--------------------------------------|---|
| (1942-1951) | 28a(a-e) | | CONDITION THAT CAUSES TROUBLE IN ACTIVITY |
| 1942-1943 | 28a(a) | 110 200 5,712 10,092 | 00. NO CONDITION 01. OLD AGE 02-98. 2-98 FOR 1ST CONDITION Blank. NA (Institutionalized; No reported condition(s)) |
| 1944-1945 | 28a(b) | 3,088 13,026 | 02-98. 2-98 FOR 2ND CONDITION Blank. NA (Institutionalized; No reported condition(s)) |
| 1946-1947 | 28a(c) | 1,398 14,716 | 02-98. 2-98 FOR 3RD CONDITION Blank. NA (Institutionalized; No reported condition(s)) |
| 1948-1949 | 28a(d) | 522 15,592 | 02-98. 2-98 FOR 4TH CONDITION Blank. NA (Institutionalized; No reported condition(s)) |
| 1950-1951 | 28a(e) | 169 15,945 | 02-98. 2-98 FOR 5TH CONDITION Blank. NA (Institutionalized; No reported condition(s)) |
| 1952 | Recode | | NUMBER OF CONDITIONS LISTED AS CAUSING IADLs |
| | | 110 5,471 200 241 10,092 | 0. No condition 1-5. Number of conditions 8. Only condition mentioned was "old age" 9. DK or condition(s) unknown Blank. NA (No activities mentioned) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1953 | 29 | | CONDITION(S) RESULT OF MOTOR VEHICLE ACCIDENT |
| | | 473 | 1. Yes |
| | | 5,296 | 2. No |
| | | 103 | 8. Not ascertained |
| | | 40 | 9. DK or refused |
| | | 10,202 | Blank. NA (Institutionalized; No reported condition(s)) |
| 1954 | 30 | | INDEPENDENT LIVING TRAINING IN PAST 12 MONTHS |
| | | 186 | 1. Yes |
| | | 15,465 | 2. No |
| | | 204 | 8. Not ascertained |
| | | 41 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| 1955 | 31a | | FALLEN IN PAST 12 MONTHS |
| | | 3,960 | 1. Yes |
| | | 11,939 | 2. No |
| | | 111 | 8. Not ascertained |
| | | 104 | 9. DK or refused |
| 1956 | 31b | | FALLEN MORE THAN ONCE IN PAST 12 MONTHS |
| | | 2,210 | 1. Yes |
| | | 1,694 | 2. No |
| | | 5 | 8. Not ascertained |
| | | 51 | 9. DK or refused |
| | | 12,154 | Blank. NA (No or DK if had a fall in past 12 months) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|----------------------|
| 1957 | 31c | | INJURED FROM FALL(S) |

| | |
|--------|--|
| 2,200 | 1. Yes |
| 1,739 | 2. No |
| 2 | 8. Not ascertained |
| 19 | 9. DK or refused |
| 12,154 | Blank. NA (No or DK if had a fall in past 12 months) |

(1958-1961) 31d(1-4)

TYPE OF INJURY

1958 31d(1)

FRACTURE

| | |
|--------|--|
| 395 | 1. Mentioned |
| 1,799 | 2. Not mentioned |
| 3 | 8. No answer to entire question |
| 3 | 9. DK or refused (entire question) |
| 13,914 | Blank. NA (No or DK if had a fall in past 12 months; No or DK if injury resulted from fall(s)) |

1959 31d(2)

BRUISE, CUT, SCRAPE

| | |
|--------|--|
| 1,651 | 1. Mentioned |
| 543 | 2. Not mentioned |
| 3 | 8. No answer to entire question |
| 3 | 9. DK or refused (entire question) |
| 13,914 | Blank. NA (No or DK if had a fall in past 12 months; No or DK if injury resulted from fall(s)) |

1960 31d(3)

LOST CONSCIOUSNESS

| | |
|--------|--|
| 154 | 1. Mentioned |
| 2,040 | 2. Not mentioned |
| 3 | 8. No answer to entire question |
| 3 | 9. DK or refused (entire question) |
| 13,914 | Blank. NA (No or DK if had a fall in past 12 months; No or DK if injury resulted from fall(s)) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

(1958-1961) 31d(1-4)

TYPE OF INJURY - Continued

1961 31d(4)

OTHER

| | |
|-------|---------------------------------|
| 469 | 1. Mentioned |
| 1,725 | 2. Not mentioned |
| 3 | 8. No answer to entire question |

3
13,914

9. DK or refused (entire question)
Blank. NA (No or DK if had a fall in
past 12 months; No or DK if
injury resulted from fall(s))

1962 31e

FALL BECAUSE NO HELP
GETTING AROUND

509 1. Yes
3,367 2. No
17 8. Not ascertained
67 9. DK or refused
12,154 Blank. NA (No or DK if had a
fall in past 12 months)

1963 31f

FALL BECAUSE FELT DIZZY

698 1. Yes
3,109 2. No
19 8. Not ascertained
134 9. DK or refused
12,154 Blank. NA (No or DK if had a
fall in past 12 months)

1964 32a

BEDSORES OR PRESSURE SORES
IN PAST THREE MONTHS

176 1. Yes
15,581 2. No
111 8. Not ascertained
28 9. DK or refused
218 Blank. NA (Institutionalized)

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 1965 | 32b | | ANY OF THESE NEW SORES |
| | | 92 | 1. Yes |
| | | 72 | 2. No |
| | | 7 | 8. Not ascertained |
| | | 5 | 9. DK or refused |
| | | 15,938 | Blank. NA (Institutionalized; No or DK if experienced bedsores in past three months) |

1966 33a

CONTRACTURES IN PAST
THREE MONTHS

| | |
|--------|-------------------------------|
| 1,477 | 1. Yes |
| 14,197 | 2. No |
| 146 | 8. Not ascertained |
| 76 | 9. DK or refused |
| 218 | Blank. NA (Institutionalized) |

| | | | |
|------|-----|--------|--|
| 1967 | 33b | | ANY OF THESE NEW CONTRACTURES |
| | | 362 | 1. Yes |
| | | 1,087 | 2. No |
| | | 3 | 8. Not ascertained |
| | | 25 | 9. DK or refused |
| | | 14,637 | Blank. NA (Institutionalized; No or DK if experienced contractures in past three months) |

| | | | |
|------|----|--------|---|
| 1968 | 34 | | PRIMARY HELPER CAN HELP DO ACTIVITY |
| | | 1,190 | 1. Yes, strong enough |
| | | 239 | 2. No, difficult |
| | | 120 | 8. Not ascertained |
| | | 27 | 9. DK or refused |
| | | 14,538 | Blank. NA (Institutionalized; Doesn't receive help bathing, getting in/out of bed/chairs or using toilet) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 1969 | 35 | | SP NEEDS SUPERVISION TO ENSURE SAFETY |
| | | 472 | 1. Yes |
| | | 1,133 | 2. No |
| | | 136 | 8. Not ascertained |
| | | 22 | 9. DK or refused |
| | | 14,351 | Blank. NA (Institutionalized; Not a proxy respondent) |

| | | | |
|------|--------|--------|---|
| 1970 | Recode | | SAMPLE PERSON RECEIVE HELP OR SUPERVISION FOR ADL/IADL ACTIVITIES |
| | | 5,883 | 1. Yes |
| | | 10,013 | 2. No |
| | | 218 | Blank. NA (Institutionalized) |

| | | | |
|------|-----------------|--------|--|
| 1971 | Recode RT 75 | | COUNT OF NUMBER OF HELPERS * |
| | | 5,883 | 1-4. Number of helpers |
| | | 10,231 | Blank. NA (Institutionalized; Requires no help) |

| | | | |
|-----------|--|--|-------|
| 1972-1975 | | | BLANK |
|-----------|--|--|-------|

* Note: For 85 persons, help was required but no detailed information given; one dummy record was created.

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (1976-1990) | 37(1-15) | | 1st HELPER HELPS WITH FOLLOWING ACTIVITIES: |
| 1976 | 37(1) | | BATHING OR SHOWERING |
| | | 1,440 | 1. Mentioned |
| | | 4,231 | 2. Not mentioned |
| | | 209 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 10,231 | Blank. NA (No such helper needed) |
| 1977 | 37(2) | | DRESSING |
| | | 1,158 | 1. Mentioned |
| | | 4,513 | 2. Not mentioned |
| | | 209 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 10,231 | Blank. NA (No such helper needed) |
| 1978 | 37(3) | | EATING |
| | | 344 | 1. Mentioned |
| | | 5,327 | 2. Not mentioned |
| | | 209 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 10,231 | Blank. NA (No such helper needed) |
| 1979 | 37(4) | | GETTING IN/OUT OF BED/CHAIRS |
| | | 930 | 1. Mentioned |
| | | 4,741 | 2. Not mentioned |
| | | 209 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |

10,231 Blank. NA (No such helper needed)

| | | | |
|------|-------|--------|------------------------------------|
| 1980 | 37(5) | | WALKING |
| | | 1,133 | 1. Mentioned |
| | | 4,538 | 2. Not mentioned |
| | | 209 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 10,231 | Blank. NA (No such helper needed) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1976-1990) | 37(1-15) | | 1st HELPER HELPS WITH FOLLOWING ACTIVITIES: - Continued |
| 1981 | 37(6) | | GETTING OUTSIDE |
| | | 1,268 | 1. Mentioned |
| | | 4,403 | 2. Not mentioned |
| | | 209 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 10,231 | Blank. NA (No such helper needed) |
| 1982 | 37(7) | | USING THE TOILET |
| | | 512 | 1. Mentioned |
| | | 5,159 | 2. Not mentioned |
| | | 209 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 10,231 | Blank. NA (No such helper needed) |
| 1983 | 37(8) | | PREPARING OWN MEALS |
| | | 1,717 | 1. Mentioned |
| | | 3,954 | 2. Not mentioned |
| | | 209 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 10,231 | Blank. NA (No such helper needed) |
| 1984 | 37(9) | | SHOPPING FOR GROCERIES |
| | | 2,764 | 1. Mentioned |
| | | 2,907 | 2. Not mentioned |
| | | 209 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 10,231 | Blank. NA (No such helper needed) |

| | | | |
|------|--------|--------|------------------------------------|
| 1985 | 37(10) | | MANAGING MONEY |
| | | 1,087 | 1. Mentioned |
| | | 4,584 | 2. Not mentioned |
| | | 209 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 10,231 | Blank. NA (No such helper needed) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (1976-1990) | 37(1-15) | | 1st HELPER HELPS WITH FOLLOWING ACTIVITIES: - Continued |
| 1986 | 37(11) | | USING THE TELEPHONE |
| | | 508 | 1. Mentioned |
| | | 5,163 | 2. Not mentioned |
| | | 209 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 10,231 | Blank. NA (No such helper needed) |
| 1987 | 37(12) | | DOING HEAVY HOUSEWORK |
| | | 3,752 | 1. Mentioned |
| | | 1,919 | 2. Not mentioned |
| | | 209 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 10,231 | Blank. NA (No such helper needed) |
| 1988 | 37(13) | | DOING LIGHT HOUSEWORK |
| | | 1,818 | 1. Mentioned |
| | | 3,853 | 2. Not mentioned |
| | | 209 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 10,231 | Blank. NA (No such helper needed) |
| 1989 | 37(14) | | GETTING TO PLACES OUTSIDE |
| | | 2,247 | 1. Mentioned |
| | | 3,424 | 2. Not mentioned |
| | | 209 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 10,231 | Blank. NA (No such helper needed) |
| 1990 | 37(15) | | MANAGING MEDICATIONS |

| | |
|--------|------------------------------------|
| 956 | 1. Mentioned |
| 4,715 | 2. Not mentioned |
| 209 | 8. No answer to entire question |
| 3 | 9. DK or refused (entire question) |
| 10,231 | Blank. NA (No such helper needed) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 1991-1992 | 38a | | BEST DESCRIPTION OF 1st HELPER |
| | | 2,075 | 01. Spouse in HH |
| | | 804 | 02. Child in HH |
| | | 280 | 03. Parent in HH |
| | | 23 | 04. Spouse not in HH |
| | | 581 | 05. Child not in HH |
| | | 51 | 06. Parent not in HH |
| | | 237 | 07. Other HH relative |
| | | 429 | 08. Non-HH relative |
| | | 115 | 09. HH non-relative |
| | | 311 | 10. Friend/neighbor |
| | | 10 | 11. Unpaid volunteer from organization |
| | | 418 | 12. Paid employee of organization |
| | | 299 | 13. Paid employee of yours |
| | | 31 | 14. Other |
| | | 213 | 98. Not ascertained |
| | | 6 | 99. DK or refused |
| | | 10,231 | Blank. NA (No such helper needed) |
| 1993 | 38b | | SEX OF 1st HELPER |
| | | 1,952 | 1. Male |
| | | 3,561 | 2. Female |
| | | 345 | 8. Not ascertained |
| | | 25 | 9. DK or refused |
| | | 10,231 | Blank. NA (No such helper needed) |
| 1994 | 39a | | IS 1st HELPER PAID |
| | | 3,824 | 0. Parent/child/spouse or unpaid volunteer only helpers |
| | | 910 | 1. Yes |
| | | 870 | 2. No |
| | | 279 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 10,231 | Blank. NA (No such helper needed) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (1995-2006) | 39b(1-12) | | WHO PAYS FOR HELP |
| 1995 | 39b(1) | | SELF OR FAMILY IN HH |
| | | 552 | 1. Mentioned |
| | | 317 | 2. Not mentioned |
| | | 4 | 3. No one/free |
| | | 7 | 8. No answer to entire question |
| | | 30 | 9. DK or refused (entire question) |
| | | 15,204 | Blank. NA (No such helper needed; No or DK if helper is paid) |
| 1996 | 39b(2) | | FAMILY NOT IN HH |
| | | 24 | 1. Mentioned |
| | | 845 | 2. Not mentioned |
| | | 4 | 3. No one/free |
| | | 7 | 8. No answer to entire question |
| | | 30 | 9. DK or refused (entire question) |
| | | 15,204 | Blank. NA (No such helper needed; No or DK if helper is paid) |
| 1997 | 39b(3) | | PRIVATE HEALTH INSURANCE |
| | | 24 | 1. Mentioned |
| | | 845 | 2. Not mentioned |
| | | 4 | 3. No one/free |
| | | 7 | 8. No answer to entire question |
| | | 30 | 9. DK or refused (entire question) |
| | | 15,204 | Blank. NA (No such helper needed; No or DK if helper is paid) |
| 1998 | 39b(4) | | MEDICARE |
| | | 132 | 1. Mentioned |
| | | 737 | 2. Not mentioned |
| | | 4 | 3. No one/free |
| | | 7 | 8. No answer to entire question |
| | | 30 | 9. DK or refused (entire question) |
| | | 15,204 | Blank. NA (No such helper needed; No or DK if helper is paid) |

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (1995-2006) | 39b(1-12) | | WHO PAYS FOR HELP - Continued |
| 1999 | 39b(5) | | MEDICAID |
| | | 110 | 1. Mentioned |
| | | 759 | 2. Not mentioned |
| | | 4 | 3. No one/free |
| | | 7 | 8. No answer to entire question |
| | | 30 | 9. DK or refused (entire question) |
| | | 15,204 | Blank. NA (No such helper needed; No or DK if helper is paid) |
| 2000 | 39b(6) | | REHABILITATION PROGRAM |
| | | 9 | 1. Mentioned |
| | | 860 | 2. Not mentioned |
| | | 4 | 3. No one/free |
| | | 7 | 8. No answer to entire question |
| | | 30 | 9. DK or refused (entire question) |
| | | 15,204 | Blank. NA (No such helper needed; No or DK if helper is paid) |
| 2001 | 39b(7) | | EMPLOYER |
| | | 10 | 1. Mentioned |
| | | 859 | 2. Not mentioned |
| | | 4 | 3. No one/free |
| | | 7 | 8. No answer to entire question |
| | | 30 | 9. DK or refused (entire question) |
| | | 15,204 | Blank. NA (No such helper needed; No or DK if helper is paid) |
| 2002 | 39b(8) | | SCHOOL SYSTEM |
| | | 0 | 1. Mentioned |
| | | 869 | 2. Not mentioned |
| | | 4 | 3. No one/free |
| | | 7 | 8. No answer to entire question |
| | | 30 | 9. DK or refused (entire question) |
| | | 15,204 | Blank. NA (No such helper needed; No or DK if helper is paid) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

(1995-2006) 39b(1-12)

WHO PAYS FOR HELP
- Continued

2003 39b(9)

VA PROGRAM

| | |
|--------|--|
| 3 | 1. Mentioned |
| 866 | 2. Not mentioned |
| 4 | 3. No one/free |
| 7 | 8. No answer to entire question |
| 30 | 9. DK or refused (entire question) |
| 15,204 | Blank. NA (No such helper needed; No or DK if helper is paid) |

2004 39b(10)

OTHER MILITARY

| | |
|--------|--|
| 0 | 1. Mentioned |
| 869 | 2. Not mentioned |
| 4 | 3. No one/free |
| 7 | 8. No answer to entire question |
| 30 | 9. DK or refused (entire question) |
| 15,204 | Blank. NA (No such helper needed; No or DK if helper is paid) |

2005 39b(11)

OTHER PRIVATE SOURCE

| | |
|--------|--|
| 20 | 1. Mentioned |
| 849 | 2. Not mentioned |
| 4 | 3. No one/free |
| 7 | 8. No answer to entire question |
| 30 | 9. DK or refused (entire question) |
| 15,204 | Blank. NA (No such helper needed; No or DK if helper is paid) |

2006 39b(12)

OTHER PUBLIC SOURCE

| | |
|--------|--|
| 70 | 1. Mentioned |
| 799 | 2. Not mentioned |
| 4 | 3. No one/free |
| 7 | 8. No answer to entire question |
| 30 | 9. DK or refused (entire question) |
| 15,204 | Blank. NA (No such helper needed; No or DK if helper is paid) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 2007-2008 | 40 | | NUMBER OF DAYS 1st HELPER HELPED IN PAST TWO WEEKS |
| | | 560 | 00. None in past two weeks |

| | | |
|--------|--------|----------------------------|
| 4,904 | 01-14. | 1-14 days |
| 212 | 98. | Not ascertained |
| 207 | 99. | DK or refused |
| 10,231 | Blank. | NA (No such helper needed) |

2009-2010 41

NUMBER OF HOURS PER DAY
1st HELPER HELPS YOU ON
DAYS YOU RECEIVE HELP

| | | |
|--------|--------|----------------------------|
| 4,480 | 01-24. | 1-24 hours per day |
| 321 | 98. | Not ascertained |
| 1,082 | 99. | DK or refused |
| 10,231 | Blank. | NA (No such helper needed) |

2011

BLANK

(2012-2026) 37(1-15)

2nd HELPER HELPS WITH
FOLLOWING ACTIVITIES:

2012 37(1)

BATHING OR SHOWERING

| | | |
|--------|--------|---------------------------------|
| 400 | 1. | Mentioned |
| 2,157 | 2. | Not mentioned |
| 18 | 8. | No answer to entire question |
| 6 | 9. | DK or refused (entire question) |
| 13,533 | Blank. | NA (No such helper needed) |

2013 37(2)

DRESSING

| | | |
|--------|--------|---------------------------------|
| 346 | 1. | Mentioned |
| 2,211 | 2. | Not mentioned |
| 18 | 8. | No answer to entire question |
| 6 | 9. | DK or refused (entire question) |
| 13,533 | Blank. | NA (No such helper needed) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H- Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (2012-2026) | 37(1-15) | | 2nd HELPER HELPS WITH FOLLOWING ACTIVITIES: - Continued |
| 2014 | 37(3) | | EATING |
| | | 143 | 1. Mentioned |
| | | 2,414 | 2. Not mentioned |
| | | 18 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 13,533 | Blank. NA (No such helper needed) |

| | | | |
|------|-------|--------|------------------------------------|
| 2015 | 37(4) | | GETTING IN/OUT OF BED/CHAIRS |
| | | 317 | 1. Mentioned |
| | | 2,240 | 2. Not mentioned |
| | | 18 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 13,533 | Blank. NA (No such helper needed) |
| 2016 | 37(5) | | WALKING |
| | | 417 | 1. Mentioned |
| | | 2,140 | 2. Not mentioned |
| | | 18 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 13,533 | Blank. NA (No such helper needed) |
| 2017 | 37(6) | | GETTING OUTSIDE |
| | | 512 | 1. Mentioned |
| | | 2,045 | 2. Not mentioned |
| | | 18 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 13,533 | Blank. NA (No such helper needed) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (2012-2026) | 37(1-15) | | 2nd HELPER HELPS WITH FOLLOWING ACTIVITIES: - Continued |
| 2018 | 37(7) | | USING THE TOILET |
| | | 186 | 1. Mentioned |
| | | 2,371 | 2. Not mentioned |
| | | 18 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 13,533 | Blank. NA (No such helper needed) |
| 2019 | 37(8) | | PREPARING OWN MEALS |
| | | 588 | 1. Mentioned |
| | | 1,969 | 2. Not mentioned |
| | | 18 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 13,533 | Blank. NA (No such helper needed) |

| | | | |
|------|-------|--------|------------------------------------|
| 2020 | 37(9) | | SHOPPING FOR GROCERIES |
| | | 1,051 | 1. Mentioned |
| | | 1,506 | 2. Not mentioned |
| | | 18 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 13,533 | Blank. NA (No such helper needed) |

| | | | |
|------|--------|--------|------------------------------------|
| 2021 | 37(10) | | MANAGING MONEY |
| | | 282 | 1. Mentioned |
| | | 2,275 | 2. Not mentioned |
| | | 18 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 13,533 | Blank. NA (No such helper needed) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (2012-2026) | 37(1-15) | | 2nd HELPER HELPS WITH FOLLOWING ACTIVITIES: - Continued |
| 2022 | 37(11) | | USING THE TELEPHONE |
| | | 148 | 1. Mentioned |
| | | 2,409 | 2. Not mentioned |
| | | 18 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 13,533 | Blank. NA (No such helper needed) |
| 2023 | 37(12) | | DOING HEAVY HOUSEWORK |
| | | 1,415 | 1. Mentioned |
| | | 1,142 | 2. Not mentioned |
| | | 18 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 13,533 | Blank. NA (No such helper needed) |
| 2024 | 37(13) | | DOING LIGHT HOUSEWORK |
| | | 775 | 1. Mentioned |
| | | 1,782 | 2. Not mentioned |
| | | 18 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 13,533 | Blank. NA (No such helper needed) |
| 2025 | 37(14) | | GETTING TO PLACES OUTSIDE |

| | |
|--------|------------------------------------|
| 986 | 1. Mentioned |
| 1,571 | 2. Not mentioned |
| 18 | 8. No answer to entire question |
| 6 | 9. DK or refused (entire question) |
| 13,533 | Blank. NA (No such helper needed) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (2012-2026) | 37(1-15) | | 2nd HELPER HELPS WITH FOLLOWING ACTIVITIES: - Continued |
| 2026 | 37(15) | | MANAGING MEDICATIONS |
| | | 315 | 1. Mentioned |
| | | 2,242 | 2. Not mentioned |
| | | 18 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 13,533 | Blank. NA (No such helper needed) |
| 2027-2028 | 38a | | BEST DESCRIPTION OF 2nd HELPER |
| | | 98 | 01. Spouse in HH |
| | | 540 | 02. Child in HH |
| | | 104 | 03. Parent in HH |
| | | 2 | 04. Spouse not in HH |
| | | 473 | 05. Child not in HH |
| | | 45 | 06. Parent not in HH |
| | | 82 | 07. Other HH relative |
| | | 406 | 08. Non-HH relative |
| | | 31 | 09. HH non-relative |
| | | 217 | 10. Friend/neighbor |
| | | 11 | 11. Unpaid volunteer from organization |
| | | 281 | 12. Paid employee of organization |
| | | 156 | 13. Paid employee of yours |
| | | 13 | 14. Other |
| | | 16 | 98. Not ascertained |
| | | 6 | 99. DK or refused |
| | | 13,533 | Blank. NA (No such helper needed) |
| 2029 | 38b | | SEX OF 2nd HELPER |
| | | 916 | 1. Male |
| | | 1,570 | 2. Female |
| | | 82 | 8. Not ascertained |
| | | 13 | 9. DK or refused |
| | | 13,533 | Blank. NA (No such helper needed) |

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| 2030 | 39a | | IS 2nd HELPER PAID |
| | | 1,273 | 0. Parent/child/spouse or unpaid volunteer only helpers |
| | | 552 | 1. Yes |
| | | 668 | 2. No |
| | | 88 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 13,533 | Blank. NA (No such helper needed) |
| (2031-2042) | 39b(1-12) | | WHO PAYS FOR HELP |
| 2031 | 39b(1) | | SELF OR FAMILY IN HH |
| | | 316 | 1. Mentioned |
| | | 207 | 2. Not mentioned |
| | | 1 | 3. No one/free |
| | | 9 | 8. No answer to entire question |
| | | 19 | 9. DK or refused (entire question) |
| | | 15,562 | Blank. NA (No such helper needed; No or DK if helper is paid) |
| 2032 | 39b(2) | | FAMILY NOT IN HH |
| | | 26 | 1. Mentioned |
| | | 497 | 2. Not mentioned |
| | | 1 | 3. No one/free |
| | | 9 | 8. No answer to entire question |
| | | 19 | 9. DK or refused (entire question) |
| | | 15,562 | Blank. NA (No such helper needed; No or DK if helper is paid) |
| 2033 | 39b(3) | | PRIVATE HEALTH INSURANCE |
| | | 14 | 1. Mentioned |
| | | 509 | 2. Not mentioned |
| | | 1 | 3. No one/free |
| | | 9 | 8. No answer to entire question |
| | | 19 | 9. DK or refused (entire question) |
| | | 15,562 | Blank. NA (No such helper needed; No or DK if helper is paid) |

Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2031-2042) | 39b(1-12) | | WHO PAYS FOR HELP - Continued |
| 2034 | 39b(4) | | MEDICARE |
| | | 101 | 1. Mentioned |
| | | 422 | 2. Not mentioned |
| | | 1 | 3. No one/free |
| | | 9 | 8. No answer to entire question |
| | | 19 | 9. DK or refused (entire question) |
| | | 15,562 | Blank. NA (No such helper needed; No or DK if helper is paid) |
| 2035 | 39b(5) | | MEDICAID |
| | | 67 | 1. Mentioned |
| | | 456 | 2. Not mentioned |
| | | 1 | 3. No one/free |
| | | 9 | 8. No answer to entire question |
| | | 19 | 9. DK or refused (entire question) |
| | | 15,562 | Blank. NA (No such helper needed; No or DK if helper is paid) |
| 2036 | 39b(6) | | REHABILITATION PROGRAM |
| | | 7 | 1. Mentioned |
| | | 516 | 2. Not mentioned |
| | | 1 | 3. No one/free |
| | | 9 | 8. No answer to entire question |
| | | 19 | 9. DK or refused (entire question) |
| | | 15,562 | Blank. NA (No such helper needed; No or DK if helper is paid) |
| 2037 | 39b(7) | | EMPLOYER |
| | | 6 | 1. Mentioned |
| | | 517 | 2. Not mentioned |
| | | 1 | 3. No one/free |
| | | 9 | 8. No answer to entire question |
| | | 19 | 9. DK or refused (entire question) |
| | | 15,562 | Blank. NA (No such helper needed; No or DK if helper is paid) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

(2031-2042) 39b(1-12)

WHO PAYS FOR HELP
- Continued

2038 39b(8)

SCHOOL SYSTEM

| | |
|--------|--|
| 0 | 1. Mentioned |
| 523 | 2. Not mentioned |
| 1 | 3. No one/free |
| 9 | 8. No answer to entire question |
| 19 | 9. DK or refused (entire question) |
| 15,562 | Blank. NA (No such helper needed; No or DK if helper is paid) |

2039 39b(9)

VA PROGRAM

| | |
|--------|--|
| 1 | 1. Mentioned |
| 522 | 2. Not mentioned |
| 1 | 3. No one/free |
| 9 | 8. No answer to entire question |
| 19 | 9. DK or refused (entire question) |
| 15,562 | Blank. NA (No such helper needed; No or DK if helper is paid) |

2040 39b(10)

OTHER MILITARY

| | |
|--------|--|
| 0 | 1. Mentioned |
| 523 | 2. Not mentioned |
| 1 | 3. No one/free |
| 9 | 8. No answer to entire question |
| 19 | 9. DK or refused (entire question) |
| 15,562 | Blank. NA (No such helper needed; No or DK if helper is paid) |

2041 39b(11)

OTHER PRIVATE SOURCE

| | |
|--------|--|
| 14 | 1. Mentioned |
| 509 | 2. Not mentioned |
| 1 | 3. No one/free |
| 9 | 8. No answer to entire question |
| 19 | 9. DK or refused (entire question) |
| 15,562 | Blank. NA (No such helper needed; No or DK if helper is paid) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

(2031-2042) 39b(1-12)

WHO PAYS FOR HELP
- Continued

| | | | |
|------|---------|--------|--|
| 2042 | 39b(12) | | OTHER PUBLIC SOURCE |
| | | 32 | 1. Mentioned |
| | | 491 | 2. Not mentioned |
| | | 1 | 3. No one/free |
| | | 9 | 8. No answer to entire question |
| | | 19 | 9. DK or refused (entire question) |
| | | 15,562 | Blank. NA (No such helper needed; No or DK if helper is paid) |

| | | | |
|-----------|----|--------|---|
| 2043-2044 | 40 | | NUMBER OF DAYS 2nd HELPER HELPED IN PAST TWO WEEKS |
| | | 345 | 00. None in past two weeks |
| | | 2,117 | 01-14. 1-14 days |
| | | 17 | 98. Not ascertained |
| | | 102 | 99. DK or refused |
| | | 13,533 | Blank. NA (No such helper needed) |

| | | | |
|-----------|----|--------|---|
| 2045-2046 | 41 | | NUMBER OF HOURS PER DAY 2nd HELPER HELPS YOU ON DAYS YOU RECEIVE HELP |
| | | 2,085 | 01-24. 1-24 hours per day |
| | | 92 | 98. Not ascertained |
| | | 404 | 99. DK or refused |
| | | 13,533 | Blank. NA (No such helper needed) |

| | | | |
|-----------|--|--|-------|
| 2047-2048 | | | BLANK |
|-----------|--|--|-------|

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (2049-2063) | 37(1-15) | | 3rd HELPER HELPS WITH FOLLOWING ACTIVITIES: |
| 2049 | 37(1) | | BATHING OR SHOWERING |
| | | 122 | 1. Mentioned |
| | | 834 | 2. Not mentioned |
| | | 14 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,136 | Blank. NA (No such helper needed) |

| | | | |
|------|-------|-----|------------------|
| 2050 | 37(2) | | DRESSING |
| | | 126 | 1. Mentioned |
| | | 830 | 2. Not mentioned |

| | | |
|--------|--------|---------------------------------|
| 14 | 8. | No answer to entire question |
| 8 | 9. | DK or refused (entire question) |
| 15,136 | Blank. | NA (No such helper needed) |

| | | | |
|------|-------|--------|------------------------------------|
| 2051 | 37(3) | | EATING |
| | | 52 | 1. Mentioned |
| | | 904 | 2. Not mentioned |
| | | 14 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,136 | Blank. NA (No such helper needed) |

| | | | |
|------|-------|--------|------------------------------------|
| 2052 | 37(4) | | GETTING IN/OUT OF BED/CHAIRS |
| | | 107 | 1. Mentioned |
| | | 849 | 2. Not mentioned |
| | | 14 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,136 | Blank. NA (No such helper needed) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2049-2063) | 37(1-15) | | 3rd HELPER HELPS WITH FOLLOWING ACTIVITIES: - Continued |
| 2053 | 37(5) | | WALKING |
| | | 138 | 1. Mentioned |
| | | 818 | 2. Not mentioned |
| | | 14 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,136 | Blank. NA (No such helper needed) |
| 2054 | 37(6) | | GETTING OUTSIDE |
| | | 177 | 1. Mentioned |
| | | 779 | 2. Not mentioned |
| | | 14 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,136 | Blank. NA (No such helper needed) |
| 2055 | 37(7) | | USING THE TOILET |
| | | 64 | 1. Mentioned |
| | | 892 | 2. Not mentioned |
| | | 14 | 8. No answer to entire question |

8
15,136

9. DK or refused (entire question)
Blank. NA (No such helper needed)

2056 37(8)

PREPARING OWN MEALS

195 1. Mentioned
761 2. Not mentioned
14 8. No answer to entire question
8 9. DK or refused (entire question)
15,136 Blank. NA (No such helper needed)

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (2049-2063) | 37(1-15) | | 3rd HELPER HELPS WITH FOLLOWING ACTIVITIES: - Continued |
| 2057 | 37(9) | | SHOPPING FOR GROCERIES |
| | | 346 | 1. Mentioned |
| | | 610 | 2. Not mentioned |
| | | 14 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,136 | Blank. NA (No such helper needed) |
| 2058 | 37(10) | | MANAGING MONEY |
| | | 81 | 1. Mentioned |
| | | 875 | 2. Not mentioned |
| | | 14 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,136 | Blank. NA (No such helper needed) |
| 2059 | 37(11) | | USING THE TELEPHONE |
| | | 52 | 1. Mentioned |
| | | 904 | 2. Not mentioned |
| | | 14 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,136 | Blank. NA (No such helper needed) |
| 2060 | 37(12) | | DOING HEAVY HOUSEWORK |
| | | 437 | 1. Mentioned |
| | | 519 | 2. Not mentioned |
| | | 14 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,136 | Blank. NA (No such helper needed) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (2049-2063) | 37(1-15) | | 3rd HELPER HELPS WITH FOLLOWING ACTIVITIES: - Continued |
| 2061 | 37(13) | | DOING LIGHT HOUSEWORK |
| | | 293 | 1. Mentioned |
| | | 663 | 2. Not mentioned |
| | | 14 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,136 | Blank. NA (No such helper needed) |
| 2062 | 37(14) | | GETTING TO PLACES OUTSIDE |
| | | 395 | 1. Mentioned |
| | | 561 | 2. Not mentioned |
| | | 14 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,136 | Blank. NA (No such helper needed) |
| 2063 | 37(15) | | MANAGING MEDICATIONS |
| | | 125 | 1. Mentioned |
| | | 831 | 2. Not mentioned |
| | | 14 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,136 | Blank. NA (No such helper needed) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--------------------------------|
| 2064-2065 | 38a | | BEST DESCRIPTION OF 3rd HELPER |
| | | 40 | 01. Spouse in HH |
| | | 157 | 02. Child in HH |
| | | 8 | 03. Parent in HH |
| | | 1 | 04. Spouse not in HH |
| | | 181 | 05. Child not in HH |
| | | 9 | 06. Parent not in HH |
| | | 69 | 07. Other HH relative |

| | | |
|--------|--------|---------------------------------------|
| 190 | 08. | Non-HH relative |
| 13 | 09. | HH non-relative |
| 109 | 10. | Friend/neighbor |
| 7 | 11. | Unpaid volunteer from organization |
| 112 | 12. | Paid employee of organization |
| 57 | 13. | Paid employee of yours |
| 7 | 14. | Other |
| 16 | 98. | Not ascertained |
| 2 | 99. | DK or refused |
| 15,136 | Blank. | NA (No such helper needed) |

| | | | |
|------|-----|--------|-----------------------------------|
| 2066 | 38b | | SEX OF 3rd HELPER |
| | | 335 | 1. Male |
| | | 592 | 2. Female |
| | | 45 | 8. Not ascertained |
| | | 6 | 9. DK or refused |
| | | 15,136 | Blank. NA (No such helper needed) |

| | | | |
|------|-----|--------|--|
| 2067 | 39a | | IS 3rd HELPER PAID |
| | | 403 | 0. Parent/child/spouse or unpaid volunteer only helpers |
| | | 214 | 1. Yes |
| | | 318 | 2. No |
| | | 43 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,136 | Blank. NA (No such helper needed) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2068-2079) | 39b(1-12) | | WHO PAYS FOR HELP |
| 2068 | 39b(1) | | SELF OR FAMILY IN HH |
| | | 109 | 1. Mentioned |
| | | 90 | 2. Not mentioned |
| | | 1 | 3. No one/free |
| | | 6 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,900 | Blank. NA (No such helper needed; No or DK if helper is paid) |

| | | | |
|------|--------|-----|------------------|
| 2069 | 39b(2) | | FAMILY NOT IN HH |
| | | 10 | 1. Mentioned |
| | | 189 | 2. Not mentioned |

| | | |
|--------|--------|---|
| 1 | 3. | No one/free |
| 6 | 8. | No answer to entire question |
| 8 | 9. | DK or refused (entire question) |
| 15,900 | Blank. | NA (No such helper needed; No or DK if helper is paid) |

| | | | |
|------|--------|--------|--|
| 2070 | 39b(3) | | PRIVATE HEALTH INSURANCE |
| | | 7 | 1. Mentioned |
| | | 192 | 2. Not mentioned |
| | | 1 | 3. No one/free |
| | | 6 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,900 | Blank. NA (No such helper needed; No or DK if helper is paid) |

| | | | |
|------|--------|--------|--|
| 2071 | 39b(4) | | MEDICARE |
| | | 49 | 1. Mentioned |
| | | 150 | 2. Not mentioned |
| | | 1 | 3. No one/free |
| | | 6 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,900 | Blank. NA (No such helper needed; No or DK if helper is paid) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2068-2079) | 39b(1-12) | | WHO PAYS FOR HELP - Continued |
| 2072 | 39b(5) | | MEDICAID |
| | | 25 | 1. Mentioned |
| | | 174 | 2. Not mentioned |
| | | 1 | 3. No one/free |
| | | 6 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,900 | Blank. NA (No such helper needed; No or DK if helper is paid) |

| | | | |
|------|--------|--------|------------------------------------|
| 2073 | 39b(6) | | REHABILITATION PROGRAM |
| | | 4 | 1. Mentioned |
| | | 195 | 2. Not mentioned |
| | | 1 | 3. No one/free |
| | | 6 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,900 | Blank. NA (No such helper needed; |

No or DK if helper is paid)

| | | | |
|------|--------|--------|--|
| 2074 | 39b(7) | | EMPLOYER |
| | | 1 | 1. Mentioned |
| | | 198 | 2. Not mentioned |
| | | 1 | 3. No one/free |
| | | 6 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,900 | Blank. NA (No such helper needed; No or DK if helper is paid) |

| | | | |
|------|--------|--------|--|
| 2075 | 39b(8) | | SCHOOL SYSTEM |
| | | 0 | 1. Mentioned |
| | | 199 | 2. Not mentioned |
| | | 1 | 3. No one/free |
| | | 6 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,900 | Blank. NA (No such helper needed; No or DK if helper is paid) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2068-2079) | 39b(1-12) | | WHO PAYS FOR HELP - Continued |
| 2076 | 39b(9) | | VA PROGRAM |
| | | 0 | 1. Mentioned |
| | | 199 | 2. Not mentioned |
| | | 1 | 3. No one/free |
| | | 6 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,900 | Blank. NA (No such helper needed; No or DK if helper is paid) |

| | | | |
|------|---------|--------|--|
| 2077 | 39b(10) | | OTHER MILITARY |
| | | 0 | 1. Mentioned |
| | | 199 | 2. Not mentioned |
| | | 1 | 3. No one/free |
| | | 6 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,900 | Blank. NA (No such helper needed; No or DK if helper is paid) |

| | | | |
|------|---------|--|----------------------|
| 2078 | 39b(11) | | OTHER PRIVATE SOURCE |
|------|---------|--|----------------------|

| | |
|--------|--|
| 4 | 1. Mentioned |
| 195 | 2. Not mentioned |
| 1 | 3. No one/free |
| 6 | 8. No answer to entire question |
| 8 | 9. DK or refused (entire question) |
| 15,900 | Blank. NA (No such helper needed; No or DK if helper is paid) |

| | | | |
|------|---------|--------|--|
| 2079 | 39b(12) | | OTHER PUBLIC SOURCE |
| | | 20 | 1. Mentioned |
| | | 179 | 2. Not mentioned |
| | | 1 | 3. No one/free |
| | | 6 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,900 | Blank. NA (No such helper needed; No or DK if helper is paid) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2080-2081 | 40 | | NUMBER OF DAYS 3rd HELPER HELPED IN PAST TWO WEEKS |
| | | 136 | 00. None in past two weeks |
| | | 786 | 01-14. 1-14 days |
| | | 4 | 98. Not ascertained |
| | | 52 | 99. DK or refused |
| | | 15,136 | Blank. NA (No such helper needed) |

| | | | |
|-----------|----|--------|---|
| 2082-2083 | 41 | | NUMBER OF HOURS PER DAY 3rd HELPER HELPS YOU ON DAYS YOU RECEIVE HELP |
| | | 780 | 01-24. 1-24 hours per day |
| | | 44 | 98. Not ascertained |
| | | 154 | 99. DK or refused |
| | | 15,136 | Blank. NA (No such helper needed) |

2084-2085 BLANK

(2086-2100) 37(1-15) 4th HELPER HELPS WITH FOLLOWING ACTIVITIES:

| | | | |
|------|-------|-----|----------------------|
| 2086 | 37(1) | | BATHING OR SHOWERING |
| | | 45 | 1. Mentioned |
| | | 274 | 2. Not mentioned |

| | |
|--------|------------------------------------|
| 11 | 8. No answer to entire question |
| 1 | 9. DK or refused (entire question) |
| 15,783 | Blank. NA (No such helper needed) |

| | | | |
|------|-------|--------|------------------------------------|
| 2087 | 37(2) | | DRESSING |
| | | 40 | 1. Mentioned |
| | | 279 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 15,783 | Blank. NA (No such helper needed) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (2086-2100) | 37(1-15) | | 4th HELPER HELPS WITH FOLLOWING ACTIVITIES: - Continued |
| 2088 | 37(3) | | EATING |
| | | 15 | 1. Mentioned |
| | | 304 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 15,783 | Blank. NA (No such helper needed) |
| 2089 | 37(4) | | GETTING IN/OUT OF BED/CHAIRS |
| | | 35 | 1. Mentioned |
| | | 284 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 15,783 | Blank. NA (No such helper needed) |
| 2090 | 37(5) | | WALKING |
| | | 50 | 1. Mentioned |
| | | 269 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 15,783 | Blank. NA (No such helper needed) |
| 2091 | 37(6) | | GETTING OUTSIDE |
| | | 54 | 1. Mentioned |
| | | 265 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |

1 9. DK or refused (entire question)
 15,783 Blank. NA (No such helper needed)

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (2086-2100) | 37(1-15) | | 4th HELPER HELPS WITH FOLLOWING ACTIVITIES: - Continued |
| 2092 | 37(7) | | USING THE TOILET |
| | | 25 | 1. Mentioned |
| | | 294 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 15,783 | Blank. NA (No such helper needed) |
| 2093 | 37(8) | | PREPARING OWN MEALS |
| | | 64 | 1. Mentioned |
| | | 255 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 15,783 | Blank. NA (No such helper needed) |
| 2094 | 37(9) | | SHOPPING FOR GROCERIES |
| | | 99 | 1. Mentioned |
| | | 220 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 15,783 | Blank. NA (No such helper needed) |
| 2095 | 37(10) | | MANAGING MONEY |
| | | 22 | 1. Mentioned |
| | | 297 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 15,783 | Blank. NA (No such helper needed) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|-------------|----------|--------|---|
| (2086-2100) | 37(1-15) | | 4th HELPER HELPS WITH FOLLOWING ACTIVITIES: - Continued |
| 2096 | 37(11) | | USING THE TELEPHONE |
| | | 15 | 1. Mentioned |
| | | 304 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 15,783 | Blank. NA (No such helper needed) |
| 2097 | 37(12) | | DOING HEAVY HOUSEWORK |
| | | 119 | 1. Mentioned |
| | | 200 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 15,783 | Blank. NA (No such helper needed) |
| 2098 | 37(13) | | DOING LIGHT HOUSEWORK |
| | | 77 | 1. Mentioned |
| | | 242 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 15,783 | Blank. NA (No such helper needed) |
| 2099 | 37(14) | | GETTING TO PLACES OUTSIDE |
| | | 136 | 1. Mentioned |
| | | 183 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 15,783 | Blank. NA (No such helper needed) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (2086-2100) | 37(1-15) | | 4th HELPER HELPS WITH FOLLOWING ACTIVITIES: - Continued |
| 2100 | 37(15) | | MANAGING MEDICATIONS |
| | | 46 | 1. Mentioned |
| | | 273 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |

1 9. DK or refused (entire question)
 15,783 Blank. NA (No such helper needed)

2101-2102 38a BEST DESCRIPTION OF 4th HELPER

| | |
|--------|---|
| 11 | 01. Spouse in HH |
| 41 | 02. Child in HH |
| 2 | 03. Parent in HH |
| 0 | 04. Spouse not in HH |
| 54 | 05. Child not in HH |
| 3 | 06. Parent not in HH |
| 28 | 07. Other HH relative |
| 77 | 08. Non-HH relative |
| 4 | 09. HH non-relative |
| 28 | 10. Friend/neighbor |
| 3 | 11. Unpaid volunteer from organization |
| 46 | 12. Paid employee of organization |
| 18 | 13. Paid employee of yours |
| 3 | 14. Other |
| 13 | 98. Not ascertained |
| 0 | 99. DK or refused |
| 15,783 | Blank. NA (No such helper needed) |

2103 38b SEX OF 4th HELPER

| | |
|--------|-----------------------------------|
| 130 | 1. Male |
| 177 | 2. Female |
| 21 | 8. Not ascertained |
| 3 | 9. DK or refused |
| 15,783 | Blank. NA (No such helper needed) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2104 | 39a | | IS 4th HELPER PAID |
| | | 114 | 0. Parent/child/spouse or unpaid volunteer only helpers |
| | | 79 | 1. Yes |
| | | 115 | 2. No |
| | | 23 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,783 | Blank. NA (No such helper needed) |

(2105-2116) 39b(1-12) WHO PAYS FOR HELP

2105 39b(1) SELF OR FAMILY IN HH

| | |
|--------|--|
| 35 | 1. Mentioned |
| 41 | 2. Not mentioned |
| 0 | 3. No one/free |
| 0 | 8. No answer to entire question |
| 3 | 9. DK or refused (entire question) |
| 16,035 | Blank. NA (No such helper needed; No or DK if helper is paid) |

| | | | |
|------|--------|--------|--|
| 2106 | 39b(2) | | FAMILY NOT IN HH |
| | | 4 | 1. Mentioned |
| | | 72 | 2. Not mentioned |
| | | 0 | 3. No one/free |
| | | 0 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,035 | Blank. NA (No such helper needed; No or DK if helper is paid) |

| | | | |
|------|--------|--------|--|
| 2107 | 39b(3) | | PRIVATE HEALTH INSURANCE |
| | | 4 | 1. Mentioned |
| | | 72 | 2. Not mentioned |
| | | 0 | 3. No one/free |
| | | 0 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,035 | Blank. NA (No such helper needed; No or DK if helper is paid) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|-------------|-----------|--|----------------------------------|
| (2105-2116) | 39b(1-12) | | WHO PAYS FOR HELP - Continued |
|-------------|-----------|--|----------------------------------|

| | | | |
|------|--------|--------|--|
| 2108 | 39b(4) | | MEDICARE |
| | | 17 | 1. Mentioned |
| | | 59 | 2. Not mentioned |
| | | 0 | 3. No one/free |
| | | 0 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,035 | Blank. NA (No such helper needed; No or DK if helper is paid) |

| | | | |
|------|--------|----|---------------------------------|
| 2109 | 39b(5) | | MEDICAID |
| | | 15 | 1. Mentioned |
| | | 61 | 2. Not mentioned |
| | | 0 | 3. No one/free |
| | | 0 | 8. No answer to entire question |

| | |
|--------|--|
| 3 | 9. DK or refused (entire question) |
| 16,035 | Blank. NA (No such helper needed; No or DK if helper is paid) |

| | | | |
|------|--------|--------|--|
| 2110 | 39b(6) | | REHABILITATION PROGRAM |
| | | 2 | 1. Mentioned |
| | | 74 | 2. Not mentioned |
| | | 0 | 3. No one/free |
| | | 0 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,035 | Blank. NA (No such helper needed; No or DK if helper is paid) |

| | | | |
|------|--------|--------|--|
| 2111 | 39b(7) | | EMPLOYER |
| | | 0 | 1. Mentioned |
| | | 76 | 2. Not mentioned |
| | | 0 | 3. No one/free |
| | | 0 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,035 | Blank. NA (No such helper needed; No or DK if helper is paid) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|-------------|-----------|--|----------------------------------|
| (2105-2116) | 39b(1-12) | | WHO PAYS FOR HELP - Continued |
|-------------|-----------|--|----------------------------------|

| | | | |
|------|--------|--------|--|
| 2112 | 39b(8) | | SCHOOL SYSTEM |
| | | 0 | 1. Mentioned |
| | | 76 | 2. Not mentioned |
| | | 0 | 3. No one/free |
| | | 0 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,035 | Blank. NA (No such helper needed; No or DK if helper is paid) |

| | | | |
|------|--------|--------|--|
| 2113 | 39b(9) | | VA PROGRAM |
| | | 0 | 1. Mentioned |
| | | 76 | 2. Not mentioned |
| | | 0 | 3. No one/free |
| | | 0 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,035 | Blank. NA (No such helper needed; No or DK if helper is paid) |

| | | | |
|------|---------|--------|--|
| 2114 | 39b(10) | | OTHER MILITARY |
| | | 0 | 1. Mentioned |
| | | 76 | 2. Not mentioned |
| | | 0 | 3. No one/free |
| | | 0 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,035 | Blank. NA (No such helper needed; No or DK if helper is paid) |

| | | | |
|------|---------|--------|--|
| 2115 | 39b(11) | | OTHER PRIVATE SOURCE |
| | | 2 | 1. Mentioned |
| | | 74 | 2. Not mentioned |
| | | 0 | 3. No one/free |
| | | 0 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,035 | Blank. NA (No such helper needed; No or DK if helper is paid) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (2105-2116) | 39b(1-12) | | WHO PAYS FOR HELP - Continued |
| 2116 | 39b(12) | | OTHER PUBLIC SOURCE |
| | | 10 | 1. Mentioned |
| | | 66 | 2. Not mentioned |
| | | 0 | 3. No one/free |
| | | 0 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,035 | Blank. NA (No such helper needed; No or DK if helper is paid) |
| 2117-2118 | 40 | | NUMBER OF DAYS 4th HELPER HELPED IN PAST TWO WEEKS |
| | | 47 | 00. None in past two weeks |
| | | 262 | 01-14. 1-14 days |
| | | 5 | 98. Not ascertained |
| | | 17 | 99. DK or refused |
| | | 15,783 | Blank. NA (No such helper needed) |
| 2119-2120 | 41 | | NUMBER OF HOURS PER DAY 4th HELPER HELPS YOU ON DAYS YOU RECEIVE HELP |

| | | |
|--------|--------|----------------------------|
| 266 | 01-24. | 1-24 hours per day |
| 20 | 98. | Not ascertained |
| 45 | 99. | DK or refused |
| 15,783 | Blank. | NA (No such helper needed) |

2121 BLANK

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 2122 | Recode | | SUMMARY OF HELPER PAYMENT STATUS |
| | | 4,137 | 1. All unpaid or informal help |
| | | 749 | 2. Both paid and unpaid/informal help |
| | | 601 | 3. All paid help |
| | | 396 | 9. Unknown if/whether at least some of help paid |
| | | 10,231 | Blank. NA (No help received; not 1st helper) |
| 2123 | Recode | | FAMILY IN HOUSEHOLD PAYS FOR HELP? |
| | | 860 | 1. Yes |
| | | 875 | 2. No |
| | | 4,137 | 0. No paid help |
| | | 11 | 9. Unknown |
| | | 10,231 | Blank. NA (No help received) |
| 2124 | Recode | | FAMILY NOT IN HOUSEHOLD PAYS FOR HELP? |
| | | 39 | 1. Yes |
| | | 1,696 | 2. No |
| | | 4,137 | 0. No paid help |
| | | 11 | 9. Unknown |
| | | 10,231 | Blank. NA (No help received) |
| 2125 | Recode | | PRIVATE INSURANCE/OTHER PRIVATE SOURCE PAYS FOR HELP? |
| | | 80 | 1. Yes |
| | | 1,655 | 2. No |
| | | 4,137 | 0. No paid help |
| | | 11 | 9. Unknown |
| | | 10,231 | Blank. NA (No help received) |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 2126 | Recode | | PUBLIC SOURCE PAYS FOR ANY HELP? |
| | | 448 | 1. Yes |
| | | 1,287 | 2. No |
| | | 4,137 | 0. No paid help |
| | | 11 | 9. Unknown |
| | | 10,231 | Blank. NA (No help received) |
| 2127-2130 | | | BLANK |
| 2131 | Recode | | WHICH HELPER HELPS MOST |
| | | 5,259 | 1. First helper |
| | | 467 | 2. Second helper |
| | | 98 | 3. Third helper |
| | | 22 | 4. Fourth helper |
| | | 37 | 8. Unknown which helper |
| | | 10,231 | Blank. NA (Requires no help) |
| 2132 | | | DUMMY RECORD FLAG |
| | | 197 | 1. Dummy record created |
| | | 15,917 | Blank. Actual Interview record |
| 2133 | 43a | | SOMEONE SUBSTITUTED FOR REGULAR HELPER IN PAST 12 MONTHS |
| | | 872 | 1. Yes |
| | | 4,758 | 2. No |
| | | 223 | 8. Not ascertained |
| | | 30 | 9. DK or refused |
| | | 10,231 | Blank. NA (Institutionalized; Didn't receive help or supervision) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

2134-2136 43b

HOW MANY DAYS SUBSTITUTED
IN PAST 12 MONTHS

| | | |
|--------|----------|--|
| 586 | 001-365. | 1-365 days |
| 19 | 998. | Not ascertained |
| 267 | 999. | DK or refused |
| 15,242 | Blank. | NA (Institutionalized; No or DK if anyone stayed with or assisted sample person while helper was out) |

(2137-2143) 44(a-g)

HOW SATISFIED ARE YOU WITH:

2137 44a

HELPER'S SCHEDULE

| | | |
|--------|--------|---|
| 4,751 | 1. | Very satisfied |
| 508 | 2. | Somewhat satisfied |
| 112 | 3. | Somewhat dissatisfied |
| 38 | 4. | Very dissatisfied |
| 330 | 8. | Not ascertained |
| 144 | 9. | DK or refused |
| 10,231 | Blank. | NA (Institutionalized; Didn't receive help or supervision) |

2138 44b

AMOUNT OF HELPER'S ASSISTANCE

| | | |
|--------|--------|---|
| 4,792 | 1. | Very satisfied |
| 514 | 2. | Somewhat satisfied |
| 82 | 3. | Somewhat dissatisfied |
| 22 | 4. | Very dissatisfied |
| 332 | 8. | Not ascertained |
| 141 | 9. | DK or refused |
| 10,231 | Blank. | NA (Institutionalized; Didn't receive help or supervision) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2137-2143) | 44(a-g) | | HOW SATISFIED ARE YOU WITH: - Continued |
| 2139 | 44c | | HELPER'S WILLINGNESS TO FOLLOW YOUR REQUESTS |
| | | 4,841 | 1. Very satisfied |
| | | 467 | 2. Somewhat satisfied |
| | | 68 | 3. Somewhat dissatisfied |
| | | 26 | 4. Very dissatisfied |
| | | 336 | 8. Not ascertained |
| | | 145 | 9. DK or refused |

10,231 Blank. NA (Institutionalized; Didn't
receive help or supervision)

| | | | |
|------|-----|--------|---|
| 2140 | 44d | | HELPER'S ABILITY TO MEET YOUR NEEDS |
| | | 4,827 | 1. Very satisfied |
| | | 460 | 2. Somewhat satisfied |
| | | 79 | 3. Somewhat dissatisfied |
| | | 28 | 4. Very dissatisfied |
| | | 349 | 8. Not ascertained |
| | | 140 | 9. DK or refused |
| | | 10,231 | Blank. NA (Institutionalized; Didn't receive help or supervision) |

| | | | |
|------|-----|--------|--|
| 2141 | 44e | | HELPER'S RELIABILITY |
| | | 967 | 1. Very satisfied |
| | | 108 | 2. Somewhat satisfied |
| | | 23 | 3. Somewhat dissatisfied |
| | | 10 | 4. Very dissatisfied |
| | | 256 | 8. Not ascertained (includes helpers who were present during interview so question not asked) |
| | | 33 | 9. DK or refused |
| | | 14,717 | Blank. NA (Institutionalized; Doesn't receive help or supervision; Helper related to SP) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (2137-2143) | 44(a-g) | | HOW SATISFIED ARE YOU WITH: - Continued |
| 2142 | 44f | | HELPER'S TRUSTWORTHINESS |
| | | 1,004 | 1. Very satisfied |
| | | 81 | 2. Somewhat satisfied |
| | | 11 | 3. Somewhat dissatisfied |
| | | 8 | 4. Very dissatisfied |
| | | 255 | 8. Not ascertained (includes helpers who were present during interview so question not asked) |
| | | 38 | 9. DK or refused |
| | | 14,717 | Blank. NA (Institutionalized; Doesn't receive help or supervision; Helper related to SP) |

| | | | |
|------|-----|--------|--|
| 2143 | 44g | | SATISFIED WITH HOW HELPER TREATS YOU |
| | | 1,010 | 1. Very satisfied |
| | | 84 | 2. Somewhat satisfied |
| | | 12 | 3. Somewhat dissatisfied |
| | | 4 | 4. Very dissatisfied |
| | | 256 | 8. Not ascertained (includes helpers who were present during interview so question not asked) |
| | | 31 | 9. DK or refused |
| | | 14,717 | Blank. NA (Institutionalized; Doesn't receive help or supervision; Helper related to SP) |

| | | | |
|------|----|--------|--|
| 2144 | 45 | | EVER HOME ALONE MORE THAN TWO HOURS AT A TIME |
| | | 4,213 | 1. Yes |
| | | 1,449 | 2. No |
| | | 210 | 8. Not ascertained |
| | | 11 | 9. DK or refused |
| | | 10,231 | Blank. NA (Institutionalized; Didn't receive help or supervision) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 2145 | 46 | | HOME ALONE MORE THAN TWO HOURS WOULD BE PROBLEM (AFRAID/NEED HELP) |
| | | 530 | 1. Yes |
| | | 883 | 2. No |
| | | 200 | 8. Not ascertained |
| | | 57 | 9. DK or refused |
| | | 14,444 | Blank. NA (Institutionalized; Sample person was home alone for 2+ hrs. at a time) |
| 2146 | 47 | | BETTER IF NOT HOME ALONE AS LONG AS TWO HOURS |
| | | 394 | 1. Yes |
| | | 3,565 | 2. No |
| | | 143 | 8. Not ascertained |
| | | 111 | 9. DK or refused |
| | | 11,901 | Blank. NA (Institutionalized; No or DK if sample person was home |

alone for 2+ hrs. and if it
was a problem to be home alone)

| | | | |
|------|-----|--------|---|
| 2147 | 48a | | A FRIEND, RELATIVE, OR NEIGHBOR WOULD PROVIDE CARE FOR A FEW DAYS |
| | | 4,658 | 1. Yes |
| | | 812 | 2. No |
| | | 200 | 8. Not ascertained |
| | | 213 | 9. DK or refused |
| | | 10,231 | Blank. NA (Institutionalized; Doesn't receive help or supervision) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 2148 | 48b | | THIS PERSON IS: |
| | | 1,911 | 1. HH member - Related |
| | | 109 | 2. HH member - Unrelated |
| | | 2,046 | 3. Non HH member - Related |
| | | 550 | 4. Non HH member - Unrelated |
| | | 23 | 8. Not ascertained |
| | | 19 | 9. DK or refused |
| | | 11,456 | Blank. NA (Institutionalized; Doesn't receive help or supervision; No or DK if friend or relative would take care of sample person for a few days) |
| 2149 | 49a | | A FRIEND, RELATIVE, OR NEIGHBOR WOULD PROVIDE CARE FOR A FEW WEEKS |
| | | 4,022 | 1. Yes |
| | | 434 | 2. No |
| | | 9 | 8. Not ascertained |
| | | 193 | 9. DK or refused |
| | | 11,456 | Blank. NA (Institutionalized; Doesn't receive help or supervision; No or DK if friend or relative would take care of sample person for a few days) |
| 2150 | 49b | | THIS PERSON IS: |
| | | 1,744 | 1. HH member - Related |
| | | 100 | 2. HH member - Unrelated |
| | | 1,842 | 3. Non HH member - Related |

| | | |
|--------|--------|--|
| 314 | 4. | Non HH member - Unrelated |
| 10 | 8. | Not ascertained |
| 12 | 9. | DK or refused |
| 12,092 | Blank. | NA (Institutionalized; Doesn't receive help or supervision; No or DK if friend or relative would take care of sample person for a few days or weeks) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2151 | 50a | | ATTEMPTED TO HIRE HELP OR GET HELP FROM PROGRAM/AGENCY |
| | | 319 | 1. Yes |
| | | 871 | 2. No |
| | | 259 | 8. Not ascertained |
| | | 12 | 9. DK or refused |
| | | 14,653 | Blank. NA (Institutionalized; No or DK if need supervision for IADL activities) |
| (2152-2160) | 50b(1-9) | | WHY NOT |
| 2152 | 50b(1) | | DID NOT WANT STRANGER FOR HELPER |
| | | 153 | 1. Mentioned |
| | | 669 | 2. Not mentioned |
| | | 5 | 8. No answer to entire question |
| | | 44 | 9. DK or refused (entire question) |
| | | 15,243 | Blank. NA (Institutionalized; No or DK if need supervision for IADL activities; Yes or DK if tried to hire help) |
| 2153 | 50b(2) | | TOO EXPENSIVE/CAN'T AFFORD |
| | | 396 | 1. Mentioned |
| | | 426 | 2. Not mentioned |
| | | 5 | 8. No answer to entire question |
| | | 44 | 9. DK or refused (entire question) |
| | | 15,243 | Blank. NA (Institutionalized; No or DK if need supervision for IADL activities; Yes or DK if tried to hire help) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (2152-2160) | 50b(1-9) | | WHY NOT - Continued |
| 2154 | 50b(3) | | NOT SICK ENOUGH TO GET HELP FROM AGENCY |
| | | 190 | 1. Mentioned |
| | | 632 | 2. Not mentioned |
| | | 5 | 8. No answer to entire question |
| | | 44 | 9. DK or refused (entire question) |
| | | 15,243 | Blank. NA (Institutionalized; No or DK if need supervision for IADL activities; Yes or DK if tried to hire help) |
| 2155 | 50b(4) | | INCOME TOO HIGH TO GET HELP FROM AGENCY |
| | | 46 | 1. Mentioned |
| | | 776 | 2. Not mentioned |
| | | 5 | 8. No answer to entire question |
| | | 44 | 9. DK or refused (entire question) |
| | | 15,243 | Blank. NA (Institutionalized; No or DK if need supervision for IADL activities; Yes or DK if tried to hire help) |
| 2156 | 50b(5) | | TYPE OF HELP NEEDED PROBABLY UNAVAILABLE |
| | | 56 | 1. Mentioned |
| | | 766 | 2. Not mentioned |
| | | 5 | 8. No answer to entire question |
| | | 44 | 9. DK or refused (entire question) |
| | | 15,243 | Blank. NA (Institutionalized; No or DK if need supervision for IADL activities; Yes or DK if tried to hire help) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|----------------------------|
| (2152-2160) | 50b(1-9) | | WHY NOT - Continued |
| 2157 | 50b(6) | | QUALITY HELP NOT AVAILABLE |

| | |
|--------|---|
| 31 | 1. Mentioned |
| 791 | 2. Not mentioned |
| 5 | 8. No answer to entire question |
| 44 | 9. DK or refused (entire question) |
| 15,243 | Blank. NA (Institutionalized; No or DK if need supervision for IADL activities; Yes or DK if tried to hire help) |

