# 1995 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 1995 for Phase I, for persons of all ages, was 95,091 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 (17) 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 1995 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, called the Supplement on Aging or SOA; and one for persons with a past history of Polio. Although the DFS-Child, DFS-Adult, and Polio questionnaires were fielded in 1994 and 1995, the SOA questionnaire was fielded ONLY in 1994. For reasons of economy, however, some SOA questions did remain on the survey instrument in 1995. This data is available from NCHS in the 1994 SOA II file. As stated above, only the data from the 1995 DFS for adults is included in this file.

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 accomodations, 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 accomodations, 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 1995 NHIS-D PHASE II ADULT DATA FILES

The structure of these file is given below:

| Person record for responding individual<br>Weight fields<br>Selected other data fields   | 1 - 200<br>201 - 206<br>391 - 401   |
|--|---|
| Disability phase II Adult variable fields:   | 411 - 3396  |
| Housing and long-term care services Transportation Social activity Work history/employment Vocational rehabilitation Assistive devices and technologies Health insurance Assistance with key activities Other services Self direction Family structure, relationships, and living arrangements Proxy Status: Relationship and Reason | 411 - 699<br>761 - 869<br>871 - 894<br>901 - 1298<br>1301 - 1376<br>1379 - 1426<br>1428 - 1440<br>1451 - 2257<br>2261 - 3174<br>3181 - 3265<br>3271 - 3375<br>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 1995 NHIS the Household response rate from core was 93.8%; the

response rate for Disability Phase 1 was 92.8%; and the response rate for the DFS-Adult was 92.1%. 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 80.2%. 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 (92.8) by the response rate to DFS-Adult (92.1) yielding a rate of 85.5%.

#### 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 1995 differs from that of 1994 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 1995 NHIS Core data and used the age-sex-race-ethnicity 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 411-3396 and with the person level variables in the beginning of the file.

The Final Quarter Basic Weight before age-sex-race-ethnicity 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 four.

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As mentioned above, the sample design for the NHIS was changed for 1995. Disability data from 1995 can be combined with the data from 1994, 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-ethnicity adjustment (which is the weight prior to post-stratification), included on the DFS-Adult file are the strata for variance estimation (loc. 337-340), the PSU for variance estimation (loc. 341), the substratum for variance estimation (loc. 342-343), the secondary sampling unit (loc. 344-350), type of PSU (loc. 351), and Panel 4 (loc. 352) 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 1995.

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 1995.

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 1995

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 1995.

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 (1995).

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 1995 (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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#### 1995 NATIONAL HEALTH INTERVIEW SURVEY

#### DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Outline of Items and Codes

## 9,691 Records

| Tape<br>Locations | Item No.  | Frequency | Items and Codes                                    |  |
|-------------------|-----------|-----------|--|--|
| 1-2               | _         |           | RECORD TYPE  |  |
|                   |           | 9,691     | 67. Adult Record                                   |  |
| 3-4               | -         |           | PROCESSING YEAR                                    |  |
|                   |           | 9,691     | 95. 1995   |  |
| 5-14              | Generated | -         | HOUSEHOLD ID                                       |  |
| 15-16             | -         | -         | PERSON NUMBER                                      |  |
| 17-18             | _         | -         | BLANK (Record Serial Number on other record types) |  |

|   | 19-20 | HH-3   |       | PROCESS | ING WEEK CODE (Numbered within Quarter) |
|---|-------|--------|-------|---------|---|
|   |       |        | 537   | 01.     | Week 01                                 |
|   |       |        | 774   | 02.     | Week 02                                 |
|   |       |        | 840   | 03.     | Week 03                                 |
|   |       |        | 790   | 04.     | Week 04                                 |
|   |       |        | 873   | 05.     | Week 05                                 |
|   |       |        | 811   | 06.     | Week 06                                 |
|   |       |        | 768   | 07.     | Week 07                                 |
|   |       |        | 778   | 08.     | Week 08                                 |
|   |       |        | 914   | 09.     | Week 09                                 |
|   |       |        | 912   | 10.     | Week 10                                 |
|   |       |        | 534   | 11.     | Week 11                                 |
|   |       |        | 589   | 12.     | Week 12                                 |
| _ |       |        | 571   | 13.     | Week 13                                 |
|   | 21    | Recode |       | LATE IN | TERVIEW (OR LAST ATTEMPT) FLAG          |
|   |       |        | 6,005 | 0.      | Interview not late                      |
|   |       |        | 2,572 | 1.      | One week late                           |
|   |       |        | 713   | 2.      | Two weeks late                          |
|   |       |        | 401   | 3.      | Unknown                                 |
| 1 |       |        |       | -2-     |   |

| Tape<br>Locations | Item No. | Frequency                    | Iter     | ms and Codes  |
|-------------------|----------|------------------------------|----------|---|
| 21                | Recode   |                              | LATE IN  | TERVIEW (OR LAST ATTEMPT) FLAG  |
|                   |          | 6,005<br>2,572<br>713<br>401 | 1.<br>2. | Interview not late<br>One week late<br>Two weeks late<br>Unknown                        |
| 22-23             | нн-11c,d |                              | TYPE OF  | LIVING QUARTERS:  |
|                   |          |                              | Housing  | Unit = $(00-07)$  |
|                   |          | 169<br>8,722<br>8            |          | Housing unit; kind unknown House, apartment, flat HU in nontransient hotel, motel, etc. |
|                   |          | 1                            | 03.      | HU-permanent in transient hotel, motel, etc.  |
|                   |          | 6                            | 04.      | HU in rooming house   |
|                   |          | 582                          | 05.      | Mobile home or trailer with no permanent room added                                     |
|                   |          | 142                          | 06.      | Mobile home or trailer with one or more permanent rooms added                           |
|                   |          | 10                           | 07.      | HU not specified above  |

## Other Unit = (08-13)

|   |    |       |                | Other    | UIIIC = (00-13)                                   |
|---|----|-------|----------------|----------|---|
|   |    |       | 9              | 08.      | Quarters not HU in rooming or boarding house      |
|   |    |       | 0              | 09.      | _   |
|   |    |       | 0              | 10.      | Unoccupied site for mobile home, trailer, or tent |
|   |    |       | 17             | 11.      | Student quarters in college dormitory             |
|   |    |       | 25             | 12.      | Other unit not specified above                    |
|   |    |       | 0              | 13.      | Other unit; kind unknown                          |
|   | 24 | нн-12 |                | HAS TE   | LEPHONE   |
|   |    |       | 8,940          | 1.       | Yes, phone number given                           |
|   |    |       | 234            |          | Yes, no phone number given                        |
|   |    |       | 427            | 3.       | No  |
|   |    |       | 90             | 4.       | Unknown   |
|   | 25 | A-1   |                | SEX      |   |
|   |    |       | 4,095<br>5,596 | 1.<br>2. |   |
| 1 |    |       |                | -3-      |   |

## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.         | Frequency | Ite     | ems and Codes     |
|-------------------|------------------|-----------|---------|-------------------|
| 26                | -                | _         | BLANK   |                   |
| 27-28             | Person<br>Column |           | AGE     |                   |
|                   |                  | 0         | 00.     | Under 1 year      |
|                   |                  | 9,688     | 01-98.  | Number of years   |
|                   |                  | 3         | 99.     | 99+ years of age  |
| 29                | Recode           |           | AGE REC | ODE #1            |
|                   |                  | 0         | 1.      | Under 5 years     |
|                   |                  | 0         | 2.      | 5-17 years        |
|                   |                  | 570       | 3.      | 18-24 years       |
|                   |                  | 2,688     |         | 25-44 years       |
|                   |                  | 3,077     |         | 45-64 years       |
|                   |                  | 888       | 6.      | 65-69 years       |
|                   |                  | 841       |         | 70-74 years       |
|                   |                  | 1,627     | 8.      | 75 years and over |

30 Recode

AGE RECODE #2

|       |        | 0     | 1.      | Under 6 years     |
|-------|--------|-------|---------|-------------------|
|       |        | 0     | 2.      | 6-16 years        |
|       |        | 570   | 3.      | 17-24 years       |
|       |        | 1,104 | 4.      | 25-34 years       |
|       |        | 1,584 | 5.      | 35-44 years       |
|       |        | 1,596 | 6.      | 45-54 years       |
|       |        | 1,481 | 7.      | 55-64 years       |
|       |        | 1,729 | 8.      | 65-74 years       |
|       |        | 1,627 | 9.      | 75 years and over |
|       |        |       |         |                   |
|       |        |       |         |                   |
| 31-32 | Recode |       | AGE REC | CODE #3           |
|       |        |       | 00 25   | 25                |
|       |        | 0     |         | Months            |
|       |        | 9,691 | 36.     | Over 3 years      |
|       |        |       |         |                   |
| 33    | _      | _     | BLANK   |                   |
|       |        |       |         |                   |
| 1     |        |       | -4-     |                   |

| Tape<br>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   |
|                   |          | 14<br>9,676<br>1 | 1800-1899. 1800-1899<br>1900-1996. 1900-1996<br>9999. Unknown   |
| 40                | Recode   |                  | HISPANIC ORIGIN IMPUTED FLAG  |
|                   |          | 9,603<br>88      | <ol> <li>Hispanic Origin Known</li> <li>Hispanic Origin Imputed from<br/>Reference Person</li> </ol>  |
| 41-42             | A-6      |                  | MAIN RACIAL BACKGROUND* (see notation for locations 43-45)  |
|                   |          | 7,755<br>1,222   | 01. White<br>02. Black/African American**   |

| 93  | 03. | Indian (American) |
|-----|-----|-------------------|
| 3   | 04. | Eskimo            |
| 1   | 05. | Aleut             |
| 38  | 06. | Chinese           |
| 34  | 07. | Filipino          |
| 6   | 08. | Hawaiian          |
| 14  | 09. | Korean            |
| 20  | 10. | Vietnamese        |
| 27  | 11. | Japanese          |
| 20  | 12. | Asian Indian      |
| 1   | 13. | Samoan            |
| 1   | 14. | Guamanian         |
| 16  | 15. | Other API         |
| 320 | 16. | Other race        |
| 17  | 17. | Multiple race     |
| 103 | 99. | Unknown           |

<sup>\*</sup> 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.

| Tape<br>Locations | Item No. | Frequency   | Items and Codes                               |   |   |
|-------------------|----------|---|---|---|---|
| 43-45             | Recode   |   | RACE R  | ECODES  |   |
| 43                |          | 8,182   |   | White   | Persons whose Main<br>Racial Background<br>(location 41-42) was |
|                   |          | 1,227<br>282                                      |   | Black<br>Other  | "other" or "unknown" were classified in                         |
| 44                |          |   | Recode  | 2   | the following recodes by using the racial background observed   |
|                   |          | 8,182<br>1,509                                    | 1.<br>2.                                      | White<br>Non-white                                      | by the interviewer.   |
| 45                |          |   | Recode  | 3   | estimating statistics<br>for the groups shown                   |
|                   |          | 1,227<br>8,464                                    |   | Black<br>Non-black                                      | here.   |
| 46-47             | A-5      |   | HISPAN  | IC ORIGIN**   |   |
|                   |          | 1<br>192<br>140<br>285<br>434<br>16<br>101<br>152 | 00.<br>01.<br>02.<br>03.<br>04.<br>05.<br>06. | Puerto Ri<br>Cuban<br>Mexican-M<br>Mexican-A<br>Chicano | can  Mexicano  Merican  in American                             |

<sup>\*\*</sup>For convenience, the category 'Black/African American' will be shown as 'Black' in all race recode locations throughout the documentation.

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|    |     | 38<br>25<br>8,307 | 08.<br>09.<br>10. | Spanish, DK type<br>Unknown if Spanish origin<br>Not Spanish origin |
|----|-----|-------------------|-------------------|---|
| 48 | L-7 | MA                | RITAL             | STATUS  |
|    |     | 0<br>5,170        |                   | Under 14 years<br>Married - spouse in household                     |
|    |     | 113               | 2.                | Married - spouse not in household                                   |
|    |     | 1,560             | 3.                | Widowed   |
|    |     | 1,062             | 4.                | Divorced  |
|    |     | 322               | 5.                | Separated   |
|    |     | 1,452             | 6.                | Never married   |
|    |     | 12                | 7.                | Unknown   |

<sup>\*</sup> This recode is used to define race in the Current Estimates tables.

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Ite     | ms and Codes   |
|-------------------|----------|-----------|---------|--|
| 49                | L-1      |           | VETERAN | STATUS   |
|                   |          | 7,863     | 1.      | Non-veteran  |
|                   |          | 6         | 2.      |  |
|                   |          | 598       | 3.      |  |
|                   |          | 312       | 4.      | Korean War   |
|                   |          | 384       | 5.      | Vietnam veteran  |
|                   |          | 110       | 6.      | Post-Vietnam   |
|                   |          | 253       | 7.      | Other service  |
|                   |          | 29        | 8.      | Served in Armed Forces,  |
|                   |          |           |         | unknown if war veteran   |
|                   |          | 136       | 9.      | Unknown if served in Armed Forces  |
|                   |          | 0         | Blank.  | Under 18 years of age  |
| 50                | L-1      |           | ACTIVE  | GUARD/RESERVE STATUS   |
| 30                |          |           |         | SONS ON ACTIVE DUTY  |
|                   |          |           | -       | D FORCES   |
|                   |          | 7,863     | 0.      | Non-veteran  |
|                   |          | 85        | 1.      | All service in Guard/Reserve   |
|                   |          | 267       | 2.      | Some service in Guard/Reserve  |
|                   |          | 4         | 3.      | Unknown if all service in  |
|                   |          |           |         | Guard/Reserve  |
|                   |          | 1,207     | 4.      | No active service in Guard/Reserve   |
|                   |          | 265       | 5.      | Unknown if ever active<br>member in Guard/Reserve<br>or served in Armed Forces |

<sup>\*\*</sup>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.

| ^ | D ]1-  | TTm all a se | 10 |       | ~ ~ |     |
|---|--------|--------------|----|-------|-----|-----|
| U | Blank. | under        | ΤS | years | OT  | age |

| 51-52 | L-2 |  |                                 | ON OF INDIVIDUAL<br>LETED YEARS         |
|-------|-----|--|---------------------------------|---|
|       |     | 151<br>6,614                           | 00.<br>01-12.                   | 2 1                                     |
|       |     |  | College                         | e:                                      |
|       |     | 630<br>758<br>268<br>667<br>128<br>389 | 13.<br>14.<br>15.<br>16.<br>17. | 3 years 4 years 5 years 6 years or more |
|       |     | 86<br>0                                | 19.<br>Blank.                   |   |

- 1/ -

| Tape<br>Locations | Item No. | Frequency  | It∈  | ems and Codes  |
|-------------------|----------|--|--|--|
| 53                | Recode   |  | EDUCATI  | ON OF INDIVIDUAL RECODE  |
|                   |          | 151<br>1,738<br>1,576<br>3,300<br>1,656<br>667<br>517<br>86<br>0 | 0.<br>1.<br>2.<br>3.<br>4.<br>5.<br>6.<br>7.<br>Blank. | 1-8 years (elementary) 9-11 years (high school) 12 years (high school graduate) 1-3 years (college) 4 years (college graduate) 5+ years (post-college) Unknown |
| 54-55             | -        |  |  | E EDUCATION OF RESPONSIBLE FAMILY MEMBER (Detail)  |
|                   |          | 49<br>5,677  | 00.<br>01-12.  | Never attended; kindergarten only Grades 1-12  |
|                   |          |  | College  | 2:   |
|                   |          | 751<br>979<br>371<br>979<br>206<br>644<br>35                     | 14.<br>15.<br>16.<br>17.                               | 3 years 4 years 5 years 6 years or more  |

# ADULT FAMILY MEMBER (Recode)

|    |     | 49<br>1,075<br>1,183<br>3,419<br>2,101<br>979<br>850<br>35 | <ol> <li>None; kindergarten only</li> <li>1-8 years (elementary)</li> <li>9-11 years (high school)</li> <li>12 years (high school gradu</li> <li>1-3 years (college)</li> <li>4 years (college graduate)</li> <li>5+ years (post-college)</li> <li>Unknown</li> </ol> | ate) |
|----|-----|--|---|------|
| 57 | L-8 | I  | AMILY INCOME \$20,000 OR MORE   |      |
|    |     | 4,549<br>4,896<br>246                                      | <ol> <li>Less than \$20,000</li> <li>\$20,000 or more</li> <li>Unknown</li> </ol>   |      |
| 1  |     |  | -8-   |      |

| Tape      |          |           |        |                    |
|-----------|----------|-----------|--------|--------------------|
| Locations | Item No. | Frequency | Ite    | ems and Codes      |
| 58-59     | L-8      |           | FAMILY | INCOME             |
|           |          | 78        | 00.    | Less than \$1,000  |
|           |          | 60        | 01.    | \$1,000 - \$ 1,999 |
|           |          | 87        | 02.    | 2,000 - 2,999      |
|           |          | 105       | 03.    | 3,000 - 3,999      |
|           |          | 136       | 04.    | 4,000 - 4,999      |
|           |          | 262       | 05.    | 5,000 - 5,999      |
|           |          | 286       | 06.    | 6,000 - 6,999      |
|           |          | 283       | 07.    | 7,000 - 7,999      |
|           |          | 257       | 08.    | 8,000 - 8,999      |
|           |          | 235       | 09.    | 9,000 - 9,999      |
|           |          | 271       | 10.    | 10,000 - 10,999    |
|           |          | 208       | 11.    | 11,000 - 11,999    |
|           |          | 293       | 12.    | 12,000 - 12,999    |
|           |          | 199       | 13.    | 13,000 - 13,999    |
|           |          | 193       | 14.    | 14,000 - 14,999    |
|           |          | 234       | 15.    | 15,000 - 15,999    |
|           |          | 173       | 16.    | 16,000 - 16,999    |
|           |          | 152       | 17.    | 17,000 - 17,999    |
|           |          | 205       | 18.    | 18,000 - 18,999    |
|           |          | 199       | 19.    | 19,000 - 19,999    |
|           |          | 867       | 20.    | 20,000 - 24,999    |
|           |          | 635       | 21.    | 25,000 - 29,999    |
|           |          | 550       | 22.    | 30,000 - 34,999    |
|           |          | 420       | 23.    | 35,000 - 39,999    |
|           |          | 369       | 24.    | 40,000 - 44,999    |
|           |          | 330       | 25.    | 45,000 - 49,999    |
|           |          | 1,263     | 26.    | \$50,000 and over  |
|           |          | 1,341     | 27.    | Unknown            |
|           |          |           | ۷1.    | OHMIOWI            |

| 466   | 0. | Under \$5, | 000      |
|-------|----|------------|----------|
| 548   | 1. | \$ 5,000 - | \$ 6,999 |
| 775   | 2. | 7,000 -    | 9,999    |
| 1,164 | 3. | 10,000 -   | 14,999   |
| 963   | 4. | 15,000 -   | 19,999   |
| 867   | 5. | 20,000 -   | 24,999   |
| 1,185 | 6. | 25,000 -   | 34,999   |
| 1,119 | 7. | 35,000 -   | 49,999   |
| 1,263 | 8. | \$50,000 c | or more  |
| 1,341 | 9. | Unknown    |          |
|       |    |            |          |

1 -9-

| Tape<br>Locations | Item No.  | Frequency                   | Ite            | ems and Codes  |
|-------------------|-----------|-----------------------------|----------------|--|
| 61                | Generated | l                           | NHIS PO        | OVERTY INDEX*  |
|                   |           | 6,953<br>1,853<br>885       | 1.<br>2.<br>3. | 1  |
| 62-63             |           |                             | FAMILY         | RELATIONSHIP   |
| 62                | A-2       |                             | Type of        | Family   |
|                   |           | 2,248<br>131<br>7,296<br>16 | <br>0.         | Primary individual<br>Secondary individual<br>Primary family<br>Secondary family |
| 63                | A-2       |                             | Relatio        | onship to Reference Person   |
|                   |           | 2,178<br>3,954              | &.<br>0.       |  |
|                   |           | 2,407                       | 1.             | Spouse, other spouse NOT in Armed Forces and living at home                      |
|                   |           | 22                          | 2.             | Spouse, other spouse IN Armed Forces and living at home                          |
|                   |           | 651                         | 3.             |  |
|                   |           | 26                          | 4.             | -  |
|                   |           | 252                         | 5.             | ±  |
|                   |           | 201                         | 6.             | ±  |
|                   |           | 0                           | 7.             |  |
|                   |           | 0                           | 9.             | Unknown  |

| 2,178 | 1. | Living alone                  |
|-------|----|-------------------------------|
| 201   | 2. | Living only with non-relative |
| 5,169 | 3. | Living with spouse            |
| 2,143 | 4. | Living with relative - other  |

<sup>\*</sup>Based on family size, number of children under 18 years of age and family income using the 1994 poverty levels derived from the August, 1995 Current Population Survey. 1

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| Tape      |            |          |         |   |
|-----------|------------|----------|---------|---|
| Locations | Item No. F | requency | Ite     | ms and Codes  |
| 65-66     | Generated  | _        | SIZE OF | FAMILY*   |
|           |            |          | Unrelat | ed individuals are coded 01                             |
| 67        | Generated  |          | SIZE OF | FAMILY RECODE   |
|           |            | 9,635    | 1-8.    | Number of members                                       |
|           |            | 56       | 9.      | 9+ members  |
| 68        | A-2        |          | PARENT/ | OTHER ADULT RELATIVE (under 25                          |
|           |            |          | years o | ld and never married)                                   |
|           |            | 121      | 1.      | Both parents, no other relative                         |
|           |            | 61       | 2.      | Mother only   |
|           |            | 6        | 3.      | Father only   |
|           |            | 51       | 4.      | Both parents and other 21+ year old adult relative      |
|           |            | 28       | 5.      | Mother and other 21+ year old adult relative            |
|           |            | 3        | 6.      | Father and other 21+ year old adult relative            |
|           |            | 6        | 7.      | No parent, but one 21+ year old adult relative          |
|           |            | 10       | 8.      | No parent, but two or more 21+ year old adult relatives |
|           |            | 17       | 9.      | Unknown   |
|           |            | 101      | 0.      | Other   |
|           |            | 9,287    | Blank.  | Not applicable (25+ years old or ever married)          |
| 69        | B-1<br>B-8 |          | MAJOR A | CTIVITY (18+ years old)                                 |
|           | -          | 3,275    | 1.      | Working   |
|           |            | 2,642    | 2.      | Keeping house   |
|           |            | 346      | 3.      | Going to school   |
|           |            | 3,320    | 4.      | Something else  |
|           |            | 108      | 5.      | Unknown   |
|           |            | 0        | Blank.  | Not applicable (Under 18 years)                         |

\*Count includes spouse in military but living at home.

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency      | Ite                | ems and Codes   |
|-------------------|----------|----------------|--------------------|---|
| 70                | G4       |                | HEALTH             | STATUS  |
|                   |          | 1,035<br>1,727 | 1.<br>2.           |   |
|                   |          | 2,997          | 3.                 |   |
|                   |          | 2,447          | 4.                 |   |
|                   |          | 1,408          | 5.                 | Poor  |
|                   |          | 77             | 6.                 | Unknown   |
| 71                | Recode   |                | ACTIVIT            | Y LIMITATION STATUS*- (all ages)                            |
|                   |          | 2,399          | 1.                 | Unable to perform major activity                            |
|                   |          | 2,004          | 2.                 |   |
|                   |          | 1,597          | 3.                 | <u> </u>  |
|                   |          | 3,691          | 4.                 | Not limited (includes unknowns)                             |
| 72                | Recode   |                |                    | Y LIMITATION STATUS MEASURED BY<br>Y TO WORK" (18-69 years) |
|                   |          | 2,455          | 1.                 | Unable to work  |
|                   |          | 1,218          | 2.                 |   |
|                   |          | 771            | 3.                 |   |
|                   |          | 2,779          | 4.                 | Not limited (includes unknowns)                             |
|                   |          | 2,468          | Blank.             | Not applicable (under 18 years, 70+ years)                  |
| 73                | B-11     |                | LIMITAT<br>(5-17 y | TION OF SCHOOL ACTIVITIES rears)                            |
|                   |          | 0              | 1.                 | Unable to attend school                                     |
|                   |          | 0              | 2.                 | <u>+</u>  |
|                   |          | 0              | 3.                 | <b>-</b>  |
|                   |          | 0              | 4.<br>5.           |   |
|                   |          | 0              | 5.<br>6.           |   |
|                   |          | ŭ              |                    |   |
|                   |          | 9,691          | Blank.             | Not applicable (under 5 years                               |

<sup>\*</sup>This recode is used to categorize persons with limitation of activity in the Current Estimates tables.

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| Tape<br>Locations | Item No. | Frequency  | Items and Codes  |
|-------------------|----------|------------|--|
| 74                | B-14     |            | NEEDS HELP WITH PERSONAL CARE (5-59 years old and limited, or age 60-69 years)*                    |
|                   |          | 331        | <ol> <li>Unable to perform personal care needs</li> </ol>  |
|                   |          | 754        | <ol> <li>Limited in performing other routine needs</li> </ol>                                      |
|                   |          | 3,750      | <ol> <li>Not limited in performing<br/>personal or routine needs</li> </ol>                        |
|                   |          | 35         | 4. Unknown   |
|                   |          | 4,821      | Blank. Not applicable (under 5 years; 5-59 years not limited; 70+ years old)                       |
| 75                | D-1      |            | EMPLOYMENT STATUS IN PAST 2 WEEKS (18+ years)  |
|                   |          |            | In the Labor Force: (1-7)  |
|                   |          |            | Currently employed: (1-3)  |
|                   |          | 3,265      | 1. Worked in past 2 weeks  |
|                   |          | 171        | 2. Did not work, has job; not on   |
|                   |          | 5          | <ul><li>lay-off and not looking for work</li><li>Did not work, has job; looking for work</li></ul> |
|                   |          |            | Unemployed: (4-7)  |
|                   |          | 23         | 4. Did not work, has job; on lay-off   |
|                   |          | 0          | 5. Did not work, has job; on lay-<br>off and looking for work                                      |
|                   |          | 34         | 6. Did not work, has job; unknown if looking or on lay-off   |
|                   |          | 226        | 7. Did not work, has no job; looking for work or on lay-off  |
|                   |          |            | Not in Labor Force (18+ years):(8)   |
|                   |          | 5,967<br>0 | 8. Not in Labor Force (18+ years) Blank. Not applicable (Under 18 years old)                       |

<sup>\*</sup> For persons 70+ years, use location 71 to analyze 'Needs Help With Personal Care'; codes 1 and 2 in location 71 correspond to codes 1 and 2 in location 74.

| Tape<br>Locations | Item No. | Frequency | Items and Codes                  |  |
|-------------------|----------|-----------|----------------------------------|--|
| 76                | L-6      |           | CLASS OF WORKER                  |  |
|                   |          | 5,967     | 0. Not in labor force            |  |
|                   |          | 2,599     | 1. Private company               |  |
|                   |          | 123       | 2. Federal Government employee   |  |
|                   |          | 213       | 3. State Government employee     |  |
|                   |          | 302       | 4. Local Government employee     |  |
|                   |          | 82        | 5. Incorporated business         |  |
|                   |          | 305       | 6. Self-employed                 |  |
|                   |          | 11        | 7. Without pay                   |  |
|                   |          | 5         | 8. Never worked                  |  |
|                   |          | 84        | 9. Unknown                       |  |
|                   |          | 0         | Blank. Under 18                  |  |
| 77-79             | _        | _         | BLANK                            |  |
| 80-81             | Recode   |           | INDUSTRY RECODE 1                |  |
|                   |          |           |                                  |  |
|                   |          |           | SEE APPENDIX B                   |  |
| 82-83             | Recode   | -         | INDUSTRY RECODE 2 SEE APPENDIX B |  |
| 84-86             | -        | _         | BLANK                            |  |
| 87-88             | Recode   | -         | OCCUPATION RECODE 1              |  |
|                   |          |           | SEE APPENDIX C                   |  |
| 89-90             | Recode   |           | OCCUPATION RECODE 2              |  |
|                   |          |           |                                  |  |
|                   |          |           | SEE APPENDIX C                   |  |
| 91                | L-R      |           | RESPONDENT FOR CORE              |  |
|                   |          | 7,060     | 1. Self-entirely                 |  |
|                   |          | 7,000     | 2. Self-partly                   |  |
|                   |          | 1,778     | 3. Proxy                         |  |
|                   |          | -,,,      |                                  |  |

1 -14-

| Tape<br>Locations | Item No. | Frequency      | Items and Codes  |
|-------------------|----------|----------------|--|
| 92                | Recode   |                | CONDITION LIST ASSIGNED AND ASKED  |
|                   |          | 1,569          | 1. Condition List 1, Skin and musculoskeletal                            |
|                   |          | 1,622          | 2. Condition List 2, Impairments   |
|                   |          | 1,659          | 3. Condition List 3, Digestive   |
|                   |          | 1,535          | 4. Condition List 4, Miscellaneous                                       |
|                   |          | 1,592          | 5. Condition List 5, Circulatory   |
|                   |          | 1,637<br>77    | 6. Condition List 6, Respiratory 7. Unknown                              |
| 93-94             | G-5      |                | HEIGHT WITHOUT SHOES (18+ years)   |
|                   |          | 9.605          | 36-98. Number of inches  |
|                   |          | 86             | 99. Unknown  |
|                   |          | 0              | Blank. Under 18 years of age   |
| 95-97             | G-5      |                | WEIGHT WITHOUT SHOES (18+ years)   |
|                   |          | 9,509          | 050-500. Number of pounds  |
|                   |          | 182            | 501. Unknown   |
|                   |          | 0              | Blank. Under 18 years of age   |
| 98-99             | Recode   |                | TOTAL RESTRICTED ACTIVITY DAYS IN PAST TWO WEEKS                         |
|                   |          | 7 226          | 00. None   |
|                   |          | 7,236<br>2,455 | 01-14. Days  |
| 100-101           | D-4      |                | BED DAYS IN PAST TWO WEEKS   |
|                   |          | 8,310          | 00. None   |
|                   |          | 1,381          | 01-14. Days  |
| 102-103           | D-2      |                | WORK-LOSS DAYS IN PAST TWO WEEKS (control on Currently Employed, 75:1-3) |
|                   |          | 9,185<br>506   | 00. None<br>01-14. Days  |
| 104-105           | D-3      |                | SCHOOL-LOSS DAYS IN PAST TWO WEEKS                                       |

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| Tape<br>Locations | Item No.  | Frequency                                    | Items and Codes   |
|-------------------|-----------|--|---|
| 106-107           | D-6       |  | OTHER DAYS OF RESTRICTED ACTIVITY IN PAST TWO WEEKS   |
|                   |           | 8,195<br>1,496                               | 00. None<br>01-14. Days   |
| 108-110           | G-2       |  | BED DAYS IN PAST 12 MONTHS  |
|                   |           | 4,145<br>5,355<br>191                        | 000. None<br>001-365. 1-365 days<br>366. Unknown  |
| 111               | Recode    |  | BED DAYS IN PAST 12 MONTHS  |
|                   |           | 4,145<br>2,718<br>1,566<br>775<br>296<br>191 | <ol> <li>None</li> <li>1-7 days</li> <li>8-30 days</li> <li>31-180 days</li> <li>181-365 days</li> <li>Unknown</li> </ol>                                     |
| 112-114           | G-3       |  | DOCTOR VISITS IN PAST 12 MONTHS   |
|                   |           | 1,145<br>8,430<br>0<br>116                   | 000. None<br>001-996. Visits<br>997. 997+ visits<br>998. Unknown  |
| 115               | G-3       |  | INTERVAL SINCE LAST DOCTOR VISIT  |
|                   |           | 8<br>8,617<br>421<br>377<br>142<br>126       | <ol> <li>Never</li> <li>Less than 1 year</li> <li>1 to less than 2 years</li> <li>2 to less than 5 years</li> <li>5 years or more</li> <li>Unknown</li> </ol> |
| 116-117           | Generated | -  | NUMBER OF CONDITIONS  |
| 118-119           | Generated | -  | NUMBER OF ACUTE INCIDENCE CONDITIONS  |

120-121 Generated - NUMBER OF TWO-WEEK DOCTOR VISITS

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. Fre | quency | Items and Codes  |
|-------------------|--------------|--------|--|
| 122-123           | Generated    | -      | NUMBER OF SHORT-STAY HOSPITAL<br>EPISODES IN PAST 12 MONTHS  |
| 124-126           | Generated    | -      | SHORT-STAY HOSPITAL EPISODE<br>DAYS IN PAST 12 MONTHS  |
| 127-128           | Generated    | -      | NUMBER OF SHORT-STAY HOSPITAL EPISODES<br>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<br>DISCHARGES IN PAST 6 MONTHS   |
| 134-136           | Generated    | -      | NUMBER OF DAYS IN SHORT-STAY<br>HOSPITAL IN PAST 12 MONTHS FOR<br>DISCHARGES IN PAST 6 MONTHS                        |
| 137-138           | Generated    | -      | NUMBER OF SHORT-STAY HOSPITAL DISCHARGES<br>IN PAST 6 MONTHS EXCLUDING DELIVERY*                                     |
| 139-141           | Generated    | -      | NUMBER OF DAYS IN SHORT-STAY<br>HOSPITAL IN PAST 12 MONTHS<br>FOR DISCHARGES IN PAST 6<br>MONTHS EXCLUDING DELIVERY* |
| 142-143           | _            | -      | BLANK  |

<sup>\*</sup>Based on Operation codes and reason entered hospital.

| Tape<br>Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|                   |          |           |                 |

|         |        |              | FKESENI   | RESIDENCE                     |
|---------|--------|--------------|-----------|-------------------------------|
|         |        | 79           | 1.        | <u> </u>                      |
|         |        | 273          |           | 1 yr., less than 5 years      |
|         |        | 341          | 3.        |                               |
|         |        | 277          |           | 10 yrs., less than 15 yrs.    |
|         |        | 7,392        | 5.        | <b>-</b>                      |
|         |        | 203          |           | Unknown                       |
|         |        | 1,126        | Blank.    | Not applicable (Foreign born) |
| 145     | L-9c   |              | YEARS L   | IVED IN UNITED STATES         |
|         |        | 10           | 1.        | Less than 1 year              |
|         |        | 91           | 2.        | 1 yr., less than 5 years      |
|         |        | 103          | 3.        | 1 ,                           |
|         |        | 111          | 4.        |                               |
|         |        | 791          | 5.        | 1                             |
|         |        | 20           |           | Unknown                       |
|         |        | 8,565        | Blank.    | Not applicable (U.S. born)    |
| 146-171 | -      | -            | BLANK     |                               |
| 172-177 | _      | _            | FINAL O   | UARTER BASIC WEIGHT BEFORE    |
| 1/2 1// |        |              | ~         | -RACE-ETHNICITY ADJUSTMENT    |
|         |        |              |           | e implied decimal)            |
| 178     | нн-5   |              | SAMDI.TN  | G QUARTER                     |
| 170     | 1111 3 |              |           |                               |
|         |        | 3,343        |           | Quarter 1                     |
|         |        | 1,828        |           | Quarter 2                     |
|         |        | 1,919        |           | Quarter 3                     |
|         |        | 2,601        | 4.        | Quarter 4                     |
| 179-181 | -      | _            | BLANK     |                               |
|         |        |              | -18-      |                               |
|         | 1995 D | ISABILITY PH | ASE II AD | ULT PUBLIC USE FILE           |

| Tape<br>Locations | Item No. Frequency                                       | Items and Codes                                  |  |
|-------------------|--|--|--|
| 182               | Unit Control<br>File<br>1,768<br>2,199<br>3,588<br>2,136 | REGION  1. Northeast 2. Midwest 3. South 4. West |  |
| 183               | Unit Control<br>File                                     | GEOGRAPHIC DISTRIBUTION                          |  |

# MSA Size

|         |              | 876<br>1,003<br>2,298<br>1,189<br>1,261<br>743<br>120<br>2,201 | 1. 5,000,000 or more 2. 2,500,000 - 4,999,999 3. 1,000,000 - 2,499,999 4. 500,000 - 999,999 5. 250,000 - 499,999 6. 100,000 - 249,999 7. Under 100,000 Blank. Non-MSA |
|---------|--------------|--|---|
| 184-185 | -            | -  | BLANK   |
| 186     | Unit Control |  | MSA - NON-MSA   |
|         |              | 3,052  | 1. In MSA; in Central City  |
|         |              | 4,438  | 2. In MSA; not in Central City  |
|         |              | 2,201  | 3. Not in MSA   |
| 187-200 | _            | _  | BLANK   |
|         |              |  | -19-  |

| Tape<br>Locations | Item No. Fre         | quency         | Items and Codes  |  |  |
|-------------------|----------------------|----------------|--|--|--|
| 201-206           | -                    | -              | FINAL ANNUAL BASIC WEIGHT                                  |  |  |
| 207-336           | -                    | -              | BLANK  |  |  |
| 337-340           | Recode               | -              | STRATA FOR VARIANCE ESTIMATION                             |  |  |
| 341               | Recode               | -              | PSU FOR VARIANCE ESTIMATION                                |  |  |
| 342-343           | Recode               | -              | SUBSTRATUM FOR VARIANCE ESTIMATION                         |  |  |
| 344-350           | Generated            | -              | SECONDARY SAMPLING UNIT                                    |  |  |
| 351               | Unit Control<br>File | 5,828<br>3,863 | TYPE OF PSU  1. Self representing 2. Non self representing |  |  |
| 352               | Unit Control<br>File |                | PANEL 4  1-4. Code used to identify nationally             |  |  |

353-390 - - BLANK 1 -20-

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency  | Items and Codes                          |  |  |
|-------------------|-----------|------------|--|--|--|
| 391-394)          |           |            | MONTH AND YEAR OF DFS INTERVIEW          |  |  |
| 331 331,          |           |            | MONIII AND TEAK OF DES INTERVIEW         |  |  |
| 391-392           |           |            | DOI Month                                |  |  |
|                   |           | 9,691<br>0 | 01-12. Month of Interview 99. Unknown    |  |  |
| 393-394           |           |            | DOI Year                                 |  |  |
|                   |           | 9,691      | 94-97. Year of Interview                 |  |  |
| 395-397           | Generated | -          | LENGTH OF TIME BETWEEN INTERVIEWS (DAYS) |  |  |
| 398-399           | _         |            | AGE AT FOLLOWBACK INTERVIEW              |  |  |
|                   |           | 0          | 00. Under 1 year                         |  |  |
|                   |           | 9,686      | 01-98. Number of years                   |  |  |
|                   |           | 5          | 99. 99+ years of age                     |  |  |
| 400               | Recode    |            | COMPLETION STATUS                        |  |  |
|                   |           | 9,481      | 1. Complete                              |  |  |
|                   |           | 149        | 2. Partial                               |  |  |
|                   |           | 58         | 3. Institutionalized Complete            |  |  |
|                   |           | 3          | 4. Institutionalized Partial             |  |  |
| 401               | Recode    |            | MODE OF INTERVIEW                        |  |  |
|                   |           | 3,162      | 1. Telephone                             |  |  |
|                   |           | 6,423      | 2. Personal Visit                        |  |  |
|                   |           | 106        | 8. Not ascertained                       |  |  |
| 402-410           | _         | _          | BLANK                                    |  |  |
|                   |           |            | -21-                                     |  |  |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE
Section A - Housing and Long Term Care Services

| Tape<br>Locations | Item No. | Frequency | Items and Codes |  |
|-------------------|----------|-----------|-----------------|--|
| 411               | A1       |           | INSTITU         | TIONALIZED STATUS  |
|                   |          | 56        | 0.              | Interviewer considered   |
|                   |          |           |                 | institutionalized  |
|                   |          | 61        |                 | Institutionalized  |
|                   |          | 9,570     |                 | Not institutionalized  |
|                   |          | 4         | 3.              | •  |
|                   |          |           |                 | <pre>completed; assumed to be<br/>non-institutionalized)</pre> |
| 412-413           | 1        |           | NUMBER          | OF YEARS LIVED HERE  |
|                   |          | 1,139     | 00.             | Less than 1 year   |
|                   |          | 8,292     |                 | 1-96 years   |
|                   |          | 0         |                 | 97+ years  |
|                   |          | 64        | 98.             | Not ascertained  |
|                   |          | 79        |                 | DK or refused  |
|                   |          | 117       | Blank.          | NA (Institutionalized)   |
| 414               | Recode   |           | NUMBER          | OF YEARS LIVING HERE   |
|                   |          | 1,139     | 0.              | Less than 1 year   |
|                   |          | 2,234     |                 | 1-4 years  |
|                   |          | 1,523     | 2.              | 5-9 years  |
|                   |          | 1,059     |                 | 10-14 years  |
|                   |          | 743       |                 | 15-19 years  |
|                   |          | 2,733     |                 | 20+ years  |
|                   |          | 143       |                 | Unknown or refused   |
|                   |          | 117       | Blank.          | NA (Institutionalized)   |
| 415               | 2a       |           | NECESSA         | RY TO USE STEPS OR   |
|                   |          |           | STAIRS          | TO GET INTO HOME   |
|                   |          |           | FROM OU         | TSIDE  |
|                   |          | 6,496     | 1.              | Yes  |
|                   |          | 3,034     | 2.              | No   |
|                   |          | 23        | 8.              | Not ascertained  |
|                   |          | 21<br>117 | 9.<br>Blank.    | DK or refused NA (Institutionalized)                           |
|                   |          |           | -22-            |  |

| Tape<br>Locations | Item No. | Frequency | Items and                      | Codes |
|-------------------|----------|-----------|--------------------------------|-------|
| 416               | 2b       |           | HOME HAS MORE<br>FLOOR OR LEVE | -     |

|           |      | 3,943<br>5,541<br>64<br>26<br>117 | 9.                 | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA (Institutionalized) |
|-----------|------|-----------------------------------|--------------------|---|
| 417       | 2c   |                                   |                    | AS BATHROOM, BEDROOM,<br>TCHEN ALL ON THE SAME                          |
|           |      | 5,541                             | 0.                 | Yes, entire home on one floor or level                                  |
|           |      | 2,800                             | 1.                 | Yes   |
|           |      | 1,085                             | 2.                 |   |
|           |      | 57                                | 8.                 | Not ascertained   |
|           |      | 1                                 | 9.                 | DK or refused   |
|           |      | 207                               | Blank.             | NA (Institutionalized; No or DK if home has more than 1 floor/level)    |
| (418-421) | 3a-d |                                   |                    | E OF IMPAIRMENT OR<br>PROBLEM DO YOU HAVE<br>JLTY:                      |
| 418       | 3a   |                                   | ENTERI             | NG OR LEAVING YOUR HOME   |
|           |      | 1,158                             | 1.                 | Yes   |
|           |      | 8,376                             | 2.                 | No  |
|           |      | 26                                | 8.                 | Not ascertained   |
|           |      | 14                                |                    | DK or refused   |
|           |      | 117                               | Blank.             | NA (Institutionalized)  |
| 419       | 3b   |                                   | OPENING<br>YOUR HO | G OR CLOSING DOORS IN<br>DME  |
|           |      | 457                               | 1.                 | Yes   |
|           |      | 9,076                             | 2.                 |   |
|           |      | 31                                |                    | Not ascertained   |
|           |      | 10                                |                    | DK or refused   |
|           |      | 117                               |                    | NA (Institutionalized)  |
| 1         |      |                                   | -23-               | -   |

| Tape<br>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  |
|-----|----|--|
|     |    | 964 1. Yes 8,562 2. No 35 8. Not ascertained 13 9. DK or refused 117 Blank. NA (Institutionalized)                             |
| 421 | 3d | USING THE BATHROOM IN YOUR HOME  |
|     |    | 477 1. Yes 9,054 2. No 35 8. Not ascertained 8 9. DK or refused 117 Blank. NA (Institutionalized)                              |
| 422 | 5a | NEED WIDENED DOORWAYS OR<br>HALLWAYS TO GET AROUND HOME<br>BUT DO NOT HAVE   |
|     |    | 641 0. Has feature already 66 1. Yes 7,894 2. No 952 8. Not ascertained 21 9. DK or refused 117 Blank. NA (Institutionalized)  |
| 423 | 5b | NEED RAMPS OR STREET LEVEL<br>ENTRANCES TO GET AROUND<br>HOME BUT DO NOT HAVE  |
|     |    | 943 0. Has feature already 141 1. Yes 7,523 2. No 942 8. Not ascertained 25 9. DK or refused 117 Blank. NA (Institutionalized) |
| 1   |    | -24-   |

| Tape<br>Locations | Item No. | Frequency                    | Items and Codes  |
|-------------------|----------|------------------------------|--|
| 424               | 5c       |                              | NEED RAILINGS TO GET AROUND<br>HOME BUT DO NOT HAVE  |
|                   |          | 1,623<br>217<br>6,807<br>902 | <ul><li>0. Has feature already</li><li>1. Yes</li><li>2. No</li><li>8. Not ascertained</li></ul> |

|     |    | 25<br>117                                | 9. DK or refused<br>Blank. NA (Institutionalized)   |
|-----|----|--|---|
| 425 | 5d |  | NEED AUTOMATIC OR EASY TO<br>OPEN DOORS TO GET AROUND<br>HOME BUT DO NOT HAVE                         |
|     |    | 480<br>97<br>8,012<br>965<br>20<br>117   | 0. Has feature already 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized) |
| 426 | 5e |  | NEED ACCESSIBLE PARKING<br>DROP-OFF SITE TO GET AROUND<br>HOME BUT DO NOT HAVE                        |
|     |    | 1,554<br>73<br>7,008<br>925<br>14<br>117 | 0. Has feature already 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized) |
| 427 | 5f |  | NEED BATHROOM MODIFICATIONS TO<br>GET AROUND HOME BUT DO NOT HAVE                                     |
|     |    | 989<br>269<br>7,346<br>941<br>29<br>117  | 0. Has feature already 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized) |
| 1   |    |  | -25-  |

| Tape<br>Locations | Item No. | Frequency                               | Items and Codes   |  |
|-------------------|----------|---|---|--|
| 428               | 5g       |   | NEED KITCHEN MODIFICATIONS TO<br>GET AROUND HOME BUT DO NOT HAVE                                      |  |
|                   |          | 130<br>112<br>8,311<br>995<br>26<br>117 | 0. Has feature already 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized) |  |

|   | 429 | 5h | NEED ELEVATOR, CHAIR LIFT,<br>OR STAIR GLIDE TO GET AROUND<br>HOME BUT DO NOT HAVE  |  |
|---|-----|----|---|--|
| _ |     |    | 387 0. Has feature already 90 1. Yes 8,095 2. No 983 8. Not ascertained 19 9. DK or refused 117 Blank. NA (Institutionalized) |  |
|   | 430 | 5i | NEED ALERTING DEVICE(S) TO GET AROUND HOME BUT DO NOT HAVE  |  |
|   |     |    | 577 0. Has feature already  |  |
|   |     |    | 88 1. Yes   |  |
|   |     |    | 7,923 2. No   |  |
|   |     |    | 966 8. Not ascertained  |  |
|   |     |    | 20 9. DK or refused   |  |
| _ |     |    | 117 Blank. NA (Institutionalized)   |  |
|   | 431 | 5j | NEED OTHER SPECIAL FEATURE(S) TO GET AROUND HOME BUT DO NOT HAVE  |  |
|   |     |    | 126 0. Has feature already  |  |
|   |     |    | 46 1. Yes   |  |
|   |     |    | 8,359 2. No   |  |
|   |     |    | 1,007 8. Not ascertained  |  |
|   |     |    | 36 9. DK or refused   |  |
|   |     |    | 117 Blank. NA (Institutionalized)   |  |
| 1 |     |    | -26-  |  |

| Tape<br>Locations | Item No. | Frequency                        | Items and Codes   |
|-------------------|----------|----------------------------------|---|
| 432               | 6        |                                  | BECAUSE OF IMPAIRMENT OR HEALTH<br>PROBLEM, WERE YOU REFUSED HOUSING<br>OR RENTAL ACCOMMODATION DURING<br>PAST 12 MONTHS                        |
|                   |          | 8,062<br>43<br>1,525<br>44<br>17 | <ol> <li>Did not look</li> <li>Yes, refused housing</li> <li>No, not refused housing</li> <li>Not ascertained</li> <li>DK or refused</li> </ol> |
| 433-434           | 7a       |                                  | PLACE IS A:   |
|                   |          | 7,663                            | 01. Single family house or townhouse not part   |

|       |     | of a retirement community      |
|-------|-----|--------------------------------|
| 202   | 02. | Single family house,           |
|       |     | townhouse, or apartment        |
|       |     | that is part of a              |
|       |     | retirement community           |
| 1,456 | 03. |                                |
| 38    | 04. | Supervised apartment           |
| 13    | 05. | Group home                     |
| 1     | 06. | Halfway house                  |
| 14    | 07. | Personal care or board         |
|       |     | and care home                  |
| 0     | 08. | Developmental center           |
| 16    | 09. | Some other type of             |
|       |     | supervised group               |
|       |     | residence or facility          |
| 18    | 10. | Assisted living facility       |
| 88    | 11. | Nursing or convalescent        |
|       |     | home                           |
| 34    | 12. | Retirement home                |
| 5     | 13. | Center for independent         |
|       |     | living                         |
| 101   | 14. | Something else                 |
| 16    | 15. | Institutionalized; unspecified |
|       |     | type of Facility               |
| 19    | 98. | Not ascertained                |
| 7     | 99. | DK or refused                  |
|       |     |                                |

1 -27-

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes  |  |  |
|-------------------|----------|-----------|--|--|--|
| 435               | 7b       |           | PLACE PRIMARILY OR EXCLUSIVELY<br>SERVE PEOPLE WHO ARE ELDERLY   |  |  |
|                   |          | 202       | <ol> <li>Yes, single family house,<br/>townhouse, or apartment that is<br/>part of retirement community</li> </ol> |  |  |
|                   |          | 197       | 1. Yes   |  |  |
|                   |          | 134       | 2. No  |  |  |
|                   |          | 36        | 8. Not ascertained   |  |  |
|                   |          | 3         | 9. DK or refused   |  |  |
|                   |          | 9,119     | Blank. NA (Single family residence or regular apartment, not part of retirement community)                         |  |  |
| 436               | 7c       |           | PLACE PRIMARILY OR EXCLUSIVELY<br>SERVE PERSONS WITH A DISABILITY  |  |  |
|                   |          | 26        | 1. Yes   |  |  |
|                   |          | 105       | 2. No  |  |  |
|                   |          | 36        | 8. Not ascertained   |  |  |
|                   |          | 6         | 9. DK or refused   |  |  |

|           |         | 9,518                      | Blank.         | NA (Single family residence<br>or regular apartment, not part<br>of retirement community; place<br>primarily serves elderly persons)   |
|-----------|---------|----------------------------|----------------|--|
| (437-439) | 7d(1-3) |                            | WHICH DI       | ISABILITY  |
| 437       | 7d(1)   |                            | HEARING        | IMPAIRMENTS  |
|           |         | 2<br>24<br>0<br>0<br>9,665 | 2.<br>8.<br>9. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) 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) |
| 1         |         |                            | -28-           |  |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services  $% \left( 1\right) =\left( 1\right) +\left( 1\right) +\left($ 

| Tape<br>Locations | Item No. | Frequency                  | Items and Codes  |  |  |
|-------------------|----------|----------------------------|--|--|--|
| (437-439)         | 7d(1-3)  |                            | WHICH DISABILITY - Continued   |  |  |
| 438               | 7d(2)    |                            | VISION IMPAIRMENTS   |  |  |
|                   |          | 1<br>25<br>0<br>0<br>9,665 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>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)</li> </ol> |  |  |
| 439               | 7d(3)    |                            | MENTAL RETARDATION/ DEVELOPMENTAL DISABILITIES   |  |  |
|                   |          | 26<br>0<br>0<br>0<br>9,665 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Single family residence or regular apartment, not part of retirement community; place primarily serves elderly persons; No or DK if place</li> </ol>                          |  |  |

| 440 | 8 | PLACE ROUTINELY PROVIDE SERVICES<br>SUCH AS MEALS, HOUSEWORK, TRANSP |                                |   |  |  |  |
|-----|---|--|--------------------------------|---|--|--|--|
|     |   | 169<br>257<br>25<br>4<br>9,236                                       | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused NA (Single family residence or regular apartment, not part of retirement community; person is institutionalized) |  |  |  |
|     |   |  | -29-                           |   |  |  |  |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                    | Items and Codes                |  |
|-------------------|----------|------------------------------|--------------------------------|--|
| (441-453)         | 9 a-m    | PLACE ROUTINELY PROVIDE:     |                                |  |
| 441               | 9a       | GROUP MEALS FOR RESIDENTS    |                                |  |
|                   |          | 128<br>40<br>1<br>0<br>9,522 | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused 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  |  |
|                   |          | 102<br>65<br>0<br>2<br>9,522 | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused 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  |
|                   |          | 89<br>76<br>0<br>4           | 1.<br>2.<br>8.<br>9.           | Yes<br>No<br>Not ascertained<br>DK or refused  |

9,522 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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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                   | Items and Codes                      |   |  |
|-------------------|----------|-----------------------------|--------------------------------------|---|--|
| (441-453)         | 9 a-m    |                             | PLACE ROUTINELY PROVIDE: - Continued |   |  |
| 444               | 9d       |                             |                                      | SION FOR RESIDENTS WHO GIVE<br>VES THEIR OWN MEDICATION |  |
|                   |          | 77<br>84<br>0<br>8<br>9,522 | 1.<br>2.<br>8.<br>9.<br>Blank.       | DK or refused   |  |
| 445               | 9e       |                             | HELP WI<br>OR DRES                   | TH BATHING, EATING,<br>SSING                            |  |
|                   |          | 77<br>89<br>0<br>3<br>9,522 | 1.<br>2.<br>8.<br>9.<br>Blank.       |   |  |
| 446               | 9f       |                             | HELP WITH WALKING OR GETTING ABOUT   |   |  |
|                   |          | 79<br>87<br>0<br>3<br>9,522 | 1.<br>2.<br>8.<br>9.<br>Blank.       |   |  |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE
Section A - Housing and Long Term Care Services

| Tape<br>Locations | Item No. | Frequency                    | Ite                            | ms and Codes   |
|-------------------|----------|------------------------------|--------------------------------|--|
| (441-453)         | 9 a-m    |                              | PLACE RO                       | OUTINELY PROVIDE:  |
| 447               | 9g       |                              | HELP WI                        | TH SHOPPING  |
|                   |          | 88<br>76<br>0<br>5<br>9,522  | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused NA (Single family residence or regular apartment, not part of retirement community; person is institutionalized; No or DK is place provides routine services) |
| 448               | 9h       |                              | PLANNED                        | SOCIAL ACTIVITIES OR TRIPS   |
|                   |          | 138<br>30<br>0<br>1<br>9,522 | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused NA (Single family residence or regular apartment, not part of retirement community; person is institutionalized; No or DK i place provides routine services)  |
| 449               | 9i       |                              | EDUCATI(                       | ONAL OR TRAINING PROGRAMS  |
|                   |          | 64<br>93<br>1<br>11<br>9,522 | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused NA (Single family residence or regular apartment, not part of retirement community; person is institutionalized; No or DK is place provides routine services) |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

Tape

| Locations | Item No. | Frequency                     | Ite                                  | ems and Codes  |
|-----------|----------|-------------------------------|--------------------------------------|--|
| (441-453) | 9 a-m    |                               | PLACE ROUTINELY PROVIDE: - Continued |  |
| 450       | 9ј       |                               | HELP WI                              | TH LAUNDRY   |
|           |          | 80<br>85<br>0<br>4<br>9,522   | 1.<br>2.<br>8.<br>9.<br>Blank.       | Yes No Not ascertained DK or refused 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 WI                              | TH MONEY MANAGEMENT  |
|           |          | 47<br>109<br>0<br>13<br>9,522 | 1.<br>2.<br>8.<br>9.<br>Blank.       | Yes No Not ascertained DK or refused NA (Single family residence or regular apartment, not part of retirement community; person is institutionalized; No or DK if place provides routine services) |
| 452       | 91       |                               | TRANSPO                              | ORTATION   |
|           |          | 132<br>35<br>1<br>1<br>9,522  | 1.<br>2.<br>8.<br>9.<br>Blank.       | Yes No Not ascertained DK or refused NA (Single family residence or regular apartment, not part of retirement community; person is institutionalized; No or DK if place provides routine services) |
|           |          |                               | -33-                                 | •  |

| Tape<br>Locations | Item No. | Frequency | Items and Codes                      |
|-------------------|----------|-----------|--------------------------------------|
| (441-453)         | 9 a-m    |           | PLACE ROUTINELY PROVIDE: - Continued |
| 453               | 9m       |           | PROTECTIVE OVERSIGHT                 |

|         |     | 105<br>55<br>0<br>9<br>9,522 | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused 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  |                              | ANY (AD                        | IG A MOVE TO RECEIVE<br>DDITIONAL) PERSONAL<br>SERVICES  |
|         |     | 96                           | 1.                             | Yes  |
|         |     | 9,324<br>112                 | 2.<br>8.                       | No<br>Not ascertained  |
|         |     | 42                           |                                | DK or refused  |
|         |     | 117                          | Blank.                         | NA (Person is institutionalized)   |
| 455     | 11a |                              |                                | SIDENT OR PATIENT<br>URSING HOME   |
|         |     | 268                          | 1.                             | Yes  |
|         |     | 9,387                        | 2.                             |  |
|         |     | 30<br>6                      |                                | Not ascertained<br>DK or refused   |
| 456-457 | 11b |                              |                                | OF TIMES BEEN A RESIDENT<br>ENT IN NURSING HOME  |
|         |     | 258                          | 01-96.                         | 1-96 times   |
|         |     | 0                            |                                | 97+ times  |
|         |     | 4<br>6                       |                                | Not ascertained DK or refused  |
|         |     | 9,423                        | Blank.                         | NA (No or DK if ever been  |
|         |     | ·                            |                                | a resident or patient in a nursing home)   |
| 1       |     |                              | -34-                           |  |

| Tape<br>Locations | Item No. | Frequency          | It∈     | ems and Codes   |
|-------------------|----------|--------------------|---------|---|
| (458-461)         | 11c      |                    | DATE OF | ADMISSION<br>TIME)  |
|                   |          | 11<br>26<br>0<br>4 | 9998.   | In past 12 months Not in past 12 months Not ascertained DK or refused |

| 458-459 |   | MONTH   |  |
|---------|---|---|--|
| 458-459 | 25<br>17<br>22<br>20<br>14<br>22<br>14<br>12<br>16<br>17<br>14<br>13<br>20<br>1 | 01.<br>02.<br>03.<br>04.<br>05.<br>06.<br>07.<br>08.<br>09.<br>10.<br>11.<br>12.<br>98. | March April May June July August September October November December Not ascertained DK or refused |
|         | 9,423   | Blank.  | resident or patient in a nursing home)   |
| 460-461 | 226<br>1<br>0<br>9,423  | YEAR<br>00-97.<br>98.<br>99.<br>Blank.  |  |
| 1       |   | -35-  |  |

| Tape<br>Locations | Item No. | Frequency | Iter    | ms and Codes   |
|-------------------|----------|-----------|---------|--|
| (462-465)         | 11d      |           | DATE OF | DISCHARGE (LAST TIME)                                      |
|                   |          | 85        | 0000.   | Now in nursing home  |
|                   |          | 4         | 0001.   | In past 12 months  |
|                   |          | 20        | 0002.   | Not in past 12 months                                      |
|                   |          | 0         | 9997.   | Unknown discharge date but within past year                |
|                   |          | 6         | 9998.   | Unknown discharge date but<br>known not to be in past year |
| 462-463           |          |           | MONTH   |  |
|                   |          | 9         | 01.     | January  |
|                   |          | 11        | 02.     | February   |
|                   |          | 12        | 03.     | March  |
|                   |          | 16        | 04.     | April  |
|                   |          | 14        | 05.     | May  |
|                   |          | 10        | 06.     | June   |
|                   |          | 12        | 07.     | July   |

|   |         |        | 10<br>16<br>7<br>9<br>13<br>14<br>0<br>9,423 | 98.                      | October November December Not ascertained DK or refused  |
|---|---------|--------|--|--------------------------|--|
|   | 464-465 |        |  | YEAR                     | narsing nome;  |
|   |         |        | 153<br>0<br>0<br>9,423                       | 98.<br>99.               | 1900-1997 Not ascertained DK or refused NA (No or DK if ever been a resident or patient in a nursing home) |
| • | 466     | Recode |  |                          | T OF STAY IN MONTHS  |
|   |         |        | 146<br>117<br>5<br>9,423                     | 1.<br>2.<br>9.<br>Blank. | No<br>Unknown if in past year  |
| 1 |         |        |  | -36-                     |  |

| Tape<br>Locations | Item No. | Frequency                          | Items and Codes   |
|-------------------|----------|------------------------------------|---|
| 467-468           | 11e      |                                    | LENGTH OF TIME SPENT IN NURSING HOME  |
|                   |          | 93<br>160<br>1<br>3<br>11<br>9,423 | 00. Less than one month 01-96. 1-96 months 97. 97+ months 98. Not ascertained 99. DK or refused 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<br>HOME IN THE PAST 12 MONTHS  |
|                   |          | 12<br>116<br>12                    | 00. Less than one week<br>01-52. 1-52 weeks<br>98. Not ascertained  |

|           |           | 6<br>9,545                        | 99. DK or refused 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<br>NURSING HOME STAY(S) IN<br>THE PAST 12 MONTHS  |
| 471       | 12a(1)    |                                   | SELF OR FAMILY IN HH   |
|           |           | 53<br>78<br>0<br>5<br>10<br>9,545 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home within past 12 months)</li> </ol> |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

1

Section A - Housing and Long Term Care Services

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| Tape<br>Locations | Item No.  | Frequency                          | Items and Codes  |
|-------------------|-----------|------------------------------------|--|
| (471-482)         | 12a(1-12) |                                    | WHO PAYS OR PAID FOR THE<br>NURSING HOME STAY(S) IN<br>THE PAST 12 MONTHS - Continued  |
| 472               | 12a(2)    |                                    | FAMILY NOT IN HH   |
|                   |           | 1<br>130<br>0<br>5<br>10<br>9,545  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home within past 12 months)</li> </ol> |
| 473               | 12a(3)    |                                    | PRIVATE HEALTH INSURANCE   |
|                   |           | 31<br>100<br>0<br>5<br>10<br>9,545 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if ever been a resident or patient in a nursing</li> </ol>  |

| 474 | 12a(4) |                                   | MEDICAR                              | E           |
|-----|--------|-----------------------------------|--------------------------------------|-------------|
|     |        | 74<br>57<br>0<br>5<br>10<br>9,545 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free |
|     |        |                                   | -38-                                 |             |

#### 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<br>NURSING HOME STAY(S) IN<br>THE PAST 12 MONTHS - Continued  |
| 475       | 12a(5)    |                                   | MEDICAID   |
|           |           | 38<br>93<br>0<br>5<br>10<br>9,545 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home within past 12 months)</li> </ol> |
| 476       | 12a(6)    |                                   | REHABILITATION PROGRAM   |
|           |           | 0<br>131<br>0<br>5<br>10<br>9,545 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home within past 12 months)</li> </ol> |
| 477       | 12a(7)    |                                   | EMPLOYER   |

0 1. Mentioned

| 131   | 2.     | Not mentioned   |
|-------|--------|---|
| 0     | 3.     | No one/Free   |
| 5     | 8.     | No answer to entire question  |
| 10    | 9.     | DK or refused (entire question)   |
| 9,545 | 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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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                         | Ite                                  | ems and Codes  |
|-------------------|-----------|-----------------------------------|--------------------------------------|--|
| (471-482)         | 12a(1-12) |                                   | NURSING                              | TS OR PAID FOR THE<br>S HOME STAY(S) IN<br>ST 12 MONTHS - Continued  |
| 478               | 12a(8)    |                                   | SCHOOL                               | SYSTEM   |
|                   |           | 0<br>131<br>0<br>5<br>10<br>9,545 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free<br>No answer to entire question  |
| 479               | 12a(9)    |                                   | VA PROG                              | GRAM   |
|                   |           | 1<br>130<br>0<br>5<br>10<br>9,545 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | 1.00   |
| 480               | 12a(10)   |                                   | OTHER M                              | MILITARY   |
|                   |           | 0<br>131<br>0<br>5<br>10<br>9,545 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home within |

Section A - Housing and Long Term Care Services

| Tape<br>Locations | Item No.  | Frequency                         | Items and Codes  |
|-------------------|-----------|-----------------------------------|--|
| (471-482)         | 12a(1-12) |                                   | WHO PAYS OR PAID FOR THE<br>NURSING HOME STAY(S) IN<br>THE PAST 12 MONTHS - Continued  |
| 481               | 12a(11)   |                                   | OTHER PRIVATE SOURCE   |
|                   |           | 5<br>126<br>0<br>5<br>10<br>9,545 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home within past 12 months)</li> </ol> |
| 482               | 12a(12)   |                                   | OTHER PUBLIC SOURCE  |
|                   |           | 8<br>123<br>0<br>5<br>10<br>9,545 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if ever been a resident or patient in a nursing home; not in nursing home within past 12 months)</li> </ol> |
| -                 |           |                                   | -41-   |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                 | Items and Codes  |
|-------------------|----------|---------------------------|--|
| 483-484           | 12b      |                           | WHO PAID THE MOST FOR THIS HELP  |
|                   |          | 29<br>0<br>12<br>50<br>22 | 01. Self or family in HH 02. Family not in HH 03. Private health insurance 04. Medicare 05. Medicaid |

|             | 0<br>0<br>1<br>0<br>2<br>6<br>9<br>0<br>5<br>10<br>9,545 | 06. Rehabilitation program 07. Employer 08. School system 09. VA program 10. Other military 11. Other private source 12. Other public source 13. Two or more sources given. Unknown which paid most 33. No one/Free 88. No source ascertained 99. DK/refused any source 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)  |
|             | 3<br>24<br>0<br>0<br>26<br>9,638                         | 000000. None 000001-999996. Dollar amount paid 999997. 999997+ dollars paid 999998. Not ascertained 999999. DK or refused 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  |
| 1           |  | -42-   |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE Section A - Housing and Long Term Care Services

| Tape<br>Locations | Item No. | Frequency         | Items and Codes  |
|-------------------|----------|-------------------|--|
| (501-530)         | 13-14e   |                   | CONVALESCENT HOME RECORD                                     |
| 501               | 13       |                   | EVER LIVED IN THIS TYPE OF FACILITY                          |
|                   |          | 76<br>9,560<br>18 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> </ol> |

## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE Section A - Housing and Long Term Care Services

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| Tape<br>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   |  |
|                   |          | 41<br>31<br>4<br>9,615 | <ol> <li>Yes</li> <li>No</li> <li>Unknown</li> <li>Blank. NA (No known stay at this type of facility)</li> </ol> |  |

| (507-509) | 14b | HOW I                    | ONG DID YOU STAY  |
|-----------|-----|--------------------------|---|
|           |     | 23 000                   | Less than 1 month   |
| 507-508   |     | NUMBI                    | ER OF UNITS   |
|           |     | 8 01-96<br>0 97<br>15 99 | D. Less than 1 month D. 1-96 months, years D. 97+ months, years D. DK/refused or not ascertained D. NA (No or DK if ever lived in a facility) |
| 509       |     | TIME                     | UNITS   |
|           |     | 35<br>3<br>11<br>4       | D. Less than 1 month Months L. Years D. Not ascertained D. DK or refused L. NA (No or DK if ever lived in a facility)                         |
| 1         |     | - 4                      | 14-   |

| Tape<br>Locations | Item No. Freque | ency                           | Items and Codes  |  |
|-------------------|-----------------|--------------------------------|--|--|
| (501-530)         | 13-14e          |                                | CONVALESCENT HOME RECORD - Continued   |  |
| (510-521)         | 14c(1-12)       |                                | WHO PAID OR WILL PAY FOR<br>YOUR STAY  |  |
| 510               | 14c(1)          |                                | SELF OR FAMILY IN HH   |  |
|                   | 9,              | 20<br>48<br>1<br>3<br>4<br>615 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if ever lived in a facility)</li> </ol> |  |
| 511               | 14c(2)          |                                | FAMILY NOT IN HH   |  |
|                   |                 | 2<br>66<br>1<br>3<br>4         | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> </ol>   |  |

| 9,615 | Blank. | NA (No or DK if ever |
|-------|--------|----------------------|
|       |        | lived in a facility) |

| 512 | 14c(3) |       | PRIVATE | HEALTH INSURANCE                |
|-----|--------|-------|---------|---------------------------------|
|     |        | 4.0   |         |                                 |
|     |        | 19    | 1.      | Mentioned                       |
|     |        | 49    | 2.      | Not mentioned                   |
|     |        | 1     | 3.      | No one/Free                     |
|     |        | 3     | 8.      | No answer to entire question    |
|     |        | 4     | 9.      | DK or refused (entire question) |
|     |        | 9,615 | Blank.  | NA (No or DK if ever            |
|     |        |       |         | lived in a facility)            |
|     |        |       |         |                                 |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                        | Ite   | ms and Codes   |  |
|-------------------|-----------|----------------------------------|---|--|--|
| (501-530)         | 13-14e    |                                  | CONVALE<br>- Conti                                | SCENT HOME RECORD<br>nued  |  |
| (510-521)         | 14c(1-12) |                                  | WHO PAID OR WILL PAY FOR<br>YOUR STAY - Continued |  |  |
| 513               | 14c(4)    |                                  | MEDICARE  |  |  |
|                   |           | 43<br>25<br>1<br>3<br>4<br>9,615 | 2.<br>3.<br>8.<br>9.                              | No one/Free<br>No answer to entire question<br>DK or refused (entire question) |  |
| 514               | 14c(5)    |                                  | MEDICAI   | D  |  |
|                   |           | 17<br>51<br>1<br>3<br>4<br>9,615 | 2.<br>3.<br>8.<br>9.                              | No one/Free<br>No answer to entire question<br>DK or refused (entire question) |  |
| 515               | 14c(6)    |                                  | REHABIL   | ITATION PROGRAM  |  |
|                   |           | 1<br>67<br>1<br>3<br>4           |   | No answer to entire question   |  |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE Section A - Housing and Long Term Care Services

| Tape<br>Locations | Item No.  | Frequency                       | It∈   | ems and Codes  |
|-------------------|-----------|---------------------------------|---|--|
| (501-530)         | 13-14e    |                                 | CONVALE<br>- Conti                                | SCENT HOME RECORD<br>nued  |
| (510-521)         | 14c(1-12) |                                 | WHO PAID OR WILL PAY FOR<br>YOUR STAY - Continued |  |
| 516               | 14c(7)    |                                 | EMPLOYE   | R  |
|                   |           | 2<br>66<br>1<br>3<br>4<br>9,615 | 3.  | Not mentioned<br>No one/Free<br>No answer to entire question   |
| 517               | 14c(8)    |                                 | SCHOOL  | SYSTEM   |
|                   |           | 0<br>68<br>1<br>3<br>4<br>9,615 | 3.  | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (No or DK if ever lived in a facility) |
| 518               | 14c(9)    |                                 | VA PROG   | RAM  |
|                   |           | 1<br>67<br>1<br>3<br>4<br>9,615 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank.              | Not mentioned  |

1995 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<br>YOUR STAY - Continued  |
| 519       | 14c(10)   |                                 | OTHER MILITARY   |
|           |           | 0<br>68<br>1<br>3<br>4<br>9,615 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if ever lived in a facility)</li> </ol> |
| 520       | 14c(11)   |                                 | OTHER PRIVATE SOURCE   |
|           |           | 1<br>67<br>1<br>3<br>4<br>9,615 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if ever lived in a facility)</li> </ol> |
| 521       | 14c(12)   |                                 | OTHER PUBLIC SOURCE  |
|           |           | 2<br>66<br>1<br>3<br>4<br>9,615 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if ever lived in a facility)</li> </ol> |
| 1         |           |                                 | -48-   |

Section A - Housing and Long Term Care Services

| Tape<br>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<br>OF THE COST FOR YOUR STAY |

9 01. Self or family in household

|         |     | 0<br>10<br>28<br>7<br>0<br>1<br>0<br>1<br>0<br>0<br>1<br>11<br>11 | 02. Family not in household 03. Private health insurance 04. Medicare 05. Medicaid 06. Rehabilitation program 07. Employer 08. School system 09. VA program 10. Other military 11. Other private source 12. Other public source 13. Two or more sources given; Unknown which paid most 33. No one/Free 88. No source ascertained 99. DK/refused any source 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<br>5<br>0<br>1<br>7<br>9,677                                    | 000000. None 000001-999996. Dollar amount paid 999997. 999997+ dollars paid 999998. Not ascertained 999999. DK or refused Blank. NA (No or DK if ever lived in a facility)  |
| 530     |     |   | BLANK   |

## Section A - Housing and Long Term Care Services

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| Tape<br>Locations | Item No. | Frequency | Ite                                 | ms and Codes            |  |
|-------------------|----------|-----------|-------------------------------------|-------------------------|--|
| (531-560)         | 13-14e   |           | HOME FO                             | R MENTAL ILLNESS RECORD |  |
| 531               | 13       |           | EVER LIVED IN THIS TYPE OF FACILITY |                         |  |
|                   |          | 151       | 1.                                  | Yes                     |  |
|                   |          | 9,489     | 2.                                  | No                      |  |
|                   |          | 24        | 8.                                  | Not ascertained         |  |
|                   |          | 27        | 9.                                  | DK or refused           |  |

532-535 14a

1

WHEN DID YOU LEAVE?

|         | 6<br>5<br>29<br>1<br>5  |   | In past 12 months  |
|---------|---|---|--|
| 532-533 |   | MONTH   |  |
|         | 5<br>5<br>3<br>6<br>8<br>4<br>5<br>8<br>7<br>3<br>6<br>35<br>2<br>9,540 | 05.<br>06.<br>07.<br>08.<br>09.<br>10.<br>11.<br>12.<br>98. | March April May June July August September October November December Not ascertained DK or refused |
| 534-535 |   | YEAR  |  |
|         | 102<br>3<br>0<br>9,540  | 98.<br>99.<br>Blank.  | 1900-1997<br>Not ascertained<br>DK or refused<br>NA (No or DK if ever<br>lived in a facility)      |
| 1       |   | -50-  |  |

Section A - Housing and Long Term Care Services

| Tape      |          |           |  |
|-----------|----------|-----------|--|
| _         | 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                 |
|           |          | 29<br>117 | 1. Yes   |
|           |          | 11 /<br>5 | 2. No<br>9. Unknown                                |
|           |          | _         | Blank. NA (No known stay at this type of facility) |
| (537-539) | 14b      |           | HOW LONG DID YOU STAY                              |
|           |          | 40        | 000 Iogg than 1 month                              |

40 000. Less than 1 month

| 537-538 |       | NUMBER  | OF UNITS                      |
|---------|-------|---------|-------------------------------|
|         | 40    | 00.     | Less than 1 month             |
|         | 98    | 01-96.  | 1-96 months, years            |
|         | 0     | 97.     | 97+ months, years             |
|         | 13    | 99.     | DK/refused or not ascertained |
|         | 9,540 | Blank.  | NA (No or DK if ever          |
|         |       |         | lived in a facility)          |
| 539     |       | TIME UN | ITS                           |
|         | 40    | 0.      | Less than 1 month             |
|         | 79    | 1.      | Months                        |
|         | 20    | 2.      | Years                         |
|         | 6     | 8.      | Not ascertained               |
|         | 6     | 9.      | DK or refused                 |
|         | 9,540 | Blank.  | NA (No or DK if ever          |
|         |       |         | lived in a facility)          |
|         |       |         |                               |

1 -51-

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape<br>Locations | Item No. 1 | 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<br>YOUR STAY  |
| 540               | 14c(1)     |                                    | SELF OR FAMILY IN HH   |
|                   |            | 27<br>107<br>2<br>5<br>10<br>9,540 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if ever lived in a facility)</li> </ol> |
| 541               | 14c(2)     |                                    | FAMILY NOT IN HH   |
|                   |            | 4<br>130<br>2<br>5<br>10<br>9,540  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if ever lived in a facility)</li> </ol> |

542 14c(3)

PRIVATE HEALTH INSURANCE

| 32    | 1.     | Mentioned                       |  |  |  |
|-------|--------|---------------------------------|--|--|--|
| 102   | 2.     | Not mentioned                   |  |  |  |
| 2     | 3.     | No one/Free                     |  |  |  |
| 5     | 8.     | No answer to entire question    |  |  |  |
| 10    | 9.     | DK or refused (entire question) |  |  |  |
| 9,540 | Blank. | NA (No or DK if ever            |  |  |  |
|       |        | lived in a facility)            |  |  |  |

1 -52-

## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

## Section A - Housing and Long Term Care Services

| Tape<br>Locations | Item No.  | Frequency                          | Ite                                  | ems and Codes   |
|-------------------|-----------|------------------------------------|--------------------------------------|---|
| (531-560)         | 13-14e    |                                    | HOME FO                              | OR MENTAL ILLNESS RECORD  |
| (540-551)         | 14c(1-12) |                                    |                                      | D OR WILL PAY FOR<br>CAY - Continued  |
| 543               | 14c(4)    |                                    | MEDICAR                              | RE  |
|                   |           | 14<br>120<br>2<br>5<br>10<br>9,540 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>No one/Free<br>No answer to entire question<br>DK or refused (entire question) |
| 544               | 14c(5)    |                                    | MEDICAI                              | ID.   |
|                   |           | 43<br>91<br>2<br>5<br>10<br>9,540  | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>No one/Free<br>No answer to entire question                                    |
| 545               | 14c(6)    |                                    | REHABII                              | LITATION PROGRAM  |
|                   |           | 3<br>131<br>2<br>5<br>10<br>9,540  | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>No one/Free<br>No answer to entire question<br>DK or refused (entire question) |

1 -53-

#### Section A - Housing and Long Term Care Services

| Item No.  | Frequency                         | Items and Codes   |  |  |
|-----------|-----------------------------------|---|--|--|
| 13-14e    |                                   | HOME FOR MENTAL ILLNESS RECORD - Continued  |  |  |
| 14c(1-12) |                                   | WHO PAID OR WILL PAY FOR<br>YOUR STAY - Continued   |  |  |
| 14c(7)    |                                   | EMPLOYER  |  |  |
|           | 1<br>133<br>2<br>5<br>10<br>9,540 |   |  |  |
| 14c(8)    |                                   | SCHOOL SYSTEM   |  |  |
|           | 0<br>134<br>2<br>5<br>10<br>9,540 |   |  |  |
| 14c(9)    |                                   | VA PROGRAM  |  |  |
|           | 9<br>125<br>2<br>5<br>10<br>9,540 |   |  |  |
|           | 13-14e 14c(1-12) 14c(7)           | 13-14e  14c(1-12)  14c(7)  1  133  2  5  10  9,540   14c(8)  0  134  2  5  10  9,540   14c(9)  14c(9) | HOME FOR MENTAL ILLNESS RECORD - Continued  14c(1-12)  WHO PAID OR WILL PAY FOR YOUR STAY - Continued  14c(7)  EMPLOYER  1 |  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

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

| (540-551) | 14c(1-12) |       |          | D OR WILL PAY FOR<br>'AY - Continued |
|-----------|-----------|-------|----------|--------------------------------------|
| 549       | 14c(10)   |       | OTHER M  | ILITARY                              |
|           |           | 5     | 1.       | Mentioned                            |
|           |           | 129   | 2.       | Not mentioned                        |
|           |           | 2     | 3.       | No one/Free                          |
|           |           | 5     | 8.       | No answer to entire question         |
|           |           | 10    | 9.       | DK or refused (entire question)      |
|           |           | 9,540 | Blank.   | NA (No or DK if ever                 |
|           |           |       |          | lived in a facility)                 |
| 550       | 14c(11)   |       | OTHER F  | PRIVATE SOURCE                       |
|           |           | 7     | 1.       | Mentioned                            |
|           |           | 127   | 2.       | Not mentioned                        |
|           |           | 2     | 3.       | No one/Free                          |
|           |           | 5     | 8.       | No answer to entire question         |
|           |           | 10    | 9.       | DK or refused (entire question)      |
|           |           | 9,540 | Blank.   | NA (No or DK if ever                 |
|           |           |       |          | lived in a facility)                 |
| 551       | 14c(12)   |       | OTHER F  | UBLIC SOURCE                         |
|           |           | 21    | 1.       | Mentioned                            |
|           |           | 113   | 2.       | Not mentioned                        |
|           |           | 2     | 3.       | No one/Free                          |
|           |           | 5     | 8.       | No answer to entire question         |
|           |           | 10    | 9.       | DK or refused (entire question)      |
|           |           | 9,540 | Blank.   | NA (No or DK if ever                 |
|           |           |       |          | lived in a facility)                 |
| <br>1     |           |       | <br>-55- |                                      |
| _         |           |       | 33       |                                      |

| Tape<br>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<br>OF THE COST FOR YOUR STAY   |
|                   |          | 11<br>2<br>28<br>11<br>39<br>2<br>1        | 01. Self or family in household 02. Family not in household 03. Private health insurance 04. Medicare 05. Medicaid 06. Rehabilitation program 07. Employer |

|   |         |     | 0     | 08.    | . School system   |  |
|---|---------|-----|-------|--------|---|--|
|   |         |     | 8     | 09.    | . VA program  |  |
|   |         |     | 5     | 10.    | . Other military  |  |
|   |         |     | 4     | 11.    | . Other private source  |  |
|   |         |     | 18    | 12.    | . Other public source   |  |
|   |         |     | 5     | 13.    | . Two or more sources given;  |  |
|   |         |     |       |        | Unknown which paid most   |  |
|   |         |     | 2     | 33.    | . No one/Free   |  |
|   |         |     | 5     | 88.    | . No source ascertained   |  |
|   |         |     | 10    | 99.    | . DK/refused any source   |  |
|   |         |     | 9,540 | Blank. |   |  |
|   |         |     |       |        | in a facility; No one/Free/DK   |  |
|   |         |     |       |        | who paid or will pay for stay)  |  |
|   | 554-559 | 14e |       | FAMILY | PAID BY YOU OR YOUR IN THE PAST 12 MONTHS or family in HH:Q 14c(1)=1) |  |
|   |         |     | 1     |        | 000000. None  |  |
|   |         |     | 3     |        | L-999996. Dollar amount paid  |  |
|   |         |     | 0     |        | 999997. 999997+ dollars paid  |  |
|   |         |     | 0     |        | 999998. Not ascertained   |  |
|   |         |     | 1     |        | 999999. DK or refused   |  |
|   |         |     | 9,686 |        | Blank. NA (No or DK if ever   |  |
|   |         |     |       |        | lived in a facility)  |  |
| - | 560     |     |       | BLANK  |   |  |
| _ |         |     |       |        |   |  |
| 1 |         |     |       | -56-   | <u></u>   |  |

## 1995 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 A                                   | AND CARE HOME RECORD                          |
|-----------|--------|-------------------------|---|---|
| 561       | 13     |                         | EVER LI<br>FACILIT                        | IVED IN THIS TYPE OF<br>TY                    |
|           |        | 38<br>9,606<br>23<br>24 | 2.  | Yes<br>No<br>Not ascertained<br>DK or refused |
| 562-565   | 14a    |                         | WHEN DI                                   | ID YOU LEAVE?                                 |
|           |        | 7<br>1<br>7<br>0<br>2   | 0000.<br>0001.<br>0002.<br>9998.<br>9999. | In past 12 months Not in past 12 months       |

| 562-563 |   | MONTH  |   |
|---------|---|--|---|
|         | 1<br>2<br>1<br>1<br>0<br>1<br>1<br>3<br>2<br>0<br>0<br>0<br>0<br>0<br>9<br>0<br>9,653 | 01.<br>02.<br>03.<br>04.<br>05.<br>06.<br>07.<br>08.<br>09.<br>10.<br>11.<br>12.<br>98.<br>99.<br>Blank. | January February March April May June July August September October November December Not ascertained DK or refused NA (No or DK if ever lived in a facility) |
| 564-565 | 20<br>1<br>0<br>9,653   | 98.<br>99.<br>Blank.   | 1900-1997<br>Not ascertained<br>DK or refused<br>NA (No or DK if ever<br>lived in a facility)   |
| 1       |   | -57-   |   |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE
Section A - Housing and Long Term Care Services

| Tape<br>Locations | Item No. | Frequency              | Items and Codes  |
|-------------------|----------|------------------------|--|
| (561-590)         | 13-14e   |                        | BOARD AND CARE HOME RECORD<br>- Continued                                  |
| 566               | Recode   |                        | ANY PART OF STAY IN PAST 12 MONTHS   |
|                   |          | 11<br>25<br>2<br>9,653 | 1. Yes 2. No 9. Unknown Blank. NA (No known stay at this type of facility) |
| (567-569)         | 14b      |                        | HOW LONG DID YOU STAY  |
|                   |          | 2                      | 000. Less than 1 month   |
| 567-568           |          |                        | NUMBER OF UNITS  |
|                   |          | 2<br>26                | 00. Less than 1 month 01-96. 1-96 months, years                            |

|     | 0<br>10<br>9,653                 | 97.<br>99.<br>Blank.                 |                                  |
|-----|----------------------------------|--------------------------------------|----------------------------------|
| 569 |                                  | TIME UN                              | NITS                             |
|     | 2<br>14<br>13<br>5<br>4<br>9,653 | 0.<br>1.<br>2.<br>8.<br>9.<br>Blank. | Not ascertained<br>DK or refused |

1 -58-

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. I | Frequency                            | Items and Codes  |  |  |
|-------------------|------------|--------------------------------------|--|--|--|
| (561-590)         | 13-14e     |                                      | BOARD AND CARE HOME RECORD<br>- Continued  |  |  |
| (570-581)         | 14c(1-12)  |                                      | WHO PAID OR WILL PAY FOR YOUR STAY   |  |  |
| 570               | 14c(1)     |                                      | SELF OR FAMILY IN HH   |  |  |
|                   |            | 9<br>25<br>0<br>2<br>2<br>2<br>9,653 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if ever lived in a facility)</li> </ol> |  |  |
| 571               | 14c(2)     |                                      | FAMILY NOT IN HH   |  |  |
|                   |            | 0<br>34<br>0<br>2<br>2<br>9,653      | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if ever lived in a facility)</li> </ol> |  |  |
| 572               | 14c(3)     |                                      | PRIVATE HEALTH INSURANCE   |  |  |
|                   |            | 1<br>33<br>0                         | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> </ol>  |  |  |

| 2     | 8.     | No answer to entire question              |
|-------|--------|---|
| 2     | 9.     | DK or refused (entire question)           |
| 9,653 | Blank. | NA (No or DK if ever lived in a facility) |

1 -59-

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

## Section A - Housing and Long Term Care Services

| Tape<br>Locations | Item No.  | Frequency                            | Ite   | ms and Codes   |  |
|-------------------|-----------|--------------------------------------|---|--|--|
| (561-590)         | 13-14e    |                                      | BOARD AND CARE HOME RECORD<br>- Continued         |  |  |
| (570-581)         | 14c(1-12) |                                      | WHO PAID OR WILL PAY FOR<br>YOUR STAY - Continued |  |  |
| 573               | 14c(4)    |                                      | MEDICAR   | E  |  |
|                   |           | 9<br>25<br>0<br>2<br>2<br>2<br>9,653 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank.              | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (No or DK if ever lived in a facility) |  |
| 574               | 14c(5)    |                                      | MEDICAI   | D  |  |
|                   |           | 9<br>25<br>0<br>2<br>2<br>2<br>9,653 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank.              | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (No or DK if ever lived in a facility) |  |
| 575               | 14c(6)    |                                      | REHABIL   | ITATION PROGRAM  |  |
|                   |           | 1<br>33<br>0<br>2<br>2<br>9,653      | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank.              | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (No or DK if ever lived in a facility) |  |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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<br>YOUR STAY - Continued   |
| 576               | 14c(7)                          | EMPLOYER  |
|                   | 0<br>34<br>0<br>2<br>2<br>9,653 | 2. Not mentioned 3. No one/Free 8. No answer to entire question 9. DK or refused (entire question)                                    |
| 577               | 14c(8)                          | SCHOOL SYSTEM   |
|                   | 2<br>32<br>0<br>2<br>2<br>9,653 | <ol> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> </ol> |
| 578               | 14c(9)                          | VA PROGRAM  |
|                   | 0<br>34<br>0<br>2<br>2<br>9,653 | 2. Not mentioned 3. No one/Free 8. No answer to entire question 9. DK or refused (entire question)                                    |
|                   |                                 | -61-  |

## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. Frequency | Items and Codes                                   |
|-------------------|--------------------|---|
| (561-590)         | 13-14e             | BOARD AND CARE HOME RECORD<br>- Continued         |
| (570-581)         | 14c(1-12)          | WHO PAID OR WILL PAY FOR<br>YOUR STAY - Continued |

|   | 579 | 14c(10) |       | OTHER M  | ILLITARY                        |
|---|-----|---------|-------|----------|---------------------------------|
|   |     |         | 0     | 1.       | Mentioned                       |
|   |     |         | 34    | 2.       | Not mentioned                   |
|   |     |         | 0     | 3.       | No one/Free                     |
|   |     |         | 2     | 8.       | No answer to entire question    |
|   |     |         | 2     | 9.       | DK or refused (entire question) |
|   |     |         | 9,653 | Blank.   | NA (No or DK if ever            |
|   |     |         |       |          | lived in a facility)            |
| _ | 580 | 14c(11) |       | OTHER I  | PRIVATE SOURCE                  |
|   | 360 | 140(11) |       | OIREK P  | RIVALE SOURCE                   |
|   |     |         | 2     | 1.       | Mentioned                       |
|   |     |         | 32    | 2.       | Not mentioned                   |
|   |     |         | 0     | 3.       | No one/Free                     |
|   |     |         | 2     | 8.       | No answer to entire question    |
|   |     |         | 2     | 9.       | DK or refused (entire question) |
|   |     |         | 9,653 | Blank.   | NA (No or DK if ever            |
|   |     |         |       |          | lived in a facility)            |
|   | 581 | 14c(12) |       | ОТИГР С  | PUBLIC SOURCE                   |
|   | 301 | 140(12) |       | OIIIER F | OBLIC SOURCE                    |
|   |     |         | 12    | 1.       | Mentioned                       |
|   |     |         | 22    | 2.       | Not mentioned                   |
|   |     |         | 0     | 3.       | No one/Free                     |
|   |     |         | 2     | 8.       | No answer to entire question    |
|   |     |         | 2     | 9.       | DK or refused (entire question) |
|   |     |         | 9,653 | Blank.   | NA (No or DK if ever            |
|   |     |         |       |          | lived in a facility)            |
| 1 |     |         |       | -62-     |                                 |

| Tape<br>Locations | Item No. | Frequency                                      | Items and Codes  |
|-------------------|----------|--|--|
| (561-590)         | 13-14e   |  | BOARD AND CARE HOME RECORD<br>- Continued  |
| 582-583           | 14d      | 7<br>0<br>0<br>7<br>4<br>1<br>0<br>2<br>0<br>0 | WHO PAID OR WILL PAY FOR MOST OF THE COST FOR YOUR STAY  01. Self or family in household 02. Family not in household 03. Private health insurance 04. Medicare 05. Medicaid 06. Rehabilitation program 07. Employer 08. School system 09. VA program 10. Other military 11. Other private source |

|         |     | 10<br>2<br>0<br>2<br>2<br>9,653 | 12. Other public source 13. Two or more sources given; Unknown which paid most 33. No one/Free 88. No source ascertained 99. DK/refused any source 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)   |
|         |     | 0<br>2<br>0<br>1<br>0<br>9,688  | 000000. None 000001-999996. Dollar amount paid 999997. 999997+ dollars paid 999998. Not ascertained 999999. DK or refused Blank. NA (No or DK if ever lived in a facility)  |
| 590     |     |                                 | BLANK   |
| 1       |     |                                 | -63-  |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE Section A - Housing and Long Term Care Services

| Tape<br>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   |
|                   |          | 24<br>9,616<br>24<br>27 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>   |
| 592-595           | 14a      |                         | WHEN DID YOU LEAVE?   |
|                   |          | 6<br>0<br>5<br>0        | 0000. Now in<br>0001. In past 12 months<br>0002. Not in past 12 months<br>9998. Unknown discharge date<br>9999. DK or refused |
| 592-593           |          |                         | MONTH   |
|                   |          | 1<br>1                  | 01. January<br>02. February   |

|         | 2<br>1<br>0<br>1<br>1<br>0<br>0<br>0<br>0<br>1<br>5<br>0<br>9,667 | 03.<br>04.<br>05.<br>06.<br>07.<br>08.<br>09.<br>10.<br>11.<br>12.<br>98.<br>99.<br>Blank. | November  |
|---------|---|--|---|
| 594-595 |   | YEAR   |   |
|         | 12<br>1<br>0<br>9,667   | 00-97.<br>98.<br>99.<br>Blank.   | 1900-1997<br>Not ascertained<br>DK or refused<br>NA (No or DK if ever<br>lived in a facility) |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape<br>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   |
|                   |          | 8<br>15<br>1<br>9,667      | 1. Yes 2. No 9. Unknown Blank. NA (No known stay at this type of facility)   |
| (597-599)         | 14b      |                            | HOW LONG DID YOU STAY  |
|                   |          | 3                          | 000. Less than 1 month   |
| 597-598           |          |                            | NUMBER OF UNITS  |
|                   |          | 3<br>15<br>0<br>6<br>9,667 | 00. Less than 1 month 01-96. 1-96 months, years 97. 97+ months, years 99. DK/refused or not ascertained Blank. NA (No or DK if ever lived in a facility) |

599 TIME UNITS

| 3     | 0.     | Less than 1 month    |
|-------|--------|----------------------|
| 9     | 1.     | Months               |
| 6     | 2.     | Years                |
| 5     | 8.     | Not ascertained      |
| 1     | 9.     | DK or refused        |
| 9,667 | Blank. | NA (No or DK if ever |
|       |        | lived in a facility) |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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<br>YOUR STAY  |
| 600               | 14c(1)    |                                 | SELF OR FAMILY IN HH   |
|                   |           | 0<br>18<br>1<br>1<br>4<br>9,667 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if ever lived in a facility)</li> </ol> |
| 601               | 14c(2)    |                                 | FAMILY NOT IN HH   |
|                   |           | 0<br>18<br>1<br>1<br>4<br>9,667 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if ever lived in a facility)</li> </ol> |
| 602               | 14c(3)    |                                 | PRIVATE HEALTH INSURANCE   |
|                   |           | 0<br>18<br>1<br>1<br>4<br>9,667 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if ever lived in a facility)</li> </ol> |

1 -66-

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE
Section A - Housing and Long Term Care Services

| Tape<br>Locations | Item No. F | requency                        | Ite                                  | ems and Codes  |
|-------------------|------------|---------------------------------|--------------------------------------|--|
| (591-620)         | 13-14e     |                                 | HOME FO<br>- Conti                   | OR MENTAL RETARDATION RECORD                                 |
| (600-611)         | 14c(1-12)  |                                 |                                      | D OR WILL PAY FOR<br>CAY - Continued                         |
| 603               | 14c(4)     |                                 | MEDICAR                              | E  |
|                   |            | 8<br>10<br>1<br>1<br>4<br>9,667 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>No one/Free<br>No answer to entire question |
| 604               | 14c(5)     |                                 | MEDICAI                              | D  |
|                   |            | 14<br>4<br>1<br>4<br>9,667      | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>No one/Free<br>No answer to entire question |
| 605               | 14c(6)     |                                 | REHABII                              | ITATION PROGRAM  |
|                   |            | 1<br>17<br>1<br>1<br>4<br>9,667 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned  |
|                   |            |                                 | -67-                                 |  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|                   |          |           |                 |

| (591-620) | 13-14e    |                                 | HOME FOI<br>- Conti                  | R MENTAL RETARDATION RECORD<br>nued  |
|-----------|-----------|---------------------------------|--------------------------------------|--|
| (600-611) | 14c(1-12) |                                 |                                      | D OR WILL PAY FOR<br>AY - Continued  |
| 606       | 14c(7)    |                                 | EMPLOYE                              | R  |
|           |           | 0<br>18<br>1<br>1<br>4<br>9,667 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (No or DK if ever lived in a facility) |
| 607       | 14c(8)    |                                 | SCHOOL :                             | SYSTEM   |
|           |           | 1<br>17<br>1<br>1<br>4<br>9,667 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (No or DK if ever lived in a facility) |
| 608       | 14c(9)    |                                 | VA PROGI                             | RAM  |
|           |           | 0<br>18<br>1<br>1<br>4<br>9,667 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (No or DK if ever lived in a facility) |
| 1         |           |                                 | -68-                                 |  |

| Tape<br>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<br>YOUR STAY - Continued                         |  |
| 609               | 14c(10)            | OTHER MILITARY  |  |
|                   | 0<br>18<br>1       | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> </ol> |  |

|     |         | 1<br>4<br>9,667 | 8.<br>9.<br>Blank. | No answer to entire question DK or refused (entire question) NA (No or DK if ever lived in a facility) |
|-----|---------|-----------------|--------------------|--|
| 610 | 14c(11) |                 | OTHER F            | PRIVATE SOURCE   |
|     |         | 1               | 1.                 | Mentioned  |
|     |         | 17              | 2.                 | Not mentioned  |
|     |         | 1               | 3.                 | No one/Free  |
|     |         | 1               | 8.                 | No answer to entire question   |
|     |         | 4               | 9.                 | DK or refused (entire question)  |
|     |         | 9,667           | Blank.             | NA (No or DK if ever   |
|     |         |                 |                    | lived in a facility)   |
| 611 | 14c(12) |                 | OTHER F            | PUBLIC SOURCE  |
|     |         | 3               | 1.                 | Mentioned  |
|     |         | 15              | 2.                 | Not mentioned  |
|     |         | 1               | 3.                 | No one/Free  |
|     |         | 1               | 8.                 | No answer to entire question   |
|     |         | 4               | 9.                 | DK or refused (entire question)  |
|     |         | 9,667           | Blank.             | NA (No or DK if ever   |
|     |         |                 |                    | lived in a facility)   |
|     |         |                 | -69-               |  |

| Tape<br>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<br>OF THE COST FOR YOUR STAY   |
|                   |          | 0<br>0<br>0<br>1<br>8<br>1<br>0<br>1<br>0<br>0<br>0<br>1<br>6 | 01. Self or family in household 02. Family not in household 03. Private health insurance 04. Medicare 05. Medicaid 06. Rehabilitation program 07. Employer 08. School system 09. VA program 10. Other military 11. Other private source 12. Other public source 13. Two or more sources given; Unknown which paid most 33. No one/Free 88. No source ascertained |

|         |     | 4<br>9,667                     | 99. DK/refused any source 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<br>0<br>0<br>0<br>0<br>9,691 | 000000. None 000001-999996. Dollar amount paid 999997. 999997+ dollars paid 999998. Not ascertained 999999. DK or refused Blank. NA (No or DK if ever lived in a facility) |
| 620     |     |                                | BLANK  |
| 1       |     |                                | -70-   |

# 1995 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) ASSISTED LIVING FACILITY RECORD 13-14e 621 EVER LIVED IN THIS TYPE OF 13 FACILITY 1. Yes 2. No 63 9,577 8. Not ascertained 26 9. DK or refused 25 622-625 14a WHEN DID YOU LEAVE? 24 0000. Now in 0001. In past 12 months 0002. Not in past 12 months 9998. Unknown discharge date 3 4 0 efused

| 0                               | 9999.                                  | DK or re   |
|---------------------------------|--|--|
|                                 | MONTH                                  |  |
| 0<br>1<br>1<br>3<br>1<br>0<br>3 | 01.<br>02.<br>03.<br>04.<br>05.<br>06. | January<br>February<br>March<br>April<br>May<br>June<br>July |
|                                 |  |  |

622-623

|         | 2     | 08.    | August                |
|---------|-------|--------|-----------------------|
|         | 3     | 09.    | September             |
|         | 3     | 10.    | October               |
|         | 2     | 11.    | November              |
|         | 4     | 12.    | December              |
|         | 9     | 98.    | Not ascertained       |
|         | 0     | 99.    | DK or refused         |
|         | 9,628 | Blank. | NA (No or DK if ever  |
|         |       |        | lived in a facility)  |
|         |       |        |                       |
| 624-625 |       | YEAR   |                       |
|         |       |        | 1000 1007             |
|         | 29    | 00-97. |                       |
|         | 3     | 98.    | Not ascertained       |
|         | 0     | 99.    | DK or refused         |
|         | 9,628 | Blank. | NA (No or DK if ever  |
|         |       |        | lived in a facility)  |
|         |       |        | rived in a ractificy) |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |
|                   |          | 39<br>21<br>3<br>9,628      | 1. Yes 2. No 9. Unknown Blank. NA (No known stay at this type of facility)   |
| (627-629)         | 14b      |                             | HOW LONG DID YOU STAY  |
|                   |          | 3                           | 000. Less than 1 month   |
| 627-628           |          |                             | NUMBER OF UNITS  |
|                   |          | 3<br>46<br>0<br>14<br>9,628 | 00. Less than 1 month 01-96. 1-96 months, years 97. 97+ months, years 99. DK/refused or not ascertained Blank. NA (No or DK if ever lived in a facility) |
| 629               |          |                             | TIME UNITS   |
|                   |          | 3<br>22<br>24               | <ol> <li>Less than 1 month</li> <li>Months</li> <li>Years</li> </ol>   |

| 12    | 8.     | Not ascertained                           |
|-------|--------|---|
| 2     | 9.     | DK or refused                             |
| 9,628 | Blank. | NA (No or DK if ever lived in a facility) |

1 -72-

## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

## Section A - Housing and Long Term Care Services

| Tape<br>Locations | Item No.  | Frequency                        | Ite                                  | ms and Codes   |
|-------------------|-----------|----------------------------------|--------------------------------------|--|
| (621-650)         | 13-14e    |                                  | ASSISTE<br>- Conti                   | D LIVING FACILITY RECORD   |
| (630-641)         | 14c(1-12) |                                  | WHO PAI                              | O OR WILL PAY FOR<br>AY  |
| 630               | 14c(1)    |                                  | SELF OR                              | FAMILY IN HH   |
|                   |           | 27<br>30<br>0<br>3<br>3<br>9,628 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (No or DK if ever lived in a facility) |
| 631               | 14c(2)    |                                  | FAMILY 1                             | NOT IN HH  |
|                   |           | 2<br>55<br>0<br>3<br>3<br>9,628  | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (No or DK if ever lived in a facility) |
| 632               | 14c(3)    |                                  | PRIVATE                              | HEALTH INSURANCE   |
|                   |           | 12<br>45<br>0<br>3<br>3<br>9,628 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (No or DK if ever lived in a facility) |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. F | requency                         | Items and Codes                                  |   |  |
|-------------------|------------|----------------------------------|--|---|--|
| (621-650)         | 13-14e     |                                  | ASSISTED LIVING FACILITY RECORD - Continued      |   |  |
| (630-641)         | 14c(1-12)  |                                  | WHO PAID OR WILL PAY FOR<br>YOUR STAY -Continued |   |  |
| 633               | 14c(4)     |                                  | MEDICAR  | Е   |  |
|                   |            | 16<br>41<br>0<br>3<br>3<br>9,628 |  | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (No or DK if ever lived in a facility)  |  |
| 634               | 14c(5)     |                                  | MEDICAI  | D   |  |
|                   |            | 15<br>42<br>0<br>3<br>3<br>9,628 | 2.<br>3.<br>8.                                   | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (No or DK if ever lived in a facility)  |  |
| 635               | 14c(6)     |                                  | REHABIL  | ITATION PROGRAM   |  |
|                   |            | 4<br>53<br>0<br>3<br>3<br>9,628  | 2.   | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA; (No or DK if ever lived in a facility) |  |
|                   |            |                                  | -74-   |   |  |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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 |

|   | 636 | 14c(7) |                                 | EMPLOYE                              | P.R.   |
|---|-----|--------|---------------------------------|--------------------------------------|--|
|   |     |        | 0<br>57<br>0<br>3<br>3<br>9,628 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (No or DK if ever lived in a facility) |
|   | 637 | 14c(8) |                                 | SCHOOL                               | SYSTEM   |
|   |     |        | 0<br>57<br>0<br>3<br>3<br>9,628 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (No or DK if ever lived in a facility) |
|   | 638 | 14c(9) |                                 | VA PROG                              | RAM  |
|   |     |        | 0<br>57<br>0<br>3<br>3<br>9,628 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (No or DK if ever lived in a facility) |
| 1 |     |        |                                 | -75-                                 |  |

| Tape<br>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<br>YOUR STAY -Continued   |
| 639               | 14c(10)                         | OTHER MILITARY   |
|                   | 0<br>57<br>0<br>3<br>3<br>9,628 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if ever lived in a facility)</li> </ol> |

| 640 | 14c(11) |                                 | OTHER F                              | PRIVATE SOURCE   |
|-----|---------|---------------------------------|--------------------------------------|--|
|     |         | 1<br>56<br>0<br>3<br>3<br>9,628 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free<br>No answer to entire question<br>DK or refused (entire question) |
| 641 | 14c(12) |                                 | OTHER F                              | PUBLIC SOURCE  |
|     |         | 5<br>52<br>0<br>3<br>3<br>9,628 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free<br>No answer to entire question<br>DK or refused (entire question) |
| 1   |         |                                 | -76-                                 | -  |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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<br>OF THE COST FOR YOUR STAY  |
|                   |          | 20<br>1<br>8<br>8<br>12<br>2<br>0<br>0<br>0<br>0<br>4<br>2 | 01. Self or family in household 02. Family not in household 03. Private health insurance 04. Medicare 05. Medicaid 06. Rehabilitation program 07. Employer 08. School system 09. VA program 10. Other military 11. Other private source 12. Other public source 13. Two or more sources given; Unknown which paid most 33. No one/Free 88. No source ascertained 99. DK/refused any source 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 FAMILY IN THE P (Self or family |  |
|---|---------|-----|---------------------------------|--|--|
| _ |         |     | 1<br>10<br>0<br>2<br>7<br>9,671 | 999997.<br>999998.                             | None Dollar amount paid 999997+ dollars paid Not ascertained DK or refused NA (No or DK if ever lived in a facility) |
|   | 650     |     |                                 | BLANK  |  |
| 1 |         |     |                                 | -77-   |  |

| Tape<br>Locations | Item No. | Frequency  | Ite   | ems and Codes   |
|-------------------|----------|--|---|---|
| 651-690)          | 13-14e   | OTHER LONG TERM CARE FACILITY RECORD                           |   |   |
| 651               | 13       |  | EVER LI<br>FACILIT  | IVED IN THIS TYPE OF<br>TY  |
|                   |          | 80<br>9,554<br>26<br>31  | 1.<br>2.<br>8.<br>9.  |   |
| 652-655           | 14a      |  | WHEN DI   | ID YOU LEAVE?   |
|                   |          | 13<br>2<br>20<br>0<br>1  | 0000.<br>0001.<br>0002.<br>9998.<br>9999.                                 | In past 12 months<br>Not in past 12 months<br>Unknown discharge date          |
| 652-653           |          |  | MONTH   |   |
|                   |          | 2<br>3<br>0<br>2<br>1<br>2<br>4<br>3<br>2<br>0<br>2<br>3<br>20 | 01.<br>02.<br>03.<br>04.<br>05.<br>06.<br>07.<br>08.<br>09.<br>10.<br>11. | February March April May June July August September October November December |

|         | 0<br>9,611            | 99.<br>Blank. | DK or refused<br>NA (No or DK if ever<br>lived in a facility)                                 |
|---------|-----------------------|---------------|---|
| 654-655 |                       | YEAR          |   |
|         | 43<br>1<br>0<br>9,611 | 98.<br>99.    | 1900-1997<br>Not ascertained<br>DK or refused<br>NA (No or DK if ever<br>lived in a facility) |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

# Section A - Housing and Long Term Care Services

| Tape<br>Locations | Item No. | Frequency                         | It∈  | ems and Codes                              |
|-------------------|----------|-----------------------------------|--|--|
| (651-690)         | 13-14e   |                                   | OTHER LONG TERM CARE FACILITY RECORD - Continued |  |
| 656               | Recode   |                                   |  | RT OF STAY IN<br>2 MONTHS                  |
|                   |          | 27<br>51<br>2<br>9,611            | 1.<br>2.<br>9.<br>Blank.                         | No<br>Unknown                              |
| (657-659)         | 14b      |                                   | HOW LON  | NG DID YOU STAY                            |
|                   |          | 10                                | 000.   | Less than 1 month                          |
| 657-658           |          |                                   | NUMBER   | OF UNITS                                   |
|                   |          | 10<br>58<br>0<br>12<br>9,611      | 01-96.   |  |
| 659               |          |                                   | TIME UN  | NITS                                       |
|                   |          | 10<br>41<br>17<br>6<br>6<br>9,611 | 0.<br>1.<br>2.<br>8.<br>9.<br>Blank.             | Months Years Not ascertained DK or refused |

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# Section A - Housing and Long Term Care Services

|           |                                  |  | ms and Codes   |  |
|-----------|----------------------------------|--|--|--|
| 13-14e    |                                  | OTHER LONG TERM CARE FACILITY RECORD - Continued                           |  |  |
| 14c(1-12) |                                  | WHO PAI  | D OR WILL PAY FOR<br>AY  |  |
| 14c(1)    |                                  | SELF OR  | FAMILY IN HH   |  |
|           | 21<br>55<br>1<br>1<br>2<br>9,611 | 2.<br>3.   | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (No or DK if ever lived in a facility)   |  |
| 14c(2)    |                                  | FAMILY 1   | NOT IN HH  |  |
|           | 0<br>76<br>1<br>1<br>2<br>9,611  | 2.<br>3.<br>8.   | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (No or DK if ever lived in a facility)   |  |
| 14c(3)    |                                  | PRIVATE  | HEALTH INSURANCE   |  |
|           | 19<br>57<br>1<br>1<br>2<br>9,611 | 2.<br>3.   | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (No or DK if ever lived in a facility)   |  |
|           | 14c(1)                           | 14c(1)  21 55 1 1 2 9,611  14c(2)  0 76 1 1 2 9,611  14c(3)  19 57 1 1 1 2 | YOUR STA<br>14c(1)  SELF OR  21 1. 55 2. 1 3. 1 8. 2 9. 9,611  Blank.  14c(2)  FAMILY 1  76 2. 1 3. 1 8. 2 9. 9,611  Blank.  14c(3)  PRIVATE  19 1. 57 2. 1 3. 1 8. 2 9. 9,611  Blank. |  |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes                      |
|-------------------|----------|-----------|--------------------------------------|
| (651-690)         | 13-14e   |           | OTHER LONG TERM CARE FACILITY RECORD |

- Continued

| MHO PAID OR WILL PAY FOR YOUR STAY - Continued   |           |            |                   |                      |   |
|--|-----------|------------|-------------------|----------------------|---|
| 22 1. Mentioned 54 2. Not mentioned 1 3. No one/Free 1 8. No answer to entire question 2 9. DK or refused (entire question) 9,611 Blank. NA (No or DK if ever lived in a facility)  664 14c(5) MEDICAID  18 1. Mentioned 58 2. Not mentioned 1 3. No one/Free 1 8. No answer to entire question 2 9. DK or refused (entire question) 9,611 Blank. NA (No or DK if ever lived in a facility)  665 14c(6) REHABILITATION PROGRAM  2 1. Mentioned 74 2. Not mentioned 1 3. No one/Free 1 8. No answer to entire question 9,611 Blank. Na (No or DK if ever lived in a facility)  665 14c(6) REHABILITATION PROGRAM  | (660-671) | 14c(1-12)  |                   |                      |   |
| 54 2. Not mentioned 1 3. No one/Free 1 8. No answer to entire question 2 9. DK or refused (entire question) 9,611 Blank. NA (No or DK if ever lived in a facility)  664 14c(5) MEDICAID  18 1. Mentioned 58 2. Not mentioned 1 3. No one/Free 1 8. No answer to entire question 2 9. DK or refused (entire question) 9,611 Blank. NA (No or DK if ever lived in a facility)  665 14c(6) REHABILITATION PROGRAM  2 1. Mentioned 74 2. Not mentioned 1 3. No one/Free 1 8. No answer to entire question 9,611 Blank. NA or DK if ever lived in a facility  665 14c(6) REHABILITATION PROGRAM  2 1. Mentioned 74 2. Not mentioned 1 3. No one/Free 1 8. No answer to entire question 9,611 Blank. NA or DK if ever lived in a facility) | 663       | 14c(4)     |                   | MEDICAR              | RE  |
| 18 1. Mentioned 58 2. Not mentioned 1 3. No one/Free 1 8. No answer to entire question 2 9. DK or refused (entire question) 9,611 Blank. NA (No or DK if ever lived in a facility)  665 14c(6) REHABILITATION PROGRAM  2 1. Mentioned 74 2. Not mentioned 1 3. No one/Free 1 8. No answer to entire question 2 9. DK or refused (entire question) 9,611 Blank. NA (No or DK if ever lived in a facility)   |           |            | 54<br>1<br>1<br>2 | 2.<br>3.<br>8.<br>9. | Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (No or DK if ever             |
| 58 2. Not mentioned 1 3. No one/Free 1 8. No answer to entire question 2 9. DK or refused (entire question) 9,611 Blank. NA (No or DK if ever lived in a facility)  665 14c(6) REHABILITATION PROGRAM  2 1. Mentioned 74 2. Not mentioned 1 3. No one/Free 1 8. No answer to entire question 2 9. DK or refused (entire question) 9,611 Blank. NA (No or DK if ever lived in a facility)   | 664       | 664 14c(5) |                   | MEDICA               | ID  |
| 2 1. Mentioned 74 2. Not mentioned 1 3. No one/Free 1 8. No answer to entire question 2 9. DK or refused (entire question) 9,611 Blank. NA (No or DK if ever lived in a facility)  |           |            | 58<br>1<br>1<br>2 | 2.<br>3.<br>8.<br>9. | Not mentioned<br>No one/Free<br>No answer to entire question<br>DK or refused (entire question)<br>NA (No or DK if ever |
| 74 2. Not mentioned 1 3. No one/Free 1 8. No answer to entire question 2 9. DK or refused (entire question) 9,611 Blank. NA (No or DK if ever lived in a facility)   | 665       | 14c(6)     |                   | REHABII              | LITATION PROGRAM  |
| 1 -81-   |           |            | 74<br>1<br>1<br>2 | 2.<br>3.<br>8.<br>9. | Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (No or DK if ever             |
|  | L         |            |                   | -81-                 | -   |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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<br>YOUR STAY - Continued   |
| 666               | 14c(7)             | EMPLOYER  |
|                   | 2<br>74<br>1<br>1  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> </ol> |

|     |        | 2<br>9,611 | 9.<br>Blank. | DK or refused (entire question) NA (No or DK if ever lived in a facility) |
|-----|--------|------------|--------------|---|
| 667 | 14c(8) |            | SCHOOL       | SYSTEM  |
|     |        | 0          | 1.           | Mentioned   |
|     |        | 76         | 2.           | Not mentioned   |
|     |        | 1          | 3.           | No one/Free   |
|     |        | 1          | 8.           | No answer to entire question  |
|     |        | 2          | 9.           | DK or refused (entire question)   |
|     |        | 9,611      | Blank.       | NA (No or DK if ever  |
|     |        |            |              | lived in a facility)  |
| 668 | 14c(9) |            | VA PROG      | ERAM  |
|     |        | 9          | 1.           | Mentioned   |
|     |        | 67         | 2.           | Not mentioned   |
|     |        | 1          | 3.           | No one/Free   |
|     |        | 1          | 8.           | No answer to entire question  |
|     |        | 2          | 9.           | DK or refused (entire question)   |
|     |        | 9,611      | Blank.       | ·   |
|     |        |            |              | lived in a facility)  |
|     |        |            | -82-         | -   |

| Tape<br>Locations | Item No. Frequency | 7 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<br>YOUR STAY - Continued  |  |
| 669               | 14c(10)            | OTHER MILITARY   |  |
|                   | 9,611              | 2. Not mentioned 3. No one/Free 8. No answer to entire question 9. DK or refused (entire question) |  |
| 670               | 14c(11)            | OTHER PRIVATE SOURCE   |  |
|                   | 6<br>70<br>1       | 2. Not mentioned 3. No one/Free  |  |

|     |         | 2<br>9,611 | 9.<br>Blank. | DK or refused (entire question) NA (No or DK if ever lived in a facility) |
|-----|---------|------------|--------------|---|
| 671 | 14c(12) |            | OTHER P      | UBLIC SOURCE  |
|     |         | 13         | 1.           | Mentioned   |
|     |         | 63         | 2.           | Not mentioned   |
|     |         | 1          | 3.           | No one/Free   |
|     |         | 1          | 8.           | No answer to entire question  |
|     |         | 2          | 9.           | DK or refused (entire question)   |
|     |         | 9,611      | Blank.       | NA (No or DK if ever  |
|     |         | , -        |              | lived in a facility)  |
|     |         |            |              | <del>-</del>  |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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<br>OF THE COST FOR YOUR STAY  |
|                   |          | 14<br>0<br>9<br>13<br>10<br>1<br>1<br>0<br>7<br>2<br>6<br>9<br>4 | 01. Self or family in household 02. Family not in household 03. Private health insurance 04. Medicare 05. Medicaid 06. Rehabilitation program 07. Employer 08. School system 09. VA program 10. Other military 11. Other private source 12. Other public source 13. Two or more sources given; Unknown which paid most 33. No one/Free 88. No source ascertained 99. DK/refused any source 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)   |
|                   |          | 1<br>7   | 000000. None<br>000001-999996. Dollar amount paid   |

0 999997. 999997+ dollars paid 0 999998. Not ascertained 1 999999. DK or refused 9,682 Blank. NA (No or DK if ever lived in a facility)

680-690 BLANK

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section A - Housing and Long Term Care Services

| Tape<br>Locations | Item No. | Frequency                  | Items and Codes   |
|-------------------|----------|----------------------------|---|
| 691               | 15a      |                            | CURRENTLY ON WAITING LIST<br>FOR ANY OF THESE FACILITIES  |
|                   |          | 25<br>9,641<br>13<br>12    | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>   |
| (692-698)         | 15b(1-7) |                            | FACILITIES FOR WHICH YOU ARE<br>ON WAITING LIST   |
| 692               | 15b(1)   |                            | NURSING HOME  |
|                   |          | 5<br>13<br>5<br>2<br>9,666 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if currently on a waiting list for any facility)</li> </ol> |
| 693               | 15b(2)   |                            | CONVALESCENT HOME   |
|                   |          | 0<br>18<br>5<br>2<br>9,666 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if currently on a waiting list for any facility)</li> </ol> |

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1995 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) |        | _                          | CIES FOR WHICH YOU ARE                 |  |
|----------|----------|--------|----------------------------|--|--|
|          |          |        | CIAW NO                    | TING LIST - Continued                  |  |
| 694      | 15b(3)   |        | FACILITY OR GROUP HOME FOR |  |  |
|          |          |        | PERSONS                    | S WITH MENTAL ILLNESS                  |  |
|          |          |        |                            |  |  |
|          |          | 3      | 1.                         | Mentioned                              |  |
|          |          | 15     | 2.                         | Not mentioned                          |  |
|          |          | 5      | 8.                         | No answer to entire question           |  |
|          |          | 2      | 9.                         | DK or refused (entire question)        |  |
|          |          | 9,666  | Blank.                     | —————————————————————————————————————— |  |
|          |          | ,      |                            | waiting list for any facility)         |  |
|          |          |        |                            | watering like for any facility         |  |
| 605      | 151 (4)  |        | D01DD 1                    | ND GIRE WOME                           |  |
| 695      | 15b(4)   |        | BOARD A                    | AND CARE HOME                          |  |
|          |          | 2      | 1.                         | Mentioned                              |  |
|          |          | 16     | 2.                         | Not mentioned                          |  |
|          |          | 5      | 8.                         |  |  |
|          |          | 2      | 9.                         |  |  |
|          |          | 9,666  | Blank.                     | —————————————————————————————————————— |  |
|          |          | 3,000  | Diam.                      | waiting list for any facility)         |  |
|          |          |        |                            |  |  |
| 696      | 15b(5)   |        | FACILIT                    | TY FOR PERSONS                         |  |
|          | , ,      |        | WITH ME                    | ENTAL RETARDATION                      |  |
|          |          | 4      | 1.                         | Mentioned                              |  |
|          |          | 14     | 2.                         |  |  |
|          |          |        | 8.                         |  |  |
|          |          | 5<br>2 |                            | <del>-</del>                           |  |
|          |          | _      | 9.                         |  |  |
|          |          | 9,666  | Blank.                     | ,                                      |  |
|          |          |        |                            | waiting list for any facility)         |  |
| 697      | 15b(6)   |        | 7 C C T C T T              | D LIVING FACILITY                      |  |
| 097      | 130(0)   |        | ADDIDIE                    | DIVING PACILITI                        |  |
|          |          | 8      | 1.                         |  |  |
|          |          | 10     | 2.                         |  |  |
|          |          | 5      | 8.                         |  |  |
|          |          | 2      | 9.                         | DK or refused (entire question)        |  |
|          |          | 9,666  | Blank.                     |  |  |
|          |          |        |                            | waiting list for any facility)         |  |
|          |          |        | -86-                       |  |  |
|          |          |        | -00-                       |  |  |

Section A - Housing and Long Term Care Services

| Tape<br>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  |                                |   |  |
|---------|--------|--|--------------------------------|---|--|
|         |        | 1<br>17<br>5<br>2<br>9,666   | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question<br>DK or refused (entire question) |  |
| 699     | 16     | ON WAITING LIST FOR PUBLICLY<br>FUNDED HOME CARE OR COMMUNITY-<br>BASED CARE |                                |   |  |
|         |        | 29<br>9,576<br>64<br>22  | 1.<br>2.<br>8.<br>9.           | Not ascertained   |  |
| 700-760 |        |  | BLANK                          |   |  |
| 1       |        |  | -87-                           |   |  |

# Section B - Transportation

| Tape<br>Locations | Item No. | Frequency                                 | Items and Codes  |
|-------------------|----------|---|--|
| 761               | 1        |   | HOW FREQUENTLY DO YOU DRIVE<br>A CAR OR OTHER MOTOR VEHICLE  |
|                   |          | 5,342<br>1,050<br>398<br>2,883<br>8<br>10 | <ol> <li>Everyday or almost everyday</li> <li>Occasionally</li> <li>Seldom</li> <li>Never</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>                       |
| 762               | 2        |   | IS THIS BECAUSE OF AN<br>IMPAIRMENT OR HEALTH PROBLEM  |
|                   |          | 1,323<br>1,532<br>8<br>20<br>6,808        | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Everyday/occasionally/seldom drive; DK if drive car/motor vehicle)</li> </ol> |
| 763               | 3a       |   | DO YOU HAVE ANY SPECIAL EQUIPMENT<br>ON YOUR CAR OR OTHER MOTOR VEHICLE<br>BECAUSE OF AN IMPAIRMENT OR HEALTH  |

PROBLEM

| 1.     | Yes                   |
|--------|-----------------------|
| 2.     | No                    |
| 3.     | Don't have a car      |
| 8.     | Not ascertained       |
| 9.     | DK or refused         |
| Blank. | NA (Have never driven |
|        | a motor vehicle)      |
|        | 2.<br>3.<br>8.<br>9.  |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                   | Items and Codes   |
|-------------------|----------|-----------------------------|---|
| (764-771)         | 3b(1-8)  |                             | WHAT SPECIAL EQUIPMENT DO YOU HAVE?   |
| 764               | 3b(1)    |                             | HAND CONTROLS   |
|                   |          | 17<br>75<br>3<br>2<br>9,594 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK which equipment or refused (entire question)</li> <li>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)</li> </ol> |
| 765               | 3b(2)    |                             | HAND RAILS, STRAPS, RAMPS,<br>SPECIALIZED HANDLES, OR LIFTS   |
|                   |          | 14<br>78<br>3<br>2<br>9,594 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK which equipment or refused (entire question)</li> <li>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)</li> </ol> |
| 766               | 3b(3)    |                             | POWER CONTROLS FOR WINDOWS<br>MIRRORS, SEAT, OR STEERING  |
|                   |          | 20<br>72<br>3<br>2          | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK which equipment or refused (entire question)</li> <li>Blank. NA (Have never driven a motor vehicle; No or Don't have a car</li> </ol>   |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

# Section B - Transportation

| Tape<br>Locations | Item No. | Frequency                   | Ite                            | ems and Codes                                 |
|-------------------|----------|-----------------------------|--------------------------------|---|
| (764-771)         | 3b(1-8)  |                             |                                | PECIAL EQUIPMENT DO<br>VE? - Continued        |
| 767               | 3b(4)    |                             | AUTOMAT                        | CIC TRANSMISSION                              |
|                   |          | 30<br>62<br>3<br>2          | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question |
| 768               | 3b(5)    |                             | AIR CON                        | IDITIONING                                    |
|                   |          | 10<br>82<br>3<br>2<br>9,594 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question |
| 769               | 3b(6)    |                             | A BUTTO                        | ON THAT OPENS DOORS                           |
|                   |          | 1<br>91<br>3<br>2<br>9,594  | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question                  |

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| o(1-8) o(7) | 3<br>89<br>3<br>2<br>9,594        | YOU HAV A LARGE 1. 2. 8. 9. Blank. |  |
|-------------|-----------------------------------|------------------------------------|--|
|             | 89<br>3<br>2<br>9,594             | 1.<br>2.<br>8.<br>9.<br>Blank.     | Mentioned Not mentioned No answer to entire question DK which equipment or refused (entire question) NA (Have never driven a motor vehicle; No or Don't have a car or DK if car/motor vehicle has any special equipment)  SPECIAL FEATURES |
| o(8)        | 89<br>3<br>2<br>9,594             | 2.<br>8.<br>9.<br>Blank.           | Not mentioned No answer to entire question DK which equipment or refused (entire question) NA (Have never driven a motor vehicle; No or Don't have a car or DK if car/motor vehicle has any special equipment)  SPECIAL FEATURES           |
| 0(8)        |                                   |                                    | SPECIAL FEATURES   |
| O(0)        |                                   |                                    |  |
|             | 3<br>2<br>9,594                   | 2.<br>8.<br>9.<br>Blank.           | Not mentioned  |
| c           |                                   |                                    | OTHER MOTOR VEHICLE NEED<br>HER SPECIAL EQUIPMENT  |
|             | 73<br>6,551<br>167<br>17<br>2,883 |                                    | Yes No Not ascertained DK or refused NA (Have never driven a motor vehicle)  |
|             |                                   | 73<br>6,551<br>167<br>17           | CAR OR ANY OTH  73 1. 6,551 2. 167 8. 17 9.  |

| Tape<br>Locations | Item No. | Frequency | Items and Codes                              |
|-------------------|----------|-----------|--|
| (773-780)         | 3d(1-8)  |           | WHAT OTHER EQUIPMENT OR<br>FEATURE IS NEEDED |
| 773               | 3d(1)    |           | HAND CONTROLS                                |

|     |       | 12<br>59<br>1<br>1<br>9,618 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question<br>DK which feature/equipment needed<br>or refused (entire question) |
|-----|-------|-----------------------------|--------------------------------|--|
| 774 | 3d(2) |                             |                                | AILS, STRAPS, RAMPS,<br>LIZED HANDLES, OR LIFTS  |
|     |       | 10<br>61<br>1<br>1<br>9,618 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question  |
| 775 | 3d(3) |                             |                                | CONTROLS FOR WINDOWS,<br>S, SEAT, OR STEERING  |
|     |       | 11<br>60<br>1<br>1<br>9,618 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question  |

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| Tape<br>Locations | Item No. | Frequency         | Items and Codes  |
|-------------------|----------|-------------------|--|
| (773-780)         | 3d(1-8)  |                   | WHAT OTHER EQUIPMENT OR<br>FEATURE IS NEEDED - Continued   |
| 776               | 3d(4)    |                   | AUTOMATIC TRANSMISSION   |
|                   |          | 8<br>63<br>1<br>1 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK which feature/equipment needed or refused (entire question)</li> </ol> |

|     |       | 9,618                      | Blank.                         | NA (Have never driven a motor vehicle; No or DK if need any special equipment on car/motor vehicle) |
|-----|-------|----------------------------|--------------------------------|---|
| 777 | 3d(5) |                            | AIR CON                        | NDITIONING  |
|     |       | 6<br>65<br>1<br>1<br>9,618 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question   |
| 778 | 3d(6) |                            | A BUTTO                        | ON THAT OPENS DOORS   |
|     |       | 7<br>64<br>1<br>1<br>9,618 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question   |
| 1   |       |                            | -93-                           | -   |

# Section B - Transportation

| Tape<br>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<br>69<br>1<br>1<br>9,618 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK which feature/equipment needed or refused (entire question)</li> <li>Blank. NA (Have never driven a motor vehicle; No or DK if need any special equipment on car/motor vehicle)</li> </ol> |

780 3d(8)

OTHER SPECIAL FEATURES

|     |     |    | 40    | 1.     | Mentioned   |
|-----|-----|----|-------|--------|---|
|     |     |    | 31    | 2.     | Not mentioned   |
|     |     |    | 1     | 8.     | No answer to entire question  |
|     |     |    | 1     | 9.     | DK which feature/equipment needed or refused (entire question)                                      |
|     |     |    | 9,618 | Blank. | NA (Have never driven a motor vehicle; No or DK if need any special equipment on car/motor vehicle) |
|     | 781 | 4a |       |        | BUS, CAB, OR VAN<br>S AVAILABLE IN YOUR AREA  |
|     |     |    | 4,988 | 1.     | Yes   |
|     |     |    | 2,534 | 2.     | No  |
|     |     |    | 13    | 8.     | Not ascertained   |
|     |     |    | 2,156 | 9.     | DK or refused   |
| . – |     |    |       | -94-   |   |

| Tape<br>Locations | Item No. | Frequency                             | Items and Codes   |
|-------------------|----------|---------------------------------------|---|
| (782-784)         | 4b(1-3)  |                                       | WHO OPERATES THIS SPECIAL SERVICE?  |
| 782               | 4b(1)    |                                       | TRANSIT AUTHORITY   |
|                   |          | 1,456<br>2,011<br>3<br>1,518<br>4,703 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if special transportation service(s) is available in area)</li> </ol> |
| 783               | 4b(2)    |                                       | GOVERNMENT PROGRAM  |
|                   |          | 1,723<br>1,744<br>3<br>1,518<br>4,703 | 8. No answer to entire question   |
| 784               | 4b(3)    |                                       | OTHER PRIVATE SOURCE  |
|                   |          | 657<br>2,810<br>3                     | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> </ol>  |

|     |    | 1,518<br>4,703                   | 9.<br>Blank. | DK or refused (entire question) NA (No or DK if special transportation service(s) is available in area) |
|-----|----|----------------------------------|--------------|---|
| 785 | 5a |                                  |              | U USED THIS SPECIAL<br>IN THE PAST 12 MONTHS  |
|     |    | 511<br>4,449<br>20<br>8<br>4,703 |              |   |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

# Section B - Transportation

| Tape<br>Locations | Item No. | Frequency                        | Items and Codes  |
|-------------------|----------|----------------------------------|--|
| (786-799)         | 5b(1-14) |                                  | WHY HAVEN'T YOU USED THIS<br>SERVICE IN THE PAST 12 MONTHS   |
| 786               | 5b(1)    |                                  | DON'T KNOW HOW TO USE  |
|                   |          | 94<br>4,280<br>58<br>17<br>5,242 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>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)</li> </ol> |
| 787               | 5b(2)    |                                  | NEED HELP FROM ANOTHER PERSON  |
|                   |          | 71<br>4,303<br>58<br>17<br>5,242 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>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)</li> </ol> |
| 788               | 5b(3)    |                                  | CAN'T USE ALONE  |

1. Mentioned

| 4,320 | 2.     | Not mentioned                   |  |  |  |  |  |
|-------|--------|---------------------------------|--|--|--|--|--|
| 58    | 8.     | No answer to entire question    |  |  |  |  |  |
| 17    | 9.     | DK or refused (entire question) |  |  |  |  |  |
| 5,242 | 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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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                        | Ite   | ems and Codes  |  |
|-------------------|----------|----------------------------------|---|--|--|
| (786-799)         | 5b(1-14) |                                  | WHY HAVEN'T YOU USED THIS<br>SERVICE IN THE PAST 12 MONTHS<br>- Continued |  |  |
| 789               | 5b(4)    |                                  | CAN'T U   | SE PHONE   |  |
|                   |          | 10<br>4,364<br>58<br>17<br>5,242 | 1.<br>2.<br>8.<br>9.<br>Blank.  | Not mentioned<br>No answer to entire question  |  |
| 790               | 5b(5)    |                                  | DON'T H   | AVE PHONE  |  |
|                   |          | 9<br>4,365<br>58<br>17<br>5,242  | 1.<br>2.<br>8.<br>9.<br>Blank.  | Not mentioned  |  |
| 791               | 5b(6)    |                                  | CAN'T R   | EAD  |  |
|                   |          | 9<br>4,365<br>58<br>17<br>5,242  | 1.<br>2.<br>8.<br>9.<br>Blank.  | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (No or DK if special transportation service(s) is available in area; Yes or DK if used special service |  |

# Section B - Transportation

| Tape<br>Locations | Item No. | Frequency                        | Ite                            | ems and Codes   |  |
|-------------------|----------|----------------------------------|--------------------------------|---|--|
| (786-799)         | 5b(1-14) |                                  | SERVICE                        | HY HAVEN'T YOU USED THIS<br>ERVICE IN THE PAST 12 MONTHS<br>Continued   |  |
| 792               | 5b(7)    |                                  | ILLNESS                        |   |  |
|                   |          | 29<br>4,345<br>58<br>17<br>5,242 | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) 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 G<br>FOR SER             | ET RESERVATION<br>VICE  |  |
|                   |          | 16<br>4,358<br>58<br>17<br>5,242 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question   |  |
| 794               | 5b(9)    |                                  | HOURS C                        | F SERVICE INADEQUATE  |  |
|                   |          | 15<br>4,359<br>58<br>17<br>5,242 | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) 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<br>Locations | Item No. | Frequency                        | Items and Codes  |  |
|-------------------|----------|----------------------------------|--|--|
| (786-799)         | 5b(1-14) |                                  | WHY HAVEN'T YOU USED THIS<br>SERVICE IN THE PAST 12 MONTHS<br>- Continued  |  |
| 795               | 5b(10)   |                                  | PICKUP UNRELIABLE/INCONVENIENT   |  |
|                   |          | 35<br>4,339<br>58<br>17<br>5,242 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>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)</li> </ol> |  |
| 796               | 5b(11)   |                                  | COST   |  |
|                   |          | 21<br>4,353<br>58<br>17<br>5,242 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>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)</li> </ol> |  |
| 797               | 5b(12)   |                                  | DENIED USE OF SERVICE  |  |
|                   |          | 33<br>4,341<br>58<br>17<br>5,242 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>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)</li> </ol> |  |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

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|   | (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  |  |  |
|   |           |          | 4,048<br>326<br>58<br>17<br>5,242 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>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)</li> </ol> |  |  |
|   | 799       | 5b(14)   |                                   | OTHER REASON   |  |  |
|   |           |          | 172<br>4,202<br>58<br>17<br>5,242 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>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)</li> </ol> |  |  |
|   | 800-802   | 5c       |                                   | NUMBER OF TIMES YOU USED THIS<br>SERVICE IN THE PAST 12 MONTHS   |  |  |
|   |           |          | 440<br>0<br>12<br>59<br>9,180     | 001-996. 1-996 times 997. 997+ times 998. Not ascertained 999. DK or refused 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)  |  |  |
| - | 1         |          |                                   | -100-  |  |  |

# Section B - Transportation

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency     | Items and Codes   |
|-------------------|----------|---------------|---|
| 803-804           | 5d       |               | NUMBER OF TIMES YOU USED<br>THIS SERVICE IN THE PAST WEEK |
|                   |          | 0<br>198<br>3 | 00. None<br>01-96. 1-96 times<br>97. 97+ times            |

|     |    | 305<br>5<br>9,180 | 98. Not ascertained 99. DK or refused 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 | ба |                   | USED PUBLIC TRANSPORTATION DURING THE PAST 12 MONTHS   |
|     |    | 3,134             | 0. No public system available  |
|     |    | 1,540             | 1. Yes   |
|     |    | 4,947             | 2. No  |
|     |    | 22                | 8. Not ascertained   |
|     |    | 48                | 9. DK or refused   |
| 806 | 6b |                   | IMPAIRMENT OR HEALTH PROBLEM PREVENT OR LIMIT YOUR USE OF PUBLIC TRANSPORTATION  |
|     |    | 166               | 0. No public system available  |
|     |    | 754               | 1. Yes   |
|     |    | 3,995             | 2. No  |
|     |    | 33                | 8. Not ascertained   |
|     |    | 69                | 9. DK or refused   |
|     |    | 4,674             | Blank. NA (No public system available; Used local public transportation in past 12 months)   |
|     |    |                   | -101-  |

| Tape<br>Locations | Item No. | Frequency                             | Items and Codes   |
|-------------------|----------|---------------------------------------|---|
| 807               | 6c       |                                       | HOW OFTEN DID YOU USE LOCAL<br>PUBLIC TRANSPORTATION SERVICE<br>THE PAST 12 MONTHS  |
|                   |          | 313<br>624<br>534<br>60<br>9<br>8,151 | <ol> <li>Everyday or almost everyday</li> <li>Occasionally</li> <li>Seldom</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (No public system available; No or DK if used public transportation in past 12 months)</li> </ol> |
| 808               | 6d       |                                       | DO YOU HAVE ANY DIFFICULTY USING<br>LOCAL PUBLIC TRANSPORTATION SERVICE   |

|           |                        | 8,749                            | Blank. NA<br>-102-  |
|-----------|------------------------|----------------------------------|---|
|           |                        | 190<br>747<br>1<br>4             | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> </ol>               |
| 809       | 6e(1)                  |                                  | Yes to Q 6b or Q 6d)  COGNITIVE/MENTAL PROBLEMS   |
| (809-820) | USING PUB<br>(Unable/1 |                                  | WHAT DIFFICULTIES DO/WOULD YOU HAVE USING PUBLIC TRANSPORTATION SERVICE (Unable/limited use/difficulty using public transportation -              |
|           |                        | 188<br>1,299<br>50<br>3<br>8,151 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (No public system available; No or DK if used public transportation in past 12 months) |

| Tape<br>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)    | 97<br>840<br>1<br>4<br>8,749  | 1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) Blank. NA   |  |  |
| 811               | 6e(3)    | 154<br>783<br>1<br>4<br>8,749 | VISION  1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) Blank. NA   |  |  |

|   | 812 | 6e(4) | HEARING |   |                                 |  |
|---|-----|-------|---------|---|---------------------------------|--|
|   |     |       | 64      | 1.                                      | Mentioned                       |  |
|   |     |       | 873     | 2.                                      | Not mentioned                   |  |
|   |     |       | 1       | 8.                                      | No answer to entire question    |  |
|   |     |       | 4       | 9.                                      | DK or refused (entire question) |  |
|   |     |       | 8,749   | Blank.                                  | NA                              |  |
| _ | 813 | 6e(5) |         | WEATHER                                 |                                 |  |
|   | 013 | 00(3) |         | *************************************** |                                 |  |
|   |     |       | 52      | 1.                                      | Mentioned                       |  |
|   |     |       | 885     | 2.                                      | Not mentioned                   |  |
|   |     |       | 1       | 8.                                      | No answer to entire question    |  |
|   |     |       | 4       | 9.                                      | DK or refused (entire question) |  |
|   |     |       | 8,749   | Blank.                                  | NA                              |  |
| 1 |     |       |         | -103                                    | -                               |  |

| Tape<br>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   |
|                   |          | 624<br>313<br>1<br>4<br>8,749 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA</li> </ol>                |
| 815               | 6e(7)    |                               | WHEELCHAIR/SCOOTER/<br>ACCESS PROBLEMS  |
|                   |          | 166<br>771<br>1<br>4<br>8,749 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA</li> </ol>                |
| 816               | 6e(8)    |                               | PROBLEMS WITH OTHER<br>MEDICAL/ASSISTIVE DEVICES  |
|                   |          | 55<br>882                     | <ol> <li>Mentioned</li> <li>Not mentioned</li> </ol>  |

|     |       | 1<br>4<br>8,749               |         | No answer to entire question<br>DK or refused (entire question)<br>NA                               |
|-----|-------|-------------------------------|---------|---|
| 817 | 6e(9) |                               | NEED HE | LP FROM ANOTHER PERSON  |
|     |       | 266<br>671<br>1<br>4<br>8,749 |         | Mentioned<br>Not mentioned<br>No answer to entire question<br>DK or refused (entire question)<br>NA |
|     |       |                               | -104    |   |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

# Section B - Transportation

| Tape<br>Locations | Item No. | Frequency                     | Tte                                      | ems and Codes   |
|-------------------|----------|-------------------------------|--|---|
|                   |          |                               |  |   |
| (809-820)         | 6e(1-12) |                               | HAVE US<br>SERVICE<br>(Unable<br>using p | FFICULTIES DO/WOULD YOU SING PUBLIC TRANSPORTATION C - Continued c/limited use/difficulty bublic transportation - Q 6b or Q 6d) |
| 818               | 6e(10)   |                               | HOURS I                                  | NADEQUATE   |
|                   |          | 14<br>923<br>1<br>4<br>8,749  | 1.<br>2.<br>8.<br>9.<br>Blank.           | Not mentioned<br>No answer to entire question   |
| 819               | 6e(11)   |                               | COST                                     |   |
|                   |          | 18<br>919<br>1<br>4<br>8,749  | 1.<br>2.<br>8.<br>9.<br>Blank.           | Not mentioned<br>No answer to entire question   |
| 820               | 6e(12)   |                               | OTHER                                    |   |
|                   |          | 181<br>756<br>1<br>4<br>8,749 | 1.<br>2.<br>8.<br>9.<br>Blank.           | Not mentioned   |
| 821               | 6f       | WOULD YOU USE THIS SERVICE    |  |   |

WOULD YOU USE THIS SERVICE IF GIVEN MOBILITY TRAINING

# IN HOW TO USE THE PUBLIC TRANSPORTATION SERVICE (Cognitive/mental problems using public transportation)

| 12    | 1.     | Yes             |
|-------|--------|-----------------|
| 153   | 2.     | No              |
| 10    | 8.     | Not ascertained |
| 15    | 9.     | DK or refused   |
| 9,501 | Blank. | NA              |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency              | Items and Codes   |
|-------------------|----------|------------------------|---|
| 822               | 7        |                        | HOW DIFFICULT IS IT FOR YOU TO<br>GET AND USE PUBLIC TRANSPORTATION   |
|                   |          | 314                    | 0. No public system   |
|                   |          |                        | (currently) available   |
|                   |          | 929                    | 1. Very difficult   |
|                   |          | 512                    | 2. Somewhat difficult   |
|                   |          | 583                    | 3. A little difficult   |
|                   |          | 3,601                  | 4. Not at all difficult   |
|                   |          | 23                     | 8. Not ascertained  |
|                   |          | 429                    | 9. DK or refused  |
|                   |          | 3,300                  | Blank. NA (No public system available response to Q 6a or 6b)   |
| 823               | 8a       |                        | DO YOU HAVE ANY PROBLEMS GETTING<br>AROUND OUTSIDE YOUR HOME DUE TO<br>IMPAIRMENT/HEALTH PROBLEM                                    |
|                   |          | 1,819                  | 1. Yes  |
|                   |          | 7,820                  | 2. No   |
|                   |          | 30                     | 8. Not ascertained  |
|                   |          | 22                     | 9. DK or refused  |
| 824-833)          | 8b(1-10) |                        | WHAT PROBLEMS DO YOU HAVE GETTING<br>AROUND OUTSIDE YOUR HOME   |
| 824               | 8b(1)    |                        | COGNITIVE OR MENTAL PROBLEMS  |
|                   |          | 231<br>1,580<br>6<br>2 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> </ol> |
|                   |          | 7,872                  | Blank. NA (No or DK if problem getting around outside the home)   |

| 8 | 325 | 8b(2) |                                | FEAR     |   |
|---|-----|-------|--------------------------------|----------|---|
|   |     |       | 83<br>1,728<br>6<br>2<br>7,872 | 8.<br>9. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (No or DK if problem getting around outside the home) |
| - |     |       |                                | 100      |   |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                       | Ite                            | ems and Codes  |
|-------------------|----------|---------------------------------|--------------------------------|--|
| (824-833)         | 8b(1-10) |                                 |                                | OBLEMS DO YOU HAVE GETTING OUTSIDE YOUR HOME - Continued                         |
| 826               | 8b(3)    |                                 | VISION                         |  |
|                   |          | 243<br>1,568<br>6<br>2<br>7,872 | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question   |
| 827               | 8b(4)    |                                 | HEARING                        | ;  |
|                   |          | 93<br>1,718<br>6<br>2<br>7,872  | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question<br>DK or refused (entire question) |
| 828               | 8b(5)    |                                 | WEATHER                        | 2  |
|                   |          | 109<br>1,702<br>6<br>2<br>7,872 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question                                    |
| 829               | 8b(6)    |                                 | DIFFICU                        | ULTY WALKING/CAN'T WALK  |
|                   |          | 1,355<br>456<br>6<br>2<br>7,872 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question                                    |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

# Section B - Transportation

| Tape<br>Locations | Item No. | Frequency                       | Items and Codes  |  |
|-------------------|----------|---------------------------------|--|--|
| (824-833)         | 8b(1-10) |                                 | WHAT PROBLEMS DO YOU HAVE GETTING<br>AROUND OUTSIDE YOUR HOME - Continued  |  |
| 830               | 8b(7)    |                                 | WHEELCHAIR/SCOOTER/ACCESS PROBLEMS   |  |
|                   |          | 172<br>1,639<br>6<br>2<br>7,872 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if problem getting around outside the home)</li> </ol> |  |
| 831               | 8b(8)    |                                 | PROBLEMS WITH OTHER<br>MEDICAL/ASSISTIVE DEVICES   |  |
|                   |          | 74<br>1,737                     | <ol> <li>Mentioned</li> <li>Not mentioned</li> </ol>   |  |
|                   |          | 6<br>2<br>7,872                 | 8. No answer to entire question 9. DK or refused (entire question) Blank. NA (No or DK if problem getting around outside the home)   |  |
| 832               | 8b(9)    |                                 | NEED HELP FROM ANOTHER PERSON  |  |
|                   |          | 350<br>1,461<br>6<br>2<br>7,872 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if problem getting around outside the home)</li> </ol> |  |
| 833               | 8b(10)   |                                 | OTHER  |  |
|                   |          | 284<br>1,527<br>6<br>2<br>7,872 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if problem getting around outside the home)</li> </ol> |  |

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# Section B - Transportation

| Tape<br>Locations | Item No. | Frequency | Items and Codes                  |
|-------------------|----------|-----------|----------------------------------|
| 834               | 9        |           | HAVE YOU TRAVELED BY CAR,        |
|                   |          |           | AIRPLANE, BUS, TRAIN, OR         |
|                   |          |           | BOAT DURING THE PAST 6 MONTHS    |
|                   |          | 8,555     | 1. Yes                           |
|                   |          | 1,057     | 2. No                            |
|                   |          | 62        | 8. Not ascertained               |
|                   |          | 17        | 9. DK or refused                 |
| 835-852)          | 10(a-i)  |           | IN THE PAST WEEK, HOW MANY       |
|                   |          |           | TIMES DID YOU:                   |
| 835-836           | 10a      |           | DRIVE A CAR                      |
|                   |          | 2,803     | 00. None                         |
|                   |          | 5,595     | 01-96. 1-96 times                |
|                   |          | 7         | 97. 97+ times                    |
|                   |          | 11        | 98. Not ascertained              |
|                   |          | 139       | 99. DK or refused                |
|                   |          | 1,136     | 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     |
|                   |          | 3,036     | 00. None                         |
|                   |          | 5,252     | 01-96. 1-96 times                |
|                   |          | 0         | 97. 97+ times                    |
|                   |          | 18        | 98. Not ascertained              |
|                   |          | 249       | 99. DK or refused                |
|                   |          | 1,136     | 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               |
|                   |          | 7,923     | 00. None                         |
|                   |          | 538       | 01-96. 1-96 times                |
|                   |          | 0         | 97. 97+ times                    |
|                   |          | 14        | 98. Not ascertained              |
|                   |          | 80        | 99. DK or refused                |
|                   |          | 1,136     | Blank. NA (No or DK if travelled |
|                   |          |           | by car, airplane, bus, train,    |
|                   |          |           | or boat during past 6 months)    |
|                   |          |           | -109-                            |
|                   |          |           |                                  |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                              | Items  | s and Codes   |
|-------------------|----------|--|--|---|
| (835-852)         | 10(a-i)  |  | IN THE PAST WEEK, HOW MANY<br>TIMES DID YOU: - Continued |   |
| 841-842           | 10d      |  | RIDE AN A  | ACCESSIBLE BUS  |
|                   |          | 8,415<br>74<br>0<br>19<br>47<br>1,136  | 01-96. 3<br>97. 9<br>98. 1<br>99. 1<br>Blank. 1          | None<br>L-96 times<br>97+ times<br>Not ascertained<br>DK or refused<br>NA (No or DK if travelled<br>Dy car, airplane, bus, train,<br>Or boat during past 6 months)  |
| 843-844           | 10e      |  | RIDE A SU  | JBWAY   |
|                   |          | 8,346<br>148<br>0<br>13<br>48<br>1,136 | 01-96. 3<br>97. 9<br>98. 1<br>99. 1<br>Blank. 1          | None<br>1-96 times<br>97+ times<br>Not ascertained<br>DK or refused<br>NA (No or DK if travelled<br>Dy car, airplane, bus, train,<br>Dor boat during past 6 months) |
| 845-846           | 10f      |  | RIDE SOM   | E OTHER RAIL SYSTEM   |
|                   |          | 8,454<br>47<br>0<br>14<br>40<br>1,136  | 01-96. 1<br>97. 9<br>98. 1<br>99. 1<br>Blank. 1          | None<br>L-96 times<br>97+ times<br>Not ascertained<br>DK or refused<br>NA (No or DK if travelled<br>Dy car, airplane, bus, train,<br>Der boat during past 6 months) |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes  |  |
|-------------------|----------|-----------|--|--|
| (835-852)         | 10(a-i)  |           | IN THE PAST WEEK, HOW MANY<br>TIMES DID YOU: - Continued |  |
| 847-848           | 10g      |           | RIDE A FERRY BOAT  |  |

|         |     | 8,482<br>20<br>0<br>17<br>36<br>1,136  | 00.<br>01-96.<br>97.<br>98.<br>99.<br>Blank. | 1-96 times<br>97+ times<br>Not ascertained<br>DK or refused |
|---------|-----|--|--|---|
| 849-850 | 10h |  | RIDE A                                       | SOCIAL SERVICES AGENCY VAN                                  |
|         |     | 8,407<br>100<br>0<br>10<br>38<br>1,136 |  | 1-96 times<br>97+ times<br>Not ascertained<br>DK or refused |
| 851-852 | 10i |  |  | REGULAR TAXI IN<br>YOU PAID FARE                            |
|         |     | 8,285<br>213<br>0<br>13<br>44<br>1,136 |  | 1-96 times<br>97+ times<br>Not ascertained<br>DK or refused |

# Section B - Transportation

-111-

| Tape<br>Locations | Item No. | Frequency                                     | Ite    | ems and Codes  |
|-------------------|----------|---|--------|--|
| 853-854           | 11a      |   |        | Y TIMES DID YOU FLY IN<br>PLANE IN THE PAST 6 MONTHS |
|                   |          | 7,223<br>376<br>920<br>0<br>15<br>21<br>1,136 | 02-96. | DK or refused  |

855-856 11b

1

HOW MANY TIMES ON LARGE

# AIRPLANE WITH 200 OR MORE SEATS

|         |     | 0<br>6<br>25  | 00. None 1-96. 1-96 times 97. 97+ times 98. Not ascertained 99. DK or refused lank. 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 |               | OW MANY TIMES ON A MEDIUM SIZED IRPLANE WITH 100 TO 199 SEATS   |
|         |     | 0<br>18<br>26 | 00. None 1-96. 1-96 times 97. 97+ times 98. Not ascertained 99. DK or refused lank. 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) |
| 1       |     |               | -112-   |

# -112-

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                            | Items and Codes   |
|-------------------|----------|--------------------------------------|---|
| 859-860           | 11d      |                                      | HOW MANY TIMES ON A SMALL<br>AIRPLANE WITH 19 TO 99 SEATS   |
|                   |          | 756<br>122<br>0<br>21<br>21<br>8,771 | 00. None 01-96. 1-96 times 97. 97+ times 98. Not ascertained 99. DK or refused 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<br>WITH FEWER THAN 19 SEATS   |
|                   |          | 844<br>45<br>0                       | 00. None<br>01-96. 1-96 times<br>97. 97+ times  |

|     |     | 21<br>10<br>8,771 | 98.<br>99.<br>Blank. | DK or refused  |
|-----|-----|-------------------|----------------------|--|
| 863 | 11f |                   | FLIGHT               | WAS IN   |
|     |     | 143               | 1.                   | A large airplane with 200 or more seats  |
|     |     | 79                | 2.                   | Medium sized airplane with 100 to 199 seats  |
|     |     | 2                 | 3.                   | Small airplane with 19 to 99 seats   |
|     |     | 4                 | 4.                   | An airplane with fewer than 19 seats   |
|     |     | 141               | 8.                   | Not ascertained  |
|     |     | 7                 | 9.                   | DK or refused  |
|     |     | 9,315             | Blank.               | NA (No or DK if travelled<br>by car, airplane, bus, train,<br>or boat during past 6 months;<br>travelled on airplane more<br>than once in past 6 months) |
| 1   |     |                   | -113                 |  |

| Tape<br>Locations | Item No. | Frequency                               | Items and Codes   |
|-------------------|----------|---|---|
| 864-865           | 12a      |   | HOW MANY TIMES DID YOU RIDE A<br>LONG-DISTANCE BUS IN PAST 6 MONTHS   |
|                   |          | 8,226<br>293<br>0<br>12<br>24<br>1,136  | 00. None 01-96. 1-96 times 97. 97+ times 98. Not ascertained 99. DK or refused Blank. NA (No or DK if travelled by car, airplane, bus, train, or boat during past 6 months)         |
| 866-867           | 12b      | 8,223<br>140<br>0<br>164<br>28<br>1,136 | HOW MANY TIMES DID YOU TAKE A TRIP ON A TRAIN IN THE PAST 6 MONTHS  00. None 01-96. 1-96 times 97. 97+ times 98. Not ascertained 99. DK or refused 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<br>TRIP ON A CRUISE SHIP OR BOAT   |  |
|---------|-----|--|--|
|         |     | 8,256 00. None 137 01-96. 1-96 times 0 97. 97+ times 137 98. Not ascertained 25 99. DK or refused 1,136 Blank. NA (No or DK if travelled by car, airplane, bus, train, or boat during past 6 months) |  |
| 870     |     | BLANK  |  |
|         |     | -114-  |  |
| Notes:  |     | -115-  |  |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section C - Social Activity

| Tape<br>Locations | Item No.     | Frequency                          | Items and Codes                                 |  |
|-------------------|--------------|------------------------------------|---|--|
| (871-891)         | 1a-g<br>2a-g |                                    | SOCIAL ACTI<br>PAST 2 WEEK                      | VITIES DURING<br>S:  |
| 871               | 1a           |                                    | GET TOGETHER WITH FRIENDS OR NEIGHBORS          |  |
|                   |              | 6,406<br>3,009<br>56<br>103<br>117 | 9. DK   | ascertained<br>or refused<br>(Institutionalized)   |
| 872-873           | 2a           |                                    | IF YES, HOW                                     | OFTEN  |
|                   |              | 6,089<br>0<br>39<br>278<br>3,285   | 97. 97+<br>98. Not<br>99. DK<br>Blank. NA<br>DK | ber of times times ascertained or refused (Institutionalized; No or if get together socially h friends or neighbors) |
| 874               | 1b           |                                    | TALK ON TEL                                     | EPHONE WITH  |

FRIENDS OR NEIGHBORS

|         |    | 7,234<br>2,151<br>69<br>120<br>117 | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused NA (Institutionalized)   |
|---------|----|------------------------------------|--------------------------------|---|
| 875-876 | 2b |                                    | IF YES,                        | HOW OFTEN   |
|         |    | 6,684<br>15<br>52<br>483<br>2,457  | 98.                            | Number of times 97+ times Not ascertained DK or refused NA (Institutionalized; No or DK if talk on telephone with friends or neighbors) |

1 -116-

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

# Section C - Social Activity

| Tape<br>Locations | Item No.     | Frequency                          | Ite                            | ms and Codes                            |
|-------------------|--------------|------------------------------------|--------------------------------|---|
| (871-891)         | la-g<br>2a-g |                                    |                                | ACTIVITIES DURING<br>WEEKS: - Continued |
| 877               | 1c           |                                    | GET TOG                        | ETHER WITH RELATIVES                    |
|                   |              | 6,605<br>2,820<br>67<br>82<br>117  |                                | No                                      |
| 878-879           | 2c           |                                    | IF YES,                        | HOW OFTEN                               |
|                   |              | 6,315<br>0<br>59<br>231<br>3,086   |                                | DK or refused                           |
| 880               | 1d           |                                    | TALK ON                        | TELEPHONE WITH RELATIVES                |
|                   |              | 7,744<br>1,657<br>71<br>102<br>117 | 1.<br>2.<br>8.<br>9.<br>Blank. | No<br>Not ascertained<br>DK or refused  |

| 881-882 | 2d |                                  | IF YES,           | HOW OFTEN  |
|---------|----|----------------------------------|-------------------|--|
|         |    | 7,267<br>9<br>75<br>393<br>1,947 | 97.<br>98.<br>99. | Number of times<br>97+ times<br>Not ascertained<br>DK or refused<br>NA (Institutionalized;<br>No or DK if talk with any<br>relative(s) on phone) |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

# Section C - Social Activity

| Tape<br>Locations | Item No.     | Frequency                          | Items                                   | and Codes   |
|-------------------|--------------|------------------------------------|---|---|
| (871-891)         | 1a-g<br>2a-g |                                    |   | IVITIES DURING<br>KS: - Continued   |
| 883               | 1e           |                                    | GO TO CHUR                              | CH OR TEMPLE SERVICES   |
|                   |              | 3,823<br>5,565<br>73<br>113<br>117 | 9. DK                                   |   |
| 884-885           | 2e           |                                    | IF YES, HO                              | W OFTEN   |
|                   |              | 3,740<br>0<br>28<br>55<br>5,868    | 97. 97<br>98. No<br>99. DK<br>Blank. NA | mber of times + times t ascertained or refused (Institutionalized; No or if go to place of worship)           |
| 886               | 1f           |                                    | GO TO MOVI                              | ES, SPORTS EVENTS, ETC.   |
|                   |              | 2,587<br>6,805<br>64<br>118<br>117 | 9. DK                                   |   |
| 887-888           | 2f           |                                    | IF YES, HO                              | W OFTEN   |
|                   |              | 2,515<br>1<br>18<br>53<br>7,104    | 97. 97<br>98. No<br>99. DK<br>Blank. NA | mber of times<br>+ times<br>t ascertained<br>or refused<br>(Institutionalized; No<br>DK if go to group event) |

| 889 | 1g | OUT TO EAT AT RESTAURANT  |  |
|-----|----|---|--|
|     |    | 5,613 1. Yes 3,781 2. No 65 8. Not ascertained 115 9. DK or refused 117 Blank. NA (Institutionalized) |  |
| 1   |    |   |  |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

# Section C - Social Activity

| Tape<br>Locations | Item No.     | Frequency                                   | Items and Codes  |
|-------------------|--------------|---|--|
| (871-891)         | 1a-g<br>2a-g |   | SOCIAL ACTIVITIES DURING PAST 2 WEEKS: - Continued   |
| 890-891           | 2g           |   | IF YES, HOW OFTEN  |
|                   |              | 5,462<br>1<br>34<br>116<br>4,078            | 01-96. Number of times 97. 97+ times 98. Not ascertained 99. DK or refused Blank. NA (Institutionalized; No or DK if go to restaurant)   |
| 892-893           | 3            |   | DAYS OUTSIDE THE HOUSE<br>IN PAST TWO WEEKS  |
|                   |              | 350<br>3,049<br>5,954<br>47<br>174<br>117   | 00. None 01-13. 1-13 days 14. Every day 98. Not ascertained 99. DK or refused Blank. NA (Institutionalized)  |
| 894               | 4            |   | PRESENT SOCIAL ACTIVITIES ENOUGH, TOO MUCH   |
|                   |              | 4,761<br>360<br>3,018<br>48<br>128<br>1,376 | <ol> <li>About enough</li> <li>Too much</li> <li>Would like to be doing more</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; proxy respondent)</li> </ol> |
| 895-900           |              |   | BLANK  |

1 -119-

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                        | Items and Codes  |  |
|-------------------|----------|----------------------------------|--|--|
| 901               | 1        | EVER WORKED AT A JOB OR BUSINESS |  |  |
|                   |          | 8,929                            | 1. Yes   |  |
|                   |          | 732                              | 2. No  |  |
|                   |          | 21                               | 8. Not ascertained   |  |
|                   |          | 9                                | 9. DK or refused   |  |
| 902               | Recode   |                                  | WORK HISTORY RECODE  |  |
|                   |          | 18                               | <ol> <li>No information about employmen<br/>for this person</li> </ol>   |  |
|                   |          | 8,864                            | <ol> <li>Worked and has data (may not b<br/>complete)</li> </ol>   |  |
|                   |          | 65                               | 2. Worked but no data  |  |
|                   |          | 732                              | 3. Never worked and has some data  |  |
|                   |          | 0                                | 4. Never worked but has no data  |  |
|                   |          | 3                                | 8. Not ascertained   |  |
|                   |          | 9                                | 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)                                    |  |
|                   |          | 420                              | 1. Yes   |  |
|                   |          | 312                              | 2. No  |  |
|                   |          | 0                                | 8. Not ascertained   |  |
|                   |          | 12                               | 9. DK or refused   |  |
|                   |          | 8,947                            | 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)* |  |
|                   |          | 24<br>379<br>0<br>17<br>9,271    | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -120\mbox{-}$ 

# Section D - Work History/ Employment

| Tape<br>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<br>12<br>0<br>0<br>9,667 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 906               | 4b       |                             | ACCESSIBLE PARKING OR TRANSPORTATION STOP CLOSE TO THE BUILDING  |
|                   |          | 14<br>10<br>0<br>0<br>9,667 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 907               | 4c       |                             | AN ELEVATOR  |
|                   |          | 13<br>10<br>0<br>1<br>9,667 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 908               | 4d       |                             | AN ELEVATOR DESIGNED FOR<br>PERSONS WITH SPECIAL NEEDS   |
|                   |          | 7<br>17<br>0<br>0<br>9,667  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -121\mbox{-}$ 

Section D - Work History/ Employment

| Tape<br>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<br>ADAPTED FOR YOUR USE   |
|                   |          | 10<br>13<br>0<br>1<br>9,667 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 910               | 4f       |                             | A RESTROOM DESIGNED FOR<br>PERSONS WITH SPECIAL NEEDS  |
|                   |          | 6<br>17<br>0<br>1<br>9,667  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 911               | 4g       |                             | AN AUTOMATIC DOOR  |
|                   |          | 7<br>17<br>0<br>0<br>9,667  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -122-

| Tape<br>Locations | Item No. | Frequency | Items and Codes   |
|-------------------|----------|-----------|---|
| 912               | 5        |           | NEED ANY OTHER SPECIAL EQUIPMENT<br>ASSISTANCE, OR WORK ARRANGEMENTS<br>IN ORDER TO WORK (Never or DK if<br>ever worked; entirely prevented |

from working but able to work if
accommodations made)\*

|           |   | 5<br>16<br>0<br>3<br>9,667   | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*                   |
|           |   | 19<br>392<br>4<br>0<br>9,276 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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  |
|           |   | 16<br>3<br>9,672             | 001-365. 1-365 days per week, month, year 999. DK or refused Blank. NA  |
| 917       |   |                              | TIME UNITS  |
|           |   | 10<br>3<br>3<br>3<br>9,672   | 1. Per week 2. Per month 3. Per year 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -123-

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.       | Frequency | Items and Codes  |
|-------------------|----------------|-----------|--|
| 918-919           | Recode<br>(Q7) |           | DAYS PER MONTH DID VOLUNTEER<br>WORK IN PAST 12 MONTHS |
|                   |                | 16        | 01-31. Number of days per month                        |

|     |   | 0<br>3<br>9,672              | 88. Less than 1 day per month<br>99. DK, refused, or not ascertained<br>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)* |
|     |   | 59<br>251<br>5<br>9<br>9,367 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*                |
|     |   | 6<br>59<br>5<br>3<br>9,618   | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -124-

Section D - Work History/ Employment

| Tape<br>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  |
|                   |          | 2<br>56<br>1<br>0<br>9,632 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

| 923 | 10b | YOU WOULD LOSE YOUR HOUSING   |
|-----|-----|---|
|     |     | 0 1. Yes 58 2. No 1 8. Not ascertained 0 9. DK or refused 9,632 Blank. NA |
| 924 | 10c | YOU WOULD LOSE YOUR HEALTH<br>INSURANCE OR MEDICAID COVERAGE              |
|     |     | 1 1. Yes 56 2. No 1 8. Not ascertained 1 9. DK or refused 9,632 Blank. NA |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -125-$ 

Section D - Work History/ Employment

| Tape<br>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   |
|                   |          | 1<br>57<br>1<br>0<br>9,632 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 926               | 10e      |                            | FAMILY RESPONSIBILITIES<br>PREVENTED YOU FROM WORKING  |
|                   |          | 12<br>46<br>1<br>0         | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>  |

# 9,632 Blank. NA

| 927 | 10f | APPROPRIATE INFORMATION ABOUT JOBS WAS NOT AVAILABLE |                |                     |
|-----|-----|--|----------------|---------------------|
|     |     | 2<br>54<br>1   | 1.<br>2.<br>8. |                     |
|     |     | 2<br>9,632   | 9.<br>Blank.   | DK or refused<br>NA |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -126-

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                  | It∈   | ems and Codes  |
|-------------------|----------|----------------------------|---|--|
| (922-932)         | 10a-k    |                            | BECAUSE<br>THAT: -<br>(Never<br>not or<br>prevent<br>limited<br>work; d | U NOT LOOK FOR WORK I YOU WERE CONCERNED I Continued Or DK if ever worked; DK if entirely Led from working and I or DK if limited in Iid not look for work I two years)* |
| 928               | 10g      |                            |   | ULD BE REFUSED A<br>ON OR TRANSFER   |
|                   |          | 0<br>55<br>1<br>3<br>9,632 | 1.<br>2.<br>8.<br>9.<br>Blank.  | No<br>Not ascertained<br>DK or refused   |
| 929               | 10h      |                            | YOU WOU   | ULD BE REFUSED ACCESS  |
|                   |          | 0<br>57<br>1<br>1<br>9,632 | 1.<br>2.<br>8.<br>9.<br>Blank.  | DK or refused  |
| 930               | 10i      |                            | TRAININ   | IG WAS NOT ADEQUATE  |
|                   |          | 6<br>49<br>1               | 1.<br>2.<br>8.  | Yes<br>No<br>Not ascertained   |

# 3 9. DK or refused 9,632 Blank. NA

\*All work restrictions due to ongoing health problem, impairment or disability  $^{-127-}\,$ 

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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  |
|                   |          | 4<br>54<br>1<br>0<br>9,632 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 932               | 10k      |                            | NO APPROPRIATE JOBS AVAILABLE  |
|                   |          | 9<br>47<br>1<br>2<br>9,632 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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<br>54<br>5<br>7<br>9,618 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -128-$ 

# Section D - Work History/ Employment

| Tape<br>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   |
|                   |          | 6<br>56<br>6<br>5<br>9,618  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 935               | 12b      |                             | ACCESSIBLE PARKING OR<br>TRANSPORTATION STOP CLOSE<br>TO THE BUILDING  |
|                   |          | 10<br>53<br>6<br>4<br>9,618 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 936               | 12c      |                             | AN ELEVATOR  |
|                   |          | 9<br>54<br>6<br>4<br>9,618  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -129\mbox{-}$ 

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes               |
|-------------------|----------|-----------|-------------------------------|
| (934-940)         | 12a-g    |           | IN ORDER TO WORK, DO YOU NEED |

| 937 | 12d |                            | 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)*  AN ELEVATOR DESIGNED FOR PERSONS WITH SPECIAL NEEDS |
|-----|-----|----------------------------|---|
|     |     | 2<br>61<br>6<br>4<br>9,618 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |
| 938 | 12e |                            | A WORK STATION SPECIALLY<br>ADAPTED FOR YOUR USE  |
|     |     | 6<br>56<br>6<br>5<br>9,618 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |
| 939 | 12f |                            | A RESTROOM DESIGNED FOR<br>PERSONS WITH SPECIAL NEEDS   |
|     |     | 3<br>61<br>6<br>3<br>9,618 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |
| 940 | 12g |                            | AN AUTOMATIC DOOR   |
|     |     | 2<br>62<br>6<br>3<br>9,618 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -130-

| Tape<br>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)

|           |           | 12<br>50<br>7<br>4<br>9,618 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)   |
|           |           | 0<br>17<br>0<br>0<br>9,674  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 943       | 13b(2)    |                             | BRAILLE, ENLARGED PRINT,<br>SPECIAL LIGHTING, OR AUDIO TAPE  |
|           |           | 2<br>15<br>0<br>0<br>9,674  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -131\mbox{-}$ 

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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 |

| 944 | 13b(3) |                                 | limited<br>from wo<br>accommo  | g and limited or DK if<br>l in work; entirely prevented<br>orking but able to work with<br>odation and need special equipment)* |
|-----|--------|---------------------------------|--------------------------------|---|
|     |        |                                 | INTERPR                        | RETER TO ASSIST YOU   |
|     |        | 4<br>13<br>0<br>0<br>9,674      | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA   |
| 945 | 13b(4) |                                 |                                | COACH TO HELP TRAIN<br>PERVISE YOUR WORK  |
|     |        | 13<br>4<br>0<br>0<br>0<br>9,674 | 2.<br>8.                       | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA   |
| 946 | 13b(5) |                                 |                                | ONAL ASSISTANT TO HELP<br>OB RELATED ACTIVITIES   |
|     |        | 8<br>8<br>0<br>1<br>9,674       | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -132-

| Tape<br>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   |

|     |        | 15<br>0<br>0<br>9,674      | 2.<br>8.<br>9.<br>Blank.       |   |
|-----|--------|----------------------------|--------------------------------|---|
| 948 | 13b(7) |                            | JOB REI                        | DESIGN  |
|     |        | 10<br>7<br>0<br>0<br>9,674 | 1.<br>2.<br>8.<br>9.<br>Blank. |   |
| 949 | 13b(8) |                            |                                | O WORK HOURS TO ALLOW<br>RE BREAKS                  |
|     |        | 6<br>10<br>0<br>1<br>9,674 | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -133-$ 

Section D - Work History/ Employment

| Tape<br>Locations | Item No. F | requency                  | Ite  | ms and Codes  |
|-------------------|------------|---------------------------|--|---|
| (942-951)         | 13b(1-10)  |                           | NEED: - (Never or DK i working limited from wo | R TO WORK, WOULD YOU Continued or DK if ever worked; not f entirely prevented from and limited or DK if in work; entirely prevented rking but able to work with dation and need special equipment)* |
| 950               | 13b(9)     |                           | REDUCED  | OR PART-TIME WORK HOURS   |
|                   |            | 9<br>7<br>0<br>1<br>9,674 | 2.   | Not ascertained<br>DK or refused  |
| 951               | 13b(10)    |                           |  | HER EQUIPMENT, HELP,<br>ARRANGEMENTS  |
|                   |            | 5<br>10                   | 1.<br>2.                                       | Yes<br>No   |

|     |    | 0<br>2<br>9,674               | 8. Not ascertained<br>9. DK or refused<br>Blank. NA   |
|-----|----|-------------------------------|---|
| 952 | 14 |                               | WERE YOU INVOLVED IN UNPAID VOLUNTEER WORK DURING 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)* |
|     |    | 27<br>288<br>12<br>2<br>9,362 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -134-

Section D - Work History/ Employment

| Tape<br>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  |
|                   |          | 26<br>1<br>9,664           | 001-365. 1-365 days per<br>week, month, year<br>999. DK or refused<br>Blank. NA   |
| 956               |          |                            | TIME UNITS  |
|                   |          | 13<br>5<br>8<br>1<br>9,664 | 1. Per week 2. Per month 3. Per year 9. DK or refused Blank. NA   |

| (Q15) |    | WORK IN PAST 12 MONTHS   |
|-------|----|--|
|       |    | 24 01-31. Number of days per month 2 88. Less than 1 day per month 1 99. DK, refused, or not ascertained 9,664 Blank. NA |
| 959   | 16 | DO YOU NOW WORK AT A JOB OR BUSINESS (Has worked at a job or business)   |
|       |    | 3,426 1. Yes<br>5,400 2. No<br>29 8. Not ascertained<br>9 9. DK or refused<br>827 Blank. NA                              |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -135-$ 

Section D - Work History/ Employment

| Tape<br>Locations | Item No. | Frequency                         | Items and Codes  |
|-------------------|----------|-----------------------------------|--|
| 960               | 17       |                                   | LIMITED IN THE KIND OR<br>AMOUNT OF WORK YOU CAN DO (Now<br>working at a job or business)  |
|                   |          | 978<br>2,417<br>12<br>19<br>6,265 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*  |
|                   |          | 957<br>4<br>6<br>11<br>8,713      | 01-96. 1-96 hours per week<br>97. 97+ hours per week<br>98. Not ascertained<br>99. DK or refused<br>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  |
|-----|-----|--|
|     |     | 451 1. Yes<br>525 2. No<br>0 8. Not ascertained<br>2 9. DK or refused<br>8,713 Blank. NA |
| 964 | 19b | THE AMOUNT OF WORK YOU DO  |
|     |     | 534 1. Yes<br>439 2. No<br>0 8. Not ascertained<br>5 9. DK or refused<br>8,713 Blank. NA |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -136-$ 

Section D - Work History/ Employment

| Tape<br>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   |
|                   |          | 400<br>574<br>0<br>4<br>8,713  | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*          |
|                   |          | 580<br>345<br>0<br>53<br>8,713 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*  |
|-----|-----|-------------------------------|---|
|     |     | 322<br>249<br>0<br>9<br>9,111 | <ol> <li>Very difficult</li> <li>Somewhat difficult</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA</li> </ol> |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -137-

Section D - Work History/ Employment

| Tape<br>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)* |
|                   |          | 289<br>630<br>2<br>57<br>8,713 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*  |
|                   |          | 171<br>114<br>1<br>3<br>9,402  | <ol> <li>Very difficult</li> <li>Somewhat difficult</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA</li> </ol>   |
| 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)*  |

| 57    | 1.     | Yes             |
|-------|--------|-----------------|
| 918   | 2.     | No              |
| 3     | 8.     | Not ascertained |
| 0     | 9.     | DK or refused   |
| 8,713 | Blank. | NA              |
|       |        |                 |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -138-$ 

| Tape<br>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)*  |
|                   |          | 36<br>15<br>6<br>0<br>9,634   | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*  |
|                   |          | 101<br>872<br>4<br>1<br>8,713 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)* |
|                   |          | 70<br>20<br>10<br>1<br>9,590  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |

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

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section D - Work History/ Employment

| Tape<br>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)*  |
|                   |          | 84<br>889<br>4<br>1<br>8,713 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)* |
|                   |          | 54<br>23<br>7<br>0<br>9,607  | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*            |
|                   |          | 13<br>961<br>4<br>0<br>8,713 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -140-$ 

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| 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)* |
|-----|--------|------------------------------|---|
|     |        | 6<br>5<br>2<br>0<br>9,678    | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*  |
|     |        | 94<br>880<br>3<br>1<br>8,713 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*       |
|     |        | 56<br>34<br>4<br>0<br>9,597  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -141\mbox{-}$ 

| Tape<br>Locations | Item No. | Frequency | Items and Codes   |
|-------------------|----------|-----------|---|
| 980               | 22a(6)   |           | NEED A RESTROOM DESIGNED<br>FOR PERSONS WITH SPECIAL<br>NEEDS (Now working at a job<br>or business but limited in |

kind or amount of work)\*

|     |        | 32<br>942<br>4<br>0<br>8,713 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)* |
|     |        | 19<br>9<br>4<br>0<br>9,659   | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 982 | 22a(7) |                              | NEED AN AUTOMATIC DOOR (Now working at a job or business but limited in kind or amount of work)*   |
|     |        | 29<br>944<br>4<br>1<br>8,713 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -142\mbox{-}$ 

Section D - Work History/ Employment

| Tape<br>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)* |
|                   |          | 12<br>12<br>5<br>0<br>9,662 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)* |
|-----|--------|-------------------------------|--|
|     |        | 124<br>841<br>9<br>4<br>8,713 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*         |
|     |        | 10<br>112<br>2<br>0<br>9,567  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -143-$ 

Section D - Work History/ Employment

| Tape<br>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)* |
|                   |          | 5<br>5<br>0<br>0<br>9,681 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)\*

|     |        | 8<br>114<br>2<br>0<br>9,567 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)* |
|     |        | 4<br>3<br>1<br>0<br>9,683   | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -144-$ 

Section D - Work History/ Employment

| Tape<br>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)* |  |  |  |
|                   |          | 5<br>116<br>2<br>1<br>9,567 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)\*

|     |        | 2<br>3<br>0<br>0<br>9,686    | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)* |
|     |        | 19<br>101<br>2<br>2<br>9,567 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |
|     |        |                              |   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $^{-145-}\,$ 

Section D - Work History/ Employment

| Tape<br>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 (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)* |
|                   |          | 15<br>2<br>1<br>1<br>9,672 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |
| 993               | 23b(5)   |                            | NEED A PERSONAL ASSISTANT TO HELP WITH JOB RELATED ACTIVITIES (Now working at a   |

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

|     |        | 19<br>103<br>1<br>1<br>9,567 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
|-----|--------|------------------------------|--|
| 994 | 23c(5) |                              | DO YOU HAVE A PERSONAL ASSISTANT TO HELP WITH JOB RELATED ACTIVITIES 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)* |
|     |        | 11<br>4<br>3<br>1<br>9,672   | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $^{-146-}$ 

Section D - Work History/ Employment

| Tape<br>Locations | Item No. | Frequency                    | Items and Codes   |  |  |  |
|-------------------|----------|------------------------------|---|--|--|--|
| 995               | 23b(6)   |                              | NEED SPECIAL PENS OR 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)* |  |  |  |
|                   |          | 20<br>102<br>2<br>0<br>9,567 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)\*

|     |        |                             | ciiis equipment)   |
|-----|--------|-----------------------------|--|
|     |        | 7<br>12<br>1<br>0<br>9,671  | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)* |
|     |        | 38<br>83<br>2<br>1<br>9,567 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $^{-147}$ -

Section D - Work History/ Employment

| Tape<br>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)* |  |
|                   |          | 25<br>12<br>1<br>0<br>9,653 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*         |  |

|      |        | 45<br>76<br>2<br>1<br>9,567 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)* |
|      |        | 27<br>13<br>5<br>0<br>9,646 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -148-$ 

Section D - Work History/ Employment

| Tape<br>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)*  |  |  |
|                   |          | 55<br>67<br>2<br>0<br>9,567 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)* |  |  |
|                   |          | 46<br>5                     | 1. Yes<br>2. No  |  |  |

|      |         | 4<br>0<br>9,636             | 8. Not ascertained<br>9. DK or refused<br>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)* |  |
|      |         | 51<br>72<br>1<br>0<br>9,567 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -149\mbox{-}$ 