2158 50b(7) DID NOT KNOW WHERE TO LOOK

| | |
|--------|---|
| 181 | 1. Mentioned |
| 641 | 2. Not mentioned |
| 5 | 8. No answer to entire question |
| 44 | 9. DK or refused (entire question) |
| 15,243 | Blank. NA (Institutionalized; No or DK if need supervision for IADL activities; Yes or DK if tried to hire help) |

2159 50b(8) TOO SICK TO LOOK FOR HELP

| | |
|--------|---|
| 16 | 1. Mentioned |
| 806 | 2. Not mentioned |
| 5 | 8. No answer to entire question |
| 44 | 9. DK or refused (entire question) |
| 15,243 | Blank. NA (Institutionalized; No or DK if need supervision for IADL activities; Yes or DK if tried to hire help) |

2160 50b(9) OTHER

| | |
|--------|---|
| 188 | 1. Mentioned |
| 634 | 2. Not mentioned |
| 5 | 8. No answer to entire question |
| 44 | 9. DK or refused (entire question) |
| 15,243 | Blank. NA (Institutionalized; No or DK if need supervision for IADL activities; Yes or DK if tried to hire help) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (2161-2167) | 51(1-7) | | PROBLEMS ENCOUNTERED TRYING TO FIND HELP |
| 2161 | 51(1) | | TOO EXPENSIVE |

| | | |
|--------|--------|--|
| 62 | 0. | No problems |
| 122 | 1. | Mentioned |
| 107 | 2. | Not mentioned |
| 22 | 8. | No answer to entire question |
| 6 | 9. | DK or refused (entire question) |
| 15,795 | Blank. | NA (Institutionalized; No or DK if need supervision for IADL activities; DK if tried to hire help) |

| | | | |
|------|-------|--------|---|
| 2162 | 51(2) | | CAN'T LOCATE RIGHT TYPE OF HELP |
| | | 62 | 0. No problems |
| | | 85 | 1. Mentioned |
| | | 144 | 2. Not mentioned |
| | | 22 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 15,795 | Blank. NA (Institutionalized; No or DK if need supervision for IADL activities; DK if tried to hire help) |

| | | | |
|------|-------|--------|---|
| 2163 | 51(3) | | CAN'T LOCATE ADEQUATELY TRAINED HELPER |
| | | 62 | 0. No problems |
| | | 28 | 1. Mentioned |
| | | 201 | 2. Not mentioned |
| | | 22 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 15,795 | Blank. NA (Institutionalized; No or DK if need supervision for IADL activities; DK if tried to hire help) |

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Section H- Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (2161-2167) | 51(1-7) | | PROBLEMS ENCOUNTERED TRYING TO FIND HELP - Continued |
| 2164 | 51(4) | | CAN'T LOCATE HELPER AVAILABLE WHEN NEEDED |
| | | 62 | 0. No problems |
| | | 63 | 1. Mentioned |
| | | 166 | 2. Not mentioned |
| | | 22 | 8. No answer to entire question |

| | | |
|--------|--------|--|
| 6 | 9. | DK or refused (entire question) |
| 15,795 | Blank. | NA (Institutionalized; No or DK if need supervision for IADL activities; DK if tried to hire help) |

| | | | |
|------|-------|--------|---|
| 2165 | 51(5) | | NOT SICK ENOUGH TO GET HELP FROM AGENCY |
| | | 62 | 0. No problems |
| | | 34 | 1. Mentioned |
| | | 195 | 2. Not mentioned |
| | | 22 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 15,795 | Blank. NA (Institutionalized; No or DK if need supervision for IADL activities; DK if tried to hire help) |

| | | | |
|------|-------|--------|---|
| 2166 | 51(6) | | INCOME TOO HIGH TO GET HELP FROM AGENCY |
| | | 62 | 0. No problems |
| | | 37 | 1. Mentioned |
| | | 192 | 2. Not mentioned |
| | | 22 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 15,795 | Blank. NA (Institutionalized; No or DK if need supervision for IADL activities; DK if tried to hire help) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2161-2167) | 51(1-7) | | PROBLEMS ENCOUNTERED TRYING TO FIND HELP - Continued |
| 2167 | 51(7) | | OTHER |
| | | 62 | 0. No problems |
| | | 69 | 1. Mentioned |
| | | 160 | 2. Not mentioned |
| | | 22 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 15,795 | Blank. NA (Institutionalized; No or DK if need supervision for IADL activities; DK if tried to hire help) |

| | | | |
|------|----|--------|---|
| 2168 | 52 | | AGENCY/ORGANIZATION TRIED TO FIND SOMEONE TO HELP |
| | | 162 | 1. Yes |
| | | 1,020 | 2. No |
| | | 257 | 8. Not ascertained |
| | | 22 | 9. DK or refused |
| | | 14,653 | Blank. NA (Institutionalized; No or DK if need supervision for IADL activities) |

| | | | |
|------|----|--------|---|
| 2169 | 53 | | EVER HIRED OR RECEIVED HELP FROM NON-PROFIT AGENCY |
| | | 1,090 | 1. Yes |
| | | 14,612 | 2. No |
| | | 134 | 8. Not ascertained |
| | | 60 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 2170 | 54a | | EVER STOPPED GETTING HELP THOUGH STILL NEEDED |
| | | 227 | 1. Yes |
| | | 853 | 2. No |
| | | 4 | 8. Not ascertained |
| | | 6 | 9. DK or refused |
| | | 15,024 | Blank. NA (Institutionalized; No or DK if ever hired someone or received help from public or non-profit agency) |
| (2171-2178) | 54b(1-8) | | WHY STOPPED GETTING HELP |
| 2171 | 54b(1) | | TOO EXPENSIVE |
| | | 70 | 1. Mentioned |
| | | 151 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,887 | Blank. NA (Institutionalized; No or DK if ever hired someone or received help from public or non-profit agency; No or DK if stopped getting help from person or agency though still needed) |

| | | | |
|------|--------|--------|---|
| 2172 | 54b(2) | | INADEQUATE TRAINING |
| | | 13 | 1. Mentioned |
| | | 208 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,887 | Blank. NA (Institutionalized; No or DK if ever hired someone or received help from public or non-profit agency; No or DK if stopped getting help from person or agency though still needed) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2171-2178) | 54b(1-8) | | WHY STOPPED GETTING HELP - Continued |
| 2173 | 54b(3) | | UNAVAILABLE WHEN NEEDED |
| | | 33 | 1. Mentioned |
| | | 188 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,887 | Blank. NA (Institutionalized; No or DK if ever hired someone or received help from public or non-profit agency; No or DK if stopped getting help from person or agency though still needed) |
| 2174 | 54b(4) | | NO LONGER SICK ENOUGH TO QUALIFY FOR PUBLIC OR NON-PROFIT AGENCY HELP |
| | | 43 | 1. Mentioned |
| | | 178 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,887 | Blank. NA (Institutionalized; No or DK if ever hired someone or received help from public or non-profit agency; No or DK if stopped getting help from person or agency though still needed) |
| 2175 | 54b(5) | | INCOME TOO HIGH TO GET HELP FROM PUBLIC OR NON-PROFIT AGENCY |

| | | |
|--------|--------|--|
| 25 | 1. | Mentioned |
| 196 | 2. | Not mentioned |
| 1 | 8. | No answer to entire question |
| 5 | 9. | DK or refused (entire question) |
| 15,887 | Blank. | NA (Institutionalized; No or DK if ever hired someone or received help from public or non-profit agency; No or DK if stopped getting help from person or agency though still needed) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2171-2178) | 54b(1-8) | | WHY STOPPED GETTING HELP - Continued |
| 2176 | 54b(6) | | UNRELIABLE |
| | | 24 | 1. Mentioned |
| | | 197 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,887 | Blank. NA (Institutionalized; No or DK if ever hired someone or received help from public or non-profit agency; No or DK if stopped getting help from person or agency though still needed) |
| 2177 | 54b(7) | | LANGUAGE PROBLEMS |
| | | 3 | 1. Mentioned |
| | | 218 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,887 | Blank. NA (Institutionalized; No or DK if ever hired someone or received help from public or non-profit agency; No or DK if stopped getting help from person or agency though still needed) |
| 2178 | 54b(8) | | OTHER |
| | | 92 | 1. Mentioned |
| | | 129 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,887 | Blank. NA (Institutionalized; No or DK if ever hired someone or |

received help from public or non-profit agency; No or DK if stopped getting help from person or agency though still needed)

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| 2179 | 55a | | EXPERIENCED PROBLEMS BEING HOME ALONE IN PAST 12 MONTHS |
| | | 821 | 1. Yes |
| | | 15,098 | 2. No |
| | | 121 | 8. Not ascertained |
| | | 74 | 9. DK or refused |
| (2180-2192) | 55b(1-13) | | WHAT KIND OF PROBLEM |
| 2180 | 55b(1) | | FALL |
| | | 332 | 1. Mentioned |
| | | 479 | 2. Not mentioned |
| | | 3 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,293 | Blank. NA (No or DK if experienced problems because of being home alone) |
| 2181 | 55b(2) | | OTHER ACCIDENT OR INJURY |
| | | 48 | 1. Mentioned |
| | | 763 | 2. Not mentioned |
| | | 3 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,293 | Blank. NA (No or DK if experienced problems because of being home alone) |
| 2182 | 55b(3) | | INCONTINENCE - NO REMINDERS |
| | | 21 | 1. Mentioned |
| | | 790 | 2. Not mentioned |
| | | 3 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,293 | Blank. NA (No or DK if experienced problems because of being home alone) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2180-2192) | 55b(1-13) | | WHAT KIND OF PROBLEM - Continued |
| 2183 | 55b(4) | | INCONTINENCE - UNABLE TO REACH TOILET |
| | | 70 | 1. Mentioned |
| | | 741 | 2. Not mentioned |
| | | 3 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,293 | Blank. NA (No or DK if experienced problems because of being home alone) |
| 2184 | 55b(5) | | CONFINEMENT TO BED OR CHAIRS |
| | | 84 | 1. Mentioned |
| | | 727 | 2. Not mentioned |
| | | 3 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,293 | Blank. NA (No or DK if experienced problems because of being home alone) |
| 2185 | 55b(6) | | HUNGER OR THIRST |
| | | 62 | 1. Mentioned |
| | | 749 | 2. Not mentioned |
| | | 3 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,293 | Blank. NA (No or DK if experienced problems because of being home alone) |
| 2186 | 55b(7) | | FIRE ON STOVE/LEFT STOVE ON |
| | | 33 | 1. Mentioned |
| | | 778 | 2. Not mentioned |
| | | 3 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,293 | Blank. NA (No or DK if experienced problems because of being home alone) |

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2180-2192) | 55b(1-13) | | WHAT KIND OF PROBLEM - Continued |
| 2187 | 55b(8) | | FELL ASLEEP WHILE SMOKING |
| | | 7 | 1. Mentioned |
| | | 804 | 2. Not mentioned |
| | | 3 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,293 | Blank. NA (No or DK if experienced problems because of being home alone) |
| 2188 | 55b(9) | | GOT LOST/WANDERED OFF |
| | | 29 | 1. Mentioned |
| | | 782 | 2. Not mentioned |
| | | 3 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,293 | Blank. NA (No or DK if experienced problems because of being home alone) |
| 2189 | 55b(10) | | FORGOT MEDICATIONS |
| | | 85 | 1. Mentioned |
| | | 726 | 2. Not mentioned |
| | | 3 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,293 | Blank. NA (No or DK if experienced problems because of being home alone) |
| 2190 | 55b(11) | | TOOK WRONG DOSE OF MEDICATION (TOO MUCH/LITTLE) |
| | | 44 | 1. Mentioned |
| | | 767 | 2. Not mentioned |
| | | 3 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,293 | Blank. NA (No or DK if experienced problems because of being home alone) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

(2180-2192) 55b(1-13)

WHAT KIND OF PROBLEM
- Continued

2191 55b(12)

FEAR

| | |
|--------|--|
| 191 | 1. Mentioned |
| 620 | 2. Not mentioned |
| 3 | 8. No answer to entire question |
| 7 | 9. DK or refused (entire question) |
| 15,293 | Blank. NA (No or DK if experienced problems because of being home alone) |

2192 55b(13)

OTHER

| | |
|--------|--|
| 368 | 1. Mentioned |
| 443 | 2. Not mentioned |
| 3 | 8. No answer to entire question |
| 7 | 9. DK or refused (entire question) |
| 15,293 | Blank. NA (No or DK if experienced problems because of being home alone) |

(2193-2196) 56(a-d)

BECAUSE OF YOUR HEALTH
HAS FAMILY MEMBER

2193 56a

QUIT JOB OR RETIRED EARLY

| | |
|--------|--------------------|
| 375 | 1. Yes |
| 15,576 | 2. No |
| 107 | 8. Not ascertained |
| 56 | 9. DK or refused |

2194 56b

CHANGED JOBS

| | |
|--------|--------------------|
| 198 | 1. Yes |
| 15,757 | 2. No |
| 108 | 8. Not ascertained |
| 51 | 9. DK or refused |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (2193-2196) | 56(a-d) | | BECAUSE OF YOUR HEALTH HAS FAMILY MEMBER - Continued |
| 2195 | 56c | | CHANGED OR REDUCED WORK HOURS |

| | | | |
|------|-----------------|--------|---|
| | | 15,136 | Blank. NA (No helper) |
| 2201 | Recode 37(1) | | BATHING OR SHOWERING - HELPER #4 |
| | | 45 | 1. Helped with this activity |
| | | 274 | 2. Did not help with this activity |
| | | 12 | 3. Unknown if helped with this activity |
| | | 15,783 | Blank. NA (No helper) |
| 2202 | Recode 37(2) | | DRESSING - HELPER #1 |
| | | 1,158 | 1. Helped with this activity |
| | | 4,513 | 2. Did not help with this activity |
| | | 212 | 3. Unknown if helped with this activity |
| | | 10,231 | Blank. NA (No helper) |
| 2203 | Recode 37(2) | | DRESSING - HELPER #2 |
| | | 346 | 1. Helped with this activity |
| | | 2,211 | 2. Did not help with this activity |
| | | 24 | 3. Unknown if helped with this activity |
| | | 13,533 | Blank. NA (No helper) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|--------------------|-----------|---|
| (2198-2257) | Recode 37(1-15) | | ACTIVITIES HELPED WITH: - Continued |
| 2204 | Recode 37(2) | | DRESSING - HELPER #3 |
| | | 126 | 1. Helped with this activity |
| | | 830 | 2. Did not help with this activity |
| | | 22 | 3. Unknown if helped with this activity |
| | | 15,136 | Blank. NA (No helper) |
| 2205 | Recode 37(2) | | DRESSING - HELPER #4 |
| | | 40 | 1. Helped with this activity |
| | | 279 | 2. Did not help with this activity |

| | | |
|--------|--------|--------------------------------------|
| 12 | 3. | Unknown if helped with this activity |
| 15,783 | Blank. | NA (No helper) |

| | | | |
|------|-----------------|--------|---|
| 2206 | Recode 37(3) | | EATING - HELPER #1 |
| | | 344 | 1. Helped with this activity |
| | | 5,327 | 2. Did not help with this activity |
| | | 212 | 3. Unknown if helped with this activity |
| | | 10,231 | Blank. NA (No helper) |

| | | | |
|------|-----------------|--------|---|
| 2207 | Recode 37(3) | | EATING - HELPER #2 |
| | | 143 | 1. Helped with this activity |
| | | 2,414 | 2. Did not help with this activity |
| | | 24 | 3. Unknown if helped with this activity |
| | | 13,533 | Blank. NA (No helper) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|--------------------|-----------|--|
| (2198-2257) | Recode 37(1-15) | | ACTIVITIES HELPED WITH: - Continued |
| 2208 | Recode 37(3) | | EATING - HELPER #3 |
| | | 52 | 1. Helped with this activity |
| | | 904 | 2. Did not help with this activity |
| | | 22 | 3. Unknown if helped with this activity |
| | | 15,136 | Blank. NA (No helper) |
| 2209 | Recode 37(3) | | EATING - HELPER #4 |
| | | 15 | 1. Helped with this activity |
| | | 304 | 2. Did not help with this activity |
| | | 12 | 3. Unknown if helped with this activity |
| | | 15,783 | Blank. NA (No helper) |
| 2210 | Recode 37(4) | | GETTING IN OR OUT OF BED/CHAIRS - HELPER #1 |

| | |
|--------|---|
| 930 | 1. Helped with this activity |
| 4,741 | 2. Did not help with this activity |
| 212 | 3. Unknown if helped with this activity |
| 10,231 | Blank. NA (No helper) |

| | | |
|--------|---|--|
| 2211 | Recode 37(4) | GETTING IN OR OUT OF BED/CHAIRS - HELPER #2 |
| 317 | 1. Helped with this activity | |
| 2,240 | 2. Did not help with this activity | |
| 24 | 3. Unknown if helped with this activity | |
| 13,533 | Blank. NA (No helper) | |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|--------------------|-----------|--|
| (2198-2257) | Recode 37(1-15) | | ACTIVITIES HELPED WITH: - Continued |
| 2212 | Recode 37(4) | | GETTING IN OR OUT OF BED/CHAIRS - HELPER #3 |
| | | 107 | 1. Helped with this activity |
| | | 849 | 2. Did not help with this activity |
| | | 22 | 3. Unknown if helped with this activity |
| | | 15,136 | Blank. NA (No helper) |
| 2213 | Recode 37(4) | | GETTING IN OR OUT OF BED/CHAIRS - HELPER #4 |
| | | 35 | 1. Helped with this activity |
| | | 284 | 2. Did not help with this activity |
| | | 12 | 3. Unknown if helped with this activity |
| | | 15,783 | Blank. NA (No helper) |
| 2214 | Recode 37(5) | | WALKING - HELPER #1 |
| | | 1,133 | 1. Helped with this activity |
| | | 4,538 | 2. Did not help with this activity |
| | | 212 | 3. Unknown if helped with this activity |

10,231 Blank. NA (No helper)

| | | | |
|------|-----------------|--------|---|
| 2215 | Recode 37(5) | | WALKING - HELPER #2 |
| | | 417 | 1. Helped with this activity |
| | | 2,140 | 2. Did not help with this activity |
| | | 24 | 3. Unknown if helped with this activity |
| | | 13,533 | Blank. NA (No helper) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|--------------------|-----------|---|
| (2198-2257) | Recode 37(1-15) | | ACTIVITIES HELPED WITH: - Continued |
| 2216 | Recode 37(5) | | WALKING - HELPER #3 |
| | | 138 | 1. Helped with this activity |
| | | 818 | 2. Did not help with this activity |
| | | 22 | 3. Unknown if helped with this activity |
| | | 15,136 | Blank. NA (No helper) |
| 2217 | Recode 37(5) | | WALKING - HELPER #4 |
| | | 50 | 1. Helped with this activity |
| | | 269 | 2. Did not help with this activity |
| | | 12 | 3. Unknown if helped with this activity |
| | | 15,783 | Blank. NA (No helper) |
| 2218 | Recode 37(6) | | GETTING OUTSIDE - HELPER #1 |
| | | 1,268 | 1. Helped with this activity |
| | | 4,403 | 2. Did not help with this activity |
| | | 212 | 3. Unknown if helped with this activity |
| | | 10,231 | Blank. NA (No helper) |
| 2219 | Recode 37(6) | | GETTING OUTSIDE - HELPER #2 |
| | | 512 | 1. Helped with this activity |
| | | 2,045 | 2. Did not help with this activity |

24 3. Unknown if helped with
 13,533 Blank. NA (No helper)

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|--------------------|-----------|---|
| (2198-2257) | Recode 37(1-15) | | ACTIVITIES HELPED WITH: - Continued |
| 2220 | Recode 37(6) | | GETTING OUTSIDE - HELPER #3 |
| | | 177 | 1. Helped with this activity |
| | | 779 | 2. Did not help with this activity |
| | | 22 | 3. Unknown if helped with this activity |
| | | 15,136 | Blank. NA (No helper) |
| 2221 | Recode 37(6) | | GETTING OUTSIDE - HELPER #4 |
| | | 54 | 1. Helped with this activity |
| | | 265 | 2. Did not help with this activity |
| | | 12 | 3. Unknown if helped with this activity |
| | | 15,783 | Blank. NA (No helper) |
| 2222 | Recode 37(7) | | USING OR GETTING TO THE TOILET - HELPER #1 |
| | | 512 | 1. Helped with this activity |
| | | 5,159 | 2. Did not help with this activity |
| | | 212 | 3. Unknown if helped with this activity |
| | | 10,231 | Blank. NA (No helper) |
| 2223 | Recode 37(7) | | USING OR GETTING TO THE TOILET - HELPER #2 |
| | | 186 | 1. Helped with this activity |
| | | 2,371 | 2. Did not help with this activity |
| | | 24 | 3. Unknown if helped with this activity |
| | | 13,533 | Blank. NA (No helper) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|--------------------|-----------|---|
| (2198-2257) | Recode 37(1-15) | | ACTIVITIES HELPED WITH: - Continued |
| 2224 | Recode 37(7) | | USING OR GETTING TO THE TOILET - HELPER #3 |
| | | 64 | 1. Helped with this activity |
| | | 892 | 2. Did not help with this activity |
| | | 22 | 3. Unknown if helped with this activity |
| | | 15,136 | Blank. NA (No helper) |
| 2225 | Recode 37(7) | | USING OR GETTING TO THE TOILET - HELPER #4 |
| | | 25 | 1. Helped with this activity |
| | | 294 | 2. Did not help with this activity |
| | | 12 | 3. Unknown if helped with this activity |
| | | 15,783 | Blank. NA (No helper) |
| 2226 | Recode 37(8) | | PREPARING YOUR OWN MEALS - HELPER #1 |
| | | 1,717 | 1. Helped with this activity |
| | | 3,954 | 2. Did not help with this activity |
| | | 212 | 3. Unknown if helped with this activity |
| | | 10,231 | Blank. NA (No helper) |
| 2227 | Recode 37(8) | | PREPARING YOUR OWN MEALS - HELPER #2 |
| | | 588 | 1. Helped with this activity |
| | | 1,969 | 2. Did not help with this activity |
| | | 24 | 3. Unknown if helped with this activity |
| | | 13,533 | Blank. NA (No helper) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|-------------|--------------------|--------|---|
| (2198-2257) | Recode 37(1-15) | | ACTIVITIES HELPED WITH: - Continued |
| 2228 | Recode 37(8) | | PREPARING YOUR OWN MEALS - HELPER #3 |
| | | 195 | 1. Helped with this activity |
| | | 761 | 2. Did not help with this activity |
| | | 22 | 3. Unknown if helped with this activity |
| | | 15,136 | Blank. NA (No helper) |

| | | | |
|------|-----------------|--------|---|
| 2229 | Recode 37(8) | | PREPARING YOUR OWN MEALS - HELPER #4 |
| | | 64 | 1. Helped with this activity |
| | | 255 | 2. Did not help with this activity |
| | | 12 | 3. Unknown if helped with this activity |
| | | 15,783 | Blank. NA (No helper) |

| | | | |
|------|-----------------|--------|---|
| 2230 | Recode 37(9) | | SHOPPING FOR GROCERIES - HELPER #1 |
| | | 2,764 | 1. Helped with this activity |
| | | 2,907 | 2. Did not help with this activity |
| | | 212 | 3. Unknown if helped with this activity |
| | | 10,231 | Blank. NA (No helper) |

| | | | |
|------|-----------------|--------|---|
| 2231 | Recode 37(9) | | SHOPPING FOR GROCERIES - HELPER #2 |
| | | 1,051 | 1. Helped with this activity |
| | | 1,506 | 2. Did not help with this activity |
| | | 24 | 3. Unknown if helped with this activity |
| | | 13,533 | Blank. NA (No helper) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|--------------------|-----------|--|
| (2198-2257) | Recode 37(1-15) | | ACTIVITIES HELPED WITH: - Continued |
| 2232 | Recode 37(9) | | SHOPPING FOR GROCERIES - HELPER #3 |
| | | 346 | 1. Helped with this activity |

| | | | |
|------|------------------|--------|---|
| | | 610 | 2. Did not help with this activity |
| | | 22 | 3. Unknown if helped with this activity |
| | | 15,136 | Blank. NA (No helper) |
| 2233 | Recode 37(9) | | SHOPPING FOR GROCERIES - HELPER #4 |
| | | 99 | 1. Helped with this activity |
| | | 220 | 2. Did not help with this activity |
| | | 12 | 3. Unknown if helped with this activity |
| | | 15,783 | Blank. NA (No helper) |
| 2234 | Recode 37(10) | | MANAGING YOUR MONEY - HELPER #1 |
| | | 1,087 | 1. Helped with this activity |
| | | 4,584 | 2. Did not help with this activity |
| | | 212 | 3. Unknown if helped with this activity |
| | | 10,231 | Blank. NA (No helper) |
| 2235 | Recode 37(10) | | MANAGING YOUR MONEY - HELPER #2 |
| | | 282 | 1. Helped with this activity |
| | | 2,275 | 2. Did not help with this activity |
| | | 24 | 3. Unknown if helped with this activity |
| | | 13,533 | Blank. NA (No helper) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|--------------------|-----------|---|
| (2198-2257) | Recode 37(1-15) | | ACTIVITIES HELPED WITH: - Continued |
| 2236 | Recode 37(10) | | MANAGING YOUR MONEY - HELPER #3 |
| | | 81 | 1. Helped with this activity |
| | | 875 | 2. Did not help with this activity |
| | | 22 | 3. Unknown if helped with this activity |
| | | 15,136 | Blank. NA (No helper) |
| 2237 | Recode | | MANAGING YOUR MONEY - HELPER #4 |

| | | | |
|--------|--|--------|---|
| 37(10) | | | |
| | | 22 | 1. Helped with this activity |
| | | 297 | 2. Did not help with this activity |
| | | 12 | 3. Unknown if helped with this activity |
| | | 15,783 | Blank. NA (No helper) |

| | | | |
|------|------------------|--------|---|
| 2238 | Recode 37(11) | | USING THE TELEPHONE - HELPER #1 |
| | | 508 | 1. Helped with this activity |
| | | 5,163 | 2. Did not help with this activity |
| | | 212 | 3. Unknown if helped with this activity |
| | | 10,231 | Blank. NA (No helper) |

| | | | |
|------|------------------|--------|---|
| 2239 | Recode 37(11) | | USING THE TELEPHONE - HELPER #2 |
| | | 148 | 1. Helped with this activity |
| | | 2,409 | 2. Did not help with this activity |
| | | 24 | 3. Unknown if helped with this activity |
| | | 13,533 | Blank. NA (No helper) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|--------------------|-----------|---|
| (2198-2257) | Recode 37(1-15) | | ACTIVITIES HELPED WITH: - Continued |
| 2240 | Recode 37(11) | | USING THE TELEPHONE - HELPER #3 |
| | | 52 | 1. Helped with this activity |
| | | 904 | 2. Did not help with this activity |
| | | 22 | 3. Unknown if helped with this activity |
| | | 15,136 | Blank. NA (No helper) |
| 2241 | Recode 37(11) | | USING THE TELEPHONE - HELPER #4 |
| | | 15 | 1. Helped with this activity |
| | | 304 | 2. Did not help with this activity |
| | | 12 | 3. Unknown if helped with this activity |
| | | 15,783 | Blank. NA (No helper) |

| | | | |
|------|------------------|--------|---|
| 2242 | Recode 37(12) | | DOING HEAVY HOUSEWORK - HELPER #1 |
| | | 3,752 | 1. Helped with this activity |
| | | 1,919 | 2. Did not help with this activity |
| | | 212 | 3. Unknown if helped with this activity |
| | | 10,231 | Blank. NA (No helper) |

| | | | |
|------|------------------|--------|---|
| 2243 | Recode 37(12) | | DOING HEAVY HOUSEWORK - HELPER #2 |
| | | 1,415 | 1. Helped with this activity |
| | | 1,142 | 2. Did not help with this activity |
| | | 24 | 3. Unknown if helped with this activity |
| | | 13,533 | Blank. NA (No helper) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|--------------------|-----------|---|
| (2198-2257) | Recode 37(1-15) | | ACTIVITIES HELPED WITH: - Continued |
| 2244 | Recode 37(12) | | DOING HEAVY HOUSEWORK - HELPER #3 |
| | | 437 | 1. Helped with this activity |
| | | 519 | 2. Did not help with this activity |
| | | 22 | 3. Unknown if helped with this activity |
| | | 15,136 | Blank. NA (No helper) |
| 2245 | Recode 37(12) | | DOING HEAVY HOUSEWORK - HELPER #4 |
| | | 119 | 1. Helped with this activity |
| | | 200 | 2. Did not help with this activity |
| | | 12 | 3. Unknown if helped with this activity |
| | | 15,783 | Blank. NA (No helper) |
| 2246 | Recode 37(13) | | DOING LIGHT HOUSEWORK - HELPER #1 |
| | | 1,818 | 1. Helped with this activity |
| | | 3,853 | 2. Did not help with this activity |
| | | 212 | 3. Unknown if helped with this activity |

10,231 Blank. NA (No helper)

| | | | |
|------|------------------|--------|---|
| 2247 | Recode 37(13) | | DOING LIGHT HOUSEWORK - HELPER #2 |
| | | 775 | 1. Helped with this activity |
| | | 1,782 | 2. Did not help with this activity |
| | | 24 | 3. Unknown if helped with this activity |
| | | 13,533 | Blank. NA (No helper) |

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Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|--------------------|-----------|---|
| (2198-2257) | Recode 37(1-15) | | ACTIVITIES HELPED WITH: - Continued |
| 2248 | Recode 37(13) | | DOING LIGHT HOUSEWORK - HELPER #3 |
| | | 293 | 1. Helped with this activity |
| | | 663 | 2. Did not help with this activity |
| | | 22 | 3. Unknown if helped with this activity |
| | | 15,136 | Blank. NA (No helper) |
| 2249 | Recode 37(13) | | DOING LIGHT HOUSEWORK - HELPER #4 |
| | | 77 | 1. Helped with this activity |
| | | 242 | 2. Did not help with this activity |
| | | 12 | 3. Unknown if helped with this activity |
| | | 15,783 | Blank. NA (No helper) |
| 2250 | Recode 37(14) | | GETTING TO PLACES - HELPER #1 |
| | | 2,247 | 1. Helped with this activity |
| | | 3,424 | 2. Did not help with this activity |
| | | 212 | 3. Unknown if helped with this activity |
| | | 10,231 | Blank. NA (No helper) |
| 2251 | Recode 37(14) | | GETTING TO PLACES - HELPER #2 |
| | | 986 | 1. Helped with this activity |
| | | 1,571 | 2. Did not help with this activity |

24 3. Unknown if helped with
 13,533 Blank. NA (No helper)

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|--------------------|-----------|--|
| (2198-2257) | Recode 37(1-15) | | ACTIVITIES HELPED WITH: - Continued |
| 2252 | Recode 37(14) | | GETTING TO PLACES - HELPER #3 |
| | | 395 | 1. Helped with this activity |
| | | 561 | 2. Did not help with this activity |
| | | 22 | 3. Unknown if helped with this activity |
| | | 15,136 | Blank. NA (No helper) |
| 2253 | Recode 37(14) | | GETTING TO PLACES - HELPER #4 |
| | | 136 | 1. Helped with this activity |
| | | 183 | 2. Did not help with this activity |
| | | 12 | 3. Unknown if helped with this activity |
| | | 15,783 | Blank. NA (No helper) |
| 2254 | Recode 37(15) | | MANAGING YOUR MEDICATIONS - HELPER #1 |
| | | 956 | 1. Helped with this activity |
| | | 4,715 | 2. Did not help with this activity |
| | | 212 | 3. Unknown if helped with this activity |
| | | 10,231 | Blank. NA (No helper) |
| 2255 | Recode 37(15) | | MANAGING YOUR MEDICATIONS - HELPER #2 |
| | | 315 | 1. Helped with this activity |
| | | 2,242 | 2. Did not help with this activity |
| | | 24 | 3. Unknown if helped with this activity |
| | | 13,533 | Blank. NA (No helper) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|--------------------|-----------|--|
| (2198-2257) | Recode 37(1-15) | | ACTIVITIES HELPED WITH: - Continued |
| 2256 | Recode 37(15) | | MANAGING YOUR MEDICATIONS - HELPER #3 |
| | | 125 | 1. Helped with this activity |
| | | 831 | 2. Did not help with this activity |
| | | 22 | 3. Unknown if helped with this activity |
| | | 15,136 | Blank. NA (No helper) |
| 2257 | Recode 37(15) | | MANAGING YOUR MEDICATIONS - HELPER #4 |
| | | 46 | 1. Helped with this activity |
| | | 273 | 2. Did not help with this activity |
| | | 12 | 3. Unknown if helped with this activity |
| | | 15,783 | Blank. NA (No helper) |
| 2258-2260 | | | BLANK |
| 1 | Notes: | | -476- |
| 1 | | | -477- |

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2261 | 1 | | DID YOU GET ANY MEDICAL TREATMENTS AT HOME |
| | | 1,035 | 1. Yes |
| | | 14,711 | 2. No |
| | | 125 | 8. Not ascertained |
| | | 25 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| 2262 | 2 | | DO YOU NEED HELP WITH |

MEDICAL TREATMENTS AT HOME

| | |
|--------|---|
| 57 | 1. Yes |
| 969 | 2. No |
| 3 | 8. Not ascertained |
| 6 | 9. DK or refused |
| 15,079 | Blank. NA (Institutionalized; No or DK if received any medical treatments in past 3 months) |

2263 3

EXPERIENCED PROBLEMS BECAUSE DID NOT HAVE ENOUGH HELP WITH HOME MEDICAL TREATMENTS

| | |
|--------|---|
| 32 | 1. Yes |
| 24 | 2. No |
| 1 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 16,057 | Blank. NA (Institutionalized; No or DK if received any medical treatments in past 3 months; No or DK if need more help with medical treatments at home) |

2264 4

DO FAMILY MEMBERS OR FRIENDS HELP WITH MEDICAL TREATMENTS AT HOME

| | |
|--------|---|
| 408 | 1. Yes |
| 623 | 2. No |
| 4 | 8. Not ascertained |
| 0 | 9. DK or refused |
| 15,079 | Blank. NA (Institutionalized; No or DK if received any medical treatments in past 3 months) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2265 | 5 | | HAVE FAMILY MEMBERS OR FRIENDS BEEN TRAINED BY A HEALTH CARE PROFESSIONAL TO ADMINISTER MEDICAL TREATMENTS |
| | | 192 | 1. Yes, all have been trained |
| | | 64 | 2. Yes, some have been trained |
| | | 148 | 3. No, none have been trained |
| | | 0 | 8. Not ascertained |

| | | |
|--------|--------|---|
| 4 | 9. | DK or refused |
| 15,706 | Blank. | NA (Institutionalized; No or DK if received any medical treatments in past 3 months; No or DK if family members help with medical treatments at home) |

| | | | |
|------|----|--------|--|
| 2266 | 6a | | RECEIVE HOME MEDICAL TREATMENTS FROM FRIENDS OR RELATIVES YOU FEEL SHOULD BE ADMINISTERED BY A HEALTH PROFESSIONAL |
| | | 16 | 1. Yes |
| | | 392 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,706 | Blank. NA (Institutionalized; No or DK if received any medical treatments in past 3 months; No or DK if family members help with medical treatments at home) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2267-2273) | 6b(1-7) | | NOT GETTING HELP FROM A HEALTH PROFESSIONAL BECAUSE: (Received home medical treatment in past 3 months by friends/family members which should have been administered by health professional; Q 6a = 1) |
| 2267 | 6b(1) | | DON'T KNOW WHERE TO GO FOR HELP |
| | | 4 | 1. Mentioned |
| | | 12 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,098 | Blank. NA (Institutionalized, etc.) |
| 2268 | 6b(2) | | LOOKED FOR HELP, HELP NOT AVAILABLE |
| | | 4 | 1. Mentioned |
| | | 12 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,098 | Blank. NA (Institutionalized, etc.) |

| | | | |
|------|-------|--------|-------------------------------------|
| 2269 | 6b(3) | | NO INSURANCE COVERAGE |
| | | 7 | 1. Mentioned |
| | | 9 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,098 | Blank. NA (Institutionalized, etc.) |

| | | | |
|------|-------|--------|--|
| 2270 | 6b(4) | | CANNOT AFFORD, EVEN WITH INSURANCE COVERAGE |
| | | 9 | 1. Mentioned |
| | | 7 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,098 | Blank. NA (Institutionalized, etc.) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (2267-2273) | 6b(1-7) | | NOT GETTING HELP FROM A HEALTH PROFESSIONAL BECAUSE:- Continued (Received home medical treatment in past 3 months by friends/family members which should have been administered by health professional; Q 6a = 1) |
| 2271 | 6b(5) | | DON'T WANT THE TREATMENT |
| | | 1 | 1. Mentioned |
| | | 15 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,098 | Blank. NA (Institutionalized, etc.) |
| 2272 | 6b(6) | | GETTING NEW HELPER/IN BETWEEN HELPERS |
| | | 2 | 1. Mentioned |
| | | 14 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,098 | Blank. NA (Institutionalized, etc.) |
| 2273 | 6b(7) | | OTHER |

| | | |
|--------|--------|---|
| 104 | 2. | Not mentioned |
| 3 | 8. | No answer to entire question |
| 6 | 9. | DK or refused (entire question) |
| 15,957 | Blank. | NA (Institutionalized; No or DK if gets the prescribed home medical treatments) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (2275-2281) | 8(1-7) | | NOT GETTING THIS TREATMENT BECAUSE:- Continued |
| 2278 | 8(4) | | CANNOT AFFORD, EVEN WITH WITH INSURANCE COVERAGE |
| | | 61 | 1. Mentioned |
| | | 87 | 2. Not mentioned |
| | | 3 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 15,957 | Blank. NA (Institutionalized; No or DK if gets the prescribed home medical treatments) |
| 2279 | 8(5) | | DON'T WANT THE TREATMENT |
| | | 20 | 1. Mentioned |
| | | 128 | 2. Not mentioned |
| | | 3 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 15,957 | Blank. NA (Institutionalized; No or DK if gets the prescribed home medical treatments) |
| 2280 | 8(6) | | GETTING NEW HELPER/IN BETWEEN HELPERS |
| | | 1 | 1. Mentioned |
| | | 147 | 2. Not mentioned |
| | | 3 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 15,957 | Blank. NA (Institutionalized; No or DK if gets the prescribed home medical treatments) |
| 2281 | 8(7) | | OTHER |
| | | 44 | 1. Mentioned |

| | | |
|--------|--------|---|
| 104 | 2. | Not mentioned |
| 3 | 8. | No answer to entire question |
| 6 | 9. | DK or refused (entire question) |
| 15,957 | Blank. | NA (Institutionalized; No or DK if gets the prescribed home medical treatments) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 2282 | 9 | | NUMBER OF PRESCRIPTION MEDICINES ARE YOU SUPPOSED TO USE |
| | | 4,525 | 0. None |
| | | 4,913 | 1. One or two |
| | | 4,285 | 2. Three-five |
| | | 1,534 | 3. Six-nine |
| | | 400 | 4. Ten or more |
| | | 117 | 8. Not ascertained |
| | | 122 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| 2283 | 10 | | TAKE MEDICINE(S) AS PRESCRIBED |
| | | 9,662 | 1. All of the time |
| | | 1,055 | 2. Most of the time |
| | | 328 | 3. Some of the time |
| | | 85 | 4. Rarely |
| | | 70 | 5. Never |
| | | 119 | 8. Not ascertained |
| | | 52 | 9. DK or refused |
| | | 4,743 | Blank. NA (Institutionalized; uses no prescription medicine) |
| (2284-2291) | 11(a-h) | | ANY REQUIRED PRESCRIPTION(S) WHICH YOU: |
| 2284 | 11a | | DID NOT GET WHEN FIRST PRESCRIBED BECAUSE OF COST |
| | | 324 | 1. Yes |
| | | 1,223 | 2. No |
| | | 125 | 8. Not ascertained |
| | | 37 | 9. DK or refused |
| | | 14,405 | Blank. NA (Institutionalized; uses no prescription medicine; uses medicine) |

as prescribed all the time)

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2284-2291) | 11(a-h) | | ANY REQUIRED PRESCRIPTION(S) WHICH YOU:- Continued |
| 2285 | 11b | | DID NOT GET ENTIRE PRESCRIPTION FILLED BECAUSE OF COST |
| | | 320 | 1. Yes |
| | | 1,225 | 2. No |
| | | 129 | 8. Not ascertained |
| | | 35 | 9. DK or refused |
| | | 14,405 | Blank. NA (Institutionalized; uses no prescription medicine; uses medicine as prescribed all the time) |
| 2286 | 11c | | DID NOT REFILL WHEN RAN OUT BECAUSE OF COST |
| | | 383 | 1. Yes |
| | | 1,164 | 2. No |
| | | 126 | 8. Not ascertained |
| | | 36 | 9. DK or refused |
| | | 14,405 | Blank. NA (Institutionalized; uses no prescription medicine; uses medicine as prescribed all the time) |
| 2287 | 11d | | USE LESS OFTEN THAN PRESCRIBED TO STRETCH THEM OUT BECAUSE OF COST |
| | | 375 | 1. Yes |
| | | 1,166 | 2. No |
| | | 127 | 8. Not ascertained |
| | | 41 | 9. DK or refused |
| | | 14,405 | Blank. NA (Institutionalized; uses no prescription medicine; uses medicine as prescribed all the time) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2284-2291) | 11(a-h) | | ANY REQUIRED PRESCRIPTION(S) WHICH YOU:- Continued |
| 2288 | 11e | | SOMETIMES FORGET TO USE |
| | | 731 | 1. Yes |
| | | 809 | 2. No |
| | | 129 | 8. Not ascertained |
| | | 40 | 9. DK or refused |
| | | 14,405 | Blank. NA (Institutionalized; uses no prescription medicine; uses medicine as prescribed all the time) |
| 2289 | 11f | | DON'T USE AS PRESCRIBED BECAUSE OF SIDE EFFECTS |
| | | 358 | 1. Yes |
| | | 1,184 | 2. No |
| | | 127 | 8. Not ascertained |
| | | 40 | 9. DK or refused |
| | | 14,405 | Blank. NA (Institutionalized; uses no prescription medicine; uses medicine as prescribed all the time) |
| 2290 | 11g | | CANNOT PICK UP FROM DRUG STORE OR GET DELIVERED |
| | | 54 | 1. Yes |
| | | 1,493 | 2. No |
| | | 126 | 8. Not ascertained |
| | | 36 | 9. DK or refused |
| | | 14,405 | Blank. NA (Institutionalized; uses no prescription medicine; uses medicine as prescribed all the time) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

(2284-2291) 11(a-h) ANY REQUIRED PRESCRIPTION(S)
WHICH YOU:- Continued

2291 11h DON'T USE BECAUSE YOU
THINK YOU DON'T NEED IT

| | |
|--------|---|
| 350 | 1. Yes |
| 1,189 | 2. No |
| 123 | 8. Not ascertained |
| 47 | 9. DK or refused |
| 14,405 | Blank. NA (Institutionalized; uses no prescription medicine; uses medicine as prescribed all the time) |

2292 12 EXPERIENCED ANY PROBLEMS
BECAUSE YOU FORGOT TO USE
YOUR MEDICINE OR DIDN'T USE
YOUR MEDICINE AS PRESCRIBED

| | |
|--------|---|
| 517 | 1. Yes |
| 1,015 | 2. No |
| 122 | 8. Not ascertained |
| 55 | 9. DK or refused |
| 14,405 | Blank. NA (Institutionalized; uses no prescription medicine; uses medicine as prescribed all the time) |

(2293-2303) 13(1-11) PROBLEMS EXPERIENCED:
(Use 1 or more prescription
medicines, not as prescribed
all of the time, experience
problems when medicine not
not used as prescribed/forgot
to use); Q 12 = 1

2293 13(1) PAIN/DISCOMFORT

| | |
|--------|-------------------------------------|
| 241 | 1. Mentioned |
| 269 | 2. Not mentioned |
| 0 | 8. No answer to entire question |
| 7 | 9. DK or refused (entire question) |
| 15,597 | Blank. NA (Institutionalized, etc.) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

(2293-2303) 13(1-11) PROBLEMS EXPERIENCED:

- Continued
 (Use 1 or more prescription
 medicines, not as prescribed
 all of the time, experience
 problems when medicine not
 not used as prescribed/forgot
 to use); Q 12 = 1

| | | | |
|------|-------|--------|-------------------------------------|
| 2294 | 13(2) | | DIZZINESS/FAINTING |
| | | 116 | 1. Mentioned |
| | | 394 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,597 | Blank. NA (Institutionalized, etc.) |

| | | | |
|------|-------|--------|-------------------------------------|
| 2295 | 13(3) | | DISORIENTATION |
| | | 71 | 1. Mentioned |
| | | 439 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,597 | Blank. NA (Institutionalized, etc.) |

| | | | |
|------|-------|--------|-------------------------------------|
| 2296 | 13(4) | | OVERDOSE/WITHDRAWAL |
| | | 24 | 1. Mentioned |
| | | 486 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,597 | Blank. NA (Institutionalized, etc.) |

| | | | |
|------|-------|--------|--|
| 2297 | 13(5) | | CHANGE IN BLOOD PRESSURE BREATHING OR OTHER VITAL SIGNS |
| | | 104 | 1. Mentioned |
| | | 406 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,597 | Blank. NA (Institutionalized, etc.) |

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Section I - Other Services

| Tape | Item No. | Frequency | Items and Codes |
|------|----------|-----------|-----------------|
|------|----------|-----------|-----------------|

| | | | |
|-------------|----------|--|---|
| (2293-2303) | 13(1-11) | | PROBLEMS EXPERIENCED: - Continued (Use 1 or more prescription medicines, not as prescribed |
|-------------|----------|--|---|

all of the time, experience
 problems when medicine not
 not used as prescribed/forgot
 to use); Q 12 = 1

| | | | |
|------|-------|--------|--|
| 2298 | 13(6) | | CONDITION FOR WHICH MEDICINE PRESCRIBED GOT WORSE |
| | | 188 | 1. Mentioned |
| | | 322 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,597 | Blank. NA (Institutionalized, etc.) |

| | | | |
|------|-------|--------|-------------------------------------|
| 2299 | 13(7) | | OTHER CONDITION(S) GOT WORSE |
| | | 56 | 1. Mentioned |
| | | 454 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,597 | Blank. NA (Institutionalized, etc.) |

| | | | |
|------|-------|--------|-------------------------------------|
| 2300 | 13(8) | | HAD TO BE ADMITTED TO HOSPITAL |
| | | 43 | 1. Mentioned |
| | | 467 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,597 | Blank. NA (Institutionalized, etc.) |

| | | | |
|------|-------|--------|--|
| 2301 | 13(9) | | HAD TO GO TO DOCTOR/ EMERGENCY ROOM |
| | | 58 | 1. Mentioned |
| | | 452 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,597 | Blank. NA (Institutionalized, etc.) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

| | | | |
|-------------|----------|--|--|
| (2293-2303) | 13(1-11) | | PROBLEMS EXPERIENCED: - Continued (Use 1 or more prescription medicines, not as prescribed all of the time, experience problems when medicine not |
|-------------|----------|--|--|

not used as prescribed/forgot
to use); Q 12 = 1

| | | | |
|------|--------|--------|-------------------------------------|
| 2302 | 13(10) | | DRUG REACTION |
| | | 29 | 1. Mentioned |
| | | 481 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,597 | Blank. NA (Institutionalized, etc.) |

| | | | |
|------|--------|--------|-------------------------------------|
| 2303 | 13(11) | | OTHER |
| | | 106 | 1. Mentioned |
| | | 404 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,597 | Blank. NA (Institutionalized, etc.) |

| | | | |
|-----------|--------|-------|--|
| 2304-2305 | Recode | | NUMBER OF PROBLEMS EXPERIENCED BY NOT TAKING MEDICATIONS AS PRESCRIBED |
| | | 1,525 | 00-11. Number of problems |
| | | 4,525 | 90. Inapp./No prescription medication taken |
| | | 9,662 | 91. Use medicine as prescribed all the time |
| | | 7 | 98. Experienced problems, unknown what problems |
| | | 177 | 99. Unknown if experienced problems |
| | | 218 | Blank. NA (Institutionalized) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 2306 | 14 | | DO YOU RECEIVE HELP USING YOUR MEDICATION(S) OR DO YOU USE ALL OF YOUR MEDICINE BY YOURSELF |
| | | 1,455 | 1. Receive help |
| | | 9,751 | 2. All by self |
| | | 130 | 8. Not ascertained |
| | | 35 | 9. DK or refused |
| | | 4,743 | Blank. NA (Institutionalized; uses no prescription medicine) |

| | | | |
|------|----|--------|--|
| 2307 | 15 | | NEED (MORE) HELP WITH YOUR MEDICINE (NOT FINANCIAL) |
| | | 148 | 1. Yes |
| | | 11,040 | 2. No |
| | | 142 | 8. Not ascertained |
| | | 41 | 9. DK or refused |
| | | 4,743 | Blank. NA (Institutionalized; uses no prescription medicine) |

| | | | |
|-------------|---------|--------|---|
| (2308-2310) | 16(1-3) | | TYPE OF HELP NEEDED (Use 1 or more prescription medicines, need (more) help with medicine); Q 15 = 1 |
| 2308 | 16(1) | | ORDERING/SHOPPING FOR/ GETTING MEDICINES FROM PHARMACY |
| | | 56 | 1. Mentioned |
| | | 91 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 15,966 | Blank. NA (Institutionalized, etc.) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (2308-2310) | 16(1-3) | | TYPE OF HELP NEEDED - Continued (Use 1 or more prescription medicines, need (more) help with medicine); Q 15 = 1 |
| 2309 | 16(2) | | REMINDER/MONITORING/MEASURING/ SETTING UP/TAKING MEDICINES |
| | | 110 | 1. Mentioned |
| | | 37 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 15,966 | Blank. NA (Institutionalized, etc.) |
| 2310 | 16(3) | | OTHER |
| | | 27 | 1. Mentioned |
| | | 120 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 15,966 | Blank. NA (Institutionalized, etc.) |

| | | | |
|------|----|--------|---|
| 2311 | 17 | | HAVE A GENERAL PRACTITIONER, INTERNIST, OR FAMILY DOCTOR WHOM YOU SEE REGULARLY |
| | | 12,064 | 1. Yes |
| | | 3,629 | 2. No |
| | | 144 | 8. Not ascertained |
| | | 59 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |

| | | | |
|------|----|-------|--|
| 2312 | 18 | | WHICH SEEN MOST OFTEN |
| | | 4,020 | 1. General practitioner |
| | | 2,131 | 2. Internist |
| | | 5,310 | 3. Family doctor |
| | | 494 | 4. DK specialty/title |
| | | 17 | 8. Not ascertained |
| | | 92 | 9. DK which seen most often or refused |
| | | 4,050 | Blank. NA (Institutionalized; No or DK if has a regularly seen doctor) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

| | | | |
|------|----|--------|--|
| 2313 | 19 | | HAVE YOU SEEN THIS PROVIDER IN PAST 12 MONTHS |
| | | 11,071 | 1. Yes |
| | | 949 | 2. No |
| | | 8 | 8. Not ascertained |
| | | 36 | 9. DK or refused |
| | | 4,050 | Blank. NA (Institutionalized; No or DK if has a regularly seen doctor) |

| | | | |
|-----------|----|-------|---|
| 2314-2315 | 20 | | NUMBER OF TIMES YOU HAVE SEEN THIS PROVIDER IN PAST 3 MONTHS |
| | | 2,672 | 00. None |
| | | 8,236 | 01-96. 1-96 times |
| | | 1 | 97. 97+ times |
| | | 1 | 98. Not ascertained |
| | | 161 | 99. DK or refused |
| | | 5,043 | Blank. NA (Institutionalized; No or DK if has a regularly seen |

doctor; No or DK if seen
 provider in past 12 months)

| | | | |
|------|----|-------|---|
| 2316 | 21 | | DID PROVIDER ASK YOU TO MAKE MORE VISITS |
| | | 599 | 1. Yes |
| | | 7,742 | 2. No |
| | | 14 | 8. Not ascertained |
| | | 44 | 9. DK or refused |
| | | 7,715 | Blank. NA (Institutionalized; No or DK if has a regularly seen doctor; No or DK if seen provider in past 12 months; has not seen provider in past 3 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 2317 | 22 | | DID PROVIDER REFER YOU TO ANOTHER DOCTOR OR MEDICAL PROFESSIONAL IN PAST 3 MONTHS |
| | | 3,051 | 1. Yes |
| | | 7,949 | 2. No |
| | | 20 | 8. Not ascertained |
| | | 51 | 9. DK or refused |
| | | 5,043 | Blank. NA (Institutionalized; No or DK if has a regularly seen doctor; No or DK if seen provider in past 12 months) |
| 2318 | 23 | | DID YOU OR WILL YOU GO FOR ANY OF THE VISITS OR TESTS RECOMMENDED BY PROVIDER |
| | | 2,866 | 1. All |
| | | 103 | 2. Some |
| | | 70 | 3. None |
| | | 0 | 8. Not ascertained |
| | | 12 | 9. DK or refused |
| | | 13,063 | Blank. NA (Institutionalized; No or DK if has a regularly seen doctor; No or DK if seen provider in past 12 months; No or DK if referred to another doctor in past 3 months) |

(2319-2333) 24(1-15)

DIDN'T GO FOR RECOMMENDED

VISITS OR TESTS BECAUSE:

| | | | |
|------|-------|--------|---|
| 2319 | 24(1) | | WAITING FOR UPCOMING APPOINTMENT |
| | | 220 | 1. Mentioned |
| | | 368 | 2. Not mentioned |
| | | 92 | 8. No answer to entire question |
| | | 13 | 9. DK or refused (entire question) |
| | | 15,421 | Blank. NA (Institutionalized; No or DK if has a regularly seen doctor; No or DK if seen provider in past 12 months; No or DK if additional visits were recommended) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2319-2333) | 24(1-15) | | DIDN'T GO FOR RECOMMENDED VISITS OR TESTS BECAUSE: - Continued |
| 2320 | 24(2) | | DID NOT LIKE DOCTOR OR DOCTOR'S ADVICE |
| | | 27 | 1. Mentioned |
| | | 561 | 2. Not mentioned |
| | | 92 | 8. No answer to entire question |
| | | 13 | 9. DK or refused (entire question) |
| | | 15,421 | Blank. NA (Institutionalized; No or DK if has a regularly seen doctor; No or DK if seen provider in past 12 months; No or DK if additional visits were recommended) |
| 2321 | 24(3) | | WENT TO ANOTHER DOCTOR INSTEAD |
| | | 11 | 1. Mentioned |
| | | 577 | 2. Not mentioned |
| | | 92 | 8. No answer to entire question |
| | | 13 | 9. DK or refused (entire question) |
| | | 15,421 | Blank. NA (Institutionalized; No or DK if has a regularly seen doctor; No or DK if seen provider in past 12 months; No or DK if additional visits were recommended) |
| 2322 | 24(4) | | PROBLEMS AT PLACE |
| | | 3 | 1. Mentioned |

| | | |
|--------|--------|--|
| 585 | 2. | Not mentioned |
| 92 | 8. | No answer to entire question |
| 13 | 9. | DK or refused (entire question) |
| 15,421 | Blank. | NA (Institutionalized; No or DK if has a regularly seen doctor; No or DK if seen provider in past 12 months; No or DK if additional visits were recommended) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2319-2333) | 24(1-15) | | DIDN'T GO FOR RECOMMENDED VISITS OR TESTS BECAUSE: - Continued |
| 2323 | 24(5) | | CLINIC/OFFICE IN UNSAFE NEIGHBORHOOD |
| | | 0 | 1. Mentioned |
| | | 588 | 2. Not mentioned |
| | | 92 | 8. No answer to entire question |
| | | 13 | 9. DK or refused (entire question) |
| | | 15,421 | Blank. NA (Institutionalized; No or DK if has a regularly seen doctor; No or DK if seen provider in past 12 months; No or DK if additional visits were recommended) |
| 2324 | 24(6) | | NO INSURANCE |
| | | 41 | 1. Mentioned |
| | | 547 | 2. Not mentioned |
| | | 92 | 8. No answer to entire question |
| | | 13 | 9. DK or refused (entire question) |
| | | 15,421 | Blank. NA (Institutionalized; No or DK if has a regularly seen doctor; No or DK if seen provider in past 12 months; No or DK if additional visits were recommended) |
| 2325 | 24(7) | | INSURANCE DID NOT COVER |
| | | 30 | 1. Mentioned |
| | | 558 | 2. Not mentioned |
| | | 92 | 8. No answer to entire question |
| | | 13 | 9. DK or refused (entire question) |
| | | 15,421 | Blank. NA (Institutionalized; No or DK if has a regularly seen doctor; |

No or DK if seen provider in past 12 months; No or DK if additional visits were recommended)