Section D - Work History/ Employment

| Tape<br>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)* |  |  |
|                   |           | 27<br>20<br>4<br>0<br>9,640 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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  |  |  |

|      |        | 810<br>164<br>3<br>1<br>8,713 | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned<br>Not mentioned<br>No answer to entire question<br>DK or refused (entire question)<br>NA |
|------|--------|-------------------------------|--------------------------------|---|
| 1007 | 24a(2) |                               | WORK AT                        | HOME  |
|      |        | 61<br>913<br>3<br>1<br>8,713  | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned<br>Not mentioned<br>No answer to entire question<br>DK or refused (entire question)<br>NA |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -150\mbox{-}$ 

Section D - Work History/ Employment

| Tape<br>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,<br>METRO, OR REGULAR BUS  |
|                   |           | 43<br>931<br>3<br>1<br>8,713 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA</li> </ol> |
| 1009              | 24a(4)    |                              | SPECIALIZED BUS OR VAN SERVICE<br>FOR PERSONS WITH DISABILITIES  |
|                   |           | 28<br>946<br>3<br>1<br>8,713 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA</li> </ol> |
| 1010              | 24a(5)    |                              | COMMUTER TRAIN   |
|                   |           | 1<br>973<br>3<br>1           | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> </ol>                    |

| 8,713 Blank. N |
|----------------|
|----------------|

| 1011 | 24a(6) |                             | TAXI |   |
|------|--------|-----------------------------|------|---|
|      |        | 3<br>971<br>3<br>1<br>8,713 | 8.   | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -151-

Section D - Work History/ Employment

| Tape<br>Locations | Item No.  | Frequency                    | Ite                            | ems and Codes  |
|-------------------|-----------|------------------------------|--------------------------------|--|
| (1006-1015)       | 24a(1-10) |                              | TO WORK (Now wo                | YOU USUALLY GET  You continued or a job or so but limited in a mount of work)* |
| 1012              | 24a(7)    |                              | BICYCLE                        |  |
|                   |           | 9<br>965<br>3<br>1<br>8,713  | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question                                  |
| 1013              | 24a(8)    |                              | WALK                           |  |
|                   |           | 52<br>922<br>3<br>1<br>8,713 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question                                  |
| 1014              | 24a(9)    |                              | SCOOTER                        | R/WHEELCHAIR   |
|                   |           | 1<br>973<br>3<br>1<br>8,713  | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question                                  |
| 1015              | 24a(10)   |                              | OTHER                          |  |

1. Mentioned

| 965   | 2.     | Not mentioned                   |
|-------|--------|---------------------------------|
| 3     | 8.     | No answer to entire question    |
| 1     | 9.     | DK or refused (entire question) |
| 8,713 | Blank. | NA                              |

\*All work restrictions due to ongoing health problem, impairment or disability  $$\rm -152\mbox{-}$ 

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section D - Work History/ Employment

| Tape<br>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)*   |
|                   |          | 719<br>62<br>13<br>14<br>2<br>0<br>8,881 | 1. Self 2. Other family member 3. Carpool 4. Other 8. Not ascertained 9. DK or refused 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)* |
|                   |          | 99<br>861<br>16<br>1<br>1<br>8,713       | 1. Yes 2. No 3. Not sure 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -153-$ 

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

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

| (1018-1021) | 26a(1-4) |                               | PROBLEM<br>DISABIL<br>YEARS H<br>working | OF ONGOING HEALTH S, IMPAIRMENT, OR ITY, IN PAST FIVE AVE YOU BEEN: (Now   at a job or business ited in kind or amount )* |
|-------------|----------|-------------------------------|--|---|
| 1018        | 26a(1)   |                               | REFUSED                                  | EMPLOYMENT  |
|             |          | 84<br>875<br>1<br>18<br>8,713 | 2.<br>8.<br>9.                           | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA   |
| 1019        | 26a(2)   |                               | REFUSED                                  | A PROMOTION   |
|             |          | 51<br>903<br>1<br>23<br>8,713 | 2.<br>8.<br>9.                           | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA   |
| 1020        | 26a(3)   |                               | REFUSED                                  | A TRANSFER  |
|             |          | 28<br>937<br>1<br>12<br>8,713 | 2.<br>8.                                 | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA   |
| 1021        | 26a(4)   |                               | REFUSED<br>PROGRAM                       | ACCESS TO TRAINING<br>S   |
|             |          | 35<br>929<br>1<br>13<br>8,713 | 2.<br>8.                                 | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -154-$ 

| Tape<br>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)\*

|             |                 | 250<br>726<br>2<br>0<br>8,713  | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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  |
|             |                 | 227<br>23<br>9,441             | 001-365. 1-365 days per<br>week, month, year<br>999. DK or refused<br>Blank. NA   |
| 1026        |                 |                                | TIME UNITS  |
|             |                 | 71<br>51<br>105<br>23<br>9,441 | 1. Per week 2. Per month 3. Per year 9. DK or refused Blank. NA   |
| 1027-1028   | Recode<br>Q 26c |                                | DAYS PER MONTH DID VOLUNTEER<br>WORK IN PAST 12 MONTHS  |
|             |                 | 176<br>51<br>23<br>9,441       | 01-31. Number of days per month<br>88. Less than 1 day per month<br>99. DK, refused, or not ascertained<br>Blank. NA                                  |
|             |                 |                                |   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -155\mbox{--}$ 

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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)\*

|             |         | 2,378<br>8<br>29<br>33<br>7,243  | 01-96. 1-96 hours per we<br>97. 97+ hours per wee<br>98. Not ascertained<br>99. DK or refused<br>Blank. NA                                    |                             |
|-------------|---------|----------------------------------|---|-----------------------------|
| (1031-1033) | 28(a-c) |                                  | BECAUSE OF ONGOING HEALTH<br>IMPAIRMENT, OR DISABILITY<br>YOU EVER CHANGED: (Now wo<br>a job or business; not or<br>limited in kind or amount | , HAVE<br>rking at<br>DK if |
| 1031        | 28a     |                                  | THE KIND OF WORK YOU DO   |                             |
|             |         | 201<br>2,215<br>25<br>7<br>7,243 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |                             |
| 1032        | 28b     |                                  | THE AMOUNT OF WORK YOU DO   | 1                           |
|             |         | 183<br>2,231<br>25<br>9<br>7,243 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |                             |
| 1033        | 28c     |                                  | YOUR JOB  |                             |
|             |         | 163<br>2,253<br>25<br>7<br>7,243 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |                             |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $^{-156}$ -

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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)\*

|      |     | 137<br>2,239<br>23<br>49<br>7,243 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*  |
|      |     | 46<br>87<br>0<br>4<br>9,554       | 1. Very difficult 2. Somewhat difficult 8. Not ascertained 9. DK or refused 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)* |
|      |     | 60<br>2,329<br>29<br>30<br>7,243  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -157\mbox{-}$ 

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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)* |
|                   |          | 19<br>38<br>0 | <ol> <li>Very difficult</li> <li>Some what difficult</li> <li>Not ascertained</li> </ol>  |

|      |        | 3<br>9,631                      | 9. DK or refused<br>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)*                                   |
|      |        | 19<br>2,399<br>26<br>4<br>7,243 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)* |
|      |        | 16<br>2<br>1<br>0<br>9,672      | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -158-

Section D - Work History/ Employment

| Tape<br>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)* |
|                   |          | 26<br>2,392<br>26<br>4<br>7,243 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)\*

|      |        |                                 | CIIID SE                       | decial leadure to work)   |
|------|--------|---------------------------------|--------------------------------|---|
|      |        | 22<br>2<br>1<br>1<br>9,665      | 1.<br>2.<br>8.<br>9.<br>Blank. | Not ascertained<br>DK or refused  |
| 1042 | 31a(3) |                                 | (Now wo                        | N ELEVATOR<br>orking at a job or<br>es; not or DK if limited<br>d or amount of work)* |
|      |        | 37<br>2,381<br>26<br>4<br>7,243 | 2.<br>8.                       | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA                                   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -159-$ 

Section D - Work History/ Employment

| Tape<br>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)* |
|                   |          | 31<br>5<br>1<br>0<br>9,654 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*            |
|                   |          | 3<br>2,414<br>26           | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> </ol>  |

|      |        | 5<br>7,243                | 9. DK or refused<br>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<br>1<br>0<br>0<br>9,688 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -160\mbox{-}$ 

Section D - Work History/ Employment

| Tape<br>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)*  |
|                   |          | 30<br>2,389<br>25<br>4<br>7,243 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)* |
|                   |          | 23<br>5<br>2<br>0<br>9,661      | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)\*

| 13    | 1.     | Yes             |
|-------|--------|-----------------|
| 2,403 | 2.     | No              |
| 28    | 8.     | Not ascertained |
| 4     | 9.     | DK or refused   |
| 7,243 | Blank. | NA              |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $^{-161-}\,$ 

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section D - Work History/ Employment

| Tape<br>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)* |
|                   |          | 10<br>2<br>1<br>0<br>9,678     | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*   |
|                   |          | 6<br>2,406<br>32<br>4<br>7,243 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*  |

1. Yes

| 1     | 2.     | No              |
|-------|--------|-----------------|
| 1     | 8.     | Not ascertained |
| 0     | 9.     | DK or refused   |
| 9,685 | Blank. | NA              |

\*All work restrictions due to ongoing health problem, impairment or disability  $$\rm -162\mbox{-}$ 

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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)*                           |
|                   |          | 25<br>2,388<br>30<br>5<br>7,243 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*                  |
|                   |          | 3<br>21<br>1<br>0<br>9,666      | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)* |
|                   |          | 3<br>0<br>0<br>0<br>9,688       | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

\*All work restrictions due to ongoing health problem, impairment or disability -163-

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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)*                           |
|                   |          | 1<br>23<br>1<br>0<br>9,666 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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<br>1<br>0<br>0<br>9,690  | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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<br>24<br>1<br>0<br>9,666 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

\*All work restrictions due to ongoing health problem, impairment or disability -164-

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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<br>0<br>0<br>0<br>9,691  | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*                                       |
|                   |          | 0<br>24<br>1<br>0<br>9,666 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*     |
|                   |          | 0<br>0<br>0<br>0<br>9,691  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability
-165-

## Section D - Work History/ Employment

| Tape<br>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)*                                   |
|                   |          | 0<br>24<br>1<br>0<br>9,666 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)* |
|                   |          | 0<br>0<br>0<br>0<br>9,691  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 1063              | 33a(6)   |                            | NEED SPECIAL PENS OR PENCILS,<br>CHAIRS, OR OTHER OFFICE SUPPLIES<br>(Now working at a job or business;<br>not or DK if limited in kind or<br>amount of work; needs special equipment,<br>help or arrangements to work)*                   |
|                   |          | 2<br>22<br>1<br>0<br>9,666 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -166\mbox{-}$ 

## Section D - Work History/ Employment

| Tape<br>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 business; not or DK if limited in kind or amount of work; needs special equipment, help or arrangements to work; needs this device)* |
|                   |          | 2<br>0<br>0<br>0<br>9,689  | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*  |
|                   |          | 1<br>23<br>1<br>0<br>9,666 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*  |
|                   |          | 0<br>1<br>0<br>0<br>9,690  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $^{-167-}$ 

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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)*                                   |
|                   |          | 0<br>24<br>1<br>0<br>9,666 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)* |
|                   |          | 0<br>0<br>0<br>0<br>9,691  | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)*   |
|                   |          | 1<br>22<br>2<br>0<br>9,666 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -168-

| 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 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 9,690 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)*                                   |
|      |         | 12 1. Yes 12 2. No 1 8. Not ascertained 0 9. DK or refused 9,666 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)* |
|      |         | 7 1. Yes 5 2. No 0 8. Not ascertained 0 9. DK or refused 9,679 Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -169\mbox{-}$ 

| 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  |
|             |           | 2,114<br>297<br>28<br>9<br>7,243 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA</li> </ol> |
| 1074        | 34a(2)    |                                  | WORK AT HOME   |
|             |           | 98<br>2,313<br>28<br>9<br>7,243  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA</li> </ol> |
| 1075        | 34a(3)    |                                  | RAPID TRANSIT, SUBWAY,<br>METRO, OR REGULAR BUS  |
|             |           | 119<br>2,292<br>28<br>9<br>7,243 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA</li> </ol> |
| 1076        | 34a(4)    |                                  | SPECIALIZED BUS OR VAN SERVICE<br>FOR PERSONS WITH DISABILITIES  |
|             |           | 3<br>2,408<br>28<br>9<br>7,243   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA</li> </ol> |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -170\mbox{-}$ 

| Tape<br>Locations | Item No. Frequ | uency 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) |                                 | COMMUTE                        | ER TRAIN                     |
|------|--------|---------------------------------|--------------------------------|------------------------------|
|      |        | 5<br>2,406<br>28<br>9<br>7,243  | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned                |
| 1078 | 34a(6) |                                 | TAXI                           |                              |
|      |        | 8<br>2,403<br>28<br>9<br>7,243  | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question |
| 1079 | 34a(7) |                                 | BICYCLE                        | <b>⊡</b>                     |
|      |        | 15<br>2,396<br>28<br>9<br>7,243 | 1.<br>2.<br>8.<br>9.<br>Blank. |                              |
| 1080 | 34a(8) |                                 | WALK                           |                              |
|      |        | 89<br>2,322<br>28<br>9<br>7,243 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned                |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $^{-171}$ -

Section D - Work History/ Employment

| Tape<br>Locations | Item No.  | Frequency        | Items                  | s and Codes  |
|-------------------|-----------|------------------|------------------------|--|
| (1073-1082)       | 34a(1-10) |                  | WORK - Co<br>(Now work | king at a job or business;<br>K if limited in kind or      |
| 1081              | 34a(9)    |                  | SCOOTER/W              | WHEELCHAIR   |
|                   |           | 1<br>2,410<br>28 | 2. N                   | Mentioned<br>Not mentioned<br>No answer to entire question |

|      |         | 9<br>7,243                                 | 9. DK or refused (entire question) Blank. NA   |
|------|---------|--|--|
| 1082 | 34a(10) |  | OTHER  |
|      |         | 27<br>2,384<br>28<br>9<br>7,243            | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA</li> </ol> |
| 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)*           |
|      |         | 1,959<br>71<br>39<br>35<br>8<br>2<br>7,577 | 1. Self 2. Other family member 3. Carpool 4. Other 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -172\mbox{-}$ 

Section D - Work History/ Employment

| Tape<br>Locations | Item No. | Frequency | Ite       | ms and Codes            |
|-------------------|----------|-----------|-----------|-------------------------|
| 1084              | 35       |           | HAVE VC   | U BEEN FIRED, LAID      |
| 1001              | 33       |           |           | TOLD TO RESIGN FROM     |
|                   |          |           | •         | BECAUSE ONGOING HEALTH  |
|                   |          |           |           | IS, IMPAIRMENT, OR      |
|                   |          |           |           | ITY IN PAST FIVE YEARS  |
|                   |          |           |           | orking at a job or      |
|                   |          |           |           | s; not or DK if limited |
|                   |          |           |           | or amount of work)*     |
|                   |          |           | III KIIIO | or amount or work)"     |
|                   |          | 49        | 1.        | Yes                     |
|                   |          | 2,348     | 2.        | No                      |
|                   |          | 14        | 3.        | Not sure                |
|                   |          | 29        | 8.        | Not ascertained         |
|                   |          | 8         | 9.        | DK or refused           |
|                   |          | 7,243     | Blank.    | NA                      |

(1085-1088) 36a(1-4)

BECAUSE OF ONGOING HEALTH PROBLEMS, IMPAIRMENT, OR DISABILITY, IN PAST FIVE YEARS HAVE YOU BEEN:

|      |        |                                  | busines        | rking at a job or<br>s; not or DK if limited<br>or amount of work)* |
|------|--------|----------------------------------|----------------|---|
| 1085 | 36a(1) |                                  | REFUSED        | EMPLOYMENT  |
|      |        | 18<br>2,379<br>29<br>22<br>7,243 | 2.<br>8.<br>9. | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA                 |
| 1086 | 36a(2) |                                  | REFUSED        | A PROMOTION   |
|      |        | 13<br>2,386<br>30<br>19<br>7,243 | 2.<br>8.       | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA                 |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $^{-173}$ -

Section D - Work History/ Employment

| Tape<br>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   |
|                   |          | 2<br>2,397<br>33<br>16<br>7,243 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 1088              | 36a(4)   |                                 | REFUSED ACCESS TO TRAINING PROGRAMS  |
|                   |          | 4<br>2,394<br>32<br>18<br>7,243 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

| 1089 | 36b |                                   | VOLUNTE<br>12 MONT<br>job or | OU INVOLVED IN UNPAID SER WORK DURING PAST THS (Now working at a business; not or DK if I in kind or amount of work)* |
|------|-----|-----------------------------------|------------------------------|---|
|      |     | 526<br>1,882<br>30<br>10<br>7,243 |                              | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -174-$ 

Section D - Work History/ Employment

| 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   |
|             |                 | 482<br>44<br>9,165              | 001-365. 1-365 days per week,<br>month, year<br>999. DK or refused<br>Blank. NA  |
| 1093        |                 |                                 | TIME UNITS   |
|             |                 | 150<br>80<br>252<br>44<br>9,165 | 1. Per week 2. Per month 3. Per Year 9. DK or refused Blank. NA  |
| 1094-1095   | Recode<br>Q 36c |                                 | DAYS PER MONTH DID VOLUNTEER<br>WORK IN PAST 12 MONTHS   |
|             |                 | 365<br>117<br>44<br>9,165       | 01-31. Number of days per month<br>88. Less than 1 day per month<br>99. DK, refused, or not ascertained<br>Blank. NA   |
| 1096        | 37              |                                 | ARE YOU LOOKING FOR WORK<br>OR ON LAYOFF FROM A JOB  |

(Has worked; not or DK if currently working)

| 382   | 1.     | Yes             |
|-------|--------|-----------------|
| 5,006 | 2.     | No              |
| 36    | 8.     | Not ascertained |
| 14    | 9.     | DK or refused   |
| 4,253 | Blank. | NA              |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -175\mbox{-}$ 

Section D - Work History/ Employment

| Tape<br>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)                         |
|                   |          |           | for work of on layoff)  |
|                   |          | 188       | 1. Yes  |
|                   |          | 188<br>0  | 2. No<br>8. Not ascertained   |
|                   |          | 6         | 9. DK or refused  |
|                   |          | 9,309     | Blank. NA   |
| 1098-1099         | 39       |           | IN WHAT YEAR DID YOU STOP   |
| 1090-1099         | 37       |           | WORKING AT YOUR LAST JOB  |
|                   |          |           | (Has worked; not or DK if   |
|                   |          |           | currently working; looking  |
|                   |          |           | <pre>for work or on layoff; limited in kind or amount of work)*</pre>     |
|                   |          |           | III IIIIa or amount or worn,  |
|                   |          | 187       | 00-97. 1900-1997 Year   |
|                   |          | 1         | stopped working<br>98. Not ascertained                                    |
|                   |          | 0         | 99. DK or refused   |
|                   |          | 9,503     | Blank. NA   |
| 100               | 40       |           | ONGOING HEALTH PROBLEM, IMPAIRMENT,                                       |
| -                 | -        |           | OR DISABILITY MAKE IT DIFFICULT FOR                                       |
|                   |          |           | YOU TO LOOK FOR WORK (Has worked;   |
|                   |          |           | <pre>not or DK if currently working; looking for work or on layoff;</pre> |
|                   |          |           | limited in kind or amount of work)*                                       |
|                   |          | 124       | 1. Yes  |
|                   |          | 62        | 2. No   |

| 0     | 8.     | Not ascertained |
|-------|--------|-----------------|
| 2     | 9.     | DK or refused   |
| 9,503 | Blank. | NA              |

1101 BLANK

\*All work restrictions due to ongoing health problem, impairment or disability  $$\rm -176\mbox{-}$ 

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

### Section D - Work History/ Employment

| Tape<br>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  |
|                   |          | 21<br>163<br>1<br>3<br>9,503 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 1103              | 41b      |                              | YOU WOULD LOSE YOUR HOUSING  |
|                   |          | 6<br>180<br>1<br>1<br>9,503  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 1104              | 41c      |                              | YOU WOULD LOSE YOUR HEALTH<br>INSURANCE OR MEDICAID COVERAGE   |
|                   |          | 20<br>165<br>1<br>2<br>9,503 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 1105              | 41d      |                              | YOUR FAMILY OR FRIENDS<br>DISCOURAGED YOU FROM WORKING   |

3 1. Yes

| 179   | 2.     | No              |
|-------|--------|-----------------|
| 1     | 8.     | Not ascertained |
| 0     | 9.     | DK or refused   |
| 9,503 | Blank. | NA              |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -177-$ 

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   |
|             |             | 23<br>164<br>1<br>0<br>9,503 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 1107        | 41f         |                              | APPROPRIATE INFORMATION ABOUT JOBS WAS NOT AVAILABLE   |
|             |             | 25<br>161<br>1<br>1<br>9,503 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 1108        | <b>4</b> 1g |                              | YOU WOULD BE REFUSED A PROMOTION OR TRANSFER   |
|             |             | 14<br>169<br>1<br>4<br>9,503 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -178-$ 

### Section D - Work History/ Employment

| Tape<br>Locations | Item No. | Frequency                    | It∈   | ems and Codes   |
|-------------------|----------|------------------------------|---|---|
| (1102-1112)       | 41a-k    |                              | BECAUSE<br>THAT: -<br>(Has wo<br>current<br>for wor | J NOT LOOK FOR WORK E YOU WERE CONCERNED - Continued orked; not or DK if ely working;looking ek or on layoff; limited d or amount of work)* |
| 1109              | 41h      |                              |   | JLD BE REFUSED<br>TO TRAINING   |
|                   |          | 16<br>166<br>2<br>4<br>9,503 | 1.<br>2.<br>8.<br>9.<br>Blank.                      | No<br>Not ascertained<br>DK or refused  |
| 1110              | 41i      |                              | TRAININ   | IG WAS NOT ADEQUATE   |
|                   |          | 26<br>159<br>0<br>3<br>9,503 | 1.<br>2.<br>8.<br>9.<br>Blank.                      | No<br>Not ascertained<br>DK or refused  |
| 1111              | 41j      |                              | LACKED  | TRANSPORTATION  |
|                   |          | 37<br>147<br>1<br>3<br>9,503 | 1.<br>2.<br>8.<br>9.<br>Blank.                      | No<br>Not ascertained<br>DK or refused  |
| 1112              | 41k      |                              | NO APPF   | ROPRIATE JOBS AVAILABLE   |
|                   |          | 70<br>114<br>1<br>3<br>9,503 | 1.<br>2.<br>8.<br>9.<br>Blank.                      | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -179\mbox{-}$ 

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |
|                   |          | 20<br>168<br>0<br>0<br>9,503 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 1114              | 42b      |                              | ACCESSIBLE PARKING OR TRANSPORTATION STOP CLOSE TO THE BUILDING  |
|                   |          | 36<br>151<br>0<br>1<br>9,503 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 1115              | 42c      |                              | AN ELEVATOR  |
|                   |          | 31<br>155<br>0<br>2<br>9,503 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 1116              | 42d      |                              | AN ELEVATOR DESIGNED FOR<br>PERSONS WITH SPECIAL NEEDS   |
|                   |          | 5<br>182<br>0<br>1<br>9,503  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -180\mbox{-}$ 

| Tape<br>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<br>ADAPTED FOR YOUR USE   |
|                   |          | 37<br>148<br>0<br>3<br>9,503 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 1118              | 42f      |                              | A RESTROOM DESIGNED FOR<br>PERSONS WITH SPECIAL NEEDS  |
|                   |          | 10<br>178<br>0<br>0<br>9,503 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 1119              | 42g      |                              | AN AUTOMATIC DOOR  |
|                   |          | 10<br>177<br>0<br>1<br>9,503 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -181\mbox{-}$ 

| Tape<br>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)\*

|             |           | 50<br>133<br>1<br>4<br>9,503 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
|-------------|-----------|------------------------------|--|
| (1121-1130) | 43b(1-10) |                              | <pre>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)*</pre> |
| 1121        | 43b(1)    |                              | A VOICE SYNTHESIZER OR TECHNICAL DEVICE(S)   |
|             |           | 3<br>47<br>0<br>0<br>9,641   | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 1122        | 43b(2)    |                              | BRAILLE, ENLARGED PRINT, SPECIAL<br>LIGHTING, OR AUDIO TAPE TO WORK  |
|             |           | 4<br>46<br>0<br>0<br>9,641   | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -182-

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| Tape<br>Locations | Item No.  | Frequency         | Items and Codes  |
|-------------------|-----------|-------------------|--|
| (1121-1130)       | 43b(1-10) |                   | <pre>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)*</pre> |
| 1123              | 43b(3)    |                   | A READER, ORAL OR SIGN LANGUAGE<br>INTERPRETER TO ASSIST YOU AT WORK   |
|                   |           | 1<br>49<br>0<br>0 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>  |

|      |        | 9,641                       | Blank. NA  |
|------|--------|-----------------------------|--|
| 1124 | 43b(4) |                             | A JOB COACH TO HELP TRAIN<br>YOU AND SUPERVISE YOUR WORK     |
|      |        | 10<br>38<br>0<br>2<br>9,641 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 1125 | 43b(5) |                             | A PERSONAL ASSISTANT TO HELP<br>WITH JOB RELATED ACTIVITIES  |
|      |        | 9<br>41<br>0<br>0<br>9,641  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 1126 | 43b(6) |                             | SPECIAL PENS OR PENCILS, CHAIRS,<br>OR OTHER OFFICE SUPPLIES |
|      |        | 8<br>42<br>0<br>0<br>9,641  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -183-$ 

Section D - Work History/ Employment

| Tape<br>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  |  |
|                   |           | 15<br>29<br>0<br>6<br>9,641 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |  |

| 1128 | 43b(8)  |                             |                | WORK HOURS TO ALLOW<br>E BREAKS                     |
|------|---------|-----------------------------|----------------|---|
|      |         | 22<br>23<br>0<br>5<br>9,641 | 2.<br>8.       | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA |
| 1129 | 43b(9)  |                             | REDUCED        | OR PART-TIME WORK HOURS                             |
|      |         | 23<br>22<br>0<br>5<br>9,641 | 2.<br>8.<br>9. | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA |
| 1130 | 43b(10) |                             |                | HER EQUIPMENT, HELP,<br>ARRANGEMENTS                |
|      |         | 28<br>17<br>0<br>5<br>9,641 | 2.<br>8.<br>9. | Yes No Not ascertained DK or refused NA             |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -184-$ 

Section D - Work History/ Employment

| Tape<br>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)* |
|                   |          | 37<br>111<br>1<br>0<br>3<br>9,539 | 1. Yes 2. No 3. Not sure 8. Not ascertained 9. DK or refused Blank. NA  |

| (1132-1135) | 45a-d |                              | PROBLEM<br>DISABIL<br>YEARS,<br>(Has wo<br>current<br>work or<br>kind or<br>worked | OF ONGOING HEALTH I, IMPAIRMENT, OR ITY, IN PAST FIVE HAVE YOU BEEN: rked; not or DK if ly working; looking for on layoff; limited in amount of work; last in 1989 or after or DK st worked)* |
|-------------|-------|------------------------------|--|---|
| 1132        | 45a   |                              | REFUSED  | EMPLOYMENT  |
|             |       | 32<br>116<br>0<br>4<br>9,539 | 2.   | Not ascertained<br>DK or refused  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -185-

Section D - Work History/ Employment

| Tape<br>Locations | Item No. | Frequency                    | Ite  | ms and Codes  |
|-------------------|----------|------------------------------|--|---|
| (1132-1135)       | 45a-d    |                              | PROBLEM DISABII YEARS, - Conti not or working or on l kind or worked | OF ONGOING HEALTH I, IMPAIRMENT, OR ITY, IN PAST FIVE HAVE YOU BEEN: nued (Has worked; DK if currently I; looking for work ayoff; limited in amount of work; last in 1989 or after or last worked)* |
| 1133              | 45b      |                              | REFUSED  | A PROMOTION   |
|                   |          | 11<br>138<br>0<br>3<br>9,539 | 2.<br>8.<br>9.   | Not ascertained<br>DK or refused  |
| 1134              | 45c      |                              | REFUSED  | A TRANSFER  |
|                   |          | 7<br>142<br>0                | 1.<br>2.<br>8.   |   |

|      |     | 3<br>9,539                  | 9.<br>Blank.                   | DK or refused<br>NA        |
|------|-----|-----------------------------|--------------------------------|----------------------------|
| 1135 | 45d |                             | REFUSEI<br>PROGRAM             | D ACCESS TO TRAINING<br>MS |
|      |     | 2<br>147<br>0<br>3<br>9,539 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not ascertained            |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $^{-186-}$ 

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)*                        |
|             |          | 36<br>150<br>1<br>1<br>9,503 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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  |
|             |          | 34<br>2<br>9,655             | 001-365. 1-365 days per<br>week, month, year<br>999. DK or refused<br>Blank. NA   |
| 1140        |          |                              | TIME UNITS  |
|             |          | 16<br>6<br>12                | <ol> <li>Per week</li> <li>Per month</li> <li>Per Year</li> </ol>   |

2 9. DK or refused 9,655 Blank. NA

\*All work restrictions due to ongoing health problem, impairment or disability  $$\rm -187\mbox{-}$ 

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section D - Work History/ Employment

| Tape<br>Locations | Item No.       | Frequency                    | Items and Codes  |
|-------------------|----------------|------------------------------|--|
| 1141-1142         | Recode<br>Q 47 |                              | DAYS PER MONTH DID VOLUNTEER<br>WORK IN PAST 12 MONTHS   |
|                   |                | 32<br>2<br>2<br>9,655        | 01-31. Number of days per month<br>88. Less than 1 day per month<br>99. DK, refused, or not ascertained<br>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)*  |
|                   |                | 180<br>8<br>6<br>9,497       | 00-97. 1900-1997 Year<br>stopped working<br>98. Not ascertained<br>99. DK or refused<br>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)* |
|                   |                | 15<br>169<br>9<br>1<br>9,497 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -188-

## Section D - Work History/ Employment

| Tape<br>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)* |
|                   |          | 14<br>153<br>2<br>10<br>2<br>9,510 | 1. Yes 2. No 3. Not sure 8. Not ascertained 9. DK or refused 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<br>163<br>10<br>3<br>9,510       | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 1148              | 51b      |                                    | REFUSED A PROMOTION  |
|                   |          | 3<br>165<br>10<br>3<br>9,510       | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -189-$ 

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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<br>168<br>10<br>2<br>9,510 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |
| 1150              | 51d      |                              | REFUSED ACCESS TO TRAINING PROGRAMS   |
|                   |          | 1<br>168<br>10<br>2<br>9,510 | 8. Not ascertained<br>9. DK or refused  |
| 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)*   |
|                   |          | 30<br>153<br>9<br>2<br>9,497 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -190\mbox{-}$ 

| Tape Locations | Item No. | Frequency | Items and Codes |
|----------------|----------|-----------|-----------------|
| LOCALIONS      | 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   |
|             |                | 25<br>5<br>9,661                    | 001-365. 1-365 days per<br>week, month, year<br>999. DK or refused<br>Blank. NA  |
| 1155        |                |                                     | TIME UNITS   |
|             |                | 6<br>7<br>12<br>5<br>9,661          | 1. Per week 2. Per month 3. Per Year 9. DK or refused Blank. NA  |
| 1156-1157   | Recode<br>Q 53 |                                     | DAYS PER MONTH DID VOLUNTEER<br>WORK IN PAST 12 MONTHS   |
|             |                | 20<br>5<br>5<br>9,661               | 01-31. Number of days per month<br>88. Less than 1 day per month<br>99. DK, refused, or not ascertained<br>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)   |
|             |                | 1,338<br>3,587<br>95<br>36<br>4,635 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -191\mbox{-}$ 

| Tape<br>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)

|      |     | 1,286 00-96. 0-96 years of age<br>0 97. 97+ years of age<br>52 98. Not ascertained<br>0 99. DK or refused<br>8,353 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) |
|      |     | 92 1. Yes<br>1,203 2. No<br>7 8. Not ascertained<br>36 9. DK or refused<br>8,353 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)   |
|      |     | 116 1. Yes 1,216 2. No 5 8. Not ascertained 1 9. DK or refused 8,353 Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -192-

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| Tape<br>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  |
|-----------|----------------|-------------------------------------|---|
|           |                | 109                                 | 001-365. 1-365 days per<br>week, month, year  |
|           |                | 7<br>9,575                          | 999. DK or refused Blank. NA  |
| 1166      |                |                                     | TIME UNITS  |
|           |                | 51<br>17<br>41<br>7<br>9,575        | 1. Per week 2. Per month 3. Per Year 9. DK or refused Blank. NA   |
| 1167-1168 | Recode<br>Q 56 |                                     | DAYS PER MONTH DID VOLUNTEER<br>WORK IN PAST 12 MONTHS  |
|           |                | 94<br>15<br>7<br>9,575              | 01-31. Number of days per month<br>88. Less than 1 day per month<br>99. DK, refused, or not ascertained<br>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) |
|           |                | 2,098<br>1,539<br>62<br>19<br>5,973 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $^{-193}$ -

| Tape<br>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) |
|                   |          | 1,968<br>0<br>129 | 00-96. 0-96 years of age<br>97. 97+ years of age<br>98. Not ascertained   |

|           |                     | 1<br>7,593 | 99. DK or refused<br>Blank. NA  |  |
|-----------|---------------------|------------|---|--|
| 1172-1173 | Recode<br>(Retired) |            | TIME SINCE (LAST) RETIRED   |  |
|           |                     | 66         | 00. Less than 1 year  |  |
|           |                     | 3,188      | 01-97. 1-97 years   |  |
|           |                     | 182        | 99. Unknown age at retirement   |  |
|           |                     | 6,255      | Blank. NA   |  |
| 1174      | 58                  |            | 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) |  |
|           |                     | 373        | 1. Yes  |  |
|           |                     | 1,703      | 2. No   |  |
|           |                     | 4          | 8. Not ascertained  |  |
|           |                     | 18         | 9. DK or refused  |  |
|           |                     | 7,593      | Blank. NA   |  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -194-$ 

Section D - Work History/ Employment

| Tape<br>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) |
|                   |          | 274<br>1,818<br>3<br>3<br>7,593 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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                              |

|           |                 | work in past 12 months)   |
|-----------|-----------------|---|
| 1176-1178 |                 | NUMBER OF DAYS  |
|           | 250             | 001-365. 1-365 days per week, month, year                         |
|           | 24<br>9,417     | 999. DK or refused<br>Blank. NA                                   |
| 1179      |                 | TIME UNITS  |
|           | 110<br>45<br>95 | <ol> <li>Per week</li> <li>Per month</li> <li>Per Year</li> </ol> |

24 9,417 retired; has done volunteer

9. DK or refused

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

Blank. NA

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape      |                |                                 |   |  |
|-----------|----------------|---------------------------------|---|--|
| Locations | Item No.       | Frequency                       | Items and Codes   |  |
| 1180-1181 | Recode<br>Q 60 |                                 | DAYS PER MONTH DID VOLUNTEER<br>WORK IN PAST 12 MONTHS  |  |
|           |                | 215<br>35<br>24<br>9,417        | 01-31. Number of days per month<br>88. Less than 1 day per month<br>99. DK, refused, or not ascertained<br>Blank. NA  |  |
| 1182      | 61             |                                 | ONGOING HEALTH PROBLEM,<br>IMPAIRMENT, OR DISABILITY<br>ENTIRELY PREVENT YOU FROM WORKING   |  |
|           |                | 845<br>667<br>72<br>36<br>8,071 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)* |  |

| 71    | 1.     | Yes             |
|-------|--------|-----------------|
| 731   | 2.     | No              |
| 1     | 8.     | Not ascertained |
| 42    | 9.     | DK or refused   |
| 8,846 | Blank. | NA              |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -196\mbox{-}$ 

Section D - Work History/ Employment

| Tape<br>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)*                                     |  |
|                   |          | 68<br>3<br>0<br>9,620      | 00-97. 1900-1997 Year last worked 98. Not ascertained 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)* |  |
|                   |          | 62<br>7<br>1<br>1<br>9,620 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -197\mbox{-}$ 

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| Tape<br>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   |  |
|                   |          | 12<br>57<br>1<br>1<br>9,620 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |  |
| 1188              | 65b      |                             | YOU WOULD LOSE YOUR HOUSING   |  |
|                   |          | 5<br>64<br>1<br>1<br>9,620  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |  |
| 1189              | 65c      |                             | YOU WOULD LOSE YOUR HEALTH<br>INSURANCE OR MEDICAID COVERAGE  |  |
|                   |          | 12<br>56<br>1<br>2<br>9,620 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -198-$ 

| Tape<br>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 |

| 1190 | 65d | or DK if looking for work<br>or on layoff; not or DK if<br>retired; entirely prevented<br>from working but able to work<br>if accommodations made)*  YOUR FAMILY OR FRIENDS<br>DISCOURAGED YOU FROM WORKING |  |
|------|-----|---|--|
|      |     | 7 1. Yes 62 2. No 1 8. Not ascertained 1 9. DK or refused 9,620 Blank. NA   |  |
| 1191 | 65e | FAMILY RESPONSIBILITIES PREVENTED YOU FROM WORKING  |  |
|      |     | 10 1. Yes 59 2. No 1 8. Not ascertained 1 9. DK or refused 9,620 Blank. NA  |  |
| 1192 | 65f | APPROPRIATE INFORMATION ABOUT JOBS WAS NOT AVAILABLE  |  |
|      |     | 11 1. Yes 55 2. No 1 8. Not ascertained 4 9. DK or refused 9,620 Blank. NA  |  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -199-

Section D - Work History/ Employment

| Tape<br>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

|      |     | 12<br>53<br>1<br>5<br>9,620 | 2.                             | Not ascertained<br>DK or refused |
|------|-----|-----------------------------|--------------------------------|----------------------------------|
| 1194 | 65h |                             | YOU WOU<br>TO TRAI             | ULD BE REFUSED ACCESS            |
|      |     | 11<br>52<br>1<br>7<br>9,620 | 2.                             | Not ascertained<br>DK or refused |
| 1195 | 65i |                             | TRAININ                        | IG WAS NOT ADEQUATE              |
|      |     | 4<br>61<br>2<br>4<br>9,620  | 1.<br>2.<br>8.<br>9.<br>Blank. |                                  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -200\mbox{-}$ 

Section D - Work History/ Employment

| Tape<br>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      | 16<br>51<br>2<br>2<br>9,620 | LACKED TRANSPORTATION  1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

| 1197 | 65k | NO APPROPRIATE JOBS AVAILABLE  |
|------|-----|--|
|      |     | 25 1. Yes 39 2. No 1 8. Not ascertained 6 9. DK or refused 9,620 Blank. NA   |
| 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)* |
|      |     | 18 1. Yes 39 2. No 1 8. Not ascertained 13 9. DK or refused 9,620 Blank. NA  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -201\mbox{-}$ 

Section D - Work History/ Employment

| Tape<br>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 F   | RAMPS                 |
|                   |          | 16<br>53<br>1<br>1<br>9,620 | 1. Yes 2. No 8. Not as 9. DK or Blank. NA  | scertained<br>refused |
| 1200              | 67b      |                             | ACCESSIBLE PARTRANSPORTATION TO THE BUILDIN  | N STOP CLOSE          |

|      |     | 34<br>34<br>1<br>2<br>9,620 | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA |
|------|-----|-----------------------------|--------------------------------|---|
| 1201 | 67c |                             | AN ELEV                        | /ATOR   |
|      |     | 30<br>39<br>1<br>1<br>9,620 | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $\ensuremath{^{-202}}\xspace$ 

Section D - Work History/ Employment

| Tape<br>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  |  |  |
|                   |          | 8<br>61<br>1<br>1<br>9,620  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |  |  |
| 1203              | 67e      |                             | A WORK STATION SPECIALLY<br>ADAPTED FOR YOUR USE   |  |  |
|                   |          | 24<br>42<br>1<br>4<br>9,620 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |  |  |
| 1204              | 67f      |                             | A RESTROOM DESIGNED FOR<br>PERSONS WITH SPECIAL NEEDS  |  |  |

| 5     | 1.     | Yes             |
|-------|--------|-----------------|
| 62    | 2.     | No              |
| 1     | 8.     | Not ascertained |
| 3     | 9.     | DK or refused   |
| 9,620 | Blank. | NA              |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -203-

Section D - Work History/ Employment

| Tape<br>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   |  |  |
|                   |          | 9<br>59<br>1<br>2<br>9,620  | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)* |  |  |
|                   |          | 27<br>39<br>1<br>4<br>9,620 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |  |  |

\*All work restrictions due to ongoing health problem, impairment or disability  $$-204^{-}$$ 

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section D - Work History/ Employment

| Tape<br>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)  |  |  |
|                   |           | 4<br>23<br>0<br>0<br>9,664 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |  |  |
| 1209              | 68b(2)    |                            | BRAILLE, ENLARGED PRINT,<br>SPECIAL LIGHTING, OR AUDIO TAPE   |  |  |
|                   |           | 2<br>25<br>0<br>0<br>9,664 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |  |  |
| 1210              | 68b(3)    |                            | A READER, ORAL OR SIGN<br>LANGUAGE INTERPRETER TO<br>ASSIST YOU   |  |  |
|                   |           | 3<br>24<br>0<br>0<br>9,664 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |  |  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$-205\mbox{-}$ 

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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<br>AND SUPERVISE YOUR WORK  |  |  |
|                   |           | 6<br>20<br>0<br>1<br>9,664 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |  |  |
| 1212              | 68b(5)    |                            | A PERSONAL ASSISTANT TO HELP<br>WITH JOB RELATED ACTIVITIES   |  |  |
|                   |           | 4<br>23<br>0<br>0<br>9,664 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |  |  |
| 1213              | 68b(6)    |                            | SPECIAL PENS OR PENCILS, CHAIRS<br>OR OTHER OFFICE SUPPLIES   |  |  |
|                   |           | 4<br>23<br>0<br>0<br>9,664 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |  |  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -206\mbox{-}$ 

| Tape<br>Locations | Item No.  | Frequency | Items and Codes             |
|-------------------|-----------|-----------|-----------------------------|
| (1208-1217)       | 68b(1-10) |           | IN ORDER TO WORK WOLLD VOLL |

|      |        |                             | 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 RED   | ESIGN   |  |
|      |        | 13<br>13<br>1<br>0<br>9,664 | 1.<br>2.<br>8.<br>9.<br>Blank.  | No<br>Not ascertained                               |  |
| 1215 | 68b(8) |                             |   | WORK HOURS TO ALLOW<br>E BREAKS                     |  |
|      |        | 21<br>6<br>0<br>0<br>9,664  | 1.<br>2.<br>8.<br>9.<br>Blank.  | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA |  |
| 1216 | 68b(9) |                             | REDUCED<br>HOURS  | OR PART-TIME WORK                                   |  |
|      |        | 18<br>7<br>0<br>2<br>9,664  | 1.<br>2.<br>8.<br>9.<br>Blank.  | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA |  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -207-

| Tape<br>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,<br>OR WORK ARRANGEMENTS   |
|      |         | 13 1. Yes 11 2. No 0 8. Not ascertained 3 9. DK or refused 9,664 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)* |
|      |         | 6 1. Yes 35 2. No 4 3. Not sure 4 8. Not ascertained 0 9. DK or refused 9,642 Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -208-

| Tape<br>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   |

|      |     | 31<br>4<br>2<br>9,642 |         | Not ascertained<br>DK or refused<br>NA |
|------|-----|-----------------------|---------|--|
| 1220 | 70b |                       | REFUSED | A PROMOTION                            |
|      |     | 5                     | 1       | Yes                                    |
|      |     | 39                    | 2.      |  |
|      |     | 4                     |         | Not ascertained                        |
|      |     | 1                     |         | DK or refused                          |
|      |     | 9,642                 | Blank.  | NA                                     |
| 1221 | 70c |                       | REFUSED | A TRANSFER                             |
|      |     | 5                     | 1.      | Yes                                    |
|      |     | 39                    | 2.      |  |
|      |     | 4                     | 8.      | Not ascertained                        |
|      |     | 1                     | 9.      | DK or refused                          |
|      |     | 9,642                 | Blank.  | NA                                     |
| 1222 | 70d |                       | REFUSED | ACCESS TO TRAINING PROGRAMS            |
|      |     | 4                     | 1.      | Yes                                    |
|      |     | 40                    | 2.      | No                                     |
|      |     | 4                     | 8.      | Not ascertained                        |
|      |     | 1                     | 9.      | DK or refused                          |
|      |     | 9,642                 | Blank.  | NA                                     |
|      |     |                       |         |  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -209-

Section D - Work History/ Employment

| Tape<br>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)* |  |  |
|                   |          | 64<br>772<br>4<br>5<br>8,846 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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  |
|             | 61<br>3<br>9,627            | 001-365. 1-365 days per<br>week, month, year<br>999. DK or refused<br>Blank. NA   |
| 1227        |                             | TIME UNITS  |
|             | 33<br>9<br>19<br>3<br>9,627 | <ol> <li>Per month</li> <li>Per Year</li> <li>DK or refused</li> </ol>  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -210\mbox{-}$ 

Section D - Work History/ Employment

| Tape<br>Locations | Item No.       | Frequency                       | Items and Codes   |
|-------------------|----------------|---------------------------------|---|
| 1228-1229         | Recode<br>Q 72 |                                 | DAYS PER MONTH DID VOLUNTEER<br>WORK IN PAST 12 MONTHS  |
|                   |                | 55<br>6<br>3<br>9,627           | 01-31. Number of days per month<br>88. Less than 1 day per month<br>99. DK, refused, or not ascertained<br>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)* |
|                   |                | 266<br>416<br>64<br>29<br>8,916 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |

| 1231 | 74 |       | ACCOMMO<br>AND IN<br>not or<br>DK if I<br>not or<br>entirel | YOU BE ABLE TO WORK IF ENOUGH DATION WERE MADE AT WORK PLACE TRANSPORTATION (Has worked; DK if currently working; not or looking for work or on layoff; DK if retired; not or DK if y prevented from working; d in kind or amount of work)* |
|------|----|-------|---|---|
|      |    | 105   | 1.  | Yes   |
|      |    | 120   | 2.  | No  |
|      |    | 0     | 8.  | Not ascertained   |
|      |    | 41    | 9.  | DK or refused   |
|      |    | 9,425 | Blank.  | NA  |
|      |    |       |   |   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $\ensuremath{^{-211}^{-}}$ 

Section D - Work History/ Employment

| Tape<br>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)*                           |  |
|                   |          | 102<br>3<br>0<br>9,586      | 00-97. 1900-1997 Year last worked<br>98. Not ascertained<br>99. DK or refused<br>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)* |  |
|                   |          | 46<br>49<br>1<br>9<br>9,586 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |  |

\*All work restrictions due to ongoing health problem, impairment or disability  $$\rm -212\mbox{-}$ 

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section D - Work History/ Employment

| Tape<br>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,<br>SSDI, OR OTHER SOURCES OF INCOME  |
|                   |          | 7<br>94<br>3<br>1<br>9,586  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |
| 1236              | 77b      |                             | YOU WOULD LOSE YOUR HOUSING   |
|                   |          | 4<br>99<br>2<br>0<br>9,586  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |
| 1237              | 77c      |                             | YOU WOULD LOSE YOUR HEALTH<br>INSURANCE OR MEDICAID COVERAGE  |
|                   |          | 13<br>88<br>3<br>1<br>9,586 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -213-

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                   | Ite   | ems and Codes  |
|-------------------|----------|-----------------------------|---|--|
| (1235-1245)       | 77a-k    |                             | BECAUSE THAT: - (Has wo working or on l or DK i limited | NOT LOOK FOR WORK YOU WERE CONCERNED Continued Orked; not or DK if currently into or DK if looking for work ayoff; not or DK if retired; not f entirely prevented from working; lin kind or amount of work but o work if accommodations made)* |
| 1238              | 77d      |                             |   | MILY OR FRIENDS<br>LAGED YOU FROM WORKING  |
|                   |          | 5<br>98<br>2<br>0<br>9,586  | 1.<br>2.<br>8.<br>9.<br>Blank.                          | No<br>Not ascertained<br>DK or refused   |
| 1239              | 77e      |                             |   | RESPONSIBILITIES<br>ED YOU FROM WORKING  |
|                   |          | 24<br>79<br>2<br>0<br>9,586 | 1.<br>2.<br>8.<br>9.<br>Blank.                          | No<br>Not ascertained<br>DK or refused   |
| 1240              | 77f      |                             |   | RIATE INFORMATION<br>TOBS WAS NOT AVAILABLE  |
|                   |          | 11<br>89<br>2<br>3<br>9,586 | 1.<br>2.<br>8.<br>9.<br>Blank.                          | No<br>Not ascertained  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -214-$ 

| Tape<br>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 |

| 1241 | 77g |                             | or on lor DK in limited able to | g; not or DK if looking for work ayoff; not or DK if retired; not of entirely prevented from working; d in kind or amount of work but o work if accommodations made)*  ULD BE REFUSED A |
|------|-----|-----------------------------|---------------------------------|---|
|      |     | 6<br>89<br>3<br>7<br>9,586  | 1.<br>2.<br>8.<br>9.<br>Blank.  | No  |
| 1242 | 77h |                             | YOU WOU                         | ULD BE REFUSED ACCESS   |
|      |     | 7<br>91<br>3<br>4<br>9,586  | 1.<br>2.<br>8.<br>9.<br>Blank.  | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA   |
| 1243 | 77i |                             | TRAININ                         | IG WAS NOT ADEQUATE   |
|      |     | 16<br>84<br>3<br>2<br>9,586 | 1.<br>2.<br>8.<br>9.<br>Blank.  | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -215-

| Tape<br>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   |
|                   |          | 14        | 1. Yes  |

|      |     | 89<br>2<br>0<br>9,586        | 2.<br>8.<br>9.<br>Blank.                                       | No<br>Not ascertained<br>DK or refused<br>NA   |
|------|-----|------------------------------|--|--|
| 1245 | 77k |                              | NO APPR  | OPRIATE JOBS AVAILABLE   |
|      |     | 26<br>72<br>2<br>5<br>9,586  | 2.   | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA  |
| 1246 | 78  |                              | LOOK FO<br>DK if c<br>if look<br>or DK i<br>prevent<br>or amou | NEXT 6 MONTHS, WILL YOU  OR WORK (Has worked; not or currently working; not or DK  ing for work or on layoff; not  f retired; not or DK if entirely  ed from working; limited in kind  ant of work but able to work  mmodations made)* |
|      |     | 34<br>56<br>1<br>14<br>9,586 | 1.<br>2.<br>8.<br>9.<br>Blank.                                 | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -216-

Section D - Work History/ Employment

| Tape<br>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   |
|                   |          | 6<br>99<br>0<br>0<br>9,586 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

| 1248 | 79b |                             | TRANSPO                        | IBLE PARKING OR<br>DRTATION STOP CLOSE<br>BUILDING  |
|------|-----|-----------------------------|--------------------------------|---|
|      |     | 15<br>89<br>0<br>1<br>9,586 | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA |
| 1249 | 79c |                             | AN ELEV                        | /ATOR   |
|      |     | 17<br>88<br>0<br>0<br>9,586 | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -217-

Section D - Work History/ Employment

| Tape<br>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  |
|                   |          | 1<br>104<br>0<br>0<br>9,586 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 1251              | 79e      |                             | A WORK STATION SPECIALLY<br>ADAPTED FOR YOUR USE   |

15 1. Yes

|      |     | 90<br>0<br>0<br>9,586       | 2.<br>8.<br>9.<br>Blank.       | No<br>Not ascertained<br>DK or refused<br>NA        |
|------|-----|-----------------------------|--------------------------------|---|
| 1252 | 79£ |                             |                                | ROOM DESIGNED FOR<br>WITH SPECIAL NEEDS             |
|      |     | 2<br>103<br>0<br>0<br>9,586 | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -218-

Section D - Work History/ Employment

| Tape<br>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      | 1<br>104<br>0<br>0<br>0<br>9,586 | AN AUTOMATIC DOOR  1. Yes 2. No 8. Not ascertained 9. DK or refused 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)* |  |

| 23    | 1.     | Yes             |
|-------|--------|-----------------|
| 79    | 2.     | No              |
| 0     | 8.     | Not ascertained |
| 3     | 9.     | DK or refused   |
| 9,586 | Blank. | NA              |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -219-

Section D - Work History/ Employment

| Tape<br>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)  |
|                   |           | 0<br>22<br>1<br>0<br>9,668 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |
| 1256              | 80b(2)    |                            | BRAILLE, ENLARGED PRINT,<br>SPECIAL LIGHTING, OR AUDIO TAPE   |
|                   |           | 0<br>22<br>1<br>0<br>9,668 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |
| 1257              | 80b(3)    |                            | A READER, ORAL OR SIGN LANGUAGE<br>INTERPRETER TO ASSIST YOU  |
|                   |           | 0<br>22<br>1<br>0<br>9,668 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA  |

\*All work restrictions due to ongoing health problem, impairment or disability  $$\rm -220\mbox{-}$ 

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section D - Work History/ Employment

| Tape<br>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<br>AND SUPERVISE YOUR WORK   |
|                   |           | 3<br>19<br>1<br>0<br>9,668 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 1259              | 80b(5)    |                            | A PERSONAL ASSISTANT TO HELP<br>WITH JOB RELATED ACTIVITIES  |
|                   |           | 2<br>19<br>1<br>1<br>9,668 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 1260              | 80b(6)    |                            | SPECIAL PENS OR PENCILS, CHAIRS,<br>OR OTHER OFFICE SUPPLIES   |
|                   |           | 4<br>18<br>1<br>0<br>9,668 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -221-

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                   | Ite  | ems and Codes   |
|-------------------|-----------|-----------------------------|--|---|
| (1255-1264)       | 80b(1-10) |                             | NEED: - or DK i DK if l not or entirel limited able to | CR TO WORK, WOULD YOU  Continued (Has worked; not  f currently working; not or  cooking for work or on layoff;  DK if retired; not or DK if  y prevented from working;  lin kind amount of work but  work if accommodations made;  special equipment, help or  crangement to work)* |
| 1261              | 80b(7)    |                             | JOB RED  | DESIGN  |
|                   |           | 12<br>11<br>0<br>0<br>9,668 | 1.<br>2.<br>8.<br>9.<br>Blank.                         | No<br>Not ascertained<br>DK or refused  |
| 1262              | 80b(8)    |                             |  | WORK HOURS TO<br>OR MORE BREAKS   |
|                   |           | 12<br>10<br>0<br>1<br>9,668 | 1.<br>2.<br>8.<br>9.<br>Blank.                         | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA   |
| 1263              | 80b(9)    |                             | REDUCED  | O OR PART-TIME WORK HOURS   |
|                   |           | 10<br>12<br>0<br>1<br>9,668 | 1.<br>2.<br>8.<br>9.<br>Blank.                         | Yes<br>No<br>Not ascertained<br>DK or refused<br>NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -222-$ 

| Tape<br>Locations | Item No. F | 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;<br>not or DK if retired; not or DK if<br>entirely prevented from working;<br>limited in kind amount of work but<br>able to work if accommodations made;<br>needs special equipment, help or<br>work arrangement to work)*  |
|------|---------|---------------------------------|---|
| 1264 | 80b(10) |                                 | SOME OTHER EQUIPMENT, HELP, OR WORK ARRANGEMENTS  |
|      |         | 9<br>13<br>0<br>1<br>9,668      | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)* |
|      |         | 5<br>70<br>0<br>1<br>0<br>9,615 | 1. Yes 2. No 3. Not sure 8. Not ascertained 9. DK or refused Blank. NA  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -223-

| Tape<br>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                  |
|------|-------|--------------|----------|-----------------------------|
|      |       | 7            | 1        | Yes                         |
|      |       | 66           | 2.       |                             |
|      |       | 1            |          | Not ascertained             |
|      |       | 2            | 0.       | DK or refused               |
|      |       | <del>-</del> | Blank.   |                             |
|      |       | 9,615        | Blank.   | NA .                        |
| 1267 | 82b   |              | REFUSED  | A PROMOTION                 |
|      |       |              |          |                             |
|      |       | 1            | 1.       | Yes                         |
|      |       | 70           | 2.       | No                          |
|      |       | 1            |          | Not ascertained             |
|      |       | 4            |          | DK or refused               |
|      |       | 9,615        | Blank.   |                             |
| 1268 | 82c   |              | REFUSED  | A TRANSFER                  |
|      |       |              |          |                             |
|      |       | 3            | 1.       | Yes                         |
|      |       | 70           | 2.       |                             |
|      |       | 1            | 8.       | Not ascertained             |
|      |       | 2            | 9.       | DK or refused               |
|      |       | 9,615        | Blank.   | NA                          |
| 1060 | 0.0.1 |              | DEBLIGED | AGGREG TO TRAINING PROGRAMS |
| 1269 | 82d   |              | REFUSED  | ACCESS TO TRAINING PROGRAMS |
|      |       | 3            | 1.       | Yes                         |
|      |       | 70           | 2.       | No                          |
|      |       | 1            | 8.       | Not ascertained             |
|      |       | 2            |          | DK or refused               |
|      |       | 9,615        | Blank.   | NA                          |
|      |       |              |          |                             |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -224-$ 

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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)* |

|                | 59<br>204<br>3<br>0<br>9,425 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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  |
|                | 55<br>4<br>9,632             | 001-365. 1-365 days per<br>week, month, year<br>999. DK or refused<br>Blank. NA   |
| 1274           |                              | TIME UNITS  |
|                | 29<br>8<br>18<br>4<br>9,632  | 1. Per week 2. Per month 3. Per Year 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability -225-

| Tape<br>Locations | Item No.       | Frequency  | Items and Codes  |  |
|-------------------|----------------|--|--|--|
| 1275-1276         | Recode<br>Q 84 | DAYS PER MONTH DID VOLUNTEER<br>WORK IN PAST 12 MONTHS |  |  |
|                   |                | 48<br>7<br>4<br>9,632                                  | 01-31. Number of days per month<br>88. Less than 1 day per month<br>99. DK, refused, or not ascertained<br>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 i | n kind or amount of work)*             |
|------|-----|--------------------------------|-----------|--|
| 1277 | 85a |                                | THE KIND  | OF WORK YOU DO                         |
|      |     | 16<br>407<br>73<br>13<br>9,182 | 8. N      | No<br>Not ascertained<br>OK or refused |
| 1278 | 85b |                                | THE AMOUN | IT OF WORK YOU DO                      |
|      |     | 22<br>403<br>73<br>11<br>9,182 |           | No<br>Not ascertained<br>OK or refused |
| 1279 | 85c |                                | YOUR JOB  |  |
|      |     | 19<br>408<br>73<br>9<br>9,182  | 8. N      | Not ascertained<br>OK or refused       |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -226-$ 

Section D - Work History/ Employment

| Tape<br>Locations | Item No. | Frequency | Items and Codes   |  |  |
|-------------------|----------|-----------|---|--|--|
| 1280-1281         | 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)* |  |  |
|                   |          | 362       | 00-97. 1900-1997 Year<br>last worked  |  |  |
|                   |          | 147       | 98. Not ascertained   |  |  |
|                   |          | 0         | 99. DK or refused   |  |  |
|                   |          | 9,182     | 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 currentl   |  |  |

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)\*

| 16    | 1.     | Yes             |
|-------|--------|-----------------|
| 235   | 2.     | No              |
| 99    | 8.     | Not ascertained |
| 9     | 9.     | DK or refused   |
| 9,332 | Blank. | NA              |

\*All work restrictions due to ongoing health problem, impairment or disability  $$\rm -227\mbox{-}$ 

Section D - Work History/ Employment

| Tape<br>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 king or amount of work; last worked in 1989 or after or DK when last worked)*   |
|                   |          | 54<br>165<br>99<br>41<br>9,332 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)* |
|                   |          | 5<br>242<br>5<br>99<br>8       | <ol> <li>Yes</li> <li>No</li> <li>Not sure</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>  |

# 9,332 Blank. NA

\*All work restrictions due to ongoing health problem, impairment or disability  $$\rm -228-$ 

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency   | Items and                     | Codes  |
|-------------------|----------|-------------|-------------------------------|--|
|                   |          |             |                               | <del>-</del>                                   |
| (1285-1288)       | 90a-d    |             | BECAUSE OF ONG                |  |
|                   |          |             | PROBLEM, IMPAI DISABILITY, IN |  |
|                   |          |             | YEARS, HAVE YO                |  |
|                   |          |             |                               | ot or DK if currently                          |
|                   |          |             |                               | r DK if looking for work not or DK if retired; |
|                   |          |             |                               | ntirely prevented from                         |
|                   |          |             |                               | r DK if limited in kind                        |
|                   |          |             |                               | ork; last worked in 1989<br>when last worked)* |
| 1285              | 90a      |             | REFUSED EMPLOY                | MENT   |
|                   |          | 1           | 1. Yes                        |  |
|                   |          | 248         | 2. No                         |  |
|                   |          | 99<br>11    |                               | certained<br>refused                           |
|                   |          | 9,332       | Blank. NA                     | rerubed  |
| 1286              | 90b      |             | REFUSED A PROM                | OTION  |
|                   |          | 1           | 1. Yes                        |  |
|                   |          | 248         | 2. No                         |  |
|                   |          | 99          |                               | certained                                      |
|                   |          | 11<br>9,332 | 9. DK or<br>Blank. NA         | refused  |
|                   |          | J, 332      | BIGIN: NA                     |  |
| 1287              | 90c      |             | REFUSED A TRAN                | SFER   |
|                   |          | 1           | 1. Yes                        |  |
|                   |          | 248         | 2. No                         |  |
|                   |          | 99<br>11    |                               | certained<br>refused                           |
|                   |          | 9,332       | Blank. NA                     |  |
| 1288              | 90d      |             | REFUSED ACCESS                | TO TRAINING PROGRAMS                           |
|                   |          | 0           | 1. Yes                        |  |
|                   |          | 249         | 2. No                         |  |
|                   |          | 99          |                               | certained                                      |
|                   |          | 11          | 9. DK or                      | refused  |

\*All work restrictions due to ongoing health problem, impairment or disability  $$\rm -229-$ 

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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)*                        |
|                   |          | 84<br>357<br>64<br>4<br>9,182 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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         |          | 77<br>7<br>9,607              | NUMBER OF DAYS  001-365. 365 days per week, month, year 999. DK or refused Blank. NA  |
| 1293              |          | 39<br>15<br>23<br>7<br>9,607  | 1. Per week 2. Per month 3. Per year 9. DK or refused Blank. NA   |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -230\mbox{-}$ 

### Section D - Work History/ Employment

| Tape<br>Locations | Item No.       | Frequency  | Items and Codes  DAYS PER MONTH DID VOLUNTEER WORK IN PAST 12 MONTHS  |  |
|-------------------|----------------|--|---|--|
| 1294-1295         | Recode<br>Q 92 |  |   |  |
|                   |                | 72<br>5<br>7<br>9,607  | 01-31. Number of days per month<br>88. Less than 1 day per month<br>99. DK, refused, or not ascertained<br>Blank. NA  |  |
| 1296              | Recode         |  | CURRENT WORK STATUS   |  |
|                   |                | 732<br>3,426<br>1,489<br>382<br>111<br>3,436<br>85                 | <ol> <li>Never worked</li> <li>Currently working</li> <li>Not currently working and not retired or looking for job/on layoff</li> <li>Not currently working; looking for job/on layoff</li> <li>Not currently working; unknown is retired at all or on disability</li> <li>Retired</li> <li>Has worked; unknown if currently working</li> </ol> |  |
|                   |                | 30   | 9. Unknown if ever worked   |  |
| 1297              | Recode         | 3,267<br>1,265<br>1,491<br>1,338<br>373<br>1,725<br>69<br>80<br>83 | O. No health limitations 1. Health prevents work 2. Health limits work 3. Retired on disability 4. Retired because of health/ impairment 7. Not asked 8. Unknown if health limits work 9. Unknown if health prevents work Blank. NA (No employment data after question 1)   |  |

<sup>\*</sup>All work restrictions due to ongoing health problem, impairment or disability  $$\rm -231\mbox{-}$ 

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Locations | Item No. | Frequency | Ite     | ms and Codes  |
|-----------|----------|-----------|---------|---|
| 1298      | Recode   |           | LEVEL O | F WORK LIMITATION   |
|           |          | 3,173     | 0.      | Needs no accommodation/special equipment to work  |
|           |          | 2,433     | 1.      | Couldn't work even with accommodation/special equipment                                 |
|           |          | 704       | 2.      | Could/Does work with accommodation/special equipment                                    |
|           |          | 67        | 3.      | May need accommodation/help in transportation but no special features/special equipment |
|           |          | 3,052     | 7.      | Not asked   |
|           |          | 144       | 8.      | Unknown if could work with accommodation/special equipment                              |
|           |          | 35        | 9.      | Unknown if needs accommodation/<br>special equipment                                    |
|           |          | 83        | Blank.  | NA (no employment data after question 1)  |
| 1299-1300 |          |           | BLANK   |   |
| 1         |          |           | -232-   |   |
| Notes:    |          |           | -233-   |   |

| Tape<br>Locations | Item No. | Frequency                       | Items and Codes  |
|-------------------|----------|---------------------------------|--|
| 1301              | 1a(a)    |                                 | RECEIVED ON-THE-JOB TRAINING   |
|                   |          | 464<br>9,123<br>53<br>51        | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA   |
| 1302              | 1b(1)    |                                 | WAS THIS ARRANGED OR PROVIDED BY<br>A STATE REHABILITATION AGENCY  |
|                   |          | 199<br>230<br>10<br>25<br>9,227 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (No or DK if ever received on-the-job training)</li> </ol> |

| 1303 | 1a(2) | EVER RECEIVED JOB PLACEMENT |   |
|------|-------|-----------------------------|---|
|      |       | 273<br>9,311<br>62<br>45    | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol> |
| 1304 | 1b(2) |                             | WAS THIS ARRANGED OR PROVIDED BY A STATE REHABILITATION AGENCY                      |
|      |       | 182                         | 1. Yes  |
|      |       | 58                          | 2. No   |
|      |       | 12                          | 8. Not ascertained  |
|      |       | 21                          | 9. DK or refused  |
|      |       | 9,418                       | Blank. NA (No or DK if ever received job placement)                                 |
| 1305 | 1a(3) |                             | EVER RECEIVED TRAINING IN   |
|      |       |                             | JOB SEEKING SKILLS  |
|      |       | 341                         | 1. Yes  |
|      |       | 9,234                       | 2. No   |
|      |       | 63                          | 8. Not ascertained  |
|      |       | 53                          | 9. DK or refused  |
| 1    |       |                             | -234-   |

| Tape<br>Locations | Item No. | Frequency                      | Items and Codes   |
|-------------------|----------|--------------------------------|---|
| 1306              | 1b(3)    |                                | WAS THIS ARRANGED OR PROVIDED BY A STATE REHABILITATION AGENCY  |
|                   |          | 214<br>91<br>18<br>18<br>9,350 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (No or DK if ever received job seeking skills) |
| 1307              | 1a(4)    |                                | EVER RECEIVED VOCATIONAL OR<br>BUSINESS SCHOOL TRAINING   |
|                   |          | 410<br>9,172<br>63<br>46       | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>                       |

| 1308 | 1b(4) |   | WAS THIS ARRANGED OR PROVIDED BY<br>A STATE REHABILITATION AGENCY   |
|------|-------|---|---|
|      |       | 200<br>173<br>21<br>16<br>9,281                 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (No or DK if ever received vocational or business school training) |
| 1309 | 1a(5) | EVER RECEIVED COLLEGE OR<br>UNIVERSITY TRAINING |   |
|      |       | 339<br>9,254<br>62<br>36                        | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>   |
|      |       | -2  | 35-   |

| Tape<br>Locations | Item No. | Frequency                      | Items and Codes   |
|-------------------|----------|--------------------------------|---|
| 1310              | 1b(5)    |                                | WAS THIS ARRANGED OR PROVIDED BY A STATE REHABILITATION AGENCY  |
|                   |          | 140<br>181<br>12<br>6<br>9,352 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (No or DK if ever received college or university training)</li> </ol> |
| 1311              | 1a(6)    |                                | EVER RECEIVED PERSONAL<br>ADJUSTMENT TRAINING   |
|                   |          | 174<br>9,391<br>67<br>59       | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>   |
| 1312              | 1b(6)    |                                | WAS THIS ARRANGED OR PROVIDED BY<br>A STATE REHABILITATION AGENCY   |

|      |       | 88<br>58<br>9<br>19<br>9,517 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (No or DK if ever received personal adjustment training)</li> </ol> |
|------|-------|------------------------------|---|
| 1313 | 1a(7) |                              | EVER RECEIVED PHYSICAL THERAPY  |
|      |       | 981<br>8,601<br>61<br>48     | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>   |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                       | Items and Codes   |
|-------------------|----------|---------------------------------|---|
| 1314              | 1b(7)    |                                 | WAS THIS ARRANGED OR PROVIDED BY<br>A STATE REHABILITATION AGENCY   |
|                   |          | 250<br>651<br>25<br>55<br>8,710 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (No or DK if ever received physical therapy)     |
| 1315              | 1a(8)    |                                 | EVER RECEIVED OCCUPATIONAL THERAPY  |
|                   |          | 315<br>9,254<br>67<br>55        | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>                         |
| 1316              | 1b(8)    |                                 | WAS THIS ARRANGED OR PROVIDED BY<br>A STATE REHABILITATION AGENCY   |
|                   |          | 105<br>174<br>12<br>24<br>9,376 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (No or DK if ever received occupational therapy) |

| 1317 | 1a(9)                    | EVER RI<br>TREATMI | ECEIVED OTHER MEDICAL<br>ENT |
|------|--------------------------|--------------------|------------------------------|
|      | 525<br>9,051<br>67<br>48 | 2.                 |                              |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section E - Vocational Rehabilitation

| Tape<br>Locations | Item No. | Frequency              | Items and Codes   |
|-------------------|----------|------------------------|---|
| 1318              | 1b(9)    |                        | WAS THIS ARRANGED OR PROVIDED BY<br>A STATE REHABILITATION AGENCY |
|                   |          | 152<br>322<br>15<br>36 | 1. Yes 2. No 8. Not ascertained 9. DK or refused                  |
|                   |          | 9,166                  | Blank. NA (No or DK if ever received other medical treatment)     |
| 1319              | 1a(10)   |                        | EVER RECEIVED SPECIAL AIDS OR TECHNOLOGY SUCH AS WHEELCHAIRS ETC. |
|                   |          | 263                    | 1. Yes  |
|                   |          | 9,323                  | 2. No   |
|                   |          | 68<br>37               | <ul><li>8. Not ascertained</li><li>9. DK or refused</li></ul>     |
| 1320              | 1b(10)   |                        | WAS THIS ARRANGED OR PROVIDED BY A STATE REHABILITATION AGENCY    |
|                   |          | 78                     | 1. Yes  |
|                   |          | 153                    | 2. No   |
|                   |          | 11                     | 8. Not ascertained  |
|                   |          | 21                     | 9. DK or refused  |
|                   |          | 9,428                  | Blank. NA (No or DK if ever received special aids or technology)  |
| 1321              | 1a(11)   |                        | EVER RECEIVED TRAINING IN   |

HOMEMAKING OR IN SELF-CARE

156 1. Yes 9,427 2. No 68 8. Not ascertained 40 9. DK or refused

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section E - Vocational Rehabilitation

| Tape<br>Locations | Item No. | Frequency                    | Items and Codes  |
|-------------------|----------|------------------------------|--|
| 1322              | 1b(11)   |                              | WAS THIS ARRANGED OR PROVIDED BY<br>A STATE REHABILITATION AGENCY  |
|                   |          | 74<br>60<br>6<br>16<br>9,535 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (No or DK if ever received training in homemaking or self care)                                     |
| 1323              | 1a(12)   |                              | EVER RECEIVED SHELTERED WORKSHOP   |
|                   |          | 76<br>9,500<br>69<br>46      | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>  |
| 1324              | 1b(12)   |                              | WAS THIS ARRANGED OR PROVIDED BY<br>A STATE REHABILITATION AGENCY  |
|                   |          | 59<br>5<br>4<br>8<br>9,615   | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (No or DK if ever received sheltered workshop services)</li> </ol> |
| 1325              | 1a(13)   |                              | EVER RECEIVED SUPPORTED EMPLOYMENT   |
|                   |          | 53<br>9,515<br>68<br>55      | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>  |

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#### Section E - Vocational Rehabilitation

| Tape<br>Locations | Item No. | Frequency | Items and Codes   |
|-------------------|----------|-----------|---|
| 1326              | 1b(13)   |           | WAS THIS ARRANGED OR PROVIDED BY<br>A STATE REHABILITATION AGENCY |
|                   |          | 40        | 1. Yes  |
|                   |          | 6         | 2. No   |
|                   |          | 2         | 8. Not ascertained  |
|                   |          | 5         | 9. DK or refused  |
|                   |          | 9,638     | Blank. NA (No or DK if ever received supported employment)        |
| 1327              | la(14)   |           | EVER RECEIVED DRIVER TRAINING                                     |
|                   |          | 68        | 1. Yes  |
|                   |          | 9,514     | 2. No   |
|                   |          | 70        | 8. Not ascertained  |
|                   |          | 39        | 9. DK or refused  |
| 1328              | 1b(14)   |           | WAS THIS ARRANGED OR PROVIDED BY<br>A STATE REHABILITATION AGENCY |
|                   |          | 20        | 1. Yes  |
|                   |          | 39        | 2. No   |
|                   |          | 5         | 8. Not ascertained  |
|                   |          | 4         | 9. DK or refused  |
|                   |          | 9,623     | Blank. NA (No or DK if ever                                       |
|                   |          |           | received driver training)   |
| 1329              | 1a(15)   |           | EVER RECEIVED ANY OTHER   |
|                   |          |           | REHABILITATION SERVICES   |
|                   |          | 135       | 1. Yes  |
|                   |          | 9,425     | 2. No   |
|                   |          | 73        | 8. Not ascertained  |
|                   |          | 58        | 9. DK or refused  |
|                   |          |           | -240-   |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Locations   | Item No. | Frequency           | Items and Codes   |
|-------------|----------|---------------------|---|
| 1330        | 1b(15)   |                     | WAS THIS ARRANGED OR PROVIDED BY<br>A STATE REHABILITATION AGENCY                   |
|             |          | 64<br>48<br>6<br>17 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol> |
|             |          | 9,556               | Blank. NA (No or DK if ever received any other rehabilitation services)             |
| 1331-1332   | 2        |                     | IN WHAT YEAR DID YOU LAST<br>RECEIVE REHABILITATION SERVICES                        |
|             |          | 106                 | 00. Now in rehabilitation program   |
|             |          | 1,519               | 01-97. 1901-1997 Year last received Services  |
|             |          | 52                  | 98. Not ascertained   |
|             |          | 131                 | 99. DK or refused   |
|             |          | 7,883               | Blank. NA (No or DK if received rehabilitation services)                            |
| (1333-1341) | 3(a-I)   |                     | HAVE VOCATIONAL REHABILITATION<br>SERVICES YOU RECEIVED:                            |
| 1333        | 3a       |                     | HELPED YOU IN GETTING A JOB   |
|             |          | 412                 | 1. Yes  |
|             |          | 1,320               | 2. No   |
|             |          | 45                  | 8. Not ascertained  |
|             |          | 31                  | 9. DK or refused  |
|             |          | 7,883               | Blank. NA (No or DK if received rehabilitation services)                            |
| 1334        | 3b       |                     | HELPED YOU IN GETTING A<br>BETTER JOB   |
|             |          | 259                 | 1. Yes  |
|             |          | 1,466               | 2. No   |
|             |          | 45                  | 8. Not ascertained  |
|             |          | 38                  | 9. DK or refused  |
|             |          | 7,883               | Blank. NA (No or DK if received   |

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  |
|             |          | 366<br>1,369<br>45<br>28<br>7,883 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (No or DK if received rehabilitation services) |
| 1336        | 3d       |                                   | IMPROVED YOUR SELF-<br>CONFIDENCE AND OUTLOOK   |
|             |          | 831<br>894<br>45<br>38<br>7,883   | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (No or DK if received rehabilitation services) |
| 1337        | 3e       |                                   | IMPROVED YOUR ABILITY TO GET AROUND   |
|             |          | 755<br>990<br>42<br>21<br>7,883   | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (No or DK if received rehabilitation services) |
| 1338        | 3f       |                                   | IMPROVED YOUR ABILITY TO<br>TAKE CARE OF YOURSELF   |
|             |          | 744<br>997<br>44<br>23<br>7,883   | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (No or DK if received rehabilitation services) |
|             |          |                                   | -242-   |

| Locations Item No. Frequency Items and Codes | Tape<br>Locations | Item No. | Frequency | Items and Codes |
|--|-------------------|----------|-----------|-----------------|
|--|-------------------|----------|-----------|-----------------|

| (1333-1341) | 3(a-I) |       |         | OCATIONAL REHABILITATION<br>ES YOU RECEIVED:-Continued |
|-------------|--------|-------|---------|--|
| 1339        | 3g     |       |         | ED YOUR ABILITY TO<br>ARE OF YOUR HOME                 |
|             |        | 552   | 1.      | Yes  |
|             |        | 1,181 | 2.      | No   |
|             |        | 46    | 8.      |  |
|             |        | 29    | 9.      |  |
|             |        | 7,883 | Blank.  | NA (No or DK if received rehabilitation services)      |
| 1340        | 3h     |       | IMPROVE | ED YOUR COMMUNICATION                                  |
|             |        |       | SKILLS  |  |
|             |        | 478   | 1.      | Yes  |
|             |        | 1,258 | 2.      | No   |
|             |        | 45    | 8.      | Not ascertained  |
|             |        | 27    | 9.      | DK or refused  |
|             |        | 7,883 | Blank.  | NA (No or DK if received rehabilitation services)      |
| 1341        | 3i     |       | HELPED  | YOU IN SOME OTHER WAY                                  |
|             |        | 473   | 1       | Yes  |
|             |        | 1,220 | 2.      |  |
|             |        | 45    | 8.      |  |
|             |        | 70    | 9.      | DK or refused  |
|             |        | 7,883 | Blank.  | NA (No or DK if received                               |
|             |        |       |         | rehabilitation services)                               |
| 1342        | 4      |       | NEED (A | ADDITIONAL) VOCATIONAL                                 |
|             |        |       | REHABII | LITATION SERVICES                                      |
|             |        | 502   | 1.      | Yes  |
|             |        | 8,894 | 2.      |  |
|             |        | 58    | 8.      | Not ascertained  |
|             |        | 237   | 9.      | DK or refused  |
| 1           |        |       | -243-   |  |

| Tape<br>Locations | Item No. | Frequency             | Items and Codes  |
|-------------------|----------|-----------------------|--|
| 1343              | 5a(1)    |                       | CURRENT JOB OR OTHER ACTIVITY -<br>COMPETITIVE EMPLOYMENT    |
|                   |          | 3,180<br>3,669<br>147 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> </ol> |

|           |       | 16<br>2,679 | 9.<br>Blank. | DK or refused<br>NA (70+ yrs. old)                          |
|-----------|-------|-------------|--------------|---|
| 1344-1345 | 5b(1) |             | HOURS (      | JSUALLY SPEND PER WEEK                                      |
|           |       | 2           |              | Less than 1 hour  |
|           |       | 3,046       | 01-96.       |   |
|           |       | 9           | 97.          |   |
|           |       | 89          | 98.          |   |
|           |       | 34          | 99.          |   |
|           |       | 6,511       | Blank.       | NA (70+ yrs. old; No or DK if employment is competitive)    |
| 1346      | 5a(2) |             |              | r Job or other activity -                                   |
|           |       |             | WORK WI      | ITH PAID JOB COACH  |
|           |       | 11          | 1.           | Yes   |
|           |       | 6,772       | 2.           | No  |
|           |       | 218         | 8.           |   |
|           |       | 11          | 9.           |   |
|           |       | 2,679       | Blank.       | NA (70+ yrs. old)   |
| 1347-1348 | 5b(2) |             | HOURS (      | JSUALLY SPEND PER WEEK                                      |
|           |       | 3           | 00.          | Less than 1 hour  |
|           |       | 6           | 01-96.       | 1-96 hours per week   |
|           |       | 0           | 97.          | 97+ hours per week  |
|           |       | 1           | 98.          |   |
|           |       | 1           | 99.          |   |
|           |       | 9,680       | Blank.       | NA (70+ yrs. old; No or DK if employed with paid job coach) |
|           |       |             | -244-        |   |

| Tape<br>Locations | Item No. | Frequency                         | Items and Codes   |
|-------------------|----------|-----------------------------------|---|
| 1349              | 5a(3)    |                                   | CURRENT JOB OR OTHER ACTIVITY -<br>WITH WORK CREW                         |
|                   |          | 19<br>6,762<br>220<br>11<br>2,679 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (70+ yrs. old) |
| L350-1351         | 5b(3)    |                                   | HOURS USUALLY SPEND PER WEEK  |
|                   |          | 0<br>17                           | 00. Less than 1 hour<br>01-96. 1-96 hours per week                        |

|           |        | 0     | 97.       | 97+ hours per week            |
|-----------|--------|-------|-----------|-------------------------------|
|           |        | 1     | 98.       | Not ascertained               |
|           |        |       | 99.       | DK or refused                 |
|           |        | 9,672 | Blank.    | NA (70+ yrs. old; No or DK    |
|           |        | - /   |           | if employed with a work crew) |
|           |        |       |           |                               |
| 1352      | 5a(4)  |       | CURRENT   | JOB OR OTHER ACTIVITY -       |
| 1001      | 34(1)  |       |           | WITH AN ENCLAVE               |
|           |        |       |           |                               |
|           |        | 8     | 1.        | Yes                           |
|           |        | 6,768 | 2.        | No                            |
|           |        | 224   | 8.        | Not ascertained               |
|           |        | 12    | 9.        | DK or refused                 |
|           |        | 2,679 | Blank.    | NA (70+ yrs. old)             |
| 1353-1354 | 5b(4)  |       | HOURS II  | SUALLY SPEND PER WEEK         |
| 1333 1331 | 32 (1) |       | 1100110 0 | BOHELL BLEND LER WEEK         |
|           |        | 0     | 00.       | Less than 1 hour              |
|           |        | 6     | 01-96.    | 1-96 hours per week           |
|           |        | 0     | 97.       | 97+ hours per week            |
|           |        | 1     | 98.       | Not ascertained               |
|           |        | 1     | 99.       | DK or refused                 |
|           |        | 9,683 | Blank.    | NA (70+ yrs. old; No or DK    |
|           |        |       |           | if employed as an enclave)    |
| <br>1     |        |       | -245-     |                               |
| -         |        |       |           |                               |

#### Section E - Vocational Rehabilitation

| Tape<br>Locations | Item No.  | Frequency | Items and Codes  |
|-------------------|-----------|-----------|--|
| 1355              | 5a(5)     |           | CURRENT JOB OR OTHER ACTIVITY -                                      |
|                   |           |           | OTHER SUPPORTED EMPLOYMENT   |
|                   |           | 22        | 1. Yes   |
|                   |           | 6,793     | 2. No  |
|                   |           | 186       | 8. Not ascertained   |
|                   |           | 11        | 9. DK or refused   |
|                   |           | 2,679     | Blank. NA (70+ yrs. old)   |
| .356-1357         | 5b(5)     |           | 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  |
|                   |           | 9,669     | Blank. NA (70+ yrs. old; No or DK if any other supported employment) |
| 1250              | F 2 / 6 ) |           | OUDDENT TOD OD ORUED ACRIVITAN                                       |

1358 5a(6)

CURRENT JOB OR OTHER ACTIVITY

#### - SHELTERED WORKSHOP

|           |       | 32<br>6,788<br>184<br>8<br>2,679 |                             | Not ascertained<br>DK or refused  |
|-----------|-------|----------------------------------|-----------------------------|---|
| 1359-1360 | 5b(6) | 0<br>31<br>0<br>1<br>0<br>9,659  | 00.<br>01-96.<br>97.<br>98. | JSUALLY SPEND PER WEEK  Less than 1 hour 1-96 hours per week 97+ hours per week Not ascertained DK or refused NA (70+ yrs. old; No or DK if employed in a sheltered workshop) |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                         | Items and Codes   |  |  |
|-------------------|----------|-----------------------------------|---|--|--|
| 1361              | 5a(7)    |                                   | CURRENT JOB OR OTHER ACTIVITY -<br>A WORK ACTIVITY CENTER   |  |  |
|                   |          | 15<br>6,801<br>187<br>9<br>2,679  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (70+ yrs. old)   |  |  |
| 1362-1363         | 5b(7)    |                                   | HOURS USUALLY SPEND PER WEEK  |  |  |
|                   |          | 0<br>12<br>0<br>1<br>2<br>9,676   | 00. Less than 1 hour 01-96. 1-96 hours per week 97. 97+ hours per week 98. Not ascertained 99. DK or refused Blank. NA (70+ yrs. old; No or DK if employed in a work activity center) |  |  |
| 1364              | 5a(8)    |                                   | CURRENT JOB OR OTHER ACTIVITY -<br>A DAY ACTIVITY CENTER  |  |  |
|                   |          | 32<br>6,782<br>188<br>10<br>2,679 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (70+ yrs. old)   |  |  |

| 1365-1366 | 5b(8) |                                 | HOURS U                     | JSUALLY SPEND PER WEEK   |
|-----------|-------|---------------------------------|-----------------------------|--|
|           |       | 0<br>29<br>0<br>2<br>1<br>9,659 | 01-96.<br>97.<br>98.<br>99. | Less than 1 hour 1-96 hours per week 97+ hours per week Not ascertained DK or refused NA (70+ yrs. old; No or DK if employed in a day activity center) |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                         | Items and Codes   |
|-------------------|----------|-----------------------------------|---|
| 1367              | 5a(9)    |                                   | CURRENT JOB OR OTHER ACTIVITY - ATTENDING SCHOOL  |
|                   |          | 263<br>6,558<br>182<br>9<br>2,679 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (70+ yrs. old)</li> </ol>   |
| 1368-1369         | 5b(9)    | 2,019                             | HOURS USUALLY SPEND PER WEEK  |
|                   |          | 0<br>253<br>0<br>4<br>6<br>9,428  | 00. Less than 1 hour 01-96. 1-96 hours per week 97. 97+ hours per week 98. Not ascertained 99. DK or refused Blank. NA (70+ yrs. old; No or DK if attending school) |
| 1370              | 5a(10)   |                                   | CURRENT JOB OR OTHER ACTIVITY -<br>A FORMAL JOB TRAINING PROGRAM  |
|                   |          | 22<br>6,791<br>189<br>10<br>2,679 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (70+ yrs. old)   |
| 1371-1372         | 5b(10)   |                                   | HOURS USUALLY SPEND PER WEEK  |
|                   |          | 3<br>16<br>0                      | 00. Less than 1 hour<br>01-96. 1-96 hours per week<br>97. 97+ hours per week  |

98. Not ascertained
1 99. DK or refused
9,669 Blank. NA (70+ yrs. old; No or
DK if employed in a formal
job training program)

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section E - Vocational Rehabilitation

| Tape<br>Locations | Item No. | Frequency | Items and Codes                                   |
|-------------------|----------|-----------|---|
| 1373              | 5a(11)   |           | CURRENT JOB OR OTHER ACTIVITY -<br>VOLUNTEER WORK |
|                   |          | 821       | 1. Yes  |
|                   |          | 6,007     | 2. No   |
|                   |          | 171       | 8. Not ascertained                                |
|                   |          | 13        | 9. DK or refused                                  |
|                   |          | 2,679     | Blank. NA (70+ yrs. old)                          |
| 1374-1375         | 5b(11)   |           | HOURS USUALLY SPEND PER WEEK                      |
|                   |          | 151       | 00. Less than 1 hour                              |
|                   |          | 599       | 01-96. 1-96 hours per week                        |
|                   |          | 3         | 97. 97+ hours per week                            |
|                   |          | 26        | 98. Not ascertained                               |
|                   |          | 42        | 99. DK or refused                                 |
|                   |          | 8,870     | Blank. NA (70+ yrs. old; No or                    |
|                   |          |           | DK if does volunteer work)                        |
| 1376              | 5a(12)   |           | CURRENT JOB OR OTHER ACTIVITY -                   |
|                   |          |           | NO STRUCTURED ACTIVITY                            |
|                   |          | 1,853     | 1. Yes  |
|                   |          | 1,216     | 2. No   |
|                   |          | 39        | 8. Not ascertained                                |
|                   |          | 4         | 9. DK or refused                                  |
|                   |          | 6,579     | Blank. NA (70+ yrs. old; Yes or                   |
|                   |          |           | DK if has job or other                            |
|                   |          |           | structured activity)                              |
| 1377-1378         |          |           | BLANK   |
|                   |          |           | -249-   |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section F - Assistive Devices and Technologies