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2319-2333) | 24(1-15) | | DIDN'T GO FOR RECOMMENDED VISITS OR TESTS BECAUSE: - Continued |
| 2326 | 24(8) | | CAN'T AFFORD IT |
| | | 92 | 1. Mentioned |
| | | 496 | 2. Not mentioned |
| | | 92 | 8. No answer to entire question |
| | | 13 | 9. DK or refused (entire question) |
| | | 15,421 | Blank. NA (Institutionalized; No or DK if has a regularly seen doctor; No or DK if seen provider in past 12 months; No or DK if additional visits were recommended) |
| 2327 | 24(9) | | TRANSPORTATION PROBLEM |
| | | 62 | 1. Mentioned |
| | | 526 | 2. Not mentioned |
| | | 92 | 8. No answer to entire question |
| | | 13 | 9. DK or refused (entire question) |
| | | 15,421 | Blank. NA (Institutionalized; No or DK if has a regularly seen doctor; No or DK if seen provider in past 12 months; No or DK if additional visits were recommended) |
| 2328 | 24(10) | | COULD NOT GET CONVENIENT APPOINTMENT |
| | | 23 | 1. Mentioned |
| | | 565 | 2. Not mentioned |
| | | 92 | 8. No answer to entire question |
| | | 13 | 9. DK or refused (entire question) |
| | | 15,421 | Blank. NA (Institutionalized; No or DK if has a regularly seen doctor; No or DK if seen provider in past 12 months; No or DK if additional visits were recommended) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2319-2333) | 24(1-15) | | DIDN'T GO FOR RECOMMENDED VISITS OR TESTS BECAUSE: - Continued |
| 2329 | 24(11) | | THOUGHT PROBLEM WOULD GO AWAY, OR PROBLEM WENT AWAY |
| | | 37 | 1. Mentioned |
| | | 551 | 2. Not mentioned |
| | | 92 | 8. No answer to entire question |
| | | 13 | 9. DK or refused (entire question) |
| | | 15,421 | Blank. NA (Institutionalized; No or DK if has a regularly seen doctor; No or DK if seen provider in past 12 months; No or DK if additional visits were recommended) |
| 2330 | 24(12) | | USED HOME REMEDY |
| | | 9 | 1. Mentioned |
| | | 579 | 2. Not mentioned |
| | | 92 | 8. No answer to entire question |
| | | 13 | 9. DK or refused (entire question) |
| | | 15,421 | Blank. NA (Institutionalized; No or DK if has a regularly seen doctor; No or DK if seen provider in past 12 months; No or DK if additional visits were recommended) |
| 2331 | 24(13) | | HEALTH GOT WORSE |
| | | 8 | 1. Mentioned |
| | | 580 | 2. Not mentioned |
| | | 92 | 8. No answer to entire question |
| | | 13 | 9. DK or refused (entire question) |
| | | 15,421 | Blank. NA (Institutionalized; No or DK if has a regularly seen doctor; No or DK if seen provider in past 12 months; No or DK if additional visits were recommended) |

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2319-2333) | 24(1-15) | | DIDN'T GO FOR RECOMMENDED VISITS OR TESTS BECAUSE: - Continued |
| 2332 | 24(14) | | HEALTH OF OTHER FAMILY MEMBER INTERFERED |
| | | 16 | 1. Mentioned |
| | | 572 | 2. Not mentioned |
| | | 92 | 8. No answer to entire question |
| | | 13 | 9. DK or refused (entire question) |
| | | 15,421 | Blank. NA (Institutionalized; No or DK if has a regularly seen doctor; No or DK if seen provider in past 12 months; No or DK if additional visits were recommended) |
| 2333 | 24(15) | | OTHER REASON |
| | | 170 | 1. Mentioned |
| | | 418 | 2. Not mentioned |
| | | 92 | 8. No answer to entire question |
| | | 13 | 9. DK or refused (entire question) |
| | | 15,421 | Blank. NA (Institutionalized; No or DK if has a regularly seen doctor; No or DK if seen provider in past 12 months; No or DK if additional visits were recommended) |
| 2334 | 25 | | HOW WOULD YOU RATE THIS PROVIDER IN TERMS OF QUALITY OF CARE AND SERVICE |
| | | 6,018 | 1. Excellent |
| | | 4,973 | 2. Good |
| | | 766 | 3. Fair |
| | | 118 | 4. Poor |
| | | 24 | 8. Not ascertained |
| | | 165 | 9. DK or refused |
| | | 4,050 | Blank. NA (Institutionalized; No or DK if has a regularly seen doctor) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|-------------|-----------|-------|--|
| (2335-2356) | 26a(1-22) | | TYPES OF SPECIALISTS REGULARLY SEEN |
| 2335 | 26a(1) | | ALLERGIST/IMMUNOLOGIST |
| | | 205 | 1. Mentioned |
| | | 6,773 | 2. Not mentioned |
| | | 8,617 | 3. None |
| | | 136 | 8. No answer to entire question |
| | | 165 | 9. DK or refused (entire question) |
| | | 218 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|-------|------------------------------------|
| 2336 | 26a(2) | | CARDIOLOGIST |
| | | 1,265 | 1. Mentioned |
| | | 5,713 | 2. Not mentioned |
| | | 8,617 | 3. None |
| | | 136 | 8. No answer to entire question |
| | | 165 | 9. DK or refused (entire question) |
| | | 218 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|-------|------------------------------------|
| 2337 | 26a(3) | | DERMATOLOGIST |
| | | 403 | 1. Mentioned |
| | | 6,575 | 2. Not mentioned |
| | | 8,617 | 3. None |
| | | 136 | 8. No answer to entire question |
| | | 165 | 9. DK or refused (entire question) |
| | | 218 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|-------|------------------------------------|
| 2338 | 26a(4) | | ENDOCRINOLOGIST |
| | | 145 | 1. Mentioned |
| | | 6,833 | 2. Not mentioned |
| | | 8,617 | 3. None |
| | | 136 | 8. No answer to entire question |
| | | 165 | 9. DK or refused (entire question) |
| | | 218 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

| | | | |
|-------------|-----------|--|--|
| (2335-2356) | 26a(1-22) | | TYPES OF SPECIALISTS REGULARLY SEEN - Continued |
|-------------|-----------|--|--|

| | | | |
|------|--------|-------|------------------------------------|
| 2339 | 26a(5) | | GASTROENTEROLOGIST |
| | | 340 | 1. Mentioned |
| | | 6,638 | 2. Not mentioned |
| | | 8,617 | 3. None |
| | | 136 | 8. No answer to entire question |
| | | 165 | 9. DK or refused (entire question) |
| | | 218 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|-------|------------------------------------|
| 2340 | 26a(6) | | HEMATOLOGIST |
| | | 91 | 1. Mentioned |
| | | 6,887 | 2. Not mentioned |
| | | 8,631 | 3. None |
| | | 136 | 8. No answer to entire question |
| | | 165 | 9. DK or refused (entire question) |
| | | 218 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|-------|------------------------------------|
| 2341 | 26a(7) | | NEPHROLOGIST |
| | | 166 | 1. Mentioned |
| | | 6,812 | 2. Not mentioned |
| | | 8,617 | 3. None |
| | | 136 | 8. No answer to entire question |
| | | 165 | 9. DK or refused (entire question) |
| | | 218 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|-------|------------------------------------|
| 2342 | 26a(8) | | NEUROLOGIST/NEUROPATHOLOGIST |
| | | 618 | 1. Mentioned |
| | | 6,360 | 2. Not mentioned |
| | | 8,617 | 3. None |
| | | 136 | 8. No answer to entire question |
| | | 165 | 9. DK or refused (entire question) |
| | | 218 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2335-2356) | 26a(1-22) | | TYPES OF SPECIALISTS REGULARLY SEEN - Continued |
| 2343 | 26a(9) | | NEUROSURGEON |
| | | 140 | 1. Mentioned |
| | | 6,838 | 2. Not mentioned |
| | | 8,617 | 3. None |
| | | 136 | 8. No answer to entire question |

165 9. DK or refused (entire question)
 218 Blank. NA (Institutionalized)

2344 26a(10) OBSTETRICIAN/GYNECOLOGIST

959 1. Mentioned
 6,019 2. Not mentioned
 8,617 3. None
 136 8. No answer to entire question
 165 9. DK or refused (entire question)
 218 Blank. NA (Institutionalized)

2345 26a(11) ONCOLOGIST

378 1. Mentioned
 6,600 2. Not mentioned
 8,617 3. None
 136 8. No answer to entire question
 165 9. DK or refused (entire question)
 218 Blank. NA (Institutionalized)

2346 26a(12) OPHTHALMOLOGIST

1,497 1. Mentioned
 5,481 2. Not mentioned
 8,617 3. None
 136 8. No answer to entire question
 165 9. DK or refused (entire question)
 218 Blank. NA (Institutionalized)

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|---|--|
| (2335-2356) | 26a(1-22) | | TYPES OF SPECIALISTS REGULARLY SEEN - Continued |
| 2347 | 26a(13) | | ORTHOPEDIST/ORTHOPEDIC SURGEON |
| | | 966 1. Mentioned 6,012 2. Not mentioned 8,617 3. None 136 8. No answer to entire question 165 9. DK or refused (entire question) 218 Blank. NA (Institutionalized) | |
| 2348 | 26a(14) | | OTORHINOLARYNGOLOGIST |

| | |
|-------|------------------------------------|
| 306 | 1. Mentioned |
| 6,672 | 2. Not mentioned |
| 8,617 | 3. None |
| 136 | 8. No answer to entire question |
| 165 | 9. DK or refused (entire question) |
| 218 | Blank. NA (Institutionalized) |

| | | |
|------|---------|---|
| 2349 | 26a(15) | PHYSICAL MEDICINE/ REHAB. SPECIALIST |
|------|---------|---|

| | |
|-------|------------------------------------|
| 174 | 1. Mentioned |
| 6,804 | 2. Not mentioned |
| 8,617 | 3. None |
| 136 | 8. No answer to entire question |
| 165 | 9. DK or refused (entire question) |
| 218 | Blank. NA (Institutionalized) |

| | | |
|------|---------|------------|
| 2350 | 26a(16) | PODIATRIST |
|------|---------|------------|

| | |
|-------|------------------------------------|
| 332 | 1. Mentioned |
| 6,646 | 2. Not mentioned |
| 8,617 | 3. None |
| 136 | 8. No answer to entire question |
| 165 | 9. DK or refused (entire question) |
| 218 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2335-2356) | 26a(1-22) | | TYPES OF SPECIALISTS REGULARLY SEEN - Continued |
| 2351 | 26a(17) | | PSYCHIATRIST |
| | | 649 | 1. Mentioned |
| | | 6,329 | 2. Not mentioned |
| | | 8,617 | 3. None |
| | | 136 | 8. No answer to entire question |
| | | 165 | 9. DK or refused (entire question) |
| | | 218 | Blank. NA (Institutionalized) |
| 2352 | 26a(18) | | PULMONARY/LUNG SPECIALIST |
| | | 275 | 1. Mentioned |
| | | 6,703 | 2. Not mentioned |
| | | 8,617 | 3. None |
| | | 136 | 8. No answer to entire question |
| | | 165 | 9. DK or refused (entire question) |

218 Blank. NA (Institutionalized)

| | | | |
|------|---------|-------|------------------------------------|
| 2353 | 26a(19) | | RADIOLOGIST |
| | | 95 | 1. Mentioned |
| | | 6,883 | 2. Not mentioned |
| | | 8,617 | 3. None |
| | | 136 | 8. No answer to entire question |
| | | 165 | 9. DK or refused (entire question) |
| | | 218 | Blank. NA (Institutionalized) |

| | | | |
|------|---------|-------|------------------------------------|
| 2354 | 26a(20) | | RHEUMATOLOGIST |
| | | 331 | 1. Mentioned |
| | | 6,647 | 2. Not mentioned |
| | | 8,617 | 3. None |
| | | 136 | 8. No answer to entire question |
| | | 165 | 9. DK or refused (entire question) |
| | | 218 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|-------------|-----------|--|--|
| (2335-2356) | 26a(1-22) | | TYPES OF SPECIALISTS REGULARLY SEEN - Continued |
|-------------|-----------|--|--|

| | | | |
|------|---------|-------|------------------------------------|
| 2355 | 26a(21) | | UROLOGIST |
| | | 534 | 1. Mentioned |
| | | 6,444 | 2. Not mentioned |
| | | 8,617 | 3. None |
| | | 136 | 8. No answer to entire question |
| | | 165 | 9. DK or refused (entire question) |
| | | 218 | Blank. NA (Institutionalized) |

| | | | |
|------|---------|-------|------------------------------------|
| 2356 | 26a(22) | | OTHER |
| | | 766 | 1. Mentioned |
| | | 6,212 | 2. Not mentioned |
| | | 8,617 | 3. None |
| | | 136 | 8. No answer to entire question |
| | | 165 | 9. DK or refused (entire question) |
| | | 218 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 2357-2358 | 26b | | TYPES OF SPECIALISTS SEEN MOST OFTEN |
| | | 138 | 01. Allergist/Immunologist |
| | | 970 | 02. Cardiologist |
| | | 199 | 03. Dermatologist |
| | | 84 | 04. Endocrinologist |
| | | 182 | 05. Gastroenterologist |
| | | 50 | 06. Hematologist |
| | | 111 | 07. Nephrologist |
| | | 403 | 08. Neurologist/Neuropathologist |
| | | 80 | 09. Neurosurgeon |
| | | 628 | 10. Obstetrician/Gynecologist |
| | | 270 | 11. Oncologist |
| | | 913 | 12. Ophthalmologist |
| | | 677 | 13. Orthopedist/Orthopedic Surgeon |
| | | 162 | 14. Otorhinolaryngologist |
| | | 98 | 15. Physical medicine/Rehab. specialist |
| | | 169 | 16. Podiatrist |
| | | 544 | 17. Psychiatrist |
| | | 178 | 18. Pulmonary/Lung specialist |
| | | 19 | 19. Radiologist |
| | | 226 | 20. Rheumatologist |
| | | 300 | 21. Urologist |
| | | 502 | 22. Other |
| | | 75 | 23. Two or more specialists given. Unknown which one is seen most |
| | | 8,617 | 33. None |
| | | 136 | 88. No specialist ascertained |
| | | 165 | 99. DK/refused specialist |
| | | 218 | Blank. NA (Institutionalized) |
| 2359 | 27 | | WAS SPECIALIST SEEN IN PAST 12 MONTHS |
| | | 6,637 | 1. Yes |
| | | 470 | 2. No |
| | | 132 | 8. Not ascertained |
| | | 40 | 9. DK or refused |
| | | 8,835 | Blank. NA (Institutionalized; No specialist seen regularly) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2360-2361 | 28 | | NUMBER OF TIMES SPECIALIST WAS SEEN IN PAST 3 MONTHS |
| | | 1,757 | 00. None |
| | | 2,279 | 01. Only while overnight patient |
| | | 2,487 | 02-96. 2-96 times |
| | | 1 | 97. 97+ times |
| | | 11 | 98. Not ascertained |
| | | 102 | 99. DK or refused |
| | | 9,477 | Blank. NA (Institutionalized; No specialist seen regularly; No or DK if seen specialist in past 12 months) |
| 2362 | 29 | | DID SPECIALIST ASK THAT YOU MAKE MORE VISITS THAN YOU ALREADY HAVE |
| | | 549 | 1. Yes |
| | | 4,755 | 2. No |
| | | 153 | 8. Not ascertained |
| | | 65 | 9. DK or refused |
| | | 10,592 | Blank. NA (Institutionalized; No specialist seen regularly; hasn't seen specialist in past 3 months) |
| 2363 | 30 | | DID SPECIALIST REFER YOU TO ANOTHER DOCTOR/SPECIALIST OR SEND YOU FOR TESTS/X-RAYS |
| | | 1,272 | 1. Yes |
| | | 5,774 | 2. No |
| | | 163 | 8. Not ascertained |
| | | 70 | 9. DK or refused |
| | | 8,835 | Blank. NA (Institutionalized; No specialist seen regularly) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2364 | 31 | | DID YOU OR WILL YOU GO FOR ANY OF THE VISITS OR TESTS RECOMMENDED BY THIS SPECIALIST |

| | | |
|--------|--------|---|
| 1,169 | 1. | All |
| 59 | 2. | Some |
| 35 | 3. | None |
| 1 | 8. | Not ascertained |
| 8 | 9. | DK or refused |
| 14,842 | Blank. | NA (Institutionalized; No specialist seen regularly; No or DK if was referred to another provider in past 3 months) |

(2365-2379) 32(1-15)

DIDN'T GO FOR (ALL) RECOMMENDED VISITS OR TESTS BECAUSE:

2365 32(1)

WAITING FOR UPCOMING APPOINTMENT

| | | |
|--------|--------|--|
| 256 | 1. | Mentioned |
| 239 | 2. | Not mentioned |
| 93 | 8. | No answer to entire question |
| 9 | 9. | DK or refused (entire question) |
| 15,517 | Blank. | NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist) |

2366 32(2)

DID NOT LIKE DOCTOR OR DOCTOR'S ADVICE

| | | |
|--------|--------|--|
| 32 | 1. | Mentioned |
| 463 | 2. | Not mentioned |
| 93 | 8. | No answer to entire question |
| 9 | 9. | DK or refused (entire question) |
| 15,517 | Blank. | NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2365-2379) | 32(1-15) | | DIDN'T GO FOR (ALL) RECOMMENDED VISITS OR TESTS BECAUSE:- Continued |
| 2367 | 32(3) | | WENT TO ANOTHER DOCTOR INSTEAD |
| | | 11 | 1. Mentioned |
| | | 484 | 2. Not mentioned |
| | | 93 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,517 | Blank. NA (Institutionalized; No |

specialist seen regularly;
 No or DK if additional visits
 were recommended by specialist)

| | | | |
|------|-------|--------|--|
| 2368 | 32(4) | | PROBLEMS AT PLACE |
| | | 7 | 1. Mentioned |
| | | 488 | 2. Not mentioned |
| | | 93 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,517 | Blank. NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist) |

| | | | |
|------|-------|--------|--|
| 2369 | 32(5) | | CLINIC/OFFICE IN UNSAFE NEIGHBORHOOD |
| | | 1 | 1. Mentioned |
| | | 494 | 2. Not mentioned |
| | | 93 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,517 | Blank. NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (2365-2379) | 32(1-15) | | DIDN'T GO FOR (ALL) RECOMMENDED VISITS OR TESTS BECAUSE:- Continued |
| 2370 | 32(6) | | NO INSURANCE |
| | | 20 | 1. Mentioned |
| | | 475 | 2. Not mentioned |
| | | 93 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,517 | Blank. NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist) |
| 2371 | 32(7) | | INSURANCE DID NOT COVER |
| | | 28 | 1. Mentioned |
| | | 467 | 2. Not mentioned |

| | | |
|--------|--------|--|
| 93 | 8. | No answer to entire question |
| 9 | 9. | DK or refused (entire question) |
| 15,517 | Blank. | NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist) |

| | | | |
|------|-------|--------|---|
| 2372 | 32(8) | | CAN'T AFFORD IT |
| | | 64 | 1. Mentioned |
| | | 431 | 2. Not mentioned |
| | | 93 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,517 | Blank. NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2365-2379) | 32(1-15) | | DIDN'T GO FOR (ALL) RECOMMENDED VISITS OR TESTS BECAUSE:- Continued |
| 2373 | 32(9) | | TRANSPORTATION PROBLEM |
| | | 22 | 1. Mentioned |
| | | 473 | 2. Not mentioned |
| | | 93 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,517 | Blank. NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist) |
| 2374 | 32(10) | | COULD NOT GET CONVENIENT APPOINTMENT |
| | | 13 | 1. Mentioned |
| | | 482 | 2. Not mentioned |
| | | 93 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,517 | Blank. NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist) |
| 2375 | 32(11) | | THOUGHT PROBLEM WOULD GO AWAY, OR PROBLEM WENT AWAY |

| | | |
|--------|--------|--|
| 25 | 1. | Mentioned |
| 470 | 2. | Not mentioned |
| 93 | 8. | No answer to entire question |
| 9 | 9. | DK or refused (entire question) |
| 15,517 | Blank. | NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2365-2379) | 32(1-15) | | DIDN'T GO FOR (ALL) RECOMMENDED VISITS OR TESTS BECAUSE:- Continued |
| 2376 | 32(12) | | USED HOME REMEDY |
| | | 6 | 1. Mentioned |
| | | 489 | 2. Not mentioned |
| | | 93 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,517 | Blank. NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist) |
| 2377 | 32(13) | | HEALTH GOT WORSE |
| | | 12 | 1. Mentioned |
| | | 483 | 2. Not mentioned |
| | | 93 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,517 | Blank. NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist) |
| 2378 | 32(14) | | HEALTH OF OTHER FAMILY MEMBER INTERFERED |
| | | 7 | 1. Mentioned |
| | | 488 | 2. Not mentioned |
| | | 93 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,517 | Blank. NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2365-2379) | 32(1-15) | | DIDN'T GO FOR (ALL) RECOMMENDED VISITS OR TESTS BECAUSE:- Continued |
| 2379 | 32(15) | | OTHER REASON |
| | | 101 | 1. Mentioned |
| | | 394 | 2. Not mentioned |
| | | 93 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,517 | Blank. NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist) |
| 2380 | 33 | | HOW WOULD YOU RATE THIS PROVIDER IN TERMS OF QUALITY OF CARE AND SERVICE |
| | | 4,162 | 1. Excellent |
| | | 2,451 | 2. Good |
| | | 295 | 3. Fair |
| | | 98 | 4. Poor |
| | | 141 | 8. Not ascertained |
| | | 132 | 9. DK or refused |
| | | 8,835 | Blank. NA (Institutionalized; No specialist seen regularly) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2381 | Recode | | DOCTOR SEEN REGULARLY |
| | | 2,408 | 0. Has neither GP etc. nor specialist |
| | | 6,160 | 1. Has GP/internist/family doctor only |
| | | 1,178 | 2. Has specialist only |

| | | |
|-------|--------|--|
| 5,766 | 3. | Has GP/internist/family doctor and specialist |
| 138 | 4. | Has GP etc.; unknown if has specialist |
| 34 | 5. | Has specialist; unknown if has GP etc. |
| 43 | 6. | Has no GP etc.; unknown if has specialist |
| 49 | 7. | Has no specialist; unknown if has GP etc. |
| 120 | 9. | Unknown information on sources of medical care |
| 218 | Blank. | NA (Institutionalized) |

(2382-2393) 35(a-1)

HOW WOULD YOU RATE DOCTOR SEEN MOST OFTEN REGARDING:

2382 35a

THOROUGHNESS OF EXAMINATION

| | | |
|-------|--------|--|
| 6,661 | 1. | Excellent |
| 6,149 | 2. | Good |
| 1,047 | 3. | Fair |
| 221 | 4. | Poor |
| 1,079 | 5. | NA |
| 232 | 8. | Not ascertained |
| 376 | 9. | DK or refused |
| 349 | Blank. | NA (Institutionalized; hasn't seen any doctor in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2382-2393) | 35(a-1) | | HOW WOULD YOU RATE DOCTOR SEEN MOST OFTEN REGARDING: - Continued |
| 2383 | 35b | | RESPECT AND ATTENTION TO PRIVACY |
| | | 7,628 | 1. Excellent |
| | | 5,726 | 2. Good |
| | | 589 | 3. Fair |
| | | 143 | 4. Poor |
| | | 1,047 | 5. NA |
| | | 241 | 8. Not ascertained |
| | | 391 | 9. DK or refused |
| | | 349 | Blank. NA (Institutionalized; hasn't seen any doctor in past 12 months) |
| 2384 | 35c | | PERSONAL INTEREST IN YOU |

AND YOUR CONDITION

| | |
|-------|--|
| 7,069 | 1. Excellent |
| 5,729 | 2. Good |
| 1,046 | 3. Fair |
| 283 | 4. Poor |
| 1,027 | 5. NA |
| 245 | 8. Not ascertained |
| 366 | 9. DK or refused |
| 349 | Blank. NA (Institutionalized; hasn't seen any doctor in past 12 months) |

2385 35d

AVAILABILITY IN AN EMERGENCY

| | |
|-------|--|
| 5,131 | 1. Excellent |
| 4,842 | 2. Good |
| 1,047 | 3. Fair |
| 496 | 4. Poor |
| 2,226 | 5. NA |
| 244 | 8. Not ascertained |
| 1,779 | 9. DK or refused |
| 349 | Blank. NA (Institutionalized; hasn't seen any doctor in past 12 months) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

(2382-2393) 35(a-1)

HOW WOULD YOU RATE DOCTOR
SEEN MOST OFTEN REGARDING:
- Continued

2386 35e

OFFICE HOURS FOR APPOINTMENTS

| | |
|-------|--|
| 5,106 | 1. Excellent |
| 7,231 | 2. Good |
| 1,332 | 3. Fair |
| 329 | 4. Poor |
| 1,123 | 5. NA |
| 247 | 8. Not ascertained |
| 397 | 9. DK or refused |
| 349 | Blank. NA (Institutionalized; hasn't seen any doctor in past 12 months) |

2387 35f

ABLE TO RECEIVE ANSWERS TO
QUESTIONS OVER THE TELEPHONE

| | |
|-------|--------------|
| 4,813 | 1. Excellent |
| 5,376 | 2. Good |
| 1,215 | 3. Fair |

| | | |
|-------|--------|---|
| 726 | 4. | Poor |
| 2,238 | 5. | NA |
| 249 | 8. | Not ascertained |
| 1,148 | 9. | DK or refused |
| 349 | Blank. | NA (Institutionalized; hasn't seen any doctor in past 12 months) |

| | | | |
|------|-----|-------|--|
| 2388 | 35g | | ABLE TO MAKE APPOINTMENTS OVER THE TELEPHONE |
| | | 6,214 | 1. Excellent |
| | | 6,581 | 2. Good |
| | | 691 | 3. Fair |
| | | 211 | 4. Poor |
| | | 1,369 | 5. NA |
| | | 253 | 8. Not ascertained |
| | | 446 | 9. DK or refused |
| | | 349 | Blank. NA (Institutionalized; hasn't seen any doctor in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (2382-2393) | 35(a-1) | | HOW WOULD YOU RATE DOCTOR SEEN MOST OFTEN REGARDING: - Continued |
| 2389 | 35h | | WAIT TIME FOR AN APPOINTMENT |
| | | 4,755 | 1. Excellent |
| | | 6,566 | 2. Good |
| | | 1,860 | 3. Fair |
| | | 714 | 4. Poor |
| | | 1,205 | 5. NA |
| | | 245 | 8. Not ascertained |
| | | 420 | 9. DK or refused |
| | | 349 | Blank. NA (Institutionalized; hasn't seen any doctor in past 12 months) |
| 2390 | 35i | | WAIT TIME TO SEE THE DOCTOR |
| | | 4,139 | 1. Excellent |
| | | 6,597 | 2. Good |
| | | 2,397 | 3. Fair |
| | | 977 | 4. Poor |
| | | 1,058 | 5. NA |
| | | 246 | 8. Not ascertained |
| | | 351 | 9. DK or refused |
| | | 349 | Blank. NA (Institutionalized; hasn't |

seen any doctor in past 12 months)

| | | | |
|------|-----|-------|--|
| 2391 | 35j | | LOCATION OF THE OFFICE OR CLINIC |
| | | 4,973 | 1. Excellent |
| | | 7,290 | 2. Good |
| | | 1,398 | 3. Fair |
| | | 456 | 4. Poor |
| | | 1,089 | 5. NA |
| | | 244 | 8. Not ascertained |
| | | 315 | 9. DK or refused |
| | | 349 | Blank. NA (Institutionalized; hasn't seen any doctor in past 12 months) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (2382-2393) | 35(a-1) | | HOW WOULD YOU RATE DOCTOR SEEN MOST OFTEN REGARDING: - Continued |
| 2392 | 35k | | ACCESSIBILITY OF TRANSPORTATION TO THE OFFICE |
| | | 5,690 | 1. Excellent |
| | | 5,625 | 2. Good |
| | | 711 | 3. Fair |
| | | 430 | 4. Poor |
| | | 2,608 | 5. NA |
| | | 245 | 8. Not ascertained |
| | | 456 | 9. DK or refused |
| | | 349 | Blank. NA (Institutionalized; hasn't seen any doctor in past 12 months) |
| 2393 | 35l | | HANDLING OF INSURANCE CLAIMS |
| | | 5,597 | 1. Excellent |
| | | 5,730 | 2. Good |
| | | 525 | 3. Fair |
| | | 276 | 4. Poor |
| | | 2,464 | 5. NA |
| | | 256 | 8. Not ascertained |
| | | 917 | 9. DK or refused |
| | | 349 | Blank. NA (Institutionalized; hasn't seen any doctor in past 12 months) |
| (2394-2396) | 36a-c | | HAS A MEDICAL PROFESSIONAL TOLD YOU THAT BECAUSE YOU |

DIDN'T HAVE FOLLOW-UP CARE:

2394 36a

YOUR CONDITION WORSENER

| | |
|--------|---|
| 667 | 1. Yes |
| 14,645 | 2. No |
| 197 | 8. Not ascertained |
| 256 | 9. DK or refused |
| 349 | Blank. NA (Institutionalized; hasn't seen any doctor in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (2394-2396) | 36a-c | | HAS A MEDICAL PROFESSIONAL TOLD YOU THAT BECAUSE YOU DIDN'T HAVE FOLLOW-UP CARE: - Continued |
| 2395 | 36b | | YOU NEED TO BE HOSPITALIZED |
| | | 371 | 1. Yes |
| | | 14,985 | 2. No |
| | | 197 | 8. Not ascertained |
| | | 212 | 9. DK or refused |
| | | 349 | Blank. NA (Institutionalized; hasn't seen any doctor in past 12 months) |
| 2396 | 36c | | YOU NEED MORE MEDICAL CARE |
| | | 831 | 1. Yes |
| | | 14,509 | 2. No |
| | | 197 | 8. Not ascertained |
| | | 228 | 9. DK or refused |
| | | 349 | Blank. NA (Institutionalized; hasn't seen any doctor in past 12 months) |
| 2397-2400 | | | BLANK |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2401 | 37a | | DID YOU RECEIVE SERVICES FROM PHYSICAL THERAPIST IN PAST 12 MONTHS |
| | | 1,741 | 1. Yes |
| | | 14,010 | 2. No |
| | | 117 | 8. Not ascertained |
| | | 28 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| 2402 | 37b | | DID YOU NEED SERVICES OF PHYSICAL THERAPIST IN PAST 12 MONTHS |
| | | 309 | 1. Yes |
| | | 13,479 | 2. No |
| | | 263 | 8. Not ascertained |
| | | 104 | 9. DK or refused |
| | | 1,959 | Blank. NA (Institutionalized; Received services from provider in past 12 months) |
| 2403-2404 | 38a | | NUMBER OF MONTHS YOU RECEIVED SERVICE(S) IN PAST 12 MONTHS FROM PHYSICAL THERAPIST |
| | | 1,679 | 01-12. 1-12 months |
| | | 15 | 98. Not ascertained |
| | | 47 | 99. DK or refused |
| | | 14,373 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2405-2406 | 38b | | TOTAL NUMBER OF TIMES YOU RECEIVED SERVICE DURING THOSE MONTHS FROM PHYSICAL THERAPIST |
| | | 1,566 | 01-96. 1-96 times |
| | | 57 | 97. 97+ times |
| | | 21 | 98. Not ascertained |
| | | 97 | 99. DK or refused |
| | | 14,373 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2407-2418) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM PHYSICAL THERAPIST IN PAST 12 MONTHS |
| 2407 | 39a(1) | | SELF OR FAMILY IN HH |
| | | 389 | 1. Mentioned |
| | | 1,289 | 2. Not mentioned |
| | | 19 | 3. No one/Free |
| | | 12 | 8. No answer to entire question |
| | | 32 | 9. DK or refused (entire question) |
| | | 14,373 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2408 | 39a(2) | | FAMILY NOT IN HH |
| | | 4 | 1. Mentioned |
| | | 1,674 | 2. Not mentioned |
| | | 19 | 3. No one/Free |
| | | 12 | 8. No answer to entire question |
| | | 32 | 9. DK or refused (entire question) |
| | | 14,373 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2409 | 39a(3) | | PRIVATE HEALTH INSURANCE |
| | | 792 | 1. Mentioned |
| | | 886 | 2. Not mentioned |
| | | 19 | 3. No one/Free |
| | | 12 | 8. No answer to entire question |
| | | 32 | 9. DK or refused (entire question) |
| | | 14,373 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (2407-2418) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM PHYSICAL THERAPIST IN |

PAST 12 MONTHS - Continued

| | | | |
|------|--------|--------|--|
| 2410 | 39a(4) | | MEDICARE |
| | | 593 | 1. Mentioned |
| | | 1,085 | 2. Not mentioned |
| | | 19 | 3. No one/Free |
| | | 12 | 8. No answer to entire question |
| | | 32 | 9. DK or refused (entire question) |
| | | 14,373 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2411 | 39a(5) | | MEDICAID |
| | | 180 | 1. Mentioned |
| | | 1,498 | 2. Not mentioned |
| | | 19 | 3. No one/Free |
| | | 12 | 8. No answer to entire question |
| | | 32 | 9. DK or refused (entire question) |
| | | 14,373 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2412 | 39a(6) | | REHABILITATION PROGRAM |
| | | 15 | 1. Mentioned |
| | | 1,663 | 2. Not mentioned |
| | | 19 | 3. No one/Free |
| | | 12 | 8. No answer to entire question |
| | | 32 | 9. DK or refused (entire question) |
| | | 14,373 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|---|
| (2407-2418) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM PHYSICAL THERAPIST IN PAST 12 MONTHS - Continued |
| 2413 | 39a(7) | | EMPLOYER |
| | | 150 | 1. Mentioned |
| | | 1,528 | 2. Not mentioned |
| | | 19 | 3. No one/Free |
| | | 12 | 8. No answer to entire question |

| | | |
|--------|--------|---|
| 32 | 9. | DK or refused (entire question) |
| 14,373 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2414 | 39a(8) | | SCHOOL SYSTEM |
| | | 4 | 1. Mentioned |
| | | 1,674 | 2. Not mentioned |
| | | 19 | 3. No one/Free |
| | | 12 | 8. No answer to entire question |
| | | 32 | 9. DK or refused (entire question) |
| | | 14,373 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2415 | 39a(9) | | VA PROGRAM |
| | | 45 | 1. Mentioned |
| | | 1,633 | 2. Not mentioned |
| | | 19 | 3. No one/Free |
| | | 12 | 8. No answer to entire question |
| | | 32 | 9. DK or refused (entire question) |
| | | 14,373 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2407-2418) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM PHYSICAL THERAPIST IN PAST 12 MONTHS - Continued |
| 2416 | 39a(10) | | OTHER MILITARY |
| | | 15 | 1. Mentioned |
| | | 1,663 | 2. Not mentioned |
| | | 19 | 3. No one/Free |
| | | 12 | 8. No answer to entire question |
| | | 32 | 9. DK or refused (entire question) |
| | | 14,373 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|---------|--|----------------------|
| 2417 | 39a(11) | | OTHER PRIVATE SOURCE |
|------|---------|--|----------------------|

PAY FOR SERVICE RECEIVED FROM
 PHYSICAL THERAPIST DURING PAST
 12 MONTHS (Self or Family in HH
 a payment source in Q 39a)

| | | |
|--------|--------------|---|
| 17 | 00000. | None |
| 263 | 00001-99996. | 1-99996 Dollars paid |
| 0 | 99997. | 99997+ Dollars paid |
| 18 | 99998. | Not ascertained |
| 91 | 99999. | DK or refused |
| 15,725 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months; self/family in HH not payment source) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 2426 | 40 | | DID YOU RECEIVE SERVICES FROM PHYSICAL THERAPIST (LAST MONTH) |
| | | 507 | 1. Yes |
| | | 1,206 | 2. No |
| | | 17 | 8. Not ascertained |
| | | 11 | 9. DK or refused |
| | | 14,373 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| (2427-2437) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM PHYSICAL THERAPIST IN PAST 12 MONTHS (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2427 | 41(0) | | DIDN'T NEED SERVICES |
| | | 875 | 1. Mentioned |
| | | 587 | 2. Not mentioned |
| | | 34 | 8. No answer to entire question |
| | | 19 | 9. DK or refused (entire question) |
| | | 14,599 | Blank. NA (Institutionalized) |
| 2428 | 41(1) | | PROVIDER THINKS NO LONGER NEEDED |

19 9. DK or refused (entire question)
 14,599 Blank. NA (Institutionalized)

2433 41(6) PROVIDER NOT AVAILABLE

22 1. Mentioned
 1,440 2. Not mentioned
 34 8. No answer to entire question
 19 9. DK or refused (entire question)
 14,599 Blank. NA (Institutionalized)

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|--|---|
| (2427-2437) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM PHYSICAL THERAPIST IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2434 | 41(7) | | DIDN'T LIKE PROVIDER |
| | | 20 1. Mentioned 1,442 2. Not mentioned 34 8. No answer to entire question 19 9. DK or refused (entire question) 14,599 Blank. NA (Institutionalized) | |
| 2435 | 41(8) | | TRANSPORTATION PROBLEMS |
| | | 27 1. Mentioned 1,435 2. Not mentioned 34 8. No answer to entire question 19 9. DK or refused (entire question) 14,599 Blank. NA (Institutionalized) | |
| 2436 | 41(9) | | COULD NOT TAKE TIME TIME OFF FROM WORK |
| | | 22 1. Mentioned 1,440 2. Not mentioned 34 8. No answer to entire question 19 9. DK or refused (entire question) 14,599 Blank. NA (Institutionalized) | |

| | | | |
|------|--------|--------|------------------------------------|
| 2437 | 41(10) | | OTHER REASON |
| | | 207 | 1. Mentioned |
| | | 1,255 | 2. Not mentioned |
| | | 34 | 8. No answer to entire question |
| | | 19 | 9. DK or refused (entire question) |
| | | 14,599 | Blank. NA (Institutionalized) |

| | | | |
|------|--|--|-------|
| 2438 | | | BLANK |
|------|--|--|-------|

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2439 | 37a | | DID YOU RECEIVE SERVICES FROM OCCUPATIONAL THERAPIST IN PAST 12 MONTHS |
| | | 237 | 1. Yes |
| | | 15,517 | 2. No |
| | | 123 | 8. Not ascertained |
| | | 19 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| 2440 | 37b | | DID YOU NEED SERVICES OF OCCUPATIONAL THERAPIST IN PAST 12 MONTHS |
| | | 88 | 1. Yes |
| | | 15,192 | 2. No |
| | | 316 | 8. Not ascertained |
| | | 63 | 9. DK or refused |
| | | 455 | Blank. NA (Institutionalized; Received services from provider in past 12 months) |
| 2441-2442 | 38a | | NUMBER OF MONTHS YOU RECEIVED SERVICE(S) IN PAST 12 MONTHS FROM OCCUPATIONAL THERAPIST |
| | | 222 | 01-12. 1-12 months |
| | | 9 | 98. Not ascertained |
| | | 6 | 99. DK or refused |
| | | 15,877 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

2443-2444 38b

TOTAL NUMBER OF TIMES YOU
RECEIVED SERVICE DURING THOSE
MONTHS FROM OCCUPATIONAL THERAPIST

| | | |
|--------|--------|---|
| 202 | 01-96. | 1-96 times |
| 6 | 97. | 97+ times |
| 10 | 98. | Not ascertained |
| 19 | 99. | DK or refused |
| 15,877 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2445-2456) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM OCCUPATIONAL THERAPIST IN PAST 12 MONTHS |
| 2445 | 39a(1) | | SELF OR FAMILY IN HH |
| | | 23 | 1. Mentioned |
| | | 202 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,877 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2446 | 39a(2) | | FAMILY NOT IN HH |
| | | 0 | 1. Mentioned |
| | | 225 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,877 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2447 | 39a(3) | | PRIVATE HEALTH INSURANCE |
| | | 85 | 1. Mentioned |
| | | 140 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |

15,877 Blank. NA (Institutionalized; No
or DK if needed services of
provider in past 12 months)

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|---|
| (2445-2456) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM OCCUPATIONAL THERAPIST IN PAST 12 MONTHS - Continued |
| 2448 | 39a(4) | | MEDICARE |
| | | 80 | 1. Mentioned |
| | | 145 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,877 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2449 | 39a(5) | | MEDICAID |
| | | 35 | 1. Mentioned |
| | | 190 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,877 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2450 | 39a(6) | | REHABILITATION PROGRAM |
| | | 13 | 1. Mentioned |
| | | 212 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,877 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2445-2456) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM OCCUPATIONAL THERAPIST IN PAST 12 MONTHS - Continued |
| 2451 | 39a(7) | | EMPLOYER |
| | | 22 | 1. Mentioned |
| | | 203 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,877 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2452 | 39a(8) | | SCHOOL SYSTEM |
| | | 2 | 1. Mentioned |
| | | 223 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,877 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2453 | 39a(9) | | VA PROGRAM |
| | | 10 | 1. Mentioned |
| | | 215 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,877 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

(2445-2456) 39a(1-12) WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM OCCUPATIONAL THERAPIST IN PAST 12 MONTHS - Continued

| | | | |
|------|---------|--------|--|
| 2454 | 39a(10) | | OTHER MILITARY |
| | | 0 | 1. Mentioned |
| | | 225 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,877 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|---------|--------|--|
| 2455 | 39a(11) | | OTHER PRIVATE SOURCE |
| | | 14 | 1. Mentioned |
| | | 211 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,877 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|---------|--------|--|
| 2456 | 39a(12) | | OTHER PUBLIC SOURCE |
| | | 15 | 1. Mentioned |
| | | 210 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,877 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 2457-2458 | 39b | | WHO PAID MOST FOR SERVICES RECEIVED FROM OCCUPATIONAL THERAPIST IN PAST 12 MONTHS |
| | | 6 | 01. Self or family in HH |
| | | 0 | 02. Family not in HH |
| | | 51 | 03. Private health insurance |
| | | 62 | 04. Medicare |

| | | |
|--------|--------|---|
| 25 | 05. | Medicaid |
| 12 | 06. | Rehabilitation program |
| 21 | 07. | Employer |
| 2 | 08. | School system |
| 10 | 09. | VA program |
| 0 | 10. | Other military |
| 10 | 11. | Other private source |
| 12 | 12. | Other public source |
| 14 | 13. | Two or more sources given; unknown which paid most |
| 2 | 33. | No one/Free |
| 5 | 88. | No source ascertained |
| 5 | 99. | DK/refused any source |
| 15,877 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

2459-2463 39c

HOW MUCH DID YOU OR YOUR FAMILY
PAY FOR SERVICE RECEIVED FROM
OCCUPATIONAL THERAPIST DURING PAST
12 MONTHS (Self or Family in HH
a payment source in Q 39a)

| | | |
|--------|--------------|---|
| 2 | 00000. | None |
| 11 | 00001-99996. | 1-99996 Dollars paid |
| 0 | 99997. | 99997+ Dollars paid |
| 2 | 99998. | Not ascertained |
| 8 | 99999. | DK or refused |
| 16,091 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months; self/family in HH not payment source) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 2464 | 40 | | DID YOU RECEIVE SERVICES FROM OCCUPATIONAL THERAPIST (LAST MONTH) |
| | | 79 | 1. Yes |
| | | 147 | 2. No |
| | | 9 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,877 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|-------------|----------|--------|---|
| (2465-2475) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM OCCUPATIONAL THERAPIST IN PAST 12 MONTHS (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2465 | 41(0) | | DIDN'T NEED SERVICES |
| | | 98 | 1. Mentioned |
| | | 124 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,879 | Blank. NA (Institutionalized) |
| 2466 | 41(1) | | PROVIDER THINKS NO LONGER NEEDED |
| | | 36 | 1. Mentioned |
| | | 186 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,879 | Blank. NA (Institutionalized) |
| 2467 | 41(2) | | TOO EXPENSIVE/CAN'T AFFORD |
| | | 55 | 1. Mentioned |
| | | 167 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,879 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2465-2475) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM OCCUPATIONAL THERAPIST IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2468 | 41(3) | | INSURANCE DOESN'T COVER |
| | | 17 | 1. Mentioned |
| | | 205 | 2. Not mentioned |

| | |
|--------|------------------------------------|
| 6 | 8. No answer to entire question |
| 7 | 9. DK or refused (entire question) |
| 15,879 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2469 | 41(4) | | INSURANCE NO LONGER COVERS |
| | | 15 | 1. Mentioned |
| | | 207 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,879 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2470 | 41(5) | | NO LONGER ON MEDICAID |
| | | 2 | 1. Mentioned |
| | | 220 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,879 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2471 | 41(6) | | PROVIDER NOT AVAILABLE |
| | | 7 | 1. Mentioned |
| | | 215 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,879 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2465-2475) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM OCCUPATIONAL THERAPIST IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2472 | 41(7) | | DIDN'T LIKE PROVIDER |
| | | 3 | 1. Mentioned |
| | | 219 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,879 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2473 | 41(8) | | TRANSPORTATION PROBLEMS |
| | | 5 | 1. Mentioned |
| | | 217 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,879 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|---|
| 2474 | 41(9) | | COULD NOT TAKE TIME TIME OFF FROM WORK |
| | | 4 | 1. Mentioned |
| | | 218 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,879 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|--------|------------------------------------|
| 2475 | 41(10) | | OTHER REASON |
| | | 37 | 1. Mentioned |
| | | 185 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,879 | Blank. NA (Institutionalized) |

| | | | |
|------|--|--|-------|
| 2476 | | | BLANK |
|------|--|--|-------|

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 2477 | 37a | | DID YOU RECEIVE SERVICES FROM AN AUDIOLOGIST IN PAST 12 MONTHS |
| | | 479 | 1. Yes |
| | | 15,281 | 2. No |
| | | 118 | 8. Not ascertained |
| | | 18 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| 2478 | 37b | | DID YOU NEED SERVICES OF AN AUDIOLOGIST IN PAST 12 MONTHS |
| | | 127 | 1. Yes |
| | | 14,935 | 2. No |
| | | 316 | 8. Not ascertained |

| | | |
|-----|--------|---|
| 39 | 9. | DK or refused |
| 697 | Blank. | NA (Institutionalized; Received services from provider in past 12 months) |

| | | | |
|-----------|-----|--------|--|
| 2479-2480 | 38a | | NUMBER OF MONTHS YOU RECEIVED SERVICE(S) IN PAST 12 MONTHS FROM AN AUDIOLOGIST |
| | | 458 | 01-12. 1-12 months |
| | | 8 | 98. Not ascertained |
| | | 13 | 99. DK or refused |
| | | 15,635 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|-----------|-----|--------|--|
| 2481-2482 | 38b | | TOTAL NUMBER OF TIMES YOU RECEIVED SERVICE DURING THOSE MONTHS FROM AN AUDIOLOGIST |
| | | 459 | 01-96. 1-96 times |
| | | 1 | 97. 97+ times |
| | | 11 | 98. Not ascertained |
| | | 8 | 99. DK or refused |
| | | 15,635 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| (2483-2494) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM AN AUDIOLOGIST IN PAST 12 MONTHS |
| 2483 | 39a(1) | | SELF OR FAMILY IN HH |
| | | 189 | 1. Mentioned |
| | | 244 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,635 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2484 | 39a(2) | | FAMILY NOT IN HH |

| | |
|--------|--|
| 0 | 1. Mentioned |
| 433 | 2. Not mentioned |
| 29 | 3. No one/Free |
| 9 | 8. No answer to entire question |
| 8 | 9. DK or refused (entire question) |
| 15,635 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2485 | 39a(3) | | PRIVATE HEALTH INSURANCE |
| | | 137 | 1. Mentioned |
| | | 296 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,635 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2483-2494) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM AN AUDIOLOGIST IN PAST 12 MONTHS - Continued |
| 2486 | 39a(4) | | MEDICARE |
| | | 105 | 1. Mentioned |
| | | 328 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,635 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2487 | 39a(5) | | MEDICAID |
| | | 39 | 1. Mentioned |
| | | 394 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,635 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2488 | 39a(6) | | REHABILITATION PROGRAM |
| | | 4 | 1. Mentioned |
| | | 429 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,635 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|---|
| (2483-2494) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM AN AUDIOLOGIST IN PAST 12 MONTHS - Continued |
| 2489 | 39a(7) | | EMPLOYER |
| | | 30 | 1. Mentioned |
| | | 403 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,635 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2490 | 39a(8) | | SCHOOL SYSTEM |
| | | 0 | 1. Mentioned |
| | | 433 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,635 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2491 | 39a(9) | | VA PROGRAM |
| | | 34 | 1. Mentioned |
| | | 399 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |

| | | |
|--------|--------|---|
| 8 | 9. | DK or refused (entire question) |
| 15,635 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2483-2494) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM AN AUDIOLOGIST IN PAST 12 MONTHS - Continued |
| 2492 | 39a(10) | | OTHER MILITARY |
| | | 5 | 1. Mentioned |
| | | 428 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,635 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2493 | 39a(11) | | OTHER PRIVATE SOURCE |
| | | 13 | 1. Mentioned |
| | | 420 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,635 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2494 | 39a(12) | | OTHER PUBLIC SOURCE |
| | | 7 | 1. Mentioned |
| | | 426 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,635 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2495-2496 | 39b | | WHO PAID MOST FOR SERVICES RECEIVED FROM AN AUDIOLOGIST IN PAST 12 MONTHS |
| | | 142 | 01. Self or family in HH |
| | | 0 | 02. Family not in HH |
| | | 89 | 03. Private health insurance |
| | | 77 | 04. Medicare |
| | | 27 | 05. Medicaid |
| | | 4 | 06. Rehabilitation program |
| | | 29 | 07. Employer |
| | | 0 | 08. School system |
| | | 33 | 09. VA program |
| | | 5 | 10. Other military |
| | | 4 | 11. Other private source |
| | | 7 | 12. Other public source |
| | | 16 | 13. Two or more sources given; unknown which paid most |
| | | 29 | 33. No one/Free |
| | | 9 | 88. No source ascertained |
| | | 8 | 99. DK/refused any source |
| | | 15,635 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|-----------|-----|--------|---|
| 2497-2501 | 39c | | HOW MUCH DID YOU OR YOUR FAMILY PAY FOR SERVICE RECEIVED FROM AN AUDIOLOGIST DURING PAST 12 MONTHS (Self or Family in HH a payment source in Q 39a) |
| | | 14 | 00000. None |
| | | 131 | 00001-99996. 1-99996 Dollars paid |
| | | 0 | 99997. 99997+ Dollars paid |
| | | 6 | 99998. Not ascertained |
| | | 38 | 99999. DK or refused |
| | | 15,925 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months; self/family in HH not payment source) |

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Section I - Other Services

Tape

| Locations | Item No. | Frequency | Items and Codes |
|-------------|----------|-----------|---|
| 2502 | 40 | | DID YOU RECEIVE SERVICES FROM AN AUDIOLOGIST (LAST MONTH) |
| | | 95 | 1. Yes |
| | | 370 | 2. No |
| | | 12 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,635 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| (2503-2513) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM AN AUDIOLOGIST IN PAST 12 MONTHS (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2503 | 41(0) | | DIDN'T NEED SERVICES |
| | | 333 | 1. Mentioned |
| | | 136 | 2. Not mentioned |
| | | 19 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,617 | Blank. NA (Institutionalized) |
| 2504 | 41(1) | | PROVIDER THINKS NO LONGER NEEDED |
| | | 5 | 1. Mentioned |
| | | 464 | 2. Not mentioned |
| | | 19 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,617 | Blank. NA (Institutionalized) |
| 2505 | 41(2) | | TOO EXPENSIVE/CAN'T AFFORD |
| | | 56 | 1. Mentioned |
| | | 413 | 2. Not mentioned |
| | | 19 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,617 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|-------------|----------|--|---|
| (2503-2513) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM AN AUDIOLOGIST IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
|-------------|----------|--|---|

| | | | |
|------|-------|--------|------------------------------------|
| 2506 | 41(3) | | INSURANCE DOESN'T COVER |
| | | 22 | 1. Mentioned |
| | | 447 | 2. Not mentioned |
| | | 19 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,617 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2507 | 41(4) | | INSURANCE NO LONGER COVERS |
| | | 2 | 1. Mentioned |
| | | 467 | 2. Not mentioned |
| | | 19 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,617 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2508 | 41(5) | | NO LONGER ON MEDICAID |
| | | 1 | 1. Mentioned |
| | | 468 | 2. Not mentioned |
| | | 19 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,617 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2509 | 41(6) | | PROVIDER NOT AVAILABLE |
| | | 7 | 1. Mentioned |
| | | 462 | 2. Not mentioned |
| | | 19 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,617 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

| | | | |
|-------------|----------|--|---|
| (2503-2513) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM AN AUDIOLOGIST IN PAST 12 MONTHS - Continued |
|-------------|----------|--|---|

(Needed services of provider
in past 12 months - Yes to
Q 37b or No to Q 40/Yes to
Q 42b or No to Q 45)

| | | | |
|------|-------|--------|------------------------------------|
| 2510 | 41(7) | | DIDN'T LIKE PROVIDER |
| | | 1 | 1. Mentioned |
| | | 468 | 2. Not mentioned |
| | | 19 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,617 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2511 | 41(8) | | TRANSPORTATION PROBLEMS |
| | | 6 | 1. Mentioned |
| | | 463 | 2. Not mentioned |
| | | 19 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,617 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|---|
| 2512 | 41(9) | | COULD NOT TAKE TIME TIME OFF FROM WORK |
| | | 3 | 1. Mentioned |
| | | 466 | 2. Not mentioned |
| | | 19 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,617 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|--------|------------------------------------|
| 2513 | 41(10) | | OTHER REASON |
| | | 70 | 1. Mentioned |
| | | 399 | 2. Not mentioned |
| | | 19 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,617 | Blank. NA (Institutionalized) |

| | | | |
|------|--|--|-------|
| 2514 | | | BLANK |
|------|--|--|-------|

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 2515 | 37a | | DID YOU RECEIVE SERVICES FROM SPEECH THERAPIST OR PATHOLOGIST IN PAST 12 MONTHS |
| | | 109 | 1. Yes |

| | | |
|--------|--------|------------------------|
| 15,654 | 2. | No |
| 122 | 8. | Not ascertained |
| 11 | 9. | DK or refused |
| 218 | Blank. | NA (Institutionalized) |

| | | | |
|------|-----|--------|--|
| 2516 | 37b | | DID YOU NEED SERVICES OF SPEECH THERAPIST OR PATHOLOGIST IN PAST 12 MONTHS |
| | | 20 | 1. Yes |
| | | 15,425 | 2. No |
| | | 311 | 8. Not ascertained |
| | | 31 | 9. DK or refused |
| | | 327 | Blank. NA (Institutionalized; Received services from provider in past 12 months) |

| | | | |
|-----------|-----|--------|---|
| 2517-2518 | 38a | | NUMBER OF MONTHS YOU RECEIVED SERVICE(S) IN PAST 12 MONTHS FROM SPEECH THERAPIST OR PATHOLOGIST |
| | | 98 | 01-12. 1-12 months |
| | | 6 | 98. Not ascertained |
| | | 5 | 99. DK or refused |
| | | 16,005 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|-----------|-----|--------|---|
| 2519-2520 | 38b | | TOTAL NUMBER OF TIMES YOU RECEIVED SERVICE DURING THOSE MONTHS FROM SPEECH THERAPIST OR PATHOLOGIST |
| | | 89 | 01-96. 1-96 times |
| | | 5 | 97. 97+ times |
| | | 6 | 98. Not ascertained |
| | | 9 | 99. DK or refused |
| | | 16,005 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (2521-2532) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM SPEECH THERAPIST OR PATHOLOGIST IN PAST 12 MONTHS |
| 2521 | 39a(1) | | SELF OR FAMILY IN HH |

| | | |
|--------|--------|---|
| 22 | 1. | Mentioned |
| 81 | 2. | Not mentioned |
| 0 | 3. | No one/Free |
| 4 | 8. | No answer to entire question |
| 2 | 9. | DK or refused (entire question) |
| 16,005 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2522 | 39a(2) | | FAMILY NOT IN HH |
| | | 0 | 1. Mentioned |
| | | 103 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 4 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,005 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2523 | 39a(3) | | PRIVATE HEALTH INSURANCE |
| | | 40 | 1. Mentioned |
| | | 63 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 4 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,005 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (2521-2532) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM SPEECH THERAPIST OR PATHOLOGIST IN PAST 12 MONTHS - Continued |
| 2524 | 39a(4) | | MEDICARE |
| | | 44 | 1. Mentioned |
| | | 59 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 4 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,005 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2525 | 39a(5) | | MEDICAID |
| | | 17 | 1. Mentioned |
| | | 86 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 4 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,005 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2526 | 39a(6) | | REHABILITATION PROGRAM |
| | | 1 | 1. Mentioned |
| | | 102 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 4 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,005 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| (2521-2532) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM SPEECH THERAPIST OR PATHOLOGIST IN PAST 12 MONTHS - Continued |
| 2527 | 39a(7) | | EMPLOYER |
| | | 1 | 1. Mentioned |
| | | 102 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 4 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,005 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|----|------------------------------------|
| 2528 | 39a(8) | | SCHOOL SYSTEM |
| | | 7 | 1. Mentioned |
| | | 96 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 4 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |

16,005 Blank. NA (Institutionalized; No
or DK if needed services of
provider in past 12 months)

| | | | |
|------|--------|--------|--|
| 2529 | 39a(9) | | VA PROGRAM |
| | | 4 | 1. Mentioned |
| | | 99 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 4 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,005 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| (2521-2532) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM SPEECH THERAPIST OR PATHOLOGIST IN PAST 12 MONTHS - Continued |
| 2530 | 39a(10) | | OTHER MILITARY |
| | | 2 | 1. Mentioned |
| | | 101 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 4 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,005 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2531 | 39a(11) | | OTHER PRIVATE SOURCE |
| | | 3 | 1. Mentioned |
| | | 100 | 2. Not mentioned |
| | | 0 | 3. No one/Free |
| | | 4 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,005 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2532 | 39a(12) | | OTHER PUBLIC SOURCE |
| | | 5 | 1. Mentioned |
| | | 98 | 2. Not mentioned |

| | | |
|--------|--------|---|
| 0 | 3. | No one/Free |
| 4 | 8. | No answer to entire question |
| 2 | 9. | DK or refused (entire question) |
| 16,005 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2533-2534 | 39b | | WHO PAID MOST FOR SERVICES RECEIVED FROM SPEECH THERAPIST OR PATHOLOGIST IN PAST 12 MONTHS |
| | | 5 | 01. Self or family in HH |
| | | 0 | 02. Family not in HH |
| | | 26 | 03. Private health insurance |
| | | 36 | 04. Medicare |
| | | 13 | 05. Medicaid |
| | | 1 | 06. Rehabilitation program |
| | | 1 | 07. Employer |
| | | 7 | 08. School system |
| | | 4 | 09. VA program |
| | | 2 | 10. Other military |
| | | 2 | 11. Other private source |
| | | 2 | 12. Other public source |
| | | 4 | 13. Two or more sources given; unknown which paid most |
| | | 0 | 33. No one/Free |
| | | 4 | 88. No source ascertained |
| | | 2 | 99. DK/refused any source |
| | | 16,005 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2535-2539 | 39c | | HOW MUCH DID YOU OR YOUR FAMILY PAY FOR SERVICE RECEIVED FROM SPEECH THERAPIST OR PATHOLOGIST DURING PAST 12 MONTHS (Self or Family in HH a payment source in Q 39a) |
| | | 2 | 00000. None |
| | | 10 | 00001-99996. 1-99996 Dollars paid |
| | | 0 | 99997. 99997+ Dollars paid |
| | | 4 | 99998. Not ascertained |
| | | 6 | 99999. DK or refused |
| | | 16,092 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months; self/family in HH not payment source) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2540 | 40 | | DID YOU RECEIVE SERVICES FROM SPEECH THERAPIST OR PATHOLOGIST (LAST MONTH) |
| | | 26 | 1. Yes |
| | | 74 | 2. No |
| | | 8 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,005 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| (2541-2551) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM SPEECH THERAPIST OR PATHOLOGIST IN PAST 12 MONTHS (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2541 | 41(0) | | DIDN'T NEED SERVICES |
| | | 51 | 1. Mentioned |
| | | 38 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,020 | Blank. NA (Institutionalized) |
| 2542 | 41(1) | | PROVIDER THINKS NO LONGER NEEDED |
| | | 12 | 1. Mentioned |
| | | 77 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,020 | Blank. NA (Institutionalized) |
| 2543 | 41(2) | | TOO EXPENSIVE/CAN'T AFFORD |
| | | 9 | 1. Mentioned |
| | | 80 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,020 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2541-2551) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM SPEECH THERAPIST OR PATHOLOGIST IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2544 | 41(3) | | INSURANCE DOESN'T COVER |
| | | 6 | 1. Mentioned |
| | | 83 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,020 | Blank. NA (Institutionalized) |
| 2545 | 41(4) | | INSURANCE NO LONGER COVERS |
| | | 2 | 1. Mentioned |
| | | 87 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,020 | Blank. NA (Institutionalized) |
| 2546 | 41(5) | | NO LONGER ON MEDICAID |
| | | 0 | 1. Mentioned |
| | | 89 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,020 | Blank. NA (Institutionalized) |
| 2547 | 41(6) | | PROVIDER NOT AVAILABLE |
| | | 3 | 1. Mentioned |
| | | 86 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,020 | Blank. NA (Institutionalized) |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (2541-2551) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM SPEECH THERAPIST OR PATHOLOGIST IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2548 | 41(7) | | DIDN'T LIKE PROVIDER |
| | | 0 | 1. Mentioned |
| | | 89 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,020 | Blank. NA (Institutionalized) |
| 2549 | 41(8) | | TRANSPORTATION PROBLEMS |
| | | 2 | 1. Mentioned |
| | | 87 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,020 | Blank. NA (Institutionalized) |
| 2550 | 41(9) | | COULD NOT TAKE TIME TIME OFF FROM WORK |
| | | 0 | 1. Mentioned |
| | | 89 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,020 | Blank. NA (Institutionalized) |
| 2551 | 41(10) | | OTHER REASON |
| | | 14 | 1. Mentioned |
| | | 75 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,020 | Blank. NA (Institutionalized) |
| 2552 | | | BLANK |