Tape

| Locations   | Item No.         | Frequency | Items a | and Codes  |
|-------------|------------------|-----------|---------|--|
| (1379-1408) | 1(a-o)<br>2(a-o) |           | DID YOU | USE:   |
| 1379        | 1a               |           | TRACHEC | TOMY TUBE IN PAST 12 MONTHS                          |
|             |                  | 35        |         | Yes  |
|             |                  | 9,594     |         | No   |
|             |                  | 51<br>11  |         | Not ascertained<br>DK or refused                     |
| 1380        | 2a               |           | TRACHEC | TOMY TUBE IN PAST TWO WEEKS                          |
|             |                  | 6         | 1       | Yes  |
|             |                  | 26        |         | No   |
|             |                  | 3         | 8.      | Not ascertained                                      |
|             |                  | 0         | 9.      | DK or refused  |
|             |                  | 9,656     | Blank.  | NA (No or DK if used tracheoto                       |
|             |                  |           |         | tube in past 12 months)                              |
| 1381        | 1b               |           | RESPIRA | TOR PAST 12 MONTHS                                   |
|             |                  | 175       | 1.      | Yes  |
|             |                  | 9,440     | 2.      | No   |
|             |                  | 57        |         | Not ascertained                                      |
|             |                  | 19        | 9.      | DK or refused  |
| 1382        | 2b               |           | RESPIRA | TOR PAST TWO WEEKS                                   |
|             |                  | 79        | 1.      | Yes  |
|             |                  | 88        |         | No   |
|             |                  | 6         |         | Not ascertained                                      |
|             |                  | 2         |         | DK or refused  |
|             |                  | 9,516     | Blank.  | NA (No or DK if used a respirator in past 12 months) |
| 1383        | 1c               |           | AN OSTO | MY BAG PAST 12 MONTHS                                |
|             |                  | 68        | 1.      | Yes  |
|             |                  | 9,560     | 2.      | No   |
|             |                  | 59        | 8.      | Not ascertained                                      |
|             |                  | 4         | 9.      | DK or refused  |

| Tape<br>Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|                   |          |           |                 |

| (1379-1408) | 1(a-o)<br>2(a-o) |                             | DID YOU USE: - Continued   |  |
|-------------|------------------|-----------------------------|--|--|
| 1384        | 2c               |                             | AN OSTOMY BAG PAST TWO WEEKS   |  |
|             |                  | 55<br>11<br>2<br>0<br>9,623 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (No or DK if used an ostomy bag in past 12 months)  |  |
| 1385        | 1d               |                             | CATHETERIZATION EQUIPMENT PAST 12 MONTHS   |  |
|             |                  | 343<br>9,277<br>59<br>12    | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>  |  |
| 1386        | 2d               |                             | CATHETERIZATION EQUIPMENT PAST TWO WEEKS   |  |
|             |                  | 125                         | 1. Yes   |  |
|             |                  | 208<br>9<br>1<br>9,348      | <ol> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (No or DK if used catheterization equipment in past 12 months)</li> </ol> |  |
| 1387        | 1e               | 9<br>1                      | 8. Not ascertained 9. DK or refused Blank. NA (No or DK if used catheterization equipment  |  |
| 1387        | 1e               | 9<br>1                      | 8. Not ascertained 9. DK or refused Blank. NA (No or DK if used catheterization equipment in past 12 months)   |  |

| Tape<br>Locations | Item No.         | Frequency       | Items and Codes  |
|-------------------|------------------|-----------------|--|
| (1379-1408)       | 1(a-o)<br>2(a-o) |                 | DID YOU USE: - Continued                                     |
| 1388              | 2e               |                 | GLUCOSE MONITOR PAST TWO WEEKS                               |
|                   |                  | 466<br>91<br>20 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> </ol> |

|      |    | 7<br>9,107 | 9.<br>Blank. |  |
|------|----|------------|--------------|--|
| 1389 | 1f |            | DIABET       | IC EQUIPMENT PAST 12 MONTHS                                |
|      |    | 737        | 1.           | Yes  |
|      |    | 8,887      | 2.           |  |
|      |    | 58         | 8.           |  |
|      |    | 9          | 9.           | DK or refused  |
| 1390 | 2f |            | DIABET       | IC EQUIPMENT PAST TWO WEEKS                                |
|      |    | 655        | 1.           | Yes  |
|      |    | 49         | 2.           | No   |
|      |    | 31         | 8.           | Not ascertained  |
|      |    | 2          | 9.           |  |
|      |    | 8,954      | Blank.       | NA (No or DK if used diabetic equipment in past 12 months) |
| 1391 | 1g |            | AN INHA      | ALER PAST 12 MONTHS  |
|      |    | 996        | 1.           | Yes  |
|      |    | 8,628      | 2.           | No   |
|      |    | 57         | 8.           | Not ascertained  |
|      |    | 10         | 9.           | DK or refused  |
| 1392 | 2g |            | AN INH       | ALER PAST TWO WEEKS  |
|      |    | 731        | 1.           | Yes  |
|      |    | 237        | 2.           |  |
|      |    | 23         | 8.           |  |
|      |    | 5          | 9.           |  |
|      |    | 8,695      | Blank.       | NA (No or DK if used an inhaler in past 12 months)         |
| 1    |    |            | -252-        |  |

| Tape<br>Locations | Item No.         | Frequency                | Items and Codes   |
|-------------------|------------------|--------------------------|---|
| (1379-1408)       | 1(a-o)<br>2(a-o) |                          | DID YOU USE: - Continued  |
| 1393              | 1h               |                          | A NEBULIZER PAST 12 MONTHS  |
|                   |                  | 269<br>9,341<br>59<br>22 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol> |

| 1394 | 2h |       | A NEBUI | LIZER PAST TWO WEEKS           |
|------|----|-------|---------|--------------------------------|
|      |    | 172   | 1       | Yes                            |
|      |    | 91    | 2.      |                                |
|      |    | 5     | 8.      |                                |
|      |    | 1     | 9.      |                                |
|      |    | 9,422 | Blank.  |                                |
|      |    |       |         | nebulizer in past 12 months)   |
| 1395 | 1i |       | A HEAR] | ING AID PAST 12 MONTHS         |
|      |    | 598   | 1.      | Yes                            |
|      |    | 9,033 | 2.      | No                             |
|      |    | 56    | 8.      | Not ascertained                |
|      |    | 4     | 9.      | DK or refused                  |
| 1396 | 2i |       | A HEAR] | ING AID PAST TWO WEEKS         |
|      |    | 503   | 1.      | Yes                            |
|      |    | 71    | 2.      | No                             |
|      |    | 18    | 8.      | Not ascertained                |
|      |    | 6     | 9.      | DK or refused                  |
|      |    | 9,093 | Blank.  | NA (No or DK if used a hearing |
|      |    |       |         | aid in past 12 months)         |
| 1397 | 1j |       | CRUTCHE | ES PAST 12 MONTHS              |
|      |    | 303   | 1.      | Yes                            |
|      |    | 9,322 | 2.      | No                             |
|      |    | 62    | 8.      | Not ascertained                |
|      |    | 4     | 9.      | DK or refused                  |
|      |    |       | -253-   |                                |
|      |    |       |         |                                |

| Tape<br>Locations | Item No.         | Frequency                      | Items and Codes  |
|-------------------|------------------|--------------------------------|--|
| (1379-1408)       | 1(a-o)<br>2(a-o) |                                | DID YOU USE: - Continued   |
| 1398              | 2j               |                                | CRUTCHES PAST TWO WEEKS  |
|                   |                  | 115<br>168<br>17<br>3<br>9,388 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (No or DK if used crutches in past 12 months) |

| 1399 | 1k | CAN                                  | NE PAST 12 MONTHS  |
|------|----|--------------------------------------|--|
|      |    | 1,380<br>8,246<br>61<br>4            | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>                |
| 1400 | 2k | CAI                                  | NE PAST TWO WEEKS  |
|      |    | 1,016<br>298<br>62<br>4<br>8,311 Bla | 1. Yes 2. No 8. Not ascertained 9. DK or refused ank. NA (No or DK if used cane in past 12 months) |
| 1401 | 11 | WAI                                  | KER PAST 12 MONTHS   |
|      |    | 771<br>8,856<br>60<br>4              | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>                |
| 1    |    | -254-                                |  |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE Section F - Assistive Devices and Technologies

| Tape<br>Locations | Item No.         | Frequency                      | Items and Codes  |
|-------------------|------------------|--------------------------------|--|
| 1379-1408)        | 1(a-o)<br>2(a-o) |                                | DID YOU USE: - Continued   |
| 1402              | 21               |                                | WALKER PAST TWO WEEKS  |
|                   |                  | 463<br>262<br>43<br>3<br>8,920 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (No or DK if used walker in past 12 months) |
| 1403              | 1m               |                                | A WHEELCHAIR PAST 12 MONTHS  |
|                   |                  | 667<br>8,958<br>61<br>5        | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>                    |
| 1404              | 2m               |                                | A WHEELCHAIR PAST TWO WEEKS  |

|      |    | 399<br>230<br>35<br>3<br>9,024 | 1.<br>2.<br>8.<br>9.<br>Blank. | DK or refused                                 |
|------|----|--------------------------------|--------------------------------|---|
| 1405 | 1n |                                | A SCOOT                        | ER PAST 12 MONTHS                             |
|      |    | 64<br>9,564<br>57<br>6         | 2.                             | Yes<br>No<br>Not ascertained<br>DK or refused |
| 1    |    |                                | 0.5.5                          |   |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section F - Assistive Devices and Technologies

| Tape<br>Locations | Item No.         | Frequency                   | Items and Codes   |      |
|-------------------|------------------|-----------------------------|---|------|
| (1379-1408)       | 1(a-o)<br>2(a-o) |                             | DID YOU USE: - Continued  |      |
| 1406              | 2n               |                             | A SCOOTER PAST TWO WEEKS  |      |
|                   |                  | 42<br>16<br>6<br>0<br>9,627 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (No or DK if used scooter in past 12 mon   | ths) |
| 1407              | 10               |                             | A FEEDING TUBE PAST 12 MONTHS   |      |
|                   |                  | 35<br>9,583<br>65<br>8      | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>                   |      |
| 1408              | 20               |                             | A FEEDING TUBE PAST TWO WEEKS   |      |
|                   |                  | 15<br>15<br>4<br>1<br>9,656 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (No or DK if used f tube in past 12 months |      |

1409-1410 Recode

NUMBER OF MEDICAL DEVICES USED IN PAST 12 MONTHS

| 5,994 | 00.    | No known medical devices used |
|-------|--------|-------------------------------|
| 3,649 | 00-15. | Number of known medical       |
|       |        | devices used                  |
| 48    | 99.    | DK or unknown if used any     |
|       |        | medical devices               |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section F - Assistive Devices and Technologies

| Tape        | T N      |           | Thomas and Galas   |
|-------------|----------|-----------|--|
| Locations   | Item No. | Frequency | Items and Codes  |
| 411-1415    | 3        |           | HOW MUCH DID YOU OR YOUR FAMILY PAY FOR THE DEVICE IN PAST 12 MONTHS |
|             |          | 1,995     | 00000. None  |
|             |          | 1,145     | 00001-99996. Dollar amount paid                                      |
|             |          | 0         | 99997. 99997+ dollars paid   |
|             |          | 134       | 99998. Not ascertained   |
|             |          | 375       | 99999. DK or refused   |
|             |          | 6,042     | 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                                     |
|             |          | 71        | 1. Yes   |
|             |          | 9,539     | 2. No  |
|             |          | 68        | 8. Not ascertained   |
|             |          | 13        | 9. DK or refused   |
| 1417        | 4b       |           | AN ARTIFICIAL JOINT  |
|             |          | 417       | 1. Yes   |
|             |          | 9,199     | 2. No  |
|             |          | 63        | 8. Not ascertained   |
|             |          | 12        | 9. DK or refused   |
| 1418        | 4c       |           | IMPLANTED LENS   |
|             |          | 625       | 1. Yes   |
|             |          | 8,983     | 2. No  |
|             |          | 65        | 8. Not ascertained   |
|             |          | 18        | 9. DK or refused   |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section F - Assistive Devices and Technologies

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| Tape<br>Locations | Item No. | Frequency | Items and Codes                                  |
|-------------------|----------|-----------|--|
| (1416-1426)       | 4a-k     |           | DO YOU HAVE ANY OF THESE<br>IMPLANTS:- Continued |
| 1419              | 4d       |           | IMPLANTED PIN, SCREW, NAIL, WIRE, ROD, OR PLATE  |
|                   |          | 644       | 1. Yes   |
|                   |          | 8,940     | 2. No  |
|                   |          | 67        | 8. Not ascertained                               |
|                   |          | 40        | 9. DK or refused                                 |
| 1420              | 4e       |           | ARTIFICIAL HEART VALVE                           |
|                   |          | 61        | 1. Yes   |
|                   |          | 9,548     | 2. No  |
|                   |          | 69        | 8. Not ascertained                               |
|                   |          | 13        | 9. DK or refused                                 |
| 1421              | 4f       |           | A PACEMAKER                                      |
|                   |          | 128       | 1. Yes   |
|                   |          | 9,487     | 2. No  |
|                   |          | 68        | 8. Not ascertained                               |
|                   |          | 8         | 9. DK or refused                                 |
| 1422              | 4g       |           | SILICONE IMPLANT                                 |
|                   |          | 34        | 1. Yes   |
|                   |          | 9,579     | 2. No  |
|                   |          | 68        | 8. Not ascertained                               |
|                   |          | 10        | 9. DK or refused                                 |
| 1423              | 4h       |           | INFUSION PUMP                                    |
|                   |          | 12        | 1. Yes   |
|                   |          | 9,602     | 2. No  |
|                   |          | 64        | 8. Not ascertained                               |
|                   |          | 13        | 9. DK or refused                                 |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
| Locacions         | icem No. | rrequency | Items and codes |

| (1416-1426) | 4a-k |       |         | HAVE ANY OF THESE<br>TS:- Continued |
|-------------|------|-------|---------|-------------------------------------|
| 1424        | 4i   |       | IMPLANT | TED CATHETER                        |
|             |      | 43    | 1.      | Yes                                 |
|             |      | 9,569 | 2.      | No                                  |
|             |      | 67    | 8.      | Not ascertained                     |
|             |      | 12    | 9.      | DK or refused                       |
| 1425        | 4j   |       | AN ORGA | AN IMPLANT                          |
|             |      | 32    | 1.      | Yes                                 |
|             |      | 9,585 | 2.      | No                                  |
|             |      | 64    | 8.      | Not ascertained                     |
|             |      | 10    | 9.      | DK or refused                       |
| 1426        | 4k   |       | A COCHI | LEAR IMPLANT                        |
|             |      | 9     | 1.      | Yes                                 |
|             |      | 9,598 | 2.      | No                                  |
|             |      | 69    | 8.      | Not ascertained                     |
|             |      | 15    | 9.      | DK or refused                       |
| 1427        |      |       | BLANK   |                                     |
|             |      |       | -259-   |                                     |

| Tape<br>Locations | Item No. | Frequency | Items and Codes                                      |
|-------------------|----------|-----------|--|
| 1428              | 1a       |           | WERE YOU COVERED BY MEDICARE (LAST MONTH)            |
|                   |          | 4,252     | 1. Yes   |
|                   |          | 5,355     | 2. No  |
|                   |          | 48        | 8. Not ascertained                                   |
|                   |          | 36        | 9. DK or refused                                     |
| 1429              | 1b       |           | HOW LONG HAVE YOU BEEN                               |
|                   |          |           | COVERED BY MEDICARE                                  |
|                   |          | 72        | 1. Less than 6 months                                |
|                   |          | 82        | <ol><li>6 months, but less<br/>than 1 year</li></ol> |
|                   |          | 202       | 3. 1 year, but less<br>than 2 years                  |
|                   |          | 3,812     | 4. 2 years or more                                   |
|                   |          | 54        | 8. Not ascertained                                   |
|                   |          | 30        | 9. DK or refused                                     |

|      |    | 5,439          | Blank. NA (No or DK if covered by Medicare) |
|------|----|----------------|---|
| 1430 | 2a |                | WERE YOU COVERED BY MEDICAID (LAST MONTH)   |
|      |    | 1,884<br>7,674 | 1. Yes<br>2. No                             |
|      |    | 62             | 8. Not ascertained                          |
|      |    | 71             | 9. DK or refused                            |
| 1    |    |                | _260_                                       |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes   |
|-------------------|----------|-----------|---|
| 1431              | 2b       |           | HOW LONG HAVE YOU HAD MEDICAID  |
|                   |          | 57        | 0. Less than 6 months   |
|                   |          | 71        | <ol> <li>6 months, but less<br/>than 1 year</li> </ol>  |
|                   |          | 121       | 2. 1 year, but less than 2 years  |
|                   |          | 418       | 3. 2 years, but less than 5 years   |
|                   |          | 993       | 4. 5 years or more  |
|                   |          | 3         | 5. On and off for less than 2 years   |
|                   |          | 34        | 6. On and off for 2 years,<br>but less than 5 years   |
|                   |          | 132       | 7. On and off for 5 years or more   |
|                   |          | 13        | 8. Not ascertained  |
|                   |          | 42        | 9. DK or refused  |
|                   |          | 7,807     | 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) |
|                   |          |           | CARE (NOT MEDICALD) (HAST MONTH)  |
|                   |          | 176       | 1. Yes  |
|                   |          | 9,376     | 2. No   |
|                   |          | 84        | 8. Not ascertained  |
|                   |          | 55        | 9. DK or refused  |
| 1433              | 4a       |           | WERE YOU COVERED BY MILITARY<br>HEALTH CARE (LAST MONTH)  |
|                   |          | 400       | 1. Yes  |
|                   |          | 488       |   |
|                   |          | 8,979     | 2. No   |

9. DK or refused

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section G - Health Insurance

| Tape<br>Locations | Item No. | Frequency | Items and Codes                   |
|-------------------|----------|-----------|-----------------------------------|
| 1434              | 4b       |           | WAS THIS CHAMPUS OR CHAMP-VA      |
|                   |          | 181       | 1. Yes                            |
|                   |          | 268       | 2. No                             |
|                   |          | 5         | 8. Not ascertained                |
|                   |          | 34        | 9. DK or refused                  |
|                   |          | 9,203     | Blank. NA (No or DK if covered    |
|                   |          |           | by military health care)          |
| 1435              | 4c       |           | WERE YOU COVERED BY ANY OTHER     |
|                   |          |           | MILITARY HEALTH CARE (LAST MONTH) |
|                   |          | 303       | 1. Yes                            |
|                   |          | 169       | 2. No                             |
|                   |          | 6         | 8. Not ascertained                |
|                   |          | 10        | 9. DK or refused                  |
|                   |          | 9,203     | Blank. NA (No or DK if covered    |
|                   |          |           | by military health care)          |
| 1436              | 5        |           | WERE YOU COVERED BY THE           |
|                   | _        |           | INDIAN HEALTH SERVICE             |
|                   |          | 48        | 1. Yes                            |
|                   |          | 9,419     | 2. No                             |
|                   |          | 200       | 8. Not ascertained                |
|                   |          | 24        | 9. DK or refused                  |
|                   |          |           | -262-                             |

#### Section G - Health Insurance

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency            | Items and Codes   |
|-------------------|----------|----------------------|---|
| 1437              | 6a       |                      | WERE YOU COVERED BY A PRIVATE<br>HEALTH INSURANCE PLAN (LAST MONTH) |
|                   |          | 5,640<br>3,906<br>67 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> </ol>        |

|      |        | 78    | 9. DK or refused                       |
|------|--------|-------|--|
| 1438 | 6b     |       | WAS PRIVATE HEALTH INSURANCE           |
|      |        |       | ORIGINALLY OBTAINED THROUGH            |
|      |        |       | EMPLOYER OR UNION                      |
|      |        | 3,609 | 1. Employer                            |
|      |        | 124   | 2. Union                               |
|      |        | 173   | <ol> <li>Through workplace,</li> </ol> |
|      |        |       | DK which                               |
|      |        | 1,669 | 4. No                                  |
|      |        | 11    | 8. Not ascertained                     |
|      |        | 54    | 9. DK or refused                       |
|      |        | 4,051 | Blank. NA (No or DK if covered by      |
|      |        |       | private health insurance plan)         |
| 1439 | Recode |       | MEDICARE AND/OR PRIVATE                |
|      |        |       | HEALTH INSURANCE (RECODE)              |
|      |        | 7,445 | 1. Covered by one or both              |
|      |        | 2,127 | 2. Not covered by either               |
|      |        | 119   | 9. Unknown if covered                  |
|      |        |       | -263-                                  |

| Tape<br>Locations | Item No. | Frequency | Items and Codes   |
|-------------------|----------|-----------|---|
| 1440              | Recode   |           | MEDICARE AND/OR PRIVATE<br>HEALTH INSURANCE (RECODE)  |
|                   |          | 969       | <ol> <li>Not covered by govt or<br/>private health insurance</li> </ol>                         |
|                   |          | 2,887     | <ol> <li>Covered by govt health programs only</li> </ol>  |
|                   |          | 2,913     | 2. Covered by private programs only   |
|                   |          | 2,611     | 3. Covered by both govt and private health insurance  |
|                   |          | 59        | <ol> <li>Covered by govt, unknown if covered by private health insurance</li> </ol>             |
|                   |          | 116       | 5. Covered by private, unknown if covered by govt health insurance                              |
|                   |          | 24        | <ol> <li>Not covered by govt, unknown<br/>if covered by private health<br/>insurance</li> </ol> |
|                   |          | 50        | 7. Not covered by private, unknown if covered by govt health insurance                          |
|                   |          | 62        | 9. Unknown if covered by either government or private health insurance                          |

| 1441-1450 | BLANK |  |
|-----------|-------|--|
| 1         | -264- |  |
| Notes:    |       |  |
| 1         | -265- |  |

| Tape<br>Locations | Item No.             | Frequency                                  | Items and Codes  |
|-------------------|----------------------|--|--|
| (1451-1490)       | 1a-j<br>2a-j<br>3a-j |  | ANY DIFFICULTY DOING THE FOLLOWING (UNAIDED)   |
| 1451              | 1a                   |  | WALKING FOR A QUARTER-MILE   |
|                   |                      | 3,597<br>5,990<br>49<br>55                 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>NA/DK or refused</li> </ol>   |
| 1452              | 2a                   |  | HOW MUCH DIFFICULTY WALKING<br>QUARTER-MILE  |
|                   |                      | 1,212<br>970<br>1,392<br>13<br>10<br>6,094 | <ol> <li>Some</li> <li>A lot</li> <li>Unable</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (No or DK difficulty walking)</li> </ol> |
| 1453-1454         | 3a                   |  | LENGTH OF TIME WITH DIFFICULTY WALKING QUARTER-MILE  |
|                   |                      | 337<br>3,088<br>0<br>22<br>150<br>6,094    | 00. Less than 1 year 01-96. 1-96 years 97. 97+ years 98. Not ascertained 99. DK or refused Blank. NA (No or DK difficulty walking)                       |
| 1455              | 1b                   |  | ANY DIFFICULTY WALKING UP<br>10 STEPS WITHOUT RESTING  |
|                   |                      | 2,887<br>6,644<br>53<br>107                | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>NA/DK or refused</li> </ol>   |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No.             | Frequency                                    | Items and Codes   |
|-------------------|----------------------|--|---|
| (1451-1490)       | 1a-j<br>2a-j<br>3a-j |  | ANY DIFFICULTY DOING THE FOLLOWING (UNAIDED) - Continued  |
| 1456              | 2b                   |  | HOW MUCH DIFFICULTY WALKING UP 10 STEPS   |
|                   |                      | 1,019<br>833<br>1,013<br>14<br>8<br>6,804    | <ol> <li>Some</li> <li>A lot</li> <li>Unable</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (No or DK difficulty walking up steps)</li> </ol> |
| 1457-1458         | 3b                   |  | LENGTH OF TIME WITH DIFFICULTY WALKING UP STEPS   |
|                   |                      | 245<br>2,482<br>0<br>25<br>135<br>6,804      | 00. Less than 1 year 01-96. 1-96 years 97. 97+ years 98. Not ascertained 99. DK or refused Blank. NA (No or DK difficulty walking up steps)                       |
| 1459              | 1c                   |  | ANY DIFFICULTY STANDING OR<br>BEING ON FEET FOR TWO HOURS   |
|                   |                      | 4,064<br>5,440<br>56<br>131                  | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>NA/DK or refused</li> </ol>  |
| 1460              | 2c                   |  | HOW MUCH DIFFICULTY STANDING<br>OR BEING ON FEET FOR TWO HOURS  |
|                   |                      | 1,334<br>1,144<br>1,539<br>25<br>22<br>5,627 | 1. Some 2. A lot 3. Unable 8. Not ascertained 9. DK or refused Blank. NA (No or DK difficulty standing)   |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No.             | Frequency                               | Items and Codes   |
|-------------------|----------------------|---|---|
| (1451-1490)       | 1a-j<br>2a-j<br>3a-j |   | ANY DIFFICULTY DOING THE FOLLOWING (UNAIDED) - Continued  |
| 1461-1462         | 3c                   |   | LENGTH OF TIME WITH<br>DIFFICULTY STANDING  |
|                   |                      | 325<br>3,479<br>0<br>43<br>217<br>5,627 | 00. Less than 1 year 01-96. 1-96 years 97. 97+ years 98. Not ascertained 99. DK or refused Blank. NA (No or DK difficulty standing) |
| 1463              | 1d                   |   | ANY DIFFICULTY SITTING FOR TWO HOURS  |
|                   |                      | 1,874<br>7,710<br>57<br>50              | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>NA/DK or refused</li> </ol>  |
| 1464              | 2d                   |   | HOW MUCH DIFFICULTY SITTING FOR TWO HOURS   |
|                   |                      | 989<br>570<br>289<br>19<br>7            | 1. Some 2. A lot 3. Unable 8. Not ascertained 9. DK or refused Blank. NA (No or DK difficulty sitting)                              |
| 1465-1466         | 3d                   |   | LENGTH OF TIME WITH<br>DIFFICULTY SITTING   |
|                   |                      | 150<br>1,603<br>0<br>28<br>93<br>7,817  | 00. Less than 1 year 01-96. 1-96 years 97. 97+ years 98. Not ascertained 99. DK or refused Blank. NA (No or DK difficulty sitting)  |

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#### Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No.             | Frequency                                    | Items and Codes  |
|-------------------|----------------------|--|--|
| (1451-1490)       | 1a-j<br>2a-j<br>3a-j |  | ANY DIFFICULTY DOING THE FOLLOWING (UNAIDED) - Continued   |
| 1467              | 1e                   |  | ANY DIFFICULTY STOOPING,<br>CROUCHING, OR KNEELING   |
|                   |                      | 4,259<br>5,322<br>59<br>51                   | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>NA/DK or refused</li> </ol>   |
| 1468              | 2e                   |  | HOW MUCH DIFFICULTY STOOPING/<br>CROUCHING/KNEELING  |
|                   |                      | 1,508<br>1,357<br>1,362<br>22<br>10<br>5,432 | <ol> <li>Some</li> <li>A lot</li> <li>Unable</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (No or DK difficulty stooping/crouching/kneeling)</li> </ol> |
| 1469-1470         | 3e                   |  | LENGTH OF TIME WITH DIFFICULTY<br>STOOPING/CROUCHING/KNEELING  |
|                   |                      | 312<br>3,682<br>0<br>44<br>221<br>5,432      | 00. Less than 1 year 01-96. 1-96 years 97. 97+ years 98. Not ascertained 99. DK or refused Blank. NA (No or DK difficulty stooping/crouching/kneeling)                       |
| 1471              | 1f                   |  | ANY DIFFICULTY REACHING UP<br>OVER YOUR HEAD   |
|                   |                      | 1,871<br>7,710<br>62<br>48                   | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>NA/DK or refused</li> </ol>   |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

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| Item No.             | Frequency                              | Items and Codes   |  |
|----------------------|--|---|--|
| 1a-j<br>2a-j<br>3a-j |  | ANY DIFFICULTY DOING THE FOLLOWING (UNAIDED) - Continued  |  |
| 2f                   |  | HOW MUCH DIFFICULTY REACHING OVER YOUR HEAD   |  |
|                      | 960<br>552<br>343<br>12<br>4<br>7,820  | 1. Some 2. A lot 3. Unable 8. Not ascertained 9. DK or refused Blank. NA (No or DK difficulty reaching over head)                             |  |
| 3f                   |  | LENGTH OF TIME WITH<br>DIFFICULTY REACHING  |  |
|                      | 189<br>1,583<br>0<br>19<br>80<br>7,820 | 00. Less than 1 year 01-96. 1-96 years 97. 97+ years 98. Not ascertained 99. DK or refused Blank. NA (No or DK difficulty reaching over head) |  |
| 1g                   |  | ANY DIFFICULTY REACHING<br>OUT AS IF TO SHAKE HANDS   |  |
|                      | 400<br>9,205<br>56<br>30               | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>NA/DK or refused</li> </ol>  |  |
| 2g                   |  | HOW MUCH DIFFICULTY REACHING<br>OUT AS IF TO SHAKE HANDS  |  |
|                      | 200<br>105<br>86<br>6<br>3<br>9,291    | 1. Some 2. A lot 3. Unable 8. Not ascertained 9. DK or refused Blank. NA (No or DK difficulty reaching out)                                   |  |
|                      | 1a-j<br>2a-j<br>3a-j<br>2f             | 2a-j 3a-j 2f  960 552 343 12 4 7,820  3f  189 1,583 0 19 80 7,820  1g  400 9,205 56 30  2g  200 105 86 6 3                                    |  |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.             | Frequency                              | Items and Codes   |  |
|-------------------|----------------------|--|---|--|
| (1451-1490)       | 1a-j<br>2a-j<br>3a-j |  | ANY DIFFICULTY DOING THE FOLLOWING (UNAIDED) - Continued  |  |
| 1477-1478         | 3g                   |  | LENGTH OF TIME WITH<br>DIFFICULTY REACHING OUT  |  |
|                   |                      | 39<br>332<br>0<br>9<br>20<br>9,291     | 00. Less than 1 year 01-96. 1-96 years 97. 97+ years 98. Not ascertained 99. DK or refused Blank. NA (No or DK difficulty reaching out)           |  |
| 1479              | 79 1h                |  | ANY DIFFICULTY USING<br>FINGERS TO GRASP  |  |
|                   |                      | 1,437<br>8,173<br>55<br>26             | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>NA/DK or refused</li> </ol>  |  |
| 1480              | 2h                   |  | HOW MUCH DIFFICULTY USING FINGERS TO GRASP  |  |
|                   |                      | 869<br>433<br>120<br>11<br>4<br>8,254  | 1. Some 2. A lot 3. Unable 8. Not ascertained 9. DK or refused Blank. NA (No or DK difficulty using fingers to grasp)                             |  |
| 1481-1482         | 3h                   |  | LENGTH OF TIME WITH DIFFICULTY USING FINGERS TO GRASP   |  |
|                   |                      | 121<br>1,242<br>0<br>17<br>57<br>8,254 | 00. Less than 1 year 01-96. 1-96 years 97. 97+ years 98. Not ascertained 99. DK or refused Blank. NA (No or DK difficulty using fingers to grasp) |  |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.             | Frequency                                 | Items a                        | and Codes   |
|-------------------|----------------------|---|--------------------------------|---|
| (1451-1490)       | 1a-j<br>2a-j<br>3a-j |   |                                | FICULTY DOING THE<br>NG (UNAIDED) - Continued                                 |
| 1483              | 1i                   |   |                                | FICULTY LIFTING<br>YYING 25 POUNDS  |
|                   |                      | 3,950<br>5,529<br>54<br>158               | 1.<br>2.<br>8.<br>9.           | Not ascertained   |
| 1484              | 2i                   |   |                                | CH DIFFICULTY<br>IG 25 POUNDS   |
|                   |                      | 786<br>789<br>1,648<br>703<br>24<br>5,741 | 2.                             | DK or refused   |
| 1485-1486         | 3i                   |   |                                | OF TIME WITH<br>ULTY CARRYING 25 POUNDS                                       |
|                   |                      | 246<br>2,709<br>0<br>730<br>265<br>5,741  | 01-96.<br>97.<br>98.           | DK or refused   |
| 1487              | 1j                   |   |                                | FICULTY LIFTING<br>LYING 10 POUNDS  |
|                   |                      | 1,966<br>1,926<br>159<br>111<br>5,529     | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained NA/DK or refused NA (No difficulty carrying 25 pounds) |

Section H - Assistance With Key Activities (ADL)

\_\_\_\_\_Tape

Locations Item No. Frequency Items and Codes

| (1451-1490) | 1a-j<br>2a-j<br>3a-j |   | ANY DIFFICULTY DOING THE FOLLOWING (UNAIDED) - Continued  |
|-------------|----------------------|---|---|
| 1488        | 2ј                   |   | HOW MUCH DIFFICULTY CARRYING 10 POUNDS  |
|             |                      | 644<br>487<br>795<br>29<br>11<br>7,725  | 1. Some 2. A lot 3. Unable 8. Not ascertained 9. DK or refused 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   |
|             |                      | 177<br>1,636<br>0<br>30<br>123<br>7,725 | 00. Less than 1 year 01-96. 1-96 years 97. 97+ years 98. Not ascertained 99. DK or refused Blank. NA (No difficulty carrying 25 pounds; No or DK difficulty carrying 10 pounds) |
| 1491-1492   | Recode               |   | NUMBER OF FUNCTIONAL LIMITATION<br>ACTIVITY   |
|             |                      | 9,629<br>62                             | 00-10. Number of functional limitation 99. NA (DK, refused all questions related to functional limitations)   |
|             |                      |   |   |

| Tape<br>Locations | Item No. | Frequency            | Items and Codes   |
|-------------------|----------|----------------------|---|
| 1494              | 4        |                      | HAVE DIFFICULTY BATHING OR SHOWERING                        |
|                   |          | 1,328<br>8,278<br>30 | <ol> <li>Yes</li> <li>No</li> <li>Doesn't do for</li> </ol> |

|             |        | 51<br>4                                      | 8.<br>9.                                   |   |
|-------------|--------|--|--|---|
| 1495        | 5      |  |  | H DIFFICULTY<br>S/SHOWERING   |
|             |        | 529<br>314<br>471<br>7<br>7<br>8,363         |  | A lot<br>Unable<br>Not ascertained<br>DK or refused                             |
| (1496-1498) | 6(1-3) |  | BATHING<br>WITHOUT                         | WITHOUT EQUIPMENT/  |
| 1496        | 6(1)   |  | VERY TI                                    | RING  |
|             |        | 160<br>426<br>250<br>471<br>14<br>7<br>8,363 | 0.<br>1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | or equipment Yes No Unable to do for other reason Not ascertained DK or refused |
| 1           |        |  | -274-                                      |   |

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency | Items a  | nd Codes                                |
|-------------------|----------|-----------|----------|---|
|                   |          |           |          |   |
| (1496-1498)       | 6(1-3)   |           | BATHING  | WITHOUT EQUIPMENT/                      |
|                   |          |           | WITHOUT  | HELP - Continued                        |
| 1497              | 6(2)     |           | TAKES A  | LONG TIME                               |
|                   |          | 160       | 0.       | Never do without help                   |
|                   |          | 427       | 1.       | or equipment<br>Yes                     |
|                   |          | 241       | 2.       |   |
|                   |          | 471       | 3.       |   |
|                   |          | 13        | 3.<br>8. |   |
|                   |          |           |          |   |
|                   |          | 16        |          | DK or refused                           |
|                   |          | 8,363     | Blank.   | • |
|                   |          |           |          | doesn't do for other reason)            |

1498 6(3) VERY PAINFUL

|      |    | 160   | 0.      | Never do without help or equipment |
|------|----|-------|---------|------------------------------------|
|      |    | 333   | 1.      | Yes                                |
|      |    | 338   | 2.      | No                                 |
|      |    | 471   | 3.      | Unable to do for other reason      |
|      |    | 12    | 8.      | Not ascertained                    |
|      |    | 14    | 9.      | DK or refused                      |
|      |    | 8,363 | Blank.  | NA (No or DK difficulty;           |
|      |    |       |         | doesn't do for other reason)       |
| 1499 | 7a |       | USE SPE | ECIAL EQUIPMENT OR AIDS            |
|      |    | 925   | 1.      | Yes                                |
|      |    | 8,428 | 2.      | No                                 |
|      |    | 308   | 8.      | Not ascertained                    |
|      |    | 0     | 9.      | DK or refused                      |
|      |    | 30    | Blank.  | NA (Doesn't do for other reason)   |
| 1    |    |       | -275-   |                                    |

| Tape<br>Locations | Item No. | Frequency                      | Items and Codes   |
|-------------------|----------|--------------------------------|---|
| (1500-1502)       | 7b(1-3)  |                                | SPECIAL EQUIPMENT OR AIDS<br>USED FOR BATHING OR SHOWERING  |
| 1500              | 7b(1)    |                                | STOOL, SEAT OR CHAIR  |
|                   |          | 619<br>293<br>3<br>10<br>8,766 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Doesn't do for other reason; No or DK if use any aids or special equipment)</li> </ol> |
| 1501              | 7b(2)    |                                | HANDBAR OR RAIL   |
|                   |          | 496<br>416<br>3<br>10<br>8,766 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Doesn't do for other reason; No or DK if use any aids or special equipment)</li> </ol> |
| 1502              | 7b(3)    |                                | OTHER   |
|                   |          | 156<br>756                     | <ol> <li>Mentioned</li> <li>Not mentioned</li> </ol>  |

| 3     | 8.     | No answer to entire question    |
|-------|--------|---------------------------------|
| 10    | 9.     | DK or refused (entire question) |
| 8,766 | Blank. | NA (Doesn't do for other        |
|       |        | reason; No or DK if use any     |
|       |        | aids or special equipment)      |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                             | Items and Codes  |
|-------------------|----------|---------------------------------------|--|
| (1503-1505)       | 7c(1-3)  |                                       | BATHING WITH EQUIPMENT<br>WITHOUT HELP   |
| 1503              | 7c(1)    |                                       | VERY TIRING  |
|                   |          | 386<br>225<br>289<br>16<br>9<br>8,766 | 0. Never do without help 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Doesn't do for other reason; No or DK if use any special equipment) |
| 1504              | 7c(2)    |                                       | TAKES A LONG TIME  |
|                   |          | 386<br>256<br>260<br>15<br>8<br>8,766 | 0. Never do without help 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Doesn't do for other reason; No or DK if use any special equipment) |
| 1505              | 7c(3)    |                                       | VERY PAINFUL   |
|                   |          | 386<br>138<br>381<br>13<br>7<br>8,766 | 0. Never do without help 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Doesn't do for other reason; No or DK if use any special equipment) |
| 1506              | 8a       |                                       | RECEIVE HELP WHEN BATHING<br>OR SHOWERING  |

851

1. Yes

| 8,697 | 2.     | No                               |
|-------|--------|----------------------------------|
| 104   | 8.     | Not ascertained                  |
| 9     | 9.     | DK or refused                    |
| 30    | Blank. | NA (Doesn't do for other reason) |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items a | nd Codes  |
|-------------------|----------|-----------|---------|---|
|                   |          |           |         |   |
| 1507              | 8b       |           | IS THIS | HANDS-ON HELP   |
|                   |          | 802       | 1.      | Yes   |
|                   |          | 42        | 2.      | No  |
|                   |          | 5         | 8.      | Not ascertained   |
|                   |          | 2         | 9.      |   |
|                   |          | 8,840     | Blank.  | ,   |
|                   |          |           |         | reason; No or DK if receive   |
|                   |          |           |         | help from another person)   |
| 1508-1510)        | 8c(1-3)  |           | BATHING | WITH HANDS-ON HELP  |
| 1508              | 8c(1)    |           | VERY TI | RING  |
|                   |          | 52        | 0.      | Never does activity,  |
|                   |          |           |         | receives hands-on help  |
|                   |          | 344       | 1.      | Yes   |
|                   |          | 360       | 2.      | No  |
|                   |          | 16        | 8.      | Not ascertained   |
|                   |          | 30        | 9.      | DK or refused   |
|                   |          | 8,889     | Blank.  | NA (Doesn't do for other reason<br>No or DK if receive help from<br>another person; No or DK if<br>help received is hands-on) |
| 1509              | 8c(2)    |           | TAKES A | LONG TIME   |
|                   |          | 52        | 0.      | Never does activity,  |
|                   |          |           |         | receives hands-on help  |
|                   |          | 327       | 1.      | Yes   |
|                   |          | 376       | 2.      | No  |
|                   |          | 20        | 8.      | Not ascertained   |
|                   |          | 27        | 9.      | DK or refused   |
|                   |          | 8,889     | Blank.  | NA (Doesn't do for other reason<br>No or DK if receive help from<br>another person; No or DK if<br>help received is hands-on) |
|                   |          |           | -278-   |   |

| Tape<br>Locations | Item No. | Frequency                                  | Items and Codes   |
|-------------------|----------|--|---|
| (1508-1510)       | 8c(1-3)  |  | BATHING WITH HANDS-ON HELP<br>- Continued   |
| 1510              | 8c(3)    |  | VERY PAINFUL  |
|                   |          | 52<br>215<br>474<br>23<br>38<br>8,889      | 0. Never does activity, receives hands-on help 1. Yes 2. No 8. Not ascertained 9. DK or refused 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<br>WHEN BATHING  |
|                   |          | 52<br>535<br>177<br>18<br>16<br>4<br>8,889 | 0. Never does activity, receives hands-on help 1. Always 2. Sometimes 3. Rarely 8. Not ascertained 9. DK or refused 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<br>WHEN BATHING   |
|                   |          | 105<br>9,376<br>136<br>44<br>30            | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason</li> </ol>   |

| Locations Item No. Frequency Items and Codes | Tape<br>Locations | Item No. | Frequency | Items and Codes |
|--|-------------------|----------|-----------|-----------------|
|--|-------------------|----------|-----------|-----------------|

| 1513 | 9a    |                                   |                                      | SUPERVISES OR STAYS<br>U WHEN BATHING  |
|------|-------|-----------------------------------|--------------------------------------|--|
|      |       | 242<br>8,477<br>129<br>11<br>832  | 1.<br>2.<br>8.<br>9.<br>Blank.       | Yes No Not ascertained DK or refused NA (Doesn't do for other reason; receives hands-on help)  |
| 1514 | 9b(1) |                                   | IS THIS                              | SUPERVISORY HELP   |
|      |       | 46<br>179<br>16<br>1<br>9,449     | 1.<br>2.<br>8.<br>9.<br>Blank.       | Yes No Not ascertained DK or refused 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   |
|      |       | 203<br>27<br>7<br>5<br>9,449      | 1.<br>2.<br>8.<br>9.<br>Blank.       | Yes No Not ascertained DK or refused NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when bathing/showering)                  |
| 1516 | 10    |                                   |                                      | EN SUPERVISION OR<br>HELP WHEN BATHING   |
|      |       | 139<br>87<br>9<br>6<br>1<br>9,449 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Always Sometimes Rarely Not ascertained DK or refused NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when bathing/showering) |
| 1    |       |                                   | -280-                                |  |

| Tape<br>Locations | Item No. | Frequency | Items and Codes            |
|-------------------|----------|-----------|----------------------------|
| 1517              | 11       |           | NEED (MORE) SUPERVISION OR |

#### STANDBY HELP WHEN BATHING

|       |     | 44<br>8,669<br>118<br>28<br>832 | 1.<br>2.<br>8.<br>9.<br>Blank. | No<br>Not ascertained<br>DK or refused                                     |
|-------|-----|---------------------------------|--------------------------------|--|
| 1518  | 12a |                                 | HOW OFT                        | FEN HAVE COMPLETE BATH   |
|       |     | 439                             | 1.                             | Everyday   |
|       |     | 460                             | 2.                             | 2-3 times per week   |
|       |     | 100                             | 3.                             |  |
|       |     | 31                              | 4.                             |  |
|       |     | 46                              | 8.                             |  |
|       |     | 39                              | 9.                             |  |
|       |     | 8,576                           | Blank.                         | NA (Doesn't do for other reason; Doesn't receive/need help or supervision) |
| 1519  | 12b |                                 | HOW OFT                        | FEN HAVE PARTIAL BATH  |
|       |     | 436                             | 1.                             | Everyday   |
|       |     | 200                             |                                | 2-3 times per week   |
|       |     | 38                              | 3.                             | Once a week  |
|       |     | 258                             | 4.                             | Less than once a week  |
|       |     | 67                              | 8.                             |  |
|       |     | 116                             | 9.                             |  |
|       |     | 8,576                           | Blank.                         | ,  |
|       |     |                                 |                                | <pre>reason; Doesn't receive/need help or supervision)</pre>               |
| <br>L |     |                                 | -281-                          |  |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                       | Items and Codes  |  |
|-------------------|----------|---------------------------------|--|--|
| 1520              | 13a      |                                 | DISCOMFORT IN PAST MONTH<br>FROM INFREQUENT BATHING  |  |
|                   |          | 153<br>851<br>54<br>57<br>8,576 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision)</li> </ol> |  |
| 1521              | 13b      |                                 | BURN OR SCALD IN PAST MONTH  |  |

FROM HOT WATER

| 9     | 1.     | Yes                          |
|-------|--------|------------------------------|
| 1,033 | 2.     | No                           |
| 59    | 8.     | Not ascertained              |
| 14    | 9.     | DK or refused                |
| 8,576 | Blank. | NA (Doesn't do for other     |
|       |        | reason; Doesn't receive/need |
|       |        | help or supervision)         |

1522-1524 BLANK

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                                   | Items and Codes   |  |  |
|-------------------|----------|---|---|--|--|
| 1525              | 4        |   | HAVE DIFFICULTY DRESSING  |  |  |
|                   |          | 1,017<br>8,592<br>26<br>51<br>5             | <ol> <li>Yes</li> <li>No</li> <li>Doesn't do for other reason</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>  |  |  |
| 1526              | 5        |   | HOW MUCH DIFFICULTY DRESSING  |  |  |
|                   |          | 542<br>221<br>249<br>4<br>1<br>8,674        | 1. Some 2. A lot 3. Unable 8. Not ascertained 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/<br>WITHOUT HELP   |  |  |
| 1527              | 6(1)     |   | VERY TIRING   |  |  |
|                   |          | 74<br>395<br>278<br>249<br>14<br>7<br>8,674 | 0. Never do without help or equipment 1. Yes 2. No 3. Unable to do for other reason 8. Not ascertained 9. DK or refused Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |  |  |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                                    | Items and Codes   |
|-------------------|----------|--|---|
| (1527-1529)       | 6(1-3)   |  | DRESSING WITHOUT EQUIPMENT/<br>WITHOUT HELP - Continued   |
| 1528              | 6(2)     |  | TAKES A LONG TIME   |
|                   |          | 74<br>492<br>183<br>249<br>13<br>6<br>8,674  | 0. Never do without help or equipment 1. Yes 2. No 3. Unable to do for other reason 8. Not ascertained 9. DK or refused Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |
| 1529              | 6(3)     |  | VERY PAINFUL  |
|                   |          | 74<br>386<br>281<br>249<br>12<br>15<br>8,674 | 0. Never do without help or equipment 1. Yes 2. No 3. Unable to do for other reason 8. Not ascertained 9. DK or refused Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |
| 1530              | 7a       |  | USE SPECIAL EQUIPMENT OR AIDS   |
|                   |          | 145<br>9,198<br>321<br>1<br>26               | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Doesn't do for other reaso  |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

Tape

Locations Item No. Frequency Items and Codes

| (1531–1535) | 7b(1-5) |                              |                                | EQUIPMENT OR AIDS<br>R DRESSING   |
|-------------|---------|------------------------------|--------------------------------|---|
| 1531        | 7b(1)   |                              | SPECIAL                        | CLOTHES   |
|             |         | 34<br>105<br>1<br>5<br>9,546 | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question 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   |
|             |         | 26<br>113<br>1<br>5<br>9,546 | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question NA (Doesn't do for other reason; No or DK if use any aids or special equipment when doing activity) |
| 1533        | 7b(3)   |                              | CORD, S                        | TRING, ZIPPER PULL  |
|             |         | 20<br>119<br>1<br>5<br>9,546 | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question NA (Doesn't do for other reason; No or DK if use any aids or special equipment when doing activity) |

| Tape<br>Locations | Item No. | Frequency           | Items and Codes   |  |
|-------------------|----------|---------------------|---|--|
| (1531-1535)       | 7b(1-5)  |                     | SPECIAL EQUIPMENT OR AIDS<br>USED FOR DRESSING - Cont'd   |  |
| 1534              | 7b(4)    |                     | ORTHOPEDIC SHOES  |  |
|                   |          | 11<br>128<br>1<br>5 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> </ol> |  |

|             |         | 9,546                             | 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                                |   |
|             |         | 88<br>51<br>1<br>5<br>9,546       | 1.<br>2.<br>8.<br>9.<br>Blank.       | Not mentioned<br>No answer to entire question<br>DK or refused (entire question)                    |
| (1536-1538) | 7c(1-3) |                                   | DRESSIN<br>WITHOUT                   | NG WITH EQUIPMENT<br>F HELP   |
| 1536        | 7c(1)   |                                   | VERY TI                              | IRING   |
|             |         | 57<br>45<br>31<br>8<br>4<br>9,546 | 0.<br>1.<br>2.<br>8.<br>9.<br>Blank. | No<br>Not ascertained<br>DK or refused  |
| 1           |         |                                   | -286-                                |   |

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                         | Items and Codes   |
|-------------------|----------|-----------------------------------|---|
| 1536-1538)        | 7c(1-3)  |                                   | DRESSING WITH EQUIPMENT<br>WITHOUT HELP - Continued   |
| 1537              | 7c(2)    |                                   | TAKES A LONG TIME   |
|                   |          | 57<br>50<br>26<br>8<br>4<br>9,546 | 0. Never do without help 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Doesn't do for other reason No or DK if use any special equipment when doing activity) |

1538 7c(3)

VERY PAINFUL

|      |    | 57<br>32<br>43<br>8<br>5<br>9,546 | 0.<br>1.<br>2.<br>8.<br>9.<br>Blank. | Never do without help Yes No Not ascertained DK or refused NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
|------|----|-----------------------------------|--------------------------------------|--|
| 1539 | 8a |                                   | RECEIVE                              | HELP WHEN DRESSING   |
|      |    | 714                               | 1.                                   | Yes  |
|      |    | 8,841                             | 2.                                   | No   |
|      |    | 104                               | 8.                                   | Not ascertained  |
|      |    | 6                                 | 9.                                   | DK or refused  |
|      |    | 26                                | Blank.                               | NA (Doesn't do for other reason)   |
| 1540 | 8b |                                   | IS THIS                              | HANDS-ON HELP  |
|      |    | 689                               | 1.                                   | Yes  |
|      |    | 22                                | 2.                                   | No   |
|      |    | 2                                 | 8.                                   | Not ascertained  |
|      |    | 1                                 | 9.                                   | DK or refused  |
|      |    | 8,977                             | Blank.                               | NA (Doesn't do for other   |
|      |    |                                   |                                      | reason; No or DK if receive  |
|      |    |                                   |                                      | help from another person)  |
| 1    |    |                                   | -287-                                |  |

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency | Items and Codes  |  |
|-------------------|----------|-----------|--|--|
| (1541-1543)       | 8c(1-3)  |           | DRESSING WITH HANDS-ON HELP  |  |
| 1541              | 8c(1)    |           | VERY TIRING  |  |
|                   |          | 41        | <ol> <li>Never does activity,<br/>receives hands-on help</li> </ol>  |  |
|                   |          | 235       | 1. Yes   |  |
|                   |          | 368       | 2. No  |  |
|                   |          | 17        | 8. Not ascertained   |  |
|                   |          | 28        | 9. DK or refused   |  |
|                   |          | 9,002     | 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  |  |
|                   |          | 4.7       | 0 77 1   |  |

0. Never does activity, receives hands-on help

|      |       | 255<br>353<br>17<br>23<br>9,002 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not ascertained<br>DK or refused   |
|------|-------|---------------------------------|--------------------------------|--|
| 1543 | 8c(3) |                                 | VERY PA                        | AINFUL   |
|      |       | 41                              | 0.                             | Never does activity, receives hands-on help  |
|      |       | 183                             | 1.                             | Yes  |
|      |       | 411                             | 2.                             | No   |
|      |       | 17                              | 8.                             | Not ascertained  |
|      |       | 37                              | 9.                             | DK or refused  |
|      |       | 9,002                           | Blank.                         | NA (Doesn't do for other reason;<br>No or DK if receive help<br>from another person; No or DK<br>if help received is hands-on) |

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| Tape<br>Locations | Item No. | Frequency                                  | Items and Codes  |
|-------------------|----------|--|--|
| 1544              | 8d       |  | HOW OFTEN HAVE HANDS-ON<br>HELP WHEN DRESSING  |
|                   |          | 41<br>351<br>240<br>32<br>24<br>1<br>9,002 | <ol> <li>Never does activity,         receives hands-on help</li> <li>Always</li> <li>Sometimes</li> <li>Rarely</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |
| 1545              | 8e       |  | NEED MORE HANDS-ON HELP<br>WHEN DRESSING   |
|                   |          | 80<br>9,410<br>140<br>35<br>26             | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason)</li> </ol>   |

| 1546 | 9a    |                                |                                | SUPERVISES OR STAYS<br>U WHEN DRESSING   |
|------|-------|--------------------------------|--------------------------------|--|
|      |       | 93<br>8,745<br>130<br>8<br>715 | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused NA (Doesn't do for other reason; receives hands-on help)  |
| 1547 | 9b(1) |                                | IS THIS                        | SUPERVISORY HELP   |
|      |       | 42<br>46<br>4<br>1<br>9,598    | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity) |
| 1    |       |                                | -289-                          |  |

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| Tape<br>Locations | Item No. | Frequency                        | Items and Codes   |
|-------------------|----------|----------------------------------|---|
| 1548              | 9b(2)    |                                  | IS THIS STANDBY HELP  |
|                   |          | 81<br>8<br>3<br>1<br>9,598       | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity)</li> </ol>                           |
| 1549              | 10       |                                  | HOW OFTEN SUPERVISION OR STANDBY HELP WHEN DRESSING   |
|                   |          | 41<br>46<br>2<br>3<br>1<br>9,598 | <ol> <li>Always</li> <li>Sometimes</li> <li>Rarely</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity)</li> </ol> |

#### STANDBY HELP WHEN DRESSING

| 18<br>8,819<br>120<br>19<br>715 | 2.<br>8.<br>9. | Yes No Not ascertained DK or refused NA (Doesn't do for other reason; receives hands-on help) |
|---------------------------------|----------------|---|
|                                 |                | receives hands-on help)   |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                                | Items and Codes  |
|-------------------|----------|--|--|
| 1551              | 12a      |  | GET DRESSED FOR THE DAY  |
|                   |          | 667<br>59<br>9<br>56<br>35<br>9<br>8,856 | <ol> <li>Everyday</li> <li>2-3 times per week</li> <li>Once a week</li> <li>Stay in night clothes</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision)</li> </ol>                        |
| 1552              | 12b      |  | HOW OFTEN CHANGE NIGHT CLOTHES   |
|                   |          | 61<br>53<br>3<br>1<br>1<br>5<br>9,567    | <ol> <li>Everyday</li> <li>2-3 times per week</li> <li>Once a week</li> <li>Less than once a week</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision; gets dressed everyday)</li> </ol> |
| 1553              | 13       |  | DISCOMFORT IN PAST MONTH<br>FROM INFREQUENT CHANGING<br>OF CLOTHES FROM LACK OF HELP   |
|                   |          | 57<br>698<br>42<br>38<br>8,856           | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision)</li> </ol>   |

1554-1555 BLANK

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                | Items and Codes   |
|-------------------|----------|--------------------------|---|
| 1556              | 4        |                          | HAVE DIFFICULTY EATING  |
|                   |          | 306                      | 1. Yes  |
|                   |          | 9,315                    | 2. No   |
|                   |          | 13                       | 3. Doesn't do for   |
|                   |          |                          | other reason  |
|                   |          | 52                       | 8. Not ascertained  |
|                   |          | 5                        | 9. DK or refused  |
| 1557              | 5        |                          | HOW MUCH DIFFICULTY EATING  |
|                   |          | 148                      | 1. Some   |
|                   |          | 66                       | 2. A lot  |
|                   |          | 86                       | 3. Unable   |
|                   |          | 4                        | 8. Not ascertained  |
|                   |          | 2                        | 9. DK or refused  |
|                   |          | 9,385                    | 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  |
|                   |          |                          | WIIIOOI IIIII   |
| 1558              | 6(1)     |                          | VERY TIRING   |
|                   |          |                          |   |
|                   |          | 31                       | <ol> <li>Never do without help<br/>or equipment</li> </ol>  |
|                   |          | 31<br>77                 | <ul><li>0. Never do without help or equipment</li><li>1. Yes</li></ul>  |
|                   |          |                          | or equipment  |
|                   |          | 77                       | or equipment<br>1. Yes  |
|                   |          | 77<br>98                 | or equipment<br>1. Yes<br>2. No   |
|                   |          | 77<br>98<br>86           | or equipment 1. Yes 2. No 3. Unable to do for other reason  |
|                   |          | 77<br>98<br>86<br>8      | or equipment 1. Yes 2. No 3. Unable to do for other reason 8. Not ascertained 9. DK or refused Blank. NA (No or DK if has any |
|                   |          | 77<br>98<br>86<br>8<br>6 | or equipment 1. Yes 2. No 3. Unable to do for other reason 8. Not ascertained 9. DK or refused                                |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

Tape

Locations Item No. Frequency Items and Codes

|             |        |            |          | <del></del>                             |
|-------------|--------|------------|----------|---|
| (1558-1560) | 6(1-3) |            |          | WITHOUT EQUIPMENT/<br>THELP - Continued |
| 1559        | 6(2)   |            | TAKES A  | A LONG TIME                             |
|             |        | 31         | 0.       | Never do without help or equipment      |
|             |        | 118        | 1.       | Yes                                     |
|             |        | 61         | 2.       | No                                      |
|             |        | 86         | 3.       | Unable to do for other reason           |
|             |        | 8          | 8.       | Not ascertained                         |
|             |        | 2          | 9.       | DK or refused                           |
|             |        | 9,385      | Blank.   | NA (No or DK if has any                 |
|             |        |            |          | difficulty; doesn't do                  |
|             |        |            |          | for other reason)                       |
| 1560        | C(2)   |            |          |   |
| 1560        | 6(3)   |            | VERY PA  | YTNE.OT                                 |
|             |        | 31         | 0.       | <u>-</u>                                |
|             |        | <b>C</b> 0 | 1        | or equipment                            |
|             |        | 60<br>114  | 1.       |   |
|             |        | 86         | 2.<br>3. |   |
|             |        | 8          | 8.       |   |
|             |        | o<br>7     | 9.       |   |
|             |        | 9,385      | Blank.   |   |
|             |        | 9,303      | brank.   | difficulty; doesn't do                  |
|             |        |            |          | for other reason)                       |
|             |        |            |          |   |
| 1561        | 7a     |            | USE SPE  | ECIAL EQUIPMENT OR AIDS                 |
|             |        | 65         | 1.       | Yes                                     |
|             |        | 9,280      | 2.       | No                                      |
|             |        | 333        | 8.       | Not ascertained                         |
|             |        | 0          | 9.       |   |
|             |        | 13         | Blank.   | NA (Doesn't do for other reason)        |
|             |        |            |          |   |

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| Tape<br>Locations | Item No. | Frequency    | Items and Codes  |
|-------------------|----------|--------------|--|
| (1562-1565)       | 7b(1-4)  |              | SPECIAL EQUIPMENT OR AIDS<br>USED FOR EATING   |
| 1562              | 7b(1)    |              | OVERSIZED EATING EQUIPMENT   |
|                   |          | 5<br>56<br>3 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> </ol> |

|      |       | 1<br>9,626 | 9.<br>Blank. | DK or refused (entire question) 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  |
|      |       | 23         | 1.           | Mentioned   |
|      |       | 38         | 2.           | Not mentioned   |
|      |       | 3          | 8.           | No answer to entire question  |
|      |       | 1          | 9.           | DK or refused (entire question)   |
|      |       | 9,626      | 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   |
|      |       | 10         | 1.           | Mentioned   |
|      |       | 51         | 2.           | Not mentioned   |
|      |       | 3          | 8.           | No answer to entire question  |
|      |       | 1          | 9.           | DK or refused (entire question)   |
|      |       | 9,626      | Blank.       | NA (Doesn't do for other  |
|      |       |            |              | reason; No or DK if use any   |
|      |       |            |              | aids or special equipment when doing activity)  |
| 1    |       |            | -294-        |   |

| Tape<br>Locations | Item No. | Frequency                   | Items and Codes   |  |
|-------------------|----------|-----------------------------|---|--|
| (1562-1565)       | 7b(1-4)  | ~                           | SPECIAL EQUIPMENT OR AIDS<br>USED FOR EATING - Continued  |  |
| 1565              | 7b(4)    |                             | OTHER   |  |
|                   |          | 39<br>22<br>3<br>1<br>9,626 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Doesn't do for other reason; No or DK if use any aids or special equipment when doing activity)</li> </ol> |  |
| (1566-1568)       | 7c(1-3)  |                             | EATING WITH EQUIPMENT<br>WITHOUT HELP   |  |
| 1566              | 7c(1)    |                             | VERY TIRING   |  |

|      |       | 38<br>10<br>11<br>5<br>1<br>9,626 | 0.<br>1.<br>2.<br>8.<br>9.<br>Blank. | DK or refused                        |
|------|-------|-----------------------------------|--------------------------------------|--------------------------------------|
| 1567 | 7c(2) |                                   | TAKES A                              | LONG TIME                            |
|      |       | 38<br>14<br>9<br>4<br>0<br>9,626  | 0.<br>1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused |
| 1    |       |                                   | -295-                                |                                      |

| Tape<br>Locations | Item No. | Frequency                        | Items and Codes  |
|-------------------|----------|----------------------------------|--|
| (1566-1568)       | 7c(1-3)  |                                  | EATING WITH EQUIPMENT<br>WITHOUT HELP - Continued  |
| 1568              | 7c(3)    |                                  | VERY PAINFUL   |
|                   |          | 38<br>6<br>15<br>5<br>1<br>9,626 | <ol> <li>Never do without help</li> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity)</li> </ol> |
| 1569              | 8a       |                                  | RECEIVE HELP WHEN EATING   |
|                   |          | 178<br>9,378<br>116<br>6<br>13   | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason)</li> </ol>   |

| 1570 | 8b |                              | IS THIS        | HANDS-ON HELP   |
|------|----|------------------------------|----------------|---|
|      |    | 159<br>19<br>0<br>0<br>9,513 | 2.<br>8.<br>9. | Yes No Not ascertained DK or refused NA (Doesn't do for other reason; No or DK if receive help from another person) |

1 -296-

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                          | Items and Codes  |
|-------------------|----------|------------------------------------|--|
| (1571-1573)       | 8c(1-3)  |                                    | EATING WITH HANDS-ON HELP  |
| 1571              | 8c(1)    |                                    | VERY TIRING  |
|                   |          | 24<br>38<br>77<br>5<br>15<br>9,532 | <ol> <li>Never does activity,         receives hands-on help</li> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |
| 1572              | 8c(2)    |                                    | TAKES A LONG TIME  |
|                   |          | 24<br>64<br>56<br>4<br>11<br>9,532 | <ol> <li>Never does activity,         receives hands-on help</li> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |
| 1573              | 8c(3)    |                                    | VERY PAINFUL   |
|                   |          | 24<br>21<br>94<br>5<br>15<br>9,532 | 0. Never does activity, receives hands-on help 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Doesn't do for other reason)  |

| Tape<br>Locations | Item No. | Frequency                              | Items and Codes   |  |  |
|-------------------|----------|--|---|--|--|
| 1574              | 8d       |  | HOW OFTEN HAVE HANDS-ON<br>HELP WHEN EATING   |  |  |
|                   |          | 24<br>96<br>30<br>1<br>8<br>0<br>9,532 | <ol> <li>Never does activity,         receives hands-on help</li> <li>Always</li> <li>Sometimes</li> <li>Rarely</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |  |  |
| 1575              | 8e       |  | NEED MORE HANDS-ON HELP<br>WHEN EATING  |  |  |
|                   |          | 22<br>9,488<br>148<br>20<br>13         | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason)</li> </ol>  |  |  |
| 1576              | 9a       |  | SOMEONE SUPERVISES OR STAYS<br>NEAR YOU EATING  |  |  |
|                   |          | 137<br>9,219<br>155<br>8<br>172        | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; receives hands-on help)</li> </ol>  |  |  |
| 1577              | 9b(1)    |  | IS THIS SUPERVISORY HELP  |  |  |
|                   |          | 60<br>73<br>3<br>1<br>9,554            | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason) receives hands-on help; No or DF</li> </ol>   |  |  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                        | Items and Codes   |
|-------------------|----------|----------------------------------|---|
| 1578              | 9b(2)    |                                  | IS THIS STANDBY HELP  |
|                   |          | 124<br>7<br>3<br>3<br>9,554      | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity)</li> </ol>                           |
| 1579              | 10       |                                  | HOW OFTEN HAVE SUPERVISION OR STANDBY HELP WHEN EATING  |
|                   |          | 82<br>49<br>0<br>4<br>2<br>9,554 | <ol> <li>Always</li> <li>Sometimes</li> <li>Rarely</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity)</li> </ol> |
| 1580              | 11       |                                  | NEED (MORE) SUPERVISION OR<br>STANDBY HELP WHEN EATING  |
|                   |          | 8<br>9,361<br>130<br>20<br>172   | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; receives hands-on help)</li> </ol>  |
| 1581              | 12a      |                                  | UNABLE TO EAT AT ANY TIME DURING<br>PAST MONTH FROM LACK OF HELP  |
|                   |          | 15<br>243<br>44<br>8<br>9,381    | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; Doesn't receive/need</li> </ol>   |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                      | Items and                        | l Codes   |
|-------------------|----------|--------------------------------|----------------------------------|---|
| 1582              | 12b(1)   |                                | LOST WEIG                        | HT DUE TO DIET  |
|                   |          | 10<br>243<br>46<br>11<br>9,381 | 2. N<br>8. N<br>9. D<br>Blank. N | Tes  To  To  Tot ascertained  TOT of refused  TOTAL (Doesn't do for other reason; Doesn't receive/need relp or supervision)               |
| 1583              | 12b(2)   |                                | LOST WEIG                        | HT NOT DUE TO DIET  |
|                   |          | 48<br>197<br>46<br>19<br>9,381 | 2. N<br>8. N<br>9. D<br>Blank. N | Tes  To  To  To  To  To  To  To  To  To  T  |
| 1584              | 12b(3)   |                                | BEEN DEHY                        | TORATED IN PAST MONTH   |
|                   |          | 8<br>246<br>45<br>11<br>9,381  | 2. N<br>8. N<br>9. D<br>Blank. N | Tes  Jo  Jot ascertained  JK or refused  JA (Doesn't do for other  Teason; Doesn't receive/need  JA (JA (JA (JA (JA (JA (JA (JA (JA (JA ( |
| 1585-1586         |          |                                | BLANK                            |   |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|                   |          |           |                 |

| 1587        | 4      |  | HAVE DIFFICULTY GETTING IN/OUT OF BED OR CHAIRS   |
|-------------|--------|--|---|
|             |        | 1,484<br>8,129<br>17<br>51<br>10             | <ol> <li>Yes</li> <li>No</li> <li>Doesn't do for other reason</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>  |
| 1588        | 5      |  | HOW MUCH DIFFICULTY GETTING IN/OUT BED/CHAIRS   |
|             |        | 872<br>347<br>250<br>11<br>4<br>8,207        | <ol> <li>Some</li> <li>A lot</li> <li>Unable</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (No or DK if has any difficulty; doesn't do for other reason)</li> </ol>        |
| (1589-1591) | 6(1-3) |  | GETTING IN/OUT OF BED OR<br>CHAIRS WITHOUT EQUIPMENT/<br>WITHOUT HELP   |
| 1589        | 6(1)   |  | VERY TIRING   |
|             |        | 88<br>534<br>577<br>250<br>24<br>11<br>8,207 | 0. Never do without help or equipment 1. Yes 2. No 3. Unable to do for other reason 8. Not ascertained 9. DK or refused Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |
| 1           |        |  | -301-   |

| Tape<br>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   |
|                   |          | 88        | 0. Never do without help  |

|      |      | 641<br>469<br>250<br>26<br>10<br>8,207 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No<br>Unable to do for other reason<br>Not ascertained<br>DK or refused |
|------|------|--|--------------------------------------|---|
| 1591 | 6(3) |  | VERY PA                              | AINFUL  |
|      |      | 88                                     | 0.                                   | Never do without help or equipment                                      |
|      |      | 766                                    | 1.                                   | Yes   |
|      |      | 344                                    | 2.                                   | No  |
|      |      | 250                                    | 3.                                   | Unable to do for other reason   |
|      |      | 24                                     | 8.                                   | Not ascertained   |
|      |      | 12                                     | 9.                                   | DK or refused   |
|      |      | 8,207                                  | Blank.                               | , 2   |
|      |      |  |                                      | difficulty; doesn't do  |
|      |      |  |                                      | for other reason)   |
| 1592 | 7a   |  | USE SPI                              | ECIAL EQUIPMENT OR AIDS   |
|      |      | 519                                    | 1.                                   | Yes   |
|      |      | 8,833                                  | 2.                                   | No  |
|      |      | 321                                    | 8.                                   | Not ascertained   |
|      |      | 1                                      | 9.                                   |   |
|      |      | 17                                     | Blank.                               | NA (Doesn't do for other reason)  |
|      |      |  | -302-                                |   |

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                     | Items and Codes  |
|-------------------|----------|-------------------------------|--|
| (1593-1600)       | 7b(1-8)  |                               | SPECIAL EQUIPMENT OR AIDS<br>USED FOR GETTING IN AND<br>OUT OF BED OR CHAIRS   |
| 1593              | 7b(1)    |                               | CANE OR WALKING STICK  |
|                   |          | 258<br>255<br>4<br>2<br>9,172 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Doesn't do for other reason;</li> <li>No or DK if use any special equipment when doing activity)</li> </ol> |

1594 7b(2) WALKER

|      |       | 185<br>328<br>4<br>2<br>9,172 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question<br>DK or refused (entire question) |
|------|-------|-------------------------------|--------------------------------|--|
| 1595 | 7b(3) |                               | EXTRA/S                        | SPECIAL CUSHIONS   |
|      |       | 42                            | 1.                             | Mentioned  |
|      |       | 471                           | 2.                             |  |
|      |       | 4                             | 8.                             |  |
|      |       | 2                             | 9.                             | DK or refused (entire question)  |
|      |       | 9,172                         | Blank.                         |  |
|      |       |                               |                                | No or DK if use any special equipment when doing activity)                       |
| 1596 | 7b(4) |                               |                                | L "RAISING SEAT"<br>LIFT CHAIR   |
|      |       | 64                            | 1.                             | Mentioned  |
|      |       | 449                           | 2.                             |  |
|      |       | 4                             | 8.                             |  |
|      |       | 2                             | 9.                             |  |
|      |       | 9,172                         | Blank.                         |  |
|      |       |                               |                                | No or DK if use any special equipment when doing activity)                       |
| 1    |       |                               | -303-                          |  |

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                    | Items and Codes  |
|-------------------|----------|------------------------------|--|
| (1593-1600)       | 7b(1-8)  |                              | SPECIAL EQUIPMENT OR AIDS<br>USED FOR GETTING IN AND OUT<br>OF BED OR CHAIRS - Continued   |
| 1597              | 7b(5)    |                              | HOSPITAL BED   |
|                   |          | 61<br>452<br>4<br>2<br>9,172 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Doesn't do for other reason;</li> <li>No or DK if use any special equipment when doing activity)</li> </ol> |

1598 7b(6)

TRAPEZE/SLING

|      |       | 14<br>499<br>4<br>2<br>9,172 | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
|------|-------|------------------------------|--------------------------------|--|
| 1599 | 7b(7) |                              | RAMP                           |  |
|      |       | 4<br>509<br>4<br>2<br>9,172  | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
| 1600 | 7b(8) |                              | OTHER                          |  |
|      |       | 97<br>416<br>4<br>2<br>9,172 | 1.<br>2.<br>8.<br>9.<br>Blank. |  |
| 1    |       |                              | -304-                          |  |

| Tape<br>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  |
|                   |          | 172<br>177<br>149<br>16<br>5<br>9,172 | <ol> <li>Never do without help</li> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason;         No or DK if use any special         equipment when doing activity)</li> </ol> |
| 1602              | 7c(2)    |                                       | TAKES A LONG TIME  |
|                   |          | 172<br>203                            | <ol> <li>Never do without help</li> <li>Yes</li> </ol>   |

|      |       | 123<br>15<br>6<br>9,172               | 2.<br>8.<br>9.<br>Blank.             | DK or refused                                 |
|------|-------|---------------------------------------|--------------------------------------|---|
| 1603 | 7c(3) |                                       | VERY PA                              | AINFUL  |
|      |       | 172<br>172<br>152<br>17<br>6<br>9,172 | 0.<br>1.<br>2.<br>8.<br>9.<br>Blank. | Yes<br>No<br>Not ascertained<br>DK or refused |
| 1604 | 8a    |                                       |                                      | E HELP WHEN GETTING<br>OF BED OR CHAIRS       |
|      |       | 580                                   | 1.                                   | Yes   |
|      |       | 8,968                                 | 2.                                   | No  |
|      |       | 116                                   | 8.                                   |   |
|      |       | 10                                    | 9.                                   | DK or refused                                 |
|      |       | 17                                    | Blank.                               | NA (Doesn't do for other reason)              |
| 1    |       |                                       | -305-                                |   |

| Tape<br>Locations | Item No. | Frequency                    | Items and Codes  |
|-------------------|----------|------------------------------|--|
| 1605              | 8b       |                              | IS THIS HANDS-ON HELP  |
|                   |          | 550<br>23<br>5<br>2<br>9,111 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; No or DK if receive help from another person)</li> </ol> |
| 1606-1608)        | 8c(1-3)  |                              | GETTING IN/OUT OF BED OR<br>CHAIRS WITH HANDS-ON HELP  |
| 1606              | 8c(1)    |                              | VERY TIRING  |
|                   |          | 33                           | <ol> <li>Never does activity,<br/>receives hands-on help</li> </ol>  |
|                   |          | 225<br>261                   | 1. Yes<br>2. No  |

|      |       | 13    | 8.      | Not ascertained  |
|------|-------|-------|---------|--|
|      |       | 18    | 9.      | DK or refused  |
|      |       | 9,141 | Blank.  | NA (Doesn't do for other reason;<br>No or DK if receive help<br>from another person; No or DK<br>if help received is hands-on) |
| 1607 | 8c(2) |       | TAKES A | LONG TIME  |
|      |       | 33    | 0.      | Never does activity, receives hands-on help  |
|      |       | 237   | 1.      | Yes  |
|      |       | 251   | 2.      | No   |
|      |       | 14    | 8.      | Not ascertained  |
|      |       | 15    | 9.      | DK or refused  |
|      |       | 9,141 | Blank.  | NA (Doesn't do for other reason;<br>No or DK if receive help<br>from another person; No or DK<br>if help received is hands-on) |
| 1    |       |       | -306-   |  |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                             | Items and Codes  |
|-------------------|----------|---------------------------------------|--|
| (1606-1608)       | 8c(1-3)  |                                       | GETTING IN/OUT OF BED OR CHAIRS<br>WITH HANDS-ON HELP - Continued  |
| 1608              | 8c(3)    |                                       | VERY PAINFUL   |
|                   |          | 33<br>252<br>227<br>13<br>25<br>9,141 | <ol> <li>Never does activity,         receives hands-on help</li> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |
| 1609              | 8d       |                                       | HOW OFTEN HAVE HANDS-ON<br>HELP WHEN GETTING IN/OUT<br>OF BED OR CHAIRS  |
|                   |          | 33<br>213<br>245<br>39<br>20<br>0     | <ol> <li>Never does activity,<br/>receives hands-on help</li> <li>Always</li> <li>Sometimes</li> <li>Rarely</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>   |

|      |    | 9,141                          | Blank. | NA (Doesn't do for other reason;<br>No or DK if receive help from<br>another person; No or DK if<br>help received is hands-on) |
|------|----|--------------------------------|--------|--|
| 1610 | 8e |                                |        | ORE HANDS-ON HELP WHEN<br>G IN/OUT OF BED OR CHAIRS  |
|      |    | 86<br>9,404<br>149<br>35<br>17 |        | 211 01 101000  |
| 1    |    |                                | _307_  |  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                       | Items and Codes   |
|-------------------|----------|---------------------------------|---|
| 1611              | 9a       |                                 | SOMEONE SUPERVISES OR STAYS NEAR YOU GETTING IN/OUT OF BED OR CHAIRS  |
|                   |          | 101<br>8,881<br>135<br>7<br>567 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; receives hands-on help)</li> </ol>  |
| 1612              | 9b(1)    |                                 | IS THIS SUPERVISORY HELP  |
|                   |          | 27<br>72<br>2<br>0<br>9,590     | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity)</li> </ol> |
| 1613              | 9b(2)    |                                 | IS THIS STANDBY HELP  |
|                   |          | 96<br>3<br>2<br>0<br>9,590      | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity)</li> </ol> |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Ttem No | Frequency   | Items and Codes  |
|-------------------|---------|-------------|--|
|                   |         |             | Teemb and codeb  |
| 1614              | 10      |             | HOW OFTEN SUPERVISION OR                                       |
|                   |         |             | STANDBY HELP WHEN GETTING                                      |
|                   |         |             | IN/OUT OF BED OR CHAIRS  |
|                   |         | 41          | 1. Always  |
|                   |         | 53          | 2. Sometimes   |
|                   |         | 5           | 3. Rarely  |
|                   |         | 2           | 8. Not ascertained   |
|                   |         | 0           | 9. DK or refused   |
|                   |         | 9,590       | Blank. NA (Doesn't do for other reason                         |
|                   |         |             | receives hands-on help; No or I                                |
|                   |         |             | if someone supervises/stays                                    |
|                   |         | <del></del> | nearby when doing activity)                                    |
| 1615              | 11      |             | NEED (MORE) SUPERVISION OR                                     |
|                   |         |             | STANDBY HELP WHEN GETTING                                      |
|                   |         |             | IN/OUT OF BED OR CHAIRS  |
|                   |         | 24          | 1. Yes   |
|                   |         | 8,951       | 2. No  |
|                   |         | 120         | 8. Not ascertained   |
|                   |         | 29          | 9. DK or refused   |
|                   |         | 567         | Blank. NA (Doesn't do for other reason receives hands-on help) |
| 1616-1617)        | 12a-b   |             | BECAUSE OF HEALTH OR   |
| 1010 1017)        | 124 0   |             | PHYSICAL PROBLEM:  |
|                   |         |             |  |
| 1616              | 12a     |             | STAY IN BED ALL OR MOST OF TIME                                |
|                   |         | 132         | 1. Yes   |
|                   |         | 530         | 2. No  |
|                   |         | 38          | 8. Not ascertained   |
|                   |         | б           | 9. DK or refused   |
|                   |         | 8,985       | Blank. NA (Doesn't do for other reason; Doesn't receive/need   |
|                   |         |             | reason; Doesn't receive/need help or supervision)              |
|                   |         |             | -309-  |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

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<br>OF TIME  |
|             |          | 291<br>236<br>41<br>6<br>9,117         | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision; stays in bed all or most of time)</li> </ol>  |
| 1618        | 12c      |  | HOW OFTEN GET OUT OF BED  |
|             |          | 522<br>3<br>2<br>2<br>41<br>4<br>9,117 | <ol> <li>Everyday</li> <li>2-3 times per week</li> <li>Once a week</li> <li>Less than once a week</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision; stays in bed all or most of time)</li> </ol> |
| 1619-1620   |          |  | BLANK   |
|             |          |  | -310-   |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE
Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency | Items a | nd Codes                                |
|-------------------|----------|-----------|---------|---|
| 1621              | 4        |           | HAVE DI | FFICULTY WALKING                        |
|                   | -        |           | 51      | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
|                   |          | 2,738     | 1.      | Yes                                     |
|                   |          | 6,865     | 2.      | No                                      |
|                   |          | 31        | 3.      | Doesn't do for                          |
|                   |          |           |         | other reason                            |
|                   |          | 52        | 8.      | Not ascertained                         |
|                   |          | 5         | 9.      | DK or refused                           |
| 1622              | 5        |           | HOW MUC | H DIFFICULTY WALKING                    |
|                   |          | 1,255     | 1.      | Some                                    |
|                   |          | 935       | 2.      | A lot                                   |

|             |        | 510<br>27<br>11<br>6,953                        | 3. Unable 8. Not ascertained 9. DK or refused Blank. NA (No or DK if has any difficulty; doesn't do for other reason)   |
|-------------|--------|---|---|
| (1623-1625) | 6(1-3) |   | WALKING WITHOUT EQUIPMENT/<br>WITHOUT HELP  |
| 1623        | 6(1)   |   | VERY TIRING   |
|             |        | 249<br>1,470<br>438<br>510<br>46<br>25<br>6,953 | 0. Never do without help or equipment  1. Yes 2. No 3. Unable to do for other reason 8. Not ascertained 9. DK or refused  Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |
|             |        |   | -311-   |

| <br>Tape   |          |                                |   |
|------------|----------|--------------------------------|---|
| Locations  | Item No. | Frequency                      | Items and Codes   |
| 1623-1625) | 6(1-3)   |                                | WALKING WITHOUT EQUIPMENT/<br>WITHOUT HELP - Continued  |
| 1624       | 6(2)     |                                | TAKES A LONG TIME   |
|            |          | 249  1,453 438 510 51 37 6,953 | 0. Never do without help or equipment 1. Yes 2. No 3. Unable to do for other reason 8. Not ascertained 9. DK or refused Blank. NA (No or DK if has any difficulty; doesn't do for other reason) |
| 1625       | 6(3)     |                                | VERY PAINFUL  |
|            |          | 249                            | <pre>0. Never do without help   or equipment</pre>  |
|            |          | 1,322                          | 1. Yes  |
|            |          | 578                            | 2. No   |
|            |          | 510<br>52                      | <ul><li>3. Unable to do for other reason</li><li>8. Not ascertained</li></ul>   |

|      |    | 27<br>6,953                      | 9.<br>Blank. |                        |
|------|----|----------------------------------|--------------|------------------------|
| 1626 | 7a |                                  | USE SPE      | CIAL EQUIPMENT OR AIDS |
|      |    | 1,557<br>7,806<br>296<br>1<br>31 | 2.           | DK or refused          |
| 1    |    |                                  | -312-        |                        |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |
|                   |          | 1,088<br>459<br>7<br>3<br>8,134 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Doesn't do for other reason</li> <li>No or DK if use any special equipment when doing activity)</li> </ol> |
| 1628              | 7b(2)    |                                 | WALKER  |
|                   |          | 481<br>1,066<br>7<br>3<br>8,134 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Doesn't do for other reason<br/>No or DK if use any special<br/>equipment when doing activity)</li> </ol>  |
| 1629              | 7b(3)    |                                 | CRUTCH OR CRUTCHES  |
|                   |          | 93<br>1,454<br>7<br>3<br>8,134  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Doesn't do for other reason No or DK if use any special</li> </ol>   |

| 1630 | 7b(4) |                                 | WHEELCHAIR   |
|------|-------|---------------------------------|--|
|      |       | 319<br>1,228<br>7<br>3<br>8,134 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Doesn't do for other reason;</li> <li>No or DK if use any special equipment when doing activity)</li> </ol> |
| -    |       |                                 | 212  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                      | Items and Codes   |   |
|-------------------|----------|--------------------------------|---|---|
| (1627-1635)       | 7b(1-9)  |                                | SPECIAL EQUIPMENT OR AIDS<br>USED FOR WALKING - Continued   |   |
| 1631              | 7b(5)    |                                | ARTIFICIAL LEG  |   |
|                   |          | 16<br>1,531<br>7<br>3<br>8,134 | 1. Mentioned 2. Not mentioned 8. No answer to entire 9. DK or refused (enti Blank. NA (Doesn't do for No or DK if use any equipment when doin | re question)<br>other reason<br>special |
| 1632              | 7b(6)    |                                | BRACE   |   |
|                   |          | 84<br>1,463<br>7<br>3<br>8,134 | 1. Mentioned 2. Not mentioned 8. No answer to entire 9. DK or refused (enti Blank. NA (Doesn't do for No or DK if use any equipment when doin | re question)<br>other reason<br>special |
| 1633              | 7b(7)    |                                | GUIDE DOG   |   |
|                   |          | 2<br>1,545<br>7<br>3<br>8,134  | 1. Mentioned 2. Not mentioned 8. No answer to entire 9. DK or refused (enti   | re question)                            |

| 1634 | 7b(8) |                                | OXYGEN/<br>EQUIPME | SPECIAL BREATHING |
|------|-------|--------------------------------|--------------------|-------------------|
|      |       | 49<br>1,498<br>7<br>3<br>8,134 |                    | ,                 |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                              | Items and Codes  |
|-------------------|----------|--|--|
| (1627-1635)       | 7b(1-9)  |  | SPECIAL EQUIPMENT OR AIDS<br>USED FOR WALKING - Continued  |
| 1635              | 7b(9)    |  | OTHER  |
|                   |          | 71<br>1,476<br>7<br>3<br>8,134         | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Doesn't do for other reason<br/>No or DK if use any special<br/>equipment when doing activity)</li> </ol> |
| (1636-1638)       | 7c(1-3)  |  | WALKING WITH EQUIPMENT<br>WITHOUT HELP   |
| 1636              | 7c(1)    |  | VERY TIRING  |
|                   |          | 409<br>696<br>377<br>59<br>16<br>8,134 | 0. Never do without help 1. Yes 2. No 8. Not ascertained 9. DK or refused 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  |

| 409   | 0.     | Never do without help            |
|-------|--------|----------------------------------|
| 735   | 1.     | Yes                              |
| 334   | 2.     | No                               |
| 59    | 8.     | Not ascertained                  |
| 20    | 9.     | DK or refused                    |
| 8,134 | Blank. | NA (Doesn't do for other reason; |
|       |        | No or DK if use any special      |
|       |        | equipment when doing activity)   |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                              | Items and Codes  |
|-------------------|----------|--|--|
| 1636-1638)        | 7c(1-3)  |  | WALKING WITH EQUIPMENT WITHOUT HELP - Continued  |
| 1638              | 7c(3)    |  | VERY PAINFUL   |
|                   |          | 409<br>563<br>501<br>63<br>21<br>8,134 | 0. Never do without help 1. Yes 2. No 8. Not ascertained 9. DK or refused 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  |
|                   |          | 658<br>8,870<br>126<br>6<br>31         | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason</li> </ol>  |
| 1640              | 8        |  | IS THIS HANDS-ON HELP  |
|                   |          | 608<br>42<br>5<br>3<br>9,033           | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; No or DK if receive help from another person)</li> </ol> |

| (1641-1643) | 8c(1-3) |       | WALKING | WITH HANDS-ON HELP   |
|-------------|---------|-------|---------|--|
| 1641        | 8c(1)   |       | VERY TI | RING   |
|             |         | 78    | 0.      | Never does activity, receives hands-on help  |
|             |         | 351   | 1.      | Yes  |
|             |         | 150   | 2.      | No   |
|             |         | 14    | 8.      | Not ascertained  |
|             |         | 15    | 9.      | DK or refused  |
|             |         | 9,083 | Blank.  | NA (Doesn't do for other reason;<br>No or DK if receive help<br>from another person; No or DK<br>if help received is hands-on) |
|             |         |       |         |  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes                  |  |
|-------------------|----------|-----------|----------------------------------|--|
| 1641-1643)        | 8c(1-3)  |           | WALKING WITH HANI<br>- Continued | OS-ON HELP   |
| 1642              | 8c(2)    |           | TAKES A LONG TIME                | 3  |
|                   |          | 78        |                                  | es activity,<br>hands-on help  |
|                   |          | 360       | 1. Yes                           |  |
|                   |          | 138       | 2. No                            |  |
|                   |          | 19        | 8. Not ascer                     |  |
|                   |          | 13        | 9. DK or ref                     |  |
|                   |          | 9,083     | •                                | n't do for other reason  |
|                   |          |           |                                  | if receive help  |
|                   |          |           |                                  | cher person; No or DK received is hands-on)  |
| 1643              | 8c(3)    |           | VERY PAINFUL                     |  |
|                   |          | 78        |                                  | es activity,<br>hands-on help  |
|                   |          | 276       | 1. Yes                           |  |
|                   |          | 214       | 2. No                            |  |
|                   |          | 19        | 8. Not ascer                     | rtained  |
|                   |          | 21        | 9. DK or ref                     | Eused  |
|                   |          | 9,083     | No or DK<br>from anot            | n't do for other reasor<br>if receive help<br>ther person; No or DK<br>received is hands-on) |

| 1644 | 8d |       | HOW OFTEN HAVE HANDS-ON<br>HELP WHEN WALKING |  |  |
|------|----|-------|--|--|--|
|      |    | 78    | 0.   | Never does activity, receives hands-on help  |  |
|      |    | 210   | 1.   | Always   |  |
|      |    | 273   | 2.   | Sometimes  |  |
|      |    | 29    | 3.   | Rarely   |  |
|      |    | 18    | 8.   | Not ascertained  |  |
|      |    | 0     | 9.   | DK or refused  |  |
|      |    | 9,083 | Blank.                                       | NA (Doesn't do for other reason;<br>No or DK if receive help from<br>another person; No or DK if help<br>received is hands-on) |  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                        | Items and Codes   |
|-------------------|----------|----------------------------------|---|
| 1645              | 8e       |                                  | NEED (MORE) HANDS-ON HELP<br>WHEN WALKING   |
|                   |          | 110<br>9,346<br>151<br>53<br>31  | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason)</li> </ol>  |
| 1646              | 9a       |                                  | SOMEONE SUPERVISES OR STAYS<br>NEAR YOU WHEN WALKING  |
|                   |          | 188<br>8,689<br>165<br>10<br>639 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; receives hands-on help)</li> </ol>  |
| 1647              | 9b(1)    |                                  | IS THIS SUPERVISORY HELP  |
|                   |          | 49<br>130<br>7<br>2<br>9,503     | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity)</li> </ol> |

| 1648 | 9b(2) |                             | IS THIS                        | STANDBY HELP   |
|------|-------|-----------------------------|--------------------------------|--|
|      |       | 177<br>6<br>5<br>0<br>9,503 | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused 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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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                        | Items and Codes   |
|-------------------|----------|----------------------------------|---|
| 1649              | 10       |                                  | HOW OFTEN HAVE SUPERVISION<br>OR STANDBY HELP WHEN WALKING  |
|                   |          | 82<br>96<br>3<br>6<br>1<br>9,503 | <ol> <li>Always</li> <li>Sometimes</li> <li>Rarely</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity)</li> </ol> |
| 1650              | 11       |                                  | NEED (MORE) SUPERVISION OR<br>STANDBY HELP WHEN WALKING   |
|                   |          | 39<br>8,838<br>141<br>34<br>639  | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; receives hands-on help)</li> </ol>  |
| 1651              | 12a      |                                  | HOW OFTEN MOVE AROUND HOUSE/<br>APARTMENT/ROOM  |
|                   |          | 492<br>132                       | <ol> <li>Whenever want to</li> <li>Often enough to<br/>stretch and change</li> </ol>  |
|                   |          | 131                              | scenery 3. Often enough for toilet needs  |
|                   |          | 46                               | 4. Not often enough to use bathroom   |
|                   |          | 46                               | 8. Not ascertained  |

9. DK or refused
8,819 Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision)

1652-1654 BLANK

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency | Items a                         | nd Codes                           |  |
|-------------------|----------|-----------|---------------------------------|------------------------------------|--|
| 1655              | 4        |           | HAVE DIFFICULTY GETTING OUTSIDE |                                    |  |
|                   |          | 1,416     | 1.                              | Yes                                |  |
|                   |          | 8,178     | 2.                              | No                                 |  |
|                   |          | 40        | 3.                              |                                    |  |
|                   |          |           | _                               | other reason                       |  |
|                   |          | 53        | 8.                              |                                    |  |
|                   |          | 4         | 9.                              | DK or refused                      |  |
| 1656              | 5        |           | HOW MUC                         | H DIFFICULTY GETTING               |  |
|                   |          | 455       | 1.                              | Some                               |  |
|                   |          | 434       | 2.                              |                                    |  |
|                   |          | 498       | 3.                              |                                    |  |
|                   |          | 22        | 8.                              |                                    |  |
|                   |          | 7         |                                 | DK or refused                      |  |
|                   |          | 8,275     | Blank.                          |                                    |  |
|                   |          | 0,2.0     | 2201111                         | difficulty; doesn't                |  |
|                   |          |           |                                 | do for other reason)               |  |
| 1657-1659)        | 6(1-3)   |           | GETTING                         | OUTSIDE WITHOUT                    |  |
|                   |          |           | EQUIPMENT/WITHOUT HELP          |                                    |  |
| 1657              | 6(1)     |           | VERY TI                         | RING                               |  |
|                   |          | 229       | 0.                              | Never do without help or equipment |  |
|                   |          | 485       | 1.                              | Yes                                |  |
|                   |          | 173       | 2.                              | No                                 |  |
|                   |          | 498       | 3.                              | Unable to do for other reason      |  |
|                   |          | 25        | 8.                              | Not ascertained                    |  |
|                   |          | 6         | 9.                              | DK or refused                      |  |
|                   |          | 8,275     | Blank.                          | NA (No or DK if has any            |  |
|                   |          |           |                                 | difficulty; doesn't do             |  |
|                   |          |           |                                 | <del>-</del>                       |  |

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#### Section H - Assistance With Key Activities (ADL)

| Tape       | T NT-    |           | T.L     |                                    |
|------------|----------|-----------|---------|------------------------------------|
| Locations  | Ttem No. | Frequency |         | and Codes                          |
| 1657-1659) | 6(1-3)   |           | GETTING | OUTSIDE WITHOUT                    |
|            |          |           | EQUIPME | NT/WITHOUT HELP                    |
|            |          |           | - Conti | nued                               |
| 1658       | 6(2)     |           | TAKES A | LONG TIME                          |
|            |          | 229       | 0.      | Never do without help or equipment |
|            |          | 488       | 1.      | Yes                                |
|            |          | 169       | 2.      | No                                 |
|            |          | 498       | 3.      | Unable to do for other reason      |
|            |          | 25        | 8.      | Not ascertained                    |
|            |          | 7         | 9.      | DK or refused                      |
|            |          | 8,275     | Blank.  | , 2                                |
|            |          |           |         | difficulty; doesn't do             |
|            |          |           |         | for other reason)                  |
| 1659       | 6(3)     |           | VERY PA | AINFUL                             |
|            |          | 229       | 0.      | Never do without help              |
|            |          |           |         | or equipment                       |
|            |          | 437       | 1.      | Yes                                |
|            |          | 217       | 2.      | No                                 |
|            |          | 498       | 3.      | Unable to do for other reason      |
|            |          | 27        | 8.      |                                    |
|            |          | 8         | 9.      |                                    |
|            |          | 8,275     | Blank.  | , 2                                |
|            |          |           |         | difficulty; doesn't do             |
|            |          |           |         | for other reason)                  |
| 1660       | 7a       |           | USE SPE | CIAL EQUIPMENT OR AIDS             |
|            |          | 1,113     | 1.      | Yes                                |
|            |          | 8,198     | 2.      | No                                 |
|            |          | 339       | 8.      |                                    |
|            |          | 1         |         | DK or refused                      |
|            |          | 40        | Blank.  | NA (Doesn't do for other reason    |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

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

| (1661-1669) | 7b(1-9) |                                |                                | L EQUIPMENT OR AIDS<br>OR GETTING OUTSIDE  |
|-------------|---------|--------------------------------|--------------------------------|--|
| 1661        | 7b(1)   |                                | CANE OF                        | R WALKING STICK  |
|             |         | 697<br>407<br>7<br>2<br>8,578  | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question   |
| 1662        | 7b(2)   |                                | WALKER                         |  |
|             |         | 357<br>747<br>7<br>2<br>8,578  | 1.<br>2.<br>8.<br>9.<br>Blank. |  |
| 1663        | 7b(3)   |                                | CRUTCH                         | OR CRUTCHES  |
|             |         | 52<br>1,052<br>7<br>2<br>8,578 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question<br>DK or refused (entire question) |
| 1664        | 7b(4)   |                                | WHEELCH                        | HAIR   |
|             |         | 296<br>808<br>7<br>2<br>8,578  | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question                                    |
| 1           |         |                                | -322-                          |  |

| Tape<br>Locations | Item No. | Frequency | Items and Codes  |
|-------------------|----------|-----------|--|
| (1661-1669)       | 7b(1-9)  |           | SPECIAL EQUIPMENT OR AIDS USED FOR GETTING OUTSIDE - Continued |

|   | 1665 | 7b(5) |                                | ARTIFIC                        | IAL LEG  |
|---|------|-------|--------------------------------|--------------------------------|--|
|   |      |       | 13<br>1,091<br>7<br>2<br>8,578 | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
|   | 1666 | 7b(6) |                                | BRACE                          |  |
| _ |      |       | 46<br>1,058<br>7<br>2<br>8,578 | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
|   | 1667 | 7b(7) |                                | GUIDE D                        | OG   |
|   |      |       | 2<br>1,102<br>7<br>2<br>8,578  | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
| - | 1668 | 7b(8) |                                | OXYGEN/<br>BREATHI             | SPECIAL<br>NG EQUIPMENT  |
| _ |      |       | 33<br>1,071<br>7<br>2<br>8,578 | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
| 1 |      |       | -:                             | 323-                           |  |

| Tape<br>Locations | Item No. | Frequency | Items and Codes   |
|-------------------|----------|-----------|---|
| (1661-1669)       | 7b(1-9)  |           | SPECIAL EQUIPMENT OR AIDS USED<br>FOR GETTING OUTSIDE - Continued |
| 1669              | 7b(9)    |           | OTHER   |

|             |         | 84<br>1,020<br>7<br>2<br>8,578         | 1.<br>2.<br>8.<br>9.<br>Blank.       |  |
|-------------|---------|--|--------------------------------------|--|
| (1670-1672) | 7c(1-3) |  |                                      | OUTSIDE WITH   |
| 1670        | 7c(1)   |  | VERY TI                              | RING   |
|             |         | 429<br>401<br>236<br>44<br>3<br>8,578  | 0.<br>1.<br>2.<br>8.<br>9.<br>Blank. | DK or refused  |
| 1671        | 7c(2)   |  | TAKES A                              | LONG TIME  |
|             |         | 429<br>438<br>192<br>44<br>10<br>8,578 | 0.<br>1.<br>2.<br>8.<br>9.<br>Blank. | Never do without help Yes No Not ascertained DK or refused NA (Doesn't do for other reason; No or DK if use any special equipment when doing activity) |
| 1           |         |  | -324-                                |  |

| Tape<br>Locations | Item No. | Frequency                    | Items and Codes  |
|-------------------|----------|------------------------------|--|
| (1670-1672)       | 7c(1-3)  |                              | GETTING OUTSIDE WITH EQUIPMENT WITHOUT HELP - Continued  |
| 1672              | 7c(3)    |                              | VERY PAINFUL   |
|                   |          | 429<br>326<br>305<br>45<br>8 | <ol> <li>Never do without help</li> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason;         No or DK if use any special         equipment when doing activity)</li> </ol> |

| 1673 | 8a |       | RECEIVE | HELP WHEN GETTING OUTSIDE  |
|------|----|-------|---------|--|
|      |    | 794   | 1.      | Yes  |
|      |    | 8,718 | 2.      | No   |
|      |    | 131   | 8.      | Not ascertained  |
|      |    | 8     | 9.      | DK or refused  |
|      |    | 40    | Blank.  | NA (Doesn't do for other reason)   |
| 1674 | 8b |       | IS THIS | HANDS-ON HELP  |
|      |    |       |         |  |
|      |    | 716   | 1.      | Yes  |
|      |    | 67    | 2.      | No   |
|      |    | 8     | 8.      | Not ascertained  |
|      |    | 3     | 9.      | DK or refused  |
|      |    | 8,897 | Blank.  | NA (Doesn't do for other reason; No or DK if receive help from another person) |
| 1    |    |       | _325_   |  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                             | Items and Codes  |
|-------------------|----------|---------------------------------------|--|
| (1675-1677)       | 8c(1-3)  |                                       | GETTING OUTSIDE WITH HANDS-ON HELP   |
| 1675              | 8c(1)    |                                       | VERY TIRING  |
|                   |          | 70<br>386<br>217<br>22<br>21<br>8,975 | <ol> <li>Never does activity,         receives hands-on help</li> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |
| 1676              | 8c(2)    |                                       | TAKES A LONG TIME  |
|                   |          | 70<br>407<br>196<br>25<br>18<br>8,975 | <ol> <li>Never does activity,         receives hands-on help</li> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |

| 1677 | 8c(3) |       | VERY PA | AINFUL   |
|------|-------|-------|---------|--|
|      |       | 70    | 0.      | Never does activity, receives hands-on help  |
|      |       | 278   | 1.      | Yes  |
|      |       | 313   | 2.      | No   |
|      |       | 26    | 8.      | Not ascertained  |
|      |       | 29    | 9.      | DK or refused  |
|      |       | 8,975 | Blank.  | NA (Doesn't do for other reason;<br>No or DK if receive help<br>from another person; No or DK<br>if help received is hands-on) |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency           | Items and Codes  |
|-------------------|----------|---------------------|--|
| 1678              | 8d       |                     | HOW OFTEN HAVE HANDS-ON HELP<br>WHEN GETTING OUTSIDE   |
|                   |          | 70                  | <ol> <li>Never does activity,<br/>receives hands-on help</li> </ol>  |
|                   |          | 446                 | 1. Always  |
|                   |          | 162                 | 2. Sometimes   |
|                   |          | 102                 | 3. Rarely  |
|                   |          | 27                  | 8. Not ascertained   |
|                   |          | 1                   | 9. DK or refused   |
|                   |          | 8,975               | 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<br>WHEN GETTING OUTSIDE  |
|                   |          | 106                 | 1. Yes   |
|                   |          | 9,356               | 2. No  |
|                   |          | 157                 | 8. Not ascertained   |
|                   |          | 32                  | 9. DK or refused   |
|                   |          | 40                  | Blank. NA (Doesn't do for other reason)  |
| 1680              | 9a       |                     | SOMEONE SUPERVISES OR STAYS<br>NEAR YOU GETTING OUTSIDE  |
|                   |          | 202<br>8,574<br>152 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> </ol>   |
|                   |          | 7                   | 9. DK or refused   |
|                   |          | 756                 | Blank. NA (Doesn't do for other reason;  |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                         | Items a                              | nd Codes   |
|-------------------|----------|-----------------------------------|--------------------------------------|--|
| 1681              | 9b(1)    |                                   | IS THIS                              | SUPERVISORY HELP   |
|                   |          | 53<br>138<br>9<br>2<br>9,489      | 1.<br>2.<br>8.<br>9.<br>Blank.       | Yes No Not ascertained DK or refused NA (Doesn't do for other reason receives hands-on help; No or Di if someone supervises/stays nearby when doing activity)                    |
| 1682              | 9b(2)    |                                   | IS THIS                              | STANDBY HELP   |
|                   |          | 185<br>10<br>6<br>1<br>9,489      | 1.<br>2.<br>8.<br>9.<br>Blank.       | Yes No Not ascertained DK or refused NA (Doesn't do for other reason receives hands-on help; No or DE if someone supervises/stays nearby when doing activity)                    |
| 1683              | 10       |                                   |                                      | EN HAVE SUPERVISION OR<br>HELP WHEN GETTING OUTSIDE  |
|                   |          | 110<br>80<br>5<br>6<br>1<br>9,489 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Always Sometimes Rarely Not ascertained DK or refused NA (Doesn't do for other reason's receives hands-on help; No or DB if someone supervises/stays nearby when doing activity) |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

| 1684     | 11 |                                 | •     | MORE) SUPERVISION OR<br>THELP WHEN GETTING |
|----------|----|---------------------------------|-------|--|
|          |    | 29<br>8,753<br>126<br>27<br>756 |       | Not ascertained                            |
| 1685-168 | 6  |                                 | BLANK |  |
| 1        |    |                                 | -329- |  |

| Tape<br>Locations | Item No. | Frequency                             | Items and Codes  |
|-------------------|----------|---------------------------------------|--|
| 1687              | 4        |                                       | HAVE DIFFICULTY USING TOILET   |
|                   |          | 705<br>8,888<br>31<br>59              | <ol> <li>Yes</li> <li>No</li> <li>Doesn't do for other reason</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>   |
| 1688              | 5        |                                       | HOW MUCH DIFFICULTY USING TOILET   |
|                   |          | 271<br>153<br>268<br>11<br>2<br>8,986 | 1. Some 2. A lot 3. Unable 8. Not ascertained 9. DK or refused Blank. NA (No or DK if has any difficulty; doesn't do for other reason)                                 |
| 1689-1691)        | 6(1-3)   |                                       | USING TOILET WITHOUT<br>EQUIPMENT/WITHOUT HELP   |
| 1689              | 6(1)     |                                       | VERY TIRING  |
|                   |          | 96<br>180<br>139<br>268<br>17<br>5    | <ol> <li>Never do without help or equipment</li> <li>Yes</li> <li>No</li> <li>Unable to do for other reason</li> <li>Not ascertained</li> <li>DK or refused</li> </ol> |

8,986 Blank. NA (No or DK if has any difficulty; doesn't do for other reason)

1 -330-

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                                   | Items ar                                   | nd Codes  |
|-------------------|----------|---|--|---|
| (1689-1691)       | 6(1-3)   |   |  | OILET WITHOUT<br>NT/WITHOUT HELP<br>nued  |
| 1690              | 6(2)     |   | TAKES A                                    | LONG TIME   |
|                   |          | 96<br>209<br>111<br>268<br>17<br>4<br>8,986 | 0.<br>1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Never do without help<br>or equipment<br>Yes<br>No<br>Unable to do for other reason<br>Not ascertained<br>DK or refused<br>NA (No or DK if has any<br>difficulty; doesn't do<br>for other reason) |
| 1691              | 6(3)     |   | VERY PA                                    | INFUL   |
|                   |          | 96<br>180<br>137<br>268<br>16<br>8          | 0.<br>1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Never do without help<br>or equipment<br>Yes<br>No<br>Unable to do for other reason<br>Not ascertained<br>DK or refused<br>NA (No or DK if has any<br>difficulty; doesn't do<br>for other reason) |
| 1692              | 7a       |   | USE SPE                                    | CIAL EQUIPMENT OR AIDS  |
|                   |          | 651<br>8,657<br>351<br>1<br>31              | 1.<br>2.<br>8.<br>9.<br>Blank.             | Yes No Not ascertained DK or refused NA (Doesn't do for other reason  |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Item No. | Frequency                     | Items a   | and Codes  |
|----------|-------------------------------|---|--|
| 7b(1-12) |                               |   | EQUIPMENT OR AIDS OR USING THE TOILET  |
| 7b(1)    |                               | CANE OF   | WALKING STICK  |
|          | 222<br>421<br>4<br>4<br>9,040 |   | Mentioned Not mentioned No answer to entire question DK or refused (entire question NA (Doesn't do for other reaso No or DK if use any special equipment when doing activity)  |
| 7b(2)    |                               | WALKER  |  |
|          | 206<br>437<br>4<br>4<br>9,040 | 2.  | Mentioned Not mentioned No answer to entire question DK or refused (entire question NA (Doesn't do for other reaso No or DK if use any special equipment when doing activity)  |
| 7b(3)    |                               | CRUTCH  | OR CRUTCHES  |
|          | 27<br>616<br>4<br>4<br>9,040  | 1.<br>2.<br>8.<br>9.<br>Blank.  | Mentioned Not mentioned No answer to entire question DK or refused (entire question NA (Doesn't do for other reaso No or DK if use any special equipment when doing activity)  |
| 7b(4)    |                               | WHEELCH   | IAIR   |
|          | 110<br>533<br>4<br>4<br>9,040 | 1.<br>2.<br>8.<br>9.<br>Blank.  | Mentioned Not mentioned No answer to entire question DK or refused (entire question NA (Doesn't do for other reaso No or DK if use any special equipment when doing activity)  |
|          | 7b(1-12) 7b(1) 7b(2) 7b(3)    | 7b(1-12)  7b(1)  222 421 4 9,040  7b(2)  206 437 4 4 9,040  7b(3)  7b(3)  27 616 4 4 9,040  7b(4) | 7b(1-12) SPECIAL USED FO 7b(1) CANE OR  222 1. 421 2. 4 8. 4 9. 9,040 Blank.  7b(2) WALKER  206 1. 437 2. 4 8. 4 9. 9,040 Blank.  7b(3) CRUTCH  7b(3) CRUTCH  27 1. 616 2. 4 8. 4 9. 9,040 Blank.  7b(4) WHEELCE  7b(4) WHEELCE  110 1. 533 2. 4 8. 4 9. |

| Item No. | Frequency                    | Items an  | d Codes  |
|----------|------------------------------|---|--|
| 7b(1-12) |                              | USED FOR  | EQUIPMENT OR AIDS<br>USING THE TOILET<br>ued   |
| 7b(5)    |                              | ARTIFICI  | AL LEG   |
|          | 8<br>635<br>4<br>4<br>9,040  | 2.<br>8.<br>9.<br>Blank.  | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Doesn't do for other reasor No or DK if use any special equipment when doing activity)  |
| 7b(6)    |                              | BRACE   |  |
|          | 17<br>626<br>4<br>4<br>9,040 | 2.<br>8.<br>9.<br>Blank.  | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Doesn't do for other reasor No or DK if use any special equipment when doing activity)  |
| 7b(7)    |                              | GUIDE DC  | G  |
|          | 1<br>642<br>4<br>4<br>9,040  | 2.<br>8.<br>9.<br>Blank.  | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Doesn't do for other reasor No or DK if use any special equipment when doing activity)  |
| 7b(8)    |                              | BED PAN   |  |
|          | 25<br>618<br>4<br>4<br>9,040 | 2.<br>8.<br>9.<br>Blank.  | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Doesn't do for other reason No or DK if use any special equipment when doing activity)  |
|          | 7b(1-12) 7b(5) 7b(6)         | 7b(5)  8 635 4 4 9,040  7b(6)  7b(7)  626 4 4 9,040  7b(7)  642 4 4 9,040  7b(8)  7b(8) | 7b(1-12)  7b(5)  8  1.  635  2.  4  8.  4  9.  9,040  Blank.  7b(6)  BRACE  17  626  2.  4  8.  4  9.  9,040  Blank.  7b(7)  GUIDE DO  1  1. 642  2.  4  8.  4  9.  9,040  Blank.  7b(8)  BED PAN  7b(8)  BED PAN  25  1.  618  2.  4  9,040  Blank. |

| Locations Item No. Frequency Items and Codes | Tape      |          |           |           |         |  |
|--|-----------|----------|-----------|-----------|---------|--|
| <b>- -</b>                                   | Locations | Item No. | Frequency | Items and | d Codes |  |

| (1 | 693-1704) | 7b(1-12) |                               |                                | EQUIPMENT OR AIDS<br>OR USING THE TOILET<br>nued |
|----|-----------|----------|-------------------------------|--------------------------------|--|
| 1  | 701       | 7b(9)    |                               | RAISED                         | TOILET SEAT                                      |
|    |           |          | 162<br>481<br>4<br>4<br>9,040 | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question                     |
| 1  | 702       | 7b(10)   |                               | SPECIAL                        | TOILET/PORTABLE TOILET                           |
|    |           |          | 104<br>539<br>4<br>4<br>9,040 | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question                     |
| 1  | 703       | 7b(11)   |                               | HAND HO                        | LDS/RAILS NEAR TOILET                            |
|    |           |          | 150<br>493<br>4<br>4<br>9,040 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question    |
| 1  | 704       | 7b(12)   |                               | OTHER                          |  |
|    |           |          | 64<br>579<br>4<br>4<br>9,040  | 1.<br>2.<br>8.<br>9.<br>Blank. |  |
| 1  |           |          |                               | -334-                          |  |

| Tape<br>Locations | Item No. | Frequency | Items and Codes             |
|-------------------|----------|-----------|-----------------------------|
| (1705-1707)       | 7c(1-3)  |           | USING TOILET WITH EQUIPMENT |

#### WITHOUT HELP

| 1705 | 7c(1) |  | VERY TI                              | RING                             |
|------|-------|--|--------------------------------------|----------------------------------|
|      |       | 228<br>193<br>206<br>17<br>7<br>9,040  | 0.<br>1.<br>2.<br>8.<br>9.<br>Blank. | DK or refused                    |
| 1706 | 7c(2) |  | TAKES A                              | A LONG TIME                      |
|      |       | 228<br>223<br>175<br>18<br>7<br>9,040  | 0.<br>1.<br>2.<br>8.<br>9.<br>Blank. | Not ascertained<br>DK or refused |
| 1707 | 7c(3) |  | VERY PA                              | AINFUL                           |
|      |       | 228<br>138<br>255<br>18<br>12<br>9,040 | 0.<br>1.<br>2.<br>8.<br>9.<br>Blank. | DK or refused                    |
| 1708 | 8a    |  | RECEIVE<br>THE TOI                   | E HELP WHEN USING                |
| 1    |       | 337<br>9,170<br>143<br>10<br>31        | 1.<br>2.<br>8.<br>9.<br>Blank.       | DK or refused                    |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes       |
|-------------------|----------|-----------|-----------------------|
| 1709              | 8b       |           | IS THIS HANDS-ON HELP |

|               |         | 318<br>14<br>4<br>1<br>9,354          | 1.<br>2.<br>8.<br>9.<br>Blank.       | DK or refused  |
|---------------|---------|---------------------------------------|--------------------------------------|--|
| (1710-1712)   | 8c(1-3) |                                       | USING T                              | THE TOILET WITH<br>DN HELP   |
| 1710          | 8c(1)   |                                       | VERY TI                              | RING   |
|               |         | 35<br>139<br>116<br>12<br>16<br>9,373 | 0.<br>1.<br>2.<br>8.<br>9.<br>Blank. | DK or refused  |
| 1711          | 8c(2)   |                                       | TAKES A                              | A LONG TIME  |
|               |         | 35<br>153<br>106<br>9<br>15<br>9,373  | 0.<br>1.<br>2.<br>8.<br>9.<br>Blank. | Never does activity, receives hands-on help Yes No Not ascertained DK or refused 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) |
| - <del></del> |         |                                       | -336-                                |  |

| Tape<br>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  |
|                   |          | 35               | <ol> <li>Never does activity,<br/>receives hands-on help</li> </ol> |
|                   |          | 101<br>148<br>11 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> </ol>        |

|      |    | 23<br>9,373                              | 9.<br>Blank.                               | DK or refused 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 |  |  | FEN HAVE HANDS-ON<br>HEN USING THE TOILET   |
|      |    | 35<br>169<br>96<br>7<br>11<br>0<br>9,373 | 0.<br>1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Sometimes<br>Rarely<br>Not ascertained<br>DK or refused   |
| 1714 | 8e | 49<br>9,434<br>152<br>25<br>31           |  | ORE HANDS-ON HELP SING THE TOILET  Yes No Not ascertained DK or refused NA (Doesn't do for other reason)                            |
| 1    |    |  | -337-                                      |   |

| Tape<br>Locations | Item No. | Frequency                       | Items and Codes  |  |  |
|-------------------|----------|---------------------------------|--|--|--|
| 1715              | 9a       |                                 | SOMEONE SUPERVISES OR STAYS<br>NEAR YOU WHEN USING THE TOILET  |  |  |
|                   |          | 94<br>9,077<br>156<br>15<br>349 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; receives hands-on help)</li> </ol> |  |  |
| 1716              | 9b(1)    |                                 | IS THIS SUPERVISORY HELP   |  |  |
|                   |          | 26<br>66<br>2<br>0              | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>  |  |  |

|      |       | 9,597                            | 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  |
|      |       | 88<br>4<br>2<br>0<br>9,597       | 1.<br>2.<br>8.<br>9.<br>Blank.       | Yes No Not ascertained DK or refused NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity)                  |
| 1718 | 10    |                                  |                                      | EN HAVE SUPERVISION OR<br>HELP WHEN USING THE TOILET  |
|      |       | 45<br>43<br>4<br>2<br>0<br>9,597 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Always Sometimes Rarely Not ascertained DK or refused NA (Doesn't do for other reason; receives hands-on help; No or DK if someone supervises/stays nearby when doing activity) |
| 1    |       |                                  | -338-                                |   |

| Tape<br>Locations | Item No. | Frequency                       | Items and Codes  |  |  |
|-------------------|----------|---------------------------------|--|--|--|
| 1719              | 11       |                                 | NEED (MORE) SUPERVISION OR<br>STANDBY HELP WHEN USING<br>THE TOILET  |  |  |
|                   |          | 16<br>9,176<br>124<br>26<br>349 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; receives hands-on help)</li> </ol> |  |  |
| 1720              | 12a      |                                 | ANY DISCOMFORT IN PAST MONTH<br>BECAUSE NO HELP USING TOILET<br>OR CHANGING SOILED CLOTHING  |  |  |
|                   |          | 52<br>335                       | 1. Yes<br>2. No  |  |  |

|      |     | 21<br>32<br>9,251              | 8. Not ascertained 9. DK or refused Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision)  |
|------|-----|--------------------------------|--|
| 1721 | 12b |                                | WET OR SOILED SELF IN PAST<br>MONTH BECAUSE NO HELP USING<br>TOILET, BEDPAN, OR COMMODE  |
|      |     | 71<br>318<br>25<br>26<br>9,251 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision)</li> </ol> |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                      | Items and Codes   |
|-------------------|----------|--------------------------------|---|
| 1722              | 12c      |                                | ANY RASH OR IRRITATION IN<br>PAST MONTH AS RESULT   |
|                   |          | 18<br>50<br>0<br>3<br>9,620    | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |
| 1723              | 12d      |                                | USED COMMODE OR BEDPAN IN PAST MONTH BECAUSE NO HELP  |
|                   |          | 35<br>361<br>26<br>18<br>9,251 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Doesn't do for other reason; Doesn't receive/need help or supervision)</li> </ol>  |
| 1724              | Recode   |                                | NUMBER OF ADLS WHICH SAMPLE<br>PERSON HAS DIFFICULTY  |
|                   |          | 6,411                          | 0. No known difficulty with any ADLs  |

|             |        | 3,228<br>52 | <ul><li>1-7. Number of ADLs with difficulty</li><li>9. All ADLs/unknown difficulty</li></ul> |
|-------------|--------|-------------|--|
| 1725        | Recode |             | NUMBER OF ADLS WITH WHICH SAMPLE<br>PERSON USES SPECIAL EQUIPMENT                            |
|             |        | 7,504       | 0. Doesn't need special equipment for any ADL activities                                     |
|             |        | 1,936       | 1-7. Number of ADLs with which special equipment is used                                     |
|             |        | 240         | 9. DK or unknown ADLs for special equipment  |
| activities) |        | 11          | Blank. NA (Doesn't do any ADL  |
| 1           |        |             | -340-  |

| Tape<br>Locations | Item No. | Frequency      | Items and Codes   |
|-------------------|----------|----------------|---|
| 1726              | Recode   |                | NUMBER OF ADLS WITH WHICH<br>SAMPLE PERSON RECEIVES HELP  |
|                   |          | 8,233<br>1,357 | 0. Doesn't receive help<br>1-7. Number of ADLs with<br>which help is received                   |
|                   |          | 90<br>11       | 9. DK or unknown ADLs for help<br>Blank. NA (Doesn't do any ADL                                 |
| activities)       |          |                |   |
| 1727              | Recode   |                | NUMBER OF ADLS WITH WHICH SAMPLE<br>PERSON RECEIVES HANDS-ON HELP                               |
|                   |          | 8,399<br>1,281 | 0. Doesn't receive hands-on help<br>1-7. Number of ADLs with which<br>hands-on help is received |
|                   |          | 0              | 9. DK or unknown ADLs for hands-on help   |
| activities)       |          | 11             | Blank. NA (Doesn't do any ADL   |
| 1728              | Recode   |                | NUMBER OF ADLS WITH WHICH SAMPLE<br>PERSON RECEIVES SUPERVISORY HELP                            |
|                   |          | 9,009<br>570   | 0. Doesn't need help or supervision 1-7. Number of ADLs with which help o                       |
|                   |          | 101            | supervision is needed  9. DK or unknown ADLs for additiona help                                 |
| activities)       |          | 11             | Blank. NA (Doesn't do any ADL   |

| 1729        | Recode |       | PERSON | OF ADLS WITH WHICH SAMPLE<br>NEEDS MORE HELP THAN<br>FLY RECEIVING |
|-------------|--------|-------|--------|--|
|             |        | 9,337 | 0.     | Doesn't need help or supervision                                   |
|             |        | 261   | 1-7.   | <del>-</del>   |
|             |        | 82    | 9.     | <del>-</del>   |
| activities) | )      | 11    | Blank. | NA (Doesn't do any ADL   |
|             |        |       |        |  |
| 1730        |        |       | BLANK  |  |
| 1           |        |       | -341-  |  |

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Tape Locations Item No. Frequency Items and Codes (1731-1740) 14a(a-e)CONDITION THAT CAUSES TROUBLE IN ACTIVITY 20 00. NO CONDITION 1731-1732 14a(a) 98 01. OLD AGE 3,110 02-98. 2-98 FOR 1ST CONDITION 6,463 Blank. NA (No reported condition(s)) 1,763 2-98 FOR 2ND CONDITION 1733-1734 14a(b) 02-98. 7,928 Blank. NA (No reported condition(s)) 1735-1736 14a(c) 855 02-98. 2-98 FOR 3RD CONDITION 8,836 Blank. NA (No reported condition(s)) 02-98. 2-98 FOR 4TH CONDITION 1737-1738 14a(d) 361 9,330 Blank. NA (No reported condition(s)) 1739-1740 14a(e) 132 02-98. 2-98 FOR 5TH CONDITION 9,559 Blank. NA (No reported condition(s)) 1741 Recode NUMBER OF CONDITIONS LISTED AS CAUSING ADLs 20 0. No condition 2,980 1-5. Number of conditions 98 Only condition mentioned was

"old age"

| 130   | 9.     | DK | or  | condition(s | ) unknown  |
|-------|--------|----|-----|-------------|------------|
| 6,463 | Blank. | NA | (No | activities  | mentioned) |

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#### Section H - Assistance With Key Activities (ADL)

| VEHICLE AC  248 1. Ye 2,865 2. No 74 8. No 21 9. DK 6,483 Blank. NA  1743 16 TRAINING I LIVING IN  125 1. Ye 9,443 2. No 107 8. No | s t ascertained or refused (No reported condition(s))     |
|--|---|
| 2,865 2. NC 74 8. NC 21 9. DK 6,483 Blank. NA  1743 16 TRAINING I LIVING IN  125 1. Ye 9,443 2. NC 107 8. NC                       | t ascertained<br>or refused<br>(No reported condition(s)) |
| 2,865 2. NC 74 8. NC 21 9. DK 6,483 Blank. NA  1743 16 TRAINING I LIVING IN  125 1. Ye 9,443 2. NC 107 8. NC                       | t ascertained<br>or refused<br>(No reported condition(s)) |
| 74 8. NG 21 9. DK 6,483 Blank. NA  1743 16 TRAINING I LIVING IN  125 1. Ye 9,443 2. NG 107 8. NG                                   | or refused (No reported condition(s))                     |
| 6,483 Blank. NA  TRAINING I LIVING IN  125 1. Ye 9,443 2. No 107 8. No   | (No reported condition(s))                                |
| 1743 16 TRAINING I<br>LIVING IN<br>125 1. Ye<br>9,443 2. No<br>107 8. No   |   |
| LIVING IN  125 1. Ye  9,443 2. No  107 8. No   | N. TANDEDENDENIE  |
| 9,443 2. No<br>107 8. No   | PAST 12 MONTHS  |
| 9,443 2. No<br>107 8. No   | Q   |
| 107 8. No  |   |
| 16 9. DK   | t ascertained   |
|  | or refused  |
| 1744 17a HAVE DIFFI<br>BOWELS  | CULTY CONTROLLING   |
| 663 1. Ye  | S   |
| 8,915 2. No  |   |
|  | t ascertained   |
| 41 9. DK   | or refused  |
| 1745 17b HOW OFTEN CONTROLING  | HAVE DIFFICULTY   |
| CONTROLLING  | BOWELS  |
| 251 1. Da  | ily   |
|  | veral times a week  |
| 80 3. On   | ce a week   |
| 139 4. Le  | ss than once a week                                       |
|  | t ascertained   |
|  | or refused  |
| 9,028 Blank. NA<br>cc  | (No or DK if has difficulty                               |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

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| Tape<br>Locations | Item No. | Frequency | y Items and Codes           |  |  |  |
|-------------------|----------|-----------|-----------------------------|--|--|--|
| 1746              | 17c      |           | HAVE COLOSTOMY OR DEVICE TO |  |  |  |
|                   |          |           |                             | FROL BOWEL MOVEMENTS                                     |  |  |
|                   |          | 74        | 1. 3                        | Yes  |  |  |
|                   |          | 9,483     | 2. 1                        | No   |  |  |
|                   |          | 115       | 8. 1                        | Not ascertained  |  |  |
|                   |          | 19        | 9. I                        | OK or refused  |  |  |
| 1747              | 17d      |           | NEED HELI                   | P IN CARING FOR THIS                                     |  |  |
|                   |          |           | DEVICE                      |  |  |  |
|                   |          | 26        |                             | Yes  |  |  |
|                   |          | 45        |                             | No   |  |  |
|                   |          | 2         |                             | Not ascertained  |  |  |
|                   |          | 1         |                             | OK or refused  |  |  |
|                   |          | 9,617     |                             | NA (No or DK if has a colostom                           |  |  |
|                   |          |           |                             | or device to help control                                |  |  |
|                   |          |           |                             | powel movements)   |  |  |
| 1748              | 18a      |           | HAVE DIFFICULTY CONTROLLING |  |  |  |
| -                 |          |           | URINATION                   |  |  |  |
|                   |          | 1,112     | 1. 3                        |  |  |  |
|                   |          | 8,466     |                             | No   |  |  |
|                   |          | 78        |                             | Not ascertained  |  |  |
|                   |          | 35        | 9. I                        | OK or refused  |  |  |
| 1749              | 18b      |           | HOW OFTEN                   | N HAVE DIFFICULTY  |  |  |
|                   |          |           |                             | ING URINATION  |  |  |
|                   |          | 655       |                             | Daily  |  |  |
|                   |          | 206       |                             | Several times a week                                     |  |  |
|                   |          | 61        |                             | Once a week  |  |  |
|                   |          | 142       |                             | Less than once a week                                    |  |  |
|                   |          | 18        |                             | Not ascertained  |  |  |
|                   |          | 30        |                             | OK or refused  |  |  |
|                   |          | 8,579     |                             | NA (No or DK if has difficulty<br>controlling urination) |  |  |
|                   |          |           | -344-                       |  |  |  |

| Tape<br>Locations | Item No. | Frequency | Items and Codes          |
|-------------------|----------|-----------|--------------------------|
| 1750              | 750 18c  |           | HAVE URINARY CATHETER OR |

|           |     | 180<br>9,379<br>115<br>17    | 1.<br>2.<br>8.<br>9.           | Yes<br>No<br>Not ascertained<br>DK or refused  |
|-----------|-----|------------------------------|--------------------------------|--|
| 1751      | 18d |                              | LP IN CARING FOR<br>VICE       |  |
|           |     | 63<br>109<br>7<br>1<br>9,511 | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused NA (No or DK if has urinary catheter or device to help control urination) |
| 1752-1760 | )   |                              | BLANK                          |  |
|           |     |                              | -345-                          |  |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                       | Items and Codes  |  |
|-------------------|----------|---------------------------------|--|--|
| 1761              | 19       | HAVE DIFFICULTY PREPARING MEALS |  |  |
|                   |          | 919                             | 1. Yes   |  |
|                   |          | 7,875                           | 2. No  |  |
|                   |          | 695                             | 3. Doesn't do for  |  |
|                   |          |                                 | other reason   |  |
|                   |          | 84                              | 8. Not ascertained   |  |
|                   |          | 1                               | 9. DK or refused   |  |
|                   |          | 117                             | Blank. NA (Institutionalized)  |  |
| 1762              | 19       |                                 | SOMEONE ELSE REGULARLY<br>PREPARES MEALS   |  |
|                   |          | 632                             | 1. Yes   |  |
|                   |          | 18                              | 2. No  |  |
|                   |          | 45                              | 8. Not ascertained   |  |
|                   |          | 0                               | 9. DK or refused   |  |
|                   |          | 8,996                           | Blank. NA (Institutionalized; Yes, No, or DK if has difficulty because of health/physical problem) |  |
| 1763              | 20       |                                 | HOW MUCH DIFFICULTY PREPARING<br>OWN MEALS   |  |
|                   |          | 317<br>218                      | 1. Some<br>2. A lot  |  |

| 375   | 3.     | Unable                         |
|-------|--------|--------------------------------|
| 8     | 8.     | Not ascertained                |
| 1     | 9.     | DK or refused                  |
| 8,772 | Blank. | NA (Institutionalized;         |
|       |        | No difficulty preparing meals; |
|       |        | Doesn't do for other reason)   |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                                    | Items and Codes   |  |  |
|-------------------|----------|--|---|--|--|
| (1764-1766)       | 21(a-c)  |  | WHEN YOU DO NOT HAVE HELP<br>IS/DOES PREPARING MEAL   |  |  |
| 1764              | 21a      |  | VERY TIRING   |  |  |
|                   |          | 50<br>325<br>151<br>375<br>11<br>7<br>8,772  | <ol> <li>Never do without help</li> <li>Yes</li> <li>No</li> <li>Unable to do activity</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         No difficulty preparing meals;         Doesn't do for other reason)</li> </ol>      |  |  |
| 1765              | 21b      |  | TAKE A LONG TIME  |  |  |
|                   |          | 50<br>356<br>120<br>375<br>10<br>8<br>8,772  | <ol> <li>Never do without help</li> <li>Yes</li> <li>No</li> <li>Unable to do activity</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         No difficulty preparing meals;         Doesn't do for other reason)</li> </ol>      |  |  |
| 1766              | 21c      |  | VERY PAINFUL  |  |  |
|                   |          | 50<br>236<br>230<br>375<br>11<br>17<br>8,772 | <ol> <li>Never do without help</li> <li>Yes</li> <li>No</li> <li>Unable to do activity</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         No difficulty preparing meals;         Doesn't do for other reason)     </li> </ol> |  |  |

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Section H - Assistance With Key Activities (ADL)

| 1767       | 22a      | 995<br>7,730 | PREPARIN |   |
|------------|----------|--------------|----------|---|
| 1767       | 22a      | 7,730        | PREPARIN | IG MEALS  |
|            |          | 7,730        |          |   |
|            |          |              |          | Yes   |
|            |          |              | -•       | No  |
|            |          | 147          |          | Not ascertained                                       |
|            |          | 7            |          | DK or refused   |
|            |          | 812          |          | NA (Institutionalized;                                |
|            |          |              |          | Doesn't do for other reason)                          |
| 1768       | 22b      |              | IS THIS  | HANDS-ON HELP   |
|            |          | 837          | 1.       | Yes   |
|            |          | 151          |          | No  |
|            |          | 5            | 8.       | Not ascertained                                       |
|            |          | 2            |          | DK or refused   |
|            |          | 8,696        |          | 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 TIR | RING  |
|            |          | 335          |          | Never does activity,                                  |
|            |          | 133          |          | receives hands-on help<br>Yes                         |
|            |          | 345          | - ·      | No  |
|            |          | 14           |          | Not ascertained                                       |
|            |          | 10           |          | DK or refused   |
|            |          | 8,854        |          | 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)                            |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

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

| 1770 2 | 1 3   | 35 0<br>43 1<br>33 2<br>15 8<br>11 9 |  |
|--------|-------|--------------------------------------|--|
|        | 1 3   | 43 1<br>33 2<br>15 8                 | receives hands-on help Yes No Not ascertained DK or refused 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 2 | 2c(3) | VERY                                 | PAINFUL  |
|        | 1     | 04 1<br>71 2<br>15 8<br>12 9         | <ul> <li>Never does activity, receives hands-on help</li> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ul>                           |
| 1772 2 | 2d    |                                      | FTEN HAVE HANDS-ON<br>WHEN PREPARING MEALS   |
|        | 1 2   | 96 1<br>76 2<br>13 3<br>15 8         | <ul> <li>Never does activity, receives hands-on help</li> <li>Always</li> <li>Sometimes</li> <li>Rarely</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ul> |
| 1      |       | -349-                                |  |

| Tape      |          |           |          |         |  |
|-----------|----------|-----------|----------|---------|--|
| Locations | Item No. | Frequency | Items an | d Codes |  |

| 1773 | 22e    |                                  |                                | RE HANDS-ON HELP<br>EPARING MEALS  |
|------|--------|----------------------------------|--------------------------------|--|
|      |        | 127<br>8,460<br>254<br>38<br>812 | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused NA (Institutionalized; Doesn't do for other reason)   |
| 1774 | 23a    |                                  |                                | SUPERVISES OR STAYS<br>U WHEN PREPARING MEALS  |
|      |        | 51<br>7,796<br>186<br>9<br>1,649 | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused NA (Institutionalized; Doesn't do for other reason; receives hands-on help)   |
| 1775 | 23b    |                                  | IS THIS                        | SUPERVISORY HELP   |
|      |        | 25<br>22<br>4<br>0<br>9,640      | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused 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   |
|      |        | 41<br>8<br>2<br>0<br>9,640       | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |
| 1    |        |                                  | -350-                          |  |
|      | 1995 I | DISABILITY PHA                   | SE II ADUL                     | F PUBLIC USE FILE  |

| Tape<br>Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|-------------------|----------|-----------|-----------------|

| 1777 | 24   |                                  |   | EN HAVE SUPERVISION OR<br>HELP WHEN PREPARING MEALS   |
|------|------|----------------------------------|---|---|
|      |      | 18<br>25<br>5<br>3<br>0<br>9,640 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank.  | Always Sometimes Rarely Not ascertained DK or refused 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   |                                  |   | ORE SUPERVISION OR STANDBY TH PREPARING MEALS   |
|      |      | 19                               | 1.  | Yes   |
|      |      | 7,823                            | 2.  | No  |
|      |      | 176                              | 8.  | Not ascertained   |
|      |      | 24                               | 9.  | DK or refused   |
|      |      | 1,649                            | Blank.  | NA (Institutionalized;  |
|      |      | ,                                |   | Doesn't do for other reason; receives hands-on help)  |
| 1779 | 26a  |                                  | DISCOME   | ORT IN PAST MONTH   |
|      |      |                                  | WHEN HU   | NGRY BECAUSE NOBODY   |
|      |      |                                  | AVAILAE   | BLE TO PREPARE FOOD   |
|      |      | 47                               | 1.  | Yes   |
|      |      | 982                              | 2.  | No  |
|      |      | 44                               | 8.  | Not ascertained   |
|      |      | 14                               | 9.  | DK or refused   |
|      |      | 8,604                            | Blank.  | NA (Institutionalized;  |
|      |      |                                  |   | Doesn't receive or need   |
|      |      |                                  |   | help or supervision)  |
|      |      |                                  | -351-   |   |
|      | 1778 | 1778 25                          | 18 25 5 3 0 9,640  1778 25  199 7,823 176 24 1,649  1779 26a  47 982 44 14 14 8,604 | 18 1. 25 2. 5 3. 3 8. 0 9. 9,640 Blank.  1778 25 NEED MC HELP WI 7,823 2. 176 8. 24 9. 1,649 Blank.  1779 26a DISCOME WHEN HU AVAILAE 47 1. 982 2. 44 8. 14 9.  |

| Tape<br>Locations | Item No. | Frequency                      | Items and Codes  |  |
|-------------------|----------|--------------------------------|--|--|
| 1780              | 26b      |                                | UNABLE TO FOLLOW SPECIAL<br>DIET IN PAST MONTH BECAUSE<br>NEEDED HELP PREPARING MEALS                  |  |
|                   |          | 31<br>995<br>50<br>11<br>8,604 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; Doesn't receive or need |  |

| 1781     | 26c |       | _        | TO EAT PREFERRED             |
|----------|-----|-------|----------|------------------------------|
|          |     |       | _        | E NEEDED HELP                |
|          |     |       |          |                              |
|          |     | 77    | 1.       |                              |
|          |     | 948   | 2.       |                              |
|          |     | 50    | 8.       |                              |
|          |     | 12    | 9.       |                              |
|          |     | 8,604 | Blank.   | ,                            |
|          |     |       |          | Doesn't receive or need      |
|          |     |       |          | help or supervision)         |
| 1782     | 27  |       | HOM OF   | TEN PREPARE OWN MEALS        |
| 1702     | 27  |       | HOW OF I | LEN PREPARE OWN MEALS        |
|          |     | 4,575 | 1.       | Always                       |
|          |     | 2,595 | 2.       |                              |
|          |     | 864   | 3.       | Rarely                       |
|          |     | 526   | 4.       | Never                        |
|          |     | 274   | 8.       | Not ascertained              |
|          |     | 45    | 9.       | DK or refused                |
|          |     | 812   | Blank.   |                              |
|          |     |       |          | Doesn't do for other reason) |
| 1783-178 | 4   |       | BLANK    |                              |
|          |     |       | 252      |                              |
|          |     |       | -352-    |                              |

| Tape<br>Locations | Item No. | Frequency                    | Items and Codes  |
|-------------------|----------|------------------------------|--|
| 1785              | 19       |                              | HAVE DIFFICULTY SHOPPING<br>FOR GROCERIES  |
|                   |          | 1,515<br>7,334<br>636        | <ol> <li>Yes</li> <li>No</li> <li>Doesn't do for other reason</li> </ol>   |
|                   |          | 89<br>0<br>117               | 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized)  |
| 1786              | 19       |                              | SOMEONE ELSE REGULARLY SHOPS   |
|                   |          | 577<br>8<br>51<br>0<br>9,055 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; Yes, No</li> </ol> |

| 1787        | 20      |  | HOW MUCH DIFFICULTY SHOPPING   |
|-------------|---------|--|--|
|             |         | 388<br>357<br>745<br>17<br>8                 | <ol> <li>Some</li> <li>A lot</li> <li>Unable</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         No difficulty shopping;         Doesn't do for other reason)     </li> </ol> |
| (1788-1790) | 21(a-c) |  | WHEN YOU DO NOT HAVE HELP<br>IS/DOES SHOPPING  |
| 1788        | 21a     |  | VERY TIRING  |
|             |         | 141<br>476<br>126<br>745<br>23<br>4<br>8,176 | 0. Never do without help 1. Yes 2. No 3. Unable to do activity 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; No difficulty shopping; Doesn't do for other reason)                                    |
|             |         |  | -353-  |

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency | Items a   | nd Codes                     |
|-------------------|----------|-----------|---|------------------------------|
| 1788-1790)        | 21(a-c)  |           | WHEN YOU DO NOT HAVE HELP<br>IS/DOES SHOPPING - Continued |                              |
| 1789              | 21b      |           | TAKE A  | LONG TIME                    |
|                   |          | 141       | 0.  | Never do without help        |
|                   |          | 478       | 1.  | Yes                          |
|                   |          | 124       | 2.  | No                           |
|                   |          | 745       | 3.  | Unable to do activity        |
|                   |          | 21        | 8.  | Not ascertained              |
|                   |          | 6         | 9.  | DK or refused                |
|                   |          | 8,176     | Blank.  | NA (Institutionalized;       |
|                   |          |           |   | No difficulty shopping;      |
|                   |          |           |   | Doesn't do for other reason) |

1790 21c VERY PAINFUL

|     |       |                                 | Never do without help  |
|-----|-------|---------------------------------|--|
|     | 389   | 1.                              | Yes  |
|     | 207   | 2.                              | No   |
|     | 745   | 3.                              | Unable to do activity  |
|     | 23    | 8.                              | Not ascertained  |
|     | 10    | 9.                              | DK or refused  |
|     | 8,176 | Blank.                          | NA (Institutionalized;   |
|     |       |                                 | No difficulty shopping;  |
|     |       |                                 | Doesn't do for other reason)   |
| 22a |       | RECEIVE                         | E HELP WHEN SHOPPING   |
|     |       | FOR GRO                         | OCERIES  |
|     | 1,622 | 1.                              | Yes  |
|     | 7,121 | 2.                              | No   |
|     | 186   | 8.                              | Not ascertained  |
|     | 9     | 9.                              | DK or refused  |
|     | 753   | Blank.                          | NA (Institutionalized;   |
|     |       |                                 | Doesn't do for other reason)   |
|     | 22a   | 207<br>745<br>23<br>10<br>8,176 | 207 2. 745 3. 23 8. 10 9. 8,176 Blank.  22a RECEIVE FOR GRO  1,622 1. 7,121 2. 186 8. 9 9. |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                              | Items and Codes   |
|-------------------|----------|--|---|
| 1792              | 22b      |  | IS THIS HANDS-ON HELP   |
|                   |          | 1,336<br>274<br>9<br>3<br>8,069        | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         Doesn't do for other reason;         No or DK if receive help         from another person)</li> </ol>   |
| 1793-1795)        | 22c(1-3) |  | WHEN YOU HAVE HANDS-ON<br>HELP IS/DOES SHOPPING   |
| 1793              | 22c(1)   |  | VERY TIRING   |
|                   |          | 467<br>369<br>454<br>35<br>11<br>8,355 | <ol> <li>Never does activity,         receives hands-on help</li> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |

| 1794 | 22c(2) |       | TAKE A | LONG TIME                                      |
|------|--------|-------|--------|--|
|      |        | 467   | 0.     | Never does activity,<br>receives hands-on help |
|      |        | 378   | 1.     | Yes  |
|      |        | 443   | 2.     | No   |
|      |        | 36    | 8.     | Not ascertained                                |
|      |        | 12    | 9.     | DK or refused                                  |
|      |        | 8,355 | 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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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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  |
|                   |          | 467<br>267<br>550<br>36<br>16<br>8,355      | <ol> <li>Never does activity,         receives hands-on help</li> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol>           |
| 1796              | 22d      |   | HOW OFTEN HAVE HANDS-ON HELP<br>WITH SHOPPING FOR GROCERIES   |
|                   |          | 467<br>530<br>277<br>19<br>40<br>3<br>8,355 | <ol> <li>Never does activity,         receives hands-on help</li> <li>Always</li> <li>Sometimes</li> <li>Rarely</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |

| 1797 | 22e |                                  | NEED (MORE) HANDS-ON HELP<br>WITH SHOPPING FOR GROCERIES   |
|------|-----|----------------------------------|--|
|      |     | 157<br>8,442<br>302<br>37<br>753 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;</li> </ol> |
|      |     |                                  | Doesn't do for other reason)   |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                        | Items and Codes  |
|-------------------|----------|----------------------------------|--|
| 1798              | 23a      |                                  | SOMEONE SUPERVISES OR STAYS NEAR YOU WHEN SHOPPING FOR GROCERIES   |
|                   |          | 87<br>7,261<br>246<br>8<br>2,089 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         Doesn't do for other reason;         receives hands-on help)</li> </ol>  |
| 1799              | 23b      |                                  | IS THIS SUPERVISORY HELP   |
|                   |          | 22<br>60<br>4<br>1<br>9,604      | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         Doesn't do for other reason;         receives hands-on help; No or D         if someone supervises or stays         nearby when doing activity)</li> </ol> |
| 1800              | 23c      |                                  | IS THIS STANDBY HELP   |
|                   |          | 76<br>7<br>4<br>0<br>9,604       | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or D if someone supervises or stays nearby when doing activity)   |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                         | Items and Codes   |
|-------------------|----------|-----------------------------------|---|
| 1801              | 24       |                                   | HOW OFTEN HAVE SUPERVISION OR STANDBY HELP WHEN SHOPPING FOR GROCERIES  |
|                   |          | 56<br>21<br>5<br>5<br>0<br>9,604  | <ol> <li>Always</li> <li>Sometimes</li> <li>Rarely</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |
| 1802              | 25       |                                   | NEED (MORE) SUPERVISION OR<br>STANDBY HELP WITH SHOPPING<br>FOR GROCERIES   |
|                   |          | 24<br>7,338<br>221<br>19<br>2,089 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         Doesn't do for other reason;         receives hands-on help)</li> </ol>   |
| 1803              | 26a      |                                   | UNABLE TO FOLLOW SPECIAL<br>DIET IN PAST MONTH BECAUSE<br>NEED HELP SHOPPING  |
|                   |          | 30<br>1,604<br>52<br>7<br>7,998   | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         Doesn't need help or supervision)     </li> </ol>   |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

\_\_\_\_\_Tape

Locations Item No. Frequency Items and Codes

1

|           |     |       | -359-   |                                   |
|-----------|-----|-------|---------|-----------------------------------|
| 1806-1807 |     |       | BLANK   |                                   |
|           |     |       |         | Doesn't do for other reason)      |
|           |     | 753   | Blank.  | NA (Institutionalized;            |
|           |     | 40    | 9.      |                                   |
|           |     | 300   | 8.      | 1.00 0.001 00.11100               |
|           |     | 658   | 4.      | Never                             |
|           |     | 697   | 3.      | Rarely                            |
|           |     | 2,516 | 2.      | Sometimes                         |
|           |     | 4,727 | 1.      | Always                            |
| 1805      | 27  |       | HOW OF  | TEN SHOP FOR GROCERIES            |
|           |     |       |         | Doesn't need help or supervision) |
|           |     | 7,998 | Blank.  | NA (Institutionalized;            |
|           |     | 3     | 9.      | DK or refused                     |
|           |     | 59    | 8.      |                                   |
|           |     | 1,594 | 2.      | No                                |
|           |     | 37    | 1.      | Yes                               |
|           |     |       | BECAUSE | UNABLE TO SHOP                    |
|           | 26b |       |         | A MEAL IN PAST MONTH              |

| Tape<br>Locations | Item No. | Frequency | Items an | nd Codes   |
|-------------------|----------|-----------|----------|--|
| 1808              | 19       |           | HAVE DII | FFICULTY MANAGING MONEY  |
|                   |          | 560       | 1.       | Yes  |
|                   |          | 8,514     | 2.       | No   |
|                   |          | 400       | 3.       | Doesn't do for other reason  |
|                   |          | 100       | 8.       | Not ascertained  |
|                   |          | 0         | 9.       | DK or refused  |
|                   |          | 117       | Blank.   | NA (Institutionalized)   |
| 1809              | 19       |           |          | ELSE REGULARLY   |
|                   |          |           | MANAGES  | MONEY  |
|                   |          | 359       | 1.       | Yes  |
|                   |          | 9         | 2.       | No   |
|                   |          | 32        | 8.       | Not ascertained  |
|                   |          | 0         | 9.       | DK or refused  |
|                   |          | 9,291     | Blank.   | NA (Institutionalized; Yes, No or DK if has difficulty because of health/physical problem) |

| 1810        | 20      |                                      | HOW MUCH DIFFICULTY MANAGING MONEY   |
|-------------|---------|--------------------------------------|--|
|             |         | 119<br>86<br>338<br>13<br>4<br>9,131 | <ol> <li>Some</li> <li>A lot</li> <li>Unable</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         No difficulty managing money;         Doesn't do for other reason)</li> </ol>                    |
| (1811-1813) | 21(a-c) |                                      | WHEN YOU DO NOT HAVE HELP<br>IS/DOES MANAGING MONEY  |
| 1811        | 21a     |                                      | VERY TIRING  |
|             |         | 58<br>56<br>93<br>338<br>12<br>3     | <ol> <li>Never do without help</li> <li>Yes</li> <li>No</li> <li>Unable to do activity</li> <li>Not ascertained</li> <li>DK or refused</li> <li>NA (Institutionalized; No difficulty managing money; Doesn't do for other reason)</li> </ol> |
| 1           |         |                                      | -360-  |

| Tape<br>Locations | Item No. | Frequency                                 | Items and Codes  WHEN YOU DO NOT HAVE HELP IS/ DOES MANAGING MONEY - Continued  |  |
|-------------------|----------|---|---|--|
| (1811-1813)       | 21(a-c)  |   |   |  |
| 1812              | 21b      |   | TAKE A LONG TIME  |  |
|                   |          | 58<br>86<br>64<br>338<br>11<br>3<br>9,131 | <ol> <li>Never do without help</li> <li>Yes</li> <li>No</li> <li>Unable to do activity</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; No difficulty managing money; Doesn't do for other reason)</li> </ol> |  |
| 1813              | 21c      |   | VERY PAINFUL  |  |
|                   |          | 58<br>22<br>125                           | <ol> <li>Never do without help</li> <li>Yes</li> <li>No</li> </ol>  |  |

|      |     | 338<br>12<br>5<br>9,131         | 3.<br>8.<br>9.<br>Blank.       | Not ascertained<br>DK or refused |
|------|-----|---------------------------------|--------------------------------|----------------------------------|
| 1814 | 22a |                                 |                                | RECEIVE HELP WHEN<br>IG MONEY    |
|      |     | 632<br>8,363<br>171<br>8<br>517 | 1.<br>2.<br>8.<br>9.<br>Blank. | DK or refused                    |
|      |     |                                 | 261                            |                                  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency | Items and Codes  |
|-------------------|----------|-----------|--|
| 1815              | 22b      |           | IS THIS HANDS-ON HELP                                      |
|                   |          | 545       | 1. Yes   |
|                   |          | 80        | 2. No  |
|                   |          | 5         | 8. Not ascertained   |
|                   |          | 2         | 9. DK or refused   |
|                   |          | 9,059     | 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  |
|                   |          | 277       | 0. Never does activity,                                    |
|                   |          |           | receives hands-on help                                     |
|                   |          | 33        | 1. Yes   |
|                   |          | 210       | 2. No  |
|                   |          | 18        | 8. Not ascertained   |
|                   |          | 7         | 9. DK or refused   |
|                   |          | 9,146     | 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

| 277   | 0.     | Never does activity,          |
|-------|--------|-------------------------------|
|       |        | receives hands-on help        |
| 48    | 1.     | Yes                           |
| 198   | 2.     | No                            |
| 17    | 8.     | Not ascertained               |
| 5     | 9.     | DK or refused                 |
| 9,146 | 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)    |
|       |        | <del>-</del>                  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                            | Items and Codes   |
|-------------------|----------|--------------------------------------|---|
| (1816-1818)       | 22c(1-3) |                                      | WHEN YOU HAVE HANDS-ON HELP<br>IS/DOES MANAGING MONEY - Continued   |
| 1818              | 22c(3)   |                                      | VERY PAINFUL  |
|                   |          | 277<br>15<br>230<br>18<br>5<br>9,146 | <pre>0. Never does activity,     receives hands-on help 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)</pre>  |
| 1819              | 22d      |                                      | HOW OFTEN HAVE HANDS-ON<br>HELP WITH MANAGING MONEY   |
|                   |          | 277  152 94 5 15 2 9,146             | <ol> <li>Never does activity,         receives hands-on help</li> <li>Always</li> <li>Sometimes</li> <li>Rarely</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |

#### WITH MANAGING MONEY

| 44    | 1.     | Yes                          |
|-------|--------|------------------------------|
| 8,834 | 2.     | No                           |
| 278   | 8.     | Not ascertained              |
| 18    | 9.     | DK or refused                |
| 517   | Blank. | NA (Institutionalized;       |
|       |        | Doesn't do for other reason) |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                        | Items and Codes   |
|-------------------|----------|----------------------------------|---|
| 1821              | 23a      |                                  | SOMEONE SUPERVISES OR STAYS<br>NEAR YOU WHEN MANAGING MONEY   |
|                   |          | 36<br>8,374<br>212<br>7<br>1,062 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         Doesn't do for other reason;         receives hands-on help)</li> </ol>   |
| 1822              | 23b      |                                  | IS THIS SUPERVISORY HELP  |
|                   |          | 20<br>14<br>1<br>1<br>9,655      | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |
| 1823              | 23c      |                                  | IS THIS STANDBY HELP  |
|                   |          | 31<br>3<br>0<br>2<br>9,655       | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                                      | Items and Codes  |  |  |
|-------------------|----------|--|--|--|--|
| 1824              | 24       |  | HOW OFTEN HAVE SUPERVISION OR<br>STANDBY HELP WHEN MANAGING MONEY  |  |  |
|                   |          | 16<br>14<br>5<br>0<br>1<br>9,655               | 1. Always 2. Sometimes 3. Rarely 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or D if someone supervises or stays nearby when doing activity) |  |  |
| 1825              | 25       |  | NEED MORE SUPERVISION OR<br>STANDBY HELP WITH MANAGING<br>MONEY  |  |  |
|                   |          | 11<br>8,417<br>187<br>14<br>1,062              | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help)  |  |  |
| 1826              | 27       |  | HOW OFTEN MANAGE YOUR MONEY  |  |  |
|                   |          | 7,262<br>880<br>214<br>462<br>319<br>37<br>517 | 1. Always 2. Sometimes 3. Rarely 4. Never 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; Doesn't do for other reason)   |  |  |
| 1827-1828         |          |  | BLANK  |  |  |
|                   |          |  | -365-  |  |  |

| Locations Item No. Frequency Items and Codes | Tape      |          |           |           |         |  |
|--|-----------|----------|-----------|-----------|---------|--|
| <b>- -</b>                                   | Locations | Item No. | Frequency | Items and | d Codes |  |

| 1829 | 19 |                                     | HAVE DIFFI                       | CULTY USING THE TELEPHONE  |
|------|----|-------------------------------------|----------------------------------|--|
|      |    | 415<br>8,976<br>98                  |                                  |  |
|      |    | 85                                  |                                  | t ascertained  |
|      |    | 0<br>117                            |                                  | or refused (Institutionalized)   |
| 1830 | 19 |                                     |                                  | SE REGULARLY USES  |
|      |    | 53<br>30<br>15<br>0<br>9,593        | 9. DK<br>Blank. NA<br>or         |  |
| 1831 | 20 |                                     | HOW MUCH D                       | DIFFICULTY USING TELEPHONE   |
|      |    | 146<br>96<br>165<br>6<br>2<br>9,276 | 2. A 3. Un 8. No 9. DK Blank. NA | ome lot lable ot ascertained for refused (Institutionalized; No efficulty using telephone; wesn't do for other reason) |
| 1    |    |                                     | -366-                            |  |

| Tape<br>Locations | Item No. | Frequency                                  | Items and Codes  |
|-------------------|----------|--|--|
| (1832-1834)       | 21(a-c)  |  | WHEN YOU DO NOT HAVE HELP<br>IS/DOES USING TELEPHONE   |
| 1832              | 21a      |  | VERY TIRING  |
|                   |          | 32<br>48<br>158<br>165<br>10<br>2<br>9,276 | <ol> <li>Never do without help</li> <li>Yes</li> <li>No</li> <li>Unable to do activity</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; No difficulty using telephone; Doesn't do for other reason)</li> </ol> |

| 1833 | 21b |  | TAKE A                                     | LONG TIME  |
|------|-----|--|--|--|
|      |     | 32<br>75<br>129<br>165<br>11<br>3<br>9,276 | 0.<br>1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Yes No Unable to do activity Not ascertained DK or refused |
| 1834 | 21c |  | VERY PA                                    | AINFUL   |
|      |     | 32<br>26<br>179<br>165<br>11<br>2<br>9,276 | 0.<br>1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Yes No Unable to do activity Not ascertained DK or refused |
| 1    |     |  | -367-                                      |  |

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                       | Items and Codes   |
|-------------------|----------|---------------------------------|---|
| 1835              | 22a      |                                 | DO YOU RECEIVE HELP WHEN<br>USING THE TELEPHONE   |
|                   |          | 298<br>9,009<br>166<br>3<br>215 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         Doesn't do for other reason)     </li> </ol>  |
| 1836              | 22b      |                                 | IS THIS HANDS-ON HELP   |
|                   |          | 264<br>28<br>4<br>2<br>9,393    | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         Doesn't do for other reason;         No or DK if receive help         from another person)</li> </ol> |

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| (1837-1839) | 22c(1-3) |       | WHEN YOU HAVE HANDS-ON HELP<br>IS/DOES USING TELEPHONE              |
|-------------|----------|-------|---|
| 1837        | 22c(1)   |       | VERY TIRING   |
|             |          | 98    | <ol> <li>Never does activity,<br/>receives hands-on help</li> </ol> |
|             |          | 31    | 1. Yes  |
|             |          | 125   | 2. No   |
|             |          | 5     | 8. Not ascertained  |
|             |          | 5     | 9. DK or refused  |
|             |          | 9,427 | 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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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                          | Items and Codes   |
|-------------------|----------|------------------------------------|---|
| 1837-1839)        | 22c(1-3) |                                    | WHEN YOU HAVE HANDS-ON HELP<br>IS/DOES USING TELEPHONE<br>- Continued   |
| 1838              | 22c(2)   |                                    | TAKE A LONG TIME  |
|                   |          | 98<br>42<br>117<br>5<br>2<br>9,427 | <ol> <li>Never does activity,         receives hands-on help</li> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |
| 1839              | 22c(3)   |                                    | VERY PAINFUL  |
|                   |          | 98<br>14<br>144<br>6<br>2<br>9,427 | <ol> <li>Never does activity,         receives hands-on help</li> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         Doesn't do for other reason;         No or DK if receive help from another person; No or DK if</li> </ol>  |

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                              | Items and Codes  |                                  |
|-------------------|----------|--|--|----------------------------------|
| 1840              | 22d      |  | HOW OFTEN HAVE HANDS-ON<br>HELP WITH USING THE TELEPHONE   |                                  |
|                   |          | 98<br>82<br>71<br>6<br>6<br>1<br>9,427 | 0. Never does activity, receives hands-on help 1. Always 2. Sometimes 3. Rarely 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized Doesn't do for other or DK if receive help another person; No or help received is hands | ;<br>reason; No<br>from<br>DK if |
| 1841              | 22e      |  | NEED MORE HANDS-ON HELP WITH<br>USING THE TELEPHONE  |                                  |
|                   |          | 22<br>9,194<br>245<br>15<br>215        | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized Doesn't do for other   |                                  |
| 1842              | 23a      |  | SOMEONE SUPERVISES OR STAYS NOT NOT SUPERVISES OF STAYS NOT SELECTED THE TELEPHONE   | EAR                              |
|                   |          | 47<br>8,962<br>196<br>7<br>479         | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized Doesn't do for other receives hands-on help  | reason;                          |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Locations | Item No. | Frequency                        | Items and Codes  |                                     |  |
|-----------|----------|----------------------------------|--|-------------------------------------|--|
| 1843      | 23b      |                                  | IS THIS SUPERVISORY HELP   |                                     |  |
|           |          | 21<br>21<br>2<br>3<br>9,644      | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionali do for other reaso hands-on help; No someone supervises nearby when doing                     | n; receives<br>or DK if<br>or stays |  |
| 1844      | 23c      |                                  | IS THIS STANDBY HELP   |                                     |  |
|           |          | 39<br>3<br>3<br>2<br>9,644       | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionali do for other reaso hands-on help; No someone supervises nearby when doing                     | n; receives<br>or DK if<br>or stays |  |
| 845       | 24       |                                  | HOW OFTEN HAVE SUPERVISION<br>OR STANDBY HELP WHEN USING<br>THE TELEPHONE  |                                     |  |
|           |          | 17<br>22<br>4<br>3<br>1<br>9,644 | 1. Always 2. Sometimes 3. Rarely 8. Not ascertained 9. DK or refused Blank. NA (Institutionali do for other reaso hands-on help; No someone supervises nearby when doing | n; receives<br>or DK if<br>or stays |  |

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency | Items and Codes  |
|-------------------|----------|-----------|--|
| 1846              | 25       |           | NEED (MORE) SUPERVISION OR<br>STANDBY HELP WITH USING<br>THE TELEPHONE |

10 1. Yes

| 9,013 | 2.     | No                           |
|-------|--------|------------------------------|
| 175   | 8.     | Not ascertained              |
| 14    | 9.     | DK or refused                |
| 479   | Blank. | NA (Institutionalized;       |
|       |        | Doesn't do for other reason; |
|       |        | receives hands-on help)      |

1847-1848 BLANK

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section H - Assistance With Key Activities (ADL)

| HAVE DIFFICULTY DOING HEAVY HOUSEWORK  1. Yes 2. No 11. 3. Doesn't do for other reason 88. Not ascertained 0. 9. DK or refused 117. Blank. NA (Institutionalized) |
|---|
| 2. No 2. No 3. Doesn't do for other reason 88 8. Not ascertained 0 9. DK or refused   |
| 2. No 2. No 3. Doesn't do for other reason 88 8. Not ascertained 0 9. DK or refused   |
| 111 3. Doesn't do for other reason 88 8. Not ascertained 0 9. DK or refused   |
| other reason  88 8. Not ascertained  0 9. DK or refused   |
| 88 8. Not ascertained 0 9. DK or refused  |
| 0 9. DK or refused  |
|   |
|   |
| SOMEONE ELSE REGULARLY DOES HEAVY HOUSEWORK   |
| 942 1. Yes  |
| 67 2. No  |
| 102 8. Not ascertained  |
| 0 9. DK or refused  |
| Blank. NA (Institutionalized; Yes, No or DK if has difficulty because of health/physical problem)   |
| HOW MUCH DIFFICULTY DOING   |
| HEAVY HOUSEWORK   |
| 565 1. Some   |
| 528 2. A lot  |
| 597 3. Unable   |
| 33 8. Not ascertained   |
| 8 9. DK or refused  |
| B60 Blank. NA (Institutionalized;   |
| No difficulty doing heavy   |
|   |
| 52  |

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#### Section H - Assistance With Key Activities (ADL)

| Item No. | . Frequency Items and Codes                     |   |   |  |
|----------|---|---|---|--|
| 21(a-c)  |   | WHEN YOU DO NOT HAVE HELP IS/DOES DOING HEAVY HOUSEWORK   |   |  |
| 21a      |   | VERY TIRING   |   |  |
|          | 174<br>819<br>200<br>1,597<br>25<br>16<br>6,860 | <ol> <li>Never do without help</li> <li>Yes</li> <li>No</li> <li>Unable to do activity</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; No difficulty doing heavy house work; Doesn't do for other reason)</li> </ol> |   |  |
| 21b      |   | TAKE A LONG TIME  |   |  |
|          | 174<br>823<br>192<br>1,597<br>25<br>20<br>6,860 | <ol> <li>Never do without help</li> <li>Yes</li> <li>No</li> <li>Unable to do activity</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; No difficulty doing heavy house work; Doesn't do for other reason)</li> </ol> |   |  |
| 21c      |   | VERY PAINFUL  |   |  |
|          | 174<br>701<br>315<br>1,597<br>25<br>19<br>6,860 | <ol> <li>Never do without help</li> <li>Yes</li> <li>No</li> <li>Unable to do activity</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; No difficulty doing heavy house work; Doesn't do for other reason)</li> </ol> |   |  |
|          | 21(a-c) 21a 21b                                 | 21(a-c)  21a  174 819 200 1,597 25 16 6,860  21b  174 823 192 1,597 25 20 6,860  21c  21c  174 701 315 1,597 25 19  | 21(a-c)  WHEN YOU DO NOT HAVE HELP IS/DOES DOING HEAVY HOUSEWORK  21a  VERY TIRING  174  0. Never do without help 1. Yes 200 2. No 1.597 3. Unable to do activity 25 8. Not ascertained 6.860 Blank. NA (Institutionalized; No difficulty doing heavy house work; Doesn't do for other reason)  21b  TAKE A LONG TIME  174  0. Never do without help 823 1. Yes 192 2. No 1.597 3. Unable to do activity 25 8. Not ascertained 9. DK or refused 6.860 Blank. NA (Institutionalized; No difficulty doing heavy house work; Doesn't do for other reason)  21c  VERY PAINFUL  174  0. Never do without help 1 NA (Institutionalized; No difficulty doing heavy house work; Doesn't do for other reason)  21c  VERY PAINFUL  174  0. Never do without help 701 1. Yes 315 2. No 1.597 3. Unable to do activity 25 8. Not ascertained 9. DK or refused 6.860 Blank. NA (Institutionalized; No difficulty doing heavy house work; Doesn't do house work; Doesn't do fifficulty doing heavy house work; Doesn't do house work; Doesn't do difficulty doing heavy house work; Doesn't do house work; Doesn't do house work; Doesn't do sifficulty doing heavy house work; Doesn't do house work; Doesn't do difficulty doing heavy house work; Doesn't do |  |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency      | ency Items and Codes |   |  |
|-------------------|----------|----------------|----------------------|---|--|
| 1855              | 22a      |                |                      | RECEIVE HELP WHEN<br>EAVY HOUSEWORK   |  |
|                   |          | 2,283<br>5,966 | 1.<br>2.             | Yes<br>No   |  |
|                   |          | 204            | 8.                   | Not ascertained   |  |
|                   |          | 10<br>1,228    | 9.<br>Blank.         | DK or refused NA (Institutionalized; Doesn't do for other reason)                                 |  |
| 1856              | 22b      |                | IS THIS              | HANDS-ON HELP   |  |
|                   |          | 1,939          | 1.                   | Yes   |  |
|                   |          | 326            | 2.                   | No  |  |
|                   |          | 12             | 8.                   | Not ascertained   |  |
|                   |          | 6              | 9.                   | DK or refused   |  |
|                   |          | 7,408          | Blank.               | NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person) |  |
| 1857-1859)        | 22c(1-3) |                |                      | U HAVE HANDS-ON HELP<br>HEAVY HOUSEWORK   |  |
| 1857              | 22c(1)   |                | VERY TI              | RING  |  |
|                   |          | 1,254          | 0.                   | Never does activity, receives hands-on help   |  |
|                   |          | 295            | 1.                   | Yes   |  |
|                   |          | 361            | 2.                   | No  |  |
|                   |          | 20             | 8.                   | Not ascertained   |  |
|                   |          | 9<br>7,752     | 9.<br>Blank.         | DK or refused NA (Institutionalized; Doesn't do for other reason;                                 |  |
|                   |          |                |                      | No or DK if receive help from<br>another person; No or DK if<br>help received is hands-on)        |  |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes  |
|-------------------|----------|-----------|--|
| (1857-1859)       | 22c(1-3) |           | WHEN YOU HAVE HANDS-ON HELP<br>IS/DOES HEAVY HOUSEWORK - Continued |
| 1858              | 22c(2)   |           | TAKE A LONG TIME   |

|      |        | 1,254  283 373 20 9 7,752    | 0.<br>1.<br>2.<br>8.<br>9.<br>Blank.       | DK or refused                            |
|------|--------|------------------------------|--|--|
| 1859 | 22c(3) |                              | VERY P                                     | AINFUL                                   |
|      |        | 1,254 258 398 20 9 7,752     | 0.<br>1.<br>2.<br>8.<br>9.<br>Blank.       | DK or refused                            |
| 1860 | 22d    |                              |  | FEN HAVE HANDS-ON<br>ITH HEAVY HOUSEWORK |
|      |        | 1,254  291 325 46 20 3 7,752 | 0.<br>1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Sometimes<br>Rarely<br>Not ascertained   |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency    | Items and Codes                                       |
|-------------------|----------|--------------|---|
| 1861              | 22e      |              | NEED MORE HANDS-ON HELP<br>WITH DOING HEAVY HOUSEWORK |
|                   |          | 335<br>7,746 | 1. Yes<br>2. No                                       |

|      |     | 338<br>44<br>1,228               | 8.<br>9.<br>Blank.             | Not ascertained<br>DK or refused<br>NA (Institutionalized;<br>Doesn't do for other reason)   |
|------|-----|----------------------------------|--------------------------------|--|
| 1862 | 23a |                                  |                                | SUPERVISES OR STAYS NEAR<br>N DOING HEAVY HOUSEWORK  |
|      |     | 25<br>6,214<br>278<br>7<br>3,167 | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused NA (Institutionalized; Doesn't do for other reason; receives hands-on help)   |
| 1863 | 23b |                                  | IS THIS                        | SUPERVISORY HELP   |
|      |     | 17<br>8<br>0<br>0<br>9,666       | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused 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   |
|      |     | 19<br>5<br>1<br>0<br>9,666       | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused NA (Institutionalized; Doesn't do for other reason; receives hands-on help; No or DK if someone supervises or stays nearby when doing activity) |
| 1    |     |                                  | -377-                          |  |

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes   |
|-------------------|----------|-----------|---|
| 1865              | 24       |           | HOW OFTEN HAVE SUPERVISION OR STANDBY HELP WHEN DOING HEAVY HOUSEWORK |
|                   |          | 10<br>12  | <ol> <li>Always</li> <li>Sometimes</li> </ol>                         |

|      |    | 2<br>1<br>0<br>9,666              | 3. Rarely 8. Not ascertained 9. DK or refused 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<br>STANDBY HELP WITH DOING<br>HEAVY HOUSEWORK   |
|      |    | 41<br>6,215<br>253<br>15<br>3,167 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; Doesn't do for other reason; receives hands-on help)  |
| 1867 | 26 |                                   | DISTRESS IN PAST MONTH BECAUSE<br>UNABLE TO WASH CLOTHES OR CLEAN<br>UP AROUND HOUSE   |
|      |    | 354<br>1,950<br>98<br>29<br>7,260 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized Doesn't need help or supervision)</li> </ol>  |
| 1    |    |                                   | -378-  |

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency  | Items and Codes   |
|-------------------|----------|--|---|
| 1868              | 27       |  | HOW OFTEN DO HEAVY HOUSEWORK  |
|                   |          | 3,024<br>2,210<br>1,047<br>1,837<br>303<br>42<br>1,228 | <ol> <li>Always</li> <li>Sometimes</li> <li>Rarely</li> <li>Never</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         Doesn't do for other reason)     </li> </ol> |
| 1869-1870         |          |  | BLANK   |

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#### Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                            | Items and Codes  |  |
|-------------------|----------|--------------------------------------|--|--|
| 1871              | 19       |                                      | HAVE DIFFICULTY DOING LIGHT HOUSEWORK  |  |
|                   |          | 956<br>8,001<br>529                  | 1. Yes 2. No 3. Doesn't do for   |  |
|                   |          | 88<br>0<br>117                       | other reason 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized)   |  |
| 1872              | 19       |                                      | SOMEONE ELSE REGULARLY DOES LIGHT HOUSEWORK  |  |
|                   |          | 462<br>11<br>56<br>0<br>9,162        | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; Yes, No or DK if has difficulty because of health/physical problem)</li> </ol>                                 |  |
| 1873              | 20       |                                      | HOW MUCH DIFFICULTY DOING LIGHT HOUSEWORK  |  |
|                   |          | 312<br>200<br>431<br>9<br>4<br>8,735 | <ol> <li>Some</li> <li>A lot</li> <li>Unable</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         No difficulty doing light house work; Doesn't do for other reason)     </li> </ol> |  |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes           |
|-------------------|----------|-----------|---------------------------|
| (1874-1876)       | 21(a-c)  |           | WHEN YOU DO NOT HAVE HELP |

| 1874 | 21a |  | VERY TI                                    | RING                             |
|------|-----|--|--|----------------------------------|
|      |     | 35<br>379<br>86<br>431<br>16<br>9<br>8,735   | 0.<br>1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not ascertained                  |
| 1875 | 21b |  | TAKE A                                     | LONG TIME                        |
|      |     | 35<br>397<br>67<br>431<br>16<br>10<br>8,735  | 0.<br>1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not ascertained<br>DK or refused |
| 1876 | 21c |  | VERY PA                                    | AINFUL                           |
|      |     | 35<br>315<br>144<br>431<br>18<br>13<br>8,735 | 0.<br>1.<br>2.<br>3.<br>8.<br>9.<br>Blank. |                                  |
| 1    |     |  | -381-                                      |                                  |

| Tape<br>Locations | Item No. | Frequency                | Items and Codes   |
|-------------------|----------|--------------------------|---|
| 1877              | 22a      |                          | DO YOU RECEIVE HELP WHEN<br>DOING LIGHT HOUSEWORK                                   |
|                   |          | 976<br>7,877<br>186<br>6 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol> |

|             |          | 646                                    |  | NA (Institutionalized;<br>Doesn't do for other reason)  |
|-------------|----------|--|--|---|
| 1878        | 22b      |  | IS THIS H                                | HANDS-ON HELP   |
|             |          | 821<br>143<br>10<br>2<br>8,715         | 2. N<br>8. N<br>9. I<br>Blank. N<br>I    | Yes No Not ascertained Not ascertained NA (Institutionalized; Noesn't do for other reason; No or DK if receive help From another person)  |
| (1879-1881) | 22c(1-3) |  |  | HAVE HANDS-ON HELP<br>LIGHT HOUSEWORK   |
| 1879        | 22c(1)   |  | VERY TIRI                                | ING   |
|             |          | 357<br>208<br>233<br>12<br>11<br>8,870 | 1. Y<br>2. N<br>8. N<br>9. D<br>Blank. N | Never does activity, receives hands-on help Yes No Not ascertained DK or refused NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if nelp received is hands-on) |
|             |          |  | -382-                                    |   |

| Tape Locations | Item No. | Frequency | Items and Codes  |
|----------------|----------|-----------|--|
|                |          |           |  |
| (1879-1881)    | 22c(1-3) |           | WHEN YOU HAVE HANDS-ON HELP<br>IS/DOES LIGHT HOUSEWORK<br>- Continued  |
| 1880           | 22c(2)   |           | TAKE A LONG TIME   |
|                |          | 357       | <ol> <li>Never does activity,<br/>receives hands-on help</li> </ol>  |
|                |          | 223       | 1. Yes   |
|                |          | 221       | 2. No  |
|                |          | 12        | 8. Not ascertained   |
|                |          | 8         | 9. DK or refused   |
|                |          | 8,870     | Blank. NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person; No or DK if |

| 1881 | 22c(3) | VERY PAINFUL |        |   |  |
|------|--------|--------------|--------|---|--|
|      |        | 357          | 0.     | Never does activity, receives hands-on help |  |
|      |        | 178          | 1.     | Yes   |  |
|      |        | 266          | 2.     | No  |  |
|      |        | 11           | 8.     | Not ascertained                             |  |
|      |        | 9            | 9.     | DK or refused                               |  |
|      |        | 8,870        | 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)                  |  |
|      |        |              |        |   |  |
|      |        |              | -383-  |   |  |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                                   | Items and Codes   |
|-------------------|----------|---|---|
| 1882              | 22d      |   | HOW OFTEN HAVE HANDS-ON<br>HELP WITH LIGHT HOUSEWORK  |
|                   |          | 357<br>150<br>273<br>22<br>17<br>2<br>8,870 | <ol> <li>Never does activity,         receives hands-on help</li> <li>Always</li> <li>Sometimes</li> <li>Rarely</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |
| 1883              | 22e      |   | NEED MORE HANDS-ON HELP<br>WITH DOING LIGHT HOUSEWORK   |
|                   |          | 159<br>8,571<br>290<br>25<br>646            | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         Doesn't do for other reason)</li> </ol>   |
| 1884              | 23a      |   | SOMEONE SUPERVISES OR STAYS NEAR<br>YOU WHEN DOING LIGHT HOUSEWORK  |

56 1. Yes

| 7,926 | 2.     | No                           |
|-------|--------|------------------------------|
| 234   | 8.     | Not ascertained              |
| 8     | 9.     | DK or refused                |
| 1,467 | Blank. | NA (Institutionalized;       |
|       |        | Doesn't do for other reason; |
|       |        | receives hands-on help)      |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                        | Items and Codes   |
|-------------------|----------|----------------------------------|---|
| 1885              | 23b      |                                  | IS THIS SUPERVISORY HELP  |
|                   |          | 25<br>30<br>1<br>0<br>9,635      | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol>                           |
| 1886              | 23c      |                                  | IS THIS STANDBY HELP  |
|                   |          | 44<br>8<br>2<br>2<br>2<br>9,635  | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol>                           |
| 1887              | 24       |                                  | HOW OFTEN HAVE SUPERVISION<br>OR STANDBY HELP WHEN DOING<br>LIGHT HOUSEWORK   |
|                   |          | 25<br>26<br>4<br>1<br>0<br>9,635 | <ol> <li>Always</li> <li>Sometimes</li> <li>Rarely</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |

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#### Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency  | Items and Codes   |
|-------------------|----------|--|---|
| 1888              | 25       |  | NEED MORE SUPERVISION OR<br>STANDBY HELP WITH DOING<br>LIGHT HOUSEWORK  |
|                   |          | 27<br>7,981<br>196<br>20<br>1,467                | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         Doesn't do for other reason;         receives hands-on help)</li> </ol> |
| 1889              | 26       |  | DISTRESS IN PAST MONTH BECAUSE<br>UNABLE TO DO DISHES OR STRAIGHTEN<br>UP AROUND HOUSE  |
|                   |          | 182<br>811<br>70<br>14<br>8,614                  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; Doesn't need help or supervision)  |
| 1890              | 27       |  | HOW OFTEN DO LIGHT HOUSEWORK  |
|                   |          | 4,657<br>2,781<br>751<br>536<br>284<br>36<br>646 | 1. Always 2. Sometimes 3. Rarely 4. Never 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; Doesn't do for other reason)  |
| 1891-1892         |          |  | BLANK   |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

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

|   | 1893 | 19 |                       |                | FFICULTY GETTING TO<br>PLACES  |
|---|------|----|-----------------------|----------------|--|
|   |      |    | 1,505<br>7,791<br>186 | 1.<br>2.<br>3. | Yes<br>No<br>Doesn't do for<br>other reason  |
|   |      |    | 92                    | 8.             | Not ascertained  |
|   |      |    | 0                     | 9.             | DK or refused  |
|   |      |    | 117                   | Blank.         | NA (Institutionalized)   |
| _ | 1894 | 19 |                       |                | ELSE REGULARLY GETS<br>FIDE PLACES FOR YOU   |
|   |      |    | 146                   | 1.             | Yes  |
|   |      |    | 17                    | 2.             | No   |
|   |      |    | 23                    | 8.             | Not ascertained  |
|   |      |    | 0                     | 9.             | DK or refused  |
|   |      |    | 9,505                 | Blank.         | NA (Institutionalized; Yes, No or DK if has difficulty because of health/physical problem) |
| - | 1895 | 20 |                       |                | H DIFFICULTY GETTING   |
|   |      |    | 306                   | 1.             | Some   |
|   |      |    | 400                   | 2.             | A lot  |
|   |      |    | 775                   | 3.             | Unable   |
|   |      |    | 20                    | 8.             | Not ascertained  |
|   |      |    | 4                     | 9.             | DK or refused  |
|   |      |    | 8,186                 | Blank.         | NA (Institutionalized;   |
|   |      |    |                       |                | No difficulty getting to   |
|   |      |    |                       |                | outside places; Doesn't  |
|   |      |    |                       |                | do for other reason)   |
| 1 |      |    |                       | -387-          |  |

| Tape<br>Locations | Item No. | Frequency                                    | Items and Codes  |
|-------------------|----------|--|--|
| (1896-1898)       | 21(a-c)  |  | WHEN YOU DO NOT HAVE HELP IS/<br>DOES GETTING TO OUTSIDE PLACES  |
| 1896              | 21a      |  | VERY TIRING  |
|                   |          | 165<br>417<br>110<br>775<br>29<br>9<br>8,186 | <ol> <li>Never do without help</li> <li>Yes</li> <li>No</li> <li>Unable to do activity</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;</li> </ol> |