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2553 | 37a | | DID YOU RECEIVE SERVICES FROM RECREATIONAL THERAPIST IN PAST 12 MONTHS |
| | | 59 | 1. Yes |
| | | 15,692 | 2. No |
| | | 125 | 8. Not ascertained |
| | | 20 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| 2554 | 37b | | DID YOU NEED SERVICES OF RECREATIONAL THERAPIST IN PAST 12 MONTHS |
| | | 26 | 1. Yes |
| | | 15,460 | 2. No |
| | | 314 | 8. Not ascertained |
| | | 37 | 9. DK or refused |
| | | 277 | Blank. NA (Institutionalized; Received services from provider in past 12 months) |
| 2555-2556 | 38a | | NUMBER OF MONTHS YOU RECEIVED SERVICE(S) IN PAST 12 MONTHS FROM RECREATIONAL THERAPIST |
| | | 53 | 01-12. 1-12 months |
| | | 4 | 98. Not ascertained |
| | | 2 | 99. DK or refused |
| | | 16,055 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2557-2558 | 38b | | TOTAL NUMBER OF TIMES YOU RECEIVED SERVICE DURING THOSE MONTHS FROM RECREATIONAL THERAPIST |
| | | 45 | 01-96. 1-96 times |
| | | 6 | 97. 97+ times |
| | | 2 | 98. Not ascertained |
| | | 6 | 99. DK or refused |
| | | 16,055 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2559-2570) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM RECREATIONAL THERAPIST IN PAST 12 MONTHS |
| 2559 | 39a(1) | | SELF OR FAMILY IN HH |
| | | 11 | 1. Mentioned |
| | | 43 | 2. Not mentioned |
| | | 1 | 3. No one/Free |
| | | 3 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,055 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2560 | 39a(2) | | FAMILY NOT IN HH |
| | | 0 | 1. Mentioned |
| | | 54 | 2. Not mentioned |
| | | 1 | 3. No one/Free |
| | | 3 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,055 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2561 | 39a(3) | | PRIVATE HEALTH INSURANCE |
| | | 18 | 1. Mentioned |
| | | 36 | 2. Not mentioned |
| | | 1 | 3. No one/Free |
| | | 3 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,055 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2559-2570) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM RECREATIONAL THERAPIST IN PAST 12 MONTHS - Continued |

| | | | |
|------|--------|--------|--|
| 2562 | 39a(4) | | MEDICARE |
| | | 15 | 1. Mentioned |
| | | 39 | 2. Not mentioned |
| | | 1 | 3. No one/Free |
| | | 3 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,055 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2563 | 39a(5) | | MEDICAID |
| | | 12 | 1. Mentioned |
| | | 42 | 2. Not mentioned |
| | | 1 | 3. No one/Free |
| | | 3 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,055 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2564 | 39a(6) | | REHABILITATION PROGRAM |
| | | 1 | 1. Mentioned |
| | | 53 | 2. Not mentioned |
| | | 1 | 3. No one/Free |
| | | 3 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,055 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|---|
| (2559-2570) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM RECREATIONAL THERAPIST IN PAST 12 MONTHS - Continued |
| 2565 | 39a(7) | | EMPLOYER |
| | | 1 | 1. Mentioned |
| | | 53 | 2. Not mentioned |
| | | 1 | 3. No one/Free |
| | | 3 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,055 | Blank. NA (Institutionalized; No or DK if needed services of |

provider in past 12 months)

| | | | |
|------|--------|--------|--|
| 2566 | 39a(8) | | SCHOOL SYSTEM |
| | | 2 | 1. Mentioned |
| | | 52 | 2. Not mentioned |
| | | 1 | 3. No one/Free |
| | | 3 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,055 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2567 | 39a(9) | | VA PROGRAM |
| | | 4 | 1. Mentioned |
| | | 50 | 2. Not mentioned |
| | | 1 | 3. No one/Free |
| | | 3 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,055 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|---|
| (2559-2570) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM RECREATIONAL THERAPIST IN PAST 12 MONTHS - Continued |
| 2568 | 39a(10) | | OTHER MILITARY |
| | | 0 | 1. Mentioned |
| | | 54 | 2. Not mentioned |
| | | 1 | 3. No one/Free |
| | | 3 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,055 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2569 | 39a(11) | | OTHER PRIVATE SOURCE |
| | | 3 | 1. Mentioned |
| | | 51 | 2. Not mentioned |
| | | 1 | 3. No one/Free |
| | | 3 | 8. No answer to entire question |

| | | |
|--------|--------|---|
| 1 | 9. | DK or refused (entire question) |
| 16,055 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|---------|--------|--|
| 2570 | 39a(12) | | OTHER PUBLIC SOURCE |
| | | 4 | 1. Mentioned |
| | | 50 | 2. Not mentioned |
| | | 1 | 3. No one/Free |
| | | 3 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,055 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2571-2572 | 39b | | WHO PAID MOST FOR SERVICES RECEIVED FROM RECREATIONAL THERAPIST IN PAST 12 MONTHS |
| | | 7 | 01. Self or family in HH |
| | | 0 | 02. Family not in HH |
| | | 11 | 03. Private health insurance |
| | | 13 | 04. Medicare |
| | | 8 | 05. Medicaid |
| | | 1 | 06. Rehabilitation program |
| | | 1 | 07. Employer |
| | | 2 | 08. School system |
| | | 4 | 09. VA program |
| | | 0 | 10. Other military |
| | | 2 | 11. Other private source |
| | | 2 | 12. Other public source |
| | | 3 | 13. Two or more sources given; unknown which paid most |
| | | 1 | 33. No one/Free |
| | | 3 | 88. No source ascertained |
| | | 1 | 99. DK/refused any source |
| | | 16,055 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|-----------|-----|--|---|
| 2573-2577 | 39c | | HOW MUCH DID YOU OR YOUR FAMILY PAY FOR SERVICE RECEIVED FROM RECREATIONAL THERAPIST DURING PAST 12 MONTHS (Self or Family in HH a payment source in Q 39a) |
|-----------|-----|--|---|

| | | |
|--------|--------------|---|
| 1 | 00000. | None |
| 7 | 00001-99996. | 1-99996 Dollars paid |
| 0 | 99997. | 99997+ Dollars paid |
| 1 | 99998. | Not ascertained |
| 2 | 99999. | DK or refused |
| 16,103 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months; self/family in HH not payment source) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 2578 | 40 | | DID YOU RECEIVE SERVICES FROM RECREATIONAL THERAPIST (LAST MONTH) |
| | | 26 | 1. Yes |
| | | 27 | 2. No |
| | | 5 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,055 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| (2579-2589) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM RECREATIONAL THERAPIST IN PAST 12 MONTHS (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2579 | 41(0) | | DIDN'T NEED SERVICES |
| | | 17 | 1. Mentioned |
| | | 31 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,061 | Blank. NA (Institutionalized) |
| 2580 | 41(1) | | PROVIDER THINKS NO LONGER NEEDED |
| | | 4 | 1. Mentioned |
| | | 44 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,061 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2581 | 41(2) | | TOO EXPENSIVE/CAN'T AFFORD |
| | | 4 | 1. Mentioned |
| | | 44 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,061 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2579-2589) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM RECREATIONAL THERAPIST IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2582 | 41(3) | | INSURANCE DOESN'T COVER |
| | | 4 | 1. Mentioned |
| | | 44 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,061 | Blank. NA (Institutionalized) |
| 2583 | 41(4) | | INSURANCE NO LONGER COVERS |
| | | 2 | 1. Mentioned |
| | | 46 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,061 | Blank. NA (Institutionalized) |
| 2584 | 41(5) | | NO LONGER ON MEDICAID |
| | | 0 | 1. Mentioned |
| | | 48 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,061 | Blank. NA (Institutionalized) |
| 2585 | 41(6) | | PROVIDER NOT AVAILABLE |
| | | 5 | 1. Mentioned |

| | | |
|--------|--------|---------------------------------|
| 43 | 2. | Not mentioned |
| 2 | 8. | No answer to entire question |
| 3 | 9. | DK or refused (entire question) |
| 16,061 | Blank. | NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2579-2589) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM RECREATIONAL THERAPIST IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2586 | 41(7) | | DIDN'T LIKE PROVIDER |
| | | 0 | 1. Mentioned |
| | | 48 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,061 | Blank. NA (Institutionalized) |
| 2587 | 41(8) | | TRANSPORTATION PROBLEMS |
| | | 4 | 1. Mentioned |
| | | 44 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,061 | Blank. NA (Institutionalized) |
| 2588 | 41(9) | | COULD NOT TAKE TIME TIME OFF FROM WORK |
| | | 1 | 1. Mentioned |
| | | 47 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,061 | Blank. NA (Institutionalized) |
| 2589 | 41(10) | | OTHER REASON |
| | | 17 | 1. Mentioned |
| | | 31 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,061 | Blank. NA (Institutionalized) |

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BLANK

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2591 | 37a | | DID YOU RECEIVE SERVICES FROM A VISITING NURSE IN PAST 12 MONTHS |
| | | 902 | 1. Yes |
| | | 14,861 | 2. No |
| | | 123 | 8. Not ascertained |
| | | 10 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| 2592 | 37b | | DID YOU NEED SERVICES OF A VISITING NURSE IN PAST 12 MONTHS |
| | | 58 | 1. Yes |
| | | 14,624 | 2. No |
| | | 278 | 8. Not ascertained |
| | | 34 | 9. DK or refused |
| | | 1,120 | Blank. NA (Institutionalized; Received services from provider in past 12 months) |
| 2593-2594 | 38a | | NUMBER OF MONTHS YOU RECEIVED SERVICE(S) IN PAST 12 MONTHS FROM A VISITING NURSE |
| | | 865 | 01-12. 1-12 months |
| | | 17 | 98. Not ascertained |
| | | 20 | 99. DK or refused |
| | | 15,212 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2595-2596 | 38b | | TOTAL NUMBER OF TIMES YOU RECEIVED SERVICE DURING THOSE MONTHS FROM A VISITING NURSE |
| | | 755 | 01-96. 1-96 times |
| | | 62 | 97. 97+ times |
| | | 24 | 98. Not ascertained |
| | | 61 | 99. DK or refused |
| | | 15,212 | Blank. NA (Institutionalized; No |

or DK if needed services of
provider in past 12 months)

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| (2597-2608) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM A VISITING NURSE IN PAST 12 MONTHS |
| 2597 | 39a(1) | | SELF OR FAMILY IN HH |
| | | 58 | 1. Mentioned |
| | | 785 | 2. Not mentioned |
| | | 12 | 3. No one/Free |
| | | 11 | 8. No answer to entire question |
| | | 36 | 9. DK or refused (entire question) |
| | | 15,212 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2598 | 39a(2) | | FAMILY NOT IN HH |
| | | 2 | 1. Mentioned |
| | | 841 | 2. Not mentioned |
| | | 12 | 3. No one/Free |
| | | 11 | 8. No answer to entire question |
| | | 36 | 9. DK or refused (entire question) |
| | | 15,212 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2599 | 39a(3) | | PRIVATE HEALTH INSURANCE |
| | | 201 | 1. Mentioned |
| | | 642 | 2. Not mentioned |
| | | 12 | 3. No one/Free |
| | | 11 | 8. No answer to entire question |
| | | 36 | 9. DK or refused (entire question) |
| | | 15,212 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2597-2608) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM A VISITING NURSE IN PAST 12 MONTHS - Continued |
| 2600 | 39a(4) | | MEDICARE |
| | | 624 | 1. Mentioned |
| | | 219 | 2. Not mentioned |
| | | 12 | 3. No one/Free |
| | | 11 | 8. No answer to entire question |
| | | 36 | 9. DK or refused (entire question) |
| | | 15,212 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2601 | 39a(5) | | MEDICAID |
| | | 197 | 1. Mentioned |
| | | 646 | 2. Not mentioned |
| | | 12 | 3. No one/Free |
| | | 11 | 8. No answer to entire question |
| | | 36 | 9. DK or refused (entire question) |
| | | 15,212 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2602 | 39a(6) | | REHABILITATION PROGRAM |
| | | 4 | 1. Mentioned |
| | | 839 | 2. Not mentioned |
| | | 12 | 3. No one/Free |
| | | 11 | 8. No answer to entire question |
| | | 36 | 9. DK or refused (entire question) |
| | | 15,212 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2597-2608) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM A VISITING NURSE IN PAST 12 MONTHS - Continued |

| | | | |
|------|--------|--------|--|
| 2603 | 39a(7) | | EMPLOYER |
| | | 2 | 1. Mentioned |
| | | 841 | 2. Not mentioned |
| | | 12 | 3. No one/Free |
| | | 11 | 8. No answer to entire question |
| | | 36 | 9. DK or refused (entire question) |
| | | 15,212 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2604 | 39a(8) | | SCHOOL SYSTEM |
| | | 0 | 1. Mentioned |
| | | 843 | 2. Not mentioned |
| | | 12 | 3. No one/Free |
| | | 11 | 8. No answer to entire question |
| | | 36 | 9. DK or refused (entire question) |
| | | 15,212 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2605 | 39a(9) | | VA PROGRAM |
| | | 12 | 1. Mentioned |
| | | 831 | 2. Not mentioned |
| | | 12 | 3. No one/Free |
| | | 11 | 8. No answer to entire question |
| | | 36 | 9. DK or refused (entire question) |
| | | 15,212 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|---|
| (2597-2608) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM A VISITING NURSE IN PAST 12 MONTHS - Continued |
| 2606 | 39a(10) | | OTHER MILITARY |
| | | 2 | 1. Mentioned |
| | | 841 | 2. Not mentioned |
| | | 12 | 3. No one/Free |
| | | 11 | 8. No answer to entire question |
| | | 36 | 9. DK or refused (entire question) |
| | | 15,212 | Blank. NA (Institutionalized; No |

or DK if needed services of
provider in past 12 months)

| | | | |
|------|---------|--------|--|
| 2607 | 39a(11) | | OTHER PRIVATE SOURCE |
| | | 35 | 1. Mentioned |
| | | 808 | 2. Not mentioned |
| | | 12 | 3. No one/Free |
| | | 11 | 8. No answer to entire question |
| | | 36 | 9. DK or refused (entire question) |
| | | 15,212 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|---------|--------|--|
| 2608 | 39a(12) | | OTHER PUBLIC SOURCE |
| | | 24 | 1. Mentioned |
| | | 819 | 2. Not mentioned |
| | | 12 | 3. No one/Free |
| | | 11 | 8. No answer to entire question |
| | | 36 | 9. DK or refused (entire question) |
| | | 15,212 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 2609-2610 | 39b | | WHO PAID MOST FOR SERVICES RECEIVED FROM A VISITING NURSE IN PAST 12 MONTHS |
| | | 14 | 01. Self or family in HH |
| | | 1 | 02. Family not in HH |
| | | 74 | 03. Private health insurance |
| | | 527 | 04. Medicare |
| | | 109 | 05. Medicaid |
| | | 2 | 06. Rehabilitation program |
| | | 2 | 07. Employer |
| | | 0 | 08. School system |
| | | 10 | 09. VA program |
| | | 2 | 10. Other military |
| | | 12 | 11. Other private source |
| | | 19 | 12. Other public source |
| | | 71 | 13. Two or more sources given; unknown which paid most |
| | | 12 | 33. No one/Free |
| | | 11 | 88. No source ascertained |
| | | 36 | 99. DK/refused any source |
| | | 15,212 | Blank. NA (Institutionalized; No |

or DK if needed services of
 provider in past 12 months)

| | | | |
|-----------|-----|--------|---|
| 2611-2615 | 39c | | HOW MUCH DID YOU OR YOUR FAMILY PAY FOR SERVICE RECEIVED FROM A VISITING NURSE DURING PAST 12 MONTHS (Self or Family in HH a payment source in Q 39a) |
| | | 4 | 00000. None |
| | | 29 | 00001-99996. 1-99996 Dollars paid |
| | | 0 | 99997. 99997+ Dollars paid |
| | | 4 | 99998. Not ascertained |
| | | 21 | 99999. DK or refused |
| | | 16,056 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months; self/family in HH not payment source) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 2616 | 40 | | DID YOU RECEIVE SERVICES FROM A VISITING NURSE (LAST MONTH) |
| | | 522 | 1. Yes |
| | | 356 | 2. No |
| | | 18 | 8. Not ascertained |
| | | 6 | 9. DK or refused |
| | | 15,212 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

(2617-2627) 41(0-10)

WHY DIDN'T YOU RECEIVE
 SERVICES FROM A VISITING
 NURSE IN PAST 12 MONTHS
 (Needed services of provider
 in past 12 months - Yes to
 Q 37b or No to Q 40/Yes to
 Q 42b or No to Q 45)

2617 41(0)

| | | | |
|--|--|--------|------------------------------------|
| | | | DIDN'T NEED SERVICES |
| | | 286 | 1. Mentioned |
| | | 109 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,700 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|-------------------------------------|
| 2618 | 41(1) | | PROVIDER THINKS NO LONGER NEEDED |
| | | 47 | 1. Mentioned |
| | | 348 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,700 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2619 | 41(2) | | TOO EXPENSIVE/CAN'T AFFORD |
| | | 35 | 1. Mentioned |
| | | 360 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,700 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (2617-2627) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM A VISITING NURSE IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2620 | 41(3) | | INSURANCE DOESN'T COVER |
| | | 13 | 1. Mentioned |
| | | 382 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,700 | Blank. NA (Institutionalized) |
| 2621 | 41(4) | | INSURANCE NO LONGER COVERS |
| | | 9 | 1. Mentioned |
| | | 386 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,700 | Blank. NA (Institutionalized) |
| 2622 | 41(5) | | NO LONGER ON MEDICAID |

| | | |
|--------|--------|---------------------------------|
| 2 | 1. | Mentioned |
| 393 | 2. | Not mentioned |
| 11 | 8. | No answer to entire question |
| 8 | 9. | DK or refused (entire question) |
| 15,700 | Blank. | NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2623 | 41(6) | | PROVIDER NOT AVAILABLE |
| | | 9 | 1. Mentioned |
| | | 386 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,700 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (2617-2627) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM A VISITING NURSE IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2624 | 41(7) | | DIDN'T LIKE PROVIDER |
| | | 2 | 1. Mentioned |
| | | 393 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,700 | Blank. NA (Institutionalized) |
| 2625 | 41(8) | | TRANSPORTATION PROBLEMS |
| | | 2 | 1. Mentioned |
| | | 393 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,700 | Blank. NA (Institutionalized) |
| 2626 | 41(9) | | COULD NOT TAKE TIME TIME OFF FROM WORK |
| | | 1 | 1. Mentioned |
| | | 394 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |

15,700 Blank. NA (Institutionalized)

| | | | |
|------|--------|--------|------------------------------------|
| 2627 | 41(10) | | OTHER REASON |
| | | 30 | 1. Mentioned |
| | | 365 | 2. Not mentioned |
| | | 11 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,700 | Blank. NA (Institutionalized) |

2628 BLANK

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2629 | 37a | | DID YOU RECEIVE SERVICES FROM PERSONAL CARE ATTENDANT IN PAST 12 MONTHS |
| | | 386 | 1. Yes |
| | | 15,378 | 2. No |
| | | 121 | 8. Not ascertained |
| | | 11 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| 2630 | 37b | | DID YOU NEED SERVICES OF PERSONAL CARE ATTENDANT IN PAST 12 MONTHS |
| | | 109 | 1. Yes |
| | | 15,098 | 2. No |
| | | 264 | 8. Not ascertained |
| | | 39 | 9. DK or refused |
| | | 604 | Blank. NA (Institutionalized; Received services from provider in past 12 months) |
| 2631-2632 | 38a | | NUMBER OF MONTHS YOU RECEIVED SERVICE(S) IN PAST 12 MONTHS FROM PERSONAL CARE ATTENDANT |
| | | 363 | 01-12. 1-12 months |
| | | 14 | 98. Not ascertained |
| | | 9 | 99. DK or refused |
| | | 15,728 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

2633-2634 38b

TOTAL NUMBER OF TIMES YOU
RECEIVED SERVICE DURING THOSE
MONTHS FROM PERSONAL CARE ATTENDANT

| | | |
|--------|--------|---|
| 164 | 01-96. | 1-96 times |
| 148 | 97. | 97+ times |
| 28 | 98. | Not ascertained |
| 46 | 99. | DK or refused |
| 15,728 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| (2635-2646) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM PERSONAL CARE ATTENDANT IN PAST 12 MONTHS |
| 2635 | 39a(1) | | SELF OR FAMILY IN HH |
| | | 102 | 1. Mentioned |
| | | 242 | 2. Not mentioned |
| | | 8 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 21 | 9. DK or refused (entire question) |
| | | 15,728 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2636 | 39a(2) | | FAMILY NOT IN HH |
| | | 6 | 1. Mentioned |
| | | 338 | 2. Not mentioned |
| | | 8 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 21 | 9. DK or refused (entire question) |
| | | 15,728 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2637 | 39a(3) | | PRIVATE HEALTH INSURANCE |
| | | 28 | 1. Mentioned |
| | | 316 | 2. Not mentioned |
| | | 8 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 21 | 9. DK or refused (entire question) |

15,728 Blank. NA (Institutionalized; No
or DK if needed services of
provider in past 12 months)

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| (2635-2646) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM PERSONAL CARE ATTENDANT IN PAST 12 MONTHS - Continued |
| 2638 | 39a(4) | | MEDICARE |
| | | 164 | 1. Mentioned |
| | | 180 | 2. Not mentioned |
| | | 8 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 21 | 9. DK or refused (entire question) |
| | | 15,728 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2639 | 39a(5) | | MEDICAID |
| | | 95 | 1. Mentioned |
| | | 249 | 2. Not mentioned |
| | | 8 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 21 | 9. DK or refused (entire question) |
| | | 15,728 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2640 | 39a(6) | | REHABILITATION PROGRAM |
| | | 3 | 1. Mentioned |
| | | 341 | 2. Not mentioned |
| | | 8 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 21 | 9. DK or refused (entire question) |
| | | 15,728 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (2635-2646) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM PERSONAL CARE ATTENDANT IN PAST 12 MONTHS - Continued |
| 2641 | 39a(7) | | EMPLOYER |
| | | 1 | 1. Mentioned |
| | | 343 | 2. Not mentioned |
| | | 8 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 21 | 9. DK or refused (entire question) |
| | | 15,728 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2642 | 39a(8) | | SCHOOL SYSTEM |
| | | 0 | 1. Mentioned |
| | | 344 | 2. Not mentioned |
| | | 8 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 21 | 9. DK or refused (entire question) |
| | | 15,728 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2643 | 39a(9) | | VA PROGRAM |
| | | 3 | 1. Mentioned |
| | | 341 | 2. Not mentioned |
| | | 8 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 21 | 9. DK or refused (entire question) |
| | | 15,728 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2635-2646) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM PERSONAL CARE ATTENDANT IN |

PAST 12 MONTHS - Continued

| | | | |
|------|---------|--------|--|
| 2644 | 39a(10) | | OTHER MILITARY |
| | | 1 | 1. Mentioned |
| | | 343 | 2. Not mentioned |
| | | 8 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 21 | 9. DK or refused (entire question) |
| | | 15,728 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|---------|--------|--|
| 2645 | 39a(11) | | OTHER PRIVATE SOURCE |
| | | 14 | 1. Mentioned |
| | | 330 | 2. Not mentioned |
| | | 8 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 21 | 9. DK or refused (entire question) |
| | | 15,728 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|---------|--------|--|
| 2646 | 39a(12) | | OTHER PUBLIC SOURCE |
| | | 23 | 1. Mentioned |
| | | 321 | 2. Not mentioned |
| | | 8 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 21 | 9. DK or refused (entire question) |
| | | 15,728 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2647-2648 | 39b | | WHO PAID MOST FOR SERVICES RECEIVED FROM PERSONAL CARE ATTENDANT IN PAST 12 MONTHS |
| | | 83 | 01. Self or family in HH |
| | | 4 | 02. Family not in HH |
| | | 11 | 03. Private health insurance |
| | | 123 | 04. Medicare |
| | | 55 | 05. Medicaid |
| | | 2 | 06. Rehabilitation program |
| | | 1 | 07. Employer |
| | | 0 | 08. School system |

| | | |
|--------|--------|---|
| 2 | 09. | VA program |
| 1 | 10. | Other military |
| 8 | 11. | Other private source |
| 20 | 12. | Other public source |
| 34 | 13. | Two or more sources given; unknown which paid most |
| 8 | 33. | No one/Free |
| 13 | 88. | No source ascertained |
| 21 | 99. | DK/refused any source |
| 15,728 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

2649-2653 39c

HOW MUCH DID YOU OR YOUR FAMILY
PAY FOR SERVICE RECEIVED FROM
PERSONAL CARE ATTENDANT DURING
PAST 12 MONTHS (Self or Family
in HH a payment source in Q 39a)

| | | |
|--------|--------------|---|
| 1 | 00000. | None |
| 62 | 00001-99996. | 1-99996 Dollars paid |
| 0 | 99997. | 99997+ Dollars paid |
| 6 | 99998. | Not ascertained |
| 33 | 99999. | DK or refused |
| 16,012 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months; self/family in HH not payment source) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 2654 | 40 | | DID YOU RECEIVE SERVICES FROM PERSONAL CARE ATTENDANT (LAST MONTH) |
| | | 311 | 1. Yes |
| | | 56 | 2. No |
| | | 17 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,728 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

(2655-2665) 41(0-10)

WHY DIDN'T YOU RECEIVE
SERVICES FROM PERSONAL CARE
ATTENDANT IN PAST 12 MONTHS
(Needed services of provider
in past 12 months - Yes to

Q 37b or No to Q 40/Yes to
Q 42b or No to Q 45)

| | | | |
|------|-------|--------|------------------------------------|
| 2655 | 41(0) | | DIDN'T NEED SERVICES |
| | | 45 | 1. Mentioned |
| | | 101 | 2. Not mentioned |
| | | 14 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,949 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|-------------------------------------|
| 2656 | 41(1) | | PROVIDER THINKS NO LONGER NEEDED |
| | | 12 | 1. Mentioned |
| | | 134 | 2. Not mentioned |
| | | 14 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,949 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2657 | 41(2) | | TOO EXPENSIVE/CAN'T AFFORD |
| | | 55 | 1. Mentioned |
| | | 91 | 2. Not mentioned |
| | | 14 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,949 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (2655-2665) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM PERSONAL CARE ATTENDANT IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2658 | 41(3) | | INSURANCE DOESN'T COVER |
| | | 25 | 1. Mentioned |
| | | 121 | 2. Not mentioned |
| | | 14 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,949 | Blank. NA (Institutionalized) |
| 2659 | 41(4) | | INSURANCE NO LONGER COVERS |

| | | | |
|------|--------|--------|---|
| | | 15,949 | Blank. NA (Institutionalized) |
| 2664 | 41(9) | | COULD NOT TAKE TIME TIME OFF FROM WORK |
| | | 0 | 1. Mentioned |
| | | 146 | 2. Not mentioned |
| | | 14 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,949 | Blank. NA (Institutionalized) |
| 2665 | 41(10) | | OTHER REASON |
| | | 29 | 1. Mentioned |
| | | 117 | 2. Not mentioned |
| | | 14 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,949 | Blank. NA (Institutionalized) |
| 2666 | | | BLANK |
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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2667 | 37a | | DID YOU RECEIVE SERVICES FROM READER OR INTERPRETER IN PAST 12 MONTHS |
| | | 77 | 1. Yes |
| | | 15,684 | 2. No |
| | | 126 | 8. Not ascertained |
| | | 9 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| 2668 | 37b | | DID YOU NEED SERVICES OF READER OR INTERPRETER IN PAST 12 MONTHS |
| | | 29 | 1. Yes |
| | | 15,467 | 2. No |
| | | 299 | 8. Not ascertained |
| | | 24 | 9. DK or refused |
| | | 295 | Blank. NA (Institutionalized; Received services from provider in past 12 months) |
| 2669-2670 | 38a | | NUMBER OF MONTHS YOU RECEIVED |

SERVICE(S) IN PAST 12 MONTHS
FROM READER OR INTERPRETER

| | | |
|--------|--------|---|
| 59 | 01-12. | 1-12 months |
| 8 | 98. | Not ascertained |
| 10 | 99. | DK or refused |
| 16,037 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| 2671-2672 | 38b | | TOTAL NUMBER OF TIMES YOU RECEIVED SERVICE DURING THOSE MONTHS FROM READER OR INTERPRETER |
| | | 35 | 01-96. 1-96 times |
| | | 8 | 97. 97+ times |
| | | 11 | 98. Not ascertained |
| | | 23 | 99. DK or refused |
| | | 16,037 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| (2673-2684) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM READER OR INTERPRETER IN PAST 12 MONTHS |
| 2673 | 39a(1) | | SELF OR FAMILY IN HH |
| | | 8 | 1. Mentioned |
| | | 20 | 2. Not mentioned |
| | | 40 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,037 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2674 | 39a(2) | | FAMILY NOT IN HH |
| | | 1 | 1. Mentioned |
| | | 27 | 2. Not mentioned |
| | | 40 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,037 | Blank. NA (Institutionalized; No or DK if needed services of |

provider in past 12 months)

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| (2673-2684) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM READER OR INTERPRETER IN PAST 12 MONTHS - Continued |
| 2675 | 39a(3) | | PRIVATE HEALTH INSURANCE |
| | | 2 | 1. Mentioned |
| | | 26 | 2. Not mentioned |
| | | 40 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,037 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2676 | 39a(4) | | MEDICARE |
| | | 0 | 1. Mentioned |
| | | 28 | 2. Not mentioned |
| | | 40 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,037 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2677 | 39a(5) | | MEDICAID |
| | | 2 | 1. Mentioned |
| | | 26 | 2. Not mentioned |
| | | 40 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,037 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (2673-2684) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM READER OR INTERPRETER IN PAST 12 MONTHS - Continued |
| 2678 | 39a(6) | | REHABILITATION PROGRAM |
| | | 0 | 1. Mentioned |
| | | 28 | 2. Not mentioned |
| | | 40 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,037 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2679 | 39a(7) | | EMPLOYER |
| | | 2 | 1. Mentioned |
| | | 26 | 2. Not mentioned |
| | | 40 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,037 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2680 | 39a(8) | | SCHOOL SYSTEM |
| | | 3 | 1. Mentioned |
| | | 25 | 2. Not mentioned |
| | | 40 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,037 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (2673-2684) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM READER OR INTERPRETER IN PAST 12 MONTHS - Continued |

| | | | |
|------|--------|--------|--|
| 2681 | 39a(9) | | VA PROGRAM |
| | | 0 | 1. Mentioned |
| | | 28 | 2. Not mentioned |
| | | 40 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,037 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|---------|--------|--|
| 2682 | 39a(10) | | OTHER MILITARY |
| | | 0 | 1. Mentioned |
| | | 28 | 2. Not mentioned |
| | | 40 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,037 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|---------|--------|--|
| 2683 | 39a(11) | | OTHER PRIVATE SOURCE |
| | | 2 | 1. Mentioned |
| | | 26 | 2. Not mentioned |
| | | 40 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,037 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| (2673-2684) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM READER OR INTERPRETER IN PAST 12 MONTHS - Continued |
| 2684 | 39a(12) | | OTHER PUBLIC SOURCE |
| | | 9 | 1. Mentioned |
| | | 19 | 2. Not mentioned |
| | | 40 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,037 | Blank. NA (Institutionalized; No or DK if needed services of |

provider in past 12 months)

2685-2686 39b

WHO PAID MOST FOR SERVICES
RECEIVED FROM READER OR
INTERPRETER IN PAST 12 MONTHS

| | | |
|--------|--------|---|
| 7 | 01. | Self or family in HH |
| 1 | 02. | Family not in HH |
| 2 | 03. | Private health insurance |
| 0 | 04. | Medicare |
| 2 | 05. | Medicaid |
| 0 | 06. | Rehabilitation program |
| 2 | 07. | Employer |
| 3 | 08. | School system |
| 0 | 09. | VA program |
| 0 | 10. | Other military |
| 2 | 11. | Other private source |
| 9 | 12. | Other public source |
| 0 | 13. | Two or more sources given; unknown which paid most |
| 40 | 33. | No one/Free |
| 5 | 88. | No source ascertained |
| 4 | 99. | DK/refused any source |
| 16,037 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 2687-2691 | 39c | | HOW MUCH DID YOU OR YOUR FAMILY PAY FOR SERVICE RECEIVED FROM READER OR INTERPRETER DURING PAST 12 MONTHS (Self or Family in HH a payment source in Q 39a) |
| | | 2 | 00000. None |
| | | 4 | 00001-99996. 1-99996 Dollars paid |
| | | 0 | 99997. 99997+ Dollars paid |
| | | 1 | 99998. Not ascertained |
| | | 1 | 99999. DK or refused |
| | | 16,106 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months; self/family in HH not payment source) |

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DID YOU RECEIVE SERVICES
FROM READER OR INTERPRETER
(LAST MONTH)

| | | |
|--------|--------|---|
| 46 | 1. | Yes |
| 22 | 2. | No |
| 6 | 8. | Not ascertained |
| 3 | 9. | DK or refused |
| 16,037 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (2693-2703) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM READER OR INTERPRETER IN PAST 12 MONTHS (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2693 | 41(0) | | DIDN'T NEED SERVICES |
| | | 19 | 1. Mentioned |
| | | 29 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,063 | Blank. NA (Institutionalized) |
| 2694 | 41(1) | | PROVIDER THINKS NO LONGER NEEDED |
| | | 1 | 1. Mentioned |
| | | 47 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,063 | Blank. NA (Institutionalized) |
| 2695 | 41(2) | | TOO EXPENSIVE/CAN'T AFFORD |
| | | 8 | 1. Mentioned |
| | | 40 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,063 | Blank. NA (Institutionalized) |
| 2696 | 41(3) | | INSURANCE DOESN'T COVER |
| | | 5 | 1. Mentioned |
| | | 43 | 2. Not mentioned |

1 8. No answer to entire question
 2 9. DK or refused (entire question)
 16,063 Blank. NA (Institutionalized)

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (2693-2703) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM READER OR INTERPRETER IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2697 | 41(4) | | INSURANCE NO LONGER COVERS |
| | | 0 | 1. Mentioned |
| | | 48 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,063 | Blank. NA (Institutionalized) |
| 2698 | 41(5) | | NO LONGER ON MEDICAID |
| | | 0 | 1. Mentioned |
| | | 48 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,063 | Blank. NA (Institutionalized) |
| 2699 | 41(6) | | PROVIDER NOT AVAILABLE |
| | | 5 | 1. Mentioned |
| | | 43 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,063 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

(2693-2703) 41(0-10) WHY DIDN'T YOU RECEIVE SERVICES FROM READER OR INTERPRETER IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45)

2700 41(7) DIDN'T LIKE PROVIDER

| | |
|--------|------------------------------------|
| 0 | 1. Mentioned |
| 48 | 2. Not mentioned |
| 1 | 8. No answer to entire question |
| 2 | 9. DK or refused (entire question) |
| 16,063 | Blank. NA (Institutionalized) |

2701 41(8) TRANSPORTATION PROBLEMS

| | |
|--------|------------------------------------|
| 2 | 1. Mentioned |
| 46 | 2. Not mentioned |
| 1 | 8. No answer to entire question |
| 2 | 9. DK or refused (entire question) |
| 16,063 | Blank. NA (Institutionalized) |

2702 41(9) COULD NOT TAKE TIME TIME OFF FROM WORK

| | |
|--------|------------------------------------|
| 0 | 1. Mentioned |
| 48 | 2. Not mentioned |
| 1 | 8. No answer to entire question |
| 2 | 9. DK or refused (entire question) |
| 16,063 | Blank. NA (Institutionalized) |

2703 41(10) OTHER REASON

| | |
|--------|------------------------------------|
| 18 | 1. Mentioned |
| 30 | 2. Not mentioned |
| 1 | 8. No answer to entire question |
| 2 | 9. DK or refused (entire question) |
| 16,063 | Blank. NA (Institutionalized) |

2704 BLANK

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Section I - Other Services

| Tape | Locations | Item No. | Frequency | Items and Codes |
|------|-----------|----------|-----------|-----------------|
|------|-----------|----------|-----------|-----------------|

| | | | |
|------|-----|--------|--|
| 2705 | 37a | | DID YOU RECEIVE SERVICES FROM ADULT DAY CARE OR DAY ACTIVITY CENTER IN PAST 12 MONTHS |
| | | 115 | 1. Yes |
| | | 15,649 | 2. No |
| | | 123 | 8. Not ascertained |
| | | 9 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |

| | | | |
|------|-----|--------|---|
| 2706 | 37b | | DID YOU NEED SERVICES FROM ADULT DAY CARE OR DAY ACTIVITY CENTER IN PAST 12 MONTHS |
| | | 33 | 1. Yes |
| | | 15,432 | 2. No |
| | | 286 | 8. Not ascertained |
| | | 30 | 9. DK or refused |
| | | 333 | Blank. NA (Institutionalized; Received services from provider in past 12 months) |

| | | | |
|-----------|-----|--------|---|
| 2707-2708 | 38a | | NUMBER OF MONTHS YOU RECEIVED SERVICE(S) IN PAST 12 MONTHS FROM ADULT DAYCARE OR DAY ACTIVITY CENTER |
| | | 107 | 01-12. 1-12 months |
| | | 6 | 98. Not ascertained |
| | | 2 | 99. DK or refused |
| | | 15,999 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 2709-2710 | 38b | | TOTAL NUMBER OF TIMES YOU RECEIVED SERVICE DURING THOSE MONTHS FROM ADULT DAYCARE OR DAY ACTIVITY CENTER |
| | | 46 | 01-96. 1-96 times |
| | | 47 | 97. 97+ times |
| | | 10 | 98. Not ascertained |
| | | 12 | 99. DK or refused |
| | | 15,999 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|-------------|-----------|--------|---|
| (2711-2722) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM ADULT DAYCARE OR DAY ACTIVITY CENTER IN PAST 12 MONTHS |
| 2711 | 39a(1) | | SELF OR FAMILY IN HH |
| | | 22 | 1. Mentioned |
| | | 54 | 2. Not mentioned |
| | | 22 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 12 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2712 | 39a(2) | | FAMILY NOT IN HH |
| | | 0 | 1. Mentioned |
| | | 76 | 2. Not mentioned |
| | | 22 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 12 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| (2711-2722) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM ADULT DAYCARE OR DAY ACTIVITY CENTER IN PAST 12 MONTHS - Continued |
| 2713 | 39a(3) | | PRIVATE HEALTH INSURANCE |
| | | 0 | 1. Mentioned |
| | | 76 | 2. Not mentioned |
| | | 22 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 12 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--|----------|
| 2714 | 39a(4) | | MEDICARE |
|------|--------|--|----------|

| | | |
|--------|--------|---|
| 15 | 1. | Mentioned |
| 61 | 2. | Not mentioned |
| 22 | 3. | No one/Free |
| 5 | 8. | No answer to entire question |
| 12 | 9. | DK or refused (entire question) |
| 15,999 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2715 | 39a(5) | | MEDICAID |
| | | 29 | 1. Mentioned |
| | | 47 | 2. Not mentioned |
| | | 22 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 12 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| (2711-2722) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM ADULT DAYCARE OR DAY ACTIVITY CENTER IN PAST 12 MONTHS - Continued |
| 2716 | 39a(6) | | REHABILITATION PROGRAM |
| | | 5 | 1. Mentioned |
| | | 71 | 2. Not mentioned |
| | | 22 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 12 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|---|
| 2717 | 39a(7) | | EMPLOYER |
| | | 0 | 1. Mentioned |
| | | 76 | 2. Not mentioned |
| | | 22 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 12 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized; No or DK if needed services of |

provider in past 12 months)

| | | | |
|------|--------|--------|--|
| 2718 | 39a(8) | | SCHOOL SYSTEM |
| | | 0 | 1. Mentioned |
| | | 76 | 2. Not mentioned |
| | | 22 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 12 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| (2711-2722) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM ADULT DAYCARE OR DAY ACTIVITY CENTER IN PAST 12 MONTHS - Continued |
| 2719 | 39a(9) | | VA PROGRAM |
| | | 1 | 1. Mentioned |
| | | 75 | 2. Not mentioned |
| | | 22 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 12 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2720 | 39a(10) | | OTHER MILITARY |
| | | 0 | 1. Mentioned |
| | | 76 | 2. Not mentioned |
| | | 22 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 12 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2721 | 39a(11) | | OTHER PRIVATE SOURCE |
| | | 4 | 1. Mentioned |
| | | 72 | 2. Not mentioned |
| | | 22 | 3. No one/Free |

| | | |
|--------|--------|---|
| 5 | 8. | No answer to entire question |
| 12 | 9. | DK or refused (entire question) |
| 15,999 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (2711-2722) | 39a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM ADULT DAYCARE OR DAY ACTIVITY CENTER IN PAST 12 MONTHS - Continued |
| 2722 | 39a(12) | | OTHER PUBLIC SOURCE |
| | | 21 | 1. Mentioned |
| | | 55 | 2. Not mentioned |
| | | 22 | 3. No one/Free |
| | | 5 | 8. No answer to entire question |
| | | 12 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2723-2724 | 39b | | WHO PAID MOST FOR SERVICES RECEIVED FROM ADULT DAY CARE OR DAY ACTIVITY CENTER IN PAST 12 MONTHS |
| | | 18 | 01. Self or family in HH |
| | | 0 | 02. Family not in HH |
| | | 0 | 03. Private health insurance |
| | | 7 | 04. Medicare |
| | | 20 | 05. Medicaid |
| | | 4 | 06. Rehabilitation program |
| | | 0 | 07. Employer |
| | | 0 | 08. School system |
| | | 1 | 09. VA program |
| | | 0 | 10. Other military |
| | | 3 | 11. Other private source |
| | | 15 | 12. Other public source |
| | | 8 | 13. Two or more sources given; unknown which paid most |
| | | 22 | 33. No one/Free |
| | | 5 | 88. No source ascertained |
| | | 12 | 99. DK/refused any source |
| | | 15,999 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2725-2729 | 39c | | HOW MUCH DID YOU OR YOUR FAMILY PAY FOR SERVICE RECEIVED FROM ADULT DAY CARE OR DAY ACTIVITY CENTER DURING PAST 12 MONTHS (Self or Family in HH a payment source in Q 39a) |
| | | 0 | 00000. None |
| | | 17 | 00001-99996. 1-99996 Dollars paid |
| | | 0 | 99997. 99997+ Dollars paid |
| | | 1 | 99998. Not ascertained |
| | | 4 | 99999. DK or refused |
| | | 16,092 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months; self/family in HH not payment source) |
| 2730 | 40 | | DID YOU RECEIVE SERVICES FROM ADULT DAY CARE OR DAY ACTIVITY CENTER (LAST MONTH) |
| | | 94 | 1. Yes |
| | | 11 | 2. No |
| | | 8 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,999 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (2731-2741) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM ADULT DAY CARE OR DAY ACTIVITY CENTER IN PAST 12 MONTHS (Needed services of provider in past 12 months - Yes to |

Q 37b or No to Q 40/Yes to
Q 42b or No to Q 45)

| | | | |
|------|-------|--------|------------------------------------|
| 2731 | 41(0) | | DIDN'T NEED SERVICES |
| | | 6 | 1. Mentioned |
| | | 32 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,070 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|-------------------------------------|
| 2732 | 41(1) | | PROVIDER THINKS NO LONGER NEEDED |
| | | 0 | 1. Mentioned |
| | | 38 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,070 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2733 | 41(2) | | TOO EXPENSIVE/CAN'T AFFORD |
| | | 6 | 1. Mentioned |
| | | 32 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,070 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2734 | 41(3) | | INSURANCE DOESN'T COVER |
| | | 5 | 1. Mentioned |
| | | 33 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,070 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (2731-2741) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM ADULT DAY CARE OR DAY ACTIVITY CENTER IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |

| | | | |
|------|-------|--------|------------------------------------|
| 2735 | 41(4) | | INSURANCE NO LONGER COVERS |
| | | 0 | 1. Mentioned |
| | | 38 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,070 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2736 | 41(5) | | NO LONGER ON MEDICAID |
| | | 1 | 1. Mentioned |
| | | 37 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,070 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2737 | 41(6) | | PROVIDER NOT AVAILABLE |
| | | 5 | 1. Mentioned |
| | | 33 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,070 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (2731-2741) | 41(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM ADULT DAY CARE OR DAY ACTIVITY CENTER IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2738 | 41(7) | | DIDN'T LIKE PROVIDER |
| | | 3 | 1. Mentioned |
| | | 35 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,070 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|----|-------------------------|
| 2739 | 41(8) | | TRANSPORTATION PROBLEMS |
| | | 3 | 1. Mentioned |
| | | 35 | 2. Not mentioned |

| | |
|--------|------------------------------------|
| 4 | 8. No answer to entire question |
| 2 | 9. DK or refused (entire question) |
| 16,070 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|---|
| 2740 | 41(9) | | COULD NOT TAKE TIME TIME OFF FROM WORK |
| | | 0 | 1. Mentioned |
| | | 38 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,070 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|--------|------------------------------------|
| 2741 | 41(10) | | OTHER REASON |
| | | 17 | 1. Mentioned |
| | | 21 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,070 | Blank. NA (Institutionalized) |

| | | | |
|------|--|--|-------|
| 2742 | | | BLANK |
|------|--|--|-------|

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2743 | 42a | | DID YOU RECEIVE SERVICES FOR ALCOHOL OR DRUG ABUSE IN PAST 12 MONTHS |
| | | 179 | 1. Yes |
| | | 15,581 | 2. No |
| | | 124 | 8. Not ascertained |
| | | 12 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| 2744 | 42b | | DID YOU NEED SERVICES FOR ALCOHOL OR DRUG ABUSE IN PAST 12 MONTHS |
| | | 30 | 1. Yes |
| | | 15,374 | 2. No |
| | | 284 | 8. Not ascertained |
| | | 29 | 9. DK or refused |
| | | 397 | Blank. NA (Institutionalized; Received services from provider in past 12 months) |

| | | | |
|-----------|-----|--------|--|
| 2745-2746 | 43a | | NUMBER OF MONTHS YOU RECEIVED SERVICE(S) IN PAST 12 MONTHS FOR ALCOHOL OR DRUG ABUSE |
| | | 172 | 01-12. 1-12 months |
| | | 2 | 98. Not ascertained |
| | | 5 | 99. DK or refused |
| | | 15,935 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| 2747-2748 | 43b | | TOTAL NUMBER OF TIMES YOU RECEIVED SERVICE DURING THOSE MONTHS FOR ALCOHOL OR DRUG ABUSE |
| | | 136 | 01-96. 1-96 times |
| | | 18 | 97. 97+ times |
| | | 6 | 98. Not ascertained |
| | | 19 | 99. DK or refused |
| | | 15,935 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| (2749-2760) | 44a(1-12) | | WHO PAID OR WILL PAY FOR ALCOHOL OR DRUG ABUSE SERVICES RECEIVED IN PAST 12 MONTHS |
| 2749 | 44a(1) | | SELF OR FAMILY IN HH |
| | | 46 | 1. Mentioned |
| | | 100 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,935 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2750 | 44a(2) | | FAMILY NOT IN HH |
| | | 3 | 1. Mentioned |
| | | 143 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |

15,935 Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2749-2760) | 44a(1-12) | | WHO PAID OR WILL PAY FOR ALCOHOL OR DRUG ABUSE SERVICES RECEIVED IN PAST 12 MONTHS - Continued |
| 2751 | 44a(3) | | PRIVATE HEALTH INSURANCE |
| | | 38 | 1. Mentioned |
| | | 108 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,935 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2752 | 44a(4) | | MEDICARE |
| | | 12 | 1. Mentioned |
| | | 134 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,935 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2753 | 44a(5) | | MEDICAID |
| | | 48 | 1. Mentioned |
| | | 98 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,935 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2749-2760) | 44a(1-12) | | WHO PAID OR WILL PAY FOR ALCOHOL OR DRUG ABUSE SERVICES RECEIVED IN PAST 12 MONTHS - Continued |
| 2754 | 44a(6) | | REHABILITATION PROGRAM |
| | | 6 | 1. Mentioned |
| | | 140 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,935 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2755 | 44a(7) | | EMPLOYER |
| | | 3 | 1. Mentioned |
| | | 143 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,935 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2756 | 44a(8) | | SCHOOL SYSTEM |
| | | 0 | 1. Mentioned |
| | | 146 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,935 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2749-2760) | 44a(1-12) | | WHO PAID OR WILL PAY FOR ALCOHOL OR DRUG ABUSE SERVICES RECEIVED IN PAST |

12 MONTHS - Continued

| | | | |
|------|--------|--------|--|
| 2757 | 44a(9) | | VA PROGRAM |
| | | 5 | 1. Mentioned |
| | | 141 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,935 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|---------|--------|--|
| 2758 | 44a(10) | | OTHER MILITARY |
| | | 0 | 1. Mentioned |
| | | 146 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,935 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|---------|--------|--|
| 2759 | 44a(11) | | OTHER PRIVATE SOURCE |
| | | 3 | 1. Mentioned |
| | | 143 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,935 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|---|
| (2749-2760) | 44a(1-12) | | WHO PAID OR WILL PAY FOR ALCOHOL OR DRUG ABUSE SERVICES RECEIVED IN PAST 12 MONTHS - Continued |
| 2760 | 44a(12) | | OTHER PUBLIC SOURCE |
| | | 15 | 1. Mentioned |
| | | 131 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |

15,935 Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)

2761-2762 44b

WHO PAID MOST FOR ALCOHOL OR DRUG ABUSE SERVICES RECEIVED IN PAST 12 MONTHS

| | | |
|--------|--------|---|
| 28 | 01. | Self or family in HH |
| 3 | 02. | Family not in HH |
| 34 | 03. | Private health insurance |
| 11 | 04. | Medicare |
| 41 | 05. | Medicaid |
| 5 | 06. | Rehabilitation program |
| 2 | 07. | Employer |
| 0 | 08. | School system |
| 5 | 09. | VA program |
| 0 | 10. | Other military |
| 3 | 11. | Other private source |
| 13 | 12. | Other public source |
| 1 | 13. | Two or more sources given; unknown which paid most |
| 29 | 33. | No one/Free |
| 2 | 88. | No source ascertained |
| 2 | 99. | DK/refused any source |
| 15,935 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

Tape Locations

Item No. Frequency

Items and Codes

2763-2767 44c

HOW MUCH DID YOU OR YOUR FAMILY PAY FOR ALCOHOL OR DRUG ABUSE SERVICE RECEIVED DURING PAST 12 MONTHS (Self or Family in HH a payment source in Q 39a)

| | | |
|--------|--------------|---|
| 4 | 00000. | None |
| 31 | 00001-99996. | 1-99996 Dollars paid |
| 0 | 99997. | 99997+ Dollars paid |
| 1 | 99998. | Not ascertained |
| 10 | 99999. | DK or refused |
| 16,068 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months; self/family in HH not payment source) |

2768

45

DID YOU RECEIVE SERVICES

FOR ALCOHOL OR DRUG ABUSE
(LAST MONTH)

| | |
|--------|--|
| 94 | 1. Yes |
| 79 | 2. No |
| 3 | 8. Not ascertained |
| 3 | 9. DK or refused |
| 15,935 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2769-2779) | 46(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FOR ALCOHOL OR DRUG ABUSE IN PAST 12 MONTHS (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2769 | 46(0) | | DIDN'T NEED SERVICES |
| | | 58 | 1. Mentioned |
| | | 45 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 16,005 | Blank. NA (Institutionalized) |
| 2770 | 46(1) | | PROVIDER THINKS NO LONGER NEEDED |
| | | 7 | 1. Mentioned |
| | | 96 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 16,005 | Blank. NA (Institutionalized) |
| 2771 | 46(2) | | TOO EXPENSIVE/CAN'T AFFORD |
| | | 12 | 1. Mentioned |
| | | 91 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 16,005 | Blank. NA (Institutionalized) |
| 2772 | 46(3) | | INSURANCE DOESN'T COVER |

| | |
|--------|------------------------------------|
| 4 | 1. Mentioned |
| 99 | 2. Not mentioned |
| 1 | 8. No answer to entire question |
| 5 | 9. DK or refused (entire question) |
| 16,005 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2769-2779) | 46(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FOR ALCOHOL OR DRUG ABUSE IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2773 | 46(4) | | INSURANCE NO LONGER COVERS |
| | | 2 | 1. Mentioned |
| | | 101 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 16,005 | Blank. NA (Institutionalized) |
| 2774 | 46(5) | | NO LONGER ON MEDICAID |
| | | 0 | 1. Mentioned |
| | | 103 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 16,005 | Blank. NA (Institutionalized) |
| 2775 | 46(6) | | PROVIDER NOT AVAILABLE |
| | | 3 | 1. Mentioned |
| | | 100 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 16,005 | Blank. NA (Institutionalized) |

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Section I - Other Services

Tape

| Locations | Item No. | Frequency | Items and Codes |
|-------------|----------|-----------|---|
| (2769-2779) | 46(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FOR ALCOHOL OR DRUG ABUSE IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2776 | 46(7) | | DIDN'T LIKE PROVIDER |
| | | 1 | 1. Mentioned |
| | | 102 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 16,005 | Blank. NA (Institutionalized) |
| 2777 | 46(8) | | TRANSPORTATION PROBLEMS |
| | | 4 | 1. Mentioned |
| | | 99 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 16,005 | Blank. NA (Institutionalized) |
| 2778 | 46(9) | | COULD NOT TAKE TIME TIME OFF FROM WORK |
| | | 3 | 1. Mentioned |
| | | 100 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 16,005 | Blank. NA (Institutionalized) |
| 2779 | 46(10) | | OTHER REASON |
| | | 31 | 1. Mentioned |
| | | 72 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 16,005 | Blank. NA (Institutionalized) |
| 2780 | | | BLANK |

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Section I - Other Services

| Tape | Locations | Item No. | Frequency | Items and Codes |
|------|-----------|----------|-----------|-----------------|
|------|-----------|----------|-----------|-----------------|

| | | | |
|------|-----|--------|---|
| 2781 | 42a | | DID YOU RECEIVE SERVICES FROM A CENTER FOR INDEPENDENT LIVING IN PAST 12 MONTHS |
| | | 46 | 1. Yes |
| | | 15,712 | 2. No |
| | | 125 | 8. Not ascertained |
| | | 13 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |

| | | | |
|------|-----|--------|--|
| 2782 | 42b | | DID YOU NEED SERVICES FROM A CENTER FOR INDEPENDENT LIVING IN PAST 12 MONTHS |
| | | 26 | 1. Yes |
| | | 15,508 | 2. No |
| | | 282 | 8. Not ascertained |
| | | 34 | 9. DK or refused |
| | | 264 | Blank. NA (Institutionalized; Received services from provider in past 12 months) |

| | | | |
|-----------|-----|--------|---|
| 2783-2784 | 43a | | NUMBER OF MONTHS YOU RECEIVED SERVICE(S) IN PAST 12 MONTHS FROM A CENTER FOR INDEPENDENT LIVING |
| | | 44 | 01-12. 1-12 months |
| | | 2 | 98. Not ascertained |
| | | 0 | 99. DK or refused |
| | | 16,068 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 2785-2786 | 43b | | TOTAL NUMBER OF TIMES YOU RECEIVED SERVICE DURING THOSE MONTHS FROM A CENTER FOR INDEPENDENT LIVING |
| | | 27 | 01-96. 1-96 times |
| | | 9 | 97. 97+ times |
| | | 4 | 98. Not ascertained |
| | | 6 | 99. DK or refused |
| | | 16,068 | Blank. NA (Institutionalized; No or DK if needed services of |

provider in past 12 months)

| | | | |
|-------------|-----------|--------|---|
| (2787-2798) | 44a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM A CENTER FOR INDEPENDENT LIVING IN PAST 12 MONTHS |
| 2787 | 44a(1) | | SELF OR FAMILY IN HH |
| | | 5 | 1. Mentioned |
| | | 25 | 2. Not mentioned |
| | | 10 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,068 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2788 | 44a(2) | | FAMILY NOT IN HH |
| | | 1 | 1. Mentioned |
| | | 29 | 2. Not mentioned |
| | | 10 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,068 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2787-2798) | 44a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM A CENTER FOR INDEPENDENT LIVING IN PAST 12 MONTHS - Continued |
| 2789 | 44a(3) | | PRIVATE HEALTH INSURANCE |
| | | 0 | 1. Mentioned |
| | | 30 | 2. Not mentioned |
| | | 10 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,068 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2790 | 44a(4) | | MEDICARE |
| | | 5 | 1. Mentioned |
| | | 25 | 2. Not mentioned |
| | | 10 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,068 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2791 | 44a(5) | | MEDICAID |
| | | 12 | 1. Mentioned |
| | | 18 | 2. Not mentioned |
| | | 10 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,068 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (2787-2798) | 44a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM A CENTER FOR INDEPENDENT LIVING IN PAST 12 MONTHS - Continued |
| 2792 | 44a(6) | | REHABILITATION PROGRAM |
| | | 5 | 1. Mentioned |
| | | 25 | 2. Not mentioned |
| | | 10 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,068 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|------------------------------------|
| 2793 | 44a(7) | | EMPLOYER |
| | | 0 | 1. Mentioned |
| | | 30 | 2. Not mentioned |
| | | 10 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,068 | Blank. NA (Institutionalized; No |

or DK if needed services of
provider in past 12 months)

| | | | |
|------|--------|--------|--|
| 2794 | 44a(8) | | SCHOOL SYSTEM |
| | | 1 | 1. Mentioned |
| | | 29 | 2. Not mentioned |
| | | 10 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,068 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|---|
| (2787-2798) | 44a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM A CENTER FOR INDEPENDENT LIVING IN PAST 12 MONTHS - Continued |
| 2795 | 44a(9) | | VA PROGRAM |
| | | 0 | 1. Mentioned |
| | | 30 | 2. Not mentioned |
| | | 10 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,068 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2796 | 44a(10) | | OTHER MILITARY |
| | | 0 | 1. Mentioned |
| | | 30 | 2. Not mentioned |
| | | 10 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,068 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2797 | 44a(11) | | OTHER PRIVATE SOURCE |
| | | 0 | 1. Mentioned |
| | | 30 | 2. Not mentioned |

| | | |
|--------|--------|---|
| 10 | 3. | No one/Free |
| 2 | 8. | No answer to entire question |
| 4 | 9. | DK or refused (entire question) |
| 16,068 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2787-2798) | 44a(1-12) | | WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM A CENTER FOR INDEPENDENT LIVING IN PAST 12 MONTHS - Continued |
| 2798 | 44a(12) | | OTHER PUBLIC SOURCE |
| | | 8 | 1. Mentioned |
| | | 22 | 2. Not mentioned |
| | | 10 | 3. No one/Free |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 16,068 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2799-2800 | 44b | | WHO PAID MOST FOR SERVICES RECEIVED FROM A CENTER FOR INDEPENDENT LIVING IN PAST 12 MONTHS |
| | | 3 | 01. Self or family in HH |
| | | 1 | 02. Family not in HH |
| | | 0 | 03. Private health insurance |
| | | 2 | 04. Medicare |
| | | 9 | 05. Medicaid |
| | | 5 | 06. Rehabilitation program |
| | | 0 | 07. Employer |
| | | 1 | 08. School system |
| | | 0 | 09. VA program |
| | | 0 | 10. Other military |
| | | 0 | 11. Other private source |
| | | 6 | 12. Other public source |
| | | 3 | 13. Two or more sources given; unknown which paid most |
| | | 10 | 33. No one/Free |
| | | 2 | 88. No source ascertained |
| | | 4 | 99. DK/refused any source |
| | | 16,068 | Blank. NA (Institutionalized; No or DK if needed services of |

provider in past 12 months)