No difficulty getting to outside places; Doesn't do for other reason)

| 1897 | 21b | TAKE A LONG TIME |                |   |  |
|------|-----|------------------|----------------|---|--|
|      |     | 165              | 0.             | <u>-</u>  |  |
|      |     | 410              | 1.             |   |  |
|      |     | 115              | 2.             | No  |  |
|      |     | 775              | 3.             |   |  |
|      |     | 28<br>12         | 8.<br>9.       | Not ascertained   |  |
|      |     | 8,186            | 9.<br>Blank.   | 211 01 101000   |  |
|      |     | 0,100            | Blank.         | No difficulty getting to  |  |
|      |     |                  |                | outside places; Doesn't do  |  |
|      |     |                  |                | for other reason)   |  |
|      |     |                  |                |   |  |
| 1898 | 21c |                  | VERY PA        | AINFUL  |  |
|      |     | 165              | 0.             | Never do without help   |  |
|      |     | 329              | 1.             | Yes   |  |
|      |     |                  | _              | 3.7   |  |
|      |     | 188              | 2.             |   |  |
|      |     | 775              | 3.             | Unable to do activity   |  |
|      |     | 775<br>29        | 3.<br>8.       | Unable to do activity<br>Not ascertained  |  |
|      |     | 775<br>29<br>19  | 3.<br>8.<br>9. | Unable to do activity<br>Not ascertained<br>DK or refused   |  |
|      |     | 775<br>29        | 3.<br>8.       | Unable to do activity Not ascertained DK or refused NA (Institutionalized;                          |  |
|      |     | 775<br>29<br>19  | 3.<br>8.<br>9. | Unable to do activity Not ascertained DK or refused NA (Institutionalized; No difficulty getting to |  |
|      |     | 775<br>29<br>19  | 3.<br>8.<br>9. | Unable to do activity Not ascertained DK or refused NA (Institutionalized;                          |  |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                          | Items and Codes   |
|-------------------|----------|------------------------------------|---|
| 1899              | 22a      |                                    | DO YOU RECEIVE HELP WHEN<br>GETTING TO OUTSIDE PLACES   |
|                   |          | 1,510<br>7,671<br>197<br>10<br>303 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; Doesn't do for other reason) |
| 1900              | 22b      |                                    | IS THIS HANDS-ON HELP   |
|                   |          | 1,244<br>245<br>12<br>9            | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>                         |

|             |          | 8,181 | Blank.  | NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person)  |
|-------------|----------|-------|---------|--|
| (1901-1903) | 22c(1-3) |       | -       | OU HAVE HANDS-ON HELP<br>G GETTING OUTSIDE   |
| 1901        | 22c(1)   |       | VERY TI | RING   |
|             |          | 204   | 0.      | Never does activity, receives hands-on help  |
|             |          | 526   | 1.      | Yes  |
|             |          | 457   | 2.      | No   |
|             |          | 30    | 8.      | Not ascertained  |
|             |          | 27    | 9.      | DK or refused  |
|             |          | 8,447 | 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) |
| 1           |          |       | -389-   |  |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                              | Items and Codes   |
|-------------------|----------|--|---|
| (1901-1903)       | 22c(1-3) |  | WHEN YOU HAVE HANDS-ON HELP<br>IS/DOES GETTING OUTSIDE<br>- Continued   |
| 1902              | 22c(2)   |  | TAKE A LONG TIME  |
|                   |          | 204<br>502<br>484<br>31<br>23<br>8,447 | <ol> <li>Never does activity,         receives hands-on help</li> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |
| 1903              | 22c(3)   |  | VERY PAINFUL  |
|                   |          | 204<br>343<br>630<br>31                | <ol> <li>Never does activity,<br/>receives hands-on help</li> <li>Yes</li> <li>No</li> <li>Not ascertained</li> </ol>   |

| 36    | 9.     | DK or refused                 |
|-------|--------|-------------------------------|
| 8,447 | 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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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency   | Items and Codes  |
|-------------------|----------|-------------|--|
|                   |          |             |  |
| 1904              | 22d      |             | HOW OFTEN HAVE HANDS-ON HELP WITH GETTING TO OUTSIDE PLACES              |
|                   |          | 204         | 0. Never does activity,  |
|                   |          | 744         | receives hands-on help   |
|                   |          | 241         | <ol> <li>Always</li> <li>Sometimes</li> </ol>                            |
|                   |          | 16          | 3. Rarely  |
|                   |          | 37          | 8. Not ascertained   |
|                   |          | 2.          | 9. DK or refused   |
|                   |          | 8,447       | 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  |
|                   |          | 146         | 1. Yes   |
|                   |          | 8,943       | 2. No  |
|                   |          | 266         | 8. Not ascertained   |
|                   |          | 33          | 9. DK or refused   |
|                   |          | 303         | Blank. NA (Institutionalized;  |
|                   |          |             | Doesn't do for other reason)   |
| 1906              | 23a      |             | SOMEONE SUPERVISES OR STAYS  |
|                   |          |             | NEAR YOU WHEN GETTING TO   |
|                   |          |             | OUTSIDE PLACES   |
|                   |          | 108         | 1. Yes   |
|                   |          | 7,747       | 2. No  |
|                   |          | 279         | 8. Not ascertained<br>9. DK or refused                                   |
|                   |          | 10<br>1,547 | <ol> <li>DK or refused</li> <li>Blank. NA (Institutionalized;</li> </ol> |
|                   |          | 1,34/       | Doesn't do for other reason; receives hands-on help)                     |
|                   |          |             | 201  |

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#### Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                        | Items and Codes   |
|-------------------|----------|----------------------------------|---|
| 1907              | 23b      |                                  | IS THIS SUPERVISORY HELP  |
|                   |          | 33<br>68<br>6<br>1<br>9,583      | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol>                           |
| 1908              | 23c      |                                  | IS THIS STANDBY HELP  |
|                   |          | 85<br>15<br>7<br>1<br>9,583      | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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   |
|                   |          | 61<br>34<br>3<br>8<br>2<br>9,583 | <ol> <li>Always</li> <li>Sometimes</li> <li>Rarely</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

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

|        |                                    | 10 0010                        | IDE PLACES   |
|--------|------------------------------------|--------------------------------|--|
|        | 18<br>7,865<br>241<br>20<br>1,547  | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused NA (Institutionalized; Doesn't do for other reason; receives hands-on help)   |
| 26a    |                                    |                                | MEDICAL APPOINTMENT IN PAST<br>ECAUSE UNABLE TO GET THERE  |
|        | 84<br>1,382<br>97<br>15<br>8,113   | 1.<br>2.<br>8.<br>9.<br>Blank. | No<br>Not ascertained  |
| 26b    |                                    |                                | TRANSPORTATION TO<br>IONAL PLACES IN PAST MONTH  |
|        | 158<br>1,292<br>102<br>26<br>8,113 | 1.<br>2.<br>8.<br>9.<br>Blank. | No<br>Not ascertained  |
| 26c    |                                    |                                | OF FOOD IN PAST MONTH<br>UNABLE TO GET TO STORE  |
|        | 44<br>1,423<br>102<br>9<br>8,113   | 1.<br>2.<br>8.<br>9.<br>Blank. | Yes No Not ascertained DK or refused NA (Institutionalized; Doesn't need help or supervision)  |
|        |                                    | BLANK                          |  |
| 1995 I | DISABILITY PHA                     | -393-<br>SE II ADUL            | T PUBLIC USE FILE  |
|        | 26b<br>26c                         | 241<br>20<br>1,547             | 241 8. 20 9. 1,547 Blank.  26a MISSED MONTH B  84 1. 1,382 2. 97 8. 15 9. 8,113 Blank.  26b LACKED RECREAT  1,292 2. 102 8. 26 9. 8,113 Blank.  26c RAN OUT BECAUSE  44 1. 1,423 2. 102 8. 9 9. 8,113 Blank. |

| Locations Item No. Frequency Items and Codes | Tape<br>Locations | Item No. | Frequency | Items and Codes |
|--|-------------------|----------|-----------|-----------------|
|--|-------------------|----------|-----------|-----------------|

| 1916 | 19 |                     | HAVE DI:<br>MEDICAT | FFICULTY MANAGING<br>ION  |
|------|----|---------------------|---------------------|---|
|      |    | 560<br>8,730<br>191 | 1.<br>2.<br>3.      | Yes No Doesn't do for other reason  |
|      |    | 93                  | 8.                  | Not ascertained   |
|      |    | 0                   |                     | DK or refused   |
|      |    | 117                 | Blank.              | NA (Institutionalized)  |
| 1917 | 19 |                     |                     | ELSE REGULARLY<br>MEDICATION  |
|      |    | 135                 | 1.                  | Yes   |
|      |    | 36                  | 2.                  | No  |
|      |    | 20                  | 8.                  | Not ascertained   |
|      |    | 0                   | 9.                  | DK or refused   |
|      |    | 9,500               | Blank.              | NA (Institutionalized; Yes, No, or DK if has difficulty because of health/physical problem)         |
| 1918 | 20 |                     | HOW MUC             | H DIFFICULTY MANAGING<br>ION  |
|      |    | 165                 | 1.                  | Some  |
|      |    | 91                  | 2.                  | A lot   |
|      |    | 289                 | 3.                  | Unable  |
|      |    | 12                  | 8.                  | Not ascertained   |
|      |    | 3                   | 9.                  | DK or refused   |
|      |    | 9,131               | Blank.              | NA (Institutionalized;<br>No difficulty managing<br>own medication; Doesn't<br>do for other reason) |
| 1    |    |                     | -394-               |   |

| Tape<br>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  |
|                   |          | 71<br>27<br>161<br>289<br>11<br>1 | <ol> <li>Never do without help</li> <li>Yes</li> <li>No</li> <li>Unable to do activity</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;</li> </ol> |

No difficulty managing own medication; Doesn't do for other reason)

| 1920 | 21b |       | TAKE A  | LONG TIME               |
|------|-----|-------|---------|-------------------------|
|      |     | 71    | 0.      | Never do without help   |
|      |     | 42    | 1.      | Yes                     |
|      |     | 146   | 2.      | No                      |
|      |     | 289   | 3.      | Unable to do activity   |
|      |     | 11    | 8.      | Not ascertained         |
|      |     | 1     | 9.      | DK or refused           |
|      |     | 9,131 | Blank.  | ,                       |
|      |     |       |         | No difficulty managing  |
|      |     |       |         | own medication; Doesn't |
|      |     |       |         | do for other reason)    |
| 1921 | 21c |       | VERY PA | AINFUL                  |
|      |     | 71    | 0.      | Never do without help   |
|      |     | 13    | 1.      | Yes                     |
|      |     | 174   | 2.      | No                      |
|      |     | 289   | 3.      | Unable to do activity   |
|      |     | 11    | 8.      | Not ascertained         |
|      |     | 2     | 9.      | DK or refused           |
|      |     | 9,131 | Blank.  | (                       |
|      |     |       |         | No difficulty managing  |
|      |     |       |         | own medication; Doesn't |
|      |     |       |         | do for other reason)    |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                       | Items and Codes   |
|-------------------|----------|---------------------------------|---|
| 1922              | 22a      |                                 | DO YOU RECEIVE HELP MANAGING<br>MEDICATION  |
|                   |          | 573<br>8,606<br>198<br>6<br>308 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;<br/>Doesn't do for other reason)</li> </ol> |
| 1923              | 22b      |                                 | IS THIS HANDS-ON HELP   |
|                   |          | 482<br>82<br>7<br>2             | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>   |

|             |          | 9,118                                | Blank.                               | NA (Institutionalized; Doesn't do for other reason; No or DK if receive help from another person)                 |
|-------------|----------|--------------------------------------|--------------------------------------|---|
| (1924-1926) | 22c(1-3) |                                      |                                      | OU HAVE HANDS-ON HELP<br>S MANAGING MEDICATION  |
| 1924        | 22c(1)   |                                      | VERY TI                              | RING  |
|             |          | 179<br>17<br>268<br>14<br>4<br>9,209 | 0.<br>1.<br>2.<br>8.<br>9.<br>Blank. | No<br>Not ascertained<br>DK or refused<br>NA (Institutionalized;  |
|             |          |                                      | -396-                                | Doesn't do for other reason; No or DK if receive help from another person; No or DK if help received is hands-on) |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE
Section H - Assistance With Key Activities (ADL)

| Tape<br>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  |
|                   |          | 179<br>23<br>263<br>14<br>3<br>9,209 | <ol> <li>Never does activity,         receives hands-on help</li> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |
| 1926              | 22c(3)   |                                      | VERY PAINFUL  |
|                   |          | 179<br>11<br>272<br>14               | <ol> <li>Never does activity,<br/>receives hands-on help</li> <li>Yes</li> <li>No</li> <li>Not ascertained</li> </ol>   |

| 6     | 9.     | DK or refused                 |
|-------|--------|-------------------------------|
| 9,209 | 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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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency | Items a      | and Codes  |
|-------------------|----------|-----------|--------------|--|
| 1927              | 22d      |           |              | TEN HAVE HANDS-ON HELP<br>ANAGING MEDICATION         |
|                   |          | 179       | 0.           | Never does activity,                                 |
|                   |          |           |              | receives hands-on help                               |
|                   |          | 194       | 1.           | Always   |
|                   |          | 85        | 2.           | Sometimes  |
|                   |          | 7         | 3.           | Rarely   |
|                   |          | 16        | 8.           | Not ascertained                                      |
|                   |          | 1         | 9.           | DK or refused  |
|                   |          | 9,209     | Blank.       | ,  |
|                   |          |           |              | 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      |           | MEED MC      | ODE HANDS ON HELD                                    |
| 1928              | 22e      |           |              | DRE HANDS-ON HELP<br>ANAGING MEDICATION              |
|                   |          | 39        | 1.           | Yes  |
|                   |          | 9,069     | 2.           |  |
|                   |          | 258       | 8.           |  |
|                   |          | 17        | 9.           |  |
|                   |          | 308       | Blank.       |  |
|                   |          | 300       | Diam.        | Doesn't do for other reason)                         |
| 1929              | 23a      |           | COME:ONT     | E CUDEDVICEC OD CHAVC MEAD                           |
| エフムブ              | 43a      |           |              | E SUPERVISES OR STAYS NEAR<br>EN MANAGING MEDICATION |
|                   |          | 75        | 1.           | Yes  |
|                   |          | 8,587     | 2.           | No   |
|                   |          | 222       | 8.           | Not ascertained                                      |
|                   |          | 232       |              |  |
|                   |          | 232<br>7  | 9.           | DK or refused  |
|                   |          | _         | 9.<br>Blank. | NA (Institutionalized;                               |
|                   |          | 7         |              |  |

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Section H - Assistance With Key Activities (ADL)

| Item No. | Frequency                        | Items and Codes   |
|----------|----------------------------------|---|
| 23b      |                                  | IS THIS SUPERVISORY HELP  |
|          | 57<br>15<br>1<br>2<br>9,616      | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)   |
| 23c      |                                  | IS THIS STANDBY HELP  |
|          | 43<br>28<br>2<br>2<br>9,616      | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)   |
| 24       |                                  | HOW OFTEN HAVE SUPERVISION OR STANDBY HELP WHEN MANAGING MEDICATION   |
|          | 38<br>31<br>3<br>2<br>1<br>9,616 | <ol> <li>Always</li> <li>Sometimes</li> <li>Rarely</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |
|          | 23b                              | 23b  57 15 1 2 9,616  23c  43 28 2 2 9,616  24  38 31 3 2 1   |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
| Locacions         | icem No. | rrequency | Items and codes |

| 1933  | 25     |                                 |                                | ORE SUPERVISION OR Y HELP WITH MANAGING TION           |
|-------|--------|---------------------------------|--------------------------------|--|
|       |        | 13<br>8,693<br>178<br>17<br>790 | 1.<br>2.<br>8.<br>9.<br>Blank. | No<br>Not ascertained<br>DK or refused                 |
| 1934  | Recode |                                 |                                | OF IADLS WHICH SAMPLE<br>HAS DIFFICULTY                |
| TADI  |        | 5,912                           | 0.                             | No known difficulty with any                           |
| IADLs |        | 3,580<br>82<br>117              | 1-8.<br>9.<br>Blank.           | 1  |
| 1935  | Recode |                                 | _                              | OF IADLS WITH WHICH<br>PERSON RECEIVES HELP<br>L HELP) |
|       |        | 6,262<br>3,164                  | 0.<br>1-8.                     | <u>-</u>   |
|       |        | 116<br>149                      | 9.<br>Blank.                   | DK or unknown IADLs for help                           |
| 1936  | Recode |                                 |                                | OF IADLS WITH WHICH<br>PERSON RECEIVES<br>ON HELP      |
|       |        | 6,839                           | 0.                             | <u> -</u>  |
|       |        | 2,703                           | 1-8.                           | Number of IADLs with which hands-on help is received   |
|       |        | 0                               | 9.                             | <u>-</u>   |
|       |        | 149                             | Blank.                         | NA (Institutionalized; Doesn't do any IADL activities) |
| 1     |        |                                 | -400-                          |  |

| Tape<br>Locations | Item No. | Frequency | Items and Codes                                      |
|-------------------|----------|-----------|--|
| 1937              | Recode   |           | NUMBER OF IADLS WITH WHICH<br>SAMPLE PERSON RECEIVES |

#### SUPERVISORY HELP

|           |        | 9,070<br>343 | 0.<br>1-8. | Number of IADLs with which  |
|-----------|--------|--------------|------------|---|
|           |        | 129          | 9.         | supervisory help is received DK or unknown IADLs for supervisory help           |
|           |        | 149          | Blank.     |   |
| 1938      | Recode |              |            | OF IADLs WITH WHICH   |
|           |        |              |            | PERSON NEEDS MORE HELP<br>URRENTLY RECEIVING                                    |
|           |        | 8,905        | 0.         | Doesn't need additional help or supervision                                     |
|           |        | 522          | 1-8.       |   |
|           |        | 115          | 9.         | <del>-</del>  |
|           |        | 149          | Blank.     | NA (Institutionalized;<br>Doesn't do any IADL activities)                       |
| 1939      | Recode |              |            | OF ADLs AND IADLs WHICH   |
|           |        |              | SAMPLE     | PERSON HAS DIFFICULTY   |
| IADL      |        | 2,367        | 1.         | Difficulty with 1+ ADL and 1+   |
|           |        | 765          | 2.         | Difficulty with 1+ ADL only (includes institutionalized with 1+ ADL difficulty) |
|           |        | 1,213        | 3.         |   |
|           |        | 5,182        | 4.         |   |
|           |        | 0            | 8.         |   |
|           |        | 47           | 9.         |   |
|           |        | 117          | Blank.     | <del>-</del>  |
| 1940-1941 |        |              | BLANK      |   |
| 1         |        |              | -401-      |   |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes                           |
|-------------------|----------|-----------|---|
| (1942-1951)       | 28a(a-e) |           | CONDITION THAT CAUSES TROUBLE IN ACTIVITY |

| 1942-1943 | 28a(a) | 40<br>128<br>3,412<br>6,111        | 00.<br>01.<br>02-98.<br>Blank.   |   |
|-----------|--------|------------------------------------|----------------------------------|---|
| 1944-1945 | 28a(b) | 1,812<br>7,879                     | 02-98.<br>Blank.                 | 2-98 FOR 2ND CONDITION NA (Institutionalized; No reported condition(s)) |
| 1946-1947 | 28a    | 841<br>8,850                       | 02-98.<br>Blank.                 | 2-98 FOR 3RD CONDITION NA (Institutionalized; No reported condition(s)) |
| 1948-1949 | 28a(d) | 344<br>9,347                       | 02-98.<br>Blank.                 |   |
| 1950-1951 | 28a(e) | 116<br>9,575                       | 02-98.<br>Blank.                 | 2-98 FOR 5TH CONDITION NA (Institutionalized; No reported condition(s)) |
| 1952      | Recode |                                    |                                  | OF CONDITIONS LISTED  |
|           |        | 40<br>3,292<br>128<br>120<br>6,111 | 0.<br>1-5.<br>8.<br>9.<br>Blank. | Number of conditions Only condition mentioned was "old age"             |
| 1         |        |                                    | -402-                            |   |

| Locations | Item No. | Frequency | Items an | d Codes                   |
|-----------|----------|-----------|----------|---------------------------|
| 1953      | 29       |           | CONDITIO | N(S) RESULT OF            |
|           |          |           | MOTOR VE | HICLE ACCIDENT            |
|           |          | 261       | 1.       | Yes                       |
|           |          | 3,187     | 2.       | No                        |
|           |          | 72        | 8.       | Not ascertained           |
|           |          | 20        | 9.       | DK or refused             |
|           |          | 6,151     | Blank.   | NA (Institutionalized;    |
|           |          |           |          | No reported condition(s)) |

#### IN PAST 12 MONTHS

|      |     | 112<br>9,274<br>177<br>11<br>117   | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized)                        |
|------|-----|------------------------------------|---|
| 1955 | 31a |                                    | FALLEN IN PAST 12 MONTHS  |
|      |     | 2,453<br>7,057<br>94<br>87         | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol>                   |
| 1956 | 31b |                                    | FALLEN MORE THAN ONCE IN<br>PAST 12 MONTHS  |
|      |     | 1,399<br>1,005<br>8<br>41<br>7,238 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (No or DK if had a fall in past 12 months) |
| 1    |     | -4                                 | 03-   |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                         | Items and Codes   |
|-------------------|----------|-----------------------------------|---|
| 1957              | 31c      |                                   | INJURED FROM FALL(S)  |
|                   |          | 1,362<br>1,078<br>4<br>9<br>7,238 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (No or DK if had a fall in past 12 months)</li> </ol>   |
| (1958-1961)       | 31d(1-4) |                                   | TYPE OF INJURY  |
| 1958              | 31d(1)   |                                   | FRACTURE  |
|                   |          | 234<br>1,124<br>2<br>2<br>8,329   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if had a fall in past 12 months; No or DK if injury resulted from fall(s))</li> </ol> |

| 1959 | 31d(2) |                                 | BRUISE,                        | CUT, SCRAPE  |
|------|--------|---------------------------------|--------------------------------|--|
|      |        | 1,033<br>325<br>2<br>2<br>8,329 | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) 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 CO                        | NSCIOUSNESS  |
|      |        | 84<br>1,274<br>2<br>2<br>8,329  | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned  |
| 1    |        | <del> </del>                    | -404-                          |  |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE Section H - Assistance With Key Activities (ADL)

Tape Locations Item No. Frequency Items and Codes (1958-1961) 31d(1-4) TYPE OF INJURY - Continued 1961 31d(4) OTHER 266 Mentioned 1. 1,092 2. Not mentioned No answer to entire question 2 8. 2 DK or refused (entire question) 9. 8,329 Blank.  ${\tt NA}$  (No or  ${\tt DK}$  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 261 1. Yes 2,132 2. No 8. 18 Not ascertained 42 9. DK or refused 7,238 NA (No or DK if had a Blank. fall in past 12 months) 31f FALL BECAUSE FELT DIZZY 1963

1. Yes

413

|      |     | 1,921<br>25<br>94<br>7,238                         | 2.<br>8.<br>9.<br>Blank.       | DK or refused                    |  |  |
|------|-----|--|--------------------------------|----------------------------------|--|--|
| 1964 | 32a | BEDSORES OR PRESSURE SORES<br>IN PAST THREE MONTHS |                                |                                  |  |  |
|      |     | 101<br>9,348<br>99<br>26<br>117                    | 1.<br>2.<br>8.<br>9.<br>Blank. | Not ascertained<br>DK or refused |  |  |
| 1    |     |  | -405-                          |                                  |  |  |

## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes  |
|-------------------|----------|-----------|--|
| 1965              | 32b      |           | ANY OF THESE NEW SORES   |
|                   |          | 69        | 1. Yes   |
|                   |          | 22        | 2. No  |
|                   |          | 5         | 8. Not ascertained   |
|                   |          | 5         | 9. DK or refused   |
|                   |          | 9,590     | Blank. NA (Institutionalized; No or                                |
|                   |          |           | DK if experienced bedsores   |
|                   |          |           | in past three months)  |
| 1966              | 33a      |           | CONTRACTURES IN PAST   |
|                   |          |           | THREE MONTHS   |
|                   |          | 757       | 1. Yes   |
|                   |          | 8,628     | 2. No  |
|                   |          | 123       | 8. Not ascertained   |
|                   |          | 66        | 9. DK or refused   |
|                   |          | 117       | Blank. NA (Institutionalized)                                      |
| 1967              | 33b      |           | ANY OF THESE NEW CONTRACTURES                                      |
|                   |          | 171       | 1. Yes   |
|                   |          | 570       | 2. No  |
|                   |          | 2         | 8. Not ascertained   |
|                   |          | 14        | 9. DK or refused   |
|                   |          | 8,934     | Blank. NA (Institutionalized; No or DK if experienced contractures |
|                   |          |           | in past three months)  |

#### DO ACTIVITY

| 713   | 1.     | Yes, strong enough      |
|-------|--------|-------------------------|
| 111   | 2.     | No, difficult           |
| 93    | 8.     | Not ascertained         |
| 9     | 9.     | DK or refused           |
| 8,765 | Blank. | NA (Institutionalized;  |
|       |        | Doesn't receive help    |
|       |        | bathing, getting in/out |
|       |        | of bed/chairs or using  |
|       |        | toilet)                 |
|       |        |                         |

1 -406-

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No.        | Frequency                        | Items and Codes   |
|-------------------|-----------------|----------------------------------|---|
| 1969              | 35              |                                  | SP NEEDS SUPERVISION TO ENSURE SAFETY   |
|                   |                 | 308<br>816<br>120<br>15<br>8,432 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         Not a proxy respondent)     </li> </ol> |
| 1970              | Recode          |                                  | SAMPLE PERSON RECEIVE HELP OR<br>SUPERVISION FOR ADL/IADL<br>ACTIVITIES   |
|                   |                 | 3,417<br>6,157<br>117            | <ol> <li>Yes</li> <li>No</li> <li>Blank. NA (Institutionalized)</li> </ol>  |
| 1971              | Recode<br>RT 75 | 3,417<br>6,274                   | COUNT OF NUMBER OF HELPERS *  1-4. Number of helpers Blank. NA (Institutionalized;  |
| 1972-1975         |                 | ·<br>                            | Requires no help)  BLANK  |

<sup>\*</sup> Note: For 85 persons, help was required but no detailed information given; one dummy record was created.

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items a | and Codes                       |
|-------------------|----------|-----------|---------|---------------------------------|
| 1976-1990)        | 37(1-15) |           |         | LPER HELPS WITH                 |
|                   |          |           | FOLLOWI | ING ACTIVITIES:                 |
| 1976              | 37(1)    |           | BATHING | G OR SHOWERING                  |
|                   |          | 838       | 1.      | Mentioned                       |
|                   |          | 2,461     | 2.      |                                 |
|                   |          | 117       | 8.      |                                 |
|                   |          | 1         | 9.      |                                 |
|                   |          | 6,274     | Blank.  | NA (No such helper needed)      |
| 1977              | 37(2)    |           | DRESSIN | IG                              |
|                   |          | 679       | 1.      | Mentioned                       |
|                   |          | 2,620     | 2.      |                                 |
|                   |          | 117       | 8.      |                                 |
|                   |          | 1         | 9.      |                                 |
|                   |          | 6,274     | Blank.  |                                 |
| 1978              | 37(3)    |           | EATING  |                                 |
|                   |          | 208       | 1.      | Mentioned                       |
|                   |          | 3,091     | 2.      |                                 |
|                   |          | 117       | 8.      |                                 |
|                   |          | 1         | 9.      |                                 |
|                   |          | 6,274     | Blank.  | NA (No such helper needed)      |
| 1979              | 37(4)    |           | GETTING | G IN/OUT OF                     |
|                   |          |           | BED/CHA | AIRS                            |
|                   |          | 576       | 1.      | Mentioned                       |
|                   |          | 2,723     | 2.      |                                 |
|                   |          | 117       | 8.      | No answer to entire question    |
|                   |          | 1         | 9.      | DK or refused (entire question) |
|                   |          | 6,274     | Blank.  | NA (No such helper needed)      |
| 1980              | 37(5)    |           | WALKING | 3                               |
|                   |          | 690       | 1.      | Mentioned                       |
|                   |          | 2,609     | 2.      | Not mentioned                   |
|                   |          | 117       | 8.      | No answer to entire question    |
|                   |          | 1         | 9.      | DK or refused (entire question) |
|                   |          | 6,274     | Blank.  | NA (No such helper needed)      |

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                           | Items and Codes   |  |  |
|-------------------|----------|-------------------------------------|---|--|--|
| (1976-1990)       | 37(1-15) |                                     | 1st HELPER HELPS WITH FOLLOWING ACTIVITIES: - Continued   |  |  |
| 1981              | 37(6)    |                                     | GETTING OUTSIDE   |  |  |
|                   |          | 790<br>2,509<br>117<br>1<br>6,274   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (No such helper needed)</li> </ol> |  |  |
| 1982              | 37(7)    |                                     | USING THE TOILET  |  |  |
|                   |          | 299<br>3,000<br>117<br>1<br>6,274   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (No such helper needed)</li> </ol> |  |  |
| 1983              | 37(8)    |                                     | PREPARING OWN MEALS   |  |  |
|                   |          | 1,049<br>2,250<br>117<br>1<br>6,274 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (No such helper needed)</li> </ol> |  |  |
| 1984              | 37(9)    |                                     | SHOPPING FOR GROCERIES  |  |  |
|                   |          | 1,643<br>1,656<br>117<br>1          | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (No such helper needed)</li> </ol> |  |  |
| 1985              | 37(10)   |                                     | MANAGING MONEY  |  |  |
|                   |          | 648<br>2,651<br>117<br>1<br>6,274   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (No such helper needed)</li> </ol> |  |  |

| Item No. | Frequency                           | Items and Codes  |  |  |
|----------|-------------------------------------|--|--|--|
| 37(1-15) |                                     | lst HELPER HELPS WITH FOLLOWING ACTIVITIES: - Continued  |  |  |
| 37(11)   |                                     | USING THE TELEPHONE  |  |  |
|          | 307<br>2,992<br>117<br>1<br>6,274   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (No such helper needed)</li> </ol>  |  |  |
| 37(12)   |                                     | DOING HEAVY HOUSEWORK  |  |  |
|          | 2,222<br>1,077<br>117<br>1<br>6,274 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (No such helper needed)</li> </ol>  |  |  |
| 37(13)   |                                     | DOING LIGHT HOUSEWORK  |  |  |
|          | 1,030<br>2,269<br>117<br>1<br>6,274 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (No such helper needed)</li> </ol>  |  |  |
| 37(14)   |                                     | GETTING TO PLACES OUTSIDE  |  |  |
|          | 1,340<br>1,959<br>117<br>1<br>6,274 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |  |  |
| 37(15)   |                                     | MANAGING MEDICATIONS   |  |  |
|          | 594<br>2,705<br>117<br>1<br>6,274   | 1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) Blank. NA (No such helper needed)   |  |  |
|          | 37(1-15) 37(11)  37(12)  37(13)     | 37(11)  2,992 117 16,274  37(12)  2,222 1,077 117 16,274  37(13)  1,030 2,269 117 16,274  37(14)  1,340 1,959 117 1 6,274  37(15)  37(15)                                      |  |  |

| Locations | Item No. | Frequency | Items a | and Codes                     |
|-----------|----------|-----------|---------|-------------------------------|
| 1991-1992 | 38a      |           | BEST DI | ESCRIPTION OF 1st HELPER      |
|           |          | 1,179     | 01.     | Spouse in HH                  |
|           |          | 508       | 02.     |                               |
|           |          | 168       | 03.     | Parent in HH                  |
|           |          | 17        | 04.     | Spouse not in HH              |
|           |          | 325       | 05.     |                               |
|           |          | 32        | 06.     | Parent not in HH              |
|           |          | 170       | 07.     | Other HH relative             |
|           |          | 227       | 08.     | Non-HH relative               |
|           |          | 79        | 09.     |                               |
|           |          | 159       | 10.     |                               |
|           |          | 12        | 11.     |                               |
|           |          |           | •       | from organization             |
|           |          | 245       | 12.     |                               |
|           |          |           |         | organization                  |
|           |          | 153       | 13.     | _                             |
|           |          | 21        | 14.     |                               |
|           |          | 117       | 98.     |                               |
|           |          | 5         | 99.     |                               |
|           |          | 6,274     | Blank.  |                               |
| 1993      | 38b      |           | SEX OF  | 1st HELPER                    |
|           |          | 1,079     | 1.      | Male                          |
|           |          | 2,134     | 2.      |                               |
|           |          | 190       | 8.      |                               |
|           |          | 14        | 9.      |                               |
|           |          | 6,274     | Blank.  |                               |
| 1994      | 39a      |           | IS 1st  | HELPER PAID                   |
|           |          | 2,241     | 0.      | Parent/child/spouse or        |
|           |          |           |         | unpaid volunteer only helpers |
|           |          | 500       | 1.      |                               |
|           |          | 515       | 2.      | No                            |
|           |          | 161       | 8.      | Not ascertained               |
|           |          | 0         | 9.      | DK or refused                 |
|           |          | •         | - •     |                               |

| Tape<br>Locations | Item No. Frequency | Items and Codes      |
|-------------------|--------------------|----------------------|
| (1995-2006)       | 39b(1-12)          | WHO PAYS FOR HELP    |
| 1995              | 39b(1)             | SELF OR FAMILY IN HH |

|      |        | 274<br>203<br>3<br>4<br>16<br>9,191 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No answer to entire question    |
|------|--------|-------------------------------------|--------------------------------------|---------------------------------|
| 1996 | 39b(2) |                                     | FAMILY                               | NOT IN HH                       |
|      |        | 16                                  | 1.                                   | Mentioned                       |
|      |        | 461                                 | 2.                                   |                                 |
|      |        | 3                                   | 3.                                   |                                 |
|      |        | 4                                   | 8.                                   | No answer to entire question    |
|      |        | 16                                  | 9.                                   |                                 |
|      |        | 9,191                               | Blank.                               | NA (No such helper needed;      |
|      |        |                                     |                                      | No or DK if helper is paid)     |
| 1997 | 39b(3) |                                     | PRIVATI                              | E HEALTH INSURANCE              |
|      |        | 8                                   | 1.                                   | Mentioned                       |
|      |        | 469                                 | 2.                                   | Not mentioned                   |
|      |        | 3                                   | 3.                                   | No one/free                     |
|      |        | 4                                   | 8.                                   | No answer to entire question    |
|      |        | 16                                  | 9.                                   | DK or refused (entire question) |
|      |        | 9,191                               | Blank.                               | , <u>-</u>                      |
|      |        |                                     |                                      | No or DK if helper is paid)     |
| 1998 | 39b(4) |                                     | MEDICA                               | RE                              |
|      |        | 94                                  | 1.                                   | Mentioned                       |
|      |        | 383                                 | 2.                                   |                                 |
|      |        | 3                                   | 3.                                   |                                 |
|      |        | 4                                   | 8.                                   |                                 |
|      |        | 16                                  | 9.                                   | DK or refused (entire question) |
|      |        | 9,191                               | Blank.                               | NA (No such helper needed;      |
|      |        |                                     |                                      | No or DK if helper is paid)     |
| 1    |        |                                     | -412-                                |                                 |

| Tape<br>Locations | Item No. Frequency | Items and Codes   |
|-------------------|--------------------|---|
| (1995-2006)       | 39b(1-12)          | WHO PAYS FOR HELP - Continued   |
| 1999              | 39b(5)             | MEDICAID  |
|                   | 85<br>392<br>3     | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/free</li> </ol> |

|      |        | 4<br>16<br>9,191                  | 8.<br>9.<br>Blank.                   | No answer to entire question<br>DK or refused (entire question)<br>NA (No such helper needed;<br>No or DK if helper is paid) |
|------|--------|-----------------------------------|--------------------------------------|--|
| 2000 | 39b(6) |                                   | REHABII                              | LITATION PROGRAM   |
|      |        | 6<br>471<br>3<br>4<br>16<br>9,191 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/free<br>No answer to entire question<br>DK or refused (entire question)   |
| 2001 | 39b(7) |                                   | EMPLOYE                              | ER   |
|      |        | 3<br>474<br>3<br>4<br>16<br>9,191 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No answer to entire question   |
| 2002 | 39b(8) |                                   | SCHOOL                               | SYSTEM   |
|      |        | 0<br>477<br>3<br>4<br>16<br>9,191 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/free  |
| 1    |        |                                   | -413-                                |  |

| Tape<br>Locations | Item No. Frequency                | Items and Codes   |
|-------------------|-----------------------------------|---|
| (1995-2006)       | 39b(1-12)                         | WHO PAYS FOR HELP - Continued   |
| 2003              | 39b(9)                            | VA PROGRAM  |
|                   | 1<br>476<br>3<br>4<br>16<br>9,191 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed;</li> </ol> |

| 2004 | 39b(10) |       | OTHER N  | MILITARY  |
|------|---------|-------|----------|---|
|      |         | 0     | 1.       | Mentioned   |
|      |         | 477   | 2.       | Not mentioned   |
|      |         | 3     | 3.       | No one/free   |
|      |         | 4     | 8.       | No answer to entire question                              |
|      |         | 16    | 9.       |   |
|      |         | 9,191 | Blank.   | NA (No such helper needed;<br>No or DK if helper is paid) |
| 2005 | 39b(11) |       | OTHER I  | PRIVATE SOURCE  |
|      |         | 6     | 1        | Mentioned   |
|      |         | 471   | 2.       |   |
|      |         | 3     | 3.       | No one/free   |
|      |         | 4     | 8.       | No answer to entire question                              |
|      |         | 16    | 9.       | ,   |
|      |         | 9,191 | Blank.   | NA (No such helper needed;<br>No or DK if helper is paid) |
| 2006 | 39b(12) |       | OTHER I  | PUBLIC SOURCE   |
| 2000 | 37D(12) |       | OIIIER I | OBLIC SOOKCE  |
|      |         | 59    | 1.       | Mentioned   |
|      |         | 418   | 2.       | Not mentioned   |
|      |         | 3     | 3.       |   |
|      |         | 4     | 8.       |   |
|      |         | 16    | 9.       | ,   |
|      |         | 9,191 | Blank.   | NA (No such helper needed;<br>No or DK if helper is paid) |
|      |         |       | -414-    |   |
|      |         |       |          |   |

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency | Items and Codes                   |
|-------------------|----------|-----------|-----------------------------------|
| 2007-2008         | 40       |           | NUMBER OF DAYS 1st HELPER         |
|                   |          |           | HELPED IN PAST TWO WEEKS          |
|                   |          | 307       | 00. None in past two weeks        |
|                   |          | 2,811     | 01-14. 1-14 days                  |
|                   |          | 124       | 98. Not ascertained               |
|                   |          | 175       | 99. DK or refused                 |
|                   |          | 6,274     | Blank. NA (No such helper needed) |

2009-2010 41

NUMBER OF HOURS PER DAY 1st HELPER HELPS YOU ON DAYS YOU RECEIVE HELP

|             |          | 2,426<br>198<br>793<br>6,274     | 01-24. 1-24 hours per day<br>98. Not ascertained<br>99. DK or refused<br>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   |
|             |          | 237<br>1,118<br>16<br>4<br>8,316 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |
| 2013        | 37(2)    |                                  | DRESSING   |
|             |          | 201<br>1,154<br>16<br>4<br>8,316 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |
|             |          |                                  | -415-  |

| Tape<br>Locations | Item No. | Frequency                       | Items and Codes  |  |  |
|-------------------|----------|---------------------------------|--|--|--|
| (2012-2026)       | 37(1-15) |                                 | 2nd HELPER HELPS WITH FOLLOWING ACTIVITIES: - Continued  |  |  |
| 2014              | 37(3)    |                                 | EATING   |  |  |
|                   |          | 72<br>1,283<br>16<br>4<br>8,316 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |  |  |
| 2015              | 37(4)    |                                 | GETTING IN/OUT OF<br>BED/CHAIRS  |  |  |
|                   |          | 192<br>1,163<br>16<br>4         | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> </ol>  |  |  |

|      |       | 8,316 | Blank.  | NA (No such helper needed)      |
|------|-------|-------|---------|---------------------------------|
| 2016 | 37(5) |       | WALKING |                                 |
|      |       | 229   | 1.      | Mentioned                       |
|      |       | 1,126 | 2.      | Not mentioned                   |
|      |       | 16    | 8.      | No answer to entire question    |
|      |       | 4     | 9.      | DK or refused (entire question) |
|      |       | 8,316 | Blank.  | NA (No such helper needed)      |
| 2017 | 37(6) |       | GETTING | OUTSIDE                         |
|      |       | 287   | 1.      | Mentioned                       |
|      |       | 1,068 | 2.      | Not mentioned                   |
|      |       | 16    | 8.      | No answer to entire question    |
|      |       | 4     | 9.      | DK or refused (entire question) |
|      |       | 8,316 | Blank.  | NA (No such helper needed)      |
|      |       |       | -416-   |                                 |

| Tape<br>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   |
|                   |          | 102<br>1,253<br>16<br>4<br>8,316 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |
| 2019              | 37(8)    |                                  | PREPARING OWN MEALS  |
|                   |          | 287<br>1,068<br>16<br>4<br>8,316 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |
| 2020              | 37(9)    |                                  | SHOPPING FOR GROCERIES   |
|                   |          | 569<br>786<br>16<br>4<br>8,316   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |

| 2021 | 37(10) | MANAGING MONEY |        |                                 |
|------|--------|----------------|--------|---------------------------------|
|      |        | 166            | 1.     | Mentioned                       |
|      |        | 1,189          | 2.     | Not mentioned                   |
|      |        | 16             | 8.     | No answer to entire question    |
|      |        | 4              | 9.     | DK or refused (entire question) |
|      |        | 8,316          | Blank. | NA (No such helper needed)      |
| 1    |        |                | -417-  |                                 |

| Tape<br>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  |  |  |
|                   |          | 85<br>1,270<br>16<br>4<br>8,316 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |  |  |
| 2023 37(12) DOI   |          |                                 | DOING HEAVY HOUSEWORK  |  |  |
|                   |          | 679<br>676<br>16<br>4<br>8,316  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |  |  |
| 2024              | 37(13)   |                                 | DOING LIGHT HOUSEWORK  |  |  |
|                   |          | 371<br>984<br>16<br>4<br>8,316  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |  |  |
| 2025              | 37(14)   |                                 | GETTING TO PLACES OUTSIDE  |  |  |
|                   |          | 548<br>807<br>16<br>4<br>8,316  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |  |  |

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency   | Items and Codes   |  |  |
|-------------------|----------|---|---|--|--|
| (2012-2026)       | 37(1-15) |   | 2nd HELPER HELPS WITH FOLLOWING ACTIVITIES: - Continued   |  |  |
| 2026              | 37(15)   |   | MANAGING MEDICATIONS  |  |  |
|                   |          | 179<br>1,176<br>16<br>4<br>8,316                      | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol>  |  |  |
| 2027-2028         | 38a      |   | BEST DESCRIPTION OF 2nd HELPER  |  |  |
|                   |          | 59 302 53 4 251 25 99 192 13 99 5 178 67 9 18 1 8,316 | 01. Spouse in HH 02. Child in HH 03. Parent in HH 04. Spouse not in HH 05. Child not in HH 06. Parent not in HH 07. Other HH relative 08. Non-HH relative 09. HH non-relative 10. Friend/neighbor 11. Unpaid volunteer from organization 12. Paid employee of organization 13. Paid employee of yours 14. Other 98. Not ascertained 99. DK or refused Blank. NA (No such helper needed) |  |  |
| 2029              | 38b      |   | SEX OF 2nd HELPER   |  |  |
|                   |          | 478<br>825<br>62<br>10<br>8,316                       | <ol> <li>Male</li> <li>Female</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (No such helper needed)</li> </ol>   |  |  |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE
Section H - Assistance With Key Activities (ADL)

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| Tape<br>Locations | Item No.    | Frequency | Items a     | nd Codes  |
|-------------------|-------------|-----------|-------------|---|
| 2030              | 39a         |           | IS 2nd      | HELPER PAID   |
|                   |             | 699       | 0.          | Parent/child/spouse or unpaid volunteer only helpers      |
|                   |             | 280       | 1.          | Yes   |
|                   |             | 331       | 2.          | No  |
|                   |             | 65        | 8.          | Not ascertained   |
|                   |             | 0         | 9.          |   |
|                   | <del></del> | 8,316     | Blank.      | NA (No such helper needed)                                |
| 2031-2042)        | 39b(1-12)   |           | WHO PAY     | S FOR HELP  |
| 2031              | 39b(1)      |           | SELF OR     | FAMILY IN HH  |
|                   |             | 130       | 1.          | Mentioned   |
|                   |             | 136       | 2.          |   |
|                   |             | 2         | 3.          | No one/free   |
|                   |             | 3         | 8.          |   |
|                   |             | 9         | 9.          | DK or refused (entire question                            |
|                   |             | 9,411     | Blank.      | NA (No such helper needed;                                |
|                   | <del></del> |           | <del></del> | No or DK if helper is paid)                               |
| 2032              | 39b(2)      |           | FAMILY      | NOT IN HH   |
|                   |             | 7         | 1.          | Mentioned   |
|                   |             | 259       | 2.          | Not mentioned   |
|                   |             | 2         | 3.          | No one/free   |
|                   |             | 3         | 8.          | No answer to entire question                              |
|                   |             | 9         | 9.          |   |
|                   |             | 9,411     | Blank.      | NA (No such helper needed;                                |
|                   |             |           |             | No or DK if helper is paid)                               |
| 2033              | 39b(3)      |           | PRIVATE     | HEALTH INSURANCE  |
|                   |             | 16        | 1.          | Mentioned   |
|                   |             | 250       | 2.          | Not mentioned   |
|                   |             | 2         | 3.          | No one/free   |
|                   |             | 3         | 8.          | No answer to entire question                              |
|                   |             | 9         | 9.          | DK or refused (entire question                            |
|                   |             | 9,411     | Blank.      | NA (No such helper needed;<br>No or DK if helper is paid) |
|                   |             |           | -420-       |   |

## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

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

| (2031-2042) | 39b(1-12) |        | WHO PAY  | YS FOR HELP                    |  |
|-------------|-----------|--------|----------|--------------------------------|--|
|             |           |        | - Cont.  | Inued                          |  |
| 2034        | 39b(4)    |        | MEDICARE |                                |  |
|             |           | 82     | 1.       | Mentioned                      |  |
|             |           | 184    | 2.       | Not mentioned                  |  |
|             |           | 2      | 3.       | No one/free                    |  |
|             |           | 3      | 8.       | No answer to entire question   |  |
|             |           | 9      | 9.       | DK or refused (entire question |  |
|             |           | 9,411  | Blank.   | NA (No such helper needed;     |  |
|             |           |        |          | No or DK if helper is paid)    |  |
| 2035        | 39b(5)    |        | MEDICA   | ID                             |  |
|             |           | 48     | 1.       | Mentioned                      |  |
|             |           | 218    | 2.       |                                |  |
|             |           | 2 2    | 3.       |                                |  |
|             |           | 3      | 8.       |                                |  |
|             |           | 9      | 9.       |                                |  |
|             |           | 9,411  | Blank.   |                                |  |
|             |           | •      |          | No or DK if helper is paid)    |  |
| 2036        | 39b(6)    |        | REHABII  | LITATION PROGRAM               |  |
|             |           | 3      | 1.       | Mentioned                      |  |
|             |           | 263    | 2.       |                                |  |
|             |           | 203    | 3.       |                                |  |
|             |           | 3      | 8.       | •                              |  |
|             |           | 9      | 9.       |                                |  |
|             |           | 9,411  | Blank.   |                                |  |
|             |           | ,,,,,, | 210::::1 | No or DK if helper is paid)    |  |
| 2037        | 39b(7)    |        | EMPLOYI  | ER                             |  |
|             |           | 0      | 1.       | Mentioned                      |  |
|             |           | 266    | 2.       | Not mentioned                  |  |
|             |           | 2      | 3.       | No one/free                    |  |
|             |           | 3      | 8.       | No answer to entire question   |  |
|             |           | 9      | 9.       | DK or refused (entire question |  |
|             |           | 9,411  | Blank.   | NA (No such helper needed;     |  |
|             |           |        |          | No or DK if helper is paid)    |  |
|             |           |        | -421-    |                                |  |
|             |           |        |          |                                |  |

## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency | Items and Codes   |
|-------------------|-----------|-----------|-------------------|
| (2031-2042)       | 39b(1-12) |           | WHO PAYS FOR HELP |

- Continued

| 2038 | 39b(8)  |                                  | SCHOOL                               | SYSTEM  |
|------|---------|----------------------------------|--------------------------------------|---|
|      |         | 0<br>266<br>2<br>3<br>9<br>9,411 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>No one/free<br>No answer to entire question<br>DK or refused (entire question) |
| 2039 | 39b(9)  |                                  | VA PROG                              | GRAM  |
|      |         | 3<br>263<br>2<br>3<br>9<br>9,411 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>No one/free<br>No answer to entire question<br>DK or refused (entire question) |
| 2040 | 39b(10) |                                  | OTHER M                              | MILITARY  |
|      |         | 0<br>266<br>2<br>3<br>9<br>9,411 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>No one/free<br>No answer to entire question<br>DK or refused (entire question) |
| 2041 | 39b(11) |                                  | OTHER E                              | PRIVATE SOURCE  |
|      |         | 7<br>259<br>2<br>3<br>9<br>9,411 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/free<br>No answer to entire question<br>DK or refused (entire question)                  |
| 1    |         |                                  | -422-                                |   |

## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. Freque | ncy Items and Codes              |
|-------------------|-----------------|----------------------------------|
| (2031-2042)       | 39b(1-12)       | WHO PAYS FOR HELP<br>- Continued |
| 2042              | 39b(12)         | OTHER PUBLIC SOURCE              |

|           |    | 20<br>246 | <ol> <li>Mentioned</li> <li>Not mentioned</li> </ol> |
|-----------|----|-----------|--|
|           |    | 2         | 3. No one/free                                       |
|           |    | 3         | 8. No answer to entire question                      |
|           |    | 9         | 9. DK or refused (entire question)                   |
|           |    | 9,411     | Blank. NA (No such helper needed;                    |
|           |    | -,        | No or DK if helper is paid)                          |
| 2043-2044 | 40 |           | NUMBER OF DAYS 2nd HELPER                            |
| 2013 2011 | 10 |           | HELPED IN PAST TWO WEEKS                             |
|           |    | 160       | 00. None in past two weeks                           |
|           |    | 1,123     | 01-14. 1-14 days                                     |
|           |    | 13        | 98. Not ascertained                                  |
|           |    | 79        | 99. DK or refused                                    |
|           |    | 8,316     | Blank. NA (No such helper needed)                    |
| 2045-2046 | 41 |           | NUMBER OF HOURS PER DAY                              |
|           |    |           | 2nd HELPER HELPS YOU ON                              |
|           |    |           | DAYS YOU RECEIVE HELP                                |
|           |    | 1,019     | 01-24. 1-24 hours per day                            |
|           |    | 63        | 98. Not ascertained                                  |
|           |    | 293       | 99. DK or refused                                    |
|           |    | 8,316     | Blank. NA (No such helper needed)                    |
| 2047-2048 |    |           | BLANK  |
|           |    |           | -423-  |

| Tape<br>Locations | Item No. | Frequency                    | Items and Codes  |
|-------------------|----------|------------------------------|--|
| (2049-2063)       | 37(1-15) |                              | 3rd HELPER HELPS WITH FOLLOWING ACTIVITIES:  |
| 2049              | 37(1)    |                              | BATHING OR SHOWERING   |
|                   |          | 80<br>407<br>4<br>3<br>9,197 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |
| 2050              | 37(2)    |                              | DRESSING   |
|                   |          | 74<br>413<br>4               | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> </ol>   |

|      |       | 3<br>9,197 | 9.<br>Blank. | DK or refused (entire question) NA (No such helper needed) |
|------|-------|------------|--------------|--|
| 2051 | 37(3) |            | EATING       |  |
|      |       | 39         | 1.           | Mentioned  |
|      |       | 448        | 2.           | Not mentioned  |
|      |       | 4          | 8.           | No answer to entire question                               |
|      |       | 3          | 9.           | DK or refused (entire question)                            |
|      |       | 9,197      | Blank.       | <del>-</del>   |
| 2052 | 37(4) |            |              | G IN/OUT OF  |
|      |       |            | BED/CHA      | AIRS   |
|      |       | 77         | 1.           | Mentioned  |
|      |       | 410        | 2.           | Not mentioned  |
|      |       | 4          | 8.           | No answer to entire question                               |
|      |       | 3          | 9.           |  |
|      |       | 9,197      | Blank.       | NA (No such helper needed)                                 |
|      |       |            | -424-        |  |

| Tape<br>Locations | Item No. | Frequency                     | Items and Codes  |
|-------------------|----------|-------------------------------|--|
| (2049-2063)       | 37(1-15) |                               | 3rd HELPER HELPS WITH FOLLOWING ACTIVITIES: - Continued  |
| 2053              | 37(5)    |                               | WALKING  |
|                   |          | 81<br>406<br>4<br>3<br>9,197  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |
| 2054              | 37(6)    |                               | GETTING OUTSIDE  |
|                   |          | 108<br>379<br>4<br>3<br>9,197 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |
| 2055              | 37(7)    |                               | USING THE TOILET   |
|                   |          | 46<br>441<br>4                | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> </ol>   |

|      |       | 3<br>9,197 | 9. DK or refused (entire quest: Blank. NA (No such helper needed) | ion) |
|------|-------|------------|---|------|
| 2056 | 37(8) |            | PREPARING OWN MEALS   |      |
|      |       | 113        | 1. Mentioned  |      |
|      |       | 374        | 2. Not mentioned  |      |
|      |       | 4          | 8. No answer to entire question                                   | n    |
|      |       | 3          | 9. DK or refused (entire quest:                                   | ion) |
|      |       | 9,197      | Blank. NA (No such helper needed)                                 |      |
| 1    |       |            | -425-   |      |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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  |                                     |  |
|                   |          | 192<br>295<br>4<br>3<br>9,197 | 1. Mentioned 2. Not mentioned 8. No answer to e 9. DK or refused Blank. NA (No such he              | (entire question)                   |  |
| 2058              | 37(10)   |                               | MANAGING MONEY  |                                     |  |
|                   |          | 41<br>446<br>4<br>3<br>9,197  | 1. Mentioned 2. Not mentioned 8. No answer to e 9. DK or refused Blank. NA (No such he              | (entire question)                   |  |
| 2059              | 37(11)   |                               | USING THE TELEPHONE   |                                     |  |
|                   |          | 29<br>458<br>4<br>3<br>9,197  | 1. Mentioned 2. Not mentioned 8. No answer to e 9. DK or refused Blank. NA (No such he              | (entire question)                   |  |
| 2060              | 37(12)   |                               | DOING HEAVY HOUSEWORK   |                                     |  |
|                   |          | 243<br>244<br>4<br>3          | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to e</li> <li>DK or refused</li> </ol> | ntire question<br>(entire question) |  |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE Section H - Assistance With Key Activities (ADL)

| Tape<br>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                       |
|                   |          | 147       | 1. Mentioned                                |
|                   |          | 340       | <ol><li>Not mentioned</li></ol>             |
|                   |          | 4         | 8. No answer to entire question             |
|                   |          | 3         | 9. DK or refused (entire question           |
|                   |          | 9,197     | Blank. NA (No such helper needed)           |
| 2062              | 37(14)   |           | GETTING TO PLACES OUTSIDE                   |
|                   |          | 206       | 1. Mentioned                                |
|                   |          | 281       | 2. Not mentioned                            |
|                   |          | 4         | 8. No answer to entire question             |
|                   |          | 3         | 9. DK or refused (entire question           |
|                   |          | 9,197     | Blank. NA (No such helper needed)           |
| 2063              | 37(15)   |           | MANAGING MEDICATIONS                        |
|                   |          | 71        | 1. Mentioned                                |
|                   |          | 416       | 2. Not mentioned                            |
|                   |          | 4         | 8. No answer to entire question             |
|                   |          | 3         | 9. DK or refused (entire question           |
|                   |          | 9,197     | Blank. NA (No such helper needed)           |
|                   |          |           | -427-                                       |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency          | Items and Codes  |
|-------------------|----------|--------------------|--|
| 2064-2065         | 38a      |                    | BEST DESCRIPTION OF 3rd HELPER   |
|                   |          | 13<br>93<br>5<br>1 | 01. Spouse in HH 02. Child in HH 03. Parent in HH 04. Spouse not in HH |

|      |     | 93    | 05.    | Child not in HH               |
|------|-----|-------|--------|-------------------------------|
|      |     | 6     | 06.    | Parent not in HH              |
|      |     | 46    | 07.    | Other HH relative             |
|      |     | 89    | 08.    | Non-HH relative               |
|      |     | 1     | 09.    | HH non-relative               |
|      |     | 41    | 10.    | Friend/neighbor               |
|      |     | 1     | 11.    | Unpaid volunteer              |
|      |     |       |        | from organization             |
|      |     | 66    | 12.    | Paid employee of              |
|      |     |       |        | organization                  |
|      |     | 32    | 13.    | Paid employee of yours        |
|      |     | 2     | 14.    | Other                         |
|      |     | 3     | 98.    | Not ascertained               |
|      |     | 2     | 99.    | DK or refused                 |
|      |     | 9,197 | Blank. | NA (No such helper needed)    |
| 2066 | 38b |       | SEX OF | 3rd HELPER                    |
|      |     |       |        |                               |
|      |     | 147   | 1.     | Male                          |
|      |     | 320   | 2.     | Female                        |
|      |     | 22    | 8.     | Not ascertained               |
|      |     | 5     | 9.     |                               |
|      |     | 9,197 | Blank. | NA (No such helper needed)    |
| 2067 | 39a |       | TS 3rd | HELPER PAID                   |
| 2007 | 374 |       | 10 010 |                               |
|      |     | 212   | 0.     | Parent/child/spouse or        |
|      |     |       |        | unpaid volunteer only helpers |
|      |     | 103   | 1.     | Yes                           |
|      |     | 157   | 2.     | No                            |
|      |     | 22    | 8.     | Not ascertained               |
|      |     | 0     | 9.     | DK or refused                 |
|      |     | 9,197 | Blank. | NA (No such helper needed)    |
| 1    |     |       | -428-  |                               |

| Tape<br>Locations | Item No. Frequency               | Items and Codes   |
|-------------------|----------------------------------|---|
| (2068-2079)       | 39b(1-12)                        | WHO PAYS FOR HELP   |
| 2068              | 39b(1)                           | SELF OR FAMILY IN HH  |
|                   | 48<br>51<br>1<br>2<br>1<br>9,588 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed;<br/>No or DK if helper is paid)</li> </ol> |

| 2069 | 39b(2) |                                  | FAMILY                               | NOT IN HH   |
|------|--------|----------------------------------|--------------------------------------|---|
|      |        | 8<br>91<br>1<br>2<br>1<br>9,588  | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>No one/free<br>No answer to entire question  |
| 2070 | 39b(3) |                                  | PRIVATE                              | HEALTH INSURANCE  |
|      |        | 7<br>92<br>1<br>2<br>1<br>9,588  | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. |   |
| 2071 | 39b(4) |                                  | MEDICAR                              | E   |
|      |        | 30<br>69<br>1<br>2<br>1<br>9,588 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No one/free No answer to entire question DK or refused (entire question) NA (No such helper needed; No or DK if helper is paid) |
| 1    |        |                                  | -429-                                |   |

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No.  | Frequency                        | Items and Codes  |
|-------------------|-----------|----------------------------------|--|
| (2068-2079)       | 39b(1-12) |                                  | WHO PAYS FOR HELP<br>- Continued   |
| 2072              | 39b(5)    |                                  | MEDICAID   |
|                   |           | 14<br>85<br>1<br>2<br>1<br>9,588 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed;</li> <li>No or DK if helper is paid)</li> </ol> |
| 2073              | 39b(6)    |                                  | REHABILITATION PROGRAM   |

3 1. Mentioned

|        | 96    | 2.   | Not mentioned  |
|--------|-------|--|--|
|        | 1     | 3.   | No one/free  |
|        | 2     | 8.   | No answer to entire question   |
|        | 1     | 9.   | DK or refused (entire question)  |
|        | 9,588 | Blank.   | NA (No such helper needed;   |
|        |       |  | No or DK if helper is paid)  |
| 39b(7) |       | EMPLOYI  | ER   |
|        | 0     | 1.   | Mentioned  |
|        | 99    | 2.   | Not mentioned  |
|        | 1     | 3.   | No one/free  |
|        | 2     | 8.   | No answer to entire question   |
|        | 1     | 9.   | DK or refused (entire question)  |
|        | 9,588 | Blank.   | NA (No such helper needed;   |
|        |       |  | No or DK if helper is paid)  |
| 39b(8) |       | SCHOOL   | SYSTEM   |
|        | 0     | 1.   | Mentioned  |
|        | 99    | 2.   | Not mentioned  |
|        | 1     | 3.   | No one/free  |
|        | 2     | 8.   | No answer to entire question   |
|        | 1     | 9.   | DK or refused (entire question)  |
|        | 9,588 | Blank.   | NA (No such helper needed;   |
|        |       |  | N DI '- 1-1 ' '- 1   |
|        |       |  | No or DK if helper is paid)  |
|        |       | 39b(7)  0 99 1 2 1 9,588  39b(8)  0 99 1 2 1 9,588 | 1 3. 2 8. 1 9. 9,588 Blank.  39b(7) EMPLOYE  0 1. 99 2. 1 3. 2 8. 1 9. 9,588 Blank.  39b(8) SCHOOL  0 1. 99 2. 1 3. 2 8. 1 9. 1 3. 2 8. 1 9. |

| Tape<br>Locations | Item No.  | Frequency                       | Items and Codes   |
|-------------------|-----------|---------------------------------|---|
| (2068-2079)       | 39b(1-12) |                                 | WHO PAYS FOR HELP<br>- Continued  |
| 2076              | 39b(9)    |                                 | VA PROGRAM  |
|                   |           | 0<br>99<br>1<br>2<br>1<br>9,588 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed;<br/>No or DK if helper is paid)</li> </ol> |
| 2077              | 39b(10)   |                                 | OTHER MILITARY  |
|                   |           | 0<br>99<br>1<br>2               | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/free</li> <li>No answer to entire question</li> </ol>   |

|      |         | 1<br>9,588                      | 9. DK or refused (entire question) Blank. NA (No such helper needed; No or DK if helper is paid)   |
|------|---------|---------------------------------|--|
| 2078 | 39b(11) |                                 | OTHER PRIVATE SOURCE   |
|      |         | 4<br>95<br>1<br>2<br>1<br>9,588 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed;<br/>No or DK if helper is paid)</li> </ol>      |
| 2079 | 39b(12) |                                 | OTHER PUBLIC SOURCE  |
|      |         | 3<br>96<br>1<br>2<br>1<br>9,588 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed;</li> <li>No or DK if helper is paid)</li> </ol> |
| 1    |         |                                 | -431-  |

| Tape<br>Locations | Item No. | Frequency | Items and Codes                                    |
|-------------------|----------|-----------|--|
| 2080-2081         | 40       |           | NUMBER OF DAYS 3rd HELPER HELPED IN PAST TWO WEEKS |
|                   |          |           | HELPED IN PASI IWO WEEKS                           |
|                   |          | 61        | 00. None in past two weeks                         |
|                   |          | 388       | 01-14. 1-14 days                                   |
|                   |          | 1         | 98. Not ascertained                                |
|                   |          | 44        | 99. DK or refused                                  |
|                   |          | 9,197     | Blank. NA (No such helper needed)                  |
| 2082-2083         | 41       |           | NUMBER OF HOURS PER DAY                            |
|                   |          |           | 3rd HELPER HELPS YOU ON                            |
|                   |          |           | DAYS YOU RECEIVE HELP                              |
|                   |          | 365       | 01-24. 1-24 hours per day                          |
|                   |          | 25        | 98. Not ascertained                                |
|                   |          | 104       | 99. DK or refused                                  |
|                   |          | 9,197     | Blank. NA (No such helper needed)                  |
| 2084-2085         |          |           | BLANK  |

| (2086-2100) | 37(1-15) |                              |                                | PER HELPS WITH<br>NG ACTIVITIES:                                |
|-------------|----------|------------------------------|--------------------------------|---|
| 2086        | 37(1)    |                              | BATHING                        | G OR SHOWERING  |
|             |          | 32<br>132<br>5<br>0<br>9,522 | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question<br>DK or refused (entire question) |
| 2087        | 37(2)    |                              | DRESSIN                        | īG  |
|             |          | 30<br>134<br>5<br>0<br>9,522 | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question<br>DK or refused (entire question) |
| 1           |          |                              | -432-                          |   |

| Tape<br>Locations | Item No. | Frequency                    | Items and Codes  |
|-------------------|----------|------------------------------|--|
| (2086-2100)       | 37(1-15) |                              | 4th HELPER HELPS WITH FOLLOWING ACTIVITIES: - Continued  |
| 2088              | 37(3)    |                              | EATING   |
|                   |          | 16<br>148<br>5<br>0<br>9,522 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |
| 2089              | 37(4)    |                              | GETTING IN/OUT OF<br>BED/CHAIRS  |
|                   |          | 35<br>129<br>5<br>0<br>9,522 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |
| 2090              | 37(5)    |                              | WALKING  |
|                   |          | 35<br>129<br>5<br>0          | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> </ol>  |

|      |       | 9,522 | Blank.  | NA (No such helper needed)      |
|------|-------|-------|---------|---------------------------------|
| 2091 | 37(6) |       | GETTING | OUTSIDE                         |
|      |       | 42    | 1.      | Mentioned                       |
|      |       | 122   | 2.      | Not mentioned                   |
|      |       | 5     | 8.      | No answer to entire question    |
|      |       | 0     | 9.      | DK or refused (entire question) |
|      |       | 9,522 | Blank.  | NA (No such helper needed)      |
| 1    |       |       | -433-   |                                 |

| Tape<br>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   |
|                   |          | 18<br>146<br>5<br>0<br>9,522 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |
| 2093              | 37(8)    |                              | PREPARING OWN MEALS  |
|                   |          | 37<br>127<br>5<br>0<br>9,522 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |
| 2094              | 37(9)    |                              | SHOPPING FOR GROCERIES   |
|                   |          | 59<br>105<br>5<br>0<br>9,522 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |
| 2095              | 37(10)   |                              | MANAGING MONEY   |
|                   |          | 19<br>145<br>5<br>0<br>9,522 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

| Tape<br>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  |  |  |
|                   |          | 9<br>155<br>5<br>0<br>9,522  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |  |  |
| 2097              | 37(12)   |                              | DOING HEAVY HOUSEWORK  |  |  |
|                   |          | 70<br>94<br>5<br>0<br>9,522  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |  |  |
| 2098              | 37(13)   |                              | DOING LIGHT HOUSEWORK  |  |  |
|                   |          | 51<br>113<br>5<br>0<br>9,522 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |  |  |
| 2099              | 37(14)   |                              | GETTING TO PLACES OUTSIDE  |  |  |
|                   |          | 72<br>92<br>5<br>0<br>9,522  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed)</li> </ol> |  |  |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

Tape Item No. Frequency Items and Codes

Locations

1

| (2086-2100) | 37(1-15) |       |         | LPER HELPS WITH<br>ING ACTIVITIES:<br>inued |
|-------------|----------|-------|---------|---|
| 2100        | 37(15)   |       | MANAGIN | NG MEDICATIONS                              |
|             |          | 29    | 1.      | Mentioned                                   |
|             |          | 135   | 2.      |   |
|             |          | 5     | 8.      |   |
|             |          | 0     | 9.      |   |
|             |          | 9,522 | Blank.  |   |
| 2101-2102   | 38a      |       | BEST DE | ESCRIPTION OF 4th HELPER                    |
|             |          | 7     | 01.     | Spouse in HH                                |
|             |          | 17    | 02.     |   |
|             |          | 0     | 03.     |   |
|             |          | 0     | 04.     | Spouse not in HH                            |
|             |          | 29    | 05.     |   |
|             |          | 2     | 06.     | Parent not in HH                            |
|             |          | 16    | 07.     | Other HH relative                           |
|             |          | 39    | 08.     | Non-HH relative                             |
|             |          | 4     | 09.     | HH non-relative                             |
|             |          | 18    | 10.     | Friend/neighbor                             |
|             |          | 2     | 11.     | Unpaid volunteer                            |
|             |          |       |         | from organization                           |
|             |          | 22    | 12.     | Paid employee of                            |
|             |          |       |         | organization                                |
|             |          | 10    | 13.     | Paid employee of yours                      |
|             |          | 1     | 14.     |   |
|             |          | 2     | 98.     | Not ascertained                             |
|             |          | 0     | 99.     | DK or refused                               |
|             |          | 9,522 | Blank.  | NA (No such helper needed)                  |
| 2103        | 38b      |       | SEX OF  | 4th HELPER                                  |
|             |          | 47    | 1.      | Male  |
|             |          | 114   | 2.      | Female                                      |
|             |          | 6     | 8.      | Not ascertained                             |
|             |          | 2     | 9.      | DK or refused                               |
|             |          | 9,522 | Blank.  | NA (No such helper needed)                  |

## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

## Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency | Items and Codes    |
|-------------------|----------|-----------|--------------------|
| 2104              | 39a      |           | IS 4th HELPER PAID |

57 0. Parent/child/spouse or

|             |           | 34<br>66<br>12<br>0<br>9,522     | 1.<br>2.<br>8.<br>9.<br>Blank.       |   |
|-------------|-----------|----------------------------------|--------------------------------------|---|
| (2105-2116) | 39b(1-12) |                                  | WHO PAY                              | S FOR HELP  |
| 2105        | 39b(1)    |                                  | SELF OR                              | FAMILY IN HH  |
|             |           | 15<br>17<br>0<br>2<br>0<br>9,657 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No one/free No answer to entire question DK or refused (entire question) NA (No such helper needed; No or DK if helper is paid) |
| 2106        | 39b(2)    |                                  |                                      | FAMILY NOT IN HH  |
|             |           | 1<br>31<br>0<br>2<br>0<br>9,657  | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No one/free No answer to entire question DK or refused (entire question) NA (No such helper needed; No or DK if helper is paid) |
| 2107        | 39b(3)    |                                  | PRIVATE                              | HEALTH INSURANCE  |
|             |           | 2<br>30<br>0<br>2<br>0<br>9,657  | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No one/free No answer to entire question DK or refused (entire question) NA (No such helper needed; No or DK if helper is paid) |
| 1           |           |                                  | -437-                                |   |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. Frequenc | y Items and Codes                    |
|-------------------|-------------------|--------------------------------------|
| (2105-2116)       | 39b(1-12)         | WHO PAYS FOR HELP<br>- Continued     |
| 2108              | 39b(4)            | MEDICARE                             |
|                   | 1                 | 2 1. Mentioned<br>0 2. Not mentioned |

|      |        | 0<br>2<br>0<br>9,657            | 3.<br>8.<br>9.<br>Blank.             | No answer to entire question<br>DK or refused (entire question)                |
|------|--------|---------------------------------|--------------------------------------|--|
| 2109 | 39b(5) |                                 | MEDICA                               | ID   |
|      |        | 5<br>27<br>0<br>2<br>0<br>9,657 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/free<br>No answer to entire question<br>DK or refused (entire question) |
| 2110 | 39b(6) |                                 | REHABII                              | LITATION PROGRAM   |
|      |        | 0<br>32<br>0<br>2<br>0<br>9,657 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/free<br>No answer to entire question<br>DK or refused (entire question) |
| 2111 | 39b(7) |                                 | EMPLOYE                              | ER   |
|      |        | 1<br>31<br>0<br>2<br>0<br>9,657 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/free<br>No answer to entire question<br>DK or refused (entire question) |
| 1    |        |                                 | -438-                                |  |

| Tape<br>Locations | Item No. Frequency     | Items and Codes  |
|-------------------|------------------------|--|
| (2105-2116)       | 39b(1-12)              | WHO PAYS FOR HELP<br>- Continued   |
| 2112              | 39b(8)                 | SCHOOL SYSTEM  |
|                   | 0<br>32<br>0<br>2<br>0 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> </ol> |

|      |         | 9,657                           | Blank.                               | NA (No such helper needed;<br>No or DK if helper is paid)       |
|------|---------|---------------------------------|--------------------------------------|---|
| 2113 | 39b(9)  |                                 | VA PROG                              | GRAM  |
|      |         | 0<br>32<br>0<br>2<br>0<br>9,657 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No answer to entire question<br>DK or refused (entire question) |
| 2114 | 39b(10) |                                 | OTHER M                              | MILITARY  |
|      |         | 0<br>32<br>0<br>2<br>0<br>9,657 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>No one/free<br>No answer to entire question    |
| 2115 | 39b(11) |                                 | OTHER E                              | PRIVATE SOURCE  |
|      |         | 1<br>31<br>0<br>2<br>0<br>9,657 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>No one/free<br>No answer to entire question    |
| 1    |         |                                 | -439-                                |   |

| Tape<br>Locations | Item No. F | requency                        | Items and Codes  |
|-------------------|------------|---------------------------------|--|
| (2105-2116)       | 39b(1-12)  |                                 | WHO PAYS FOR HELP - Continued  |
| 2116              | 39b(12)    |                                 | OTHER PUBLIC SOURCE  |
|                   |            | 2<br>30<br>0<br>2<br>0<br>9,657 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No such helper needed;</li> <li>No or DK if helper is paid)</li> </ol> |

|   | 2117-2118 | 40 |                               | NUMBER OF DAYS 4th HELPER<br>HELPED IN PAST TWO WEEKS   |
|---|-----------|----|-------------------------------|---|
|   |           |    | 23<br>131<br>0<br>15<br>9,522 | 00. None in past two weeks 01-14. 1-14 days 98. Not ascertained 99. DK or refused Blank. NA (No such helper needed) |
|   | 2119-2120 | 41 |                               | NUMBER OF HOURS PER DAY<br>4th HELPER HELPS YOU ON<br>DAYS YOU RECEIVE HELP   |
|   |           |    | 114<br>15<br>40<br>9,522      | 01-24. 1-24 hours per day<br>98. Not ascertained<br>99. DK or refused<br>Blank. NA (No such helper needed)          |
|   | 2121      |    |                               | BLANK   |
| 1 |           |    |                               | 140-  |

| Tape<br>Locations | Item No. | Frequency | Items and Codes                                     |
|-------------------|----------|-----------|---|
| 2122              | Recode   |           | SUMMARY OF HELPER PAYMENT<br>STATUS                 |
|                   |          | 2,481     | <ol> <li>All unpaid or informal help</li> </ol>     |
|                   |          | 370       | 2. Both paid and unpaid/<br>informal help           |
|                   |          | 333       | 3. All paid help                                    |
|                   |          | 233       | 9. Unknown if/whether at<br>least some of help paid |
|                   |          | 6,274     | Blank. NA (No help received; not 1st helper)        |
| 2123              | Recode   |           | FAMILY IN HOUSEHOLD PAYS<br>FOR HELP?               |
|                   |          | 409       | 1. Yes  |
|                   |          | 518       | 2. No   |
|                   |          | 2,481     | 0. No paid help                                     |
|                   |          | 9         | 9. Unknown  |
|                   |          | 6,274     | Blank. NA (No help received)                        |
| 2124              | Recode   |           | FAMILY NOT IN HOUSEHOLD PAYS FOR HELP?              |

|      |        | 0.7   | 1        | 37                        |
|------|--------|-------|----------|---------------------------|
|      |        | 27    |          | Yes                       |
|      |        | 900   | 2.       | No                        |
|      |        | 2,481 | 0.       | No paid help              |
|      |        | 9     | 9.       | Unknown                   |
|      |        | 6,274 | Blank.   | NA (No help received)     |
| 2125 | Recode |       | DR TWATE | E INSURANCE/OTHER PRIVATE |
| 2123 | Recode |       |          | PAYS FOR HELP?            |
|      |        |       |          |                           |
|      |        | 45    | 1.       | Yes                       |
|      |        | 882   | 2.       | No                        |
|      |        | 2,481 | 0.       | No paid help              |
|      |        | 9     | 9.       |                           |
|      |        | 6,274 | Blank.   | NA (No help received)     |
| 1    |        |       | -441-    |                           |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                               | Items and Codes  |  |
|-------------------|----------|---|--|--|
| 2126              | Recode   |   | PUBLIC SOURCE PAYS FOR ANY HELP?   |  |
|                   |          | 307<br>620<br>2,481<br>9<br>6,274       | 1. Yes 2. No 0. No paid help 9. Unknown Blank. NA (No help received)   |  |
| 2127-2130         |          |   | BLANK  |  |
| 2131              | Recode   |   | WHICH HELPER HELPS MOST  |  |
|                   |          | 3,098<br>234<br>45<br>12<br>28<br>6,274 | <ol> <li>First helper</li> <li>Second helper</li> <li>Third helper</li> <li>Fourth helper</li> <li>Unknown which helper</li> <li>Blank. NA (Requires no help)</li> </ol> |  |
| 2132              |          |   | DUMMY RECORD FLAG  |  |
|                   |          | 105<br>9,586                            | 1. Dummy record created<br>Blank. Actual Interview record  |  |
| 2133              | 43a      |   | SOMEONE SUBSTITUTED FOR<br>REGULAR HELPER IN PAST<br>12 MONTHS   |  |

| 555   | 1.     | Yes                           |
|-------|--------|-------------------------------|
| 2,682 | 2.     | No                            |
| 135   | 8.     | Not ascertained               |
| 45    | 9.     | DK or refused                 |
| 6,274 | Blank. | NA (Institutionalized; Didn't |
|       |        | receive help or supervision)  |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

## Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                                      | Items and Codes   |
|-------------------|----------|--|---|
| 2134-2136         | 43b      |  | HOW MANY DAYS SUBSTITUTED<br>IN PAST 12 MONTHS  |
|                   |          | 327<br>12<br>216<br>9,136                      | 001-365. 1-365 days 998. Not ascertained 999. DK or refused 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   |
|                   |          | 2,761<br>310<br>38<br>14<br>203<br>91<br>6,274 | 1. Very satisfied 2. Somewhat satisfied 3. Somewhat dissatisfied 4. Very dissatisfied 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; Didn't receive help or supervision)   |
| 2138              | 44b      |  | AMOUNT OF HELPER'S ASSISTANCE   |
|                   |          | 2,781<br>300<br>31<br>11<br>203<br>91<br>6,274 | <ol> <li>Very satisfied</li> <li>Somewhat satisfied</li> <li>Somewhat dissatisfied</li> <li>Very dissatisfied</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; Didn't receive help or supervision)</li> </ol> |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

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## Section H - Assistance With Key Activities (ADL)

| Tape<br>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  |  |  |
|                   |          | 2,803<br>279<br>30<br>9<br>204<br>92<br>6,274  | <ol> <li>Very satisfied</li> <li>Somewhat satisfied</li> <li>Somewhat dissatisfied</li> <li>Very dissatisfied</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; Didn't receive help or supervision)</li> </ol>   |  |  |
| 2140              | 44d      |  | HELPER'S ABILITY TO MEET YOUR NEEDS   |  |  |
|                   |          | 2,795<br>277<br>28<br>10<br>215<br>92<br>6,274 | 1. Very satisfied 2. Somewhat satisfied 3. Somewhat dissatisfied 4. Very dissatisfied 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; Didn't receive help or supervision)   |  |  |
| 2141              | 44e      |  | HELPER'S RELIABILITY  |  |  |
|                   |          | 534<br>83<br>7<br>4<br>145                     | <ol> <li>Very satisfied</li> <li>Somewhat satisfied</li> <li>Somewhat dissatisfied</li> <li>Very dissatisfied</li> <li>Not ascertained (includes helpers who were present during interview so question not asked)</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; Doesn't receive help or supervision; Helper related to SP)</li> </ol> |  |  |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

\_\_\_\_\_\_Tape

Locations Item No. Frequency Items and Codes

1

| (2137-2143) | 44(a-g)      |   | HOW SAT | TISFIED ARE YOU WITH:                                      |  |
|-------------|--------------|---|---------|--|--|
| 2142        | 44f HELPER'S |   |         | S TRUSTWORTHINESS  |  |
|             |              | 543                                     | 1.      | Very satisfied   |  |
|             |              | 74                                      | 2.      |  |  |
|             |              | 5                                       | 3.      |  |  |
|             |              | 2                                       |         | Very dissatisfied  |  |
|             |              | 145                                     | 8.      |  |  |
|             |              | 113                                     | 0.      | helpers who were present                                   |  |
|             |              |   |         | during interview so  |  |
|             |              |   |         | question not asked)  |  |
|             |              | 25                                      | 9.      |  |  |
|             |              | 8,897                                   | Blank.  |  |  |
|             |              | 0,001                                   | Diami.  | receive help or supervision;                               |  |
|             |              |   |         | Helper related to SP)                                      |  |
| 01.42       | 4.4          |   |         |  |  |
| 2143        | 44g          | SATISFIED WITH HOW HELPER<br>TREATS YOU |         |  |  |
|             |              | 545                                     | 1.      | Very satisfied   |  |
|             |              | 77                                      | 2.      |  |  |
|             |              | 3                                       | 3.      |  |  |
|             |              | 1                                       | 4.      |  |  |
|             |              | 146                                     | 8.      | <del>-</del>   |  |
|             |              |   |         | helpers who were present                                   |  |
|             |              |   |         | during interview so  |  |
|             |              |   |         | question not asked)  |  |
|             |              | 22                                      | 9.      |  |  |
|             |              | 8,897                                   | Blank.  | NA (Institutionalized; Doesn't                             |  |
|             |              |   |         | receive help or supervision;                               |  |
|             |              |   |         | Helper related to SP)                                      |  |
| 2144        | 45           |   | EVER HO | OME ALONE MORE THAN  |  |
|             |              | TWO HOURS AT A TIME                     |         |  |  |
|             |              | 2,469                                   | — ·     | Yes  |  |
|             |              | 828                                     | 2.      | No   |  |
|             |              | 105                                     | 8.      | Not ascertained  |  |
|             |              | 15                                      | 9.      | DK or refused  |  |
|             |              | 6,274                                   | Blank.  | NA (Institutionalized; Didn't receive help or supervision) |  |
|             |              |   | -445-   |  |  |
|             |              |   |         |  |  |

## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes          |
|-------------------|----------|-----------|--------------------------|
| 2145              | 46       |           | HOME ALONE MORE THAN TWO |

#### HOURS WOULD BE PROBLEM (AFRAID/NEED HELP)

|      |     | 326<br>477<br>107<br>38<br>8,743    | 1.<br>2.<br>8.<br>9.<br>Blank. | No<br>Not ascertained<br>DK or refused                |
|------|-----|-------------------------------------|--------------------------------|---|
| 2146 | 47  |                                     |                                | IF NOT HOME ALONE<br>AS TWO HOURS                     |
|      |     | 236<br>2,018<br>141<br>74<br>7,222  | 1.<br>2.<br>8.<br>9.<br>Blank. | No<br>Not ascertained<br>DK or refused                |
| 2147 | 48a |                                     | NEIGHBO                        | ND, RELATIVE, OR<br>OR WOULD PROVIDE<br>OR A FEW DAYS |
|      |     | 2,688<br>483<br>105<br>141<br>6,274 | 1.<br>2.<br>8.<br>9.<br>Blank. | No<br>Not ascertained<br>DK or refused                |
|      |     |                                     | -446-                          |   |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                                       | Items and Codes  |  |
|-------------------|----------|---|--|--|
| 2148              | 48b      |   | THIS PERSON IS:  |  |
|                   |          | 1,111<br>61<br>1,217<br>275<br>18<br>6<br>7,003 | 1. HH member - Related 2. HH member - Unrelated 3. Non HH member - Related 4. Non HH member - Unrelated 8. Not ascertained 9. DK or refused 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 |  | OR NEIC                                    | ND, RELATIVE,<br>GHBOR WOULD PROVIDE<br>DR A FEW WEEKS                                   |
|------|-----|--|--|--|
|      |     | 2,371<br>209<br>3<br>105<br>7,003              | 1.<br>2.<br>8.<br>9.<br>Blank.             | No<br>Not ascertained<br>DK or refused   |
| 2150 | 49b |  | THIS P                                     | ERSON IS:  |
|      |     | 1,013<br>62<br>1,116<br>166<br>8<br>6<br>7,320 | 1.<br>2.<br>3.<br>4.<br>8.<br>9.<br>Blank. | Non HH member - Related<br>Non HH member - Unrelated<br>Not ascertained<br>DK or refused |
| 1    |     |  | -447-                                      |  |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                       | Items and Codes  |
|-------------------|----------|---------------------------------|--|
| 2151              | 50a      |                                 | ATTEMPTED TO HIRE HELP OR GET<br>HELP FROM PROGRAM/AGENCY  |
|                   |          | 130<br>387<br>135<br>6<br>9,033 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; No or DK if need supervision for IADL activities)</li> </ol> |
| (2152-2160)       | 50b(1-9) |                                 | WHY NOT  |
| 2152              | 50b(1)   |                                 | DID NOT WANT STRANGER<br>FOR HELPER  |

1. Mentioned

|      |        | 314<br>1<br>17<br>9,304        | 2.<br>8.<br>9.<br>Blank.       | Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized; No or DK if need supervision for IADL activities; Yes or DK if tried to hire help) |
|------|--------|--------------------------------|--------------------------------|--|
| 2153 | 50b(2) |                                | TOO EXP                        | ENSIVE/CAN'T AFFORD  |
|      |        | 217<br>152<br>1<br>17<br>9,304 | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question<br>DK or refused (entire question)  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                     | Items and Codes   |
|-------------------|----------|-------------------------------|---|
| (2152-2160)       | 50b(1-9) |                               | WHY NOT - Continued   |
| 2154              | 50b(3)   |                               | NOT SICK ENOUGH TO GET<br>HELP FROM AGENCY  |
|                   |          | 65<br>304<br>1<br>17<br>9,304 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if need supervision for IADL activities; Yes or DK if tried to hire help)</li> </ol> |
| 2155              | 50b(4)   |                               | INCOME TOO HIGH TO GET<br>HELP FROM AGENCY  |
|                   |          | 19<br>350<br>1<br>17<br>9,304 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if need supervision for IADL activities; Yes or DK if tried to hire help)</li> </ol> |

2156 50b(5)

TYPE OF HELP NEEDED

#### PROBABLY UNAVAILABLE

|  | 29<br>340<br>1<br>17<br>9,304 | 2.<br>8.<br>9. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized; No or DK if need supervision for IADL activities; Yes or DK if tried to hire help) |
|--|-------------------------------|----------------|--|
|--|-------------------------------|----------------|--|

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                      | Items and Codes   |
|-------------------|----------|--------------------------------|---|
| (2152-2160)       | 50b(1-9) |                                | WHY NOT - Continued   |
| 2157              | 50b(6)   |                                | QUALITY HELP NOT AVAILABLE  |
|                   |          | 15<br>354<br>1<br>17<br>9,304  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if need supervision for IADL activities; Yes or DK if tried to hire help)</li> </ol> |
| 2158              | 50b(7)   |                                | DID NOT KNOW WHERE TO LOOK  |
|                   |          | 102<br>267<br>1<br>17<br>9,304 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if need supervision for IADL activities; Yes or DK if tried to hire help)</li> </ol> |
| 2159              | 50b(8)   |                                | TOO SICK TO LOOK FOR HELP   |
|                   |          | 16<br>353<br>1<br>17<br>9,304  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if need supervision for IADL activities; Yes or DK if tried to hire help)</li> </ol> |

| 2160 | 50b(9) |                               | OTHER    |  |
|------|--------|-------------------------------|----------|--|
|      |        | 72<br>297<br>1<br>17<br>9,304 | 8.<br>9. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized; No or DK if need supervision for IADL activities; Yes or DK if tried to hire help) |
|      |        |                               |          |  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                          | Items and Codes  |
|-------------------|----------|------------------------------------|--|
| (2161-2167)       | 51(1-7)  |                                    | PROBLEMS ENCOUNTERED TRYING TO FIND HELP   |
| 2161              | 51(1)    |                                    | TOO EXPENSIVE  |
|                   |          | 26<br>39<br>48<br>11<br>6<br>9,561 | <ul> <li>0. No problems</li> <li>1. Mentioned</li> <li>2. Not mentioned</li> <li>8. No answer to entire question</li> <li>9. DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if need supervision for IADL activities; DK if tried to hire help)</li> </ul> |
| 2162              | 51(2)    |                                    | CAN'T LOCATE RIGHT<br>TYPE OF HELP   |
|                   |          | 26<br>36<br>51<br>11<br>6<br>9,561 | 0. No problems 1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) 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<br>TRAINED HELPER  |
|                   |          | 26<br>11<br>76<br>11<br>6          | <ul><li>0. No problems</li><li>1. Mentioned</li><li>2. Not mentioned</li><li>8. No answer to entire question</li><li>9. DK or refused (entire question)</li></ul>  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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<br>AVAILABLE WHEN NEEDED  |  |
|                   |          | 26<br>19<br>68<br>11<br>6<br>9,561 | 0. No problems 1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) 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<br>GET HELP FROM AGENCY  |  |
|                   |          | 26<br>12<br>75<br>11<br>6<br>9,561 | 0. No problems 1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) 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<br>GET HELP FROM AGENCY  |  |
|                   |          | 26<br>12<br>75<br>11<br>6<br>9,561 | 0. No problems 1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) Blank. NA (Institutionalized; No or DK if need supervision for IADL activities; DK if tried to hire help) |  |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency                          | Items a  | and Codes                               |
|-------------------|----------|------------------------------------|--|---|
| (2161-2167)       | 51(1-7)  |                                    | PROBLEMS ENCOUNTERED TRYING TO FIND HELP - Continued |   |
| 2167              | 51(7)    |                                    | OTHER  |   |
|                   |          | 26<br>29<br>58<br>11<br>6<br>9,561 | 0.<br>1.<br>2.<br>8.<br>9.<br>Blank.                 | DK or refused (entire question          |
| 2168              | 52       |                                    |  | ORGANIZATION TRIED O SOMEONE TO HELP    |
|                   |          | 66<br>442<br>134<br>16<br>9,033    | 1.<br>2.<br>8.<br>9.<br>Blank.                       | Not ascertained<br>DK or refused        |
| 2169              | 53       |                                    |  | RED OR RECEIVED HELP<br>N-PROFIT AGENCY |
|                   |          | 614<br>8,787<br>102<br>71<br>117   | 1.<br>2.<br>8.<br>9.<br>Blank.                       | DK or refused                           |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

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

| 2170        | 54a      |                               |                                | COPPED GETTING<br>HOUGH STILL NEEDED                            |
|-------------|----------|-------------------------------|--------------------------------|---|
|             |          | 111<br>496<br>2<br>5<br>9,077 | 1.<br>2.<br>8.<br>9.<br>Blank. | DK or refused   |
| (2171-2178) | 54b(1-8) |                               | WHY STO                        | OPPED GETTING HELP  |
| 2171        | 54b(1)   |                               | TOO EXP                        | PENSIVE   |
|             |          | 35<br>74<br>0<br>2<br>9,580   | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question<br>DK or refused (entire question) |
| 2172        | 54b(2)   |                               | INADEQU                        | JATE TRAINING   |
|             |          | 11<br>98<br>0<br>2<br>9,580   | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question                   |
| 1           |          |                               | -454-                          |   |