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2801-2805 | 44c | | HOW MUCH DID YOU OR YOUR FAMILY PAY FOR SERVICE RECEIVED FROM A CENTER FOR INDEPENDENT LIVING DURING PAST 12 MONTHS (Self or Family in HH a payment source in Q 39a) |
| | | 0 | 00000. None |
| | | 3 | 00001-99996. 1-99996 Dollars paid |
| | | 0 | 99997. 99997+ Dollars paid |
| | | 0 | 99998. Not ascertained |
| | | 2 | 99999. DK or refused |
| | | 16,109 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months; self/family in HH not payment source) |
| 2806 | 45 | | DID YOU RECEIVE SERVICES FROM A CENTER FOR INDEPENDENT LIVING (LAST MONTH) |
| | | 27 | 1. Yes |
| | | 16 | 2. No |
| | | 3 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,068 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2807-2817) | 46(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM A CENTER FOR INDEPENDENT LIVING IN PAST 12 MONTHS (Needed services of provider |

in past 12 months - Yes to
 Q 37b or No to Q 40/Yes to
 Q 42b or No to Q 45)

| | | | |
|------|-------|--------|------------------------------------|
| 2807 | 46(0) | | DIDN'T NEED SERVICES |
| | | 10 | 1. Mentioned |
| | | 28 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,072 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|-------------------------------------|
| 2808 | 46(1) | | PROVIDER THINKS NO LONGER NEEDED |
| | | 3 | 1. Mentioned |
| | | 35 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,072 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2809 | 46(2) | | TOO EXPENSIVE/CAN'T AFFORD |
| | | 6 | 1. Mentioned |
| | | 32 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,072 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2810 | 46(3) | | INSURANCE DOESN'T COVER |
| | | 2 | 1. Mentioned |
| | | 36 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,072 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (2807-2817) | 46(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM A CENTER FOR INDEPENDENT LIVING IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |

| | | | |
|------|-------|--------|------------------------------------|
| 2811 | 46(4) | | INSURANCE NO LONGER COVERS |
| | | 1 | 1. Mentioned |
| | | 37 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,072 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2812 | 46(5) | | NO LONGER ON MEDICAID |
| | | 0 | 1. Mentioned |
| | | 38 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,072 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2813 | 46(6) | | PROVIDER NOT AVAILABLE |
| | | 7 | 1. Mentioned |
| | | 31 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,072 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2814 | 46(7) | | DIDN'T LIKE PROVIDER |
| | | 1 | 1. Mentioned |
| | | 37 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 16,072 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (2807-2817) | 46(0-10) | | WHY DIDN'T YOU RECEIVE SERVICES FROM A CENTER FOR INDEPENDENT LIVING IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2815 | 46(8) | | TRANSPORTATION PROBLEMS |
| | | 2 | 1. Mentioned |
| | | 36 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |

2 9. DK or refused (entire question)
 16,072 Blank. NA (Institutionalized)

2816 46(9) COULD NOT TAKE TIME
 TIME OFF FROM WORK

0 1. Mentioned
 38 2. Not mentioned
 2 8. No answer to entire question
 2 9. DK or refused (entire question)
 16,072 Blank. NA (Institutionalized)

2817 46(10) OTHER REASON

11 1. Mentioned
 27 2. Not mentioned
 2 8. No answer to entire question
 2 9. DK or refused (entire question)
 16,072 Blank. NA (Institutionalized)

2818 BLANK

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2819 | 42a | | DID YOU RECEIVE RESPIRATORY THERAPY SERVICES IN PAST 12 MONTHS |
| | | 336 | 1. Yes |
| | | 15,420 | 2. No |
| | | 126 | 8. Not ascertained |
| | | 14 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| 2820 | 42b | | DID YOU NEED RESPIRATORY THERAPY SERVICES IN PAST 12 MONTHS |
| | | 48 | 1. Yes |
| | | 15,197 | 2. No |
| | | 282 | 8. Not ascertained |
| | | 33 | 9. DK or refused |
| | | 554 | Blank. NA (Institutionalized; Received services from provider in past 12 months) |

| | | | |
|-----------|-----|--------|--|
| 2821-2822 | 43a | | NUMBER OF MONTHS YOU RECEIVED RESPIRATORY THERAPY SERVICE(S) IN PAST 12 MONTHS |
| | | 323 | 01-12. 1-12 months |
| | | 5 | 98. Not ascertained |
| | | 8 | 99. DK or refused |
| | | 15,778 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| 2823-2824 | 43b | | TOTAL NUMBER OF TIMES YOU RECEIVED RESPIRATORY THERAPY SERVICE DURING THOSE MONTHS |
| | | 262 | 01-96. 1-96 times |
| | | 18 | 97. 97+ times |
| | | 19 | 98. Not ascertained |
| | | 37 | 99. DK or refused |
| | | 15,778 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| (2825-2836) | 44a(1-12) | | WHO PAID OR WILL PAY FOR RESPIRATORY THERAPY SERVICES RECEIVED IN PAST 12 MONTHS |
| 2825 | 44a(1) | | SELF OR FAMILY IN HH |
| | | 67 | 1. Mentioned |
| | | 251 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 8 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,778 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2826 | 44a(2) | | FAMILY NOT IN HH |
| | | 3 | 1. Mentioned |
| | | 315 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 8 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,778 | Blank. NA (Institutionalized; No or DK if needed services of |

provider in past 12 months)

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|---|
| (2825-2836) | 44a(1-12) | | WHO PAID OR WILL PAY FOR RESPIRATORY THERAPY SERVICES RECEIVED IN PAST 12 MONTHS - Continued |
| 2827 | 44a(3) | | PRIVATE HEALTH INSURANCE |
| | | 142 | 1. Mentioned |
| | | 176 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 8 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,778 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2828 | 44a(4) | | MEDICARE |
| | | 147 | 1. Mentioned |
| | | 171 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 8 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,778 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2829 | 44a(5) | | MEDICAID |
| | | 58 | 1. Mentioned |
| | | 260 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 8 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,778 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (2825-2836) | 44a(1-12) | | WHO PAID OR WILL PAY FOR RESPIRATORY THERAPY SERVICES RECEIVED IN PAST 12 MONTHS - Continued |
| 2830 | 44a(6) | | REHABILITATION PROGRAM |
| | | 0 | 1. Mentioned |
| | | 318 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 8 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,778 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2831 | 44a(7) | | EMPLOYER |
| | | 6 | 1. Mentioned |
| | | 312 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 8 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,778 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2832 | 44a(8) | | SCHOOL SYSTEM |
| | | 0 | 1. Mentioned |
| | | 318 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 8 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,778 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (2825-2836) | 44a(1-12) | | WHO PAID OR WILL PAY FOR RESPIRATORY THERAPY SERVICES RECEIVED IN PAST 12 MONTHS - Continued |

| | | | |
|------|--------|--------|--|
| 2833 | 44a(9) | | VA PROGRAM |
| | | 15 | 1. Mentioned |
| | | 303 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 8 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,778 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|---------|--------|--|
| 2834 | 44a(10) | | OTHER MILITARY |
| | | 6 | 1. Mentioned |
| | | 312 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 8 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,778 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|---------|--------|--|
| 2835 | 44a(11) | | OTHER PRIVATE SOURCE |
| | | 19 | 1. Mentioned |
| | | 299 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 8 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,778 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|---|
| (2825-2836) | 44a(1-12) | | WHO PAID OR WILL PAY FOR RESPIRATORY THERAPY SERVICES RECEIVED IN PAST 12 MONTHS - Continued |
| 2836 | 44a(12) | | OTHER PUBLIC SOURCE |
| | | 11 | 1. Mentioned |
| | | 307 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 8 | 8. No answer to entire question |
| | | 8 | 9. DK or refused (entire question) |
| | | 15,778 | Blank. NA (Institutionalized; No or DK if needed services of |

provider in past 12 months)

| | | | |
|-----------|-----|--------|--|
| 2837-2838 | 44b | | WHO PAID MOST FOR RESPIRATORY THERAPY SERVICES RECEIVED IN PAST 12 MONTHS |
| | | 19 | 01. Self or family in HH |
| | | 0 | 02. Family not in HH |
| | | 84 | 03. Private health insurance |
| | | 120 | 04. Medicare |
| | | 40 | 05. Medicaid |
| | | 0 | 06. Rehabilitation program |
| | | 5 | 07. Employer |
| | | 0 | 08. School system |
| | | 14 | 09. VA program |
| | | 5 | 10. Other military |
| | | 7 | 11. Other private source |
| | | 7 | 12. Other public source |
| | | 17 | 13. Two or more sources given; unknown which paid most |
| | | 2 | 33. No one/Free |
| | | 8 | 88. No source ascertained |
| | | 8 | 99. DK/refused any source |
| | | 15,778 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 2839-2843 | 44c | | HOW MUCH DID YOU OR YOUR FAMILY PAY FOR RESPIRATORY THERAPY SERVICE RECEIVED DURING PAST 12 MONTHS (Self or Family in HH a payment source in Q 39a) |
| | | 5 | 00000. None |
| | | 43 | 00001-99996. 1-99996 Dollars paid |
| | | 0 | 99997. 99997+ Dollars paid |
| | | 4 | 99998. Not ascertained |
| | | 15 | 99999. DK or refused |
| | | 16,047 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months; self/family in HH not payment source) |

2844

45

DID YOU RECEIVE RESPIRATORY
THERAPY SERVICES (LAST MONTH)

| | | |
|--------|--------|---|
| 128 | 1. | Yes |
| 196 | 2. | No |
| 10 | 8. | Not ascertained |
| 2 | 9. | DK or refused |
| 15,778 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2845-2855) | 46(0-10) | | WHY DIDN'T YOU RECEIVE RESPIRATORY THERAPY SERVICES IN PAST 12 MONTHS (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2845 | 46(0) | | DIDN'T NEED SERVICES |
| | | 176 | 1. Mentioned |
| | | 57 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,870 | Blank. NA (Institutionalized) |
| 2846 | 46(1) | | PROVIDER THINKS NO LONGER NEEDED |
| | | 8 | 1. Mentioned |
| | | 225 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,870 | Blank. NA (Institutionalized) |
| 2847 | 46(2) | | TOO EXPENSIVE/CAN'T AFFORD |
| | | 20 | 1. Mentioned |
| | | 213 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,870 | Blank. NA (Institutionalized) |
| 2848 | 46(3) | | INSURANCE DOESN'T COVER |
| | | 5 | 1. Mentioned |
| | | 228 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |

5 9. DK or refused (entire question)
 15,870 Blank. NA (Institutionalized)

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (2845-2855) | 46(0-10) | | WHY DIDN'T YOU RECEIVE RESPIRATORY THERAPY SERVICES IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2849 | 46(4) | | INSURANCE NO LONGER COVERS |
| | | 0 | 1. Mentioned |
| | | 233 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,870 | Blank. NA (Institutionalized) |
| 2850 | 46(5) | | NO LONGER ON MEDICAID |
| | | 0 | 1. Mentioned |
| | | 233 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,870 | Blank. NA (Institutionalized) |
| 2851 | 46(6) | | PROVIDER NOT AVAILABLE |
| | | 7 | 1. Mentioned |
| | | 226 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,870 | Blank. NA (Institutionalized) |
| 2852 | 46(7) | | DIDN'T LIKE PROVIDER |
| | | 0 | 1. Mentioned |
| | | 233 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,870 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (2845-2855) | 46(0-10) | | WHY DIDN'T YOU RECEIVE RESPIRATORY THERAPY SERVICES IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2853 | 46(8) | | TRANSPORTATION PROBLEMS |
| | | 5 | 1. Mentioned |
| | | 228 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,870 | Blank. NA (Institutionalized) |
| 2854 | 46(9) | | COULD NOT TAKE TIME TIME OFF FROM WORK |
| | | 3 | 1. Mentioned |
| | | 230 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,870 | Blank. NA (Institutionalized) |
| 2855 | 46(10) | | OTHER REASON |
| | | 31 | 1. Mentioned |
| | | 202 | 2. Not mentioned |
| | | 6 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 15,870 | Blank. NA (Institutionalized) |
| 2856 | | | BLANK |
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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------------------|
| 2857 | 42a | | DID YOU RECEIVE SOCIAL WORK |

| | | | |
|------|--------|--------|--|
| 2863 | 44a(1) | | SELF OR FAMILY IN HH |
| | | 31 | 1. Mentioned |
| | | 288 | 2. Not mentioned |
| | | 35 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 22 | 9. DK or refused (entire question) |
| | | 15,732 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2864 | 44a(2) | | FAMILY NOT IN HH |
| | | 0 | 1. Mentioned |
| | | 319 | 2. Not mentioned |
| | | 35 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 22 | 9. DK or refused (entire question) |
| | | 15,732 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2863-2874) | 44a(1-12) | | WHO PAID OR WILL PAY FOR SOCIAL WORK SERVICES RECEIVED IN PAST 12 MONTHS - Continued |
| 2865 | 44a(3) | | PRIVATE HEALTH INSURANCE |
| | | 31 | 1. Mentioned |
| | | 288 | 2. Not mentioned |
| | | 35 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 22 | 9. DK or refused (entire question) |
| | | 15,732 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2866 | 44a(4) | | MEDICARE |
| | | 70 | 1. Mentioned |
| | | 249 | 2. Not mentioned |
| | | 35 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 22 | 9. DK or refused (entire question) |
| | | 15,732 | Blank. NA (Institutionalized; No or DK if needed services of |

provider in past 12 months)

| | | | |
|------|--------|--------|--|
| 2867 | 44a(5) | | MEDICAID |
| | | 130 | 1. Mentioned |
| | | 189 | 2. Not mentioned |
| | | 35 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 22 | 9. DK or refused (entire question) |
| | | 15,732 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2863-2874) | 44a(1-12) | | WHO PAID OR WILL PAY FOR SOCIAL WORK SERVICES RECEIVED IN PAST 12 MONTHS - Continued |
| 2868 | 44a(6) | | REHABILITATION PROGRAM |
| | | 11 | 1. Mentioned |
| | | 308 | 2. Not mentioned |
| | | 35 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 22 | 9. DK or refused (entire question) |
| | | 15,732 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2869 | 44a(7) | | EMPLOYER |
| | | 4 | 1. Mentioned |
| | | 315 | 2. Not mentioned |
| | | 35 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 22 | 9. DK or refused (entire question) |
| | | 15,732 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2870 | 44a(8) | | SCHOOL SYSTEM |
| | | 2 | 1. Mentioned |
| | | 317 | 2. Not mentioned |
| | | 35 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |

22 9. DK or refused (entire question)
 15,732 Blank. NA (Institutionalized; No
 or DK if needed services of
 provider in past 12 months)

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| (2863-2874) | 44a(1-12) | | WHO PAID OR WILL PAY FOR SOCIAL WORK SERVICES RECEIVED IN PAST 12 MONTHS - Continued |
| 2871 | 44a(9) | | VA PROGRAM |
| | | 11 | 1. Mentioned |
| | | 308 | 2. Not mentioned |
| | | 35 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 22 | 9. DK or refused (entire question) |
| | | 15,732 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2872 | 44a(10) | | OTHER MILITARY |
| | | 1 | 1. Mentioned |
| | | 318 | 2. Not mentioned |
| | | 35 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 22 | 9. DK or refused (entire question) |
| | | 15,732 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2873 | 44a(11) | | OTHER PRIVATE SOURCE |
| | | 4 | 1. Mentioned |
| | | 315 | 2. Not mentioned |
| | | 35 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 22 | 9. DK or refused (entire question) |
| | | 15,732 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2863-2874) | 44a(1-12) | | WHO PAID OR WILL PAY FOR SOCIAL WORK SERVICES RECEIVED IN PAST 12 MONTHS - Continued |
| 2874 | 44a(12) | | OTHER PUBLIC SOURCE |
| | | 100 | 1. Mentioned |
| | | 219 | 2. Not mentioned |
| | | 35 | 3. No one/Free |
| | | 6 | 8. No answer to entire question |
| | | 22 | 9. DK or refused (entire question) |
| | | 15,732 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2875-2876 | 44b | | WHO PAID MOST FOR SOCIAL WORK SERVICES RECEIVED IN PAST 12 MONTHS |
| | | 16 | 01. Self or family in HH |
| | | 0 | 02. Family not in HH |
| | | 22 | 03. Private health insurance |
| | | 43 | 04. Medicare |
| | | 100 | 05. Medicaid |
| | | 10 | 06. Rehabilitation program |
| | | 3 | 07. Employer |
| | | 0 | 08. School system |
| | | 10 | 09. VA program |
| | | 1 | 10. Other military |
| | | 2 | 11. Other private source |
| | | 93 | 12. Other public source |
| | | 19 | 13. Two or more sources given; unknown which paid most |
| | | 35 | 33. No one/Free |
| | | 6 | 88. No source ascertained |
| | | 22 | 99. DK/refused any source |
| | | 15,732 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

2877-2881 44c

HOW MUCH DID YOU OR YOUR
FAMILY PAY FOR SOCIAL WORK
SERVICE(S) RECEIVED DURING
PAST 12 MONTHS (Self or Family
in HH a payment source in Q 39a)

| | | |
|--------|--------------|---|
| 3 | 00000. | None |
| 21 | 00001-99996. | 1-99996 Dollars paid |
| 0 | 99997. | 99997+ Dollars paid |
| 1 | 99998. | Not ascertained |
| 6 | 99999. | DK or refused |
| 16,083 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months; self/family in HH not payment source) |

2882 45

DID YOU RECEIVE SOCIAL WORK
SERVICES (LAST MONTH)

| | | |
|--------|--------|---|
| 236 | 1. | Yes |
| 122 | 2. | No |
| 11 | 8. | Not ascertained |
| 13 | 9. | DK or refused |
| 15,732 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (2883-2893) | 46(0-10) | | WHY DIDN'T YOU RECEIVE SOCIAL WORK SERVICES IN PAST 12 MONTHS (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2883 | 46(0) | | DIDN'T NEED SERVICES |
| | | 77 | 1. Mentioned |
| | | 101 | 2. Not mentioned |
| | | 15 | 8. No answer to entire question |
| | | 10 | 9. DK or refused (entire question) |
| | | 15,911 | Blank. NA (Institutionalized) |
| 2884 | 46(1) | | PROVIDER THINKS NO LONGER NEEDED |

| | | | |
|------|-------|--------|------------------------------------|
| 2889 | 46(6) | | PROVIDER NOT AVAILABLE |
| | | 16 | 1. Mentioned |
| | | 162 | 2. Not mentioned |
| | | 15 | 8. No answer to entire question |
| | | 10 | 9. DK or refused (entire question) |
| | | 15,911 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2890 | 46(7) | | DIDN'T LIKE PROVIDER |
| | | 2 | 1. Mentioned |
| | | 176 | 2. Not mentioned |
| | | 15 | 8. No answer to entire question |
| | | 10 | 9. DK or refused (entire question) |
| | | 15,911 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (2883-2893) | 46(0-10) | | WHY DIDN'T YOU RECEIVE SOCIAL WORK SERVICES IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2891 | 46(8) | | TRANSPORTATION PROBLEMS |
| | | 12 | 1. Mentioned |
| | | 166 | 2. Not mentioned |
| | | 15 | 8. No answer to entire question |
| | | 10 | 9. DK or refused (entire question) |
| | | 15,911 | Blank. NA (Institutionalized) |
| 2892 | 46(9) | | COULD NOT TAKE TIME TIME OFF FROM WORK |
| | | 2 | 1. Mentioned |
| | | 176 | 2. Not mentioned |
| | | 15 | 8. No answer to entire question |
| | | 10 | 9. DK or refused (entire question) |
| | | 15,911 | Blank. NA (Institutionalized) |
| 2893 | 46(10) | | OTHER REASON |

| | |
|--------|------------------------------------|
| 63 | 1. Mentioned |
| 115 | 2. Not mentioned |
| 15 | 8. No answer to entire question |
| 10 | 9. DK or refused (entire question) |
| 15,911 | Blank. NA (Institutionalized) |

2894 BLANK

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2895 | 42a | | DID YOU RECEIVE TRANSPORTATION SERVICES IN PAST 12 MONTHS |
| | | 561 | 1. Yes |
| | | 15,194 | 2. No |
| | | 132 | 8. Not ascertained |
| | | 9 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| 2896 | 42b | | DID YOU NEED TRANSPORTATION SERVICES IN PAST 12 MONTHS |
| | | 181 | 1. Yes |
| | | 14,845 | 2. No |
| | | 277 | 8. Not ascertained |
| | | 32 | 9. DK or refused |
| | | 779 | Blank. NA (Institutionalized; Received services from provider in past 12 months) |
| 2897-2898 | 43a | | NUMBER OF MONTHS YOU RECEIVED TRANSPORTATION SERVICE(S) IN PAST 12 MONTHS |
| | | 517 | 01-12. 1-12 months |
| | | 17 | 98. Not ascertained |
| | | 27 | 99. DK or refused |
| | | 15,553 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| 2899-2900 | 43b | | TOTAL NUMBER OF TIMES YOU RECEIVED TRANSPORTATION SERVICE DURING THOSE MONTHS |
| | | 367 | 01-96. 1-96 times |
| | | 92 | 97. 97+ times |
| | | 31 | 98. Not ascertained |
| | | 71 | 99. DK or refused |
| | | 15,553 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| (2901-2912) | 44a(1-12) | | WHO PAID OR WILL PAY FOR TRANSPORTATION SERVICES RECEIVED IN PAST 12 MONTHS |
| 2901 | 44a(1) | | SELF OR FAMILY IN HH |
| | | 168 | 1. Mentioned |
| | | 297 | 2. Not mentioned |
| | | 57 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 26 | 9. DK or refused (entire question) |
| | | 15,553 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2902 | 44a(2) | | FAMILY NOT IN HH |
| | | 12 | 1. Mentioned |
| | | 453 | 2. Not mentioned |
| | | 57 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 26 | 9. DK or refused (entire question) |
| | | 15,553 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (2901-2912) | 44a(1-12) | | WHO PAID OR WILL PAY FOR TRANSPORTATION SERVICES RECEIVED IN PAST 12 MONTHS |
| | | | - Continued |

| | | | |
|------|--------|--------|--|
| 2903 | 44a(3) | | PRIVATE HEALTH INSURANCE |
| | | 14 | 1. Mentioned |
| | | 451 | 2. Not mentioned |
| | | 57 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 26 | 9. DK or refused (entire question) |
| | | 15,553 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2904 | 44a(4) | | MEDICARE |
| | | 83 | 1. Mentioned |
| | | 382 | 2. Not mentioned |
| | | 57 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 26 | 9. DK or refused (entire question) |
| | | 15,553 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2905 | 44a(5) | | MEDICAID |
| | | 130 | 1. Mentioned |
| | | 335 | 2. Not mentioned |
| | | 57 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 26 | 9. DK or refused (entire question) |
| | | 15,553 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| (2901-2912) | 44a(1-12) | | WHO PAID OR WILL PAY FOR TRANSPORTATION SERVICES RECEIVED IN PAST 12 MONTHS - Continued |
| 2906 | 44a(6) | | REHABILITATION PROGRAM |
| | | 11 | 1. Mentioned |
| | | 454 | 2. Not mentioned |
| | | 57 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 26 | 9. DK or refused (entire question) |
| | | 15,553 | Blank. NA (Institutionalized; No or DK if needed services of |

provider in past 12 months)

| | | | |
|------|--------|--------|--|
| 2907 | 44a(7) | | EMPLOYER |
| | | 2 | 1. Mentioned |
| | | 463 | 2. Not mentioned |
| | | 57 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 26 | 9. DK or refused (entire question) |
| | | 15,553 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|--------|--------|--|
| 2908 | 44a(8) | | SCHOOL SYSTEM |
| | | 3 | 1. Mentioned |
| | | 462 | 2. Not mentioned |
| | | 57 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 26 | 9. DK or refused (entire question) |
| | | 15,553 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| (2901-2912) | 44a(1-12) | | WHO PAID OR WILL PAY FOR TRANSPORTATION SERVICES RECEIVED IN PAST 12 MONTHS - Continued |
| 2909 | 44a(9) | | VA PROGRAM |
| | | 13 | 1. Mentioned |
| | | 452 | 2. Not mentioned |
| | | 57 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 26 | 9. DK or refused (entire question) |
| | | 15,553 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2910 | 44a(10) | | OTHER MILITARY |
| | | 0 | 1. Mentioned |
| | | 465 | 2. Not mentioned |
| | | 57 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |

| | |
|--------|--|
| 26 | 9. DK or refused (entire question) |
| 15,553 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|------|---------|--------|--|
| 2911 | 44a(11) | | OTHER PRIVATE SOURCE |
| | | 22 | 1. Mentioned |
| | | 443 | 2. Not mentioned |
| | | 57 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 26 | 9. DK or refused (entire question) |
| | | 15,553 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2901-2912) | 44a(1-12) | | WHO PAID OR WILL PAY FOR TRANSPORTATION SERVICES RECEIVED IN PAST 12 MONTHS - Continued |
| 2912 | 44a(12) | | OTHER PUBLIC SOURCE |
| | | 103 | 1. Mentioned |
| | | 362 | 2. Not mentioned |
| | | 57 | 3. No one/Free |
| | | 13 | 8. No answer to entire question |
| | | 26 | 9. DK or refused (entire question) |
| | | 15,553 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| | | | |
|-----------|-----|-----|--|
| 2913-2914 | 44b | | WHO PAID MOST FOR TRANSPORTATION SERVICES RECEIVED IN PAST 12 MONTHS |
| | | 136 | 01. Self or family in HH |
| | | 10 | 02. Family not in HH |
| | | 8 | 03. Private health insurance |
| | | 55 | 04. Medicare |
| | | 95 | 05. Medicaid |
| | | 10 | 06. Rehabilitation program |
| | | 1 | 07. Employer |
| | | 2 | 08. School system |
| | | 13 | 09. VA program |
| | | 0 | 10. Other military |
| | | 18 | 11. Other private source |

| | | |
|--------|--------|---|
| 89 | 12. | Other public source |
| 28 | 13. | Two or more sources given; unknown which paid most |
| 57 | 33. | No one/Free |
| 13 | 88. | No source ascertained |
| 26 | 99. | DK/refused any source |
| 15,553 | Blank. | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 2915-2919 | 44c | | HOW MUCH DID YOU OR YOUR FAMILY PAY FOR TRANSPORTATION SERVICE(S) RECEIVED DURING PAST 12 MONTHS (Self or Family in HH a payment source in Q 39a) |
| | | 0 | 00000. None |
| | | 124 | 00001-99996. 1-99996 Dollars paid |
| | | 0 | 99997. 99997+ Dollars paid |
| | | 10 | 99998. Not ascertained |
| | | 34 | 99999. DK or refused |
| | | 15,946 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months; self/family in HH not payment source) |
| 2920 | 45 | | DID YOU RECEIVE TRANSPORTATION SERVICES (LAST MONTH) |
| | | 398 | 1. Yes |
| | | 136 | 2. No |
| | | 24 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 15,553 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

| | | | |
|-------------|----------|--------|--|
| (2921-2931) | 46(0-10) | | WHY DIDN'T YOU RECEIVE TRANSPORTATION SERVICES IN PAST 12 MONTHS (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |
| 2921 | 46(0) | | DIDN'T NEED SERVICES |
| | | 115 | 1. Mentioned |
| | | 174 | 2. Not mentioned |
| | | 21 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,797 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|-------------------------------------|
| 2922 | 46(1) | | PROVIDER THINKS NO LONGER NEEDED |
| | | 3 | 1. Mentioned |
| | | 286 | 2. Not mentioned |
| | | 21 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,797 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2923 | 46(2) | | TOO EXPENSIVE/CAN'T AFFORD |
| | | 49 | 1. Mentioned |
| | | 240 | 2. Not mentioned |
| | | 21 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,797 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2924 | 46(3) | | INSURANCE DOESN'T COVER |
| | | 15 | 1. Mentioned |
| | | 274 | 2. Not mentioned |
| | | 21 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,797 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (2921-2931) | 46(0-10) | | WHY DIDN'T YOU RECEIVE TRANSPORTATION SERVICES IN PAST 12 MONTHS - Continued |

(Needed services of provider
in past 12 months - Yes to
Q 37b or No to Q 40/Yes to
Q 42b or No to Q 45)

| | | | |
|------|-------|--------|------------------------------------|
| 2925 | 46(4) | | INSURANCE NO LONGER COVERS |
| | | 0 | 1. Mentioned |
| | | 289 | 2. Not mentioned |
| | | 21 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,797 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2926 | 46(5) | | NO LONGER ON MEDICAID |
| | | 2 | 1. Mentioned |
| | | 287 | 2. Not mentioned |
| | | 21 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,797 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2927 | 46(6) | | PROVIDER NOT AVAILABLE |
| | | 43 | 1. Mentioned |
| | | 246 | 2. Not mentioned |
| | | 21 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,797 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|------------------------------------|
| 2928 | 46(7) | | DIDN'T LIKE PROVIDER |
| | | 4 | 1. Mentioned |
| | | 285 | 2. Not mentioned |
| | | 21 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,797 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2921-2931) | 46(0-10) | | WHY DIDN'T YOU RECEIVE TRANSPORTATION SERVICES IN PAST 12 MONTHS - Continued (Needed services of provider in past 12 months - Yes to Q 37b or No to Q 40/Yes to Q 42b or No to Q 45) |

| | | | |
|------|-------|--------|------------------------------------|
| 2929 | 46(8) | | TRANSPORTATION PROBLEMS |
| | | 39 | 1. Mentioned |
| | | 250 | 2. Not mentioned |
| | | 21 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,797 | Blank. NA (Institutionalized) |

| | | | |
|------|-------|--------|---|
| 2930 | 46(9) | | COULD NOT TAKE TIME TIME OFF FROM WORK |
| | | 2 | 1. Mentioned |
| | | 287 | 2. Not mentioned |
| | | 21 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,797 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|--------|------------------------------------|
| 2931 | 46(10) | | OTHER REASON |
| | | 86 | 1. Mentioned |
| | | 203 | 2. Not mentioned |
| | | 21 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,797 | Blank. NA (Institutionalized) |

| | | | |
|-----------|--|--|-------|
| 2932-2940 | | | BLANK |
|-----------|--|--|-------|

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| 2941 | 47a | | CURRENTLY ON WAITING LIST FOR SERVICES |
| | | 79 | 1. Yes |
| | | 15,650 | 2. No |
| | | 133 | 8. Not ascertained |
| | | 34 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| (2942-2955) | 47b(1-14) | | FOR WHICH SERVICE ARE YOU ON WAITING LIST |
| 2942 | 47b(1) | | PHYSICAL THERAPIST |
| | | 16 | 1. Mentioned |
| | | 61 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |

16,035 Blank. NA (Institutionalized;
No or DK if currently on a
waiting list for any service)

2943 47b(2) OCCUPATIONAL THERAPIST

3 1. Mentioned
74 2. Not mentioned
1 8. No answer to entire question
1 9. DK or refused (entire question)
16,035 Blank. NA (Institutionalized;
No or DK if currently on a
waiting list for any service)

2944 47b(3) AUDIOLOGIST

5 1. Mentioned
72 2. Not mentioned
1 8. No answer to entire question
1 9. DK or refused (entire question)
16,035 Blank. NA (Institutionalized;
No or DK if currently on a
waiting list for any service)

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2942-2955) | 47b(1-14) | | FOR WHICH SERVICE ARE YOU ON WAITING LIST - Continued |
| 2945 | 47b(4) | | SPEECH THERAPIST OR PATHOLOGIST |
| | | 4 | 1. Mentioned |
| | | 73 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,035 | Blank. NA (Institutionalized; No or DK if currently on a waiting list for any service) |

2946 47b(5) RECREATIONAL THERAPIST

1 1. Mentioned
76 2. Not mentioned
1 8. No answer to entire question
1 9. DK or refused (entire question)
16,035 Blank. NA (Institutionalized;
No or DK if currently on a
waiting list for any service)

| | | | |
|------|--------|--------|--|
| 2947 | 47b(6) | | VISITING NURSE |
| | | 5 | 1. Mentioned |
| | | 72 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,035 | Blank. NA (Institutionalized; No or DK if currently on a waiting list for any service) |

| | | | |
|------|--------|--------|--|
| 2948 | 47b(7) | | PERSONAL CARE ATTENDANT |
| | | 9 | 1. Mentioned |
| | | 68 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,035 | Blank. NA (Institutionalized; No or DK if currently on a waiting list for any service) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| (2942-2955) | 47b(1-14) | | FOR WHICH SERVICE ARE YOU ON WAITING LIST - Continued |
| 2949 | 47b(8) | | READER OR INTERPRETER |
| | | 1 | 1. Mentioned |
| | | 76 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,035 | Blank. NA (Institutionalized; No or DK if currently on a waiting list for any service) |
| 2950 | 47b(9) | | ADULT DAY CARE CENTER OR DAY ACTIVITY CENTER |
| | | 6 | 1. Mentioned |
| | | 71 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,035 | Blank. NA (Institutionalized; No or DK if currently on a waiting list for any service) |

| | | | |
|------|---------|--------|--|
| 2951 | 47b(10) | | SERVICES FOR ALCOHOL OR DRUG ABUSE |
| | | 6 | 1. Mentioned |
| | | 71 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,035 | Blank. NA (Institutionalized; No or DK if currently on a waiting list for any service) |

| | | | |
|------|---------|--------|--|
| 2952 | 47b(11) | | SERVICES FROM CENTER FOR INDEPENDENT LIVING |
| | | 8 | 1. Mentioned |
| | | 69 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,035 | Blank. NA (Institutionalized; No or DK if currently on a waiting list for any service) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| (2942-2955) | 47b(1-14) | | FOR WHICH SERVICE ARE YOU ON WAITING LIST - Continued |
| 2953 | 47b(12) | | RESPIRATORY THERAPY SERVICES |
| | | 2 | 1. Mentioned |
| | | 75 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,035 | Blank. NA (Institutionalized; No or DK if currently on a waiting list for any service) |
| 2954 | 47b(13) | | SOCIAL WORK SERVICES |
| | | 12 | 1. Mentioned |
| | | 65 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,035 | Blank. NA (Institutionalized; No or DK if currently on a waiting list for any service) |
| 2955 | 47b(14) | | TRANSPORTATION SERVICES |

| | |
|--------|--|
| 18 | 1. Mentioned |
| 59 | 2. Not mentioned |
| 1 | 8. No answer to entire question |
| 1 | 9. DK or refused (entire question) |
| 16,035 | Blank. NA (Institutionalized; No or DK if currently on a waiting list for any service) |

| | | |
|------|-----|--|
| 2956 | 48a | DID YOU STAY OVERNIGHT IN A HOSPITAL OR OTHER FACILITY TO RECEIVE MENTAL HEALTH SERVICES |
|------|-----|--|

| | |
|--------|-------------------------------|
| 189 | 1. Yes |
| 15,541 | 2. No |
| 139 | 8. Not ascertained |
| 27 | 9. DK or refused |
| 218 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (2957-2961) | 48b(1-5) | | WHERE DID YOU RECEIVE INPATIENT MENTAL HEALTH SERVICES IN PAST 12 MONTHS |
| 2957 | 48b(1) | | PRIVATE OR PUBLIC PSYCHIATRIC HOSPITAL |
| | | 68 | 1. Mentioned |
| | | 117 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,925 | Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |
| 2958 | 48b(2) | | PSYCHIATRIC SERVICES IN A GENERAL HOSPITAL |
| | | 77 | 1. Mentioned |
| | | 108 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,925 | Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |

| | | | |
|------|--------|--------|--|
| 2959 | 48b(3) | | OTHER HOSPITAL |
| | | 33 | 1. Mentioned |
| | | 152 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,925 | Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (2957-2961) | 48b(1-5) | | WHERE DID YOU RECEIVE INPATIENT MENTAL HEALTH SERVICES IN PAST 12 MONTHS - Continued |
| 2960 | 48b(4) | | RESIDENTIAL TREATMENT CENTER |
| | | 10 | 1. Mentioned |
| | | 175 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,925 | Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |
| 2961 | 48b(5) | | OTHER PLACE |
| | | 4 | 1. Mentioned |
| | | 181 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,925 | Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |
| 2962-2963 | 49a | | TOTAL NUMBER OF TIMES YOU WERE ADMITTED TO THIS PLACE FOR MENTAL HEALTH CARE IN PAST 12 MONTHS |
| | | 184 | 01-96. 1-96 times admitted |
| | | 0 | 97. 97+ times admitted |
| | | 1 | 98. Not ascertained |
| | | 4 | 99. DK or refused |
| | | 15,925 | Blank. NA (Institutionalized; No |

or DK if stayed overnight in
a medical facility to receive
mental health services)

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 2964-2966 | 49b | | TOTAL NUMBER OF NIGHTS SPENT IN THIS PLACE IN PAST 12 MONTHS |
| | | 170 | 001-366. 1-366 nights spent |
| | | 2 | 998. Not ascertained |
| | | 17 | 999. DK or refused |
| | | 15,925 | Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |
| 2967 | 50a | | WAS THAT ADMISSION ON AN EMERGENCY BASIS (Stayed overnight in a medical facility; 1 admission) |
| | | 83 | 1. Yes |
| | | 26 | 2. No |
| | | 16 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 15,987 | Blank. NA (Institutionalized) |
| 2968-2969 | 50b | | HOW MANY OF THESE ADMISSIONS WERE ON AN EMERGENCY BASIS (Stayed overnight in a medical facility) |
| | | 34 | 00. None |
| | | 121 | 01-96. 1-96 emergency admissions |
| | | 0 | 97. 97+ emergency admissions |
| | | 10 | 98. Not ascertained |
| | | 24 | 99. DK or refused |
| | | 15,925 | Blank. NA (Institutionalized) |
| 2970 | 50c | | WERE ANY OF THESE ADMISSIONS ON AN EMERGENCY BASIS IN PAST 12 MONTHS |
| | | 0 | 1. Yes |
| | | 1 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 16,109 | Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| 2971-2972 | 50d | | HOW MANY ADMISSIONS WERE ON AN EMERGENCY BASIS (Stayed overnight in a medical facility for mental health services; emergency admission in past 12 months) |
| | | 0 | 01-96. 1-96 emergency admissions |
| | | 0 | 97. 97+ emergency admissions |
| | | 0 | 98. Not ascertained |
| | | 0 | 99. DK or refused |
| | | 16,114 | Blank. NA (Institutionalized) |
| (2973-2984) | 51a(1-12) | | WHO PAID OR WILL PAY FOR INPATIENT MENTAL HEALTH SERVICES RECEIVED IN PAST 12 MONTHS |
| 2973 | 51a(1) | | SELF OR FAMILY IN HH |
| | | 45 | 1. Mentioned |
| | | 136 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 0 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 15,925 | Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |
| 2974 | 51a(2) | | FAMILY NOT IN HH |
| | | 1 | 1. Mentioned |
| | | 180 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 0 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 15,925 | Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| (2973-2984) | 51a(1-12) | | WHO PAID OR WILL PAY FOR INPATIENT MENTAL HEALTH SERVICES RECEIVED IN PAST 12 MONTHS - Continued |
| 2975 | 51a(3) | | PRIVATE HEALTH INSURANCE |
| | | 56 | 1. Mentioned |
| | | 125 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 0 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 15,925 | Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |
| 2976 | 51a(4) | | MEDICARE |
| | | 47 | 1. Mentioned |
| | | 134 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 0 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 15,925 | Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |
| 2977 | 51a(5) | | MEDICAID |
| | | 76 | 1. Mentioned |
| | | 105 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 0 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 15,925 | Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

(2973-2984) 51a(1-12)

WHO PAID OR WILL PAY FOR
INPATIENT MENTAL HEALTH
SERVICES RECEIVED IN PAST
12 MONTHS - Continued

2978 51a(6)

REHABILITATION PROGRAM

| | |
|--------|--|
| 3 | 1. Mentioned |
| 178 | 2. Not mentioned |
| 2 | 3. No one/Free |
| 0 | 8. No answer to entire question |
| 6 | 9. DK or refused (entire question) |
| 15,925 | Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |

2979 51a(7)

EMPLOYER

| | |
|--------|--|
| 3 | 1. Mentioned |
| 178 | 2. Not mentioned |
| 2 | 3. No one/Free |
| 0 | 8. No answer to entire question |
| 6 | 9. DK or refused (entire question) |
| 15,925 | Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |

2980 51a(8)

SCHOOL SYSTEM

| | |
|--------|--|
| 0 | 1. Mentioned |
| 181 | 2. Not mentioned |
| 2 | 3. No one/Free |
| 0 | 8. No answer to entire question |
| 6 | 9. DK or refused (entire question) |
| 15,925 | Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

(2973-2984) 51a(1-12)

WHO PAID OR WILL PAY FOR
INPATIENT MENTAL HEALTH
SERVICES RECEIVED IN PAST
12 MONTHS - Continued

| | | | |
|------|--------|--------|---|
| 2981 | 51a(9) | | VA PROGRAM |
| | | 12 | 1. Mentioned |
| | | 169 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 0 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 15,925 | Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |

| | | | |
|------|---------|--------|---|
| 2982 | 51a(10) | | OTHER MILITARY |
| | | 2 | 1. Mentioned |
| | | 179 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 0 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 15,925 | Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |

| | | | |
|------|---------|--------|---|
| 2983 | 51a(11) | | OTHER PRIVATE SOURCE |
| | | 5 | 1. Mentioned |
| | | 176 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 0 | 8. No answer to entire question |
| | | 6 | 9. DK or refused (entire question) |
| | | 15,925 | Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (2973-2984) | 51a(1-12) | | WHO PAID OR WILL PAY FOR INPATIENT MENTAL HEALTH SERVICES RECEIVED IN PAST 12 MONTHS - Continued |
| 2984 | 51a(12) | | OTHER PUBLIC SOURCE |
| | | 6 | 1. Mentioned |
| | | 175 | 2. Not mentioned |
| | | 2 | 3. No one/Free |
| | | 0 | 8. No answer to entire question |

| | | |
|--------|--------|--|
| 6 | 9. | DK or refused (entire question) |
| 15,925 | Blank. | NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |

2985-2986 51b

WHO PAID MOST OF THE COST
FOR THE INPATIENT MENTAL
HEALTH SERVICES

| | | |
|--------|--------|--|
| 10 | 01. | Self or family in HH |
| 1 | 02. | Family not in HH |
| 45 | 03. | Private health insurance |
| 34 | 04. | Medicare |
| 56 | 05. | Medicaid |
| 3 | 06. | Rehabilitation program |
| 3 | 07. | Employer |
| 0 | 08. | School system |
| 11 | 09. | VA program |
| 1 | 10. | Other military |
| 1 | 11. | Other private source |
| 5 | 12. | Other public source |
| 11 | 13. | Two or more sources given. Unknown which paid most |
| 2 | 33. | No one/Free |
| 0 | 88. | No source ascertained |
| 6 | 99. | DK/refused any source |
| 15,925 | Blank. | NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |

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Section I - Other Services

Tape
Locations

Item No. Frequency

Items and Codes

2987-2991 51c

HOW MUCH DID YOU OR YOUR
FAMILY PAY FOR INPATIENT
MENTAL HEALTH SERVICES
DURING PAST 12 MONTHS
(Stayed overnight in medical
facility for mental health
services; Self or family in
HH paid for services)

| | | |
|--------|--------------|------------------------|
| 3 | 00000. | None |
| 29 | 00001-99996. | 1-99996 Dollars paid |
| 0 | 99997. | 99997+ Dollars paid |
| 1 | 99998. | DK or refused |
| 12 | 99999. | DK or refused |
| 16,069 | Blank. | NA (Institutionalized) |

| | | | |
|------|-----|--------|---|
| 2992 | 52a | | DID YOU RECEIVE ANY OUTPATIENT MENTAL HEALTH SERVICES DURING PAST 12 MONTHS |
| | | 1,136 | 1. Yes |
| | | 14,529 | 2. No |
| | | 202 | 8. Not ascertained |
| | | 29 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |

| | | | |
|-------------|----------|--|---|
| (2993-2999) | 52b(1-7) | | FROM WHOM DID YOU RECEIVE OUTPATIENT MENTAL HEALTH SERVICES PAST 12 MONTHS (Receive outpatient health services in past 12 months) |
|-------------|----------|--|---|

| | | | |
|------|--------|--------|------------------------------------|
| 2993 | 52b(1) | | PSYCHIATRIST |
| | | 656 | 1. Mentioned |
| | | 470 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 14,978 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (2993-2999) | 52b(1-7) | | FROM WHOM DID YOU RECEIVE OUTPATIENT MENTAL HEALTH SERVICES PAST 12 MONTHS - Continued (Receive outpatient health services in past 12 months) |
| 2994 | 52b(2) | | PSYCHOLOGIST |
| | | 304 | 1. Mentioned |
| | | 822 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 14,978 | Blank. NA (Institutionalized) |
| 2995 | 52b(3) | | NURSE |
| | | 35 | 1. Mentioned |
| | | 1,091 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 14,978 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|--------|------------------------------------|
| 2996 | 52b(4) | | SOCIAL WORKER |
| | | 108 | 1. Mentioned |
| | | 1,018 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 14,978 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|--------|---|
| 2997 | 52b(5) | | OTHER MENTAL HEALTH COUNSELOR OR THERAPIST |
| | | 245 | 1. Mentioned |
| | | 881 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 14,978 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (2993-2999) | 52b(1-7) | | FROM WHOM DID YOU RECEIVE OUTPATIENT MENTAL HEALTH SERVICES PAST 12 MONTHS - Continued (Receive outpatient health services in past 12 months) |
| 2998 | 52b(6) | | GENERAL PRACTITIONER OR OTHER MEDICAL DOCTOR |
| | | 137 | 1. Mentioned |
| | | 989 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 14,978 | Blank. NA (Institutionalized) |
| 2999 | 52b(7) | | OTHER HEALTH PROFESSIONAL |
| | | 26 | 1. Mentioned |
| | | 1,100 | 2. Not mentioned |
| | | 1 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 14,978 | Blank. NA (Institutionalized) |
| (3000-3004) | 52c(1-5) | | WHERE DID YOU RECEIVE OUTPATIENT MENTAL HEALTH SERVICES DURING PAST 12 MONTHS |

(Receive outpatient health services in past 12 months)

| | | | |
|------|--------|--------|---|
| 3000 | 52c(1) | | DOCTOR'S/OTHER HEALTH PROFESSIONAL'S OFFICE, NOT A CLINIC |
| | | 615 | 1. Mentioned |
| | | 513 | 2. Not mentioned |
| | | 3 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 14,978 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (3000-3004) | 52c(1-5) | | WHERE DID YOU RECEIVE OUTPATIENT MENTAL HEALTH SERVICES DURING PAST 12 MONTHS - Continued (Receive outpatient health services in past 12 months) |
| 3001 | 52c(2) | | OUTPATIENT MENTAL HEALTH CLINIC |
| | | 346 | 1. Mentioned |
| | | 782 | 2. Not mentioned |
| | | 3 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 14,978 | Blank. NA (Institutionalized) |
| 3002 | 52c(3) | | OUTPATIENT MEDICAL CLINIC |
| | | 114 | 1. Mentioned |
| | | 1,014 | 2. Not mentioned |
| | | 3 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 14,978 | Blank. NA (Institutionalized) |
| 3003 | 52c(4) | | HMO |
| | | 46 | 1. Mentioned |
| | | 1,082 | 2. Not mentioned |
| | | 3 | 8. No answer to entire question |
| | | 5 | 9. DK or refused (entire question) |
| | | 14,978 | Blank. NA (Institutionalized) |
| 3004 | 52c(5) | | OTHER PLACE |
| | | 109 | 1. Mentioned |
| | | 1,019 | 2. Not mentioned |

3 8. No answer to entire question
 5 9. DK or refused (entire question)
 14,978 Blank. NA (Institutionalized)

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 3005-3006 | 53a | | HOW MANY MONTHS DID YOU RECEIVE OUTPATIENT MENTAL HEALTH SERVICES IN PAST 12 MONTHS (Receive outpatient health services in past 12 months) |
| | | 1,093 | 01-12. 1-12 months |
| | | 5 | 98. Not ascertained |
| | | 38 | 99. DK or refused |
| | | 14,978 | Blank. NA (Institutionalized) |
| 3007-3009 | 53b | | HOW MANY OUTPATIENT MENTAL HEALTH VISITS DID YOU MAKE DURING THOSE MONTHS (Receive outpatient health services in past 12 months) |
| | | 1,050 | 001-366. 1-366 Outpatient visit(s) |
| | | 7 | 998. Not ascertained |
| | | 79 | 999. DK or refused |
| | | 14,978 | Blank. NA (Institutionalized) |
| 3010 | 54a | | WAS THAT VISIT ON AN EMERGENCY BASIS (Receive outpatient health services in past 12 months; 1 visit) |
| | | 11 | 1. Yes |
| | | 66 | 2. No |
| | | 2 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,034 | Blank. NA (Institutionalized) |
| 3011-3013 | 54b | | HOW MANY OF THESE VISITS WERE ON AN EMERGENCY BASIS (Receive outpatient health services in past 12 months) |
| | | 761 | 000. None |
| | | 158 | 001-366. 1-366 Emergency visits |
| | | 167 | 998. Not ascertained |

50 999. DK or refused
 14,978 Blank. NA (Institutionalized)

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| 3014 | 54c | | WERE ANY OF THESE VISITS ON AN EMERGENCY BASIS IN PAST 12 MONTHS (Receive outpatient health services in past 12 months) |
| | | 8 | 1. Yes |
| | | 44 | 2. No |
| | | 29 | 8. Not ascertained |
| | | 5 | 9. DK or refused |
| | | 16,028 | Blank. NA (Institutionalized) |
| 3015-3017 | 54d | | HOW MANY VISITS WERE ON AN EMERGENCY BASIS (Receive outpatient health services in past 12 months; visit was on an emergency basis) |
| | | 7 | 001-366. 1-366 Emergency visits |
| | | 0 | 998. Not ascertained |
| | | 1 | 999. DK or refused |
| | | 16,106 | Blank. NA (Institutionalized) |
| (3018-3029) | 55a(1-12) | | WHO PAID OR WILL PAY FOR OUTPATIENT MENTAL HEALTH SERVICES RECEIVED IN PAST 12 MONTHS (Receive outpatient mental health services in past 12 months; one or more visits) |
| 3018 | 55a(1) | | SELF OR FAMILY IN HH |
| | | 474 | 1. Mentioned |
| | | 608 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 16 | 9. DK or refused (entire question) |
| | | 14,978 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (3018-3029) | 55a(1-12) | | WHO PAID OR WILL PAY FOR OUTPATIENT MENTAL HEALTH SERVICES RECEIVED IN PAST 12 MONTHS - Continued (Receive outpatient mental health services in past 12 months; one or more visits) |
| 3019 | 55a(2) | | FAMILY NOT IN HH |
| | | 9 | 1. Mentioned |
| | | 1,073 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 16 | 9. DK or refused (entire question) |
| | | 14,978 | Blank. NA (Institutionalized) |
| 3020 | 55a(3) | | PRIVATE HEALTH INSURANCE |
| | | 436 | 1. Mentioned |
| | | 646 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 16 | 9. DK or refused (entire question) |
| | | 14,978 | Blank. NA (Institutionalized) |
| 3021 | 55a(4) | | MEDICARE |
| | | 169 | 1. Mentioned |
| | | 913 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 16 | 9. DK or refused (entire question) |
| | | 14,978 | Blank. NA (Institutionalized) |
| 3022 | 55a(5) | | MEDICAID |
| | | 250 | 1. Mentioned |
| | | 832 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 16 | 9. DK or refused (entire question) |
| | | 14,978 | Blank. NA (Institutionalized) |

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Section I - Other Services

Tape

| Locations | Item No. | Frequency | Items and Codes |
|-------------|-----------|-----------|---|
| (3018-3029) | 55a(1-12) | | WHO PAID OR WILL PAY FOR OUTPATIENT MENTAL HEALTH SERVICES RECEIVED IN PAST 12 MONTHS - Continued (Receive outpatient mental health services in past 12 months; one or more visits) |
| 3023 | 55a(6) | | REHABILITATION PROGRAM |
| | | 10 | 1. Mentioned |
| | | 1,072 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 16 | 9. DK or refused (entire question) |
| | | 14,978 | Blank. NA (Institutionalized) |
| 3024 | 55a(7) | | EMPLOYER |
| | | 40 | 1. Mentioned |
| | | 1,042 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 16 | 9. DK or refused (entire question) |
| | | 14,978 | Blank. NA (Institutionalized) |
| 3025 | 55a(8) | | SCHOOL SYSTEM |
| | | 6 | 1. Mentioned |
| | | 1,076 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 16 | 9. DK or refused (entire question) |
| | | 14,978 | Blank. NA (Institutionalized) |
| 3026 | 55a(9) | | VA PROGRAM |
| | | 49 | 1. Mentioned |
| | | 1,033 | 2. Not mentioned |
| | | 29 | 3. No one/Free |
| | | 9 | 8. No answer to entire question |
| | | 16 | 9. DK or refused (entire question) |
| | | 14,978 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape | Locations | Item No. | Frequency | Items and Codes |
|------|-----------|----------|-----------|-----------------|
|------|-----------|----------|-----------|-----------------|

(3018-3029) 55a(1-12)

WHO PAID OR WILL PAY FOR
OUTPATIENT MENTAL HEALTH
SERVICES RECEIVED IN PAST
12 MONTHS - Continued
(Receive outpatient mental
health services in past 12
months; one or more visits)

3027 55a(10)

OTHER MILITARY

| | |
|--------|------------------------------------|
| 16 | 1. Mentioned |
| 1,066 | 2. Not mentioned |
| 29 | 3. No one/Free |
| 9 | 8. No answer to entire question |
| 16 | 9. DK or refused (entire question) |
| 14,978 | Blank. NA (Institutionalized) |

3028 55a(11)

OTHER PRIVATE SOURCE

| | |
|--------|------------------------------------|
| 28 | 1. Mentioned |
| 1,054 | 2. Not mentioned |
| 29 | 3. No one/Free |
| 9 | 8. No answer to entire question |
| 16 | 9. DK or refused (entire question) |
| 14,978 | Blank. NA (Institutionalized) |

3029 55a(12)

OTHER PUBLIC SOURCE

| | |
|--------|------------------------------------|
| 56 | 1. Mentioned |
| 1,026 | 2. Not mentioned |
| 29 | 3. No one/Free |
| 9 | 8. No answer to entire question |
| 16 | 9. DK or refused (entire question) |
| 14,978 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 3030-3031 | 55b | | WHO PAID MOST OF THE COST FOR THE OUTPATIENT MENTAL HEALTH SERVICES (Receive outpatient health services in past 12 months) |
| | | 208 | 01. Self or family in HH |
| | | 7 | 02. Family NOT in HH |
| | | 347 | 03. Private health insurance |
| | | 112 | 04. Medicare |
| | | 208 | 05. Medicaid |
| | | 9 | 06. Rehabilitation program |

| | | |
|--------|--------|---|
| 31 | 07. | Employer |
| 4 | 08. | School system |
| 47 | 09. | VA program |
| 11 | 10. | Other military |
| 16 | 11. | Other private source |
| 44 | 12. | Other public source |
| 38 | 13. | Two or more sources given. Unknown which paid most |
| 29 | 33. | No one/Free |
| 9 | 88. | No source ascertained |
| 16 | 99. | DK/refused any source |
| 14,978 | Blank. | NA (Institutionalized) |

3032-3036 55c

HOW MUCH DID YOU OR YOUR
FAMILY PAY FOR THE
OUTPATIENT MENTAL HEALTH
SERVICE DURING PAST 12 MONTHS
(Receive outpatient health
services in past 12 months;
Self or family in HH)

| | | |
|--------|--------------|------------------------|
| 11 | 00000. | None |
| 372 | 00001-99996. | 1-99996 Dollars paid |
| 0 | 99997. | 99997+ Dollars paid |
| 26 | 99998. | Not ascertained |
| 65 | 99999. | DK or refused |
| 15,640 | Blank. | NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 3037 | 56 | | DID YOU RECEIVE ANY SERVICES FROM A MENTAL HEALTH COMMUNITY SUPPORT PROGRAM |
| | | 231 | 1. Yes |
| | | 15,479 | 2. No |
| | | 144 | 8. Not ascertained |
| | | 42 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| 3038 | 57 | | WERE YOU ON A WAITING LIST FOR OUTPATIENT MENTAL HEALTH SERVICES |
| | | 29 | 1. Yes |
| | | 15,616 | 2. No |
| | | 195 | 8. Not ascertained |
| | | 56 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |

| | | | |
|------|-----|--------|---|
| 3039 | 58a | | DID YOU RECEIVE ANY MENTAL HEALTH SERVICES DURING THIS MONTH (Received mental health services) |
| | | 610 | 1. Yes |
| | | 538 | 2. No |
| | | 106 | 8. Not ascertained |
| | | 7 | 9. DK or refused |
| | | 14,853 | Blank. NA (Institutionalized) |

| | | | |
|-------------|-----------|--|--|
| (3040-3050) | 58b(0-10) | | WHY DIDN'T YOU GET MENTAL HEALTH SERVICE DURING THIS MONTH (Didn't receive mental health services during this month) |
|-------------|-----------|--|--|

| | | | |
|------|--------|--------|------------------------------------|
| 3040 | 58b(0) | | DIDN'T NEED SERVICES |
| | | 409 | 1. Mentioned |
| | | 114 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,576 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| (3040-3050) | 58b(0-10) | | WHY DIDN'T YOU GET MENTAL HEALTH SERVICE DURING THIS MONTH - Continued (Didn't receive mental health services during this month) |
| 3041 | 58b(1) | | PROVIDER THINKS NO LONGER NEEDED |
| | | 17 | 1. Mentioned |
| | | 506 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,576 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|--------|------------------------------------|
| 3042 | 58b(2) | | TOO EXPENSIVE/CAN'T AFFORD |
| | | 37 | 1. Mentioned |
| | | 486 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,576 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|--------|------------------------------------|
| 3043 | 58b(3) | | INSURANCE DOESN'T COVER |
| | | 10 | 1. Mentioned |
| | | 513 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,576 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|--------|------------------------------------|
| 3044 | 58b(4) | | INSURANCE NO LONGER COVERS |
| | | 5 | 1. Mentioned |
| | | 518 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,576 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

| | | | |
|-------------|-----------|--------|--|
| (3040-3050) | 58b(0-10) | | WHY DIDN'T YOU GET MENTAL HEALTH SERVICE DURING THIS MONTH - Continued (Didn't receive mental health services during this month) |
| 3045 | 58b(5) | | NO LONGER ON MEDICAID |
| | | 3 | 1. Mentioned |
| | | 520 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,576 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|--------|------------------------------------|
| 3046 | 58b(6) | | PROVIDER NOT AVAILABLE |
| | | 11 | 1. Mentioned |
| | | 512 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,576 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|-----|------------------------------------|
| 3047 | 58b(7) | | DIDN'T LIKE PROVIDER |
| | | 10 | 1. Mentioned |
| | | 513 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |

15,576 Blank. NA (Institutionalized)

| | | | |
|------|--------|--------|------------------------------------|
| 3048 | 58b(8) | | TRANSPORTATION PROBLEMS |
| | | 10 | 1. Mentioned |
| | | 513 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,576 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|--|
| (3040-3050) | 58b(0-10) | | WHY DIDN'T YOU GET MENTAL HEALTH SERVICE DURING THIS MONTH - Continued (Didn't receive mental health services during this month) |
| 3049 | 58b(9) | | COULD NOT TAKE TIME OFF FROM WORK |
| | | 9 | 1. Mentioned |
| | | 514 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,576 | Blank. NA (Institutionalized) |
| 3050 | 58b(10) | | REASONS |
| | | 62 | 1. Mentioned |
| | | 461 | 2. Not mentioned |
| | | 8 | 8. No answer to entire question |
| | | 7 | 9. DK or refused (entire question) |
| | | 15,576 | Blank. NA (Institutionalized) |
| 3051 | 59a | | DID YOU NEED ANY MENTAL HEALTH SERVICES OR COUNSELING YOU HAVEN'T RECEIVED IN PAST 12 MONTHS (Did not receive mental health services) |
| | | 410 | 1. Yes |
| | | 15,175 | 2. No |
| | | 215 | 8. Not ascertained |
| | | 96 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (3052-3063) | 59b(0-11) | | WHICH OF THESE STATEMENTS EXPLAIN WHY YOU DIDN'T RECEIVE MENTAL HEALTH SERVICES NEEDED (Needed/did not receive mental health services in past 12 months) |
| 3052 | 59b(0) | | DID NOT TRY TO GET MENTAL HEALTH SERVICES DURING THE PAST 12 MONTHS |
| | | 93 | 1. Mentioned |
| | | 313 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,704 | Blank. NA (Institutionalized) |
| 3053 | 59b(1) | | TOO EXPENSIVE/CAN'T AFFORD |
| | | 186 | 1. Mentioned |
| | | 220 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,704 | Blank. NA (Institutionalized) |
| 3054 | 59b(2) | | DIDN'T KNOW WHERE TO GO TO GET SERVICES |
| | | 65 | 1. Mentioned |
| | | 341 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,704 | Blank. NA (Institutionalized) |
| 3055 | 59b(3) | | NO MENTAL HEALTH SERVICES NEARBY |
| | | 13 | 1. Mentioned |
| | | 393 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,704 | Blank. NA (Institutionalized) |

Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (3052-3063) | 59b(0-11) | | WHICH OF THESE STATEMENTS EXPLAIN WHY YOU DIDN'T RECEIVE MENTAL HEALTH SERVICES NEEDED - Continued (Needed/did not receive mental health services in past 12 months) |
| 3056 | 59b(4) | | NO NEARBY PROVIDER WHO ACCEPTS MEDICAID |
| | | 12 | 1. Mentioned |
| | | 394 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,704 | Blank. NA (Institutionalized) |
| 3057 | 59b(5) | | PRIVATE INSURANCE DOES NOT COVER THE SERVICES |
| | | 30 | 1. Mentioned |
| | | 376 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,704 | Blank. NA (Institutionalized) |
| 3058 | 59b(6) | | DID NOT HAVE INSURANCE |
| | | 77 | 1. Mentioned |
| | | 329 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,704 | Blank. NA (Institutionalized) |
| 3059 | 59b(7) | | TRANSPORTATION PROBLEMS |
| | | 44 | 1. Mentioned |
| | | 362 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,704 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|-------------|-----------|--------|---|
| (3052-3063) | 59b(0-11) | | WHICH OF THESE STATEMENTS EXPLAIN WHY YOU DIDN'T RECEIVE MENTAL HEALTH SERVICES NEEDED - Continued (Needed/did not receive mental health services in past 12 months) |
| 3060 | 59b(8) | | TROUBLE FINDING THE RIGHT KIND OF MENTAL HEALTH PROFESSIONAL |
| | | 59 | 1. Mentioned |
| | | 347 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,704 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|--------|------------------------------------|
| 3061 | 59b(9) | | LANGUAGE BARRIER |
| | | 7 | 1. Mentioned |
| | | 399 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,704 | Blank. NA (Institutionalized) |

| | | | |
|------|---------|--------|--------------------------------------|
| 3062 | 59b(10) | | COULD NOT TAKE TIME OFF FROM WORK |
| | | 23 | 1. Mentioned |
| | | 383 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,704 | Blank. NA (Institutionalized) |

| | | | |
|------|---------|--------|------------------------------------|
| 3063 | 59b(11) | | OTHER REASONS |
| | | 138 | 1. Mentioned |
| | | 268 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 2 | 9. DK or refused (entire question) |
| | | 15,704 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 3064 | 60 | | TRAINING IN SOCIAL SKILLS RECEIVED DURING THE PAST |

12 MONTHS

| | |
|--------|-------------------------------|
| 215 | 1. Yes |
| 15,493 | 2. No |
| 149 | 8. Not ascertained |
| 39 | 9. DK or refused |
| 218 | Blank. NA (Institutionalized) |

| | | |
|------|-----|--|
| 3065 | 61a | ANY ONE DOCTOR YOU THINK OF AS THE ONE WHO COORDINATES YOUR OVERALL MEDICAL CARE |
| | | 6,782 1. Yes |
| | | 8,608 2. No |
| | | 157 8. Not ascertained |
| | | 349 9. DK or refused |
| | | 218 Blank. NA (Institutionalized) |

| | | |
|------|-----|---|
| 3066 | 61b | DO YOUR DOCTORS TALK TO EACH OTHER ABOUT YOUR HEALTH AND THE CARE YOU GET |
| | | 4,366 1. Yes |
| | | 4,805 2. No |
| | | 4,503 3. Only 1 doctor |
| | | 319 8. Not ascertained |
| | | 1,903 9. DK or refused |
| | | 218 Blank. NA (Institutionalized) |

| | | |
|------|-----|---|
| 3067 | 62a | ANYONE WHO IS NOT A DOCTOR WHO COORDINATES YOUR MEDICAL CARE |
| | | 1,307 1. Yes |
| | | 10,334 2. No |
| | | 3,976 3. Does by self |
| | | 146 8. Not ascertained |
| | | 133 9. DK or refused |
| | | 218 Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (3068-3075) | 62b(0-7) | | WHO DOES THIS FOR YOU (Someone, not doctor coordinates medical care) |
| 3068 | 62b(0) | | SELF |
| | | 254 | 1. Mentioned |

| | | |
|--------|--------|---------------------------------|
| 1,047 | 2. | Not mentioned |
| 2 | 8. | No answer to entire question |
| 4 | 9. | DK or refused (entire question) |
| 14,807 | Blank. | NA (Institutionalized) |

| | | | |
|------|--------|--------|------------------------------------|
| 3069 | 62b(1) | | FRIEND/FAMILY MEMBER |
| | | 815 | 1. Mentioned |
| | | 486 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 14,807 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|--------|------------------------------------|
| 3070 | 62b(2) | | NURSE |
| | | 140 | 1. Mentioned |
| | | 1,161 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 14,807 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|--------|------------------------------------|
| 3071 | 62b(3) | | THERAPIST |
| | | 25 | 1. Mentioned |
| | | 1,276 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 14,807 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|--------|------------------------------------|
| 3072 | 62b(4) | | SOCIAL WORKER |
| | | 55 | 1. Mentioned |
| | | 1,246 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 14,807 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (3068-3075) | 62b(0-7) | | WHO DOES THIS FOR YOU - Continued (Someone, not doctor coordinates medical care) |
| 3073 | 62b(5) | | HOSPITAL DISCHARGE PLANNER |
| | | 1 | 1. Mentioned |

| | | |
|--------|--------|---------------------------------|
| 1,300 | 2. | Not mentioned |
| 2 | 8. | No answer to entire question |
| 4 | 9. | DK or refused (entire question) |
| 14,807 | Blank. | NA (Institutionalized) |

| | | | |
|------|--------|--------|------------------------------------|
| 3074 | 62b(6) | | CASE MANAGER |
| | | 27 | 1. Mentioned |
| | | 1,274 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 14,807 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|--------|------------------------------------|
| 3075 | 62b(7) | | OTHER |
| | | 113 | 1. Mentioned |
| | | 1,188 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 14,807 | Blank. NA (Institutionalized) |

| | | | |
|------|-----|--------|--|
| 3076 | 63a | | DOES ANY PHYSICIAN OR SOMEONE IN A PHYSICIAN'S OFFICE HELP YOU WITH ARRANGING NON-MEDICAL CARE |
| | | 260 | 1. Yes |
| | | 13,013 | 2. No |
| | | 2,359 | 3. Does by self |
| | | 145 | 8. Not ascertained |
| | | 119 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 3077 | 63b | | IS THIS PERSON OR DOES THIS PERSON WORK FOR: |
| | | 157 | 1. General care physician |
| | | 51 | 2. Specialist |
| | | 41 | 3. Someone else |
| | | 3 | 8. Not ascertained |
| | | 8 | 9. DK or refused |
| | | 15,854 | Blank. NA (Institutionalized; self or No or DK if physician helps arrange non-medical care) |

| | | | |
|-------------|----------|--|-------------------|
| (3078-3084) | 63c(1-7) | | IS THIS PERSON A: |
|-------------|----------|--|-------------------|

| | | | |
|------|--------|--------|---|
| 3078 | 63c(1) | | PHYSICIAN |
| | | 121 | 1. Mentioned |
| | | 126 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,854 | Blank. NA (Institutionalized; self or No or DK if physician helps arrange non-medical care) |

| | | | |
|------|--------|--------|---|
| 3079 | 63c(2) | | THERAPIST |
| | | 6 | 1. Mentioned |
| | | 241 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,854 | Blank. NA (Institutionalized; self or No or DK if physician helps arrange non-medical care) |

| | | | |
|------|--------|--------|---|
| 3080 | 63c(3) | | NURSE |
| | | 69 | 1. Mentioned |
| | | 178 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,854 | Blank. NA (Institutionalized; self or No or DK if physician helps arrange non-medical care) |

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| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (3078-3084) | 63c(1-7) | | IS THIS PERSON A: - Continued |
| 3081 | 63c(4) | | SOCIAL WORKER |
| | | 36 | 1. Mentioned |
| | | 211 | 2. Not mentioned |
| | | 4 | 8. No answer to entire question |
| | | 9 | 9. DK or refused (entire question) |
| | | 15,854 | Blank. NA (Institutionalized; self or No or DK if physician helps arrange non-medical care) |

| | | | |
|------|--------|--|----------------------------|
| 3082 | 63c(5) | | HOSPITAL DISCHARGE PLANNER |
|------|--------|--|----------------------------|

| | |
|--------|---|
| 2 | 1. Mentioned |
| 245 | 2. Not mentioned |
| 4 | 8. No answer to entire question |
| 9 | 9. DK or refused (entire question) |
| 15,854 | Blank. NA (Institutionalized; self or No or DK if physician helps arrange non-medical care) |

| | | |
|--------|---|--------------|
| 3083 | 63c(6) | CASE MANAGER |
| 9 | 1. Mentioned | |
| 238 | 2. Not mentioned | |
| 4 | 8. No answer to entire question | |
| 9 | 9. DK or refused (entire question) | |
| 15,854 | Blank. NA (Institutionalized; self or No or DK if physician helps arrange non-medical care) | |

| | | |
|--------|---|----------------|
| 3084 | 63c(7) | SOMETHING ELSE |
| 26 | 1. Mentioned | |
| 221 | 2. Not mentioned | |
| 4 | 8. No answer to entire question | |
| 9 | 9. DK or refused (entire question) | |
| 15,854 | Blank. NA (Institutionalized; self or No or DK if physician helps arrange non-medical care) | |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 3085 | 64a | | DOES ANYONE NOT IN A PHYSICIAN'S OFFICE HELP YOU WITH ARRANGING NON-MEDICAL SERVICES |
| | | 858 | 1. Yes |
| | | 11,941 | 2. No |
| | | 2,856 | 3. Does by self |
| | | 146 | 8. Not ascertained |
| | | 95 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| (3086-3093) | 64b(0-7) | | WHO DOES THIS FOR YOU: |
| 3086 | 64b(0) | | SELF |
| | | 104 | 1. Mentioned |
| | | 748 | 2. Not mentioned |

| | | |
|--------|--------|--|
| 2 | 8. | No answer to entire question |
| 4 | 9. | DK or refused (entire question) |
| 15,256 | Blank. | NA (Institutionalized; self or No or DK if anyone, not in a physician's office, helps arrange non-medical care) |

| | | | |
|------|--------|--------|---|
| 3087 | 64b(1) | | FRIEND/FAMILY MEMBER |
| | | 617 | 1. Mentioned |
| | | 235 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,256 | Blank. NA (Institutionalized; self or No or DK if anyone, not in a physician's office, helps arrange non-medical care) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (3086-3093) | 64b(0-7) | | WHO DOES THIS FOR YOU: - Continued |
| 3088 | 64b(2) | | NURSE |
| | | 28 | 1. Mentioned |
| | | 824 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,256 | Blank. NA (Institutionalized; self or No or DK if anyone, not in a physician's office, helps arrange non-medical care) |

| | | | |
|------|--------|--------|---|
| 3089 | 64b(3) | | THERAPIST |
| | | 11 | 1. Mentioned |
| | | 841 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,256 | Blank. NA (Institutionalized; self or No or DK if anyone, not in a physician's office, helps arrange non-medical care) |

| | | | |
|------|--------|----|---------------|
| 3090 | 64b(4) | | SOCIAL WORKER |
| | | 94 | 1. Mentioned |

| | | |
|--------|--------|--|
| 758 | 2. | Not mentioned |
| 2 | 8. | No answer to entire question |
| 4 | 9. | DK or refused (entire question) |
| 15,256 | Blank. | NA (Institutionalized; self or No or DK if anyone, not in a physician's office, helps arrange non-medical care) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (3086-3093) | 64b(0-7) | | WHO DOES THIS FOR YOU: - Continued |
| 3091 | 64b(5) | | HOSPITAL DISCHARGE PLANNER |
| | | 6 | 1. Mentioned |
| | | 846 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,256 | Blank. NA (Institutionalized; self or No or DK if anyone, not in a physician's office, helps arrange non-medical care) |
| 3092 | 64b(6) | | CASE MANAGER |
| | | 37 | 1. Mentioned |
| | | 815 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,256 | Blank. NA (Institutionalized; self or No or DK if anyone, not in a physician's office, helps arrange non-medical care) |
| 3093 | 64b(7) | | OTHER |
| | | 55 | 1. Mentioned |
| | | 797 | 2. Not mentioned |
| | | 2 | 8. No answer to entire question |
| | | 4 | 9. DK or refused (entire question) |
| | | 15,256 | Blank. NA (Institutionalized; self or No or DK if anyone, not in a physician's office, helps arrange non-medical care) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (3094-3114) | 65(1-21) | | WHAT KINDS OF MEDICAL OR NON-MEDICAL SERVICES ARE PROVIDED FOR YOU (Someone other than self arranges medical or non-medical care) |
| 3094 | 65(1) | | HELPS MAKE MEDICAL APPOINTMENTS WITH DOCTORS |
| | | 2,462 | 1. Mentioned |
| | | 1,695 | 2. Not mentioned |
| | | 3,185 | 8. No answer to entire question |
| | | 148 | 9. DK or refused (entire question) |
| | | 8,624 | Blank. NA (Institutionalized) |
| 3095 | 65(2) | | MAKES APPOINTMENTS WITH NURSES/THERAPISTS/DIETICIANS |
| | | 872 | 1. Mentioned |
| | | 3,285 | 2. Not mentioned |
| | | 3,185 | 8. No answer to entire question |
| | | 148 | 9. DK or refused (entire question) |
| | | 8,624 | Blank. NA (Institutionalized) |
| 3096 | 65(3) | | FOLLOWS UP TO BE SURE APPOINTMENTS ARE KEPT |
| | | 1,099 | 1. Mentioned |
| | | 3,058 | 2. Not mentioned |
| | | 3,185 | 8. No answer to entire question |
| | | 148 | 9. DK or refused (entire question) |
| | | 8,624 | Blank. NA (Institutionalized) |
| 3097 | 65(4) | | ARRANGES TRANSPORTATION TO APPOINTMENTS |
| | | 661 | 1. Mentioned |
| | | 3,496 | 2. Not mentioned |
| | | 3,185 | 8. No answer to entire question |
| | | 148 | 9. DK or refused (entire question) |
| | | 8,624 | Blank. NA (Institutionalized) |

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (3094-3114) | 65(1-21) | | WHAT KINDS OF MEDICAL OR NON-MEDICAL SERVICES ARE PROVIDED FOR YOU - Continued (Someone other than self arranges medical or non-medical care) |
| 3098 | 65(5) | | MAKES REFERRALS TO DOCTORS |
| | | 2,228 | 1. Mentioned |
| | | 1,929 | 2. Not mentioned |
| | | 3,185 | 8. No answer to entire question |
| | | 148 | 9. DK or refused (entire question) |
| | | 8,624 | Blank. NA (Institutionalized) |
| 3099 | 65(6) | | MAKES REFERRALS TO NURSES/ THERAPISTS/DIETICIANS |
| | | 684 | 1. Mentioned |
| | | 3,473 | 2. Not mentioned |
| | | 3,185 | 8. No answer to entire question |
| | | 148 | 9. DK or refused (entire question) |
| | | 8,624 | Blank. NA (Institutionalized) |
| 3100 | 65(7) | | CHECKS TO SEE IF NEEDS OR CONDITIONS HAVE CHANGED |
| | | 1,925 | 1. Mentioned |
| | | 2,232 | 2. Not mentioned |
| | | 3,185 | 8. No answer to entire question |
| | | 148 | 9. DK or refused (entire question) |
| | | 8,624 | Blank. NA (Institutionalized) |
| 3101 | 65(8) | | MAKES SURE I AM DOING EXERCISES OR FOLLOWING DIET |
| | | 734 | 1. Mentioned |
| | | 3,423 | 2. Not mentioned |
| | | 3,185 | 8. No answer to entire question |
| | | 148 | 9. DK or refused (entire question) |
| | | 8,624 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|-------------|----------|-------|--|
| (3094-3114) | 65(1-21) | | WHAT KINDS OF MEDICAL OR NON-MEDICAL SERVICES ARE PROVIDED FOR YOU - Continued (Someone other than self arranges medical or non-medical care) |
| 3102 | 65(9) | | REVIEWS MEDICATIONS |
| | | 2,283 | 1. Mentioned |
| | | 1,874 | 2. Not mentioned |
| | | 3,185 | 8. No answer to entire question |
| | | 148 | 9. DK or refused (entire question) |
| | | 8,624 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|-------|---|
| 3103 | 65(10) | | EXPLAINS MEDICAL PROCEDURES OR TERMS |
| | | 1,905 | 1. Mentioned |
| | | 2,252 | 2. Not mentioned |
| | | 3,185 | 8. No answer to entire question |
| | | 148 | 9. DK or refused (entire question) |
| | | 8,624 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|-------|---|
| 3104 | 65(11) | | HELPS WITH INSURANCE OR OTHER BENEFITS |
| | | 1,412 | 1. Mentioned |
| | | 2,745 | 2. Not mentioned |
| | | 3,185 | 8. No answer to entire question |
| | | 148 | 9. DK or refused (entire question) |
| | | 8,624 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|-------|------------------------------------|
| 3105 | 65(12) | | ARRANGES FOR HOME CARE |
| | | 415 | 1. Mentioned |
| | | 3,742 | 2. Not mentioned |
| | | 3,185 | 8. No answer to entire question |
| | | 148 | 9. DK or refused (entire question) |
| | | 8,624 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (3094-3114) | 65(1-21) | | WHAT KINDS OF MEDICAL OR NON-MEDICAL SERVICES ARE PROVIDED FOR YOU - Continued (Someone other than self |

| | | | |
|------|--------|-------|--|
| | | | arranges medical or non-medical care) |
| 3106 | 65(13) | | ARRANGES FOR VOCATIONAL REHABILITATION SERVICES |
| | | 140 | 1. Mentioned |
| | | 4,017 | 2. Not mentioned |
| | | 3,185 | 8. No answer to entire question |
| | | 148 | 9. DK or refused (entire question) |
| | | 8,624 | Blank. NA (Institutionalized) |
| 3107 | 65(14) | | HELPS DEVELOP A PERSONAL CARE PLAN |
| | | 313 | 1. Mentioned |
| | | 3,844 | 2. Not mentioned |
| | | 3,185 | 8. No answer to entire question |
| | | 148 | 9. DK or refused (entire question) |
| | | 8,624 | Blank. NA (Institutionalized) |
| 3108 | 65(15) | | EVALUATES NEED FOR SERVICES |
| | | 870 | 1. Mentioned |
| | | 3,287 | 2. Not mentioned |
| | | 3,185 | 8. No answer to entire question |
| | | 148 | 9. DK or refused (entire question) |
| | | 8,624 | Blank. NA (Institutionalized) |
| 3109 | 65(16) | | ARRANGES SPECIAL EDUCATION SERVICES |
| | | 70 | 1. Mentioned |
| | | 4,087 | 2. Not mentioned |
| | | 3,185 | 8. No answer to entire question |
| | | 148 | 9. DK or refused (entire question) |
| | | 8,624 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (3094-3114) | 65(1-21) | | WHAT KINDS OF MEDICAL OR NON-MEDICAL SERVICES ARE PROVIDED FOR YOU - Continued (Someone other than self arranges medical or non-medical care) |
| 3110 | 65(17) | | TRIES TO FIND VOLUNTEERS |

TO HELP ME

| | |
|-------|------------------------------------|
| 80 | 1. Mentioned |
| 4,077 | 2. Not mentioned |
| 3,185 | 8. No answer to entire question |
| 148 | 9. DK or refused (entire question) |
| 8,624 | Blank. NA (Institutionalized) |

3111 65(18) TRIES TO FIND WORKERS/
AGENCIES TO HELP ME

| | |
|-------|------------------------------------|
| 201 | 1. Mentioned |
| 3,956 | 2. Not mentioned |
| 3,185 | 8. No answer to entire question |
| 148 | 9. DK or refused (entire question) |
| 8,624 | Blank. NA (Institutionalized) |

3112 65(19) ARRANGES FOR HOME DELIVERED MEALS

| | |
|-------|------------------------------------|
| 76 | 1. Mentioned |
| 4,081 | 2. Not mentioned |
| 3,185 | 8. No answer to entire question |
| 148 | 9. DK or refused (entire question) |
| 8,624 | Blank. NA (Institutionalized) |

3113 65(20) MAKES SURE FRIENDS/
FAMILY ARE ABLE TO HELP ME

| | |
|-------|------------------------------------|
| 485 | 1. Mentioned |
| 3,672 | 2. Not mentioned |
| 3,185 | 8. No answer to entire question |
| 148 | 9. DK or refused (entire question) |
| 8,624 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (3094-3114) | 65(1-21) | | WHAT KINDS OF MEDICAL OR NON-MEDICAL SERVICES ARE PROVIDED FOR YOU - Continued (Someone other than self arranges medical or non-medical care) |
| 3114 | 65(21) | | OTHER |
| | | 194 | 1. Mentioned |
| | | 3,963 | 2. Not mentioned |
| | | 3,185 | 8. No answer to entire question |

148 9. DK or refused (entire question)
8,624 Blank. NA (Institutionalized)

3115 66a WAS ANY OF THE HELP YOU
RECEIVED FROM PERSON NOT
IN A PHYSICIAN'S OFFICE
PAID FOR (Others, not self
or friend or family member
help arrange services)

111 1. Yes
54 2. No
36 8. Not ascertained
9 9. DK or refused
15,904 Blank. NA (Institutionalized)

(3116-3127) 66b(1-12) WHO PAID OR WILL PAY FOR
THIS HELP

3116 66b(1) SELF OR FAMILY IN HH

19 1. Mentioned
89 2. Not mentioned
3 8. No answer to entire question
0 9. DK or refused (entire question)
16,003 Blank. NA (Institutionalized; No
help received from someone
else; No or DK if help
received was paid for)

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|-----------|-----------|--|
| (3116-3127) | 66b(1-12) | | WHO PAID OR WILL PAY FOR THIS HELP - Continued |
| 3117 | 66b(2) | | FAMILY NOT IN HH |
| | | 13 | 1. Mentioned |
| | | 95 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,003 | Blank. NA (Institutionalized; No help received from someone else; No or DK if help received was paid for) |

3118 66b(3) PRIVATE HEALTH INSURANCE

| | | |
|--------|--------|--|
| 8 | 1. | Mentioned |
| 100 | 2. | Not mentioned |
| 0 | 8. | No answer to entire question |
| 3 | 9. | DK or refused (entire question) |
| 16,003 | Blank. | NA (Institutionalized; No help received from someone else; No or DK if help received was paid for) |

| | | | |
|------|--------|--------|---|
| 3119 | 66b(4) | | MEDICARE |
| | | 33 | 1. Mentioned |
| | | 75 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,003 | Blank. NA (Institutionalized; No help received from someone else; No or DK if help received was paid for) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|-------------|-----------|--|--|
| (3116-3127) | 66b(1-12) | | WHO PAID OR WILL PAY FOR THIS HELP - Continued |
|-------------|-----------|--|--|

| | | | |
|------|--------|--------|---|
| 3120 | 66b(5) | | MEDICAID |
| | | 52 | 1. Mentioned |
| | | 56 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,003 | Blank. NA (Institutionalized; No help received from someone else; No or DK if help received was paid for) |

| | | | |
|------|--------|--------|---|
| 3121 | 66b(6) | | REHABILITATION PROGRAM |
| | | 8 | 1. Mentioned |
| | | 100 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,003 | Blank. NA (Institutionalized; No help received from someone else; No or DK if help received was paid for) |

| | | | |
|------|--------|--|----------|
| 3122 | 66b(7) | | EMPLOYER |
|------|--------|--|----------|

| | | |
|--------|--------|--|
| 4 | 1. | Mentioned |
| 104 | 2. | Not mentioned |
| 0 | 8. | No answer to entire question |
| 3 | 9. | DK or refused (entire question) |
| 16,003 | Blank. | NA (Institutionalized; No help received from someone else; No or DK if help received was paid for) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (3116-3127) | 66b(1-12) | | WHO PAID OR WILL PAY FOR THIS HELP - Continued |
| 3123 | 66b(8) | | SCHOOL SYSTEM |
| | | 1 | 1. Mentioned |
| | | 107 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,003 | Blank. NA (Institutionalized; No help received from someone else; No or DK if help received was paid for) |
| 3124 | 66b(9) | | VA PROGRAM |
| | | 3 | 1. Mentioned |
| | | 105 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,003 | Blank. NA (Institutionalized; No help received from someone else; No or DK if help received was paid for) |
| 3125 | 66b(10) | | OTHER MILITARY |
| | | 0 | 1. Mentioned |
| | | 108 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,003 | Blank. NA (Institutionalized; No help received from someone else; No or DK if help received was paid for) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|-----------|-----------|---|
| (3116-3127) | 66b(1-12) | | WHO PAID OR WILL PAY FOR THIS HELP - Continued |
| 3126 | 66b(11) | | OTHER PRIVATE SOURCE |
| | | 5 | 1. Mentioned |
| | | 103 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,003 | Blank. NA (Institutionalized; No help received from someone else; No or DK if help received was paid for) |
| 3127 | 66b(12) | | OTHER PUBLIC SOURCE |
| | | 20 | 1. Mentioned |
| | | 88 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 3 | 9. DK or refused (entire question) |
| | | 16,003 | Blank. NA (Institutionalized; No help received from someone else; No or DK if help received was paid for) |
| 3128-3129 | 66c | | WHO PAID FOR MOST OF THE COST OF THIS HELP |
| | | 10 | 01. Self or family in HH |
| | | 3 | 02. Family NOT in HH |
| | | 2 | 03. Private health insurance |
| | | 11 | 04. Medicare |
| | | 35 | 05. Medicaid |
| | | 6 | 06. Rehabilitation program |
| | | 3 | 07. Employer |
| | | 0 | 08. School system |
| | | 3 | 09. VA program |
| | | 0 | 10. Other military |
| | | 2 | 11. Other private source |
| | | 13 | 12. Other public source |
| | | 20 | 13. Two or more sources given. Unknown which paid most |
| | | 0 | 88. No source ascertained |
| | | 3 | 99. DK/refused any source |
| | | 16,003 | Blank. NA (Institutionalized; No or DK if help was paid for) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (3130-3132) | 67 | | NUMBER OF TIMES YOU SAW OR TALKED TO PERSON(S) WHO HELPED ARRANGE YOUR NON-MEDICAL SERVICES IN PAST 6 MONTHS |
| 3130-3131 | | | NUMBER OF UNITS |
| | | 3 | 00. None |
| | | 84 | 01-96. 1-96 times per week, month, 6 months |
| | | 2 | 97. 97+ times per week, month, 6 months |
| | | 22 | 99. DK, refused, not ascertained |
| | | 16,003 | Blank. NA (Institutionalized; No or DK if help was paid for) |
| 3132 | | | TIME UNITS |
| | | 3 | 0. None |
| | | 44 | 1. Week |
| | | 20 | 2. Month |
| | | 22 | 3. 6 months |
| | | 22 | 9. DK, refused, not ascertained |
| | | 16,003 | Blank. NA (Institutionalized; No or DK if help was paid for) |
| 3133-3135 | Recode | | NUMBER OF TIMES TALKED TO SAMPLE PERSON'S COORDINATOR (MONTHS) |
| | | 16 | 000. None |
| | | 73 | 001-420. Number of times per month |
| | | 0 | 888. Less than 1 time per month |
| | | 22 | 999. DK, refused, or not ascertained |
| | | 16,003 | Blank. NA (Institutionalized; No or DK if help was paid for) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

| | | | |
|------|----|--------|---|
| 3136 | 68 | | HOW SATISFIED ARE YOU WITH THE JOB PERSON OR PERSONS HAVE DONE TO HELP ARRANGE SERVICES |
| | | 117 | 1. Very satisfied |
| | | 27 | 2. Somewhat satisfied |
| | | 12 | 3. Somewhat dissatisfied |
| | | 3 | 4. Very dissatisfied |
| | | 39 | 8. Not ascertained |
| | | 12 | 9. DK or refused |
| | | 15,904 | Blank. NA (Institutionalized) |

| | | | |
|------|----|-------|--|
| 3137 | 69 | | FELT YOU NEEDED SOMEONE TO ARRANGE OR COORDINATE PERSONAL CARE OR SOCIAL SERVICES IN PAST 12 MONTHS |
| | | 153 | 1. Yes |
| | | 7,218 | 2. No |
| | | 645 | 3. Never thought about it |
| | | 244 | 8. Not ascertained |
| | | 120 | 9. DK or refused |
| | | 7,734 | Blank. NA (Institutionalized; Has person(s) who arranges/ coordinates care) |

| | | | |
|------|-----|-------|--|
| 3138 | 70a | | NEED HELP FILLING OUT INSURANCE FORMS OR BENEFIT APPLICATIONS (Self or friend or family member coordinated or arranged services) |
| | | 1,805 | 1. Yes |
| | | 9,950 | 2. No |
| | | 3,903 | 3. Never filled forms/ applications |
| | | 148 | 8. Not ascertained |
| | | 90 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (3139-3144) | 70b(0-5) | | WHO HELPS FILL OUT INSURANCE FORMS OR APPLICATION FOR BENEFITS |
| 3139 | 70b(0) | | NO ONE |

| | | |
|-------|--------|---|
| 7,740 | 1. | Mentioned |
| 3,955 | 2. | Not mentioned |
| 181 | 8. | No answer to entire question |
| 117 | 9. | DK or refused (entire question) |
| 4,121 | Blank. | NA (Institutionalized; Never filled out forms/applications) |

| | | |
|-------|--------|---|
| 3140 | 70b(1) | HOUSEHOLD MEMBER |
| 1,737 | 1. | Mentioned |
| 9,958 | 2. | Not mentioned |
| 181 | 8. | No answer to entire question |
| 117 | 9. | DK or refused (entire question) |
| 4,121 | Blank. | NA (Institutionalized; Never filled out forms/applications) |

| | | |
|--------|--------|---|
| 3141 | 70b(2) | FRIEND/OTHER RELATIVE NOT IN HH |
| 876 | 1. | Mentioned |
| 10,819 | 2. | Not mentioned |
| 181 | 8. | No answer to entire question |
| 117 | 9. | DK or refused (entire question) |
| 4,121 | Blank. | NA (Institutionalized; Never filled out forms/applications) |

| | | |
|--------|--------|---|
| 3142 | 70b(3) | PAID CAREGIVER |
| 717 | 1. | Mentioned |
| 10,978 | 2. | Not mentioned |
| 181 | 8. | No answer to entire question |
| 117 | 9. | DK or refused (entire question) |
| 4,121 | Blank. | NA (Institutionalized; Never filled out forms/applications) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (3139-3144) | 70b(0-5) | | WHO HELPS FILL OUT INSURANCE FORMS OR APPLICATION FOR BENEFITS - Continued |
| 3143 | 70b(4) | | VOLUNTEER FROM ORGANIZATION |
| | | 42 | 1. Mentioned |
| | | 11,653 | 2. Not mentioned |
| | | 181 | 8. No answer to entire question |
| | | 117 | 9. DK or refused (entire question) |
| | | 4,121 | Blank. NA (Institutionalized; Never filled out forms/applications) |

| | | | |
|------|--------|--------|--|
| 3144 | 70b(5) | | OTHER |
| | | 818 | 1. Mentioned |
| | | 10,877 | 2. Not mentioned |
| | | 181 | 8. No answer to entire question |
| | | 117 | 9. DK or refused (entire question) |
| | | 4,121 | Blank. NA (Institutionalized; Never filled out forms/applications) |

(3145-3155) 71(a-k) DID YOU RECEIVE ANY OF THE FOLLOWING SERVICES FROM CENTER FOR INDEPENDENT LIVING:
(Received services from Center for Independent Living)

| | | | |
|------|-----|--------|-------------------------------|
| 3145 | 71a | | PEER COUNSELING |
| | | 17 | 1. Yes |
| | | 22 | 2. No |
| | | 6 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,068 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (3145-3155) | 71(a-k) | | DID YOU RECEIVE ANY OF THE FOLLOWING SERVICES FROM CENTER FOR INDEPENDENT LIVING: - Continued (Received services from Center for Independent Living) |
| 3146 | 71b | | EMPLOYMENT COUNSELING, TRAINING, OR REFERRAL |
| | | 15 | 1. Yes |
| | | 24 | 2. No |
| | | 6 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,068 | Blank. NA (Institutionalized) |

| | | | |
|------|-----|----|----------------------------------|
| 3147 | 71c | | HELP WITH ACCOMMODATIONS AT HOME |
| | | 18 | 1. Yes |
| | | 21 | 2. No |
| | | 6 | 8. Not ascertained |

1 9. DK or refused
 16,068 Blank. NA (Institutionalized)

3148 71d HELP WITH ACCOMMODATIONS AT WORK

7 1. Yes
 31 2. No
 6 8. Not ascertained
 2 9. DK or refused
 16,068 Blank. NA (Institutionalized)

3149 71e HELP WITH ACCOMMODATIONS
 IN TRANSPORTATION

18 1. Yes
 21 2. No
 6 8. Not ascertained
 1 9. DK or refused
 16,068 Blank. NA (Institutionalized)

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (3145-3155) | 71(a-k) | | DID YOU RECEIVE ANY OF THE FOLLOWING SERVICES FROM CENTER FOR INDEPENDENT LIVING: - Continued (Received services from Center for Independent Living) |
| 3150 | 71f | | LEGAL RIGHTS COUNSELING |
| | | 12 | 1. Yes |
| | | 27 | 2. No |
| | | 6 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,068 | Blank. NA (Institutionalized) |
| 3151 | 71g | | ATTENDANT REFERRAL OR PERSONAL ASSISTANT SERVICES |
| | | 10 | 1. Yes |
| | | 29 | 2. No |
| | | 6 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,068 | Blank. NA (Institutionalized) |
| 3152 | 71h | | RECREATIONAL SERVICES |

| | |
|--------|-------------------------------|
| 18 | 1. Yes |
| 20 | 2. No |
| 6 | 8. Not ascertained |
| 2 | 9. DK or refused |
| 16,068 | Blank. NA (Institutionalized) |

| | | | |
|------|-----|--------|-------------------------------|
| 3153 | 71i | | TRANSPORTATION SERVICES |
| | | 18 | 1. Yes |
| | | 21 | 2. No |
| | | 6 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 16,068 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (3145-3155) | 71(a-k) | | DID YOU RECEIVE ANY OF THE FOLLOWING SERVICES FROM CENTER FOR INDEPENDENT LIVING: - Continued (Received services from Center for Independent Living) |
| 3154 | 71j | | GETTING ASSISTIVE TECHNOLOGY |
| | | 12 | 1. Yes |
| | | 26 | 2. No |
| | | 6 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 16,068 | Blank. NA (Institutionalized) |
| 3155 | 71k | | ADVOCACY SERVICES |
| | | 10 | 1. Yes |
| | | 28 | 2. No |
| | | 6 | 8. Not ascertained |
| | | 2 | 9. DK or refused |
| | | 16,068 | Blank. NA (Institutionalized) |
| (3156-3174) | 72(0-18) | | WHICH SERVICES DID YOU RECEIVE FROM AN ADULT DAY CARE OR DAY ACTIVITIES CENTER (Received services from an Adult Day Care Center) |
| 3156 | 72(0) | | NONE OF THE SERVICES LISTED |

| | | |
|--------|--------|---------------------------------|
| 1 | 1. | Mentioned |
| 98 | 2. | Not mentioned |
| 16 | 8. | No answer to entire question |
| 0 | 9. | DK or refused (entire question) |
| 15,999 | Blank. | NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (3156-3174) | 72(0-18) | | WHICH SERVICES DID YOU RECEIVE FROM AN ADULT DAY CARE OR DAY ACTIVITIES CENTER - Continued (Received services from an Adult Day Care Center) |
| 3157 | 72(1) | | TRANSPORTATION |
| | | 45 | 1. Mentioned |
| | | 54 | 2. Not mentioned |
| | | 16 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized) |
| 3158 | 72(2) | | SOCIALIZATION |
| | | 75 | 1. Mentioned |
| | | 24 | 2. Not mentioned |
| | | 16 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized) |
| 3159 | 72(3) | | RECREATIONAL ACTIVITIES |
| | | 73 | 1. Mentioned |
| | | 26 | 2. Not mentioned |
| | | 16 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized) |
| 3160 | 72(4) | | RECREATIONAL THERAPY |
| | | 20 | 1. Mentioned |
| | | 79 | 2. Not mentioned |
| | | 16 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (3156-3174) | 72(0-18) | | WHICH SERVICES DID YOU RECEIVE FROM AN ADULT DAY CARE OR DAY ACTIVITIES CENTER - Continued (Received services from an Adult Day Care Center) |
| 3161 | 72(5) | | SPEECH THERAPY |
| | | 4 | 1. Mentioned |
| | | 95 | 2. Not mentioned |
| | | 16 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized) |
| 3162 | 72(6) | | PHYSICAL THERAPY |
| | | 8 | 1. Mentioned |
| | | 91 | 2. Not mentioned |
| | | 16 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized) |
| 3163 | 72(7) | | OCCUPATIONAL THERAPY |
| | | 9 | 1. Mentioned |
| | | 90 | 2. Not mentioned |
| | | 16 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized) |
| 3164 | 72(8) | | SOCIAL SERVICES |
| | | 24 | 1. Mentioned |
| | | 75 | 2. Not mentioned |
| | | 16 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized) |

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Section I - Other Services

Tape

| Locations | Item No. | Frequency | Items and Codes |
|-------------|----------|-----------|---|
| (3156-3174) | 72(0-18) | | WHICH SERVICES DID YOU RECEIVE FROM AN ADULT DAY CARE OR DAY ACTIVITIES CENTER - Continued (Received services from an Adult Day Care Center) |
| 3165 | 72(9) | | NUTRITIONAL SERVICES |
| | | 18 | 1. Mentioned |
| | | 81 | 2. Not mentioned |
| | | 16 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized) |
| 3166 | 72(10) | | MEALS |
| | | 61 | 1. Mentioned |
| | | 38 | 2. Not mentioned |
| | | 16 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized) |
| 3167 | 72(11) | | COUNSELING FOR PARTICIPANTS OR FAMILIES |
| | | 15 | 1. Mentioned |
| | | 84 | 2. Not mentioned |
| | | 16 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized) |
| 3168 | 72(12) | | REFERRALS TO OUTSIDE SERVICE |
| | | 8 | 1. Mentioned |
| | | 91 | 2. Not mentioned |
| | | 16 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (3156-3174) | 72(0-18) | | WHICH SERVICES DID YOU RECEIVE FROM AN ADULT DAY CARE OR DAY ACTIVITIES CENTER |

- Continued
 (Received services from an
 Adult Day Care Center)

| | | | |
|------|--------|--------|------------------------------------|
| 3169 | 72(13) | | NURSING SERVICES |
| | | 16 | 1. Mentioned |
| | | 83 | 2. Not mentioned |
| | | 16 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|--------|------------------------------------|
| 3170 | 72(14) | | MONITORING MEDICATIONS |
| | | 23 | 1. Mentioned |
| | | 76 | 2. Not mentioned |
| | | 16 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|--------|------------------------------------|
| 3171 | 72(15) | | COORDINATING CARE WITH PHYSICIANS |
| | | 10 | 1. Mentioned |
| | | 89 | 2. Not mentioned |
| | | 16 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|--------|------------------------------------|
| 3172 | 72(16) | | PERSONAL CARE SERVICES |
| | | 14 | 1. Mentioned |
| | | 85 | 2. Not mentioned |
| | | 16 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 15,999 | Blank. NA (Institutionalized) |

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Section I - Other Services

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (3156-3174) | 72(0-18) | | WHICH SERVICES DID YOU RECEIVE FROM AN ADULT DAY CARE OR DAY ACTIVITIES CENTER - Continued (Received services from an Adult Day Care Center) |
| 3173 | 72(17) | | VOCATIONAL REHABILITATION SERVICES |

| | |
|--------|------------------------------------|
| 15 | 1. Mentioned |
| 84 | 2. Not mentioned |
| 16 | 8. No answer to entire question |
| 0 | 9. DK or refused (entire question) |
| 15,999 | Blank. NA (Institutionalized) |

3174 72(18)

OTHER

| | |
|--------|------------------------------------|
| 14 | 1. Mentioned |
| 85 | 2. Not mentioned |
| 16 | 8. No answer to entire question |
| 0 | 9. DK or refused (entire question) |
| 15,999 | Blank. NA (Institutionalized) |

3175-3180

BLANK

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 3181 | 1a | | YOU GIVE OR DOES SOMEONE ELSE GIVE CONSENT FOR MEDICAL CARE |
| | | 14,352 | 1. Gives own consent |
| | | 528 | 2. Someone else gives consent |
| | | 84 | 3. It varies |
| | | 832 | 8. Not ascertained |
| | | 100 | 9. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |
| 3182 | 1b | | WHO GENERALLY GIVES MEDICAL CONSENT FOR YOU |
| | | 528 | 1. Family member |
| | | 44 | 2. Legal guardian |
| | | 4 | 3. Agency or school staff member |
| | | 14 | 4. Someone else |
| | | 22 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 15,502 | Blank. NA (Institutionalized; DK who or gives own consent) |
| 3183 | 2 | | DO YOU HAVE AN INDIVIDUAL EDUCATION PLAN OR IEP |
| | | 19 | 1. Yes |
| | | 205 | 2. No |
| | | 23 | 8. Not ascertained |

| | |
|--------|---|
| 10 | 9. DK or refused |
| 15,857 | Blank. NA (Institutionalized; 21+ years old) |

| | | |
|------|---|---|
| 3184 | 3 | DO YOU CURRENTLY HAVE AN INDIVIDUAL WRITTEN REHABILITATION PLAN OR IWRP |
|------|---|---|

| | |
|--------|---|
| 5 | 1. Yes |
| 218 | 2. No |
| 23 | 8. Not ascertained |
| 11 | 9. DK or refused |
| 15,857 | Blank. NA (Institutionalized; 21+ years old) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 3185 | 4a | | HAVE YOU RECEIVED ANY TYPE OF SERVICES OR BENEFITS THROUGH SPECIAL EDUCATION |
| | | 26 | 1. Yes |
| | | 204 | 2. No |
| | | 26 | 8. Not ascertained |
| | | 1 | 9. DK or refused |
| | | 15,857 | Blank. NA (Institutionalized; 21+ years old) |
| (3186-3203) | 4b(1-18) | | WHICH OF THESE SERVICES OR BENEFITS DID YOU RECEIVE THROUGH SPECIAL EDUCATION PROGRAMS IN PAST 12 MONTHS |
| 3186 | 4b(1) | | TRANSPORTATION SERVICES |
| | | 7 | 1. Mentioned |
| | | 18 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |
| 3187 | 4b(2) | | SPEECH/LANGUAGE THERAPY |
| | | 12 | 1. Mentioned |

| | | |
|--------|--------|--|
| 13 | 2. | Not mentioned |
| 0 | 8. | No answer to entire question |
| 1 | 9. | DK or refused (entire question) |
| 16,088 | Blank. | NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (3186-3203) | 4b(1-18) | | WHICH OF THESE SERVICES OR BENEFITS DID YOU RECEIVE THROUGH SPECIAL EDUCATION PROGRAMS IN PAST 12 MONTHS - Continued |
| 3188 | 4b(3) | | AUDIOLOGY SERVICES FOR HEARING PROBLEMS |
| | | 4 | 1. Mentioned |
| | | 21 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |
| 3189 | 4b(4) | | MENTAL HEALTH OR COUNSELING SERVICES |
| | | 4 | 1. Mentioned |
| | | 21 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |
| 3190 | 4b(5) | | DEVELOPMENTAL TESTING |
| | | 11 | 1. Mentioned |
| | | 14 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |

16,088 Blank. NA (Institutionalized;
21+ years old; No or DK
if received any services or
benefits through special
education in past 12 months)

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (3186-3203) | 4b(1-18) | | WHICH OF THESE SERVICES OR BENEFITS DID YOU RECEIVE THROUGH SPECIAL EDUCATION PROGRAMS IN PAST 12 MONTHS - Continued |
| 3191 | 4b(6) | | PHYSICAL THERAPY |
| | | 4 | 1. Mentioned |
| | | 21 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |
| 3192 | 4b(7) | | OCCUPATIONAL THERAPY |
| | | 9 | 1. Mentioned |
| | | 16 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |
| 3193 | 4b(8) | | RECREATIONAL THERAPY |
| | | 6 | 1. Mentioned |
| | | 19 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (3186-3203) | 4b(1-18) | | WHICH OF THESE SERVICES OR BENEFITS DID YOU RECEIVE THROUGH SPECIAL EDUCATION PROGRAMS IN PAST 12 MONTHS - Continued |
| 3194 | 4b(9) | | RESPIRATORY THERAPY |
| | | 0 | 1. Mentioned |
| | | 25 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |
| 3195 | 4b(10) | | SOCIAL WORK SERVICES |
| | | 5 | 1. Mentioned |
| | | 20 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |
| 3196 | 4b(11) | | EYEGLASSES |
| | | 0 | 1. Mentioned |
| | | 25 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (3186-3203) | 4b(1-18) | | WHICH OF THESE SERVICES OR BENEFITS DID YOU RECEIVE THROUGH SPECIAL EDUCATION PROGRAMS IN PAST 12 MONTHS - Continued |
| 3197 | 4b(12) | | HEARING AIDS |
| | | 0 | 1. Mentioned |
| | | 25 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |
| 3198 | 4b(13) | | WHEELCHAIR |
| | | 0 | 1. Mentioned |
| | | 25 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |
| 3199 | 4b(14) | | OTHER ASSISTIVE DEVICES AND TRAINING IN THEIR USE |
| | | 0 | 1. Mentioned |
| | | 25 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

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Section J - Self Direction

Tape

| Locations | Item No. | Frequency | Items and Codes |
|-------------|----------|-----------|---|
| (3186-3203) | 4b(1-18) | | WHICH OF THESE SERVICES OR BENEFITS DID YOU RECEIVE THROUGH SPECIAL EDUCATION PROGRAMS IN PAST 12 MONTHS - Continued |
| 3200 | 4b(15) | | MEDICAL SERVICES FOR DIAGNOSTIC AND EVALUATION PURPOSES |
| | | 2 | 1. Mentioned |
| | | 23 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |
| 3201 | 4b(16) | | COMMUNICATION SERVICES |
| | | 1 | 1. Mentioned |
| | | 24 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |
| 3202 | 4b(17) | | NURSING SERVICES |
| | | 1 | 1. Mentioned |
| | | 24 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|----------------------------|
| (3186-3203) | 4b(1-18) | | WHICH OF THESE SERVICES OR |

BENEFITS DID YOU RECEIVE
THROUGH SPECIAL EDUCATION
PROGRAMS IN PAST 12 MONTHS
- Continued

| | | | |
|------|--------|--------|---|
| 3203 | 4b(18) | | OTHER |
| | | 7 | 1. Mentioned |
| | | 18 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 1 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

(3204-3217) 4c(1-14) HAVE YOU RECEIVED SPECIAL
EDUCATION FOR ANY OF THESE
CONDITIONS IN PAST 12 MONTHS

| | | | |
|------|-------|--------|---|
| 3204 | 4c(1) | | LEARNING DISABILITIES |
| | | 18 | 1. Mentioned |
| | | 8 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

| | | | |
|------|-------|--------|---|
| 3205 | 4c(2) | | SPEECH OR LANGUAGE PROBLEMS |
| | | 11 | 1. Mentioned |
| | | 15 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

| | | | |
|-------------|----------|--|---|
| (3204-3217) | 4c(1-14) | | HAVE YOU RECEIVED SPECIAL EDUCATION FOR ANY OF THESE |
|-------------|----------|--|---|

CONDITIONS IN PAST 12 MONTHS
- Continued

| | | | |
|------|-------|--------|---|
| 3206 | 4c(3) | | MENTAL RETARDATION |
| | | 9 | 1. Mentioned |
| | | 17 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

| | | | |
|------|-------|--------|---|
| 3207 | 4c(4) | | EMOTIONAL DISTURBANCES |
| | | 0 | 1. Mentioned |
| | | 26 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

| | | | |
|------|-------|--------|---|
| 3208 | 4c(5) | | DEAF AND BLIND |
| | | 0 | 1. Mentioned |
| | | 26 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (3204-3217) | 4c(1-14) | | HAVE YOU RECEIVED SPECIAL EDUCATION FOR ANY OF THESE CONDITIONS IN PAST 12 MONTHS - Continued |
| 3209 | 4c(6) | | HEARING, INCLUDING DEAFNESS AND HARD OF HEARING |

| | | |
|--------|--------|--|
| 0 | 1. | Mentioned |
| 26 | 2. | Not mentioned |
| 0 | 8. | No answer to entire question |
| 0 | 9. | DK or refused (entire question) |
| 16,088 | Blank. | NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

| | | | |
|------|-------|--------|---|
| 3210 | 4c(7) | | VISUAL, INCLUDING BLINDNESS AND OTHER PROBLEMS |
| | | 3 | 1. Mentioned |
| | | 23 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

| | | | |
|------|-------|--------|---|
| 3211 | 4c(8) | | ORTHOPEdic PROBLEMS |
| | | 1 | 1. Mentioned |
| | | 25 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (3204-3217) | 4c(1-14) | | HAVE YOU RECEIVED SPECIAL EDUCATION FOR ANY OF THESE CONDITIONS IN PAST 12 MONTHS - Continued |
| 3212 | 4c(9) | | AUTISM |
| | | 2 | 1. Mentioned |
| | | 24 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; |

21+ years old; No or DK
if received any services or
benefits through special
education in past 12 months)

| | | | |
|------|--------|--------|---|
| 3213 | 4c(10) | | TRAUMATIC BRAIN INJURY |
| | | 0 | 1. Mentioned |
| | | 26 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

| | | | |
|------|--------|--------|---|
| 3214 | 4c(11) | | DEVELOPMENTAL DELAY |
| | | 6 | 1. Mentioned |
| | | 20 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (3204-3217) | 4c(1-14) | | HAVE YOU RECEIVED SPECIAL EDUCATION FOR ANY OF THESE CONDITIONS IN PAST 12 MONTHS - Continued |
| 3215 | 4c(12) | | MULTIPLE DISABILITIES |
| | | 3 | 1. Mentioned |
| | | 23 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

| | | | |
|------|--------|--------|---|
| 3216 | 4c(13) | | OTHER HEALTH PROBLEM |
| | | 3 | 1. Mentioned |
| | | 23 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

| | | | |
|------|--------|--------|---|
| 3217 | 4c(14) | | NOT A SPECIFIC CONDITION |
| | | 1 | 1. Mentioned |
| | | 25 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (3218-3226) | 4d(1-9) | | WHERE DID YOU RECEIVE THESE SPECIAL EDUCATION SERVICES IN PAST 12 MONTHS |
| 3218 | 4d(1) | | REGULAR CLASSROOM SETTING |
| | | 5 | 1. Mentioned |
| | | 21 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

| | | | |
|------|-------|--------|------------------------------------|
| 3219 | 4d(2) | | RESOURCE ROOM IN REGULAR SCHOOL |
| | | 6 | 1. Mentioned |
| | | 20 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; |

21+ years old; No or DK
if received any services or
benefits through special
education in past 12 months)

| | | | | |
|------|-------|--------|--|--|
| 3220 | 4d(3) | | SEPARATE CLASS ALL DAY OR PART OF A DAY IN REGULAR SCHOOL | |
| | | 7 | | 1. Mentioned |
| | | 19 | | 2. Not mentioned |
| | | 0 | | 8. No answer to entire question |
| | | 0 | | 9. DK or refused (entire question) |
| | | 16,088 | Blank. | NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (3218-3226) | 4d(1-9) | | WHERE DID YOU RECEIVE THESE SPECIAL EDUCATION SERVICES IN PAST 12 MONTHS - Continued |
| 3221 | 4d(4) | | SPECIAL SCHOOL-DAY SCHOOL |
| | | 9 | 1. Mentioned |
| | | 17 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |
| 3222 | 4d(5) | | SPECIAL SCHOOL- RESIDENTIAL SCHOOL |
| | | 0 | 1. Mentioned |
| | | 26 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

| | | | |
|------|-------|--------|---|
| 3223 | 4d(6) | | HOME |
| | | 0 | 1. Mentioned |
| | | 26 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (3218-3226) | 4d(1-9) | | WHERE DID YOU RECEIVE THESE SPECIAL EDUCATION SERVICES IN PAST 12 MONTHS - Continued |
| 3224 | 4d(7) | | HOSPITAL OR INSTITUTION |
| | | 0 | 1. Mentioned |
| | | 26 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |
| 3225 | 4d(8) | | PROVIDER'S OFFICE |
| | | 1 | 1. Mentioned |
| | | 25 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |
| 3226 | 4d(9) | | OTHER |
| | | 1 | 1. Mentioned |
| | | 25 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |

| | | |
|--------|--------|--|
| 0 | 9. | DK or refused (entire question) |
| 16,088 | Blank. | NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 3227 | 4e | | HAVE YOU RECEIVED ANY OF THESE SPECIAL EDUCATION SERVICES IN PAST MONTH |
| | | 12 | 1. Yes |
| | | 14 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,088 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits, through special education, in past 12 months) |
| (3228-3235) | 4f(0-7) | | WHY HAVEN'T YOU RECEIVED ANY SPECIAL EDUCATION SERVICES IN THE PAST MONTH |
| 3228 | 4f(0) | | DID NOT NEED THE SERVICE DURING THE PAST MONTH |
| | | 5 | 1. Mentioned |
| | | 9 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,100 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months; Yes or DK if received any special education services in past month) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (3228-3235) | 4f(0-7) | | WHY HAVEN'T YOU RECEIVED ANY SPECIAL EDUCATION SERVICES IN THE PAST MONTH - Continued |
| 3229 | 4f(1) | | PROVIDER/SCHOOL THINKS SERVICES NO LONGER NECESSARY |
| | | 2 | 1. Mentioned |
| | | 12 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,100 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months; Yes or DK if received any special education services in past month) |
| 3230 | 4f(2) | | ON VACATION FROM SCHOOL |
| | | 3 | 1. Mentioned |
| | | 11 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,100 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months; Yes or DK if received any special education services in past month) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (3228-3235) | 4f(0-7) | | WHY HAVEN'T YOU RECEIVED ANY SPECIAL EDUCATION SERVICES IN THE PAST MONTH - Continued |
| 3231 | 4f(3) | | PROVIDER/SERVICE NO LONGER AVAILABLE |
| | | 3 | 1. Mentioned |
| | | 11 | 2. Not mentioned |

| | | |
|--------|--------|--|
| 14 | 2. | Not mentioned |
| 0 | 8. | No answer to entire question |
| 0 | 9. | DK or refused (entire question) |
| 16,100 | Blank. | NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months; Yes or DK if received any special education services in past month) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (3228-3235) | 4f(0-7) | | WHY HAVEN'T YOU RECEIVED ANY SPECIAL EDUCATION SERVICES IN THE PAST MONTH - Continued |
| 3235 | 4f(7) | | OTHER REASON |
| | | 3 | 1. Mentioned |
| | | 11 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,100 | Blank. NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months; Yes or DK if received any special education services in past month) |
| 3236 | 5 | | DID YOU RECEIVE ANY INSTRUCTION THROUGH SPECIAL EDUCATION ABOUT HOW TO GET AND KEEP A JOB IN PAST 12 MONTHS |
| | | 11 | 1. Yes |
| | | 218 | 2. No |
| | | 25 | 8. Not ascertained |
| | | 3 | 9. DK or refused |
| | | 15,857 | Blank. NA (Institutionalized; 21+ years old) |
| 3237 | 6a | | HAVE YOU TRIED TO GET ANY SPECIAL EDUCATION SERVICES IN PAST 12 MONTHS |
| | | 2 | 1. Yes |

| | | |
|--------|--------|--|
| 228 | 2. | No |
| 25 | 8. | Not ascertained |
| 2 | 9. | DK or refused |
| 15,857 | Blank. | NA (Institutionalized; 21+ years old) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (3238-3255) | 6b(1-18) | | WHAT ADDITIONAL SPECIAL EDUCATION SERVICES DID YOU TRY TO GET |
| 3238 | 6b(1) | | TRANSPORTATION SERVICES |
| | | 1 | 1. Mentioned |
| | | 1 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,112 | Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |
| 3239 | 6b(2) | | SPEECH/LANGUAGE THERAPY |
| | | 0 | 1. Mentioned |
| | | 2 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,112 | Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |
| 3240 | 6b(3) | | AUDIOLOGY SERVICES FOR HEARING PROBLEMS |
| | | 0 | 1. Mentioned |
| | | 2 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,112 | Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (3238-3255) | 6b(1-18) | | WHAT ADDITIONAL SPECIAL EDUCATION SERVICES DID YOU TRY TO GET - Continued |
| 3241 | 6b(4) | | MENTAL HEALTH OR COUNSELING SERVICES |
| | | 0 | 1. Mentioned |
| | | 2 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,112 | Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |
| 3242 | 6b(5) | | DEVELOPMENTAL TESTING |
| | | 0 | 1. Mentioned |
| | | 2 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,112 | Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |
| 3243 | 6b(6) | | PHYSICAL THERAPY |
| | | 0 | 1. Mentioned |
| | | 2 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,112 | Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-------------------------|
| (3238-3255) | 6b(1-18) | | WHAT ADDITIONAL SPECIAL |

EDUCATION SERVICES DID
YOU TRY TO GET - Continued

| | | | |
|------|-------|--------|--|
| 3244 | 6b(7) | | OCCUPATIONAL THERAPY |
| | | 1 | 1. Mentioned |
| | | 1 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,112 | Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |

| | | | |
|------|-------|--------|--|
| 3245 | 6b(8) | | RECREATIONAL THERAPY |
| | | 0 | 1. Mentioned |
| | | 2 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,112 | Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |

| | | | |
|------|-------|--------|--|
| 3246 | 6b(9) | | RESPIRATORY THERAPY |
| | | 0 | 1. Mentioned |
| | | 2 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,112 | Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (3238-3255) | 6b(1-18) | | WHAT ADDITIONAL SPECIAL EDUCATION SERVICES DID YOU TRY TO GET - Continued |
| 3247 | 6b(10) | | SOCIAL WORK SERVICES |
| | | 1 | 1. Mentioned |
| | | 1 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,112 | Blank. NA (Institutionalized; |

21+ years old; No or DK if
 tried to get special education
 services in past 12 months)

| | | | |
|------|--------|--------|--|
| 3248 | 6b(11) | | EYEGLASSES |
| | | 0 | 1. Mentioned |
| | | 2 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,112 | Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |

| | | | |
|------|--------|--------|--|
| 3249 | 6b(12) | | HEARING AIDS |
| | | 0 | 1. Mentioned |
| | | 2 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,112 | Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (3238-3255) | 6b(1-18) | | WHAT ADDITIONAL SPECIAL EDUCATION SERVICES DID YOU TRY TO GET - Continued |
| 3250 | 6b(13) | | WHEELCHAIR |
| | | 0 | 1. Mentioned |
| | | 2 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,112 | Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |

| | | | |
|------|--------|---|--|
| 3251 | 6b(14) | | OTHER ASSISTIVE DEVICES AND TRAINING IN THEIR USE |
| | | 0 | 1. Mentioned |
| | | 2 | 2. Not mentioned |

| | | |
|--------|--------|---|
| 0 | 8. | No answer to entire question |
| 0 | 9. | DK or refused (entire question) |
| 16,112 | Blank. | NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |

| | | |
|------|--------|--|
| 3252 | 6b(15) | MEDICAL SERVICES FOR DIAGNOSTIC AND EVALUATION PURPOSES |
|------|--------|--|

| | | |
|--------|--------|---|
| 0 | 1. | Mentioned |
| 2 | 2. | Not mentioned |
| 0 | 8. | No answer to entire question |
| 0 | 9. | DK or refused (entire question) |
| 16,112 | Blank. | NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

| | | |
|-------------|----------|---|
| (3238-3255) | 6b(1-18) | WHAT ADDITIONAL SPECIAL EDUCATION SERVICES DID YOU TRY TO GET - Continued |
|-------------|----------|---|

| | | |
|--------|--------|---|
| 3253 | 6b(16) | COMMUNICATION SERVICES |
| 0 | 1. | Mentioned |
| 2 | 2. | Not mentioned |
| 0 | 8. | No answer to entire question |
| 0 | 9. | DK or refused (entire question) |
| 16,112 | Blank. | NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |

| | | |
|--------|--------|---|
| 3254 | 6b(17) | NURSING SERVICES |
| 0 | 1. | Mentioned |
| 2 | 2. | Not mentioned |
| 0 | 8. | No answer to entire question |
| 0 | 9. | DK or refused (entire question) |
| 16,112 | Blank. | NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |

| | | |
|------|--------|-------|
| 3255 | 6b(18) | OTHER |
|------|--------|-------|

| | | |
|--------|--------|---|
| 1 | 1. | Mentioned |
| 1 | 2. | Not mentioned |
| 0 | 8. | No answer to entire question |
| 0 | 9. | DK or refused (entire question) |
| 16,112 | Blank. | NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 3256 | 6c | | WERE YOU ON WAITING LIST FOR ANY SPECIAL EDUCATION SERVICES IN PAST 12 MONTHS |
| | | 1 | 1. Yes |
| | | 1 | 2. No |
| | | 0 | 8. Not ascertained |
| | | 0 | 9. DK or refused |
| | | 16,112 | Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |
| (3257-3264) | 6d(1-8) | | WHAT PROBLEMS DID YOU HAVE TRYING TO GET SPECIAL EDUCATION SERVICES IN PAST 12 MONTHS |
| 3257 | 6d(1) | | SERVICE IS NOT AVAILABLE |
| | | 1 | 0. No problem getting service |
| | | 0 | 1. Mentioned |
| | | 1 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,112 | Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |
| 3258 | 6d(2) | | HAD TROUBLE FINDING THE RIGHT KIND OF SERVICE |
| | | 1 | 0. No problem getting service |
| | | 0 | 1. Mentioned |
| | | 1 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |

16,112 Blank. NA (Institutionalized;
21+ years old; No or DK if
tried to get special education
services in past 12 months)

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (3257-3264) | 6d(1-8) | | WHAT PROBLEMS DID YOU HAVE TRYING TO GET SPECIAL EDUCATION SERVICES IN PAST 12 MONTHS - Continued |
| 3259 | 6d(3) | | SERVICES AVAILABLE ARE INADEQUATE |
| | | 1 | 0. No problem getting service |
| | | 0 | 1. Mentioned |
| | | 1 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,112 | Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |
| 3260 | 6d(4) | | SCHOOL DID NOT THINK SERVICES WERE NEEDED |
| | | 1 | 0. No problem getting service |
| | | 0 | 1. Mentioned |
| | | 1 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,112 | Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |
| 3261 | 6d(5) | | SCHOOL WOULD NOT TEST FOR DISABILITIES |
| | | 1 | 0. No problem getting service |
| | | 0 | 1. Mentioned |
| | | 1 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,112 | Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |

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Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (3257-3264) | 6d(1-8) | | WHAT PROBLEMS DID YOU HAVE TRYING TO GET SPECIAL EDUCATION SERVICES IN PAST 12 MONTHS - Continued |
| 3262 | 6d(6) | | SCHOOL WOULD NOT HELP IN FINDING SERVICES |
| | | 1 | 0. No problem getting service |
| | | 0 | 1. Mentioned |
| | | 1 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,112 | Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |
| 3263 | 6d(7) | | COULD NOT TAKE TIME OFF FROM WORK TO ARRANGE IT |
| | | 1 | 0. No problem getting service |
| | | 0 | 1. Mentioned |
| | | 1 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,112 | Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |
| 3264 | 6d(8) | | OTHER PROBLEMS |
| | | 1 | 0. No problem getting service |
| | | 1 | 1. Mentioned |
| | | 0 | 2. Not mentioned |
| | | 0 | 8. No answer to entire question |
| | | 0 | 9. DK or refused (entire question) |
| | | 16,112 | Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |

Section J - Self Direction

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 3265 | 7 | | HOW SATISFIED ARE YOU WITH THE EDUCATIONAL SERVICES THAT YOU RECEIVE |
| | | 142 | 0. Does not receive any educational services |
| | | 30 | 1. Very satisfied |
| | | 31 | 2. Somewhat satisfied |
| | | 8 | 3. Somewhat dissatisfied |
| | | 6 | 4. Very dissatisfied |
| | | 30 | 8. Not ascertained |
| | | 10 | 9. DK or refused |
| | | 15,857 | Blank. NA (Institutionalized; 21+ years old) |
| 3266-3270 | | | BLANK |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 3271 | 1 | | PRESENT MARITAL STATUS |
| | | 7,791 | 1. Married - spouse in HH |
| | | 257 | 2. Married - spouse not in HH |
| | | 2,965 | 3. Widowed |
| | | 1,906 | 4. Divorced |
| | | 500 | 5. Separated |
| | | 2,295 | 6. Never married |
| | | 339 | 8. Not ascertained |
| | | 61 | 9. DK or refused |
| 3272-3273 | 2a | | HOW LONG MARRIED TO CURRENT SPOUSE |
| | | 160 | 00. Less than 1 year |
| | | 7,697 | 01-96. 1-96 years |
| | | 0 | 97. 97+ years |
| | | 91 | 98. Not ascertained |
| | | 100 | 99. DK or refused |
| | | 8,066 | Blank. NA (Widowed/divorced/separated; never married or DK marital status) |

| | | | |
|------|--------|-------|-----------------------------------|
| 3274 | Recode | | LENGTH OF TIME MARRIED |
| | | 160 | 0. Less than 1 year |
| | | 567 | 1. 1-4 years |
| | | 780 | 2. 5-9 years |
| | | 696 | 3. 10-14 years |
| | | 642 | 4. 15-19 years |
| | | 5,012 | 5. 20+ years |
| | | 191 | 7. Unknown how long married |
| | | 7,666 | 8. Not married |
| | | 400 | 9. Unknown current marital status |

| | | | |
|-----------|----|--------|--|
| 3275-3276 | 2b | | HOW LONG WIDOWED/DIVORCED/ SEPARATED |
| | | 336 | 00. Less than 1 year |
| | | 4,607 | 01-96. 1-96 years |
| | | 0 | 97. 97+ years |
| | | 225 | 98. Not ascertained |
| | | 203 | 99. DK or refused |
| | | 10,743 | Blank. NA (Married; never married or DK marital status) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 3277 | Recode | | LENGTH OF TIME WIDOWED/ SEPARATED/DIVORCED |
| | | 336 | 0. Less than 1 year |
| | | 971 | 1. 1-4 years |
| | | 996 | 2. 5-9 years |
| | | 904 | 3. 10-14 years |
| | | 556 | 4. 15-19 years |
| | | 1,180 | 5. 20+ years |
| | | 428 | 7. Unknown how long widowed/ separated/divorced |
| | | 10,343 | 8. Not widowed/separated/ divorced |
| | | 400 | 9. Unknown current marital status |

| | | | |
|-----------|---|--------|--------------------------------|
| 3278-3279 | 3 | | NUMBER OF PERSONS LIVING IN HH |
| | | 3,746 | 01. SP only |
| | | 11,832 | 02-96. 2-96 HH members |
| | | 0 | 97. 97+ HH members |
| | | 278 | 98. Not ascertained |
| | | 40 | 99. DK or refused |
| | | 218 | Blank. NA (Institutionalized) |

(3280-3303) 4(b-c) SEX AND RELATIONSHIP OF REPORTED
HOUSEHOLD MEMBERS*

3280 4b SEX - 2nd PERSON IN HOUSEHOLD

| | |
|-------|---|
| 5,425 | 1. Male |
| 6,166 | 2. Female |
| 402 | 8. Not ascertained |
| 4,121 | Blank. NA (Institutionalized; Sample Person) |

*Number of person listed in household roster may not match number of household members reported in locations 3278-3279.