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No. | Frequency | Items and Codes                      |
|-------------------|----------|-----------|--------------------------------------|
| (2171-2178)       | 54b(1-8) |           | WHY STOPPED GETTING HELP - Continued |
| 2173              | 54b(3)   |           | UNAVAILABLE WHEN NEEDED              |
|                   |          | 1.0       |                                      |

19 1. Mentioned

|      |        | 90<br>0<br>2<br>9,580       | 8. No<br>9. DK<br>Blank. NA<br>DK<br>rec<br>nor<br>sto           | answer to entire question<br>or refused (entire question)<br>(Institutionalized; No or<br>if ever hired someone or<br>ceived help from public or<br>n-profit agency; No or DK if<br>apped getting help from person<br>agency though still needed) |
|------|--------|-----------------------------|--|---|
| 2174 | 54b(4) |                             | QUALIFY FOR  | SICK ENOUGH TO<br>R PUBLIC OR<br>AGENCY HELP  |
|      |        | 20<br>89<br>0<br>2<br>9,580 | 2. Not 8. No 9. DK Blank. NA DK rec nor                          | ntioned mentioned answer to entire question or refused (entire question) (Institutionalized; No or if ever hired someone or ceived help from public or n-profit agency; No or DK if opped getting help from person agency though still needed)    |
| 2175 | 54b(5) |                             |  | HIGH TO GET HELP<br>C OR NON-PROFIT AGENCY  |
|      |        | 9<br>100<br>0<br>2<br>9,580 | 2. Not<br>8. No<br>9. DK<br>Blank. NA<br>DK<br>rec<br>nor<br>sto | ntioned t mentioned answer to entire question or refused (entire question) (Institutionalized; No or if ever hired someone or ceived help from public or n-profit agency; No or DK if opped getting help from person agency though still needed)  |
| 1    |        |                             | 455-   |   |

| Tape<br>Locations | Item No. | Frequency     | Items and Codes  |
|-------------------|----------|---------------|--|
| (2171-2178)       | 54b(1-8) |               | WHY STOPPED GETTING HELP - Continued   |
| 2176              | 54b(6)   |               | UNRELIABLE   |
|                   |          | 21<br>88<br>0 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> </ol> |

|      |        | 2<br>9,580                  | 9.<br>Blank.                   | DK or refused (entire question) 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) |                             | LANGUAC                        | GE PROBLEMS   |
|      |        | 1<br>108<br>0<br>2<br>9,580 | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) 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                          |   |
|      |        | 43<br>66<br>0<br>2<br>9,580 | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) 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) |
| 1    |        |                             | -456-                          |   |

| Tape<br>Locations | Item No.  | Frequency                 | Items and Codes   |
|-------------------|-----------|---------------------------|---|
| 2179              | 55a       |                           | EXPERIENCED PROBLEMS BEING<br>HOME ALONE IN PAST 12 MONTHS                          |
|                   |           | 431<br>9,082<br>107<br>71 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol> |
| (2180-2192)       | 55b(1-13) |                           | WHAT KIND OF PROBLEM  |
| 2180              | 55b(1)    |                           | FALL  |

|      |        | 178<br>248<br>3<br>2<br>9,260 | 1.<br>2.<br>8.<br>9.<br>Blank. | DK or refused (entire question)  |
|------|--------|-------------------------------|--------------------------------|--|
| 2181 | 55b(2) |                               | OTHER A                        | ACCIDENT OR INJURY   |
|      |        | 25<br>401<br>3<br>2<br>9,260  | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question<br>DK or refused (entire question) |
| 2182 | 55b(3) |                               | INCONTI                        | NENCE - NO REMINDERS   |
|      |        | 10                            | 1.                             | Mentioned  |
|      |        | 416                           | 2.                             | Not mentioned  |
|      |        | 3                             | 8.                             | No answer to entire question   |
|      |        | 2                             | 9.                             | ,  |
|      |        | 9,260                         | Blank.                         | NA (No or DK if experienced problems because of being home alone)                |
| 1    |        |                               | -457-                          |  |

| Tape<br>Locations | Item No.  | Frequency                    | Items and Codes   |
|-------------------|-----------|------------------------------|---|
| (2180-2192)       | 55b(1-13) |                              | WHAT KIND OF PROBLEM<br>- Continued   |
| 2183              | 55b(4)    |                              | INCONTINENCE - UNABLE TO REACH TOILET   |
|                   |           | 28<br>398<br>3<br>2<br>9,260 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (No or DK if experienced problems because of being home alone)</li> </ol> |
| 2184              | 55b(5)    |                              | CONFINEMENT TO BED OR CHAIRS  |
|                   |           | 40<br>386<br>3               | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> </ol>  |

|      |        | 2<br>9,260                   | 9.<br>Blank.                   | DK or refused (entire question) NA (No or DK if experienced problems because of being home alone)  |
|------|--------|------------------------------|--------------------------------|--|
| 2185 | 55b(6) |                              | HUNGER                         | OR THIRST  |
|      |        | 29<br>397<br>3<br>2<br>9,260 | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (No or DK if experienced problems because of being home alone) |
| 2186 | 55b(7) |                              | FIRE ON                        | STOVE/LEFT STOVE ON  |
|      |        | 13<br>413<br>3<br>2<br>9,260 | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (No or DK if experienced problems because of being home alone) |
| 1    |        |                              | -458-                          |  |

| Tape<br>Locations | Item No. Frequency      | Items and Codes   |
|-------------------|-------------------------|---|
| (2180-2192)       | 55b(1-13)               | WHAT KIND OF PROBLEM - Continued  |
| 2187              | 55b(8)                  | FELL ASLEEP WHILE SMOKING   |
|                   | 9,260                   | 2. Not mentioned<br>8. No answer to entire question<br>9. DK or refused (entire question) |
| 2188              | 55b(9)                  | GOT LOST/WANDERED OFF   |
|                   | 1!<br>41:<br>2<br>9,260 | 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question)       |

| 9,260 Blank. NA (No or DK if experienced problems because of being home alone)  TOOK WRONG DOSE OF MEDICATION (TOO MUCH/LITTLE)  22 1. Mentioned 404 2. Not mentioned 3 8. No answer to entire question 2 9. DK or refused (entire question 9,260 Blank. NA (No or DK if experienced problems because of being | 2189 | 55b(10) |               | FORGOT         | MEDICATIONS   |
|--|------|---------|---------------|----------------|---|
| (TOO MUCH/LITTLE)  22  |      |         | 371<br>3<br>2 | 2.<br>8.<br>9. | Not mentioned No answer to entire question DK or refused (entire question NA (No or DK if experienced problems because of being |
| 404 2. Not mentioned 3 8. No answer to entire question 2 9. DK or refused (entire question 9,260 Blank. NA (No or DK if experienced problems because of being  | 2190 | 55b(11) |               |                |   |
| home alone)  |      |         | 404<br>3<br>2 | 2.<br>8.<br>9. | Not mentioned No answer to entire question DK or refused (entire question NA (No or DK if experienced                           |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No.  | Frequency                     | Items a                        | and Codes   |
|-------------------|-----------|-------------------------------|--------------------------------|---|
| (2180-2192)       | 55b(1-13) |                               | WHAT KI<br>- Conti             | IND OF PROBLEM  |
| 2191              | 55b(12)   |                               | FEAR                           |   |
|                   |           | 91<br>335<br>3<br>2<br>9,260  | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question<br>DK or refused (entire question) |
| 2192              | 55b(13)   |                               | OTHER                          |   |
|                   |           | 179<br>247<br>3<br>2<br>9,260 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question                   |

|   | (2193-2196) | 56(a-d) | BECAUSE OF YOUR HEALTH HAS FAMILY MEMBER |                      |                    |
|---|-------------|---------|--|----------------------|--------------------|
|   | 2193        | 56a     |  | QUIT JO              | B OR RETIRED EARLY |
|   |             |         | 235<br>9,317<br>83<br>56                 | 2.<br>8.             |                    |
|   | 2194        | 56b     |  | CHANGED              | JOBS               |
|   |             |         | 115<br>9,438<br>85<br>53                 | 1.<br>2.<br>8.<br>9. |                    |
| 1 | <u></u>     |         | -  | -460-                |                    |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.           | Frequency                | Items and Codes   |
|-------------------|--------------------|--------------------------|---|
| (2193-2196)       | 56(a-d)            |                          | BECAUSE OF YOUR HEALTH HAS<br>FAMILY MEMBER - Continued                             |
| 2195              | 56c                |                          | CHANGED OR REDUCED<br>WORK HOURS  |
|                   |                    | 301<br>9,247<br>85<br>58 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol> |
| 2196              | 56d                |                          | REFUSED JOB TO CARE<br>FOR YOU  |
|                   |                    | 186<br>9,365<br>85<br>55 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol> |
| 2197              |                    |                          | BLANK   |
| (2198-2257)       | Recode<br>37(1-15) |                          | ACTIVITIES HELPED WITH:   |
| 2198              | Recode<br>37(1)    | 838                      | BATHING OR SHOWERING - HELPER #1  1. Helped with this activity                      |

|   |      |        | 2,461 | 2.       | Did not help with this activity      |
|---|------|--------|-------|----------|--------------------------------------|
|   |      |        | 118   | 3.       | Unknown if helped with this activity |
|   |      |        | 6,274 | Blank.   | NA (No helper)                       |
|   | 2199 | Recode |       | BATHING  | OR SHOWERING - HELPER #2             |
|   | 2177 | 37(1)  |       | DAITIING | OR SHOWERING HEDEEK #2               |
|   |      |        | 237   | 1.       | Helped with this activity            |
|   |      |        | 1,118 | 2.       | Did not help with this activity      |
|   |      |        | 20    | 3.       | Unknown if helped with this activity |
|   |      |        | 8,316 | Blank.   | NA (No helper)                       |
| 1 |      |        | -4    | 61-      |                                      |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.           | Frequency | Items and Codes  |
|-------------------|--------------------|-----------|--|
| (2198-2257)       | Recode<br>37(1-15) |           | ACTIVITIES HELPED WITH: - Continued                          |
| 2200              | Recode<br>37(1)    |           | BATHING OR SHOWERING - HELPER #3                             |
|                   |                    | 80        | <ol> <li>Helped with this activity</li> </ol>                |
|                   |                    | 407       | <ol><li>Did not help with this activity</li></ol>            |
|                   |                    | 7         | <ol> <li>Unknown if helped with this activity</li> </ol>     |
|                   |                    | 9,197     | Blank. NA (No helper)  |
| 2201              | Recode<br>37(1)    |           | BATHING OR SHOWERING - HELPER #4                             |
|                   | , ,                | 32        | 1. Helped with this activity                                 |
|                   |                    | 132       | <ol><li>Did not help with this activity</li></ol>            |
|                   |                    | 5         | <ol> <li>Unknown if helped with<br/>this activity</li> </ol> |
|                   |                    | 9,522     | Blank. NA (No helper)  |
| 2202              | Recode<br>37(2)    |           | DRESSING - HELPER #1   |
|                   |                    | 679       | 1. Helped with this activity                                 |
|                   |                    | 2,620     | <ol><li>Did not help with this activity</li></ol>            |
|                   |                    | 118       | <ol> <li>Unknown if helped with<br/>this activity</li> </ol> |
|                   |                    | 6,274     | Blank. NA (No helper)  |

| 2203 | Recode<br>37(2) |       | DRESSIN | IG - HELPER #2                        |
|------|-----------------|-------|---------|---------------------------------------|
|      | , ,             | 201   | 1.      | Helped with this activity             |
|      |                 | 1,154 | 2.      | Did not help with this activity       |
|      |                 | 20    | 3.      | Unknown if helped with this activity  |
|      |                 | 8,316 | Blank.  | NA (No helper)                        |
| 1    |                 |       | -462-   | · · · · · · · · · · · · · · · · · · · |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.        | Frequency   | Ttems a   | nd Codes                                      |
|-------------------|-----------------|-------------|-----------|---|
|                   | TCEM NO.        |             | TCCIIIS a | na codes                                      |
| 2198-2257)        | Recode          |             | ACTIVIT   | IES HELPED WITH:                              |
|                   | 37(1-15)        |             | - Conti   | nued  |
| 2204              | Recode<br>37(2) |             | DRESSIN   | G - HELPER #3                                 |
|                   |                 | 74<br>413   | 1.<br>2.  | Did not help with this                        |
|                   |                 | 7           | 3.        | activity Unknown if helped with this activity |
|                   |                 | 9,197       | Blank.    | <del>-</del>                                  |
| 2205              | Recode<br>37(2) |             | DRESSIN   | G - HELPER #4                                 |
|                   | - ( - )         | 30          | 1.        | Helped with this activity                     |
|                   |                 | 134         | 2.        | <del>-</del>                                  |
|                   |                 | 5           | 3.        |   |
|                   |                 | 9,522       | Blank.    | <del>-</del>                                  |
| 2206              | Recode<br>37(3) |             | EATING    | - HELPER #1                                   |
|                   | - ( - )         | 208         | 1.        | Helped with this activity                     |
|                   |                 | 3,091       | 2.        |   |
|                   |                 | 118         | 3.        | <del>-</del>                                  |
|                   |                 | 6,274       | Blank.    | <del>-</del>                                  |
| 2207              | Recode<br>37(3) |             | EATING    | - HELPER #2                                   |
|                   |                 | 72<br>1,283 | 1.<br>2.  | Did not help with this                        |
|                   |                 | 20          | 3.        | activity Unknown if helped with this activity |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No.           | Frequency    | Items and Codes  |
|-------------------|--------------------|--------------|--|
| 2198-2257)        | Recode<br>37(1-15) |              | ACTIVITIES HELPED WITH: - Continued  |
| 2208              | Recode<br>37(3)    |              | EATING - HELPER #3   |
|                   |                    | 39<br>448    | <ol> <li>Helped with this activity</li> <li>Did not help with this activity</li> </ol> |
|                   |                    | 7            | 3. Unknown if helped with this activity  |
|                   |                    | 9,197        | Blank. NA (No helper)  |
| 2209              | Recode<br>37(3)    |              | EATING - HELPER #4   |
|                   |                    | 16<br>148    | <ol> <li>Helped with this activity</li> <li>Did not help with this activity</li> </ol> |
|                   |                    | 5            | 3. Unknown if helped with this activity  |
|                   |                    | 9,522        | Blank. NA (No helper)  |
| 2210              | Recode<br>37(4)    |              | GETTING IN OR OUT OF<br>BED/CHAIRS - HELPER #1   |
|                   |                    | 576<br>2,723 | <ol> <li>Helped with this activity</li> <li>Did not help with this activity</li> </ol> |
|                   |                    | 118          | 3. Unknown if helped with this activity  |
|                   |                    | 6,274        | Blank. NA (No helper)  |
| 2211              | Recode<br>37(4)    |              | GETTING IN OR OUT OF<br>BED/CHAIRS - HELPER #2   |
|                   |                    | 192          | 1. Helped with this activity   |
|                   |                    | 1,163        | <ol><li>Did not help with this<br/>activity</li></ol>                                  |
|                   |                    | 20           | <ol><li>Unknown if helped with<br/>this activity</li></ol>                             |
|                   |                    | 8,316        | Blank. NA (No helper)  |

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Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No.           | Frequency    | Items a                             | nd Codes  |
|-------------------|--------------------|--------------|-------------------------------------|---|
| 2198-2257)        | Recode<br>37(1-15) |              | ACTIVITIES HELPED WITH: - Continued |   |
| 2212              | Recode<br>37(4)    |              |                                     | IN OR OUT OF<br>IRS - HELPER #3                           |
|                   |                    | 77<br>410    | 1.<br>2.                            | Helped with this activity Did not help with this          |
|                   |                    | 7            | 3.                                  | activity Unknown if helped with this activity             |
|                   |                    | 9,197        | Blank.                              | NA (No helper)  |
| 2213              | Recode<br>37(4)    |              |                                     | IN OR OUT OF<br>IRS - HELPER #4                           |
|                   |                    | 35<br>129    | 1.<br>2.                            | Helped with this activity Did not help with this          |
|                   |                    | 5            | 3.                                  | activity Unknown if helped with this activity             |
|                   |                    | 9,522        | Blank.                              | NA (No helper)  |
| 2214              | Recode<br>37(5)    |              | WALKING                             | - HELPER #1   |
|                   |                    | 690<br>2,609 | 1.<br>2.                            | Helped with this activity Did not help with this activity |
|                   |                    | 118          | 3.                                  | Unknown if helped with this activity                      |
|                   |                    | 6,274        | Blank.                              | NA (No helper)  |
| 2215              | Recode<br>37(5)    |              | WALKING                             | - HELPER #2   |
|                   |                    | 229          | 1.                                  | Helped with this activity                                 |
|                   |                    | 1,126        | 2.                                  | Did not help with this activity                           |
|                   |                    | 20           | 3.                                  | Unknown if helped with this activity                      |
|                   |                    | 8,316        | Blank.                              | NA (No helper)  |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE
Section H - Assistance With Key Activities (ADL)

| Locations  | Item No.           | Frequency | Items a | nd Codes                                      |
|------------|--------------------|-----------|---------|---|
| 2198-2257) | Recode<br>37(1-15) |           | ACTIVIT | IES HELPED WITH:<br>nued                      |
| 2216       | Recode<br>37(5)    |           | WALKING | - HELPER #3                                   |
|            |                    | 81        | 1.      | Helped with this activity                     |
|            |                    | 406       | 2.      | Did not help with this                        |
|            |                    | 7         | 3.      | activity Unknown if helped with this activity |
|            |                    | 9,197     | Blank.  | NA (No helper)                                |
| 2217       | Recode<br>37(5)    |           | WALKING | - HELPER #4                                   |
|            |                    | 35        | 1.      | Helped with this activity                     |
|            |                    | 129       | 2.      | Did not help with this activity               |
|            |                    | 5         | 3.      | Unknown if helped with this activity          |
|            |                    | 9,522     | Blank.  | NA (No helper)                                |
| 2218       | Recode<br>37(6)    |           | GETTING | OUTSIDE - HELPER #1                           |
|            |                    | 790       |         | Helped with this activity                     |
|            |                    | 2,509     | 2.      | Did not help with this activity               |
|            |                    | 118       | 3.      | Unknown if helped with this activity          |
|            |                    | 6,274     | Blank.  | NA (No helper)                                |
| 2219       | Recode<br>37(6)    |           | GETTING | OUTSIDE - HELPER #2                           |
|            |                    | 287       | 1.      | Helped with this activity                     |
|            |                    | 1,068     | 2.      | Did not help with this activity               |
|            |                    | 20        | 3.      | Unknown if helped with this activity          |
|            |                    | 8,316     | Blank.  | NA (No helper)                                |

| Tape<br>Locations | Item No.           | Frequency | Items and Codes                     |
|-------------------|--------------------|-----------|-------------------------------------|
| (2198-2257)       | Recode<br>37(1-15) |           | ACTIVITIES HELPED WITH: - Continued |
| 2220              | Recode             |           | GETTING OUTSIDE - HELPER #3         |

|      | 37(6)           |           |                    |   |
|------|-----------------|-----------|--------------------|---|
|      | , ,             | 108       | 1.                 | <u> </u>                                |
|      |                 | 379       | 2.                 |   |
|      |                 | 7         | 3.                 | activity<br>Unknown if helped with      |
|      |                 | •         | · .                | this activity                           |
|      |                 | 9,197     | Blank.             | NA (No helper)                          |
| 2221 | Recode          |           | GETTING            | G OUTSIDE - HELPER #4                   |
|      | 37(6)           | 4.0       | 1                  | TT-1                                    |
|      |                 | 42<br>122 | 1.<br>2.           | 1 |
|      |                 | 122       | ۷.                 | activity                                |
|      |                 | 5         | 3.                 | <del>-</del>                            |
|      |                 |           |                    | this activity                           |
|      |                 | 9,522     | Blank.             | NA (No helper)                          |
| 2222 | Recode<br>37(7) |           | USING C<br>- HELPE | OR GETTING TO THE TOILET                |
|      | 37(7)           |           | HELFE              | 77. #1                                  |
|      |                 | 299       | 1.                 | Helped with this activity               |
|      |                 | 3,000     | 2.                 |   |
|      |                 | 118       | 3.                 | activity<br>Unknown if helped with      |
|      |                 | 110       | ٥.                 | this activity                           |
|      |                 | 6,274     | Blank.             | <u>-</u>                                |
| 2223 | Recode          |           | USING (            | OR GETTING TO THE TOILET                |
|      | 37(7)           |           | - HELPE            |   |
|      |                 | 102       | 1.                 | Helped with this activity               |
|      |                 | 1,253     | 2.                 | Did not help with this                  |
|      |                 |           | _                  | activity                                |
|      |                 | 20        | 3.                 | Unknown if helped with this activity    |
|      |                 | 8,316     | Blank.             | <del>-</del>                            |
|      |                 |           |                    |   |

| Tape<br>Locations | Item No.           | Frequency | Items and Codes  ACTIVITIES HELPED WITH: - Continued  USING OR GETTING TO THE TOILET - HELPER #3 |  |  |
|-------------------|--------------------|-----------|--|--|--|
| (2198-2257)       | Recode<br>37(1-15) |           |  |  |  |
| 2224              | Recode<br>37(7)    |           |  |  |  |
|                   |                    | 46<br>441 | <ol> <li>Helped with this activity</li> <li>Did not help with this activity</li> </ol>           |  |  |

|      |        | 7     | 3.      | Unknown if helped with                  |
|------|--------|-------|---------|---|
|      |        | 9,197 | Blank.  | this activity<br>NA (No helper)         |
| 2225 | Recode |       |         | OR GETTING TO THE TOILET                |
|      | 37(7)  |       | - HELPE | CR #4                                   |
|      |        | 18    | 1.      | Helped with this activity               |
|      |        | 146   | 2.      | <del>-</del>                            |
|      |        | 5     | 3.      | _                                       |
|      |        | 9,522 | Blank.  | -                                       |
| 2226 | Recode |       | PREPAR] | ING YOUR OWN MEALS - HELPER #1          |
|      | 37(8)  |       |         |   |
|      |        | 1,049 | 1.      | 1 |
|      |        | 2,250 | 2.      | Did not help with this activity         |
|      |        | 118   | 3.      | Unknown if helped with                  |
|      |        |       |         | this activity                           |
|      |        | 6,274 | Blank.  | NA (No helper)                          |
| 2227 | Recode |       | PREPARI | ING YOUR OWN MEALS - HELPER #2          |
|      | 37(8)  |       |         |   |
|      |        | 287   | 1.      | 1 |
|      |        | 1,068 | 2.      | Did not help with this activity         |
|      |        | 20    | 3.      | <del>-</del>                            |
|      |        | 8,316 | Blank.  |   |
|      |        |       | -468-   |   |

Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No.           | Frequency | Items and Codes  |  |
|-------------------|--------------------|-----------|--|--|
|                   |                    |           |  |  |
| 2198-2257)        | Recode<br>37(1-15) |           | ACTIVITIES HELPED WITH: - Continued                          |  |
|                   | 37(1 13)           |           | Concinaca  |  |
| 2228              | Recode<br>37(8)    |           | PREPARING YOUR OWN MEALS - HELPER #3                         |  |
|                   |                    | 113       | 1. Helped with this activity                                 |  |
|                   |                    | 374       | <ol><li>Did not help with this activity</li></ol>            |  |
|                   |                    | 7         | <ol> <li>Unknown if helped with<br/>this activity</li> </ol> |  |
|                   |                    | 9,197     | Blank. NA (No helper)  |  |

2229 Recode PREPARING YOUR OWN MEALS - HELPER #4

|      | 37(8)  |       |          |                             |
|------|--------|-------|----------|-----------------------------|
|      |        | 37    | 1.       | Helped with this activity   |
|      |        | 127   | 2.       | Did not help with this      |
|      |        |       |          | activity                    |
|      |        | 5     | 3.       |                             |
|      |        | 0 500 | D11-     | this activity               |
|      |        | 9,522 | Blank.   | NA (No helper)              |
| 2230 | Recode |       | SHOPPIN  | G FOR GROCERIES - HELPER #1 |
|      | 37(9)  |       |          |                             |
|      |        | 1,643 | 1.       | Helped with this activity   |
|      |        | 1,656 | 2.       | Did not help with this      |
|      |        |       |          | activity                    |
|      |        | 118   | 3.       |                             |
|      |        |       |          | this activity               |
|      |        | 6,274 | Blank.   | NA (No helper)              |
| 2231 | Recode |       | SHOPPIN  | G FOR GROCERIES - HELPER #2 |
| 2231 | 37(9)  |       | 51101111 |                             |
|      | , ,    | 569   | 1.       | Helped with this activity   |
|      |        | 786   | 2.       | Did not help with this      |
|      |        |       |          | activity                    |
|      |        | 20    | 3.       |                             |
|      |        |       |          | this activity               |
|      |        | 8,316 | Blank.   | NA (No helper)              |
|      |        |       | -469-    |                             |

| Tape<br>Locations | Item No.           | Frequency | Items and Codes  |  |
|-------------------|--------------------|-----------|--|--|
| (2198-2257)       | Recode<br>37(1-15) |           | ACTIVITIES HELPED WITH: - Continued                          |  |
| 2232              | Recode<br>37(9)    |           | SHOPPING FOR GROCERIES - HELPER #3                           |  |
|                   | • •                | 192       | 1. Helped with this activity                                 |  |
|                   |                    | 295       | 2. Did not help with this                                    |  |
|                   |                    |           | activity   |  |
|                   |                    | 7         | 3. Unknown if helped with                                    |  |
|                   |                    |           | this activity  |  |
|                   |                    | 9,197     | Blank. NA (No helper)  |  |
| 2233              | Recode<br>37(9)    |           | SHOPPING FOR GROCERIES - HELPER #4                           |  |
|                   |                    | 59        | 1. Helped with this activity                                 |  |
|                   |                    | 105       | <ol> <li>Did not help with this activity</li> </ol>          |  |
|                   |                    | 5         | <ol> <li>Unknown if helped with<br/>this activity</li> </ol> |  |
|                   |                    | 9,522     | Blank. NA (No helper)  |  |

| Recode |                | MANAGIN                                 | NG YOUR MONEY - HELPER #1  |
|--------|----------------|---|--|
| 3/(10) | 610            | 1                                       | Helped with this activity  |
|        |                |   | <del>-</del>   |
|        | 2,031          | ۷.                                      | activity   |
|        | 118            | 3.                                      | Unknown if helped with   |
|        |                |   | this activity  |
|        | 6,274          | Blank.                                  | NA (No helper)   |
| 37(10) |                | MIMICI                                  | VO TOOK HONDT HIBBERE #2   |
| - ( 7  | 166            | 1.                                      | Helped with this activity  |
|        | 1,189          | 2.                                      | <del>-</del>   |
|        | •              |   | activity   |
|        | 20             | 3.                                      | <del>-</del>   |
|        |                |   | this activity  |
|        |                |   |  |
|        | 37(10)  Recode | Recode 37(10)  Recode 37(10)  166 1,189 | 37(10) 648 2,651 2.  118 3. 6,274 Blank.  Recode 37(10) 166 1,189 2. |

| Tape<br>Locations | Item No.           | Frequency    | Items and Codes  |  |
|-------------------|--------------------|--------------|--|--|
| (2198-2257)       | Recode<br>37(1-15) |              | ACTIVITIES HELPED WITH: - Continued  |  |
| 2236              | Recode<br>37(10)   |              | MANAGING YOUR MONEY - HELPER #3  |  |
|                   | , ,,               | 41<br>446    | <ol> <li>Helped with this activity</li> <li>Did not help with this activity</li> </ol> |  |
|                   |                    | 7            | 3. Unknown if helped with this activity  |  |
|                   |                    | 9,197        | Blank. NA (No helper)  |  |
| 2237              | Recode<br>37(10)   |              | MANAGING YOUR MONEY - HELPER #4  |  |
|                   |                    | 19<br>145    | <ol> <li>Helped with this activity</li> <li>Did not help with this activity</li> </ol> |  |
|                   |                    | 5            | 3. Unknown if helped with this activity  |  |
|                   |                    | 9,522        | Blank. NA (No helper)  |  |
| 2238              | Recode<br>37(11)   |              | USING THE TELEPHONE - HELPER #1  |  |
|                   | , ,                | 307<br>2,992 | <ol> <li>Helped with this activity</li> <li>Did not help with this activity</li> </ol> |  |

|      |                  | 118   | 3.      | Unknown if helped with this activity |
|------|------------------|-------|---------|--------------------------------------|
|      |                  | 6,274 | Blank.  | <del>-</del>                         |
| 2239 | Recode<br>37(11) |       | USING T | THE TELEPHONE - HELPER #2            |
|      |                  | 85    | 1.      | Helped with this activity            |
|      |                  | 1,270 | 2.      | Did not help with this activity      |
|      |                  | 20    | 3.      | Unknown if helped with this activity |
|      |                  | 8,316 | Blank.  | NA (No helper)                       |
| 1    |                  |       | -471-   |                                      |

1,1

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.           | Frequency      | Items and                           | Codes  |
|-------------------|--------------------|----------------|-------------------------------------|--|
| (2198-2257)       | Recode<br>37(1-15) |                | ACTIVITIES HELPED WITH: - Continued |  |
| 2240              | Recode<br>37(11)   |                | USING THE                           | TELEPHONE - HELPER #3                                  |
|                   | ` '                | 29<br>458      | 2. D                                | elped with this activity id not help with this ctivity |
|                   |                    | 7              | 3. Ui                               | ctivity<br>nknown if helped with<br>his activity       |
|                   |                    | 9,197          | Blank. N                            | A (No helper)  |
| 2241              | Recode<br>37(11)   |                | USING THE                           | TELEPHONE - HELPER #4                                  |
|                   |                    | 9<br>155       | 2. D:                               | elped with this activity id not help with this ctivity |
|                   |                    | 5              | 3. Ui                               | nknown if helped with<br>his activity                  |
|                   |                    | 9,522          |                                     | A (No helper)  |
| 2242              | Recode<br>37(12)   |                | DOING HEA                           | VY HOUSEWORK - HELPER #1                               |
|                   |                    | 2,222<br>1,077 | 2. D                                | elped with this activity id not help with this         |
|                   |                    | 118            | 3. Ui                               | ctivity<br>nknown if helped with<br>his activity       |
|                   |                    | 6,274          |                                     | A (No helper)  |
| 2243              | Recode<br>37(12)   |                | DOING HEAV                          | VY HOUSEWORK - HELPER #2                               |

| 679   | 1.     | Helped with this activity |
|-------|--------|---------------------------|
| 676   | 2.     | Did not help with this    |
|       |        | activity                  |
| 20    | 3.     | Unknown if helped with    |
|       |        | this activity             |
| 8,316 | Blank. | NA (No helper)            |
|       |        |                           |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.         | Frequency | Items a | nd Codes                              |
|-------------------|------------------|-----------|---------|---------------------------------------|
|                   |                  |           |         |                                       |
| 2198-2257)        | Recode           |           | ACTIVIT | TIES HELPED WITH:                     |
| ·                 | 37(1-15)         |           | - Conti | nued                                  |
|                   | _                |           |         |                                       |
| 2244              | Recode<br>37(12) |           | DOING H | EAVY HOUSEWORK - HELPER #3            |
|                   |                  | 243       | 1.      | 1                                     |
|                   |                  | 244       | 2.      | <u>-</u>                              |
|                   |                  | 7         | 2       | activity<br>Unknown if helped with    |
|                   |                  | /         | 3.      | this activity                         |
|                   |                  | 9,197     | Blank.  | <del>-</del>                          |
|                   |                  | ·         |         | · · · · · · · · · · · · · · · · · · · |
| 2245              | Recode           |           | DOING H | EAVY HOUSEWORK - HELPER #4            |
|                   | 37(12)           |           |         |                                       |
|                   |                  | 70        | 1.      |                                       |
|                   |                  | 94        | 2.      |                                       |
|                   |                  | _         |         | activity                              |
|                   |                  | 5         | 3.      | ±                                     |
|                   |                  | 9,522     | Blank.  | this activity<br>NA (No helper)       |
|                   |                  |           | Brank:  | NA (NO HEIPEI)                        |
| 2246              | Recode           |           | DOING I | TOUR HOUGENORY HELDER #1              |
| 2240              | 37(13)           |           | DOING L | IGHT HOUSEWORK - HELPER #1            |
|                   | 37(13)           | 1,030     | 1.      | Helped with this activity             |
|                   |                  | 2,269     | 2.      |                                       |
|                   |                  |           |         | activity                              |
|                   |                  | 118       | 3.      |                                       |
|                   |                  | 6 074     | D]!-    | this activity                         |
|                   |                  | 6,274     | Blank.  | NA (No helper)                        |
| 2045              |                  |           |         |                                       |
| 2247              | Recode           |           | DOING L | IGHT HOUSEWORK - HELPER #2            |
|                   | 37(13)           | 371       | 1.      | Helped with this activity             |
|                   |                  | 984       | 2.      | 1                                     |
|                   |                  | 201       | 2.      | activity                              |
|                   |                  | 20        | 3.      |                                       |
|                   |                  |           |         | this activity                         |
|                   |                  | 8,316     | Blank.  | NA (No helper)                        |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No.         | Frequency | Items a | nd Codes                             |
|-------------------|------------------|-----------|---------|--------------------------------------|
| 2198-2257)        | Recode           |           | ACTIVIT | IES HELPED WITH:                     |
|                   | 37(1-15)         |           | - Conti | nued                                 |
| 2248              | Recode<br>37(13) |           | DOING L | IGHT HOUSEWORK - HELPER #3           |
|                   |                  | 147       | 1.      | Helped with this activity            |
|                   |                  | 340       | 2.      | Did not help with this activity      |
|                   |                  | 7         | 3.      | Unknown if helped with this activity |
|                   |                  | 9,197     | Blank.  | NA (No helper)                       |
| 2249              | Recode           |           | DOING L | IGHT HOUSEWORK - HELPER #4           |
|                   | 37(13)           | F-1       | -       |                                      |
|                   |                  | 51<br>113 | 1.      | Helped with this activity            |
|                   |                  | 113       | 2.      | Did not help with this activity      |
|                   |                  | 5         | 3.      | Unknown if helped with               |
|                   |                  | _         |         | this activity                        |
|                   |                  | 9,522     | Blank.  | NA (No helper)                       |
| 2250              | Recode           |           | GETTING | TO PLACES - HELPER #1                |
|                   | 37(14)           |           |         |                                      |
|                   |                  | 1,340     | 1.      | Helped with this activity            |
|                   |                  | 1,959     | 2.      | Did not help with this               |
|                   |                  | 118       | 3.      | activity Unknown if helped with      |
|                   |                  | 110       | J.      | this activity                        |
|                   |                  | 6,274     | Blank.  | NA (No helper)                       |
| 2251              | Recode           |           | GETTING | TO PLACES - HELPER #2                |
|                   | 37(14)           |           |         |                                      |
|                   |                  | 548       | 1.      | Helped with this activity            |
|                   |                  | 807       | 2.      | Did not help with this activity      |
|                   |                  | 20        | 3.      | Unknown if helped with this activity |
|                   |                  | 8,316     | Blank.  | NA (No helper)                       |

1995 DISABILITY PHASE II ADULT PUBLIC USE FILE
Section H - Assistance With Key Activities (ADL)

| Tape<br>Locations | Item No.           | Frequency  | Items a            | and Codes   |
|-------------------|--------------------|------------|--------------------|---|
| 2198-2257)        | Recode<br>37(1-15) |            | ACTIVII<br>- Conti | TIES HELPED WITH:                                   |
| 2252              | Recode<br>37(14)   |            | GETTING            | G TO PLACES - HELPER #3                             |
|                   |                    | 206<br>281 | 1.<br>2.           | ±   |
|                   |                    | 7          | 3.                 | activity<br>Unknown if helped with<br>this activity |
|                   |                    | 9,197      | Blank.             | <del>-</del>  |
| 2253              | Recode<br>37(14)   |            | GETTING            | G TO PLACES - HELPER #4                             |
|                   |                    | 72         |                    | Helped with this activity                           |
|                   |                    | 92         | 2.                 | Did not help with this activity                     |
|                   |                    | 5          | 3.                 |   |
|                   |                    |            |                    | this activity                                       |
|                   |                    | 9,522      | Blank.             | NA (No helper)                                      |
| 2254              | Recode<br>37(15)   |            | MANAGIN<br>- HELPE | IG YOUR MEDICATIONS<br>CR #1                        |
|                   |                    | 594        | 1.                 | Helped with this activity                           |
|                   |                    | 2,705      | 2.                 |   |
|                   |                    | 118        | 3.                 |   |
|                   |                    | 6,274      | Blank.             | <del>-</del>  |
| 2255              | Recode<br>37(15)   |            | MANAGIN<br>- HELPE | IG YOUR MEDICATIONS<br>ER #2                        |
|                   |                    | 179        | 1.                 | Helped with this activity                           |
|                   |                    | 1,176      | 2.                 | Did not help with this activity                     |
|                   |                    | 20         | 3.                 | Unknown if helped with this activity                |
|                   |                    |            |                    |   |

| Tape<br>Locations | Item No. | Frequency | Items and Codes         |
|-------------------|----------|-----------|-------------------------|
| (2198-2257)       | Recode   |           | ACTIVITIES HELPED WITH: |

|   |           | 37(1-15)         |           | - Conti            | nued  |
|---|-----------|------------------|-----------|--------------------|---|
|   | 2256      | Recode<br>37(15) |           | MANAGIN<br>- HELPE | IG YOUR MEDICATIONS<br>CR #3                              |
|   |           |                  | 71<br>416 | 1.<br>2.           | Helped with this activity Did not help with this activity |
|   |           |                  | 7         | 3.                 | Unknown if helped with this activity                      |
|   |           |                  | 9,197     | Blank.             | NA (No helper)  |
|   | 2257      | Recode<br>37(15) |           | MANAGIN<br>- HELPE | IG YOUR MEDICATIONS<br>CR #4                              |
|   |           |                  | 29<br>135 | 1.<br>2.           | Helped with this activity Did not help with this activity |
|   |           |                  | 5         | 3.                 | <del>-</del>  |
|   |           |                  | 9,522     | Blank.             | NA (No helper)  |
|   | 2258-2260 |                  |           | BLANK              |   |
| 1 |           |                  | -         | -476-              |   |

Notes:

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                       | Items and Codes  |
|-------------------|----------|---------------------------------|--|
| 2261              | 1        |                                 | DID YOU GET ANY MEDICAL<br>TREATMENTS AT HOME  |
|                   |          | 615<br>8,837<br>98<br>24<br>117 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized)</li> </ol>                   |
| 2262              | 2 2      |                                 | DO YOU NEED HELP WITH<br>MEDICAL TREATMENTS AT HOME  |
|                   |          | 39<br>573<br>1<br>2<br>9,076    | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; No or DK if received any medical treatments in past 3 months) |

| 2263 | 3 |                               | EXPERIENCED PROBLEMS BECAUSE<br>DID NOT HAVE ENOUGH HELP WITH<br>HOME MEDICAL TREATMENTS   |
|------|---|-------------------------------|--|
|      |   | 13<br>25<br>1<br>0<br>9,652   | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |
| 2264 | 4 |                               | DO FAMILY MEMBERS OR FRIENDS HELP<br>WITH MEDICAL TREATMENTS AT HOME   |
|      |   | 215<br>397<br>3<br>0<br>9,076 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; No or DK if received any medical treatments in past 3 months)</li> </ol>   |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency          | Items a  | and Codes  |
|-------------------|----------|--------------------|--|--|
| 2265              | 5        | BEEN TR<br>PROFESS | AMILY MEMBERS OR FRIENDS RAINED BY A HEALTH CARE SIONAL TO ADMINISTER L TREATMENTS |  |
|                   |          | 87                 | 1.   | Yes, all have been trained   |
|                   |          | 42                 | 2.   | Yes, some have been trained  |
|                   |          | 84                 | 3.   |  |
|                   |          | 0                  | 8.   | Not ascertained  |
|                   |          | 2                  | 9.   | DK or refused  |
| ome)              |          | 9,476              | Blank.   | NA (Institutionalized; No or DK if received any medical treatments in past 3 months; No or DK if family members hel with medical treatments at |

| 2266  | 6a |                             | RECEIVE HOME MEDICAL TREATMENTS FROM FRIENDS OR RELATIVES YOU FEEL SHOULD BE ADMINISTERED BY A HEALTH PROFESSIONAL |               |  |
|-------|----|-----------------------------|--|---------------|--|
|       |    | 7<br>205<br>0<br>3<br>9,476 | 1.<br>2.<br>8.<br>9.<br>Blank.   | DK or refused |  |
| home) |    |                             |  |               |  |
|       |    |                             |  |               |  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.           | Frequency                 | Items and Codes  |
|-------------------|--------------------|---------------------------|--|
| (2267-2273)       | 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  |
|                   |                    | 1<br>6<br>0<br>0<br>9,684 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized, etc.)</li> </ol>                       |
| 2268              | 6b(2)              |                           | LOOKED FOR HELP, HELP<br>NOT AVAILABLE   |
|                   |                    | 1<br>6<br>0<br>0<br>9,684 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized, etc.)</li> </ol>                       |
| 2269              | 6b(3)              |                           | NO INSURANCE COVERAGE  |
|                   |                    | 3<br>4                    | <ol> <li>Mentioned</li> <li>Not mentioned</li> </ol>   |

|      |       | 0<br>0<br>9,684                | 8. No answer to entire question<br>9. DK or refused (entire question)<br>Blank. NA (Institutionalized, etc.)   |
|------|-------|--------------------------------|--|
| 2270 | 6b(4) |                                | CANNOT AFFORD, EVEN WITH INSURANCE COVERAGE  |
|      |       | 3<br>4<br>0<br>0<br>0<br>9,684 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized, etc.)</li> </ol> |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |
|                   |          | 0<br>7<br>0<br>0<br>9,684 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized, etc.)</li> </ol>                                   |
| 2272              | 6b(6)    |                           | GETTING NEW HELPER/IN<br>BETWEEN HELPERS   |
|                   |          | 0<br>7<br>0<br>0<br>9,684 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized, etc.)</li> </ol>                                   |
| 2273              | 6b(7)    |                           | OTHER  |
|                   |          | 2<br>5<br>0<br>0<br>9,684 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized, etc.)</li> </ol>                                   |

|       |                   | IBED FOR YOU BUT YOU<br>F GETTING |
|-------|-------------------|-----------------------------------|
|       |                   |                                   |
| 93    | 1.                | Yes                               |
| 9,356 | 2.                | No                                |
| 91    | 8.                | Not ascertained                   |
| 34    | 9.                | DK or refused                     |
| 117   | Blank.            | NA (Institutionalized)            |
|       | 9,356<br>91<br>34 | 9,356 2.<br>91 8.<br>34 9.        |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                   | Items and Codes   |
|-------------------|----------|-----------------------------|---|
| (2275-2281)       | 8 (1-7)  |                             | NOT GETTING THIS TREATMENT BECAUSE:   |
| 2275              | 8(1)     |                             | DON'T KNOW WHERE TO<br>GO FOR HELP  |
|                   |          | 9<br>77<br>5<br>2<br>9,598  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if gets the prescribed home medical treatments)</li> </ol> |
| 2276              | 8(2)     |                             | LOOKED FOR HELP,<br>HELP NOT AVAILABLE  |
|                   |          | 9<br>77<br>5<br>2<br>9,598  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if gets the prescribe home medical treatments)</li> </ol>  |
| 2277              | 8 ( 3 )  |                             | NO INSURANCE COVERAGE   |
|                   |          | 30<br>56<br>5<br>2<br>9,598 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if gets the prescribed home medical treatments)</li> </ol> |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                   | Items and Codes                                   |          |
|-------------------|----------|-----------------------------|---|----------|
| (2275-2281)       | 8(1-7)   |                             | NOT GETTING THIS TREATMENT<br>BECAUSE:- Continued |          |
| 2278              | 8 ( 4 )  |                             | CANNOT AFFORD, EV                                 |          |
|                   |          | 38<br>48<br>5<br>2<br>9,598 | 9. DK or ref<br>Blank. NA (Insti<br>or DK if      |          |
| 2279              | 8(5)     |                             | DON'T WANT THE TREATMENT                          |          |
|                   |          | 13<br>73<br>5<br>2<br>9,598 | 9. DK or ref<br>Blank. NA (Insti<br>or DK if      |          |
| 2280              | 8(6)     |                             | GETTING NEW HELPE<br>BETWEEN HELPERS              | GR/IN    |
|                   |          | 1<br>85<br>5<br>2<br>9,598  | 9. DK or ref<br>Blank. NA (Insti<br>or DK if      |          |
| 2281              | 8(7)     |                             | OTHER   |          |
|                   |          | 21<br>65<br>5<br>2<br>9,598 | 9. DK or ref<br>Blank. NA (Insti<br>or DK if      | <u>-</u> |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section I - Other Services

| Tape<br>Locations | Item No. | Frequency | Items and Codes  |  |
|-------------------|----------|-----------|--|--|
| 2282              | 9        |           | NUMBER OF PRESCRIPTION<br>MEDICINES ARE YOU SUPPOSED<br>TO USE |  |
|                   |          | 2,703     | 0. None  |  |
|                   |          | 2,819     | 1. One or two  |  |
|                   |          | 2,603     | 2. Three-five  |  |
|                   |          | 962       | 3. Six-nine  |  |
|                   |          | 295       | 4. Ten or more   |  |
|                   |          | 100       | 8. Not ascertained   |  |
|                   |          | 92        | 9. DK or refused   |  |
|                   |          | 117       | Blank. NA (Institutionalized)                                  |  |
| 2283              | 10       |           | TAKE MEDICINE(S) AS PRESCRIBED                                 |  |
|                   |          | 5,906     | 1. All of the time   |  |
|                   |          | 566       | 2. Most of the time  |  |
|                   |          | 175       | 3. Some of the time  |  |
|                   |          | 43        | 4. Rarely  |  |
|                   |          | 35        | 5. Never   |  |
|                   |          | 98        | 8. Not ascertained   |  |
|                   |          | 48        | 9. DK or refused   |  |
|                   |          | 2,820     | 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                                     |  |
|                   |          | 162       | 1. Yes   |  |
|                   |          | 663       | 2. No  |  |
|                   |          | 105       | 8. Not ascertained   |  |
|                   |          | 35        | 9. DK or refused   |  |
|                   |          | 8,726     | Blank. NA (Institutionalized;                                  |  |
|                   |          |           | uses no prescription   |  |
|                   |          |           | medicine; uses medicine  |  |
|                   |          |           | as prescribed all the time)                                    |  |

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#### Section I - Other Services

| Tape<br>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  |  |
|                   |          | 149<br>675<br>106<br>35<br>8,726 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; uses no prescription medicine; uses medicine as prescribed all the time) |  |
| 2286              | 11c      |                                  | DID NOT REFILL WHEN RAN<br>OUT BECAUSE OF COST  |  |
|                   |          | 177<br>644<br>107<br>37<br>8,726 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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  |  |
|                   |          | 166<br>655<br>110<br>34<br>8,726 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; uses no prescription medicine; uses medicine as prescribed all the time) |  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| 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   |  |
|             |         | 385<br>432<br>109<br>39<br>8,726 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; uses no prescription medicine; uses medicine as prescribed all the time)   |  |
| 2289        | 11f     |                                  | DON'T USE AS PRESCRIBED<br>BECAUSE OF SIDE EFFECTS  |  |
|             |         | 203<br>618<br>109<br>35<br>8,726 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; uses no prescription medicine; uses medicine as prescribed all the time)</li> </ol> |  |
| 2290        | 11g     |                                  | CANNOT PICK UP FROM DRUG<br>STORE OR GET DELIVERED  |  |
|             |         | 28<br>792<br>112<br>33<br>8,726  | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; uses no prescription medicine; uses medicine as prescribed all the time)</li> </ol> |  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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      |

|             |          | 158<br>657<br>111<br>39<br>8,726 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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  |
|             |          | 288<br>518<br>103<br>56<br>8,726 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)    | 121<br>165<br>1<br>1<br>9,403    | PAIN/DISCOMFORT  1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) Blank. NA (Institutionalized, etc.)                                 |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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

|      |       |       | co asc  | )   |
|------|-------|-------|---------|---|
| 2294 | 13(2) |       | DIZZIN  | ESS/FAINTING                                  |
|      |       | 62    | 1.      | Mentioned                                     |
|      |       | 224   | 2.      |   |
|      |       | 1     | 8.      | No answer to entire question                  |
|      |       | 1     | 9.      | <del>-</del>                                  |
|      |       | 9,403 | Blank.  |   |
| 2295 | 13(3) |       | DISORII | ENTATION                                      |
|      |       | 49    | 1.      | Mentioned                                     |
|      |       | 237   | 2.      | Not mentioned                                 |
|      |       | 1     | 8.      | No answer to entire question                  |
|      |       | 1     | 9.      |   |
|      |       | 9,403 | Blank.  | NA (Institutionalized, etc.)                  |
| 2296 | 13(4) |       | OVERDOS | SE/WITHDRAWAL                                 |
|      |       | 12    | 1.      | Mentioned                                     |
|      |       | 274   | 2.      |   |
|      |       | 1     | 8.      |   |
|      |       | 1     | 9.      |   |
|      |       | 9,403 | Blank.  | NA (Institutionalized, etc.)                  |
| 2297 | 13(5) |       |         | IN BLOOD PRESSURE<br>ING OR OTHER VITAL SIGNS |
|      |       |       | BREITH  | ING OR CITIER VIIIE BIGNE                     |
|      |       | 58    | 1.      | Mentioned                                     |
|      |       | 228   | 2.      | Not mentioned                                 |
|      |       | 1     | 8.      | No answer to entire question                  |
|      |       |       | 0       | DK f d /+i                                    |
|      |       | 1     | 9.      | DK or refused (entire question)               |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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 |
| 2298              | 13(6)    |           | CONDITION FOR WHICH   |

#### MEDICINE PRESCRIBED GOT WORSE

|      |       | 100<br>186<br>1<br>1<br>9,403 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized, etc.)</li> </ol> |
|------|-------|-------------------------------|--|
| 2299 | 13(7) |                               | OTHER CONDITION(S) GOT WORSE   |
|      |       | 22<br>264<br>1<br>1<br>9,403  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized, etc.)</li> </ol> |
| 2300 | 13(8) |                               | HAD TO BE ADMITTED TO HOSPITAL   |
|      |       | 25<br>261<br>1<br>1<br>9,403  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized, etc.)</li> </ol> |
| 2301 | 13(9) |                               | HAD TO GO TO DOCTOR/<br>EMERGENCY ROOM   |
|      |       | 26<br>260<br>1<br>1<br>9,403  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized, etc.)</li> </ol> |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| 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   |
|             |          | 14        | 1. Mentioned  |

|           |        | 272<br>1<br>1<br>9,403       | 2.<br>8.<br>9.<br>Blank.       | DK or refused (entire question)                                 |
|-----------|--------|------------------------------|--------------------------------|---|
| 2303      | 13(11) |                              | OTHER                          |   |
|           |        | 80<br>206<br>1<br>1<br>9,403 | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question<br>DK or refused (entire question) |
| 2304-2305 | Recode |                              | EXPERIE                        | OF PROBLEMS<br>ENCED BY NOT TAKING<br>TIONS AS PRESCRIBED       |
|           |        | 804                          | 00-11.                         | Number of problems  |
|           |        | 2,703                        | 90.                            |   |
|           |        | 5,906                        | 91.                            | Use medicine as prescribed all the time                         |
|           |        | 2                            | 98.                            | Experienced problems, unknown what problems                     |
|           |        | 159                          | 99.                            |   |
|           |        | 117                          | Blank.                         | NA (Institutionalized)  |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| 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   |
|           |          | 877<br>5,852<br>121<br>21<br>2,820 | <ol> <li>Receive help</li> <li>All by self</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; uses no prescription medicine)</li> </ol> |
| 2307      | 15       |                                    | NEED (MORE) HELP WITH YOUR<br>MEDICINE (NOT FINANCIAL)  |
|           |          | 92<br>6,627<br>118                 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> </ol>  |

|             |         | 34<br>2,820                 | 9. DK or refused 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/<br>GETTING MEDICINES FROM PHARMACY  |
|             |         | 36<br>54<br>0<br>2<br>9,599 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized, etc.)</li> </ol> |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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/<br>SETTING UP/TAKING MEDICINES  |  |
|                   |          | 69<br>21<br>0<br>2<br>9,599 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized, etc.)</li> </ol> |  |
| 2310              | 16(3)    |                             | OTHER  |  |
|                   |          | 12<br>78<br>0<br>2<br>9,599 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized, etc.)</li> </ol> |  |
| 2311              | 17       |                             | HAVE A GENERAL PRACTITIONER,<br>INTERNIST, OR FAMILY DOCTOR<br>WHOM YOU SEE REGULARLY  |  |

|      |    | 7,248<br>2,153<br>124<br>49<br>117         | 1.<br>2.<br>8.<br>9.<br>Blank.             |  |
|------|----|--|--|--|
| 2312 | 18 |  | WHICH S                                    | SEEN MOST OFTEN  |
|      |    | 2,602<br>1,246<br>3,072<br>261<br>16<br>51 | 1.<br>2.<br>3.<br>4.<br>8.<br>9.<br>Blank. | Family doctor DK specialty/title Not ascertained DK which seen most often or refused |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                                | Items and Codes  |  |  |
|-------------------|----------|--|--|--|--|
| 2313              | 19       |  | HAVE YOU SEEN THIS PROVIDER IN PAST 12 MONTHS  |  |  |
|                   |          | 6,654<br>552<br>7<br>35<br>2,443         | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         No or DK if has a regularly seen doctor)</li> </ol>                        |  |  |
| 2314-2315         | 20       |  | NUMBER OF TIMES YOU HAVE SEEN<br>THIS PROVIDER IN PAST 3 MONTHS  |  |  |
|                   |          | 1,576<br>4,901<br>0<br>8<br>169<br>3,037 | 00. None 01-96. 1-96 times 97. 97+ times 98. Not ascertained 99. DK or refused 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                  |  |  |  |

| 345   | 1.     | Yes                           |
|-------|--------|-------------------------------|
| 4,668 | 2.     | No                            |
| 13    | 8.     | Not ascertained               |
| 52    | 9.     | DK or refused                 |
| 4,613 | 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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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                            | Items and Codes   |
|-------------------|----------|--------------------------------------|---|
| 2317              | 22       |                                      | DID PROVIDER REFER YOU TO<br>ANOTHER DOCTOR OR MEDICAL<br>PROFESSIONAL IN PAST 3 MONTHS   |
|                   |          | 1,690<br>4,898<br>18<br>48<br>3,037  | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; No or DK if has a regularly seen doctor; No or DK if seen provider in past 12 months)</li> </ol>  |
| 2318 23           | 23       |                                      | DID YOU OR WILL YOU GO FOR<br>ANY OF THE VISITS OR TESTS<br>RECOMMENDED BY PROVIDER   |
|                   |          | 1,591<br>51<br>40<br>2<br>6<br>8,001 | <ol> <li>All</li> <li>Some</li> <li>None</li> <li>Not ascertained</li> <li>DK or refused</li> <li>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)</li> </ol> |
| (2319-2333)       | 24(1-15) |                                      | DIDN'T GO FOR RECOMMENDED<br>VISITS OR TESTS BECAUSE:   |
| 2319              | 24(1)    |                                      | WAITING FOR UPCOMING APPOINTMENT  |

| 182<br>171<br>49<br>4<br>9,285 | 2.<br>8.<br>9. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) 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 |
|--------------------------------|----------------|---|
|                                |                | ±   |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                     | Items and Codes  |
|-------------------|----------|-------------------------------|--|
| (2319-2333)       | 24(1-15) |                               | DIDN'T GO FOR RECOMMENDED<br>VISITS OR TESTS BECAUSE:<br>- Continued   |
| 2320              | 24(2)    |                               | DID NOT LIKE DOCTOR<br>OR DOCTOR'S ADVICE  |
|                   |          | 17<br>336<br>49<br>4<br>9,285 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>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)</li> </ol> |
| 2321              | 24(3)    |                               | WENT TO ANOTHER DOCTOR INSTEAD   |
|                   |          | 7<br>346<br>49<br>4<br>9,285  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if has a regularly seen doctor; No or DK if seen provider past 12 months; No or DK if additional visits were recommended)</li> </ol>    |
| 2322              | 24(4)    |                               | PROBLEMS AT PLACE  |
|                   |          | 2<br>351                      | <ol> <li>Mentioned</li> <li>Not mentioned</li> </ol>   |

| 49<br>4<br>9,285 | 9. | No answer to entire question DK or refused (entire question) 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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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                     | Items and Codes  |
|-------------------|----------|-------------------------------|--|
| (2319-2333)       | 24(1-15) |                               | DIDN'T GO FOR RECOMMENDED<br>VISITS OR TESTS BECAUSE:<br>- Continued   |
| 2323              | 24(5)    |                               | CLINIC/OFFICE IN<br>UNSAFE NEIGHBORHOOD  |
|                   |          | 0<br>353<br>49<br>4<br>9,285  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or lift has a regularly seen doctor</li> <li>No or DK if seen provider in past 12 months; No or DK if additional visits were recommended)</li> </ol> |
| 2324              | 24(6)    |                               | NO INSURANCE   |
|                   |          | 24<br>329<br>49<br>4<br>9,285 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or if has a regularly seen doctor</li> <li>No or DK if seen provider in past 12 months; No or DK if additional visits were recommended)</li> </ol>   |
| 2325              | 24(7)    |                               | INSURANCE DID NOT COVER  |
|                   |          | 9<br>344<br>49<br>4           | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> </ol>  |

9,285 Blank. NA (Institutionalized; No or DK if has a regularly seen doctor

if has a regularly seen doctor No or DK if seen provider in past 12 months; No or DK if additional vistis were recommended)

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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  |
|                   |          | 39<br>314<br>49<br>4<br>9,285 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>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)</li> </ol> |
| 2327              | 24(9)    |                               | TRANSPORTATION PROBLEM   |
|                   |          | 27<br>326<br>49<br>4<br>9,285 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>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)</li> </ol> |
| 2328              | 24(10)   |                               | COULD NOT GET CONVENIENT<br>APPOINTMENT  |
|                   |          | 11<br>342<br>49<br>4<br>9,285 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if has a regularly seen doctor;</li> </ol>  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency  | Items and Codes  |
|-------------------|----------|--|--|
| (2319-2333)       | 24(1-15) | DIDN'T GO FOR RECOMMENDED<br>VISITS OR TESTS BECAUSE:<br>- Continued |  |
| 2329              | 24(11)   |  | THOUGHT PROBLEM WOULD GO<br>AWAY, OR PROBLEM WENT AWAY   |
|                   |          | 17<br>336<br>49<br>4<br>9,285  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>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)</li> </ol> |
| 2330              | 24(12)   |  | USED HOME REMEDY   |
|                   |          | 1<br>352<br>49<br>4<br>9,285   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>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 addtional visits were recommended)</li> </ol>  |
| 2331              | 24(13)   |  | HEALTH GOT WORSE   |
|                   |          | 13<br>340<br>49<br>4<br>9,285  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>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</li> </ol>                                     |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |
|                   |          | 5<br>348<br>49<br>4<br>9,285                       | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>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)</li> </ol> |
| 2333              | 24(15)   |  | OTHER REASON   |
|                   |          | 77<br>276<br>49<br>4<br>9,285                      | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>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)</li> </ol> |
| 2334              | 25       |  | HOW WOULD YOU RATE THIS PROVIDER IN TERMS OF QUALITY OF CARE AND SERVICE   |
|                   |          | 3,509<br>3,026<br>450<br>100<br>33<br>130<br>2,443 | <ol> <li>Excellent</li> <li>Good</li> <li>Fair</li> <li>Poor</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         No or DK if has a regularly     </li> </ol>  |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

### Section I - Other Services

| Tape<br>Locations | Item No.  | Frequency                                  | Items a        | and Codes  |
|-------------------|-----------|--|----------------|--|
| (2335-2356)       | 26a(1-22) |  |                | DF SPECIALISTS<br>RLY SEEN   |
| 2335              | 26a(1)    |  | ALLERGI        | ST/IMMUNOLOGIST  |
|                   |           | 82<br>4,044<br>5,226<br>117<br>105<br>117  | 9.             | Not mentioned  |
| 2336              | 26a(2)    |  | CARDIOI        | LOGIST   |
|                   |           | 811<br>3,315<br>5,226<br>117<br>105<br>117 | 3.<br>8.<br>9. | Mentioned Not mentioned None No answer to entire question DK or refused (entire question) NA (Institutionalized) |
| 2337              | 26a(3)    |  | DERMATO        | DLOGIST  |
|                   |           | 227<br>3,899<br>5,226<br>117<br>105<br>117 | 3.             | Not mentioned<br>None<br>No answer to entire question<br>DK or refused (entire question)                         |
| 2338              | 26a(4)    |  | ENDOCRI        | INOLOGIST  |
|                   |           | 105<br>4,021<br>5,226<br>117<br>105<br>117 | 3.<br>8.       | Not mentioned<br>None<br>No answer to entire question<br>DK or refused (entire question)                         |

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#### Section I - Other Services

| Tape<br>Locations | Item No.  | Frequency                                  | Items a              | and Codes  |
|-------------------|-----------|--|----------------------|--|
| (2335-2356)       | 26a(1-22) |  |                      | DF SPECIALISTS<br>RLY SEEN - Continued   |
| 2339              | 26a(5)    |  | GASTROE              | ENTEROLOGIST   |
|                   |           | 195<br>3,931<br>5,226<br>117<br>105<br>117 | 2.<br>3.<br>8.<br>9. |  |
| 2340              | 26a(6)    |  | HEMATOI              | LOGIST   |
|                   |           | 39<br>4,087<br>5,226<br>117<br>105<br>117  | 2.<br>3.<br>8.<br>9. | Mentioned Not mentioned None No answer to entire question DK or refused (entire question) NA (Institutionalized) |
| 2341              | 26a(7)    |  | NEPHROI              | LOGIST   |
|                   |           | 107<br>4,019<br>5,226<br>117<br>105<br>117 | 2.<br>3.<br>8.       | None<br>No answer to entire question<br>DK or refused (entire question)  |
| 2342              | 26a(8)    |  | NEUROLO              | OGIST/NEUROPATHOLOGIST   |
|                   |           | 352<br>3,774<br>5,226<br>117<br>105<br>117 | 2.<br>3.<br>8.       | None<br>No answer to entire question<br>DK or refused (entire question)  |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

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

| (2335-2356) | 26a(1-22) |  | TYPES OF SPECIALISTS<br>REGULARLY SEEN - Continued   |
|-------------|-----------|--|--|
| 2343        | 26a(9)    |  | NEUROSURGEON   |
|             |           | 68<br>4,058<br>5,226<br>117<br>105<br>117  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>None</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2344        | 26a(10)   |  | OBSTETRICIAN/GYNECOLOGIST  |
|             |           | 572<br>3,554<br>5,226<br>117<br>105<br>117 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>None</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2345        | 26a(11)   |  | ONCOLOGIST   |
|             |           | 223<br>3,903<br>5,226<br>117<br>105<br>117 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>None</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2346        | 26a(12)   |  | OPHTHALMOLOGIST  |
|             |           | 796 3,330 5,226 117 105 117                | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>None</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency | Items and Codes                                    |
|-------------------|-----------|-----------|--|
| (2335-2356)       | 26a(1-22) |           | TYPES OF SPECIALISTS<br>REGULARLY SEEN - Continued |
| 2347              | 26a(13)   |           | ORTHOPEDIST/ORTHOPEDIC SURGEON                     |

|      |         | 571<br>3,555<br>5,226<br>117<br>105<br>117 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>None<br>No answer to entire question<br>DK or refused (entire question) |
|------|---------|--|--------------------------------------|--|
| 2348 | 26a(14) |  | OTORHI                               | NOLARYNGOLOGIST  |
|      |         | 181<br>3,945<br>5,226<br>117<br>105<br>117 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | None<br>No answer to entire question<br>DK or refused (entire question)                  |
| 2349 | 26a(15) |  |                                      | AL MEDICINE/<br>SPECIALIST   |
|      |         | 135<br>3,991<br>5,226<br>117<br>105<br>117 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>None<br>No answer to entire question<br>DK or refused (entire question) |
| 2350 | 26a(16) |  | PODIATE                              | RIST   |
|      |         | 224<br>3,902<br>5,226<br>117<br>105<br>117 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>None<br>No answer to entire question<br>DK or refused (entire question) |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                    | Items and Codes  |
|-------------------|-----------|------------------------------|--|
| (2335-2356)       | 26a(1-22) |                              | TYPES OF SPECIALISTS<br>REGULARLY SEEN - Continued   |
| 2351              | 26a(17)   |                              | PSYCHIATRIST   |
|                   |           | 473<br>3,653<br>5,226<br>117 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>None</li> <li>No answer to entire question</li> </ol> |

|      |         | 105<br>117 | 9.<br>Blank. | · · · · · · · · · · · · · · · · · · · |
|------|---------|------------|--------------|---------------------------------------|
| 2352 | 26a(18) |            | PULMONA      | ARY/LUNG SPECIALIST                   |
|      |         | 192        | 1.           | Mentioned                             |
|      |         | 3,934      | 2.           | Not mentioned                         |
|      |         | 5,226      | 3.           | None                                  |
|      |         | 117        | 8.           | No answer to entire question          |
|      |         | 105        | 9.           | DK or refused (entire question)       |
|      |         | 117        | Blank.       | NA (Institutionalized)                |
| 2353 | 26a(19) |            | RADIOL       | OGIST                                 |
|      |         | 56         | 1.           | Mentioned                             |
|      |         | 4,070      | 2.           |                                       |
|      |         | 5,226      | 3.           | None                                  |
|      |         | 117        | 8.           | No answer to entire question          |
|      |         | 105        | 9.           | <del>-</del>                          |
|      |         | 117        | Blank.       | NA (Institutionalized)                |
| 2354 | 26a(20) |            | RHEUMA:      | FOLOGIST                              |
|      |         | 181        | 1.           | Mentioned                             |
|      |         | 3,945      | 2.           |                                       |
|      |         | 5,226      | 3.           |                                       |
|      |         | 117        | 8.           |                                       |
|      |         | 105        | 9.           |                                       |
|      |         | 117        | Blank.       |                                       |
|      |         |            |              |                                       |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

## Section I - Other Services

| Tape<br>Locations | Item No.  | Frequency                                  | Items and Codes  |
|-------------------|-----------|--|--|
| (2335-2356)       | 26a(1-22) |  | TYPES OF SPECIALISTS<br>REGULARLY SEEN - Continued   |
| 2355              | 26a(21)   |  | UROLOGIST  |
|                   |           | 323<br>3,803<br>5,226<br>117<br>105<br>117 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>None</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2356              | 26a(22)   |  | OTHER  |

2356 26a(22) OTHER

| 384   | 1.     | Mentioned                       |
|-------|--------|---------------------------------|
| 3,742 | 2.     | Not mentioned                   |
| 5,226 | 3.     | None                            |
| 117   | 8.     | No answer to entire question    |
| 105   | 9.     | DK or refused (entire question) |
| 117   | Blank. | NA (Institutionalized)          |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items a | and Codes                      |
|-------------------|----------|-----------|---------|--------------------------------|
| 2357-2358         | 26b      |           | TYPES ( | OF SPECIALISTS SEEN<br>FTEN    |
|                   |          | 52        | 01.     | Allergist/Immunologist         |
|                   |          | 594       | 02.     | Cardiologist                   |
|                   |          | 109       | 03.     |                                |
|                   |          | 62        | 04.     |                                |
|                   |          | 90        | 05.     |                                |
|                   |          | 18        | 06.     |                                |
|                   |          | 79        | 07.     |                                |
|                   |          | 228       | 08.     |                                |
|                   |          | 37        | 09.     |                                |
|                   |          |           | 10.     |                                |
|                   |          | 370       |         |                                |
|                   |          | 156       | 11.     | 5                              |
|                   |          | 484       | 12.     | -1                             |
|                   |          | 397       | 13.     |                                |
|                   |          |           |         | Surgeon                        |
|                   |          | 97        | 14.     |                                |
|                   |          | 99        | 15.     | 2                              |
|                   |          |           |         | specialist                     |
|                   |          | 121       | 16.     |                                |
|                   |          | 395       | 17.     |                                |
|                   |          | 124       | 18.     | Pulmonary/Lung specialist      |
|                   |          | 15        | 19.     | 2                              |
|                   |          | 122       | 20.     | Rheumatologist                 |
|                   |          | 176       | 21.     | Urologist                      |
|                   |          | 255       | 22.     | Other                          |
|                   |          | 46        | 23.     | Two or more specialists given. |
|                   |          |           |         | Unknown which one is seen most |
|                   |          | 5,226     | 33.     | None                           |
|                   |          | 117       | 88.     | No specialist ascertained      |
|                   |          | 105       | 99.     |                                |
|                   |          | 117       | Blank.  | <del>-</del>                   |
| 2359              | 27       |           | WAS SPE | ECIALIST SEEN IN PAST<br>THS   |
|                   |          | 3,902     | 1.      | Yes                            |
|                   |          | 286       | 2.      | No                             |
|                   |          | 126       | 8.      | Not ascertained                |
|                   |          | 1∠0       | ٥.      | NOT appetratiled               |

34 9. DK or refused 5,343 Blank. NA (Institutionalized; No specialist seen regularly)

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section I - Other Services

| Tape<br>Locations | Item No. | Frequency                                      | Items and Codes  |
|-------------------|----------|--|--|
| 2360-2361         | 28       |  | NUMBER OF TIMES SPECIALIST<br>WAS SEEN IN PAST 3 MONTHS  |
|                   |          | 959<br>1,366<br>1,472<br>1<br>5<br>99<br>5,789 | 00. None 01. Only while overnight patient 02-96. 2-96 times 97. 97+ times 98. Not ascertained 99. DK or refused 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   |
|                   |          | 319<br>2,890<br>141<br>39<br>6,302             | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; No specialist seen regularly; hasn't seen specialist in past 3 months)</li> </ol>                          |
| 2363              | 30       |  | DID SPECIALIST REFER YOU TO ANOTHER DOCTOR/SPECIALIST OR SEND YOU FOR TESTS/X-RAYS   |
|                   |          | 646<br>3,521<br>143<br>38<br>5,343             | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; No specialist seen regularly)</li> </ol>   |

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### Section I - Other Services

| Tape<br>Locations | Item No. | Frequency                          | Items and Codes  |
|-------------------|----------|------------------------------------|--|
|                   |          |                                    | Teemb and codeb  |
| 2364              | 31       |                                    | DID YOU OR WILL YOU GO FOR<br>ANY OF THE VISITS OR TESTS<br>RECOMMENDED BY THIS SPECIALIST   |
|                   |          | 597<br>27<br>13<br>2<br>7<br>9,045 | <ol> <li>All</li> <li>Some</li> <li>None</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; No specialist seen regularly; No or DK if was referred to another provider in past 3 months)</li> </ol>  |
| (2365-2379)       | 32(1-15) |                                    | DIDN'T GO FOR (ALL) RECOMMENDED VISITS OR TESTS BECAUSE:   |
| 2365              | 32(1)    |                                    | WAITING FOR UPCOMING APPOINTMENT   |
|                   |          | 182<br>121<br>46<br>3<br>9,339     | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No specialist seen regularly;         No or DK if additional visits         were recommended by specialist)</li> </ol> |
| 2366              | 32(2)    |                                    | DID NOT LIKE DOCTOR<br>OR DOCTOR'S ADVICE  |
|                   |          | 8<br>295<br>46<br>3<br>9,339       | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No specialist seen regularly;</li> <li>No or DK if additional visits were recommended by specialist)</li> </ol>        |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

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

| (2365-2379) | 32(1-15) |                              | DIDN'T GO FOR (ALL) RECOMMENDED<br>VISITS OR TESTS BECAUSE: - Continued  |
|-------------|----------|------------------------------|--|
| 2367        | 32(3)    |                              | WENT TO ANOTHER DOCTOR INSTEAD   |
|             |          | 2<br>301<br>46<br>3<br>9,339 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist)</li> </ol> |
| 2368        | 32(4)    |                              | PROBLEMS AT PLACE  |
|             |          | 3<br>300<br>46<br>3<br>9,339 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist)</li> </ol> |
| 2369        | 32(5)    |                              | CLINIC/OFFICE IN<br>UNSAFE NEIGHBORHOOD  |
|             |          | 0<br>303<br>46<br>3<br>9,339 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist)</li> </ol> |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency    | Items and Codes  |
|-------------------|----------|--------------|--|
| (2365-2379)       | 32(1-15) |              | DIDN'T GO FOR (ALL) RECOMMENDED<br>VISITS OR TESTS BECAUSE:- Continued |
| 2370              | 32(6)    | NO INSURANCE |  |
|                   |          | 12<br>291    | <ol> <li>Mentioned</li> <li>Not mentioned</li> </ol>                   |

|      |       | 46<br>3<br>9,339              | 8.<br>9.<br>Blank.             | No answer to entire question DK or refused (entire question) NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist) |
|------|-------|-------------------------------|--------------------------------|---|
| 2371 | 32(7) |                               | INSURAN                        | NCE DID NOT COVER   |
|      |       | 9<br>294<br>46<br>3<br>9,339  | 1.<br>2.<br>8.<br>9.<br>Blank. |   |
| 2372 | 32(8) |                               | CAN'T A                        | AFFORD IT   |
|      |       | 33<br>270<br>46<br>3<br>9,339 | 1.<br>2.<br>8.<br>9.<br>Blank. |   |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                     | Items and Codes   |  |  |
|-------------------|----------|-------------------------------|---|--|--|
| (2365-2379)       | 32(1-15) |                               | DIDN'T GO FOR (ALL) RECOMMENDED<br>VISITS OR TESTS BECAUSE:- Continued  |  |  |
| 2373              | 32(9)    |                               | TRANSPORTATION PROBLEM  |  |  |
|                   |          | 17<br>286<br>46<br>3<br>9,339 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No specialist seen regularly;         No or DK if additional visits were recommended by specialist)     </li> </ol> |  |  |
| 2374              | 32(10)   |                               | COULD NOT GET CONVENIENT APPOINTMENT  |  |  |

|      |        | 8<br>295<br>46<br>3<br>9,339 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No specialist seen regularly;         No or DK if additional visits were recommended by specialist)     </li> </ol> |
|------|--------|------------------------------|---|
| 2375 | 32(11) |                              | THOUGHT PROBLEM WOULD GO AWAY, OR PROBLEM WENT AWAY   |
|      |        | 9<br>294<br>46<br>3<br>9,339 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist)</li> </ol>              |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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  |  |  |
|                   |          | 1<br>302<br>46<br>3<br>9,339 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist)</li> </ol>              |  |  |
| 2377              | 32(13)   |                              | HEALTH GOT WORSE  |  |  |
|                   |          | 4<br>299<br>46<br>3<br>9,339 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No specialist seen regularly;         No or DK if additional visits were recommended by specialist)     </li> </ol> |  |  |

| 2378 | 32(14) |                              |          | OF OTHER FAMILY INTERFERED  |
|------|--------|------------------------------|----------|---|
|      |        | 5<br>298<br>46<br>3<br>9,339 | 8.<br>9. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist) |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section I - Other Services

| Tape<br>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   |  |  |
|                   |          | 60<br>243<br>46<br>3<br>9,339                     | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No specialist seen regularly; No or DK if additional visits were recommended by specialist)</li> </ol> |  |  |
| 2380              | 33       |   | HOW WOULD YOU RATE THIS PROVIDER IN TERMS OF QUALITY OF CARE AND SERVICE   |  |  |
|                   |          | 2,448<br>1,477<br>169<br>52<br>135<br>67<br>5,343 | <ol> <li>Excellent</li> <li>Good</li> <li>Fair</li> <li>Poor</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; No specialist seen regularly)</li> </ol>   |  |  |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency  | Items and Codes  |  |
|-------------------|----------|--|--|--|
| 2381              | Recode   |  | DOCTOR SEEN REGULARLY  |  |
|                   |          | 1,474  | <ol> <li>Has neither GP etc. nor specialist</li> </ol>   |  |
|                   |          | 3,702  | 1. Has GP/internist/family doctor only   |  |
|                   |          | 668  | 2. Has specialist only   |  |
|                   |          | 3,438  | 3. Has GP/internist/family doctor and specialist   |  |
|                   |          | 108  | 4. Has GP etc.; unknown if has specialist  |  |
|                   |          | 20   | 5. Has specialist; unknown if has GP etc.  |  |
|                   |          | 11   | 6. Has no GP etc.; unknown if has specialist   |  |
|                   |          | 50   | 7. Has no specialist; unknown if has GP etc.   |  |
|                   |          | 103  | 9. Unknown information on sources of medical care  |  |
|                   |          | 117  | Blank. NA (Institutionalized)  |  |
| (2382-2393)       | 35(a-1)  |  | HOW WOULD YOU RATE DOCTOR<br>SEEN MOST OFTEN REGARDING:  |  |
| 2382              | 35a      |  | THOROUGHNESS OF EXAMINATION  |  |
|                   |          | 3,854<br>3,629<br>597<br>145<br>745<br>252<br>288<br>181 | <ol> <li>Excellent</li> <li>Good</li> <li>Fair</li> <li>Poor</li> <li>NA</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; hasn't seen any doctor in past 12 months)</li> </ol> |  |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes  |
|-------------------|----------|-----------|--|
| (2382-2393)       | 35(a-1)  |           | HOW WOULD YOU RATE DOCTOR<br>SEEN MOST OFTEN REGARDING:<br>- Continued |
| 2383              | 35b      |           | RESPECT AND ATTENTION TO PRIVACY                                       |

|      |     | 4,332<br>3,439<br>369<br>74<br>722<br>269<br>305<br>181      | <ol> <li>Excellent</li> <li>Good</li> <li>Fair</li> <li>Poor</li> <li>NA</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; hasn't seen any doctor in past 12 months)</li> </ol> |
|------|-----|--|--|
| 2384 | 35c |  | PERSONAL INTEREST IN YOU<br>AND YOUR CONDITION   |
|      |     | 4,061<br>3,336<br>625<br>205<br>718<br>270<br>295<br>181     | <ol> <li>Excellent</li> <li>Good</li> <li>Fair</li> <li>Poor</li> <li>NA</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; hasn't seen any doctor in past 12 months)</li> </ol> |
| 2385 | 35d |  | AVAILABILITY IN AN EMERGENCY   |
|      |     | 2,922<br>2,859<br>616<br>292<br>1,403<br>269<br>1,149<br>181 | <ol> <li>Excellent</li> <li>Good</li> <li>Fair</li> <li>Poor</li> <li>NA</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; hasn't seen any doctor in past 12 months)</li> </ol> |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes  |
|-------------------|----------|-----------|--|
| (2382-2393)       | 35(a-1)  |           | HOW WOULD YOU RATE DOCTOR<br>SEEN MOST OFTEN REGARDING:<br>- Continued |
| 2386              | 35e      |           | OFFICE HOURS FOR APPOINTMENTS  |
|                   |          | 2.876     | 1. Excellent   |

|      |     | 4,286<br>789<br>217<br>752<br>279<br>311<br>181 | 2.<br>3.<br>4.<br>5.<br>8.<br>9.<br>Blank. |  |
|------|-----|---|--|--|
| 2387 | 35f |   |  | RECEIVE ANSWERS TO<br>NS OVER THE TELEPHONE                      |
|      |     | 2,682   | 1.   | Excellent  |
|      |     | 3,117   | 2.   |  |
|      |     | 797   | 3.   |  |
|      |     | 468   | 4.   | Poor   |
|      |     | 1,365   | 5.   |  |
|      |     | 278   | 8.   | Not ascertained  |
|      |     | 803   | 9.   | DK or refused  |
|      |     | 181   | Blank.                                     | NA (Institutionalized; hasn't seen any doctor in past 12 months) |
| 2388 | 35g |   | _  | MAKE APPOINTMENTS<br>E TELEPHONE                                 |
|      |     | 3,465   | 1.   | Excellent  |
|      |     | 3,403   | 2.   |  |
|      |     | 471   | 3.   |  |
|      |     | 137   | 4.   |  |
|      |     | 904   | 5.   | NA   |
|      |     | 278   | 8.   | Not ascertained  |
|      |     | 354   | 9.   | DK or refused  |
|      |     | 181   | Blank.                                     | NA (Institutionalized; hasn't seen any doctor in past 12 months) |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency      | Items and Codes  |
|-------------------|----------|----------------|--|
| (2382-2393)       | 35(a-1)  |                | HOW WOULD YOU RATE DOCTOR<br>SEEN MOST OFTEN REGARDING:<br>- Continued |
| 2389              | 35h      |                | WAIT TIME FOR AN APPOINTMENT   |
|                   |          | 2,702<br>3,923 | <ol> <li>Excellent</li> <li>Good</li> </ol>                            |

|      |     | 1,049<br>408<br>817<br>278<br>333<br>181                   | <ul> <li>3. Fair</li> <li>4. Poor</li> <li>5. NA</li> <li>8. Not ascertained</li> <li>9. DK or refused</li> <li>Blank. NA (Institutionalized; hasn't seen any doctor in past 12 months)</li> </ul>                   |
|------|-----|--|--|
| 2390 | 35i |  | WAIT TIME TO SEE THE DOCTOR  |
|      |     | 2,328<br>3,981<br>1,359<br>551<br>729<br>279<br>283<br>181 | <ol> <li>Excellent</li> <li>Good</li> <li>Fair</li> <li>Poor</li> <li>NA</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; hasn't seen any doctor in past 12 months)</li> </ol> |
| 2391 | 35j |  | LOCATION OF THE OFFICE OR CLINIC   |
|      |     | 2,726<br>4,402<br>836<br>265<br>747<br>278<br>256<br>181   | <ol> <li>Excellent</li> <li>Good</li> <li>Fair</li> <li>Poor</li> <li>NA</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; hasn't seen any doctor in past 12 months)</li> </ol> |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                    | Items and Codes   |
|-------------------|----------|------------------------------|---|
| (2382-2393)       | 35(a-1)  |                              | HOW WOULD YOU RATE DOCTOR<br>SEEN MOST OFTEN REGARDING:<br>- Continued  |
| 2392              | 35k      |                              | ACCESSIBILITY OF TRANSPORTATION TO THE OFFICE                           |
|                   |          | 3,131<br>3,476<br>398<br>206 | <ol> <li>Excellent</li> <li>Good</li> <li>Fair</li> <li>Poor</li> </ol> |

|             |       | 1,658<br>283<br>358<br>181                                 | 5.<br>8.<br>9.<br>Blank.                         | Not ascertained<br>DK or refused                                    |
|-------------|-------|--|--|---|
| 2393        | 351   |  | HANDLIN  | NG OF INSURANCE CLAIMS  |
|             |       | 3,160<br>3,377<br>343<br>145<br>1,594<br>286<br>605<br>181 | 1.<br>2.<br>3.<br>4.<br>5.<br>8.<br>9.<br>Blank. | Good<br>Fair<br>Poor<br>NA<br>Not ascertained<br>DK or refused      |
| (2394-2396) | 36a-c |  | TOLD YO  | MEDICAL PROFESSIONAL<br>DU THAT BECAUSE YOU<br>HAVE FOLLOW-UP CARE: |
| 2394        | 36a   |  | YOUR CO  | ONDITION WORSENED   |
|             |       | 403<br>8,766<br>178<br>163<br>181                          | 1.<br>2.<br>8.<br>9.<br>Blank.                   | No<br>Not ascertained<br>DK or refused                              |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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  |
|                   |          | 202<br>8,977<br>183<br>148<br>181 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;</li> </ol> |

| 2396      | 36c | 430<br>8,735<br>183<br>162<br>181 | 1.    | Yes No Not ascertained DK or refused NA (Institutionalized; hasn't seen any doctor in past 12 months) |
|-----------|-----|-----------------------------------|-------|---|
| 2397-2400 |     |                                   | BLANK |   |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                          | Items and Codes   |
|-------------------|----------|------------------------------------|---|
| 2401              | 37a      |                                    | DID YOU RECEIVE SERVICES<br>FROM PHYSICAL THERAPIST<br>IN PAST 12 MONTHS  |
|                   |          | 1,009<br>8,431<br>106<br>28<br>117 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized)</li> </ol>        |
| 2402              | 37b      |                                    | DID YOU NEED SERVICES<br>OF PHYSICAL THERAPIST<br>IN PAST 12 MONTHS   |
|                   |          | 143<br>8,191<br>165<br>66<br>1,126 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; Received services from provider in past 12 months) |
| 2403-2404         | 38a      |                                    | NUMBER OF MONTHS YOU RECEIVED<br>SERVICE(S) IN PAST 12 MONTHS<br>FROM PHYSICAL THERAPIST  |
|                   |          | 965<br>18<br>26                    | 01-12. 1-12 months<br>98. Not ascertained<br>99. DK or refused  |

|           |     | 8,682                          | Blank.                                | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
|-----------|-----|--------------------------------|---------------------------------------|---|
| 2405-2406 | 38b |                                | RECEIVE                               | JUMBER OF TIMES YOU<br>ED SERVICE DURING THOSE<br>FROM PHYSICAL THERAPIST         |
|           |     | 892<br>26<br>27<br>64<br>8,682 | 01-96.<br>97.<br>98.<br>99.<br>Blank. | DK or refused   |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

### Section I - Other Services

| Tape<br>Locations | Item No.  | Frequency                            | Items and Codes  |
|-------------------|-----------|--------------------------------------|--|
| (2407-2418)       | 39a(1-12) |                                      | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM<br>PHYSICAL THERAPIST IN<br>PAST 12 MONTHS  |
| 2407              | 39a(1)    |                                      | SELF OR FAMILY IN HH   |
|                   |           | 217<br>753<br>7<br>14<br>18<br>8,682 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol>  |
| 2408              | 39a(2)    |                                      | FAMILY NOT IN HH   |
|                   |           | 1<br>969<br>7<br>14<br>18<br>8,682   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 0.400             | 20 (2)    |                                      |  |

2409 39a(3)