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (3280-3303) | 4(b-c) | | SEX AND RELATIONSHIP OF REPORTED HOUSEHOLD MEMBERS*- Continued |
| 3281-3282 | 4c | | RELATIONSHIP TO ADULT SP - 2nd PERSON IN HOUSEHOLD |
| | | 3,650 | 01. Husband |
| | | 4,007 | 02. Wife |
| | | 297 | 03. Natural father |
| | | 13 | 04. Stepfather |
| | | 1 | 05. Adoptive father |
| | | 0 | 06. Foster father |
| | | 548 | 07. Natural mother |
| | | 0 | 08. Stepmother |
| | | 0 | 09. Adoptive mother |
| | | 1 | 10. Foster mother |
| | | 0 | 11. Male parent, unknown type |
| | | 0 | 12. Female parent, unknown type |
| | | 798 | 13. Natural son |
| | | 5 | 14. Stepson |
| | | 2 | 15. Adopted son |
| | | 3 | 16. Foster son |
| | | 853 | 17. Natural daughter |
| | | 4 | 18. Stepdaughter |
| | | 0 | 19. Adopted daughter |
| | | 2 | 20. Foster daughter |
| | | 0 | 21. Male child, unknown type |
| | | 1 | 22. Female child, unknown type |
| | | 109 | 23. Full brother |
| | | 0 | 24. Half brother |
| | | 0 | 25. Stepbrother |
| | | 0 | 26. Adoptive brother |
| | | 157 | 27. Full sister |
| | | 1 | 28. Half sister |

| | | |
|----|-----|----------------------|
| 1 | 29. | Stepsister |
| 0 | 30. | Adoptive sister |
| 2 | 31. | Unknown sibling type |
| 5 | 32. | Grandfather |
| 28 | 33. | Grandmother |
| 72 | 34. | Grandson |
| 59 | 35. | Granddaughter |
| 6 | 36. | Uncle |
| 17 | 37. | Aunt |
| 25 | 38. | Nephew |

*Number of person listed in household roster may not match number of household members reported in locations 3278-3279.

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (3280-3303) | 4(b-c) | | SEX AND RELATIONSHIP OF REPORTED HOUSEHOLD MEMBERS*- Continued |
| 3281-3282 | 4c | | RELATIONSHIP TO ADULT SP: (2nd Person) - Continued |
| | | 16 | 39. Niece |
| | | 1 | 40. Father-in-law |
| | | 1 | 41. Mother-in-law |
| | | 44 | 42. Son-in-law |
| | | 12 | 43. Daughter-in-law |
| | | 4 | 44. Brother-in-law |
| | | 12 | 45. Sister-in-law |
| | | 16 | 46. Cousin |
| | | 818 | 47. Not related |
| | | 11 | 55. Unknown male |
| | | 13 | 66. Unknown female |
| | | 346 | 97. Family members, unknown relationship and gender |
| | | 21 | 98. Not ascertained |
| | | 11 | 99. DK or refused |
| | | 4,121 | Blank. NA (Institutionalized; Sample Person) |
| 3283 | 4b | | SEX - 3rd PERSON IN HOUSEHOLD |
| | | 2,952 | 1. Male |
| | | 2,664 | 2. Female |
| | | 215 | 8. Not ascertained |
| | | 10,283 | Blank. NA (Institutionalized; Sample Person; 2 or fewer people in HH) |

*Number of person listed in household roster may not match number of household members reported in locations 3278-3279.

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (3280-3303) | 4(b-c) | | SEX AND RELATIONSHIP OF REPORTED HOUSEHOLD MEMBERS*- Continued |
| 3284-3285 | 4c | | RELATIONSHIP TO ADULT SP - 3rd PERSON IN HOUSEHOLD |
| | | 11 | 01. Husband |
| | | 7 | 02. Wife |
| | | 141 | 03. Natural father |
| | | 34 | 04. Stepfather |
| | | 1 | 05. Adoptive father |
| | | 1 | 06. Foster father |
| | | 306 | 07. Natural mother |
| | | 10 | 08. Stepmother |
| | | 1 | 09. Adoptive mother |
| | | 0 | 10. Foster mother |
| | | 1 | 11. Male parent, unknown type |
| | | 0 | 12. Female parent, unknown type |
| | | 1,980 | 13. Natural son |
| | | 74 | 14. Stepson |
| | | 3 | 15. Adopted son |
| | | 7 | 16. Foster son |
| | | 1,658 | 17. Natural daughter |
| | | 87 | 18. Stepdaughter |
| | | 1 | 19. Adopted daughter |
| | | 14 | 20. Foster daughter |
| | | 2 | 21. Male child, unknown type |
| | | 1 | 22. Female child, unknown type |
| | | 104 | 23. Full brother |
| | | 0 | 24. Half brother |
| | | 0 | 25. Stepbrother |
| | | 1 | 26. Adoptive brother |
| | | 94 | 27. Full sister |
| | | 0 | 28. Half sister |
| | | 0 | 29. Stepsister |
| | | 1 | 30. Adoptive sister |
| | | 1 | 31. Unknown sibling type |
| | | 5 | 32. Grandfather |
| | | 7 | 33. Grandmother |
| | | 172 | 34. Grandson |
| | | 134 | 35. Granddaughter |
| | | 9 | 36. Uncle |

*Number of person listed in household roster may not match number of household members reported in locations 3278-3279.

Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (3280-3303) | 4(b-c) | | SEX AND RELATIONSHIP OF REPORTED HOUSEHOLD MEMBERS*- Continued |
| 3284-3285 | 4c | | RELATIONSHIP TO ADULT SP: (3rd Person) - Continued |
| | | 10 | 37. Aunt |
| | | 48 | 38. Nephew |
| | | 30 | 39. Niece |
| | | 11 | 40. Father-in-law |
| | | 46 | 41. Mother-in-law |
| | | 114 | 42. Son-in-law |
| | | 79 | 43. Daughter-in-law |
| | | 42 | 44. Brother-in-law |
| | | 17 | 45. Sister-in-law |
| | | 16 | 46. Cousin |
| | | 333 | 47. Not related |
| | | 7 | 55. Unknown male |
| | | 4 | 66. Unknown female |
| | | 166 | 97. Family members, unknown relationship and gender |
| | | 33 | 98. Not ascertained |
| | | 7 | 99. DK or refused |
| | | 10,283 | Blank. NA (Institutionalized; Sample Person; 2 or fewer people in HH) |

| | | | |
|------|----|--------|---|
| 3286 | 4b | | SEX - 4th PERSON IN HOUSEHOLD |
| | | 1,650 | 1. Male |
| | | 1,509 | 2. Female |
| | | 155 | 8. Not ascertained |
| | | 12,800 | Blank. NA (Institutionalized; Sample Person; 3 or fewer people in HH) |

*Number of person listed in household roster may not match number of household members reported in locations 3278-3279.

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| (3280-3303) | 4(b-c) | | SEX AND RELATIONSHIP OF REPORTED HOUSEHOLD MEMBERS*- Continued |

3287-3288 4c

RELATIONSHIP TO ADULT SP
- 4th PERSON IN HOUSEHOLD

| | |
|-----|---------------------------------|
| 9 | 01. Husband |
| 2 | 02. Wife |
| 31 | 03. Natural father |
| 3 | 04. Stepfather |
| 0 | 05. Adoptive father |
| 0 | 06. Foster father |
| 36 | 07. Natural mother |
| 0 | 08. Stepmother |
| 0 | 09. Adoptive mother |
| 1 | 10. Foster mother |
| 0 | 11. Male parent, unknown type |
| 0 | 12. Female parent, unknown type |
| 974 | 13. Natural son |
| 47 | 14. Stepson |
| 1 | 15. Adopted son |
| 6 | 16. Foster son |
| 933 | 17. Natural daughter |
| 39 | 18. Stepdaughter |
| 2 | 19. Adopted daughter |
| 6 | 20. Foster daughter |
| 0 | 21. Male child, unknown type |
| 0 | 22. Female child, unknown type |
| 138 | 23. Full brother |
| 2 | 24. Half brother |
| 4 | 25. Stepbrother |
| 0 | 26. Adoptive brother |
| 101 | 27. Full sister |
| 0 | 28. Half sister |
| 2 | 29. Stepsister |
| 1 | 30. Adoptive sister |
| 2 | 31. Unknown sibling type |
| 0 | 32. Grandfather |
| 13 | 33. Grandmother |
| 241 | 34. Grandson |
| 186 | 35. Granddaughter |
| 3 | 36. Uncle |

*Number of person listed in household roster may not match number of household members reported in locations 3278-3279.

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (3280-3303) | 4(b-c) | | SEX AND RELATIONSHIP OF REPORTED HOUSEHOLD MEMBERS*- Continued |
| 3287-3288 | 4c | | RELATIONSHIP TO ADULT SP: (4th Person) - Continued |
| | | 2 | 37. Aunt |

| | | |
|--------|--------|--|
| 53 | 38. | Nephew |
| 30 | 39. | Niece |
| 4 | 40. | Father-in-law |
| 17 | 41. | Mother-in-law |
| 27 | 42. | Son-in-law |
| 32 | 43. | Daughter-in-law |
| 10 | 44. | Brother-in-law |
| 12 | 45. | Sister-in-law |
| 20 | 46. | Cousin |
| 172 | 47. | Not related |
| 4 | 55. | Unknown male |
| 5 | 66. | Unknown female |
| 103 | 97. | Family members, unknown relationship and gender |
| 37 | 98. | Not ascertained |
| 3 | 99. | DK or refused |
| 12,800 | Blank. | NA (Institutionalized; Sample Person; 3 or fewer people in HH) |

| | | |
|------|--------|---|
| 3289 | 4b | SEX - 5th PERSON IN HOUSEHOLD |
| | 786 | 1. Male |
| | 667 | 2. Female |
| | 99 | 8. Not ascertained |
| | 14,562 | Blank. NA (Institutionalized; Sample Person; 4 or fewer people in HH) |

*Number of person listed in household roster may not match number of household members reported in locations 3278-3279.

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (3280-3303) | 4(b-c) | | SEX AND RELATIONSHIP OF REPORTED HOUSEHOLD MEMBERS*- Continued |
| 3290-3291 | 4c | | RELATIONSHIP TO ADULT SP - 5th PERSON IN HOUSEHOLD |
| | | 2 | 01. Husband |
| | | 3 | 02. Wife |
| | | 7 | 03. Natural father |
| | | 2 | 04. Stepfather |
| | | 0 | 05. Adoptive father |
| | | 0 | 06. Foster father |
| | | 20 | 07. Natural mother |
| | | 0 | 08. Stepmother |
| | | 0 | 09. Adoptive mother |
| | | 0 | 10. Foster mother |
| | | 0 | 11. Male parent, unknown type |

| | |
|-----|---------------------------------|
| 0 | 12. Female parent, unknown type |
| 384 | 13. Natural son |
| 19 | 14. Stepson |
| 0 | 15. Adopted son |
| 6 | 16. Foster son |
| 324 | 17. Natural daughter |
| 9 | 18. Stepdaughter |
| 1 | 19. Adopted daughter |
| 4 | 20. Foster daughter |
| 0 | 21. Male child, unknown type |
| 0 | 22. Female child, unknown type |
| 56 | 23. Full brother |
| 3 | 24. Half brother |
| 1 | 25. Stepbrother |
| 1 | 26. Adoptive brother |
| 47 | 27. Full sister |
| 1 | 28. Half sister |
| 0 | 29. Stepsister |
| 0 | 30. Adoptive sister |
| 2 | 31. Unknown sibling type |
| 1 | 32. Grandfather |
| 0 | 33. Grandmother |
| 171 | 34. Grandson |
| 155 | 35. Granddaughter |
| 1 | 36. Uncle |

*Number of person listed in household roster may not match number of household members reported in locations 3278-3279.

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (3280-3303) | 4(b-c) | | SEX AND RELATIONSHIP OF REPORTED HOUSEHOLD MEMBERS*- Continued |
| 3290-3291 | 4c | | RELATIONSHIP TO ADULT SP: (5th Person) - Continued |
| | | 2 | 37. Aunt |
| | | 39 | 38. Nephew |
| | | 42 | 39. Niece |
| | | 4 | 40. Father-in-law |
| | | 5 | 41. Mother-in-law |
| | | 9 | 42. Son-in-law |
| | | 2 | 43. Daughter-in-law |
| | | 9 | 44. Brother-in-law |
| | | 2 | 45. Sister-in-law |
| | | 10 | 46. Cousin |
| | | 111 | 47. Not related |
| | | 4 | 55. Unknown male |
| | | 2 | 66. Unknown female |
| | | 64 | 97. Family members, unknown relationship and gender |

| | | |
|--------|--------|--|
| 25 | 98. | Not ascertained |
| 2 | 99. | DK or refused |
| 14,562 | Blank. | NA (Institutionalized; Sample Person; 4 or fewer people in HH) |

| | | | |
|------|----|--------|---|
| 3292 | 4b | | SEX - 6th PERSON IN HOUSEHOLD |
| | | 302 | 1. Male |
| | | 327 | 2. Female |
| | | 50 | 8. Not ascertained |
| | | 15,435 | Blank. NA (Institutionalized; Sample Person; 5 or fewer people in HH) |

*Number of person listed in household roster may not match number of household members reported in locations 3278-3279.

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (3280-3303) | 4(b-c) | | SEX AND RELATIONSHIP OF REPORTED HOUSEHOLD MEMBERS*- Continued |
| 3293-3294 | 4c | | RELATIONSHIP TO ADULT SP - 6th PERSON IN HOUSEHOLD |
| | | 2 | 01. Husband |
| | | 0 | 02. Wife |
| | | 4 | 03. Natural father |
| | | 0 | 04. Stepfather |
| | | 0 | 05. Adoptive father |
| | | 0 | 06. Foster father |
| | | 8 | 07. Natural mother |
| | | 0 | 08. Stepmother |
| | | 0 | 09. Adoptive mother |
| | | 0 | 10. Foster mother |
| | | 0 | 11. Male parent, unknown type |
| | | 1 | 12. Female parent, unknown type |
| | | 125 | 13. Natural son |
| | | 3 | 14. Stepson |
| | | 0 | 15. Adopted son |
| | | 6 | 16. Foster son |
| | | 148 | 17. Natural daughter |
| | | 4 | 18. Stepdaughter |
| | | 0 | 19. Adopted daughter |
| | | 2 | 20. Foster daughter |
| | | 0 | 21. Male child, unknown type |
| | | 0 | 22. Female child, unknown type |
| | | 22 | 23. Full brother |
| | | 1 | 24. Half brother |
| | | 0 | 25. Stepbrother |

| | |
|----|--------------------------|
| 0 | 26. Adoptive brother |
| 15 | 27. Full sister |
| 2 | 28. Half sister |
| 0 | 29. Stepsister |
| 0 | 30. Adoptive sister |
| 2 | 31. Unknown sibling type |
| 0 | 32. Grandfather |
| 3 | 33. Grandmother |
| 80 | 34. Grandson |
| 79 | 35. Granddaughter |
| 0 | 36. Uncle |

*Number of person listed in household roster may not match number of household members reported in locations 3278-3279.

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (3280-3303) | 4(b-c) | | SEX AND RELATIONSHIP OF REPORTED HOUSEHOLD MEMBERS*- Continued |
| 3293-3294 | 4c | | RELATIONSHIP TO ADULT SP: (6th Person) - Continued |
| | | 1 | 37. Aunt |
| | | 20 | 38. Nephew |
| | | 22 | 39. Niece |
| | | 1 | 40. Father-in-law |
| | | 7 | 41. Mother-in-law |
| | | 3 | 42. Son-in-law |
| | | 2 | 43. Daughter-in-law |
| | | 1 | 44. Brother-in-law |
| | | 3 | 45. Sister-in-law |
| | | 8 | 46. Cousin |
| | | 55 | 47. Not related |
| | | 2 | 55. Unknown male |
| | | 1 | 66. Unknown female |
| | | 24 | 97. Family members, unknown relationship and gender |
| | | 21 | 98. Not ascertained |
| | | 1 | 99. DK or refused |
| | | 15,435 | Blank. NA (Institutionalized; Sample Person; 5 or fewer people in HH) |
| 3295 | 4b | | SEX - 7th PERSON IN HOUSEHOLD |
| | | 125 | 1. Male |
| | | 137 | 2. Female |
| | | 40 | 8. Not ascertained |
| | | 15,812 | Blank. NA (Institutionalized; Sample Person; 6 or fewer people in HH) |

fewer people in HH)

*Number of person listed in household roster may not match number of household members reported in locations 3278-3279.

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (3280-3303) | 4(b-c) | | SEX AND RELATIONSHIP OF REPORTED HOUSEHOLD MEMBERS*- Continued |
| 3296-3297 | 4c | | RELATIONSHIP TO ADULT SP - 7th PERSON IN HOUSEHOLD |
| | | 0 | 01. Husband |
| | | 1 | 02. Wife |
| | | 0 | 03. Natural father |
| | | 0 | 04. Stepfather |
| | | 0 | 05. Adoptive father |
| | | 0 | 06. Foster father |
| | | 6 | 07. Natural mother |
| | | 0 | 08. Stepmother |
| | | 0 | 09. Adoptive mother |
| | | 0 | 10. Foster mother |
| | | 0 | 11. Male parent, unknown type |
| | | 0 | 12. Female parent, unknown type |
| | | 41 | 13. Natural son |
| | | 0 | 14. Stepson |
| | | 0 | 15. Adopted son |
| | | 2 | 16. Foster son |
| | | 54 | 17. Natural daughter |
| | | 3 | 18. Stepdaughter |
| | | 0 | 19. Adopted daughter |
| | | 2 | 20. Foster daughter |
| | | 0 | 21. Male child, unknown type |
| | | 0 | 22. Female child, unknown type |
| | | 6 | 23. Full brother |
| | | 0 | 24. Half brother |
| | | 0 | 25. Stepbrother |
| | | 0 | 26. Adoptive brother |
| | | 6 | 27. Full sister |
| | | 0 | 28. Half sister |
| | | 0 | 29. Stepsister |
| | | 0 | 30. Adoptive sister |
| | | 1 | 31. Unknown sibling type |
| | | 0 | 32. Grandfather |
| | | 5 | 33. Grandmother |
| | | 44 | 34. Grandson |
| | | 27 | 35. Granddaughter |
| | | 1 | 36. Uncle |

*Number of person listed in household roster may not match number of household members reported in locations 3278-3279.

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| (3280-3303) | 4(b-c) | | SEX AND RELATIONSHIP OF REPORTED HOUSEHOLD MEMBERS*- Continued |
| 3296-3297 | 4c | | RELATIONSHIP TO ADULT SP: (7th Person) - Continued |
| | | 1 | 37. Aunt |
| | | 8 | 38. Nephew |
| | | 13 | 39. Niece |
| | | 1 | 40. Father-in-law |
| | | 2 | 41. Mother-in-law |
| | | 1 | 42. Son-in-law |
| | | 3 | 43. Daughter-in-law |
| | | 4 | 44. Brother-in-law |
| | | 1 | 45. Sister-in-law |
| | | 2 | 46. Cousin |
| | | 27 | 47. Not related |
| | | 2 | 55. Unknown male |
| | | 0 | 66. Unknown female |
| | | 15 | 97. Family members, unknown relationship and gender |
| | | 22 | 98. Not ascertained |
| | | 1 | 99. DK or refused |
| | | 15,812 | Blank. NA (Institutionalized; Sample Person; 6 or fewer people in HH) |
| 3298 | 4b | | SEX - 8th PERSON IN HOUSEHOLD |
| | | 62 | 1. Male |
| | | 56 | 2. Female |
| | | 25 | 8. Not ascertained |
| | | 15,971 | Blank. NA (Institutionalized; Sample Person; 7 or fewer people in HH) |

*Number of person listed in household roster may not match number of household members reported in locations 3278-3279.

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
|----------------|----------|-----------|-----------------|

(3280-3303) 4(b-c)

SEX AND RELATIONSHIP OF REPORTED
HOUSEHOLD MEMBERS*- Continued

3299-3300 4c

RELATIONSHIP TO ADULT SP
- 8th PERSON IN HOUSEHOLD

| | |
|----|---------------------------------|
| 1 | 01. Husband |
| 0 | 02. Wife |
| 2 | 03. Natural father |
| 0 | 04. Stepfather |
| 0 | 05. Adoptive father |
| 0 | 06. Foster father |
| 0 | 07. Natural mother |
| 0 | 08. Stepmother |
| 0 | 09. Adoptive mother |
| 0 | 10. Foster mother |
| 0 | 11. Male parent, unknown type |
| 0 | 12. Female parent, unknown type |
| 15 | 13. Natural son |
| 1 | 14. Stepson |
| 0 | 15. Adopted son |
| 0 | 16. Foster son |
| 19 | 17. Natural daughter |
| 0 | 18. Stepdaughter |
| 0 | 19. Adopted daughter |
| 0 | 20. Foster daughter |
| 0 | 21. Male child, unknown type |
| 0 | 22. Female child, unknown type |
| 2 | 23. Full brother |
| 0 | 24. Half brother |
| 0 | 25. Stepbrother |
| 0 | 26. Adoptive brother |
| 1 | 27. Full sister |
| 1 | 28. Half sister |
| 0 | 29. Stepsister |
| 0 | 30. Adoptive sister |
| 0 | 31. Unknown sibling type |
| 1 | 32. Grandfather |
| 0 | 33. Grandmother |
| 18 | 34. Grandson |
| 12 | 35. Granddaughter |
| 0 | 36. Uncle |

*Number of person listed in household roster may not match number of household members reported in locations 3278-3279.

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape | Item No. | Frequency | Items and Codes |
|------|----------|-----------|-----------------|
|------|----------|-----------|-----------------|

(3280-3303) 4(b-c)

SEX AND RELATIONSHIP OF REPORTED
HOUSEHOLD MEMBERS*- Continued

3299-3300 4c

RELATIONSHIP TO ADULT SP:
(8th Person) - Continued

| | | |
|--------|--------|--|
| 3 | 37. | Aunt |
| 9 | 38. | Nephew |
| 7 | 39. | Niece |
| 0 | 40. | Father-in-law |
| 1 | 41. | Mother-in-law |
| 4 | 42. | Son-in-law |
| 0 | 43. | Daughter-in-law |
| 0 | 44. | Brother-in-law |
| 4 | 45. | Sister-in-law |
| 2 | 46. | Cousin |
| 14 | 47. | Not related |
| 1 | 55. | Unknown male |
| 0 | 66. | Unknown female |
| 8 | 97. | Family members, unknown relationship and gender |
| 16 | 98. | Not ascertained |
| 1 | 99. | DK or refused |
| 16,971 | Blank. | NA (Institutionalized; Sample Person; 7 or fewer people in HH) |

3301 4b

SEX - 9th PERSON IN HOUSEHOLD

| | | |
|--------|--------|--|
| 29 | 1. | Male |
| 24 | 2. | Female |
| 18 | 8. | Not ascertained |
| 16,043 | Blank. | NA (Institutionalized; Sample Person; 8 or fewer people in HH) |

*Number of person listed in household roster may not match number of household members reported in locations 3278-3279.

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (3280-3303) | 4(b-c) | | SEX AND RELATIONSHIP OF REPORTED HOUSEHOLD MEMBERS*- Continued |
| 3302-3303 | 4c | | RELATIONSHIP TO ADULT SP - 9th PERSON IN HOUSEHOLD |
| | | 0 | 01. Husband |
| | | 0 | 02. Wife |
| | | 0 | 03. Natural father |
| | | 0 | 04. Stepfather |
| | | 0 | 05. Adoptive father |
| | | 0 | 06. Foster father |
| | | 1 | 07. Natural mother |

| | | |
|---|-----|-----------------------------|
| 0 | 08. | Stepmother |
| 0 | 09. | Adoptive mother |
| 0 | 10. | Foster mother |
| 0 | 11. | Male parent, unknown type |
| 0 | 12. | Female parent, unknown type |
| 9 | 13. | Natural son |
| 0 | 14. | Stepson |
| 1 | 15. | Adopted son |
| 0 | 16. | Foster son |
| 5 | 17. | Natural daughter |
| 0 | 18. | Stepdaughter |
| 0 | 19. | Adopted daughter |
| 0 | 20. | Foster daughter |
| 0 | 21. | Male child, unknown type |
| 0 | 22. | Female child, unknown type |
| 1 | 23. | Full brother |
| 0 | 24. | Half brother |
| 1 | 25. | Stepbrother |
| 0 | 26. | Adoptive brother |
| 1 | 27. | Full sister |
| 0 | 28. | Half sister |
| 0 | 29. | Stepsister |
| 0 | 30. | Adoptive sister |
| 0 | 31. | Unknown sibling type |
| 0 | 32. | Grandfather |
| 1 | 33. | Grandmother |
| 6 | 34. | Grandson |
| 7 | 35. | Granddaughter |
| 0 | 36. | Uncle |

*Number of person listed in household roster may not match number of household members reported in locations 3278-3279.

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape | Item No. | Frequency | Items and Codes |
|-------------|----------|-----------|--|
| (3280-3303) | 4(b-c) | | SEX AND RELATIONSHIP OF REPORTED HOUSEHOLD MEMBERS*- Continued |
| 3302-3303 | 4c | | RELATIONSHIP TO ADULT SP: (9th Person) - Continued |
| | | 0 | 37. Aunt |
| | | 7 | 38. Nephew |
| | | 3 | 39. Niece |
| | | 0 | 40. Father-in-law |
| | | 0 | 41. Mother-in-law |
| | | 0 | 42. Son-in-law |
| | | 0 | 43. Daughter-in-law |
| | | 0 | 44. Brother-in-law |
| | | 0 | 45. Sister-in-law |
| | | 3 | 46. Cousin |
| | | 6 | 47. Not related |

| | | |
|--------|--------|--|
| 1 | 55. | Unknown male |
| 0 | 66. | Unknown female |
| 3 | 97. | Family members, unknown relationship and gender |
| 14 | 98. | Not ascertained |
| 1 | 99. | DK or refused |
| 16,043 | Blank. | NA (Institutionalized; Sample Person; 8 or fewer people in HH) |

| | | | |
|------|--------|--------|---------------------------------|
| 3304 | Recode | | NUMBER OF PERSONS RELATED TO SP |
| | | 4,630 | 0. No members related |
| | | 11,266 | 1-8. Number of related persons |
| | | 218 | Blank. NA (Institutionalized) |

| | | | |
|------|--------|-------|--|
| 3305 | Recode | | SP LIVES WITH SPECIFIC RELATIVES - SPOUSE |
| | | 7,694 | 1. Yes, SP lives with spouse |
| | | 8,420 | 2. NO, SP does not live with spouse |

*Number of person listed in household roster may not match number of household members reported in locations 3278-3279.

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 3306 | Recode | | SP LIVES WITH SPECIFIC RELATIVES - SON |
| | | 3,349 | 1. Yes, SP lives with son |
| | | 12,765 | 2. No, SP does not live with son |
| 3307 | Recode | | SP LIVES WITH SPECIFIC RELATIVES - DAUGHTER |
| | | 3,154 | 1. Yes, SP lives with daughter |
| | | 12,960 | 2. No, SP does not live with daughter |
| 3308 | Recode | | SP LIVES WITH SPECIFIC RELATIVES - PARENT/IN-LAW |
| | | 1,120 | 1. Yes, SP lives with parent/in-law |
| | | 14,994 | 2. No, SP does not live with parent/in-law |
| 3309 | Recode | | SP LIVES WITH SPECIFIC RELATIVES |

- SIBLING/IN-LAW

| | |
|--------|---|
| 730 | 1. Yes, SP lives with sibling/in-law |
| 15,384 | 2. No, SP does not live with sibling/in-law |

| | | |
|------|--------|--|
| 3310 | Recode | SP LIVES WITH SPECIFIC RELATIVES - GRANDCHILD |
|------|--------|--|

| | |
|--------|---|
| 861 | 1. Yes, SP lives with grandchild |
| 15,253 | 2. No, SP does not live with grandchild |

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 3311 | Recode | | SP LIVES WITH SPECIFIC RELATIVES - GRANDPARENTS |
| | | 61 | 1. Yes, SP lives with grandparents |
| | | 16,053 | 2. No, SP does not live with grandparents |
| 3312 | Recode | | SP LIVES WITH SPECIFIC RELATIVES - OTHER RELATIVE |
| | | 639 | 1. Yes, SP lives with other relative |
| | | 15,475 | 2. No, SP does not live with other relative |
| 3313 | Recode | | SP LIVES WITH SPECIFIC RELATIVES - NON-RELATIVE |
| | | 1,090 | 1. Yes, SP lives with non-relative |
| | | 15,024 | 2. No, SP does not live with non-relative |
| 3314 | Recode | | GENERAL HOUSEHOLD COMPOSITION |
| | | 3,903 | 1. Alone |
| | | 4,287 | 2. With spouse only |
| | | 3,288 | 3. With spouse and other relatives |
| | | 3,235 | 4. With other relatives only |

| | | |
|-----|--------|-------------------------|
| 665 | 5. | With non-relatives only |
| 518 | 9. | Unknown |
| 218 | Blank. | NA (Institutionalized) |

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 3315 | Recode | | NUMBER OF GENERATIONS IN HOUSEHOLD |
| | | 4,895 | 1. One generation |
| | | 5,490 | 2. Two generations |
| | | 916 | 3. Three generations |
| | | 19 | 4. Four generations |
| | | 0 | 5. Five or more generations |
| | | 4,568 | 8. No related household members |
| | | 8 | 9. Unknown |
| | | 218 | Blank. NA (Institutionalized) |
| 3316-3317 | 5a | | LIVING SONS (INCLUDES STEP/ADOPTED) |
| | | 5,559 | 00. None |
| | | 10,347 | 01-96. 1-96 sons |
| | | 0 | 97. 97+ sons |
| | | 158 | 98. Not ascertained |
| | | 50 | 99. DK or refused |
| 3318-3319 | 5b | | LIVING DAUGHTERS (INCLUDES STEP/ADOPTED) |
| | | 5,501 | 00. None |
| | | 10,396 | 01-96. 1-96 daughters |
| | | 0 | 97. 97+ daughters |
| | | 165 | 98. Not ascertained |
| | | 52 | 99. DK or refused |
| 3320 | Recode | | LIVING SONS/DAUGHTERS |
| | | 3,056 | 0. No living sons or daughters |
| | | 2,456 | 1. Living sons only |
| | | 2,505 | 2. Living daughters only |
| | | 7,891 | 3. Both living sons and daughters |
| | | 206 | 9. Unknown if living sons/daughters |
| 3321-3322 | Recode | | TOTAL NUMBER OF LIVING CHILDREN |
| | | 3,056 | 00. None |
| | | 2,830 | 01-97. Total number of living children |

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (3323-3325) | 6a | | HOW QUICKLY CAN CHILD(REN) GET THERE |
| 3323-3324 | | | NUMBER OF UNITS |
| | | 6,982 | 01-96. 1-96 minutes, hours, days |
| | | 3 | 97. 97+ minutes, hours, days |
| | | 776 | 99. DK, refused, not ascertained |
| | | 8,353 | Blank. NA (No living children; children live in HH) |
| 3325 | | | TIME UNITS |
| | | 5,057 | 1. Minutes |
| | | 1,635 | 2. Hours |
| | | 308 | 3. Days |
| | | 761 | 9. DK, refused, not ascertained |
| | | 8,353 | Blank. NA (No living children; children live in HH) |
| 3326-3327 | Recode | | HOW QUICKLY CAN CHILD(REN) GET THERE (HOURS) |
| | | 4,985 | 00. Less than one hour |
| | | 1,992 | 01-96. 1-96 hours |
| | | 8 | 97. 97+ hours |
| | | 776 | 99. DK, refused, or not ascertained |
| | | 8,353 | Blank. NA (No living children; children live in HH) |

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-------------------------------------|
| (3328-3330) | 6b | | HOW OFTEN SEE CHILDREN |
| | | 336 | 000. Less than once a year/never |

| | | | |
|-----------|----|-------|---|
| 3328-3329 | 6b | | NUMBER OF TIME UNITS |
| | | 336 | 00. Less than once a year/never |
| | | 6,886 | 01-96. 1-96 times per day, week, month, year |
| | | 6 | 97. 97+ times per day, week, month, year |
| | | 533 | 99. DK, refused, not ascertained |
| | | 8,353 | Blank. NA (No living children; children live in HH) |

| | | | |
|------|--|-------|---|
| 3330 | | | TIME UNITS |
| | | 336 | 0. Less than once a year/never |
| | | 1,652 | 1. Day |
| | | 3,137 | 2. Week |
| | | 1,084 | 3. Month |
| | | 1,019 | 4. Year |
| | | 533 | 9. DK, refused, not ascertained |
| | | 8,353 | Blank. NA (No living children; children live in HH) |

| | | | |
|-----------|--------|-------|---|
| 3331-3332 | Recode | | HOW OFTEN SEE CHILDREN (MONTHS) |
| | | 1,329 | 00. Less than once per month |
| | | 5,815 | 01-90. 1-90 times per month |
| | | 84 | 91. 91+ times per month |
| | | 533 | 99. DK, refused, or not ascertained |
| | | 8,353 | Blank. NA (No living children; children live in HH) |

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| (3333-3335) | 6c | | HOW OFTEN TALK ON PHONE WITH CHILDREN |
| | | 516 | 000. Less than once a year/never |
| 3333-3334 | 6c | | NUMBER OF TIME UNITS |
| | | 516 | 00. Less than once a year/never |
| | | 6,668 | 01-96. 1-96 times per day, week, month, year |
| | | 0 | 97. 97+ times per day, week, month, year |
| | | 577 | 99. DK, refused, not ascertained |

8,353 Blank. NA (No living children;
children live in HH)

3335

TIME UNITS

516 0. Less than once a
year/never
2,501 1. Day
3,177 2. Week
791 3. Month
199 4. Year
577 9. DK, refused, not ascertained
8,353 Blank. NA (No living children;
children live in HH)

3336-3337 Recode

HOW OFTEN TALK ON PHONE
WITH CHILDREN (MONTHS)

698 00. Less than once per month
6,293 01-90. 1-90 times per month
193 91. 91+ times per month
577 99. DK, refused, or not ascertained
8,353 Blank. NA (No living children;
children live in HH)

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (3338-3340) | 6d | | HOW OFTEN GET MAIL FROM CHILDREN |
| | | 3,308 | 000. Less than once a year/never |
| 3338-3339 | 6d | | NUMBER OF TIME UNITS |
| | | 3,308 | 00. Less than once a year/never |
| | | 3,632 | 01-96. 1-96 times per day, week, month, year |
| | | 0 | 97. 97+ times per day, week, month, year |
| | | 821 | 99. DK, refused, not ascertained |
| | | 8,353 | Blank. NA (No living children; children live in HH) |
| 3340 | | | TIME UNITS |
| | | 3,308 | 0. Less than once a year/never |
| | | 17 | 1. Day |

| | | |
|-------|--------|---|
| 270 | 2. | Week |
| 769 | 3. | Month |
| 2,576 | 4. | Year |
| 821 | 9. | DK, refused, not ascertained |
| 8,353 | Blank. | NA (No living children; children live in HH) |

| | | | |
|-----------|--------|-------|--|
| 3341-3342 | Recode | | HOW OFTEN GET MAIL FROM CHILDREN (MONTHS) |
| | | 5,763 | 00. Less than once per month |
| | | 1,175 | 01-90. 1-90 times per month |
| | | 2 | 91. 91+ times per month |
| | | 821 | 99. DK, refused, or not ascertained |
| | | 8,353 | Blank. NA (No living children; children live in HH) |

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|---|
| 3343 | 7 | | CHILD(REN) ROUTINELY GIVE YOU MONEY TO HELP PAY BILLS |
| | | 822 | 1. Yes |
| | | 11,811 | 2. No |
| | | 179 | 8. Not ascertained |
| | | 40 | 9. DK or refused |
| | | 3,262 | Blank. NA (No living children) |
| 3344 | 8 | | OTHERS IN HH (BESIDES SPOUSE) 18 OR OLDER |
| | | 4,977 | 1. Yes |
| | | 2,483 | 2. No |
| | | 228 | 8. Not ascertained |
| | | 18 | 9. DK or refused |
| | | 8,408 | Blank. NA (Institutionalized, lives alone, or lives with spouse) |
| 3345 | 9 | | LIVE TOGETHER TO SHARE LIVING EXPENSES |
| | | 1,584 | 1. Yes |
| | | 3,339 | 2. No |
| | | 10 | 8. Not ascertained |
| | | 44 | 9. DK or refused |
| | | 11,137 | Blank. NA (Institutionalized, lives alone, or lives with spouse; No or DK if person(s) living |

in HH is 18+ years of age)

| | | | |
|------|----|--------|---|
| 3346 | 10 | | LIVE TOGETHER BECAUSE OF HEALTH OR PHYSICAL PROBLEM |
| | | 1,203 | 1. Yes |
| | | 3,725 | 2. No |
| | | 21 | 8. Not ascertained |
| | | 28 | 9. DK or refused |
| | | 11,137 | Blank. NA (Institutionalized, lives alone, or lives with spouse; No or DK if person(s) living in HH is 18+ years of age) |

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 3347-3348 | 11 | | LIVING BROTHERS (INCLUDES STEP/ADOPTED) |
| | | 5,350 | 00. None |
| | | 10,404 | 01-96. 1-96 brothers |
| | | 0 | 97. 97+ brothers |
| | | 195 | 98. Not ascertained |
| | | 165 | 99. DK or refused |
| 3349-3350 | 12 | | LIVING SISTERS (INCLUDES STEP/ADOPTED) |
| | | 4,557 | 00. None |
| | | 11,203 | 01-96. 1-96 sisters |
| | | 0 | 97. 97+ sisters |
| | | 195 | 98. Not ascertained |
| | | 159 | 99. DK or refused |
| 3351 | Recode | | LIVING CHILDREN/SIBLINGS |
| | | 434 | 0. No living children or siblings |
| | | 1,922 | 1. Living children only |
| | | 2,611 | 2. Living siblings only |
| | | 10,930 | 3. Both living children and siblings |
| | | 217 | 9. Unknown if living children/ siblings |
| 3352 | 13a | | MOTHER STILL LIVING |
| | | 6,361 | 1. Yes |

| | |
|-------|--------------------|
| 9,512 | 2. No |
| 163 | 8. Not ascertained |
| 78 | 9. DK or refused |

| | | | |
|------|-----|--------|---------------------|
| 3353 | 13b | | FATHER STILL LIVING |
| | | 4,229 | 1. Yes |
| | | 11,490 | 2. No |
| | | 171 | 8. Not ascertained |
| | | 224 | 9. DK or refused |

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 3354 | Recode | | LIVING STATUS OF PARENTS |
| | | 8,815 | 0. No living parents |
| | | 2,790 | 1. Mother living, father dead/unknown |
| | | 658 | 2. Father living, mother dead/unknown |
| | | 3,571 | 3. Mother and father living |
| | | 44 | 4. Mother dead, father unknown |
| | | 14 | 5. Father dead, mother unknown |
| | | 222 | 9. DK if either living |
| (3355-3357) | 14a | | HOW QUICKLY CAN FAMILY MEMBER GET THERE (NOT SPOUSE/CHILDREN) |
| | | 815 | 000. No other family |
| 3355-3356 | 14a | | NUMBER OF TIME UNITS |
| | | 815 | 00. No other family |
| | | 6,707 | 01-96. 1-96 minutes, hours, days |
| | | 4 | 97. 97+ minutes, hours, days |
| | | 882 | 99. DK, refused, not ascertained |
| | | 7,706 | Blank. NA (Sample Person lives with relatives other than spouse or with non-relatives) |
| 3357 | | | TIME UNITS |
| | | 815 | 0. No other family |
| | | 4,062 | 1. Minutes |
| | | 1,959 | 2. Hours |
| | | 698 | 3. Days |
| | | 874 | 9. DK, refused, not ascertained |
| | | 7,706 | Blank. NA (Sample Person lives with relatives other than |

spouse or with non-relatives)

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 3358-3359 | Recode | | HOW QUICKLY CAN FAMILY MEMBER (NOT SPOUSE/CHILDREN) GET THERE (HOURS) |
| | | 4,001 | 00. Less than one hour |
| | | 2,698 | 01-96. 1-96 hours |
| | | 12 | 97. 97+ hours |
| | | 815 | 98. No other family |
| | | 882 | 99. DK, refused, or not ascertained |
| | | 7,706 | Blank. NA (Sample Person lives with relatives other than spouse or with non-relatives) |
| (3360-3362) | 14b | | HOW OFTEN SEE FAMILY (NOT SPOUSE/CHILDREN) |
| | | 795 | 000. Less than once a year/never |
| 3360-3361 | 14b | | NUMBER OF TIME UNITS |
| | | 795 | 00. Less than once a year/never |
| | | 6,238 | 01-96. 1-96 times per day, week, month, year |
| | | 1 | 97. 97+ times per day, week, month, year |
| | | 559 | 99. DK, refused, not ascertained |
| | | 8,521 | Blank. NA (Sample Person lives with relatives other than spouse or with non-relatives; no other family) |
| 3362 | | | TIME UNITS |
| | | 795 | 0. Less than once a year/never |
| | | 793 | 1. Day |
| | | 2,227 | 2. Week |
| | | 1,434 | 3. Month |
| | | 1,785 | 4. Year |
| | | 559 | 9. DK, refused, not ascertained |
| | | 8,521 | Blank. NA (Sample Person lives with relatives other than spouse or with non-relatives; no other family) |

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| 3363-3364 | Recode | | HOW OFTEN SEE FAMILY (NOT SPOUSE/CHILDREN) (MONTHS) |
| | | 2,557 | 00. Less than once per month |
| | | 4,441 | 01-90. 1-90 times per month |
| | | 36 | 91. 91+ times per month |
| | | 559 | 99. DK, refused, or not ascertained |
| | | 8,521 | Blank. NA (Sample Person lives with relatives other than spouse or with non-relatives; no other family) |
| (3365-3367) | 14c | | HOW OFTEN PHONE CALLS WITH FAMILY (NOT SPOUSE/CHILDREN) |
| | | 734 | 000. Less than once a year/never |
| 3365-3366 | 14c | | NUMBER OF TIME UNITS |
| | | 734 | 00. Less than once a year/never |
| | | 6,251 | 01-96. 1-96 times per day, week, month, year |
| | | 3 | 97. 97+ times per day, week, month, year |
| | | 605 | 99. DK, refused, not ascertained |
| | | 8,521 | Blank. NA (Sample Person lives with relatives other than spouse or with non-relatives; no other family) |
| 3367 | | | TIME UNITS |
| | | 734 | 0. Less than once a year/never |
| | | 1,344 | 1. Day |
| | | 2,543 | 2. Week |
| | | 1,618 | 3. Month |
| | | 749 | 4. Year |
| | | 605 | 9. DK, refused, not ascertained |
| | | 8,521 | Blank. NA (Sample Person lives with relatives other than spouse or with non-relatives; no other family) |

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 3368-3369 | Recode | | HOW OFTEN TALK ON PHONE WITH FAMILY (NOT SPOUSE/CHILDREN) (MONTHS) |
| | | 1,450 | 00. Less than once per month |
| | | 5,452 | 01-90. 1-90 times per month |
| | | 86 | 91. 91+ times per month |
| | | 605 | 99. DK, refused, or not ascertained |
| | | 8,521 | Blank. NA (Sample Person lives with relatives other than spouse or with non-relatives; no other family) |
| (3370-3372) | 14d | | HOW OFTEN GET MAIL FROM FAMILY (NOT SPOUSE/CHILDREN) |
| | | 3,051 | 000. Less than once a year/never |
| 3370-3371 | 14d | | NUMBER OF TIME UNITS |
| | | 3,051 | 00. Less than once a year/never |
| | | 3,855 | 01-96. 1-96 times per day, week, month, year |
| | | 1 | 97. 97+ times per day, week, month, year |
| | | 686 | 99. DK, refused, not ascertained |
| | | 8,521 | Blank. NA (Sample Person lives with relatives other than spouse or with non-relatives; no other family) |
| 3372 | | | TIME UNITS |
| | | 3,051 | 0. Less than once a year/never |
| | | 22 | 1. Day |
| | | 231 | 2. Week |
| | | 832 | 3. Month |
| | | 2,771 | 4. Year |
| | | 686 | 9. DK, refused, not ascertained |
| | | 8,521 | Blank. NA (Sample Person lives with relatives other than spouse or with non-relatives; no other family) |

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section K - Family Structure, Relationships, and Living Arrangements

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 3373-3374 | Recode | | HOW OFTEN GET MAIL FROM FAMILY (NOT SPOUSE/CHILDREN) (MONTHS) |
| | | 5,742 | 00. Less than once per month |
| | | 1,165 | 01-90. 1-90 times per month |
| | | 0 | 91. 91+ times per month |
| | | 686 | 99. DK, refused, or not ascertained |
| | | 8,521 | Blank. NA (Sample Person lives with relatives other than spouse or with non-relatives; no other family) |
| 3375 | 15 | | MONEY ROUTINELY FROM FAMILY (NOT SPOUSE/CHILDREN) TO HELP PAY BILLS |
| | | 819 | 1. Yes |
| | | 14,203 | 2. No |
| | | 200 | 8. Not ascertained |
| | | 77 | 9. DK or refused |
| | | 815 | Blank. NA (No other family) |
| 3376-3380 | | | BLANK |
| 1 | | | -773- |

1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section P - Interviewer Observations

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|---|
| 3381 | Recode | | SELF/PROXY STATUS |
| | | 12,977 | 0. Self, unassisted |
| | | 1,429 | 1. Proxy in same household |
| | | 407 | 2. Proxy not in same household |
| | | 591 | 3. Assistant in same household |
| | | 159 | 4. Assistant not in same household |
| | | 551 | 9. Proxy or self response with assistance but unknown where Proxy/assistant lives; not ascertained if self or proxy |

| | | | |
|-----------|----|--------|--|
| 3382-3383 | 1a | | ASSISTANT'S RELATION TO SP |
| | | 72 | 00. Parent |
| | | 348 | 01. Spouse |
| | | 172 | 02. Son/Daughter |
| | | 17 | 03. Son-in-law/Daughter-in-law |
| | | 19 | 04. Grandchild/Great grandchild |
| | | 24 | 05. Brother/Sister |
| | | 4 | 06. Brother-in-law/Sister-in-law |
| | | 1 | 07. Aunt/Uncle/Cousin |
| | | 7 | 08. Niece/Nephew |
| | | 2 | 09. Other relative |
| | | 38 | 10. Roommate/Friend/Neighbor |
| | | 43 | 11. Other non-relative |
| | | 19 | 98. Not ascertained |
| | | 15,348 | Blank. NA (Self response without assistance; proxy respondent; not ascertained if self or proxy) |

| | | | |
|-----------|----|--------|---|
| 3384-3385 | 1b | | PROXY'S RELATIONSHIP TO SP |
| | | 263 | 00. Parent |
| | | 642 | 01. Spouse |
| | | 324 | 02. Son/Daughter |
| | | 29 | 03. Son-in-law/Daughter-in-law |
| | | 21 | 04. Grandchild/Great grandchild |
| | | 59 | 05. Brother/Sister |
| | | 12 | 06. Brother-in-law/Sister-in-law |
| | | 11 | 07. Aunt/Uncle/Cousin |
| | | 26 | 08. Niece/Nephew |
| | | 17 | 09. Other relative |
| | | 26 | 10. Roommate/Friend/Neighbor |
| | | 64 | 11. Other non-relative |
| | | 473 | 98. Not ascertained |
| | | 14,147 | Blank. NA (Self response with and without assistance; not ascertained if self or proxy) |

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section P - Interviewer Observations

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|--|
| 3386 | 1c | | PROXY/ASSISTANT LIVES WITH SP |
| | | 2,020 | 1. Yes |
| | | 566 | 2. No |
| | | 143 | 8. Not ascertained |
| | | 4 | 9. DK or refused |
| | | 13,381 | Blank. NA (Self response without assistance) |

| | | | |
|-------------|--------|--------|---|
| (3387-3396) | 2(a-j) | | PROXY/ASSISTANT WAS NEEDED BECAUSE |
| 3387 | 2a | | SP IS HOSPITALIZED |
| | | 54 | 1. Yes |
| | | 1,987 | 2. No |
| | | 692 | 8. Not ascertained |
| | | 13,381 | Blank. NA (Self response without assistance) |

| | | | |
|------|----|--------|---|
| 3388 | 2b | | SP IS INSTITUTIONALIZED |
| | | 134 | 1. Yes |
| | | 1,928 | 2. No |
| | | 671 | 8. Not ascertained |
| | | 13,381 | Blank. NA (Self response without assistance) |

| | | | |
|------|----|--------|---|
| 3389 | 2c | | SP HAS HEARING PROBLEM |
| | | 421 | 1. Yes |
| | | 1,698 | 2. No |
| | | 614 | 8. Not ascertained |
| | | 13,381 | Blank. NA (Self response without assistance) |

1

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section P - Interviewer Observations

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (3387-3396) | 2(a-j) | | PROXY/ASSISTANT WAS NEEDED BECAUSE: - Continued |
| 3390 | 2d | | SP HAS SPEECH PROBLEM |
| | | 213 | 1. Yes |
| | | 1,859 | 2. No |
| | | 661 | 8. Not ascertained |
| | | 13,381 | Blank. NA (Self response without assistance) |
| 3391 | 2e | | SP HAS LANGUAGE PROBLEM |
| | | 271 | 1. Yes |
| | | 1,809 | 2. No |
| | | 653 | 8. Not ascertained |
| | | 13,381 | Blank. NA (Self response without assistance) |

| | | | |
|------|----|--------|---|
| 3392 | 2f | | SP HAS POOR MEMORY, SENILITY, CONFUSION |
| | | 661 | 1. Yes |
| | | 1,485 | 2. No |
| | | 587 | 8. Not ascertained |
| | | 13,381 | Blank. NA (Self response without assistance) |

| | | | |
|------|----|--------|---|
| 3393 | 2g | | SP HAS ALZHEIMER'S |
| | | 118 | 1. Yes |
| | | 1,933 | 2. No |
| | | 682 | 8. Not ascertained |
| | | 13,381 | Blank. NA (Self response without assistance) |

1

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1994 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section P - Interviewer Observations

| Tape Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|--|
| (3387-3396) | 2(a-j) | | PROXY/ASSISTANT WAS NEEDED BECAUSE: - Continued |
| 3394 | 2h | | SP HAS OTHER MENTAL CONDITION |
| | | 415 | 1. Yes |
| | | 1,677 | 2. No |
| | | 641 | 8. Not ascertained |
| | | 13,381 | Blank. NA (Self response without assistance) |
| 3395 | 2i | | SP HAS OTHER ILLNESS/DISABILITY |
| | | 579 | 1. Yes |
| | | 1,562 | 2. No |
| | | 592 | 8. Not ascertained |
| | | 13,381 | Blank. NA (Self response without assistance) |
| 3396 | 2j | | OTHER NON-HEALTH REASON |
| | | 996 | 1. Yes |
| | | 1,253 | 2. No |
| | | 484 | 8. Not ascertained |
| | | 13,381 | Blank. NA (Self response without assistance) |

1 -777-

Notes:

1
1

-1-

Question Numbers and Tape Location of Identical and Similar Questions for
Employment Status Subgroups:
Section D (Locations in parentheses)

| Question Short Wording | NEVER WORKED | | NOW WORKING | | | F | G |
|--|----------------|------------------|-------------|------------------|------------|-----------------|-----------------|
| | A | B | C | D | E | | |
| Does HEALTH* Entirely prevent from working | 2 (903) | 2 (903) | 2 (903) | 2 (903) | 2 (903) | | |
| Able to work if accommodations made | 3 (904) | 3 (904) | 3 (904) | - | - | | |
| Need special features to work (A) Would | 4 (905-911) | 4 (905-911) | - | 12 (934-940) | - | 22a(1) (1-7) | |
| (B) Do | | | | | | | 31a(2) (1-7) |
| Need special equipment, arrangements to work/do job (A) Would | 5 (912) | 5 (912) | - | 13a (941) | - | | |
| (B) Do | | | | | | 23a (984) | 32 (1052) |
| What equipment/arrangements needed(3) (A) Would | - | 13b (942-951) | - | 13b (942-951) | - | | |

(1) additional words: regardless of whether or not you actually have them Q 22a(1-7) consists of these locations: 970, 972, 974, 976, 978, 980, 982

(2) additional words: regardless of whether or not you actually have them Q 31a(1-7) consists of these locations: 1038, 1040, 1042, 1044, 1046, 1048, 1050

(3) if need special equipment in order to work in previous question

1

Question Numbers and Tape Location of Identical and Similar Questions for
Employment Status Subgroups:
Section D (Locations in parentheses)

NOT WORKING

| Question Short Wording | H | I J K | L | M | N | O | P |
|---|--------------------|-------|--------------------|--------------|--------------------|--------------|----|
| Does HEALTH* Entirely prevent from working (1182)(1182) | | | 61 (1182) | 61 (1182) | 61 (1182) | 61 | 61 |
| Able to work if accommodations made | | | 62 (1183) | 62 (1183) | 74 (1231) | 74 (1231) | |
| Need special features to work (A) Would (B) Do | 42 (1113-1119) | | 67 (1199-1205) | | 79 (1247-1253) | | |
| Need special equipment, arrangements too work/do job (A) Would (B) Do | 43a (1120) | | 68a (1207) | | 80a (1254) | | |
| What equipment/arrangements needed(3) (A) Would | 43b (1121-1130) | | 68b (1208-1217) | | 80b (1255-1264) | | |

(3) if need special equipment in order to work in previous question

1

Question Numbers and Tape Location of Identical and Similar Questions for
Employment Status Subgroups:
Section D (Locations in parentheses)

NEVER WORKED

NOW WORKING

| Question Short Wording | A | B | C | D | E | F | G |
|---|---|---|---|---|---|------------------|------------------|
| What equipment/arrangements needed (cont'd)(B)Do | | | | | | 23b(4) (1-10) | 33a(5) (1-10) |

| | | | | | | | |
|---|----------------|-----------------|----------------|--------------------|-----------------|--------------------|--------------------|
| Unpaid volunteer work past 12 months? | 6 (913) | 14 (952) | 6 (913) | 14 (952) | 14 (952) | 26b (1022) | 36b (1089) |
| No. of days volunteered in past 12 months? | 7 (914-917) | 15 (953-956) | 7 (914-917) | 15 (953-956) | 15 (953-956) | 26c (1023-1026) | 36c (1090-1093) |
| Does HEALTH* limit ability to work | | | | 8 (920) | 8 (920) | | |
| Looked for work in past 2 years? | | | | 9 (921) | | | |
| Did not look because: reasons/ barriers | | | | 10(6) (922-932) | | | |
| Would you look in next 6 months? | | | | 11 (933) | | | |
| Does HEALTH* limit kind or amt. of work | | | | | | 17 (960) | 17 (960) |
| # of hrs. usually work per week | | | | | | 18(7) (961-962) | 27 (1029-1030) |

(4) Q23b(1-10) consists of these locations: 985, 987, 989, 991, 993, 995, 997, 999, 1001, 1003

(5) Q 33a(1-10) consists of these locations: 1053, 1055, 1057, 1059, 1061, 1063, 1065, 1067, 1069, 1071

(6) and have not looked for work in past 2 years

(7) additional words: usually work

1

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Question Numbers and Tape Location of Identical and Similar Questions for
Employment Status Subgroups:
Section D (Locations in parentheses)

NOT WORKING (Cont'd)

| Question Short Wording | H | I | J | K | L |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|
| What equipment/ arrangements needed (cont'd) (B)Do | | | | | |
| Unpaid volunteer work past 12 months? | 46 (1136) | 52 (1151) | 55 (1162) | 59 (1175) | 71 (1223) |
| No. of days volunteered in past 12 months | 47 (1137-1140) | 53 (1152-1155) | 56 (1163-1166) | 60 (1176-1179) | 72 (1224-1227) |
| Does HEALTH* limit ability to work | | | | | |
| Looked for work in past 2 years? | | | | | |
| Did not look because: reasons/barriers 1197) | 41 (1102-1112) | | | | 65 (1187- |
| Would you look in next 6 months? | | | | | 66 (1198) |
| Does HEALTH* limit kind or amt. of work | 38 (1097) | 38 (1097) | | | |
| # of hrs. usually work per week | | | | | |

1

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Question Numbers and Tape Location of Identical and Similar Questions for
Employment Status Subgroups:
Section D (Locations in parentheses)

NOT WORKING (Cont'd)

| Question Short Wording | M | N | O | P |
|--|--------------|--------------|--------------|--------------|
| What equipment/arrangements needed (cont'd) (B)Do | | | | |
| Unpaid volunteer work past 12 months? | 71 (1223) | 83 (1270) | 83 (1270) | 91 (1289) |

| | | | | |
|--|-------------------|-------------------|-------------------|--------------|
| No. of days volunteered in past 12 months? 1293) | 72 (1224-1227) | 84 (1271-1274) | 84 (1271-1274) | 92 (1290- |
| Does HEALTH* limit ability to work | | | | |
| Looked for work in past 2 years? | | | | |
| Did not look because: reasons/barriers | | 77 (1235-1245) | | |
| Would you look in next 6 months? | | 78 (1246) | | 88 (1283) |
| Does HEALTH* limit kind or amt. of work | | 73 (1230) | 73 (1230) | 73 (1230) |
| # of hrs. usually work per week | | | | |

1

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Question Numbers and Tape Location of Identical and Similar Questions for
Employment Status Subgroups:
Section D (Locations in parentheses)

| Question Short Wording | NEVER WORKED | | | | | NOW WORKING | |
|---|--------------|---|---|---|---|-----------------|------------------|
| | A | B | C | D | E | F | G |
| HEALTH* caused change in Kind/ Amt./Job 1033) | | | | | | 19 (963-965) | 28 (1031- |
| HEALTH* make difficult to change jobs | | | | | | 20a (966) | 29a (1034) |
| How difficult (very or somewhat)? | | | | | | 20b (967) | 29b (1035) |
| HEALTH* make difficult to advance at job | | | | | | 21a (968) | 30a (1036) |
| How difficult (very or somewhat)? | | | | | | 21b (969) | 30b (1037) |
| Have special features at work? (8) | | | | | | 22b(9) (1-7) | 31b(10) (1-7) |
| Have special equipment at work? | | | | | | 23c(12) | 33b(13) |

-
- (8) if yes needed in previous section of same question
 - (9) Q 22b(1-7) consists of these locations: 971, 973, 975, 977, 979, 981, 983
 - (10) Q 31b(1-7) consists of these locations: 1039, 1041, 1043, 1045, 1047, 1049, 1051
 - (11) if yes needed in previous section of same question
 - (12) Q 23c(1-10) consists of these locations: 986, 988, 990, 992, 994, 996, 998, 1000, 1002, 1004
 - (13) Q 33b(1-10) consists of these locations: 1054, 1056, 1058, 1060, 1062, 1064, 1066, 1068, 1070, 1072

Question Numbers and Tape Location of Identical and Similar Questions for
Employment Status Subgroups:
Section D (Locations in parentheses)

NOT WORKING

Question Short Wording

H I J K L M N O P

HEALTH* caused change in Kind/
Amt./Job

85
(1277-1279)

HEALTH* make difficult to change
jobs

How difficult (very or somewhat)?

HEALTH* make difficult to advance
at job

How difficult (very or somewhat)?

Have special features at work? (8)

Have special equipment at work?
(11)

(8) if yes needed in previous section of same question

(11) if yes needed in previous section of same question

1

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Question Numbers and Tape Location of Identical and Similar Questions for
Employment Status Subgroups:
Section D (Locations in parentheses)

| Question Short Wording | NEVER WORKED | | | | | NOW WORKING | |
|--|--------------|---|---|---|---|----------------------|----------------------|
| | A | B | C | D | E | F | G |
| Usually get to work | | | | | | 24a/b (1006-1016) | 34a/b (1073-1083) |
| HEALTH* related fired/laid off/ resigned past 5 yrs | | | | | | 25 (1017) | 35 (1084) |
| HEALTH* related job action limits past 5 yrs | | | | | | 26a (1018-1021) | 36a (1085-1088) |
| Looking for work or on layoff | | | | | | | |
| Year stopped working at last job | | | | | | | |
| Year last worked at a job or business | | | | | | | |
| HEALTH* difficult to look for work (A) | | | | | | | |
| (B) Now | | | | | | | |
| Retired on (A) disability | | | | | | | |
| (B) else | | | | | | | |
| Age when retired on (A) disability | | | | | | | |

1

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Question Numbers and Tape Location of Identical and Similar Questions for
Employment Status Subgroups:
Section D (Locations in parentheses)

NOT WORKING

| Question Short Wording | H | I | J | K | L |
|--|-------------------|-------------------|--------------------|---------------|---------------|
| Usually get to work | | | | | |
| HEALTH* related fired/laid off/ resigned past 5 yrs | 44 (1131) | 50 (1146) | | | 69 (1218) |
| HEALTH* related job action limits 1222) past 5 yrs | 45 (1132-1135) | 51 (1147-1150) | | | 70 (1219- |
| Looking for work or on layoff | 37 (1096) | 37 (1096) | 37 (1096) | 37 (1096) | 37 (1096) |
| Year stopped working at last job | 39 (1098-1099) | 48 (1143-1144) | | | |
| Year last worked at a job or business 1185) | | | | | 63 (1184- |
| HEALTH* difficult to look for work (A) | 40 (1100) | | | | |
| (B)Now | | 49 (1145) | | | 64 (1186) |
| Retired on (A) disability | | | 54a (1158) | 54a (1158) | 54a (1158) |
| (B)else | | | | 57a (1169) | 57a (1169) |
| Age when retired on (A) disability | | | 54b (1159-1160) | | |

1

NOT WORKING (Cont'd)

| Question Short Wording | M | N | O | P |
|--|---------------|-------------------|---------------|---------------|
| Usually get to work | | | | |
| HEALTH* related fired/laid off/ resigned past 5 yrs | | 81 (1265) | | 89 (1284) |
| HEALTH* related job action limits past 5 yrs 1288) | | 82 (1266-1269) | | 90 (1285- |
| Looking for work or on layoff | 37 (1096) | 37 (1096) | 37 (1096) | 37 (1096) |
| Year stopped working at last job | | | | |
| Year last worked at a job or business 1281) | | 75 (1232-1233) | | 86 (1280- |
| HEALTH* difficult to look for work (A) | | 76(14) (1234) | | |
| (B) Now | | | | 87 (1282) |
| Retired on (A) disability | 54a (1158) | 54a (1158) | 54a (1158) | 54a (1158) |
| (B) else | 57a (1169) | 57a (1169) | 57a (1169) | 57a (1169) |
| Age when retired on (A) disability | | | | |

1 (14) additional words: now make

Question Numbers and Tape Location of Identical and Similar Questions for
Employment Status Subgroups:
Section D (Locations in parentheses)

NEVER
WORKED

NOW
WORKING

NOT
WORKING

over

FLAG DESCRIPTION

ADULTS
Ages 18 and

DFS-2

| | |
|---|---|
| F1 = UNABLE TO WORK - WORK MAIN ACTIVITY | X |
| F2 = LIMITED IN KIND OR AMT OF WORK - WORK MAIN ACTIVITY | X |
| F3 = UNABLE TO DO HOUSEWORK - HWK MAIN ACTIVITY | X |
| F4 = LIMITED IN KIND OR AMT HOUSEWORK - HWK MAIN ACTIVITY | X |
| F5 = UNABLE TO WORK - HWK MAIN ACTIVITY | X |
| F6 = LIMITED IN KIND OR AMT OF WORK - HWK MAIN ACTIVITY | X |
| F7 = ANY OTHER ACTIVITY LIMITATION | X |
| F8 = NEEDS HELP FOR EATING, BATHING, DRESSING (ADLS) | X |
| F9 = NEEDS HELP FOR HOUSEHOLD CHORES (IADLS) | X |
| F16 = ANY OTHER ACTIVITY LIMIT AGES <18 & 70+ | X |
| F17 = NEEDS HELP ADLS SOME AGES 5-59 & ALL AGES 60-69 | X |
| F18 = NEEDS HELP IADLS SOME AGES 5-59 & ALL AGES 60-69 | X |
| F19 = POOR SELF RATED HEALTH STATUS | X |
| F21 = MEDICARE COVERAGE | X |
| F22 = MEDICAID COVERAGE | X |
| F23 = SOCIAL SECURITY OR RR RETIREMENT FOR DISABILITY | X |
| F24 = EVER APPLIED FOR SOCIAL SECURITY BENEFITS | X |
| F25 = RECEIVE SUPPLEMENTAL SECURITY INCOME | X |
| F26 = EVER APPLIED FOR SSI | X |
| F27 = RECEIVE ANY OTHER DISABILITY PENSION | X |
| F28 = LEGALLY BLIND | X |
| F29 = DIFF SEEING EXPECTED TO LAST 12 MOS | X |
| F31 = TROUBLE HEARING EXP TO LAST 12 MOS | X |
| F32 = DIFF COMMUNICATING OUTSIDE FAMILY ONSET AGE <22 | X |
| F33 = DIFF COMM OUTSIDE FAMILY, ONSETAGE >21 OR UNK | X |
| F34 = DIFF COMMUNICATING SO FAMILY MEMBERS UNDERSTAND | X |
| F35 = DIFF COMMUNICATING BASIC NEEDS TO FAMILY | X |
| F36 = DIFF UNDERSTANDING OTHERS, ONSET AGE <22 | X |
| F37 = DIFF UNDERSTANDING OTHERS, ONSET AGE >21 OR UNK | X |
| F38 = DIFFICULTY WITH AGE APPROPRIATE LEARNING | X |
| F39 = CANE | X |
| F40 = CRUTCHES | X |
| F41 = WALKER | X |
| F42 = MEDICALLY PRESCRIBED SHOES | X |
| F43 = MANUAL WHEELCHAIR | X |
| F44 = ELECTRIC WHEELCHAIR | X |
| F45 = SCOOTER | X |
| F46 = EXPECTED TO USE BRACE 12+ MOS | X |
| F47 = ARTIFICIAL LEG/ARM | X |
| F48 = DIZZINESS LASTING 3+ MOS | X |
| F49 = PROBLEM WITH BALANCE LASTING 3+ MOS | X |
| F50 = RINGING, ROARING, BUZZING IN EARS LASTING 3+ MOS | X |
| F51 = LEARNING DISABILITY | X |
| F52 = CEREBRAL PALSY | X |
| F53 = CYSTIC FIBROSIS | X |
| F54 = DOWN SYNDROME | X |
| F55 = MENTAL RETARDATION | X |
| F56 = MUSCULAR DYSTROPHY | X |
| F57 = SPINA BIFIDA | X |
| F58 = AUTISM | X |
| F59 = HYDROCEPHALUS | X |

1

-2-

ADULTS

over

FLAG DESCRIPTION

Ages 18 and

| | DFS-2 |
|--|-------|
| F61 = BATH/SHOWER-GET HELP | X |
| F62 = DRESS-GET HELP | X |
| F63 = EAT-GET HELP | X |
| F64 = GET IN/OUT BED/CHAIR-GET HELP | X |
| F65 = TOILET-GET HELP | X |
| F66 = GETTING AROUND IN HOME- GET HELP | X |
| F67 = NEED REMINDERS OR PERSON CLOSE BY TO DO F61-F66 | X |
| F68 = NEED SPECIAL EQUIPMENT TO DO F61- F66 | X |
| F69 = BATHING - A LOT OF DIFF, EXP TO LAST 12+ MOS | X |
| F70 = DRESSING - A LOT OF DIFF, EXP TO LAST 12+ MOS | X |
| F71 = EATING - A LOT OF DIFF, EXP TO LAST 12+ MOS | X |
| F72 = TRANSFER FROM BED/CHAIR - A LOT OF DIFF, EXP 12+ MOS | X |
| F73 = TOILETING - A LOT OF DIFF, EXP TO LAST 12+ MO | X |
| F74 = GET AROUND INSIDE - A LOT OF DIFF, EXP TO LAST 12+ MOS | X |
| F75 = BATH-A LOT OF DIFF-NO HELP/REMIND EXP TO LAST 12 MOS | X |
| F76 = DRESS-A LOT OF DIFF-NO HELP/REMIND, EXP 12+ MOS | X |
| F77 = EAT-A LOT OF DIFF-NO HELP/REMIND, EXP TO LAST 12+ MOS | X |
| F78 = TRANSFER BED/CHR-LOT OF DIFF-NO H/R, EXP 12+ MOS | X |
| F79 = TOILET-A LOT OF DIFF-NO H/R, EXP TO LAST 12+ MOS | X |
| F80 = GET AROUND INSIDE-LOT OF DIFF-NO H/R, EXP 12+ MOS | X |
| F81 = PREPARE MEALS - GET HELP OR SUPERVISION | X |
| F82 = SHOPPING - GET HELP OR SUPERVISION | X |
| F83 = MANAGING MONEY - GET HELP OR SUPERVISION | X |
| F84 = USING TELEPHONE - GET HELP OR SUPERVISION | X |
| F85 = HEAVY HOUSEWORK - GET HELP OR SUPERVISION | X |
| F86 = LIGHT HOUSEWORK - GET HELP OR SUPERVISION (H/S) | X |
| F87 = PREPARE MEALS - A LOT OF DIFF, EXP TO LAST 12+ MOS | X |
| F88 = SHOP FOR PERSONAL ITEMS - A LOT OF DIFF, EXP 12+ MOS | X |
| F89 = MANAGING MONEY - A LOT OF DIFF, EXP TO LAST 12+ MOS | X |
| F90 = USING PHONE - A LOT OF DIFF, EXP TO LAST 12+ MOS | X |
| F91 = HEAVY HOUSEWORK- A LOT OF DIFF, EXP TO LAST 12+ MOS | X |
| F92 = LIGHT HOUSEWORK - A LOT OF DIFF, EXP TO LAST 12+ MOS | X |
| F93 = PREPARE MEALS-A LOT OF DIFF-NO H/S, EXP 12+ MOS | X |
| F94 = SHOP-A LOT OF DIFF-NO H/S, EXP TO LAST 12+ MOS | X |
| F95 = MANAGE MONEY-A LOT OF DIFF-NO H/S, EXP 12+ MOS | X |
| F96 = USING PHONE-A LOT OF DIFF-NO H/S, EXP 12+ MOS | X |
| F97 = HEAVY H/WORK-A LOT OF DIFF-NO H/S, EXP 12+ MOS | X |
| F98 = LIGHT H/WORK-A LOT OF DIFF-NO H/S,EXP 12+ MOS | X |
| F99 = LIFT 10 POUNDS - UNABLE, EXP TO LAST 12+ MOS | X |
| F100 = LIFT 10 POUNDS - UNABLE, NO/DK IF EXP 12+ MOS | X |
| F101 = WALK UP 10 STEPS - UNABLE, EXP TO LAST 12+ MOS | X |
| F102 = WALK 10 STEPS - UNABLE, NO/DK IF EXP 12+ MOS | X |
| F103 = WALK 1/4 MILE- UNABLE, EXP TO LAST 12+ MOS | X |
| F108 = BENDING - UNABLE, NO/DK IF EXP TO LAST 12+ MOS | X |
| F109 = REACH UP OR OUT - UNABLE, EXP TO LAST 12+ MOS | X |
| F110 = REACH UP OR OUT - UNABLE, NO/DK IF EXP 12+ MOS | X |
| F111 = USE FINGERS TO GRASP - UNABLE, EXP TO LAST 12+ MOS | X |
| F112 = USE FINGERS - UNABLE, NO/DK IF EXP TO LAST 12+ MOS | X |
| F113 = HOLD PEN/PENCIL - UNABLE, EXP TO LAST 12+ MOS | X |
| F114 = USE PEN/PENCIL - UNABLE, NO/DK IF EXP 12+ MOS | X |
| F115 = A LOT OF DIFF WITH 2 OR MORE OF F99-F114 | X |
| F116 = DEPRESSED | X |
| F117 = TROUBLE WITH FRIENDSHIPS | X |
| F118 = TROUBLE IN SOCIAL SETTINGS | X |
| F119 = TROUBLE CONCENTRATING | X |
| F120 = STRESS | X |
| F121 = CONFUSED | X |

| over | FLAG DESCRIPTION | ADULTS Ages 18 and DFS-2 |
|------|--|--------------------------------|
| | F122 = PHOBIA | X |
| | F123 = SCHIZOPHRENIA | X |
| | F124 = PARANOID DISORDER | X |
| | F125 = BIPOLAR DISORDER | X |
| | F126 = MAJOR DEPRESSION | X |
| | F127 = PERSONALITY DISORDER | X |
| | F128 = SENILITY | X |
| | F129 = ALCOHOL ABUSE | X |
| | F130 = DRUG ABUSE | X |
| | F131 = OTHER SERIOUS MENTAL DISORDER | X |
| | F132 = MEDICATION FOR ONGOING MENTAL DISORDER | X |
| | F133 = MENTAL COND INTERFER WITH GETTING/KEEPING JOB | X |
| | F134 = GO TO SHELTERED WORKSHOP, ETC. TO DEV SKILLS | X |
| | F135 = GO TO A DAY ACTIVITY CENTER DURING WORK HOURS | X |
| | F136 = GET PHYS THERAPY FOR COND EXP TO LAST 12+ MOS | X |
| | F137 = GET OCCUP THERAPY FOR COND EXP TO LAST 12+ MOS | X |
| | F138 = USE VOCATIONAL REHABILITATION SERVICES | X |
| | F139 = HAVE A CASE MANAGER | X |
| | F140 = NEED BUT DID NOT HAVE CASE MANAGER | X |
| | F141 = HAVE A COURT APPOINTED LEGAL GUARDIAN | X |
| | F193 = RESPONDENT PERCEIVED DISABILITY--SELF OR FAMILY | X |
| | F194 = OTHERS PERCEIVED DISABILITY OF ANYONE IN FAMILY | X |
| | F195 = USE ASSISTIVE DEVICE FOR VISUAL IMPAIRMENT | X |
| | F196 = TROUBLE HEARING W HEARING AID, COND EXP 12+ MOS | X |
| | F197 = CAN'T HEAR LOUD NOISES, NO AID, COND EXP 12+ MOS | X |
| | F198 = USE ASSISTIVE DEVICE FOR HEARING IMPAIRMENT | X |
| | F199 = DEFN OF BLIND INCLUDES FLAGS 28, 19, OR 195 | X |
| | F200 = DEFN OF DEAF INCLUDES FLAGS 196, 197 OR 198 | X |
| | F201 = COMPOSITE VARIABLE, BATHING DIFF, ONSET AGE <22 | X |
| | F202 = COMPOSITE VAR, DRESSING DIFF W ONSET AGE <22 | X |
| | F203 = COMPOSITE VAR, EATING DIFF W ONSET AGE <22 | X |
| | F204 = COMP VAR, DIFF W BED/CHAIR W ONSET AGE <22 | X |
| | F205 = COMP VAR, DIFF TOILETING W ONSET AGE <22 | X |
| | F206 = COMP VAR, DIFF GET ARND INSIDE, ONSET AGE <22 | X |
| | F207 = COMP VAR, DIFF PREP MEALS, ONSET AGE <22 | X |
| | F208 = COMP VAR, DIFF SHOPPING, ONSET AGE <22 | X |
| | F209 = COMP VAR, DIFF W MONEY MGT, ONSET AGE <22 | X |
| | F210 = COMP VAR, DIFF USING PHONE, ONSET AGE <22 | X |
| | F211 = COMP VAR, DIFF W HEAVY HOUSEWORK, ONSET AGE <22 | X |
| | F212 = COMP VAR, DIFF W LIGHT HOUSEWORK, ONSET AGE <22 | X |
| | F213 = COMP VAR, SOME DIFF BATHING EXP TO LAST 12+ MOS | X |
| | F214 = COMP VAR, SOME DIFF DRESSING EXP TO LAST 12+ MOS | X |
| | F215 = COMP VAR, SOME DIFF EATING EXP TO LAST 12+ MOS | X |
| | F216 = COMP VAR, SOME DIFF W BED/CHAIR EXP TO LAST 12+ MOS | X |
| | F217 = COMP VAR, SOME DIFF TOILETING EXP TO LAST 12+ MOS | X |
| | F218 = COMP VAR, SOME DIFF GET ARND EXP TO LAST 12+ MOS | X |
| | F219 = COMP VAR, SOME DIFF PREP MEALS EXP TO LAST 12+ MOS | X |
| | F220 = COMP VAR, SOME DIFF SHOPPING EXP TO LAST 12+ MOS | X |
| | F221 = COMP VAR, SOME DIFF MONEY MGT EXP TO LAST 12+ MOS | X |
| | F222 = COMP VAR, SOME DIFF USING PHON EXP TO LAST 12+ MOS | X |
| | F223 = COMP VAR, SOME DIFF HEAVY HOUSEWORK EXP 12+ MOS | X |
| | F224 = COMP VAR, SOME DIFF LIGHT HOUSEWORK EXP 12+ MOS | X |
| | F225 = COMP VAR, LIFT DIFF ONSET <22 OR UNABLE EXP 12+ MOS | X |

F226 = COMP VAR, WALK STEPS DIFF ONSET <22, UNABLE 12+ MOS X
 F227 = COMP VAR, WALK 1/4 MI DIFF ONSET <22, UNABLE 12+ MOS X

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-1-

Question flow: Adult Work History Section D:

-> indicates entry into or re-entry from skip pattern or skipped questions

| Question Number | Yes | No | All | Other | From (if skip) |
|-----------------|-----------|--------------|--------|-------|----------------|
| Q1 | ->Q16 | +Unk Q2 | | | |
| Q2 | Q3 | +Unk->Q8 | | | |
| Q3 | Q4 | +Unk->Q6 | | | |
| Q4(a-g) | | | Q5 | | |
| Q5 | ->Q13b | +Unk Q6 | | | |
| ->Q6 | Q7 | +Unk END | | | Q3+5 |
| Q7 | | | END | | |
| ->Q8 | +Unk Q9 | ->Q14 | | | Q2 |
| Q9 | +Unk->Q11 | Q10 | | | |
| Q10(a-k) | | | Q11+12 | | |
| ->Q11+12 | | | Q13a | | Q9+10 |
| Q13a | Q13b | +Unk->Q14 | | | |
| Q13b | | | Q14 | | |
| ->Q14 | Q15 | +Unk END | | | Q8+13a+13b |
| Q15 | | | END | | |
| ->Q16 | Q17 | +Unk->Q37 | | | Q1 |
| Q17 | Q18-19 | +Unk->Q27-28 | | | |

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-2-

Question flow: Adult Work History Section D:

-> indicates entry into or re-entry from skip pattern or skipped questions

| Question Number | Yes | No | All | Other | From (if skip) |
|-----------------|----------------------------|-------------------------|---------|------------------------------------|-------------------|
| Q18-19 | | | Q20a | | |
| Q20a | Q20b | +Unk->Q21a | | | |
| Q20b | | | Q21a | | |
| ->Q21a | Q21b | +Unk->Q22a | | | Q20a+20b |
| Q21b | | | Q22a | | |
| ->Q22a (1-7) | Each (1-7) Q22b (1-7) | +Unk Each next Q 22a | Q23a | | Q21a+21b |
| Q23a | Q23b (1-10) | +Unk->Q24a | | | |
| Q23b | Each (1-10) Q23c (1-10) | +Unk Each next Q23b | Q24a | | |
| ->Q24a | | | | Car (01) Q24b Else->q25- 26a | Q23a+23c |
| Q24b | | | Q25-26a | | |
| ->Q25-26a | | | Q26b | | Q24a not equal |
| 01+ | | | | | Q24b |
| Q26b | Q26c | +Unk END | | | |
| Q26c | | | END | | |
| ->Q27-28 | | | Q29a | | Q17 |

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-3-

Question flow: Adult Work History Section D:
-> indicates entry into or re-entry from skip pattern or skipped questions

| Question Number | Yes | No | All | Other | From (if skip) |
|-----------------|------|------------|------|-------|----------------|
| Q29a | Q29b | +Unk->Q30a | | | |
| Q29b | | | Q30a | | |
| ->Q30a | Q30b | +Unk->Q31a | | | Q29a+29b |

| | | | | |
|-----------------|---------------------|------------------------|---------|----------------------------------|
| Q30b | | | Q31a | |
| ->Q31a (1-7) | Each (1-7) Q31b | +Unk Each next Q31a | Q32 | Q30a+30b |
| Q32 | Q33a | +Unk->Q34a | | |
| Q33a (1-10) | Each (1-10) Q33b | +Unk Each next Q33a | Q34a | |
| ->Q34a | | | | Car(01)Q34b Else->Q35- 36a |
| Q34b | | | Q35-36a | Q34a not equal |
| 01+ | | | | Q34b |
| ->Q35-36a | | | Q36b | |
| Q36b | Q36c | +Unk END | | |
| Q36c | | | END | |
| ->Q37 | Q38 | +Unk->Q54a | | Q16 |
| Q38 | Q39-42 | ->Q48-49 | | |

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-4-

Question flow: Adult Work History Section D:
-> indicates entry into or re-entry from skip pattern or skipped questions

| Question Number | Yes | No | All | Other | From (if skip) |
|--------------------------------------|------|---|--|-----------------------------------|-------------------|
| Q39-42 | | | Q43a | | |
| Q43a | Q43b | +Unk->Check Item D1 (Yr last worked) | | | |
| Q43b | | | ->Check Item D1 (Yr last worked) | | |
| Check Item D1 (Yr last worked) | | | | >1989+Unk Q44-45 <1989->Q46 | |
| Q44-45 | | | Q46 | | |
| ->Q46 Item | Q47 | +Unk END | | | Check |

| | | | | | |
|--------------------------------------|-----|------|--------------------------------------|-----------------------------------|--------|
| | | | | | D1+ |
| | | | | | Q44-45 |
| Q47 | | | END | | |
| ->Q48-49 | | | Check Item D2 (Yr last worked) | | Q38 |
| Check Item D2 (Yr last worked) | | | | >1989+Unk Q50-51 <1989->Q52 | |
| Q50-51 | | | Q52 | | |
| ->Q52 | Q53 | +Unk | END | | Check |
| Item | | | | | D2+ |
| | | | | | Q50+51 |

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-5-

Question flow: Adult Work History Section D:
-> indicates entry into or re-entry from skip pattern or skipped questions

| Question Number | Yes | No | All | Other | From (if skip) |
|-----------------|---------|-------------|------|-------|----------------|
| Q53 | | | END | | |
| ->Q54a | Q54b-c | +Unk->Q57a | | | Q37 |
| Q54b-c | | | Q55 | | |
| Q55 | Q56 | +Unk | END | | |
| Q56 | | | END | | |
| ->Q57a | Q57b-58 | +Unk->Q61 | | | Q54a |
| Q57b-58 | | | Q59 | | |
| Q59 | Q60 | +Unk | END | | |
| Q60 | | | END | | |
| Q61 | Q62 | +Unk->Q73 | | | |
| Q62 | Q63-67 | +Unk->Q71 | | | |
| Q63-67 | | | Q68a | | |
| Q68a | Q68b | +Unk->Check | | | |

Item D3 (Yr
last worked)

Q68b

Check Item
D3 (Yr last
worked)

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Question flow: Adult Work History Section D:
-> indicates entry into or re-entry from skip pattern or skipped questions

| Question Number | Yes | No | All | Other | From (if skip) |
|--------------------------------|--------|--------------------------------------|-----------------------------------|-----------------------------------|----------------|
| Check Item D3 (Yr last worked) | | | | >1989+Unk Q69-70 <1989->Q71 | |
| Q69-70 | | | Q71 | | |
| ->Q71 Q62+Check | Q72 | +Unk END | | | Item 69-70 |
| D3+Q | | | | | |
| Q72 | | | END | | |
| ->Q73 | Q74 | +Unk->Q85-86 | | | Q61 |
| Q74 | Q75-79 | +Unk->Q83 | | | |
| Q75-79 | | | Q80a | | |
| Q80a | Q80b | +Unk->Check Item D4 (Yr last worked) | | | |
| Q80b | | | Check Item D4 (Yr last worked) | | |
| Check Item D4 (Yr last worked) | | | >1989+Unk Q81-82 <1989->Q83 | | |
| Q81-82 | | | Q83 | | |

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Question flow: Adult Work History Section D:

-> indicates entry into or re-entry from skip pattern or skipped questions

| Question Number | Yes | No | All | Other | From (if skip) |
|--------------------------------|-----|------|--------------------------------|--------------------------------------|------------------|
| ->Q83 | Q84 | +Unk | END | | Q74+Q81-82 |
| Q84 | | | END | | |
| ->Q85-86 | | | Check Item D5 (Yr last worked) | | Q73 |
| Check Item D5 (Yr last worked) | | | | >1989+Unk Q87-90 <1989->Q91 -> | |
| Q87-90 | | | Q91 | | |
| ->Q91 Item | Q92 | +Unk | END | | Check D5+ Q87-90 |
| Q92 | | | END | | |

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Revised in 1992

APPENDIX B

INDUSTRY RECODES OUTLINE

| Recodes | | | | | |
|-------------|-------------|-----------------|------------------------|---------------------------|--|
| No. 1 | No. 2 | Detail Code | Industry Title | SIC Code* | |
| Chrs. 80-81 | Chrs. 82-83 | (Chrs. 77-79) | | | |
| 01 | 01 | 010-012,020,030 | AGRICULTURE | 01-02,071-072,074-076,078 | |
| 02 | 01 | 031-032 | FORESTRY AND FISHERIES | 08-09 | |
| 10 | 02 | 040-042,050 | MINING | 10,12-14 | |

20 03 060 CONSTRUCTION 15-17

| | | | | |
|------------------------|----|---|---|--|
| (30-34, 40-46) (04) | - | | MANUFACTURING: | |
| (30-34) | | | NONDURABLE GOODS | |
| 30 | 04 | 100-102,110-112, 120-122 | Food and kindred products | 201-209 |
| 31 | 04 | 132,140-142, 150-152 | Textile mill and finished textile products | 221-229,231-239 |
| 32 | 04 | 171-172 | Printing, publishing and allied industries | 271-279 |
| 33 | 04 | 180-182,190-192 | Chemicals and allied products | 281-287,289 |
| 34 | 04 | 130,160-162, 200-201,210-212, 306, 220-222 | Other nondurable goods | 21,261-263,265,267, 291,295,299,301- 308,311,313-317,319 |

*Standard Industrial Classification

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APPENDIX B

INDUSTRY RECODES OUTLINE

| Recodes | | | | |
|------------------------|-------------|-------------------------|---|--|
| ----- | | | | |
| No. 1 | No. 2 | Detail Code | Industry Title | SIC Code* |
| Chrs. 80-81 | Chrs. 82-83 | (Chrs. 77-79) | | |
| (30-34, 40-46) (04) | - | | MANUFACTURING: - continued | |
| (40-46) | | | DURABLE GOODS | |
| 40 | 04 | 230-232,241-242 | Furniture, lumber and wood | 241-245,249,25 |
| 41 | 04 | 270-272,280 | Primary metal industries | 331-332,334,3331, 3334,3339,3351,3353- 3357,3363- 3366,3369, 339 |
| 42 | 04 | 281-282,290-292, 300 | Fabricated metal industries, including ordnance | 341-349 |

| | | | | |
|----|----|---|---|--------------------------------|
| 43 | 04 | 310-312,320-322, 331-332 | Machinery, except electrical | 351-359 |
| 44 | 04 | 340-342,350 | Electrical machinery, equipment and supplies | 361-367,369 |
| 45 | 04 | 351-352,360-362, 370 | Transportation equipment | 371-376,379 |
| 46 | 04 | 250-252,261-262, 301,371-372, 380-381,390-392 | Other and not specified durable goods | 321-329,381-382, 384-387,39 |

(50-54) (05)

-

TRANSPORTATION, COMMUNICATIONS
AND OTHER PUBLIC UTILITIES

| | | | | |
|----|----|-----------------------------|-------------------------------------|-------------|
| 50 | 05 | 400 | Railroads | 40 |
| 51 | 05 | 410-411 | Trucking service and warehousing | 421-423 |
| 52 | 05 | 401-402,412, 420-422,432 | Other transportation | 41,43-47 |
| 53 | 05 | 440-442 | Communications | 481-484,489 |
| 54 | 05 | 450-452,470-472 | Utilities and sanitary | 491-497 |

*Standard Industrial Classification

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APPENDIX B

INDUSTRY RECODES OUTLINE

Recodes

| No. 1 Chrs. 80-81 | No. 2 Chrs. 82-83 | Detail Code (Chrs. 77-79) | Industry Title | SIC Code* |
|-------------------------|-------------------------|------------------------------|----------------|-----------|
|-------------------------|-------------------------|------------------------------|----------------|-----------|

| | | | | |
|----|----|---|-----------------|-----------------|
| 60 | 06 | 500-502,510-512, 521,530-532, 540-542,550-552, 560-562,571 | WHOLESALE TRADE | 501-509,511-519 |
|----|----|---|-----------------|-----------------|

(61-65) (07)

-

RETAIL TRADE

| | | | | |
|----|----|-----------------|----------------------------------|-------------|
| 61 | 07 | 591-592,600 | General merchandise stores | 531,533,539 |
| 62 | 07 | 601-602,610-611 | Food, bakery and dairy stores | 541-546,549 |
| 63 | 07 | 612,620-622 | Automotive dealers and | 551-557,559 |

| | | | | |
|---------|----|------------------|----------------------------|--------------------|
| | | | gasoline stations | |
| 64 | 07 | 641 | Eating and drinking places | 58 |
| 65 | 07 | 580-582,590,623, | Other and not specified | 521,523,525- |
| 527,56, | | 630-633,640,642, | retail trade | 571-572,5731, |
| | | 650-652,660-663, | | 5734-5736,591-594, |
| | | 670-672,681-682, | | 5961-5963,598, |
| | | 691 | | 5992-5995,5999 |

| | | | | |
|---------|------|---------|---|----------|
| (70-71) | (08) | - | FINANCE, INSURANCE, AND REAL ESTATE | |
| 70 | 08 | 700-702 | Banking and credit agencies | 60-61 |
| 71 | 08 | 710-712 | Insurance, real estate, and other finance | 62-65,67 |

*Standard Industrial Classification

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APPENDIX B

INDUSTRY RECODES OUTLINE

| Recodes | | | | |
|---------|---------|---------------------------------|---------------------------------------|-------------------------------------|
| ----- | | | | |
| No. 1 | No. 2 | | | |
| Chrs. | Chrs. | Detail Code | Industry Title | SIC Code* |
| 80-81 | 82-83 | (Chrs. 77-79) | | |
| (75-85) | (09-12) | - | SERVICES: | |
| (75-76) | (09) | | BUSINESS AND REPAIR SERVICES | |
| 75 | 09 | 721-722,731-732, 740-742,750 | Business services | 731-738,751,752, 7542 |
| 76 | 09 | 751-752,760 | Repair services | 753,7549,762-764, 7692,7694,7699 |
| (77-78) | (10) | - | PERSONAL SERVICES | |
| 77 | 10 | 761 | Private households | 88 |
| 78 | 10 | 762,770-772, 780-782,790-791 | Other personal services | 701-704,721- |
| 726,729 | | | | |
| 79 | 11 | 800-802,810 | ENTERTAINMENT AND RECREATION SERVICES | 781-784,791- |
| 794,799 | | | | |
| (80-85) | (12) | - | PROFESSIONAL AND RELATED | |

SERVICES

| | | | | |
|----|----|-----------------------------|---|--|
| 80 | 12 | 831 | Hospitals | 806 |
| 81 | 12 | 812,820-822,830, 832,840 | Health services, except hospitals | 801-803,8041-8043, 8049,805,807-809 |
| 82 | 12 | 842,850 | Elementary and secondary schools and colleges | 821-822 |
| 83 | 12 | 851-852,860 | Other educational services | 823-824,829 |
| 84 | 12 | 861-863,870-873, 880-881 | Social services, religious and membership organizations | 832-833,835-836, 839,84,861-866,869 |
| 85 | 12 | 841,882,890-893 | Legal, engineering and other professional services | 81,871-874,899 |

*Standard Industrial Classification

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APPENDIX B

INDUSTRY RECODES OUTLINE

| Recodes | | | | |
|-------------|-------------|--|--|-------------------|
| No. 1 | No. 2 | Detail Code | Industry Title | SIC Code* |
| Chrs. 80-81 | Chrs. 82-83 | (Chrs. 77-79) | | |
| 90 | 13 | 900-901,910, 921-922,930-932 | PUBLIC ADMINISTRATION | 911-913,919,92-97 |
| 95 | 14 | 998 and all other codes except 997 | UNKNOWN INDUSTRY (INCLUDES NEVER WORKED) | - |
| 96 | 14 | 997 | REFUSED, CLASSIFIED, ETC. | |
| 97 | 15 | Not applicable | NOT IN LABOR FORCE - codes Blank and 8 in current activity recode (loc. 75) (Under 18 or 18+ and not in Labor Force). | |
| 98 | 16 | 991 | ARMED FORCES (excludes Reserves and National Guard) | |

INDUSTRY RECODE TITLES

| Code | Titles | Recode No. 1 Inclusions |
|------|--|----------------------------|
| 01 | AGRICULTURE, FORESTRY AND FISHERIES | 01,02 |
| 02 | MINING | 10 |
| 03 | CONSTRUCTION | 20 |
| 04 | MANUFACTURING | 30-34, 40-46 |
| 05 | TRANSPORTATION, COMMUNICATIONS AND OTHER PUBLIC UTILITIES | 50-54 |
| 06 | WHOLESALE TRADE | 60 |
| 07 | RETAIL TRADE | 61-65 |
| 08 | FINANCE, INSURANCE, AND REAL ESTATE | 70-71 |
| 09 | BUSINESS AND REPAIR SERVICES | 75-76 |
| 10 | PERSONAL SERVICES | 77-78 |
| 11 | ENTERTAINMENT AND RECREATION SERVICES | 79 |
| 12 | PROFESSIONAL AND RELATED SERVICES | 80-85 |
| 13 | PUBLIC ADMINISTRATION | 90 |
| 14 | UNKNOWN (includes never worked, refused, classified, etc.) | 95-96 |
| 15 | NOT IN LABOR FORCE | 97 |
| 16 | ARMED FORCES | 98 |

OCCUPATION RECODE OUTLINE

| Recodes | | Detail Code (Chrs. 84-86) | Occupation Title | SOC Code* |
|-------------------------|-------------------------|------------------------------|------------------|-----------|
| No. 1 Chrs. 87-88 | No. 2 Chrs. 89-90 | | | |

| | | | | |
|----------|------|-----------------------------|--|--|
| (01-03) | (01) | - | EXECUTIVE, ADMINISTRATIVE, AND MANAGERIAL OCCUPATIONS | - |
| | 01 | 003-006 | Officials and administrators, public administration | 111-113 |
| 1344, | 02 | 007-009,013-019, 021-022 | Managers and administrators, except public administration | 121-128,131- 1351-1354,1359, 136-139 |
| 1473,149 | 03 | 023-029,033-037 | Management related occupations | 1412,1414-1415, 1419,142-143, 1442-1443,1449, 145,1472- |

| | | | | |
|---------|------|---|---|---|
| (04-11) | (02) | - | PROFESSIONAL SPECIALTY OCCUPATIONS | - |
| | 04 | 044-049,053-059 | Engineers | 1622-1628,1632- 1637,1639 |
| | 05 | 043,063 | Architects and surveyors | 161,164 |
| | 06 | 064-069,073-079 083 | Natural mathematical and computer scientists | 171-172,1732- 1733,1739,1842- 1843,1845-1847, 1849,1852-1855 |
| | 07 | 084-089 | Health diagnosing occupations | 261-262,27,281, 283,289 |
| | 08 | 095-099,103-106 | Health assessment and treating occupations | 29,301-302,3031- 3034,3039,304 |
| | 09 | 113-119,123-129, 133-139,143-149, 153-159,163-165 | Teachers, librarians and counselors | 2212-2218,2222- 2228,2231-2238, 2242-2247,2249, 231-233,235,236, 239,24,251,252 |
| | 10 | 183-189,193-195, 197-199 | Writers, artists, entertainers and athletes | 34,321-329,331- 333,398 |
| 212 | 11 | 166-169,173-179 | Other professional specialty occupations | 1912-1916,1919, 192,2032-2033, 2042,2049,211- |

*Standard Occupational Classification.

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OCCUPATION RECODE OUTLINE

APPENDIX C

Recodes

| ----- | | | | | |
|-------------------|-------|---|--|--|---|
| No. 1 | No. 2 | | | | |
| Chrs. | Chrs. | Detail Code | | Occupation Title | SOC Code* |
| 87-88 | 89-90 | (Chrs. 84-86) | | | |
| (12-13) | (03) | - | | TECHNICIANS AND RELATED SUPPORT OCCUPATIONS | - |
| 12 | 03 | 203-208 | | Health technologists and technicians | 362-366,369 |
| 13 | 03 | 213-218,223-229, 233-235 | | Technologists, technicians except health | 3711-3713,3719, 372- |
| 373,382,3831- | | | | | |
| 3833,384,389,392- | | | | | 393,396,3971- |
| 3972,3974,399,825 | | | | | |
| (14-16) | (04) | - | | SALES OCCUPATIONS | - |
| 14 | 04 | 243 | | Supervisors and proprietors | 40 |
| 15 | 04 | 253-259 | | Sales representatives, commodities and finance | 4122-4124,4152- 4153,421,423-424 |
| 16 | 04 | 263-269,274-278, 283-285 | | Other sales | 4342-4348,4351- 4354,4356,4359, 4362-4367,4369, 444-447,449 |
| (17-21) | (05) | - | | ADMINISTRATIVE SUPPORT OCCUPATIONS, INCLUDING CLERICAL | - |
| 17 | 05 | 308-309 | | Computer equipment operators | 4612-4613 |
| 18 | 05 | 313-315 | | Secretaries, stenographers and typists | 4622-4624 |
| 19 | 05 | 337-339,343-344 | | Financial records processing occupations | 4712-4713,4715- 4716,4718 |
| 20 | 05 | 354-357 | | Mail and message distributing | 4742-4745 |
| 21 | 05 | 303-307,316-319, 323,325-329, 335-336,345-348, 353,359,363-366, 368,373-379, 383-387,389 | | Other administrative support | 4511-4514,4516, 4519,4521-4529, 463,4642-4645, 4649,4662-4664, 4692,4694,4696, 4699,4722-4723, 4729,4732-4733, 4739,4751-4759, 4782-4784,4786- 4787,4791-4795, 4799 |

*Standard Occupational Classification.

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APPENDIX C

OCCUPATION RECODE OUTLINE

| Recodes | | | | | |
|---------|-------|-----------------------------|---|--|--|
| ----- | | | | | |
| No. 1 | No. 2 | Detail Code | Occupation Title | SOC Code* | |
| Chrs. | Chrs. | (Chrs. 84-86) | | | |
| 87-88 | 89-90 | | | | |
| 22 | 06 | 403-407 | PRIVATE HOUSEHOLD OCCUPATIONS | 502-507,509 | |
| <hr/> | | | | | |
| (23-24) | (07) | - | PROTECTIVE SERVICE OCCUPATIONS | | |
| 23 | 07 | 413-414,416-418, 423-424 | Police and firefighters | 5111-5112,5122- 5123,5132-5134 | |
| 24 | 07 | 415,425-427 | Other protective service occupations | 5113,5142,5144, 5149 | |
| <hr/> | | | | | |
| (25-28) | (08) | - | SERVICE OCCUPATIONS, EXCEPT PROTECTIVE AND HOUSEHOLD | | |
| 25 | 08 | 433-436,438-439, 443-444 | Food service | 5211-5219 | |
| 26 | 08 | 445-447 | Health service | 5232-5233,5236 | |
| 27 | 08 | 448-449,453-455 | Cleaning and building service | 5241-5242,5244- 5246,5249 | |
| 28 | 08 | 456-459,461-469 | Personal service | 5251-5258,5262- 5264,5269 | |
| <hr/> | | | | | |
| (29-31) | (09) | - | FARMING, FORESTRY AND FISHING OCCUPATIONS | | |
| 29 | 09 | 473-476 | Farm operators and managers | 5512-5515,5522- 5525 | |
| 30 | 09 | 477,479,483-489 | Farm workers and other agricultural workers | 5611-5619,5621- 5622,5624-5625, 5627 | |
| 31 | 09 | 494-499 | Forestry and fishing occupations | 571-573,579, 583-584, 8241(pt.) | |

*Standard Occupational Classification.

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APPENDIX C

OCCUPATION RECODE OUTLINE

Recodes

| No. 1 Chrs. 87-88 | No. 2 Chrs. 89-90 | Detail Code (Chrs. 84-86) | Occupation Title | SOC Code* |
|-------------------------|-------------------------|---|---|--|
| (32-34) | (10) | - | PRECISION PRODUCTION, CRAFT AND REPAIR OCCUPATIONS | |
| 32 | 10 | 503,505-509, 514-519,523, 525-527,529, 533-536,538-539, 543-544,547,549 | Mechanics and repairers | 60,6111-6118, 613-614,6151- 6159,616,6171- 6179 |
| 33 | 10 | 553-558,563-567, 569,573,575-577, 579,583-585, 587-589,593-599, 613-617 | Construction and extractive trades | 6311-6316,6318, 632,6412- 6414(pt.), 6422,6424,6432- 6433,6442-6444, 645,6462-6468, 6472-6476,6479, 652-654,656 |
| 34 | 10 | 628,634-637,639, 643-647,649, 653-659,666-669, 674-679,683-684, 686-689,693-696, 699 | Precision production occupations | 67,71,6811- 6816-6817,6821- 6824,6829,6831- 6832,6835,6839, 6844,6852-6854, 6856,6859,6861- 6862,6864-6867, 6869,6871-6873, 6879,6881-6882, 691-696, 7477(pt.), 7668,7677(pt.), 7752,828 |

6814,

*Standard Occupational Classification

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APPENDIX C

OCCUPATION RECODE OUTLINE

Recodes

| No. 1 Chrs. | No. 2 Chrs. | Detail Code | Occupation Title | SOC Code* |
|----------------|----------------|-------------|------------------|-----------|
|----------------|----------------|-------------|------------------|-----------|

| OPERATORS, FABRICATORS AND LABORERS | | | | |
|-------------------------------------|----|---|---|---|
| (35-36) (11) | | MACHINE OPERATORS, ASSEMBLERS AND INSPECTORS | | |
| 35 | 11 | 703-709,713-715, 717,719,723-729, 733-739,743-745, 747-749,753-759, 763-766,768-769, 773-774,777,779 | Machine operators and tenderers, except precision | 6841-6842,6849, 6855,6863,6868, 7312-7319,7322, 7324,7326,7329, 7339,7342-7344, 7349,7431-7435, 7439,7443-7444, 7449,7451-7452, 7459,7462-7463, 7467,7472,7474, 7476-7478,7479, 7512-7519,7522, 7529,7539,7542- 7544,7549,7631- 7636,7639,7642- 7644,7649,7651- 7652,7654-7659, 7661-7667,7669, 7671-7676, 7677(pt.),7678- 7679 |
| 36 | 11 | 783-787,789, 793,795-799 | Fabricators, assemblers, inspectors and samplers | 7332-7333,7532- 7533,7714,7717, 772,774,7753- 7759,782- |
| 785,787 | | | | |

| TRANSPORTATION AND MATERIAL MOVING OCCUPATIONS | | | | |
|--|----|-------------------------------------|---|---|
| (37-39) (12) | | - | | |
| 37 | 12 | 803-804,806, 808-809,813-814 | Motor vehicle operators | 8111,8212-8216, 8218-8219,874 |
| 38 | 12 | 823-826,828-829, 833-834 | Other transportation, except motor vehicles | 8113,8232-8233, 8239,8241(pt.), 8242-8245 |
| 39 | 12 | 843-845,848-849, 853,855-856,859 | Material moving equipment operators | 812,8312-8319 |

*Standard Occupational Classification

Recodes

No. 1 No. 2

| Chrs. 87-88 | Chrs. 89-90 | Detail Code (Chrs. 84-86) | Occupation Title | SOC Code* |
|----------------|----------------|--|--|---|
| (40-41) | (13) | | HANDLERS, EQUIPMENT CLEANERS, HELPERS AND LABORERS | |
| 40 | 13 | 869 | Construction laborers | 871 |
| 41 | 13 | 864-868,874-878, 883,885,887-889 | Freight, stock and material handlers | 85,861-863, 8641-8646, 8648,865, 8722-8726,873, 875,8761,8769 |
| 95 | 14 | 998 and all other codes except 997 | UNKNOWN OCCUPATION (INCLUDES NEVER WORKED) | |
| 96 | 14 | 997 | REFUSED, CLASSIFIED, ETC. | |
| 97 | 15 | Not applicable | NOT IN LABOR FORCE - codes Blank and 8 in current activity recode (Loc. 75). (Under 18 or 18+ and Not in Labor Force) | |
| 98 | 16 | 905 | MILITARY | |

*Standard Occupational Classification
1 APPENDIX C
OCCUPATION RECODE TITLES

| Code | Titles | Recode No. 1 Inclusions |
|------|--|----------------------------|
| | MANAGERIAL AND PROFESSIONAL SPECIALTY OCCUPATIONS | |
| 01 | EXECUTIVE, ADMINISTRATIVE AND MANAGERIAL OCCUPATIONS | 01-03 |
| 02 | PROFESSIONAL SPECIALTY OCCUPATIONS | 04-11 |
| | TECHNICAL, SALES AND ADMINISTRATIVE SUPPORT OCCUPATIONS | |
| 03 | TECHNICIANS AND RELATED SUPPORT OCCUPATIONS | 12-13 |

| | | |
|-------------------------------------|---|-------|
| 04 | SALES OCCUPATIONS | 14-16 |
| 05 | ADMINISTRATIVE SUPPORT OCCUPATIONS, INCLUDING CLERICAL | 17-21 |
| SERVICE OCCUPATIONS | | |
| 06 | PRIVATE HOUSEHOLD OCCUPATIONS | 22 |
| 07 | PROTECTIVE SERVICE OCCUPATIONS | 23-24 |
| 08 | SERVICE OCCUPATIONS, EXCEPT PROTECTIVE AND HOUSEHOLD | 25-28 |
| 09 | FARMING, FORESTRY AND FISHING OCCUPATIONS | 29-31 |
| 10 | PRECISION PRODUCTION, CRAFT AND REPAIR OCCUPATIONS | 32-34 |
| OPERATORS, FABRICATORS AND LABORERS | | |
| 11 | MACHINE OPERATORS, ASSEMBLERS AND INSPECTORS | 35-36 |
| 12 | TRANSPORTATION AND MATERIAL MOVING OCCUPATIONS | 37-39 |
| 13 | HANDLERS, EQUIPMENT CLEANERS, HELPERS AND LABORERS | 40-41 |
| 14 | UNKNOWN OCCUPATION (INCLUDES NEVER WORKED, REFUSED, CLASSIFIED, ETC.) | 95-96 |
| 15 | NOT IN LABOR FORCE | 97 |
| 16 | MILITARY | 98 |

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CONDITION LIST CODES - MAJOR CATEGORIES
for Questions H14 & H28 in DFS-2 (pp.42 and 50)
and Questions G14 & G26 in DFS-3 (pp.20 and 28)

- | | |
|---------------------------------|--|
| 01 | Old Age |
| 02 | AIDS or acquired immunodeficiency syndrome, HIV or human immunodeficiency virus disease, or AIDS related condition(s) (ARC), including pneumocystosis or Pneumocystis carinii pneumonia, cachexia, wasting syndrome, malnutrition due to AIDS, Kaposi's sarcoma, or encephalopathy |
| Cancer | |
| 03 | Cancer (any site or type), including melanoma, lymphoma |
| Circulatory/Vascular conditions | |
| 04 | Congestive Heart Failure |
| 05 | Aneurism |
| 06 | Angina, chest pains |

- 07 Arterial disease
including clogged, hardened, or blocked arteries,
arterial sclerosis, high cholesterol
- 08 Coronary heart disease
- 09 Heart attack or myocardial infarction
- 10 Heart condition
- 11 Hypertension or high blood pressure
- 12 Stroke or cerebrovascular accident, transient ischemic
attacks, TIA
- 13 Varicose veins
- 14 Blood clots, phlebitis, embolism, deep vein thrombosis,
thromboembolism, thrombosis
- 15 Other, unspecified circulatory conditions, including poor
circulation

- 18 Dental or oral conditions,
including dental caries, missing teeth, periodontal
disease, mouth ulcers, jaw pain, TMJ, temporomandibular
joint problem, and other gum, teeth, or denture
conditions

- 21 Developmental disabilities,
including autism, cerebral palsy, cystic fibrosis, Down
Syndrome, dyslexia, attention deficit disorder,
hyperactivity, other learning disability, mental
retardation, muscular dystrophy, spina bifida

CONDITION LIST CODES - MAJOR CATEGORIES
for Questions H14 & H28 in DFS-2 (pp.42 and 50)
and Questions G14 & G26 in DFS-3 (pp.20 and 28)

- 23 Diabetes, diabetes mellitus, any type of diabetes
- 24 Endocrine conditions,
including hormone imbalances, thyroid disorders
- 26 Fatigue, exhaustion, tired, chronic fatigue syndrome

Gastrointestinal/Digestive Conditions

- 29 Gastrointestinal conditions,
including cholecystitis, gall bladder problems, gall
stones, gastritis, ulcer, or other stomach or
intestinal problems, colitis, ileitis, ulcerative
colitis, bowel incontinence, chronic diarrhea, Crohn's
disease, hepatitis, liver failure, liver problems,
pancreatitis, digestive disorders

Genitourinary conditions

- 30 Bladder Incontinence, urinary incontinence
- 31 Kidney disease or stones, end stage renal disease, kidney
failure
- 32 Other, unspecified genitourinary conditions including
noncancerous prostate problems
- 34 Medication or drugs, adverse reactions to, side effects

Mental and emotional conditions

- 35 Alzheimer's disease
- 36 Senility or senile dementia
- 37 Other, mental and emotional conditions, including bipolar
disorder(s) or manic depression, major or clinical
depression, paranoia, delusional disorder(s),
personality disorder(s), schizophrenia, stress,
anxiety, panic attacks, phobias, sleep disorders,
hallucinations

CONDITION LIST CODES - MAJOR CATEGORIES
for Questions H14 & H28 in DFS-2 (pp.42 and 50)
and Questions G14 & G26 in DFS-3 (pp.20 and 28)

Musculoskeletal conditions

Arthritis

- 38 Osteoarthritis
- 39 Rheumatoid arthritis
- 40 Other, including arthritis (unspecified), including ankylosing spondylitis, spondylosis, bursitis, gout, lupus, stiffness, tendonitis, rheumatism

Bone(s)

Arm(s) including shoulder and elbow

- 41 Break(s) or fracture(s)
- 42 Missing
- 43 Other, unspecified including weakness and paralysis

Foot/Ankle/Toe(s)

- 44 Break(s) or fracture(s)
- 45 Missing
- 46 Other, unspecified including weakness and paralysis

Hand/Wrist/Finger(s)

- 47 Break(s) or fracture(s)
- 48 Missing
- 49 Other, unspecified including weakness and paralysis

Head

- 50 Injury
- 51 Other, unspecified

Hip(s)

- 52 Break(s) or fracture(s)
- 53 Other, unspecified including weakness

Leg(s) including knee

- 54 Break(s) or fracture(s)
- 55 Missing
- 56 Other, unspecified including weakness and paralysis

Neck

- 57 Break(s) or fracture(s)
- 58 Other, unspecified including weakness and paralysis

CONDITION LIST CODES - MAJOR CATEGORIES
for Questions H14 & H28 in DFS-2 (pp.42 and 50)
and Questions G14 & G26 in DFS-3 (pp.20 and 28)

Back/Spine

- 59 Break(s) or fracture(s)
- 60 Other, unspecified including weakness, scoliosis, curvature, spinal stenosis, and paralysis
- 61 Disc problems, including herniated, fused, fusion, ruptured, bone spurs, lumbago, sciatica
- 62 Muscle spasms, weakness, other problems
- 63 Osteoporosis
- 64 Pain including migraines, headaches
- 65 Other Paralysis including paraplegia, quadraplegia
- 66 Skin Conditions including psoriasis, burns, sores, ulcers, scars, noncancerous growths, eczema

Neurologic conditions

- 67 Parkinson's disease, Parkinsonism, Lou Gehrig's disease, ALS, amyotrophic lateral sclerosis, polio, post-polio syndrome, poliomyelitis, multiple sclerosis
- 68 Dizziness, vertigo, balance, Meniere's Disease
- 69 Epilepsy or other seizures (any type)
- 70 Numbness (any site)
- 71 Pinched nerve, nerve damage
- 72 Non-cancerous or not specified cysts, enlargements, growths, lumps, tumors any site

Respiratory/Pulmonary conditions

- 73 Asthma
- 74 Bronchitis
- 75 Emphysema
- 76 Influenza
- 77 Pneumonia
- 78 Other respiratory, lung, or breathing problems, shortness of breath, pulmonary embolism

CONDITION LIST CODES - MAJOR CATEGORIES
for Questions H14 & H28 in DFS-2 (pp.42 and 50)
and Questions G14 & G26 in DFS-3 (pp.20 and 28)

Sensory and communication conditions

Hearing conditions

- 79 Deafness
- 80 Difficulty hearing
- 81 Tinnitus or ringing
including hearing conditions, other and/or unspecified

Vision conditions

- 82 Blindness, missing eyes
- 83 Difficulty seeing
- 84 Cataracts
- 85 Glaucoma
- 86 Vision conditions, other and/or unspecified

- 87 Speech disorder(s)

- 88 Substance abuse, alcohol or drug abuse or addiction

- 89 Surgery or operations, effects as a result of

- 90 Multiple Chemical Sensitivity

- 98 Other Condition

- 99 DK or Refused