PRIVATE HEALTH INSURANCE

| 431   | 1.     | Mentioned                       |
|-------|--------|---------------------------------|
| 539   | 2.     | Not mentioned                   |
| 7     | 3.     | No one/Free                     |
| 14    | 8.     | No answer to entire question    |
| 18    | 9.     | DK or refused (entire question) |
| 8,682 | Blank. | NA (Institutionalized; No       |
|       |        | or DK if needed services of     |
|       |        | provider in past 12 months)     |
|       |        |                                 |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                            | Items a                              | and Codes   |
|-------------------|-----------|--------------------------------------|--------------------------------------|---|
| (2407-2418)       | 39a(1-12) |                                      | SERVICE<br>PHYSICA                   | ID OR WILL PAY FOR<br>ES RECEIVED FROM<br>AL THERAPIST IN<br>2 MONTHS - Continued |
| 2410              | 39a(4)    |                                      | MEDICAF                              | RE  |
|                   |           | 347<br>623<br>7<br>14<br>18<br>8,682 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free<br>No answer to entire question                                       |
| 2411              | 39a(5)    |                                      | MEDICAI                              | ID  |
|                   |           | 137<br>833<br>7<br>14<br>18<br>8,682 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>No one/Free<br>No answer to entire question                      |
| 2412              | 39a(6)    |                                      | REHABII                              | LITATION PROGRAM  |
|                   |           | 21<br>949<br>7<br>14<br>18<br>8,682  | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>No one/Free<br>No answer to entire question                      |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section I - Other Services

| Tape<br>Locations | Item No.  | Frequency                           | Items and Codes  |
|-------------------|-----------|-------------------------------------|--|
| (2407-2418)       | 39a(1-12) |                                     | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM<br>PHYSICAL THERAPIST IN<br>PAST 12 MONTHS - Continued  |
| 2413              | 39a(7)    |                                     | EMPLOYER   |
|                   |           | 68<br>902<br>7<br>14<br>18<br>8,682 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2414              | 39a(8)    |                                     | SCHOOL SYSTEM  |
|                   |           | 3<br>967<br>7<br>14<br>18<br>8,682  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2415              | 39a(9)    |                                     | VA PROGRAM   |
|                   |           | 22<br>948<br>7<br>14<br>18<br>8,682 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                           | Items and Codes  |
|-------------------|-----------|-------------------------------------|--|
| (2407-2418)       | 39a(1-12) |                                     | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM<br>PHYSICAL THERAPIST IN<br>PAST 12 MONTHS - Continued  |
| 2416              | 39a(10)   |                                     | OTHER MILITARY   |
|                   |           | 4<br>966<br>7<br>14<br>18<br>8,682  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2417              | 39a(11)   |                                     | OTHER PRIVATE SOURCE   |
|                   |           | 66<br>904<br>7<br>14<br>18<br>8,682 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2418              | 39a(12)   |                                     | OTHER PUBLIC SOURCE  |
|                   |           | 37<br>933<br>7<br>14<br>18<br>8,682 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes   |
|-------------------|----------|-----------|---|
| 2419-2420         | 39b      |           | WHO PAID MOST FOR SERVICES RECEIVED FROM PHYSICAL THERAPIST IN PAST 12 MONTHS |

|               | 71<br>1<br>299<br>283<br>93<br>14<br>67<br>3<br>21<br>3<br>40<br>34<br>41 | 01. Self or family in HH 02. Family not in HH 03. Private health insurance 04. Medicare 05. Medicaid 06. Rehabilitation program 07. Employer 08. School system 09. VA program 10. Other military 11. Other private source 12. Other public source 13. Two or more sources given; unknown which paid most 33. No one/Free 88. No source ascertained 99. DK/refused any source Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
|---------------|---|---|
| 2421-2425 39c | 9<br>143<br>0<br>15<br>50<br>9,474  | HOW MUCH DID YOU OR YOUR FAMILY PAY FOR SERVICE RECEIVED FROM PHYSICAL THERAPIST DURING PAST 12 MONTHS (Self or Family in HH a payment source in Q 39a)  00000. None 00001-99996. 1-99996 Dollars paid 99997. 99997+ Dollars paid 99998. Not ascertained 99999. DK or refused 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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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency        | Items and Codes   |  |
|-------------------|----------|------------------|---|--|
| 2426              | 40       |                  | DID YOU RECEIVE SERVICES<br>FROM PHYSICAL THERAPIST<br>(LAST MONTH) |  |
|                   |          | 294<br>690<br>23 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> </ol>        |  |

|             |          | 2<br>8,682                     | 9. DK or refused 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<br>SERVICES FROM PHYSICAL<br>THERAPIST IN PAST 12 MONTHS<br>(Needed services of provider<br>in past 12 months - Yes to<br>Q 37b or No to Q 40/Yes to<br>Q 42b or No to Q 45) |
| 2427        | 41(0)    |                                | DIDN'T NEED SERVICES  |
|             |          | 507<br>296<br>21<br>9<br>8,858 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                          |
| 2428        | 41(1)    |                                | PROVIDER THINKS NO<br>LONGER NEEDED   |
|             |          | 96<br>707<br>21<br>9<br>8,858  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                          |
| 2429        | 41(2)    |                                | TOO EXPENSIVE/CAN'T AFFORD  |
|             |          | 93<br>710<br>21<br>9<br>8,858  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                          |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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 | 0 | 42b | or | No | to | 0 | 45 |
|---------------------|---|-----|----|----|----|---|----|
|---------------------|---|-----|----|----|----|---|----|

| 2430 | 41(3) |                               | INSURA                         | NCE DOESN'T COVER  |
|------|-------|-------------------------------|--------------------------------|--|
|      |       | 36<br>767<br>21<br>9<br>8,858 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question<br>DK or refused (entire question) |
| 2431 | 41(4) |                               | INSURA                         | NCE NO LONGER COVERS   |
|      |       | 26<br>777<br>21               | 1.<br>2.<br>8.                 | Not mentioned  |
|      |       | 9<br>8,858                    | 9.<br>Blank.                   | DK or refused (entire question)  |
| 2432 | 41(5) |                               | NO LONG                        | GER ON MEDICAID  |
|      |       | 7                             | 1.                             | Mentioned  |
|      |       | 796                           | 2.                             | Not mentioned  |
|      |       | 21                            | 8.                             | No answer to entire question   |
|      |       | 9                             | 9.                             |  |
|      |       | 8,858                         | Blank.                         | NA (Institutionalized)   |
| 2433 | 41(6) |                               | PROVIDI                        | ER NOT AVAILABLE   |
|      |       | 8                             | 1.                             | Mentioned  |
|      |       | 795                           | 2.                             |  |
|      |       | 21                            | 8.                             |  |
|      |       | 9                             | 9.                             | ——————————————————————————————————————   |
|      |       | -                             |                                |  |
|      |       | 8,858                         | Blank.                         | NA (Institutionalized)   |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes  |
|-------------------|----------|-----------|--|
| (2427-2437)       | 41(0-10) |           | WHY DIDN'T YOU RECEIVE<br>SERVICES FROM PHYSICAL<br>THERAPIST IN PAST 12 MONTHS<br>- Continued<br>(Needed services of provider<br>in past 12 months - Yes to<br>Q 37b or No to Q 40/Yes to<br>Q 42b or No to Q 45) |
| 2434              | 41(7)    |           | DIDN'T LIKE PROVIDER   |

|      |        | 7<br>796<br>21<br>9<br>8,858 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question<br>DK or refused (entire question) |
|------|--------|------------------------------|--------------------------------|--|
| 2435 | 41(8)  |                              | TRANSPO                        | ORTATION PROBLEMS  |
|      |        | 21                           | 1.                             | Mentioned  |
|      |        | 782                          | 2.                             | Not mentioned  |
|      |        | 21                           | 8.                             | No answer to entire question   |
|      |        | 9                            | 9.                             |  |
|      |        | 8,858                        | Blank.                         | NA (Institutionalized)   |
| 2436 | 41(9)  |                              |                                | NOT TAKE TIME<br>FF FROM WORK  |
|      |        | 8                            | 1.                             | Mentioned  |
|      |        | 795                          | 2.                             |  |
|      |        | 21                           | 8.                             | No answer to entire question   |
|      |        | 9                            | 9.                             |  |
|      |        | 8,858                        | Blank.                         |  |
| 2437 | 41(10) |                              | OTHER I                        | REASON   |
|      |        | 99                           | 1.                             | Mentioned  |
|      |        | 704                          | 2.                             | Not mentioned  |
|      |        | 21                           | 8.                             | No answer to entire question   |
|      |        | 9                            | 9.                             |  |
|      |        | 8,858                        | Blank.                         | NA (Institutionalized)   |
| 2438 |        |                              | BLANK                          |  |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                        | Items and Codes  |
|-------------------|----------|----------------------------------|--|
| 2439              | 37a      | 137<br>9,305<br>105<br>27<br>117 | DID YOU RECEIVE SERVICES FROM OCCUPATIONAL THERAPIST IN PAST 12 MONTHS  1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized) |

| 2440      | 37b |                                 | DID YOU NEED SERVICES OF<br>OCCUPATIONAL THERAPIST<br>IN PAST 12 MONTHS  |
|-----------|-----|---------------------------------|--|
|           |     | 36<br>9,148<br>195<br>58<br>254 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; Received services from provider in past 12 months)                              |
| 2441-2442 | 38a |                                 | NUMBER OF MONTHS YOU RECEIVED<br>SERVICE(S) IN PAST 12 MONTHS<br>FROM OCCUPATIONAL THERAPIST   |
|           |     | 129<br>3<br>5<br>9,554          | 01-12. 1-12 months 98. Not ascertained 99. DK or refused Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)              |
| 2443-2444 | 38b |                                 | TOTAL NUMBER OF TIMES YOU<br>RECEIVED SERVICE DURING THOSE<br>MONTHS FROM OCCUPATIONAL THERAPIST   |
|           |     | 111<br>8<br>5<br>13<br>9,554    | 01-96. 1-96 times 97. 97+ times 98. Not ascertained 99. DK or refused Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency           | Items and Codes   |
|-------------------|-----------|---------------------|---|
| (2445-2456)       | 39a(1-12) |                     | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM<br>OCCUPATIONAL THERAPIST IN<br>PAST 12 MONTHS               |
| 2445              | 39a(1)    |                     | SELF OR FAMILY IN HH  |
|                   |           | 15<br>110<br>3<br>5 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> </ol> |

|      |        | 4<br>9,554                       | 9.<br>Blank.                         | DK or refused (entire question) NA (Institutionalized; No or DK if needed services of provider in past 12 months)  |
|------|--------|----------------------------------|--------------------------------------|--|
| 2446 | 39a(2) |                                  | FAMILY I                             | NOT IN HH  |
|      |        | 0<br>125<br>3<br>5<br>4<br>9,554 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2447 | 39a(3) | 42<br>83<br>3<br>5<br>4<br>9,554 | PRIVATE  1. 2. 3. 8. 9. Blank.       | HEALTH INSURANCE  Mentioned  Not mentioned  No one/Free  No answer to entire question  DK or refused (entire question)  NA (Institutionalized; No                                  |
|      |        | 3,331                            | ziam.                                | or DK if needed services of provider in past 12 months)  |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

# Section I - Other Services

| Tape<br>Locations | Item No.  | Frequency                        | Items and Codes  WHO PAID OR WILL PAY FOR SERVICES RECEIVED FROM OCCUPATIONAL THERAPIST IN PAST 12 MONTHS - Continued  |  |
|-------------------|-----------|----------------------------------|--|--|
| (2445-2456)       | 39a(1-12) |                                  |  |  |
| 2448              | 39a(4)    |                                  | MEDICARE   |  |
|                   |           | 44<br>81<br>3<br>5<br>4<br>9,554 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |  |

2449 39a(5) MEDICAID

|      |        | 24<br>101<br>3<br>5<br>4<br>9,554 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free<br>No answer to entire question<br>DK or refused (entire question) |
|------|--------|-----------------------------------|--------------------------------------|--|
| 2450 | 39a(6) |                                   | REHABII                              | LITATION PROGRAM   |
|      |        | 3<br>122<br>3<br>5<br>4<br>9,554  | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free<br>No answer to entire question<br>DK or refused (entire question) |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                         | Items and Codes  |  |  |
|-------------------|-----------|-----------------------------------|--|--|--|
| (2445-2456)       | 39a(1-12) |                                   | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM<br>OCCUPATIONAL THERAPIST IN<br>PAST 12 MONTHS - Continued  |  |  |
| 2451              | 39a(7)    |                                   | EMPLOYER   |  |  |
|                   |           | 14<br>111<br>3<br>5<br>4<br>9,554 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |  |  |
| 2452              | 39a(8)    |                                   | SCHOOL SYSTEM  |  |  |
|                   |           | 1<br>124<br>3<br>5<br>4<br>9,554  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |  |  |

| 2453 | 39a(9) |                                  | VA PRO | GRAM  |
|------|--------|----------------------------------|--------|---|
|      |        | 5<br>120<br>3<br>5<br>4<br>9,554 | 9.     | No one/Free<br>No answer to entire question |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                        | Items and Codes  |
|-------------------|-----------|----------------------------------|--|
| (2445-2456)       | 39a(1-12) |                                  | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM<br>OCCUPATIONAL THERAPIST IN<br>PAST 12 MONTHS - Continued  |
| 2454              | 39a(10)   |                                  | OTHER MILITARY   |
|                   |           | 1<br>124<br>3<br>5<br>4<br>9,554 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2455              | 39a(11)   |                                  | OTHER PRIVATE SOURCE   |
|                   |           | 5<br>120<br>3<br>5<br>4<br>9,554 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2456              | 39a(12)   |                                  | OTHER PUBLIC SOURCE  |
|                   |           | 8<br>117<br>3<br>5               | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> </ol>  |

9. DK or refused (entire question) 9,554 Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency   | Items and Codes   |  |  |
|-------------------|----------|---|---|--|--|
| 2457-2458         | 39b      |   | WHO PAID MOST FOR SERVICES<br>RECEIVED FROM OCCUPATIONAL<br>THERAPIST IN PAST 12 MONTHS   |  |  |
|                   |          | 6<br>0<br>30<br>34<br>15<br>2<br>14<br>1<br>5<br>1<br>4<br>8<br>5<br>3<br>5<br>4<br>9,554 | 01. Self or family in HH 02. Family not in HH 03. Private health insurance 04. Medicare 05. Medicaid 06. Rehabilitation program 07. Employer 08. School system 09. VA program 10. Other military 11. Other private source 12. Other public source 13. Two or more sources given; unknown which paid most 33. No one/Free 88. No source ascertained 99. DK/refused any source 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)   |  |  |
|                   |          | 0<br>9<br>0<br>1<br>5<br>9,676  | 00000. None 00001-99996. 1-99996 Dollars paid 99997. 99997+ Dollars paid 99998. Not ascertained 99999. DK or refused 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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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                    | Items and Codes  DID YOU RECEIVE SERVICES FROM OCCUPATIONAL THERAPIST (LAST MONTH)  |  |
|-------------------|----------|------------------------------|---|--|
| 2464              | 40       |                              |   |  |
|                   |          | 39<br>96<br>2<br>0<br>9,554  | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |  |
| (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  |  |
|                   |          | 73<br>50<br>6<br>3<br>9,559  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized)</li> </ol>             |  |
| 2466              | 41(1)    |                              | PROVIDER THINKS NO<br>LONGER NEEDED   |  |
|                   |          | 9<br>114<br>6<br>3<br>9,559  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized)</li> </ol>             |  |
| 2467              | 41(2)    |                              | TOO EXPENSIVE/CAN'T AFFORD  |  |
|                   |          | 17<br>106<br>6<br>3<br>9,559 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized)</li> </ol>             |  |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

# Section I - Other Services

| Tape<br>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   |  |
|                   |          | 7<br>116<br>6<br>3<br>9,559 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                        |  |
| 2469              | 41(4)    |                             | INSURANCE NO LONGER COVERS  |  |
|                   |          | 2<br>121<br>6<br>3<br>9,559 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                        |  |
| 2470              | 41(5)    |                             | NO LONGER ON MEDICAID   |  |
|                   |          | 3<br>120<br>6<br>3<br>9,559 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                        |  |
| 2471              | 41(6)    |                             | PROVIDER NOT AVAILABLE  |  |
|                   |          | 5<br>118<br>6<br>3<br>9,559 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                        |  |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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  |
|                   |          | 0<br>123<br>6<br>3<br>9,559  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                        |
| 2473              | 41(8)    |                              | TRANSPORTATION PROBLEMS   |
|                   |          | 3<br>120<br>6<br>3<br>9,559  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                        |
| 2474              | 41(9)    |                              | COULD NOT TAKE TIME<br>OFF FROM WORK  |
|                   |          | 0<br>123<br>6<br>3<br>9,559  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                        |
| 2475              | 41(10)   |                              | OTHER REASON  |
|                   |          | 22<br>101<br>6<br>3<br>9,559 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                        |
| 2476              |          |                              | BLANK   |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

# Section I - Other Services

| Tape<br>Locations | Item No. | . Frequency Items and Codes |  |
|-------------------|----------|-----------------------------|--|
| 2477              | 37a      |                             | DID YOU RECEIVE SERVICES                                     |
| 21//              | 57a      |                             | FROM AN AUDIOLOGIST IN                                       |
|                   |          |                             | PAST 12 MONTHS   |
|                   |          | 273                         | 1. Yes   |
|                   |          | 9,176                       | 2. No  |
|                   |          | 108                         | 8. Not ascertained   |
|                   |          | 17                          | 9. DK or refused   |
|                   |          | 117                         | Blank. NA (Institutionalized)                                |
| 2478              | 37b      |                             | DID YOU NEED SERVICES OF AN                                  |
|                   | 5.2      |                             | AUDIOLOGIST IN PAST 12 MONTHS                                |
|                   |          | 42                          | 1. Yes   |
|                   |          | 9,043                       | 2. No  |
|                   |          | 193                         | 8. Not ascertained   |
|                   |          | 23                          | 9. DK or refused   |
|                   |          | 390                         | 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  |
|                   |          | 261                         | 01-12. 1-12 months   |
|                   |          | 4                           | 98. Not ascertained  |
|                   |          | 8                           | 99. DK or refused  |
|                   |          | 9,418                       | Blank. NA (Institutionalized; No                             |
|                   |          |                             | or DK if needed services of                                  |
| <del> </del>      |          |                             | provider in past 12 months)                                  |
| 2481-2482         | 38b      |                             | TOTAL NUMBER OF TIMES YOU                                    |
|                   |          |                             | RECEIVED SERVICE DURING THOSE                                |
|                   |          |                             | MONTHS FROM AN AUDIOLOGIST                                   |
|                   |          | 259                         | 01-96. 1-96 times  |
|                   |          | 0                           | 97. 97+ times  |
|                   |          | 9                           | 98. Not ascertained  |
|                   |          | 5                           | 99. DK or refused  |
|                   |          | 9,418                       | Blank. NA (Institutionalized; No or DK if needed services of |
|                   |          |                             | provider in past 12 months)                                  |
|                   |          |                             | provider in pase 12 months                                   |
|                   |          |                             |  |

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### Section I - Other Services

| Tape<br>Locations | Item No.  | Frequency                           | Items and Codes  |
|-------------------|-----------|-------------------------------------|--|
| (2483-2494)       | 39a(1-12) |                                     | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM AN<br>AUDIOLOGIST IN PAST 12 MONTHS   |
| 2483              | 39a(1)    |                                     | SELF OR FAMILY IN HH   |
|                   |           | 104<br>151<br>15<br>3<br>0<br>9,418 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2484              | 39a(2)    |                                     | FAMILY NOT IN HH   |
|                   |           | 0<br>255<br>15<br>3<br>0<br>9,418   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2485              | 39a(3)    |                                     | PRIVATE HEALTH INSURANCE   |
|                   |           | 90<br>165<br>15<br>3<br>0<br>9,418  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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

|      |        |                                    |                                      | OGIST IN PAST 12<br>- Continued  |
|------|--------|------------------------------------|--------------------------------------|--|
| 2486 | 39a(4) |                                    | MEDICAF                              | RE   |
|      |        | 71<br>184<br>15<br>3<br>0<br>9,418 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free<br>No answer to entire question<br>DK or refused (entire question) |
| 2487 | 39a(5) |                                    | MEDICAI                              | ID   |
|      |        | 18<br>237<br>15<br>3<br>0<br>9,418 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>No one/Free<br>No answer to entire question                   |
| 2488 | 39a(6) |                                    | REHABII                              | LITATION PROGRAM   |
|      |        | 1<br>254<br>15<br>3<br>0<br>9,418  | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free  |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency | Items and Codes   |
|-------------------|-----------|-----------|---|
| (2483-2494)       | 39a(1-12) |           | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM AN<br>AUDIOLOGIST IN PAST 12<br>MONTHS - Continued |
| 2489              | 39a(7)    |           | EMPLOYER  |
|                   |           | 7<br>248  | <ol> <li>Mentioned</li> <li>Not mentioned</li> </ol>  |

|      |        | 15<br>3<br>0<br>9,418              | 3.<br>8.<br>9.<br>Blank.             | DK or refused (entire question)   |
|------|--------|------------------------------------|--------------------------------------|---|
| 2490 | 39a(8) |                                    | SCHOOL                               | SYSTEM  |
|      |        | 1<br>254<br>15<br>3<br>0<br>9,418  | 2.                                   | No one/Free<br>No answer to entire question<br>DK or refused (entire question)                  |
| 2491 | 39a(9) |                                    | VA PROC                              | GRAM  |
|      |        | 26<br>229<br>15<br>3<br>0<br>9,418 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>No one/Free<br>No answer to entire question<br>DK or refused (entire question) |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency           | Items and Codes   |
|-------------------|-----------|---------------------|---|
| (2483-2494)       | 39a(1-12) |                     | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM AN<br>AUDIOLOGIST IN PAST 12<br>MONTHS - Continued                                 |
| 2492              | 39a(10)   | 5                   | OTHER MILITARY  1. Mentioned  |
|                   |           | 250<br>15<br>3<br>0 | <ol> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> </ol> |
|                   |           | 9,418               | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)  |

| 2493 | 39a(11) |                                   | OTHER PR                       | RIVATE SOURCE  |
|------|---------|-----------------------------------|--------------------------------|--|
|      |         | 8<br>247<br>15<br>3<br>0<br>9,418 | 2.<br>3.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2494 | 39a(12) |                                   | OTHER PU                       | JBLIC SOURCE   |
|      |         | 7<br>248<br>15<br>3<br>0<br>9,418 | 2.<br>3.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes                 |     |
|-------------------|----------|-----------|---------------------------------|-----|
|                   |          |           |                                 |     |
| 2495-2496         | 39b      |           | WHO PAID MOST FOR SERVICES      |     |
|                   |          |           | RECEIVED FROM AN AUDIOLOGIST    |     |
|                   |          |           | IN PAST 12 MONTHS               |     |
|                   |          | 68        | 01. Self or family in HH        |     |
|                   |          | 0         | 02. Family not in HH            |     |
|                   |          | 57        | 03. Private health insurance    |     |
|                   |          | 62        | 04. Medicare                    |     |
|                   |          | 14        | 05. Medicaid                    |     |
|                   |          | 1         | 06. Rehabilitation program      |     |
|                   |          | 7         | 07. Employer                    |     |
|                   |          | 1         | 08. School system               |     |
|                   |          | 26        | 09. VA program                  |     |
|                   |          | 5         | 10. Other military              |     |
|                   |          | 2         | 11. Other private source        |     |
|                   |          | 7         | 12. Other public source         |     |
|                   |          | 5         | 13. Two or more sources give    | n;  |
|                   |          |           | unknown which paid most         |     |
|                   |          | 15        | 33. No one/Free                 |     |
|                   |          | 3         | 88. No source ascertained       |     |
|                   |          | 0         | 99. DK/refused any source       |     |
|                   |          | 9,418     | Blank. NA (Institutionalized; N | o   |
|                   |          |           | or DK if needed services        | of  |
|                   |          |           | provider in past 12 mont        | hs) |

| 2497-2501 | 39c |                                   | PAY FOR SERVI    | -  |
|-----------|-----|-----------------------------------|------------------|--|
|           |     | 10<br>68<br>0<br>3<br>23<br>9,587 | 99997.<br>99998. | None 1-99996 Dollars paid 99997+ Dollars paid Not ascertained DK or refused 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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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                    | Items and Codes   |  |  |
|-------------------|----------|------------------------------|---|--|--|
| 2502              | 40       |                              | DID YOU RECEIVE SERVICES FROM<br>AN AUDIOLOGIST (LAST MONTH)  |  |  |
|                   |          | 50<br>216<br>6<br>1<br>9,418 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |  |  |
| (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)    | 192<br>58<br>7<br>1<br>9,433 | DIDN'T NEED SERVICES  1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) Blank. NA (Institutionalized)                                  |  |  |

| 2504 | 41(1) |                              | PROVIDER THINKS NO<br>LONGER NEEDED  |  |  |
|------|-------|------------------------------|--|--|--|
|      |       | 3<br>247<br>7<br>1<br>9,433  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |  |  |
| 2505 | 41(2) |                              | TOO EXPENSIVE/CAN'T AFFORD   |  |  |
|      |       | 22<br>228<br>7<br>1<br>9,433 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |  |  |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |
|                   |          | 2<br>248<br>7<br>1<br>9,433 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                |
| 2507              | 41(4)    |                             | INSURANCE NO LONGER COVERS  |
|                   |          | 1<br>249<br>7<br>1<br>9,433 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                |
| 2508              | 41(5)    |                             | NO LONGER ON MEDICAID   |
|                   |          | 1<br>249                    | <ol> <li>Mentioned</li> <li>Not mentioned</li> </ol>  |

|      |       | 7<br>1<br>9,433             |         | ,   |
|------|-------|-----------------------------|---------|---|
| 2509 | 41(6) |                             | PROVIDE | ER NOT AVAILABLE  |
|      |       | 4<br>246<br>7<br>1<br>9,433 | _ ·     | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized) |
| 1    |       |                             | _545_   |   |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                   | Items and Codes   |
|-------------------|----------|-----------------------------|---|
| (2503-2513)       | 41(0-10) |                             | WHY DIDN'T YOU RECEIVE<br>SERVICES FROM AN AUDIOLOGIST<br>IN PAST 12 MONTHS - Continued<br>(Needed services of provider<br>in past 12 months - Yes to<br>Q 37b or No to Q 40/Yes to<br>Q 42b or No to Q 45) |
| 2510              | 41(7)    |                             | DIDN'T LIKE PROVIDER  |
|                   |          | 4<br>246<br>7<br>1<br>9,433 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                                  |
| 2511              | 41(8)    |                             | TRANSPORTATION PROBLEMS   |
|                   |          | 2<br>248<br>7<br>1<br>9,433 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                                  |
| 2512              | 41(9)    |                             | COULD NOT TAKE TIME<br>OFF FROM WORK  |
|                   |          | 1<br>249<br>7<br>1<br>9,433 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                                  |

| 2513 | 41(10) |                              | OTHER I  | REASON  |
|------|--------|------------------------------|----------|---|
|      |        | 29<br>221<br>7<br>1<br>9,433 | 8.<br>9. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized) |
| 2514 |        |                              | BLANK    |   |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

### Section I - Other Services

| Tape<br>Locations | Item No. | Frequency                       | Items and Codes   |
|-------------------|----------|---------------------------------|---|
| 2515              | 37a      |                                 | DID YOU RECEIVE SERVICES FROM<br>SPEECH THERAPIST OR PATHOLOGIST<br>IN PAST 12 MONTHS   |
|                   |          | 56<br>9,395<br>109<br>14<br>117 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized)  |
| 2516              | 37b      |                                 | DID YOU NEED SERVICES OF SPEECH<br>THERAPIST OR PATHOLOGIST IN<br>PAST 12 MONTHS  |
|                   |          | 13<br>9,289<br>196<br>20<br>173 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; Received services from provider in past 12 months)                 |
| 2517-2518         | 38a      |                                 | NUMBER OF MONTHS YOU RECEIVED<br>SERVICE(S) IN PAST 12 MONTHS<br>FROM SPEECH THERAPIST OR PATHOLOGIST   |
|                   |          | 50<br>2<br>4<br>9,635           | 01-12. 1-12 months 98. Not ascertained 99. DK or refused 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

| 41    | 01-96. | 1-96 times                  |
|-------|--------|-----------------------------|
| 0     | 97.    | 97+ times                   |
| 5     | 98.    | Not ascertained             |
| 10    | 99.    | DK or refused               |
| 9,635 | Blank. | NA (Institutionalized; No   |
|       |        | or DK if needed services of |
|       |        | provider in past 12 months) |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                        | Items and Codes  |
|-------------------|-----------|----------------------------------|--|
| (2521-2532)       | 39a(1-12) |                                  | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM SPEECH<br>THERAPIST OR PATHOLOGIST IN<br>PAST 12 MONTHS   |
| 2521              | 39a(1)    |                                  | SELF OR FAMILY IN HH   |
|                   |           | 6<br>47<br>0<br>3<br>0<br>9,635  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2522              | 39a(2)    |                                  | FAMILY NOT IN HH   |
|                   |           | 0<br>53<br>0<br>3<br>0<br>9,635  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2523              | 39a(3)    |                                  | PRIVATE HEALTH INSURANCE   |
|                   |           | 27<br>26<br>0<br>3<br>0<br>9,635 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No</li> </ol>   |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

### Section I - Other Services

| Tape<br>Locations | Item No.  | Frequency                        | Items and Codes  |
|-------------------|-----------|----------------------------------|--|
| (2521-2532)       | 39a(1-12) |                                  | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM SPEECH<br>THERAPIST OR PATHOLOGIST IN<br>PAST 12 MONTHS - Continued   |
| 2524              | 39a(4)    |                                  | MEDICARE   |
|                   |           | 20<br>33<br>0<br>3<br>0<br>9,635 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2525              | 39a(5)    |                                  | MEDICAID   |
|                   |           | 6<br>47<br>0<br>3<br>0<br>9,635  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2526              | 39a(6)    |                                  | REHABILITATION PROGRAM   |
|                   |           | 3<br>50<br>0<br>3<br>0<br>9,635  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

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# Section I - Other Services

| Tape<br>Locations | Item No.  | Frequency                       | Items and Codes  |
|-------------------|-----------|---------------------------------|--|
| (2521-2532)       | 39a(1-12) |                                 | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM SPEECH<br>THERAPIST OR PATHOLOGIST IN<br>PAST 12 MONTHS - Continued   |
| 2527              | 39a(7)    |                                 | EMPLOYER   |
|                   |           | 0<br>53<br>0<br>3<br>0<br>9,635 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2528              | 39a(8)    |                                 | SCHOOL SYSTEM  |
|                   |           | 5<br>48<br>0<br>3<br>0<br>9,635 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2529              | 39a(9)    |                                 | VA PROGRAM   |
|                   |           | 2<br>51<br>0<br>3<br>0<br>9,635 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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

|      |         |                                 | THERAPIST OR PATHOLOGIST IN PAST 12 MONTHS - Continued   |
|------|---------|---------------------------------|--|
| 2530 | 39a(10) |                                 | OTHER MILITARY   |
|      |         | 1<br>52<br>0<br>3<br>0<br>9,635 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2531 | 39a(11) |                                 | OTHER PRIVATE SOURCE   |
|      |         | 2<br>51<br>0<br>3<br>0<br>9,635 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2532 | 39a(12) |                                 | OTHER PUBLIC SOURCE  |
|      |         | 0<br>53<br>0<br>3<br>0<br>9,635 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency               | Items and Codes  |
|-------------------|----------|-------------------------|--|
| 2533-2534         | 39b      | 2<br>0<br>18<br>17<br>2 | WHO PAID MOST FOR SERVICES RECEIVED FROM SPEECH THERAPIST OR PATHOLOGIST IN PAST 12 MONTHS  01. Self or family in HH 02. Family not in HH 03. Private health insurance 04. Medicare 05. Medicaid |

|               | 3<br>0<br>5<br>2<br>1<br>2<br>0<br>1<br>0<br>3<br>0<br>9,635 | 06. Rehabilitation program 07. Employer 08. School system 09. VA program 10. Other military 11. Other private source 12. Other public source 13. Two or more sources given; unknown which paid most 33. No one/Free 88. No source ascertained 99. DK/refused any source 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)   |
|               | 0<br>3<br>0<br>1<br>2<br>9,685                               | 00000. None 00001-99996. 1-99996 Dollars paid 99997. 99997+ Dollars paid 99998. Not ascertained 99999. DK or refused 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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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                   | Items and Codes   |
|-------------------|----------|-----------------------------|---|
| 2540              | 40       |                             | DID YOU RECEIVE SERVICES FROM<br>SPEECH THERAPIST OR PATHOLOGIST<br>(LAST MONTH)  |
|                   |          | 20<br>32<br>4<br>0<br>9,635 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

|   | (2541-2551) | 41(0-10) |                             | SERVICE<br>OR PATH<br>(Needed<br>in past<br>Q 37b o | ON'T YOU RECEIVE ES FROM SPEECH THERAPIST HOLOGIST IN PAST 12 MONTHS A services of provider E 12 months - Yes to OF No to Q 40/Yes to OF No to Q 45) |
|---|-------------|----------|-----------------------------|---|--|
|   | 2541        | 41(0)    |                             | DIDN'T  | NEED SERVICES  |
|   |             |          | 27<br>14<br>4<br>0<br>9,646 | 1.<br>2.<br>8.<br>9.<br>Blank.                      | No answer to entire question<br>DK or refused (entire question)  |
|   | 2542        | 41(1)    |                             | PROVIDE<br>LONGER                                   | ER THINKS NO<br>NEEDED   |
|   |             |          | 4<br>37<br>4<br>0<br>9,646  | 1.<br>2.<br>8.<br>9.<br>Blank.                      | Not mentioned<br>No answer to entire question<br>DK or refused (entire question)   |
|   | 2543        | 41(2)    |                             | TOO EXE   | PENSIVE/CAN'T AFFORD   |
|   |             |          | 4<br>37<br>4<br>0<br>9,646  | 1.<br>2.<br>8.<br>9.<br>Blank.                      | Not mentioned  |
| - | 1           |          | _                           | 553-  |  |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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)    | 2<br>39<br>4 | INSURANCE DOESN'T COVER  1. Mentioned 2. Not mentioned 8. No answer to entire question   |

|      |       | 0<br>9,646 | 9.<br>Blank. | · · · · · · · · · · · · · · · · · · · |
|------|-------|------------|--------------|---------------------------------------|
| 2545 | 41(4) |            | INSURAN      | NCE NO LONGER COVERS                  |
|      |       | 2          | 1.           | Mentioned                             |
|      |       | 39         | 2.           |                                       |
|      |       | 4          | 8.           | No answer to entire question          |
|      |       | 0          | 9.           | DK or refused (entire question)       |
|      |       | 9,646      | Blank.       | NA (Institutionalized)                |
| 2546 | 41(5) |            | NO LONG      | GER ON MEDICAID                       |
|      |       | 0          | 1.           | Mentioned                             |
|      |       | 41         | 2.           | Not mentioned                         |
|      |       | 4          | 8.           | No answer to entire question          |
|      |       | 0          | 9.           | DK or refused (entire question)       |
|      |       | 9,646      | Blank.       | NA (Institutionalized)                |
| 2547 | 41(6) |            | PROVIDE      | ER NOT AVAILABLE                      |
|      |       | 0          | 1.           | Mentioned                             |
|      |       | 41         | 2.           | Not mentioned                         |
|      |       | 4          | 8.           | No answer to entire question          |
|      |       | 0          | 9.           | DK or refused (entire question)       |
|      |       | 9,646      | Blank.       | NA (Institutionalized)                |
|      |       |            |              |                                       |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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)    | 0<br>41<br>4<br>0<br>9,646 | DIDN'T LIKE PROVIDER  1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) Blank. NA (Institutionalized)   |

| 2549 | 41(8)  |                            | TRANSPORTATION PROBLEMS  |
|------|--------|----------------------------|--|
|      |        | 1<br>40<br>4<br>0<br>9,646 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2550 | 41(9)  |                            | COULD NOT TAKE TIME<br>OFF FROM WORK   |
|      |        | 0                          | 1. Mentioned   |
|      |        | 41                         | 2. Not mentioned   |
|      |        | 4                          | 8. No answer to entire question  |
|      |        | 0                          | 9. DK or refused (entire question)   |
|      |        | 9,646                      | Blank. NA (Institutionalized)  |
| 2551 | 41(10) |                            | OTHER REASON   |
|      |        | 7                          | 1. Mentioned   |
|      |        | 34                         | 2. Not mentioned   |
|      |        | 4                          | 8. No answer to entire question  |
|      |        | 0                          | 9. DK or refused (entire question)   |
|      |        | 9,646                      | Blank. NA (Institutionalized)  |
| 2552 |        |                            | BLANK  |
|      |        |                            |  |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                       | Items and Codes  |
|-------------------|----------|---------------------------------|--|
| 2553              | 37a      |                                 | DID YOU RECEIVE SERVICES<br>FROM RECREATIONAL THERAPIST<br>IN PAST 12 MONTHS   |
|                   |          | 28<br>9,422<br>108<br>16<br>117 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized) |
| 2554              | 37b      |                                 | DID YOU NEED SERVICES OF<br>RECREATIONAL THERAPIST<br>IN PAST 12 MONTHS        |
|                   |          | 10<br>9,313                     | 1. Yes<br>2. No  |

|           |     | 197<br>26<br>145           | 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; Received services from provider in past 12 months)   |
|-----------|-----|----------------------------|--|
| 2555-2556 | 38a |                            | NUMBER OF MONTHS YOU RECEIVED<br>SERVICE(S) IN PAST 12 MONTHS<br>FROM RECREATIONAL THERAPIST   |
|           |     | 26<br>1<br>1<br>9,663      | 01-12. 1-12 months 98. Not ascertained 99. DK or refused Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)              |
| 2557-2558 | 38b |                            | TOTAL NUMBER OF TIMES YOU<br>RECEIVED SERVICE DURING THOSE<br>MONTHS FROM RECREATIONAL THERAPIST   |
|           |     | 20<br>5<br>2<br>1<br>9,663 | 01-96. 1-96 times 97. 97+ times 98. Not ascertained 99. DK or refused Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                       | Items and Codes  |
|-------------------|-----------|---------------------------------|--|
| (2559-2570)       | 39a(1-12) |                                 | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM<br>RECREATIONAL THERAPIST IN<br>PAST 12 MONTHS  |
| 2559              | 39a(1)    |                                 | SELF OR FAMILY IN HH   |
|                   |           | 5<br>18<br>2<br>3<br>0<br>9,663 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

| 2560 | 39a(2) |                                 | FAMILY NOT IN H                         | IH        |
|------|--------|---------------------------------|---|-----------|
|      |        | 0<br>23<br>2<br>3<br>0<br>9,663 | 9. DK or r<br>Blank. NA (Ins<br>or DK i | ntioned   |
| 2561 | 39a(3) |                                 | PRIVATE HEALTH                          | INSURANCE |
|      |        | 8<br>15<br>2<br>3<br>0<br>9,663 | 9. DK or r<br>Blank. NA (Ins<br>or DK i | ntioned   |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape        |           |                                 |  |
|-------------|-----------|---------------------------------|--|
| Locations   | Item No.  | Frequency                       | Items and Codes  |
| (2559-2570) | 39a(1-12) |                                 | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM<br>RECREATIONAL THERAPIST IN<br>PAST 12 MONTHS - Continued  |
| 2562        | 39a(4)    |                                 | MEDICARE   |
|             |           | 7<br>16<br>2<br>3<br>0<br>9,663 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2563        | 39a(5)    |                                 | MEDICAID   |
|             |           | 6<br>17<br>2<br>3<br>0<br>9,663 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No</li> </ol>   |

or DK if needed services of provider in past 12 months)

| 2564 | 39a(6) |                                 | REHABILITATION PROGRAM               |  |  |
|------|--------|---------------------------------|--------------------------------------|--|--|
|      |        | 1<br>22<br>2<br>3<br>0<br>9,663 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (Institutionalized; No or DK if needed services of provider in past 12 months) |  |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                       | Items a                              | and Codes   |
|-------------------|-----------|---------------------------------|--------------------------------------|---|
| (2559-2570)       | 39a(1-12) |                                 | SERVICE<br>RECREAT                   | D OR WILL PAY FOR<br>S RECEIVED FROM<br>CIONAL THERAPIST IN<br>MONTHS - Continued               |
| 2565              | 39a(7)    |                                 | EMPLOYE                              | CR CR   |
|                   |           | 0<br>23<br>2<br>3<br>0<br>9,663 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>No one/Free<br>No answer to entire question<br>DK or refused (entire question) |
| 2566              | 39a(8)    |                                 | SCHOOL                               | SYSTEM  |
|                   |           | 0<br>23<br>2<br>3<br>0<br>9,663 | 2.                                   | DK or refused (entire question)   |
| 2567              | 39a(9)    |                                 | VA PROG                              | GRAM  |
|                   |           | 2<br>21                         | 1.<br>2.                             |   |

| 2     | 3.     | No one/Free                     |
|-------|--------|---------------------------------|
| 3     | 8.     | No answer to entire question    |
| 0     | 9.     | DK or refused (entire question) |
| 9,663 | Blank. | NA (Institutionalized; No       |
|       |        | or DK if needed services of     |
|       |        | provider in past 12 months)     |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                       | Items and Codes  |
|-------------------|-----------|---------------------------------|--|
| (2559-2570)       | 39a(1-12) |                                 | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM<br>RECREATIONAL THERAPIST IN<br>PAST 12 MONTHS - Continued  |
| 2568              | 39a(10)   |                                 | OTHER MILITARY   |
|                   |           | 0<br>23<br>2<br>3<br>0<br>9,663 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2569              | 39a(11)   |                                 | OTHER PRIVATE SOURCE   |
|                   |           | 0<br>23<br>2<br>3<br>0<br>9,663 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2570              | 39a(12)   |                                 | OTHER PUBLIC SOURCE  |
|                   |           | 0<br>23<br>2<br>3<br>0<br>9,663 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

# Section I - Other Services

| Tape<br>Locations | Item No. | Frequency  | Items and Codes   |
|-------------------|----------|--|---|
| 2571-2572         | 39b      |  | WHO PAID MOST FOR SERVICES<br>RECEIVED FROM RECREATIONAL<br>THERAPIST IN PAST 12 MONTHS   |
|                   |          | 4<br>0<br>6<br>5<br>4<br>0<br>0<br>0<br>2<br>0<br>0<br>0<br>2<br>2<br>2<br>3<br>0<br>9,663 | 01. Self or family in HH 02. Family not in HH 03. Private health insurance 04. Medicare 05. Medicaid 06. Rehabilitation program 07. Employer 08. School system 09. VA program 10. Other military 11. Other private source 12. Other public source 13. Two or more sources given; unknown which paid most 33. No one/Free 88. No source ascertained 99. DK/refused any source Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2573-2577         | 39c      | 0<br>4<br>0<br>0<br>1<br>9,686   | 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)  00000. None 00001-99996. 1-99996 Dollars paid 99997. 99997+ Dollars paid 99998. Not ascertained 99999. DK or refused Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months; self/ family in HH not payment   |

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# Section I - Other Services

| Tape<br>Locations | Item No. | Frequency                   | Items and Codes   |
|-------------------|----------|-----------------------------|---|
| 2578              | 40       |                             | DID YOU RECEIVE SERVICES FROM RECREATIONAL THERAPIST (LAST MONTH)   |
|                   |          | 6<br>18<br>4<br>0<br>9,663  | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol>                   |
| (2579-2589)       | 41(0-10) |                             | WHY DIDN'T YOU RECEIVE<br>SERVICES FROM RECREATIONAL<br>THERAPIST IN PAST 12 MONTHS<br>(Needed services of provider<br>in past 12 months - Yes to<br>Q 37b or No to Q 40/Yes to<br>Q 42b or No to Q 45) |
| 2579              | 41(0)    |                             | DIDN'T NEED SERVICES  |
|                   |          | 13<br>12<br>1<br>2<br>9,663 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                              |
| 2580              | 41(1)    |                             | PROVIDER THINKS NO<br>LONGER NEEDED   |
|                   |          | 0<br>25<br>1<br>2<br>9,663  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                              |
| 2581              | 41(2)    |                             | TOO EXPENSIVE/CAN'T AFFORD  |
|                   |          | 6<br>19<br>1<br>2<br>9,663  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                              |

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# Section I - Other Services

| Tape<br>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   |  |
|                   |            | 1<br>24<br>1<br>2<br>9,663 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                        |  |
| 2583              | 41(4) INSU |                            | INSURANCE NO LONGER COVERS  |  |
|                   |            | 1<br>24<br>1<br>2<br>9,663 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                        |  |
| 2584              | 41(5)      |                            | NO LONGER ON MEDICAID   |  |
|                   |            | 1<br>24<br>1<br>2<br>9,663 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                        |  |
| 2585              | 41(6)      |                            | PROVIDER NOT AVAILABLE  |  |
|                   |            | 2<br>23<br>1<br>2<br>9,663 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                        |  |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| 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<br>25<br>1<br>2<br>9,663 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                        |
| 2587        | 41(8)    |                            | TRANSPORTATION PROBLEMS   |
|             |          | 2<br>23<br>1<br>2<br>9,663 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                        |
| 2588        | 41(9)    |                            | COULD NOT TAKE TIME<br>OFF FROM WORK  |
|             |          | 1<br>24<br>1<br>2<br>9,663 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                        |
| 2589        | 41(10)   |                            | OTHER REASON  |
|             |          | 6<br>19<br>1<br>2<br>9,663 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                        |
| 2590        |          |                            | BLANK   |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

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| Locations | Item No. | Frequency                        | Items and Codes  |
|-----------|----------|----------------------------------|--|
| 2591      | 37a      |                                  | DID YOU RECEIVE SERVICES<br>FROM A VISITING NURSE<br>IN PAST 12 MONTHS   |
|           |          | 555<br>8,897<br>111<br>11<br>117 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized)   |
| 2592      | 37b      |                                  | DID YOU NEED SERVICES<br>OF A VISITING NURSE IN<br>PAST 12 MONTHS  |
|           |          | 26<br>8,794<br>174<br>25<br>672  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; Received services from provider in past 12 months)                              |
| 2593-2594 | 38a      |                                  | NUMBER OF MONTHS YOU RECEIVED<br>SERVICE(S) IN PAST 12 MONTHS<br>FROM A VISITING NURSE   |
|           |          | 525<br>12<br>18<br>9,136         | 01-12. 1-12 months 98. Not ascertained 99. DK or refused Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)              |
| 2595-2596 | 38b      |                                  | TOTAL NUMBER OF TIMES YOU<br>RECEIVED SERVICE DURING THOSE<br>MONTHS FROM A VISITING NURSE   |
|           |          | 442<br>38<br>18<br>57<br>9,136   | 01-96. 1-96 times 97. 97+ times 98. Not ascertained 99. DK or refused Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                            | Items and Codes  |
|-------------------|-----------|--------------------------------------|--|
| (2597-2608)       | 39a(1-12) |                                      | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM<br>A VISITING NURSE IN<br>PAST 12 MONTHS  |
| 2597              | 39a(1)    |                                      | SELF OR FAMILY IN HH   |
|                   |           | 27<br>484<br>3<br>11<br>30<br>9,136  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2598              | 39a(2)    |                                      | FAMILY NOT IN HH   |
|                   |           | 2<br>509<br>3<br>11<br>30<br>9,136   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2599              | 39a(3)    |                                      | PRIVATE HEALTH INSURANCE   |
|                   |           | 120<br>391<br>3<br>11<br>30<br>9,136 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency | Items and Codes   |
|-------------------|-----------|-----------|---|
| (2597-2608)       | 39a(1-12) |           | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM<br>A VISITING NURSE IN PAST<br>12 MONTHS - Continued |

| 2600 | 39a(4) |                                      | MEDICAR                              | E                            |
|------|--------|--------------------------------------|--------------------------------------|------------------------------|
|      |        | 363<br>148<br>3<br>11<br>30<br>9,136 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No answer to entire question |
| 2601 | 39a(5) |                                      | MEDICAI                              | D                            |
|      |        | 132<br>379<br>3<br>11<br>30<br>9,136 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No answer to entire question |
| 2602 | 39a(6) |                                      | REHABIL                              | ITATION PROGRAM              |
|      |        | 1<br>510<br>3<br>11<br>30<br>9,136   | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. |                              |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                 | Items and Codes  |
|-------------------|-----------|---------------------------|--|
| (2597-2608)       | 39a(1-12) |                           | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM<br>A VISITING NURSE IN PAST<br>12 MONTHS - Continued  |
| 2603              | 39a(7)    |                           | EMPLOYER   |
|                   |           | 1<br>510<br>3<br>11<br>30 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> </ol> |

|      |        | 9,136                              | Blank.                               | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
|------|--------|------------------------------------|--------------------------------------|---|
| 2604 | 39a(8) |                                    | SCHOOL                               | SYSTEM  |
|      |        | 1<br>510<br>3<br>11<br>30<br>9,136 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free<br>No answer to entire question<br>DK or refused (entire question)    |
| 2605 | 39a(9) |                                    | VA PRO                               | GRAM  |
|      |        | 6<br>505<br>3<br>11<br>30<br>9,136 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. |   |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency   | Items and Codes  |
|-------------------|-----------|---|--|
| (2597-2608)       | 39a(1-12) | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM<br>A VISITING NURSE IN PAST<br>12 MONTHS - Continued |  |
| 2606              | 39a(10)   |   | OTHER MILITARY   |
|                   |           | 0<br>511<br>3<br>11<br>30<br>9,136  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2607              | 39a(11)   |   | OTHER PRIVATE SOURCE   |
|                   |           | 18  | 1. Mentioned   |

|      |         | 493<br>3<br>11<br>30<br>9,136       | 2.<br>3.<br>8.<br>9.<br>Blank.       | No one/Free<br>No answer to entire question<br>DK or refused (entire question)                  |
|------|---------|-------------------------------------|--------------------------------------|---|
| 2608 | 39a(12) |                                     | OTHER I                              | PUBLIC SOURCE   |
|      |         | 17<br>494<br>3<br>11<br>30<br>9,136 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>No one/Free<br>No answer to entire question<br>DK or refused (entire question) |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section I - Other Services

| Tape<br>Locations | Item No. | Frequency | Items a | and Codes  |
|-------------------|----------|-----------|---------|--|
| 2609-2610         | 39b      |           | ***     | D MOST FOR SERVICES                                |
|                   |          |           |         | D FROM A VISITING<br>N PAST 12 MONTHS              |
|                   |          | 11        | 01.     | Self or family in HH                               |
|                   |          | 1         | 02.     | Family not in HH                                   |
|                   |          | 57        | 03.     | Private health insurance                           |
|                   |          | 299       | 04.     | Medicare   |
|                   |          | 72        | 05.     | Medicaid   |
|                   |          | 0         | 06.     | Rehabilitation program                             |
|                   |          | 1         | 07.     | Employer   |
|                   |          | 1         | 08.     | School system                                      |
|                   |          | 6         | 09.     | VA program   |
|                   |          | 0         | 10.     | Other military                                     |
|                   |          | 5         | 11.     | Other private source                               |
|                   |          | 16        | 12.     | Other public source                                |
|                   |          | 42        | 13.     | Two or more sources given; unknown which paid most |
|                   |          | 3         | 33.     | No one/Free  |
|                   |          | 11        | 88.     | No source ascertained                              |
|                   |          | 30        | 99.     | DK/refused any source                              |
|                   |          | 9,136     | Blank.  |  |

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)

| 1<br>13<br>0<br>1<br>12<br>9,664 | 99997.<br>99998. | None 1-99996 Dollars paid 99997+ Dollars paid Not ascertained DK or refused NA (Institutionalized; No or DK if needed services of provider in past 12 months; self/ family in HH not payment source) |
|----------------------------------|------------------|--|
|                                  |                  | DOULCC,  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                      | Items and Codes   |  |
|-------------------|----------|--------------------------------|---|--|
| 2616              | 40       |                                | DID YOU RECEIVE SERVICES FROM A VISITING NURSE (LAST MONTH)   |  |
|                   |          | 328<br>207<br>14<br>6<br>9,136 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |  |
| (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)    | 161<br>58<br>11<br>3<br>9,458  | DIDN'T NEED SERVICES  1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) Blank. NA (Institutionalized)                                  |  |
| 2618              | 41(1)    |                                | PROVIDER THINKS NO<br>LONGER NEEDED   |  |

|      |       | 23<br>196<br>11<br>3<br>9,458 | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question<br>DK or refused (entire question) |
|------|-------|-------------------------------|--------------------------------|---|
| 2619 | 41(2) |                               | TOO EXI                        | PENSIVE/CAN'T AFFORD  |
|      |       | 14<br>205<br>11<br>3<br>9,458 | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question<br>DK or refused (entire question) |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |
|                   |          | 8<br>211<br>11<br>3<br>9,458 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                  |
| 2621              | 41(4)    |                              | INSURANCE NO LONGER COVERS  |
|                   |          | 6<br>213<br>11<br>3<br>9,458 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                  |
| 2622              | 41(5)    |                              | NO LONGER ON MEDICAID   |
|                   |          | 4<br>215<br>11               | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> </ol>  |

|      |       | 3<br>9,458                   |          | DK or refused (entire question)<br>NA (Institutionalized)   |
|------|-------|------------------------------|----------|---|
| 2623 | 41(6) |                              | PROVID   | ER NOT AVAILABLE  |
|      |       | 5<br>214<br>11<br>3<br>9,458 | 8.<br>9. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized) |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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  |
|                   |          | 1<br>218<br>11<br>3<br>9,458 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                  |
| 2625              | 41(8)    |                              | TRANSPORTATION PROBLEMS   |
|                   |          | 3<br>216<br>11<br>3<br>9,458 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                  |
| 2626              | 41(9)    |                              | COULD NOT TAKE TIME<br>OFF FROM WORK  |
|                   |          | 0<br>219<br>11<br>3<br>9,458 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                  |

| 2627 | 41(10) | OTHER REASON                  |          |   |
|------|--------|-------------------------------|----------|---|
|      |        | 23<br>196<br>11<br>3<br>9,458 | 8.<br>9. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized) |
| 2628 |        |                               | BLANK    |   |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                        | Items and Codes   |
|-------------------|----------|----------------------------------|---|
| 2629              | 37a      |                                  | DID YOU RECEIVE SERVICES<br>FROM PERSONAL CARE ATTENDANT<br>IN PAST 12 MONTHS   |
|                   |          | 230<br>9,226<br>107<br>11<br>117 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized)</li> </ol>                        |
| 2630              | 37b      |                                  | DID YOU NEED SERVICES<br>OF PERSONAL CARE ATTENDANT<br>IN PAST 12 MONTHS  |
|                   |          | 34<br>9,106<br>179<br>25<br>347  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; Received services from provider in past 12 months)                 |
| 2631-2632         | 38a      |                                  | NUMBER OF MONTHS YOU RECEIVED<br>SERVICE(S) IN PAST 12 MONTHS<br>FROM PERSONAL CARE ATTENDANT   |
|                   |          | 218<br>7<br>5<br>9,461           | 01-12. 1-12 months 98. Not ascertained 99. DK or refused Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| 2633-2634 | 38b |                               | TOTAL NUMBER OF TIMES YOU<br>RECEIVED SERVICE DURING THOSE<br>MONTHS FROM PERSONAL CARE ATTENDANT  |
|-----------|-----|-------------------------------|--|
|           |     | 87<br>88<br>13<br>42<br>9,461 | 01-96. 1-96 times 97. 97+ times 98. Not ascertained 99. DK or refused Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                         | Items and Codes  |
|-------------------|-----------|-----------------------------------|--|
| (2635-2646)       | 39a(1-12) |                                   | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM<br>PERSONAL CARE ATTENDANT<br>IN PAST 12 MONTHS   |
| 2635              | 39a(1)    |                                   | SELF OR FAMILY IN HH   |
|                   |           | 52<br>162<br>3<br>8<br>5<br>9,461 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2636              | 39a(2)    |                                   | FAMILY NOT IN HH   |
|                   |           | 10<br>204<br>3<br>8<br>5<br>9,461 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2637              | 39a(3)    |                                   | PRIVATE HEALTH INSURANCE   |
|                   |           | 15<br>199<br>3<br>8<br>5          | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> </ol>   |

9,461 Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section I - Other Services

| Tape<br>Locations | Item No.  | Frequency                         | Items and Codes  |
|-------------------|-----------|-----------------------------------|--|
|                   |           |                                   |  |
| (2635-2646)       | 39a(1-12) |                                   | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM<br>PERSONAL CARE ATTENDANT IN<br>PAST 12 MONTHS - Continued   |
| 2638              | 39a(4)    |                                   | MEDICARE   |
|                   |           | 121<br>93<br>3<br>8<br>5<br>9,461 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2639              | 39a(5)    |                                   | MEDICAID   |
|                   |           | 66<br>148<br>3<br>8<br>5<br>9,461 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2640              | 39a(6)    |                                   | REHABILITATION PROGRAM   |
|                   |           | 2<br>212<br>3<br>8<br>5<br>9,461  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

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#### Section I - Other Services

| Tape<br>Locations | Item No.  | Frequency                        | Items and Codes  |
|-------------------|-----------|----------------------------------|--|
| (2635-2646)       | 39a(1-12) |                                  | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM<br>PERSONAL CARE ATTENDANT IN<br>PAST 12 MONTHS - Continued   |
| 2641              | 39a(7)    |                                  | EMPLOYER   |
|                   |           | 0<br>214<br>3<br>8<br>5<br>9,461 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2642              | 39a(8)    |                                  | SCHOOL SYSTEM  |
|                   |           | 0<br>214<br>3<br>8<br>5<br>9,461 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2643              | 39a(9)    |                                  | VA PROGRAM   |
|                   |           | 0<br>214<br>3<br>8<br>5<br>9,461 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|                   |          |           |                 |

| (2635-2646) | 39a(1-12) |                                   | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM<br>PERSONAL CARE ATTENDANT IN<br>PAST 12 MONTHS - Continued   |
|-------------|-----------|-----------------------------------|--|
| 2644        | 39a(10)   |                                   | OTHER MILITARY   |
|             |           | 0<br>214<br>3<br>8<br>5<br>9,461  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2645        | 39a(11)   |                                   | OTHER PRIVATE SOURCE   |
|             |           | 9<br>205<br>3<br>8<br>5<br>9,461  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2646        | 39a(12)   |                                   | OTHER PUBLIC SOURCE  |
|             |           | 19<br>195<br>3<br>8<br>5<br>9,461 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency          | Items and Codes  |
|-------------------|----------|--------------------|--|
| 2647-2648         | 39b      |                    | WHO PAID MOST FOR SERVICES<br>RECEIVED FROM PERSONAL CARE<br>ATTENDANT IN PAST 12 MONTHS |
|                   |          | 43<br>7<br>3<br>82 | 01. Self or family in HH 02. Family not in HH 03. Private health insurance 04. Medicare  |

|               | 37<br>1<br>0<br>0<br>0<br>0<br>6<br>10<br>25<br>3<br>8<br>5<br>9,461 | 05. Medicaid 06. Rehabilitation program 07. Employer 08. School system 09. VA program 10. Other military 11. Other private source 12. Other public source 13. Two or more sources given; unknown which paid most 33. No one/Free 88. No source ascertained 99. DK/refused any source Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
|---------------|--|---|
| 2649-2653 39c | 0<br>34<br>0<br>3<br>15  | 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)  00000. None 00001-99996. 1-99996 Dollars paid 99997. 99997+ Dollars paid 99998. Not ascertained 99999. DK or refused  |
|               | 9,639  | 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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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                    | Items and Codes   |
|-------------------|----------|------------------------------|---|
| 2654              | 40       |                              | DID YOU RECEIVE SERVICES<br>FROM PERSONAL CARE ATTENDANT<br>(LAST MONTH)  |
|                   |          | 190<br>33<br>7<br>0<br>9,461 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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   |
|             |          | 25<br>40<br>2<br>0<br>9,624 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>             |
| 2656        | 41(1)    |                             | PROVIDER THINKS NO<br>LONGER NEEDED  |
|             |          | 5<br>60<br>2<br>0<br>9,624  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>             |
| 2657        | 41(2)    |                             | TOO EXPENSIVE/CAN'T AFFORD   |
|             |          | 26<br>39<br>2<br>0<br>9,624 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>             |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section I - Other Services

| Tape<br>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 |
| 2658              | 41(3)    |           | Q 42b or No to Q 45)  INSURANCE DOESN'T COVER   |
|                   |          | 6         | 1. Mentioned  |

1. Mentioned

|           |       | 59<br>2<br>0<br>9,624 | 2.<br>8.<br>9.<br>Blank. | DK or refused (entire question) |
|-----------|-------|-----------------------|--------------------------|---------------------------------|
| 2659      | 41(4) |                       | INSURAN                  | ICE NO LONGER COVERS            |
|           |       | 0                     | 1.                       | Mentioned                       |
|           |       | 65                    | 2.                       | Not mentioned                   |
|           |       | 2                     | 8.                       | No answer to entire question    |
|           |       | 0                     | 9.                       | DK or refused (entire question) |
|           |       | 9,624                 | Blank.                   | NA (Institutionalized)          |
| 2660      | 41(5) |                       | NO LONG                  | GER ON MEDICAID                 |
|           |       | 3                     | 1.                       | Mentioned                       |
|           |       | 62                    | 2.                       | Not mentioned                   |
|           |       | 2                     | 8.                       | No answer to entire question    |
|           |       | 0                     | 9.                       | DK or refused (entire question) |
|           |       | 9,624                 | Blank.                   | NA (Institutionalized)          |
| 2661      | 41(6) |                       | PROVID                   | DER NOT AVAILABLE               |
|           |       | 4                     | 1.                       | Mentioned                       |
|           |       | 61                    | 2.                       | Not mentioned                   |
|           |       | 2                     | 8.                       | No answer to entire question    |
|           |       | 0                     | 9.                       |                                 |
| question) |       | 9,624                 | Blank.                   | NA (Institutionalized)          |
|           |       |                       |                          |                                 |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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) |
| 2662              | 41(7)    |                   | DIDN'T LIKE PROVIDER   |
|                   |          | 2<br>63<br>2<br>0 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> </ol>  |

|      |        | 9,624 | Blank.  | NA (Institutionalized)          |
|------|--------|-------|---------|---------------------------------|
| 2663 | 41(8)  |       | TRANSPO | ORTATION PROBLEMS               |
|      |        | 1     | 1.      | Mentioned                       |
|      |        | 64    | 2.      | Not mentioned                   |
|      |        | 2     | 8.      | No answer to entire question    |
|      |        | 0     | 9.      |                                 |
|      |        | 9,624 | Blank.  | NA (Institutionalized)          |
| 2664 | 41(9)  |       | COULD   | NOT TAKE TIME                   |
|      | ( - ,  |       |         | DM WORK                         |
|      |        | 0     | 1.      | Mentioned                       |
|      |        | 65    | 2.      | Not mentioned                   |
|      |        | 2     | 8.      | No answer to entire question    |
|      |        | 0     | 9.      | DK or refused (entire question) |
|      |        | 9,624 | Blank.  | NA (Institutionalized)          |
| 2665 | 41(10) |       | OTHER I | REASON                          |
|      |        | 19    | 1.      | Mentioned                       |
|      |        | 46    | 2.      |                                 |
|      |        | 2     | 8.      |                                 |
|      |        | 0     | 9.      |                                 |
|      |        | 9,624 | Blank.  | <del>_</del>                    |
| 2666 |        |       | BLANK   |                                 |
|      |        |       |         |                                 |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                       | Items and Codes  |
|-------------------|----------|---------------------------------|--|
| 2667              | 37a      |                                 | DID YOU RECEIVE SERVICES<br>FROM READER OR INTERPRETER<br>IN PAST 12 MONTHS  |
|                   |          | 54<br>9,401<br>107<br>12<br>117 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2668              | 37b      |                                 | DID YOU NEED SERVICES OF READER OR INTERPRETER IN PAST 12 MONTHS   |

|           |     | 5<br>9,303<br>195<br>17<br>171 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not ascertained<br>DK or refused   |
|-----------|-----|--------------------------------|--------------------------------|--|
| 2669-2670 | 38a |                                | SERVICE                        | OF MONTHS YOU RECEIVED<br>E(S) IN PAST 12 MONTHS<br>EADER OR INTERPRETER |
|           |     | 48<br>4<br>2<br>9,637          | 01-12.<br>98.<br>99.<br>Blank. | DK or refused  |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                        | Items and Codes  |
|-------------------|-----------|----------------------------------|--|
| 2671-2672         | 38b       |                                  | TOTAL NUMBER OF TIMES YOU<br>RECEIVED SERVICE DURING THOSE<br>MONTHS FROM READER OR INTERPRETER  |
|                   |           | 17<br>10<br>4<br>23<br>9,637     | 01-96. 1-96 times 97. 97+ times 98. Not ascertained 99. DK or refused 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<br>SERVICES RECEIVED FROM<br>READER OR INTERPRETER<br>IN PAST 12 MONTHS   |
| 2673              | 39a(1)    | 3<br>13<br>34<br>3<br>1<br>9,637 | SELF OR FAMILY IN HH  1. Mentioned 2. Not mentioned 3. No one/Free 8. No answer to entire question 9. DK or refused (entire question) Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

| 2674 | 39a(2) |                                  | FAMILY | NOT IN HH   |
|------|--------|----------------------------------|--------|---|
|      |        | 0<br>16<br>34<br>3<br>1<br>9,637 | 3.     | , in the second of the second |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                        | Items and Codes   |
|-------------------|-----------|----------------------------------|---|
| (2673-2684)       | 39a(1-12) |                                  | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM<br>READER OR INTERPRETER IN<br>PAST 12 MONTHS - Continued  |
| 2675              | 39a(3)    |                                  | PRIVATE HEALTH INSURANCE  |
|                   |           | 0<br>16<br>34<br>3<br>1<br>9,637 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2676              | 39a(4)    |                                  | MEDICARE  |
|                   |           | 1<br>15<br>34<br>3<br>1<br>9,637 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2677              | 39a(5)    |                                  | MEDICAID  |
|                   |           | 2<br>14<br>34<br>3               | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> </ol>   |

1 9. DK or refused (entire question)
9,637 Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section I - Other Services

| Tape<br>Locations | Item No.  | Frequency                        | Items and Codes  |
|-------------------|-----------|----------------------------------|--|
| (2673-2684)       | 39a(1-12) |                                  | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM<br>READER OR INTERPRETER IN<br>PAST 12 MONTHS - Continued   |
| 2678              | 39a(6)    |                                  | REHABILITATION PROGRAM   |
|                   |           | 1<br>15<br>34<br>3<br>1<br>9,637 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2679              | 39a(7)    |                                  | EMPLOYER   |
|                   |           | 3<br>13<br>34<br>3<br>1<br>9,637 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2680              | 39a(8)    |                                  | SCHOOL SYSTEM  |
|                   |           | 4<br>12<br>34<br>3<br>1<br>9,637 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

### Section I - Other Services

| Tape<br>Locations | Item No.  | Frequency                        | Items and Codes  |
|-------------------|-----------|----------------------------------|--|
|                   |           | Trequency                        |  |
| (2673-2684)       | 39a(1-12) |                                  | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM<br>READER OR INTERPRETER IN<br>PAST 12 MONTHS - Continued   |
| 2681              | 39a(9)    |                                  | VA PROGRAM   |
|                   |           | 0<br>16<br>34<br>3<br>1<br>9,637 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2682              | 39a(10)   |                                  | OTHER MILITARY   |
|                   |           | 0<br>16<br>34<br>3<br>1<br>9,637 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2683              | 39a(11)   |                                  | OTHER PRIVATE SOURCE   |
|                   |           | 0<br>16<br>34<br>3<br>1<br>9,637 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

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

| (2673-2684) | 39a(1-12) |   | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM<br>READER OR INTERPRETER IN<br>PAST 12 MONTHS - Continued  |
|-------------|-----------|---|---|
| 2684        | 39a(12)   | 5<br>11<br>34<br>3<br>1<br>9,637  | OTHER PUBLIC SOURCE  1. Mentioned 2. Not mentioned 3. No one/Free 8. No answer to entire question 9. DK or refused (entire question) Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)   |
| 2685-2686   | 39b       | 3<br>0<br>0<br>0<br>1<br>1<br>3<br>4<br>0<br>0<br>0<br>0<br>3<br>1<br>3<br>4<br>3<br>4<br>9,637 | WHO PAID MOST FOR SERVICES RECEIVED FROM READER OR INTERPRETER IN PAST 12 MONTHS  01. Self or family in HH 02. Family not in HH 03. Private health insurance 04. Medicare 05. Medicaid 06. Rehabilitation program 07. Employer 08. School system 09. VA program 10. Other military 11. Other private source 12. Other public source 13. Two or more sources given; unknown which paid most 33. No one/Free 88. No source ascertained 99. DK/refused any source Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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<br>0<br>0<br>1<br>9,688  | 00000. None  00001-99996. 1-99996 Dollars paid 99997. 99997+ Dollars paid 99998. Not ascertained 99999. DK or refused Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months; self/ family in HH not payment source) |
|------|----|----------------------------|---|
| 2692 | 40 |                            | DID YOU RECEIVE SERVICES<br>FROM READER OR INTERPRETER<br>(LAST MONTH)  |
|      |    | 44<br>7<br>3<br>0<br>9,637 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol>   |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                 | Items and Codes  |
|-------------------|----------|---------------------------|--|
| (2693-2703)       | 41(0-10) |                           | WHY DIDN'T YOU RECEIVE<br>SERVICES FROM READER OR<br>INTERPRETER IN PAST 12 MONTHS<br>(Needed services of provider<br>in past 12 months - Yes to<br>Q 37b or No to Q 40/Yes to<br>Q 42b or No to Q 45) |
| 2693              | 41(0)    |                           | DIDN'T NEED SERVICES   |
|                   |          | 7<br>4<br>0<br>1<br>9,679 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                             |
| 2694              | 41(1)    |                           | PROVIDER THINKS NO<br>LONGER NEEDED  |
|                   |          | 0<br>11                   | <ol> <li>Mentioned</li> <li>Not mentioned</li> </ol>   |

| (2)<br>3<br>8<br>0<br>1 | 1.<br>2.<br>8.<br>9. | Not mentioned<br>No answer to entire question                |
|-------------------------|----------------------|--|
| 8<br>0<br>1             | 2.<br>8.<br>9.       | Not mentioned<br>No answer to entire question                |
| 0<br>1                  | 8.<br>9.             | No answer to entire question                                 |
| 1                       | 9.                   | No answer to entire question DK or refused (entire question) |
| 1                       |                      | DK or refused (entire question)                              |
|                         |                      |  |
| 9,679                   | Blank.               | NA (Institutionalized)                                       |
| (3)                     | INSURA               | NCE DOESN'T COVER  |
| 1                       | 1.                   | Mentioned  |
| 10                      | 2.                   | Not mentioned  |
| 0                       | 8.                   | No answer to entire question                                 |
| 1                       | 9.                   | DK or refused (entire question)                              |
| 9,679                   | Blank.               | NA (Institutionalized)                                       |
|                         | 1<br>10<br>0<br>1    | 1 1.<br>10 2.<br>0 8.<br>1 9.                                |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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)    | 0<br>11<br>0<br>1<br>9,679 | <pre>INSURANCE NO LONGER COVERS  1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) Blank. NA (Institutionalized)</pre>                            |
| 2698              | 41(5)    | 0<br>11<br>0<br>1<br>9,679 | NO LONGER ON MEDICAID  1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) Blank. NA (Institutionalized)  |

| 2699 | 41(6) | PROVIDER NOT AVAILABLE     |    |   |
|------|-------|----------------------------|----|---|
|      |       | 0<br>11<br>0<br>1<br>9,679 | 9. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized) |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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<br>11<br>0<br>1<br>9,679 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                       |
| 2701              | 41(8)    |                            | TRANSPORTATION PROBLEMS  |
|                   |          | 0<br>11<br>0<br>1<br>9,679 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                       |
| 2702              | 41(9)    |                            | COULD NOT TAKE TIME<br>TIME OFF FROM WORK  |
|                   |          | 0<br>11<br>0<br>1<br>9,679 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                       |
| 2703              | 41(10)   |                            | OTHER REASON   |

|      | 2<br>9<br>0<br>1<br>9,679 | 8.<br>9. | Mentioned<br>Not mentioned<br>No answer to entire question<br>DK or refused (entire question)<br>NA (Institutionalized) |
|------|---------------------------|----------|---|
| 2704 |                           | BLANK    |   |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |
|                   |          | 56<br>9,401<br>106<br>11<br>117 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized)  |
| 2706 37b          |          |                                 | DID YOU NEED SERVICES FROM ADULT DAY CARE OR DAY ACTIVITY CENTER IN PAST 12 MONTHS  |
|                   |          | 12<br>9,293<br>192<br>21<br>173 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; Received services from provider in past 12 months)                 |
| 2707-2708 38a     |          |                                 | NUMBER OF MONTHS YOU RECEIVED<br>SERVICE(S) IN PAST 12 MONTHS<br>FROM ADULT DAYCARE OR DAY<br>ACTIVITY CENTER                                     |
|                   |          | 52<br>3<br>1<br>9,635           | 01-12. 1-12 months 98. Not ascertained 99. DK or refused Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section I - Other Services

| Tape<br>Locations | Item No.  | Frequency                       | Items and Codes   |
|-------------------|-----------|---------------------------------|---|
| 2709-2710         | 38b       |                                 | TOTAL NUMBER OF TIMES YOU RECEIVED SERVICE DURING THOSE MONTHS FROM ADULT DAY CARE OR DAY ACTIVITY CENTER   |
|                   |           | 15<br>26<br>3<br>12<br>9,635    | 01-96. 1-96 times 97. 97+ times 98. Not ascertained 99. DK or refused 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<br>SERVICES RECEIVED FROM ADULT<br>DAYCARE OR DAY ACTIVITY<br>CENTER IN PAST 12 MONTHS   |
| 2711              | 39a(1)    |                                 | SELF OR FAMILY IN HH  |
|                   |           | 8<br>39<br>3<br>3<br>3<br>9,635 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2712              | 39a(2)    |                                 | FAMILY NOT IN HH  |
|                   |           | 1<br>46<br>3<br>3<br>3<br>9,635 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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  |
|                   |           | 1<br>46<br>3<br>3<br>3<br>9,635  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2714              | 39a(4)    |                                  | MEDICARE  |
|                   |           | 11<br>36<br>3<br>3<br>3<br>9,635 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2715              | 39a(5)    |                                  | MEDICAID  |
|                   |           | 19<br>28<br>3<br>3<br>3<br>9,635 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency | Items and Codes          |
|-------------------|-----------|-----------|--------------------------|
| (2711-2722)       | 39a(1-12) |           | WHO PAID OR WILL PAY FOR |

| DAYCARE | OF  | R DAY | AC. | TIVITY |
|---------|-----|-------|-----|--------|
| CENTER  | IN  | PAST  | 12  | MONTHS |
| - Conti | nuc | A     |     |        |

| 2716 |        |                                 |                                      | nued   |
|------|--------|---------------------------------|--------------------------------------|--|
| 2,20 | 39a(6) |                                 | REHABIL                              | LITATION PROGRAM   |
|      |        | 2<br>45<br>3<br>3<br>3<br>9,635 |                                      | No one/Free No answer to entire question DK or refused (entire question) |
| 2717 | 39a(7) |                                 | EMPLOYE                              | IR .   |
|      |        | 0<br>47<br>3<br>3<br>3<br>9,635 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>No one/Free<br>No answer to entire question             |
| 2718 | 39a(8) |                                 | SCHOOL                               | SYSTEM   |
|      |        | 1<br>46<br>3<br>3<br>3<br>9,635 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free<br>No answer to entire question                              |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |

|      |         | 46<br>3<br>3<br>3<br>9,635      | 2.<br>3.<br>8.<br>9.<br>Blank.       | No answer to entire question<br>DK or refused (entire question)                |
|------|---------|---------------------------------|--------------------------------------|--|
| 2720 | 39a(10) |                                 | OTHER M                              | MILITARY   |
|      |         | 0<br>47<br>3<br>3<br>3<br>9,635 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free<br>No answer to entire question<br>DK or refused (entire question) |
| 2721 | 39a(11) |                                 | OTHER E                              | PRIVATE SOURCE   |
|      |         | 1<br>46<br>3<br>3<br>3<br>9,635 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free<br>No answer to entire question                                    |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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  |
|                   |           | 13<br>34<br>3<br>3<br>3<br>9,635 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

| 2723-2724 | 39b |                                       | RECEIVE                                   | D MOST FOR SERVICES<br>D FROM ADULT DAY CARE<br>ACTIVITY CENTER IN<br>MONTHS   |
|-----------|-----|---------------------------------------|---|--|
|           |     | 6<br>1<br>5<br>17<br>2<br>0<br>0<br>1 | 04.<br>05.<br>06.<br>07.<br>08.           | Family not in HH Private health insurance Medicare Medicaid Rehabilitation program Employer School system VA program Other military Other private source |
|           | 9,6 | 1<br>3<br>3<br>3                      | 12.<br>13.<br>33.<br>88.<br>99.<br>Blank. | Two or more sources given;<br>unknown which paid most<br>No one/Free<br>No source ascertained  |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                      | Items and Codes   |
|-------------------|----------|--------------------------------|---|
| 2725-2729         | 39c      | 0<br>8<br>0<br>0<br>0<br>9,683 | 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)  00000. None 00001-99996. 1-99996 Dollars paid 99997. 99997+ Dollars paid 99998. Not ascertained 99999. DK or refused Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months; self/ family in HH no payment source) |

| 2730 | 40 |                            | FROM AI | J RECEIVE SERVICES<br>DULT DAY CARE OR DAY<br>TY CENTER (LAST MONTH)   |
|------|----|----------------------------|---------|--|
|      |    | 47<br>6<br>3<br>0<br>9,635 | 9.      | Yes No Not ascertained DK or refused NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |
|                   |          | 3<br>13<br>2<br>0<br>9,673 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                           |
| 2732              | 41(1)    |                            | PROVIDER THINKS NO<br>LONGER NEEDED  |
|                   |          | 0<br>16<br>2<br>0<br>9,673 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                           |
| 2733              | 41(2)    |                            | TOO EXPENSIVE/CAN'T AFFORD   |
|                   |          | 5<br>11<br>2<br>0<br>9,673 | 1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) Blank. NA (Institutionalized)   |

| 2734 | 41(3) | INSURANCE DOESN'T COVER |        |                                 |  |
|------|-------|-------------------------|--------|---------------------------------|--|
|      |       | 2                       | 1.     | Mentioned                       |  |
|      |       | 14                      | 2.     | Not mentioned                   |  |
|      |       | 2                       | 8.     | No answer to entire question    |  |
|      |       | 0                       | 9.     | DK or refused (entire question) |  |
|      |       | 9,673                   | Blank. | NA (Institutionalized)          |  |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

### Section I - Other Services

| Tape<br>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<br>16<br>2<br>0<br>9,673 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                                       |
| 2736              | 41(5)    |                            | NO LONGER ON MEDICAID  |
|                   |          | 0<br>16<br>2<br>0<br>9,673 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                                       |
| 2737              | 41(6)    |                            | PROVIDER NOT AVAILABLE   |
|                   |          | 1<br>15<br>2<br>0<br>9,673 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                                       |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |  |
|                   |          | 1<br>15<br>2<br>0<br>9,673 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                                       |  |
| 2739              | 41(8)    |                            | TRANSPORTATION PROBLEMS  |  |
|                   |          | 0<br>16<br>2<br>0<br>9,673 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                                       |  |
| 2740              | 41(9)    |                            | COULD NOT TAKE TIME<br>OFF FROM WORK   |  |
|                   |          | 0<br>16<br>2<br>0<br>9,673 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                                       |  |
| 2741              | 41(10)   |                            | OTHER REASON   |  |
|                   |          | 11<br>5<br>2<br>0<br>9,673 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                                       |  |
| 2742              |          |                            | BLANK  |  |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section I - Other Services

| Tape<br>Locations | Item No. | Frequency                        | Items and Codes   |  |
|-------------------|----------|----------------------------------|---|--|
| 2743              | 42a      |                                  | DID YOU RECEIVE SERVICES<br>FOR ALCOHOL OR DRUG ABUSE<br>IN PAST 12 MONTHS  |  |
|                   |          | 106<br>9,343<br>113<br>12<br>117 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized)  |  |
| 2744              | 42b      |                                  | DID YOU NEED SERVICES<br>FOR ALCOHOL OR DRUG ABUSE<br>IN PAST 12 MONTHS   |  |
|                   |          | 12<br>9,260<br>184<br>12<br>223  | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         Received services from         provider in past 12 months)</li> </ol> |  |
| 2745-2746         | 43a      |                                  | NUMBER OF MONTHS YOU RECEIVED<br>SERVICE(S) IN PAST 12 MONTHS<br>FOR ALCOHOL OR DRUG ABUSE  |  |
|                   |          | 98<br>2<br>6<br>9,585            | 01-12. 1-12 months 98. Not ascertained 99. DK or refused Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)   |  |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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 |

|             |           | 72<br>11<br>5<br>18<br>9,585     | 01-96. 1-96 times 97. 97+ times 98. Not ascertained 99. DK or refused 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<br>ALCOHOL OR DRUG ABUSE<br>SERVICES RECEIVED IN<br>PAST 12 MONTHS  |
| 2749        | 44a(1)    | 33<br>61<br>8<br>1<br>3<br>9,585 | 1. Mentioned 2. Not mentioned 3. No one/Free 8. No answer to entire question 9. DK or refused (entire question) Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |
| 2750        | 44a(2)    | 0<br>94<br>8<br>1<br>3<br>9,585  | 1. Mentioned 2. Not mentioned 3. No one/Free 8. No answer to entire question 9. DK or refused (entire question) Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations    | Item No.  | Frequency | Items and Codes   |  |
|----------------------|-----------|-----------|---|--|
| (2749-2760)          | 44a(1-12) |           | WHO PAID OR WILL PAY FOR<br>ALCOHOL OR DRUG ABUSE<br>SERVICES RECEIVED IN PAST<br>12 MONTHS - Continued |  |
| 2751 44a(3)  18 76 8 |           | 76        | PRIVATE HEALTH INSURANCE  1. Mentioned 2. Not mentioned 3. No one/Free                                  |  |

|      |        | 1<br>3<br>9,585                  | 8.<br>9.<br>Blank.                   | DK or refused (entire question)  |
|------|--------|----------------------------------|--------------------------------------|--|
| 2752 | 44a(4) |                                  | MEDICAF                              | RE   |
|      |        | 8<br>86<br>8<br>1<br>3<br>9,585  | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free No answer to entire question DK or refused (entire question) |
| 2753 | 44a(5) |                                  | MEDICAI                              | ID.  |
|      |        | 28<br>66<br>8<br>1<br>3<br>9,585 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free<br>No answer to entire question                              |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section I - Other Services

| Tape<br>Locations | Item No.  | Frequency                       | Items and Codes  |
|-------------------|-----------|---------------------------------|--|
| (2749-2760)       | 44a(1-12) |                                 | WHO PAID OR WILL PAY FOR<br>ALCOHOL OR DRUG ABUSE<br>SERVICES RECEIVED IN PAST<br>12 MONTHS - Continued  |
| 2754              | 44a(6)    |                                 | REHABILITATION PROGRAM   |
|                   |           | 4<br>90<br>8<br>1<br>3<br>9,585 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

2755 44a(7) EMPLOYER

|      |        | 1<br>93<br>8<br>1<br>3<br>9,585 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free<br>No answer to entire question<br>DK or refused (entire question) |
|------|--------|---------------------------------|--------------------------------------|--|
| 2756 | 44a(8) |                                 | SCHOOL                               | SYSTEM   |
|      |        | 0<br>94<br>8<br>1<br>3<br>9,585 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free<br>No answer to entire question<br>DK or refused (entire question) |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                        | Items and Codes   |
|-------------------|-----------|----------------------------------|---|
| (2749-2760)       | 44a(1-12) |                                  | WHO PAID OR WILL PAY FOR<br>ALCOHOL OR DRUG ABUSE<br>SERVICES RECEIVED IN PAST<br>12 MONTHS - Continued   |
| 2757              | 44a(9)    |                                  | VA PROGRAM  |
|                   |           | 13<br>81<br>8<br>1<br>3<br>9,585 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2758              | 44a(10)   |                                  | OTHER MILITARY  |
|                   |           | 1<br>93<br>8<br>1<br>3<br>9,585  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or DK if needed services of</li> </ol>                             |

| 2759 | 44a(11) |                                 | OTHER I        | PRIVATE SOURCE   |
|------|---------|---------------------------------|----------------|--|
|      |         | 3<br>91<br>8<br>1<br>3<br>9,585 | 3.<br>8.<br>9. | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency  | Items and Codes  |
|-------------------|-----------|--|--|
| (2749-2760)       | 44a(1-12) |  | WHO PAID OR WILL PAY FOR<br>ALCOHOL OR DRUG ABUSE<br>SERVICES RECEIVED IN PAST<br>12 MONTHS - Continued  |
| 2760              | 44a(12)   |  | OTHER PUBLIC SOURCE  |
|                   |           | 14<br>80<br>8<br>1<br>3<br>9,585                                   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol>                       |
| 2761-2762         | 44b       |  | WHO PAID MOST FOR ALCOHOL<br>OR DRUG ABUSE SERVICES<br>RECEIVED IN PAST 12 MONTHS  |
|                   |           | 19<br>0<br>12<br>7<br>25<br>3<br>0<br>0<br>11<br>1<br>1<br>12<br>3 | 01. Self or family in HH 02. Family not in HH 03. Private health insurance 04. Medicare 05. Medicaid 06. Rehabilitation program 07. Employer 08. School system 09. VA program 10. Other military 11. Other private source 12. Other public source 13. Two or more sources given; |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section I - Other Services

| Tape<br>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)  |
|                   |          | 1<br>28<br>0<br>1<br>3<br>9,658 | 00000. None 00001-99996. 1-99996 Dollars paid 99997. 99997+ Dollars paid 99998. Not ascertained 99999. DK or refused 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<br>FOR ALCOHOL OR DRUG ABUSE<br>(LAST MONTH)  |
|                   |          | 54<br>47<br>1<br>4<br>9,585     | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol>  |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

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  |
|             |          | 38<br>21<br>0<br>0<br>9,632 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>          |
| 2770        | 46(1)    |                             | PROVIDER THINKS NO<br>LONGER NEEDED   |
|             |          | 2<br>57<br>0<br>0<br>9,632  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>          |
| 2771        | 46(2)    |                             | TOO EXPENSIVE/CAN'T AFFORD  |
|             |          | 5<br>54<br>0<br>0<br>9,632  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>          |
| 2772        | 46(3)    |                             | INSURANCE DOESN'T COVER   |
|             |          | 1<br>58<br>0<br>0<br>9,632  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>          |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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  |
|      |       | 0<br>59<br>0<br>0<br>9,632 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2774 | 46(5) |                            | NO LONGER ON MEDICAID   |
|      |       | 3<br>56<br>0<br>0<br>9,632 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2775 | 46(6) |                            | PROVIDER NOT AVAILABLE  |
|      |       | 0<br>59<br>0<br>0<br>9,632 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized)</li> </ol> |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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<br>58   | <ol> <li>Mentioned</li> <li>Not mentioned</li> </ol>  |

|      |        | 0<br>0<br>9,632 | 8.<br>9.<br>Blank. |                              |
|------|--------|-----------------|--------------------|------------------------------|
| 2777 | 46(8)  |                 | TRANSPO            | DRTATION PROBLEMS            |
|      |        | 0               | 1.                 | Mentioned                    |
|      |        | 59              | 2.                 | Not mentioned                |
|      |        | 0               | 8.                 | No answer to entire question |
|      |        | 0               | 9.                 |                              |
|      |        | 9,632           | Blank.             | NA (Institutionalized)       |
| 2778 | 46(9)  |                 | COULD N            | NOT TAKE TIME                |
|      |        |                 | OFF FRO            | JM WORK                      |
|      |        | 1               | 1.                 | Mentioned                    |
|      |        | 58              | 2.                 |                              |
|      |        | 0               | 8.                 |                              |
|      |        | 0               | 9.                 |                              |
|      |        | 9,632           | Blank.             |                              |
| 2779 | 46(10) |                 | OTHER F            | REASON                       |
|      |        |                 |                    |                              |
|      |        | 15              | 1.                 | Mentioned                    |
|      |        | 44              | 2.                 |                              |
|      |        | 0               | 8.                 |                              |
|      |        | 0               | 9.                 | ,                            |
|      |        | 9,632           | Blank.             | NA (Institutionalized)       |
| 2780 |        |                 | BLANK              |                              |
|      |        |                 |                    |                              |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                       | Items and Codes  |
|-------------------|----------|---------------------------------|--|
| 2781              | 42a      |                                 | DID YOU RECEIVE SERVICES<br>FROM A CENTER FOR INDEPENDENT<br>LIVING IN PAST 12 MONTHS                                      |
|                   |          | 22<br>9,428<br>111<br>13<br>117 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2782              | 42b      |                                 | DID YOU NEED SERVICES FROM<br>A CENTER FOR INDEPENDENT   |

## LIVING IN PAST 12 MONTHS

|           |     | 7<br>9,339<br>184<br>22<br>139 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; Received services from provider in past 12 months)                 |
|-----------|-----|--------------------------------|---|
| 2783-2784 | 43a |                                | NUMBER OF MONTHS YOU RECEIVED<br>SERVICE(S) IN PAST 12 MONTHS<br>FROM A CENTER FOR INDEPENDENT<br>LIVING  |
|           |     | 20<br>1<br>1<br>9,669          | 01-12. 1-12 months 98. Not ascertained 99. DK or refused Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                  | Items and Codes  |  |
|-------------------|-----------|----------------------------|--|--|
| 2785-2786         | 43b       |                            | TOTAL NUMBER OF TIMES YOU<br>RECEIVED SERVICE DURING THOSE<br>MONTHS FROM A CENTER FOR<br>INDEPENDENT LIVING   |  |
|                   |           | 10<br>5<br>3<br>4<br>9,669 | 01-96. 1-96 times 97. 97+ times 98. Not ascertained 99. DK or refused 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)    | 0<br>17<br>1<br>1          | SELF OR FAMILY IN HH  1. Mentioned 2. Not mentioned 3. No one/Free 8. No answer to entire question   |  |

|      |        | 3<br>9,669                      | 9. DK or refused (entire question) Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)  |
|------|--------|---------------------------------|--|
| 2788 | 44a(2) |                                 | FAMILY NOT IN HH   |
|      |        | 0<br>17<br>1<br>1<br>3<br>9,669 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

## Section I - Other Services

| Tape<br>Locations | Item No. | Frequency Items and Codes   |  |
|-------------------|----------|---|--|
| (2787-2798)       | 4a(1-12) | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM A<br>CENTER FOR INDEPENDENT<br>LIVING IN PAST 12 MONTHS<br>- Continued |  |
| 2789              | 44a(3)   |   | PRIVATE HEALTH INSURANCE   |
|                   |          | 1<br>16<br>1<br>1<br>3<br>9,669   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2790              | 44a(4)   |   | MEDICARE   |
|                   |          | 7<br>10<br>1<br>1<br>3<br>9,669   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 0001              | 4.4 (5)  |   |  |

2791 44a(5) MEDICAID

| 1 3. No on 1 8. No an 3 9. DK or 9,669 Blank. NA (I | mentioned |
|---|-----------|
|---|-----------|

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |
|                   |           | 0<br>17<br>1<br>1<br>3<br>9,669 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2793              | 44a(7)    |                                 | EMPLOYER   |
|                   |           | 0<br>17<br>1<br>1<br>3<br>9,669 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2794              | 44a(8)    |                                 | SCHOOL SYSTEM  |
|                   |           | 0<br>17<br>1<br>1<br>3          | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> </ol>   |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

## Section I - Other Services

| Tape<br>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<br>17<br>1<br>1<br>3<br>9,669 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |  |
| 2796              | 44a(10)   |                                 | OTHER MILITARY   |  |
|                   |           | 0<br>17<br>1<br>3<br>9,669      | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |  |
| 2797              | 44a(11)   |                                 | OTHER PRIVATE SOURCE   |  |
|                   |           | 3<br>14<br>1<br>1<br>3<br>9,669 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |  |

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## Section I - Other Services

| Tape<br>Locations | Item No.  | Frequency   | Items and Codes   |  |
|-------------------|-----------|---|---|--|
| (2787-2798)       | 44a(1-12) |   | WHO PAID OR WILL PAY FOR<br>SERVICES RECEIVED FROM A<br>CENTER FOR INDEPENDENT<br>LIVING IN PAST 12 MONTHS<br>- Continued   |  |
| 2798              | 44a(12)   |   | OTHER PUBLIC SOURCE   |  |
|                   |           | 2<br>15<br>1<br>1<br>3<br>9,669                               | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol>  |  |
| 2799-2800         | 44b       |   | WHO PAID MOST FOR SERVICES RECEIVED FROM A CENTER FOR INDEPENDENT LIVING IN PAST 12 MONTHS  |  |
|                   |           | 0<br>0<br>0<br>5<br>7<br>0<br>0<br>0<br>0<br>1<br>2<br>2<br>2 | 01. Self or family in HH 02. Family not in HH 03. Private health insurance 04. Medicare 05. Medicaid 06. Rehabilitation program 07. Employer 08. School system 09. VA program 10. Other military 11. Other private source 12. Other public source 13. Two or more sources given; unknown which paid most 33. No one/Free 88. No source ascertained 99. DK/refused any source Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |  |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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<br>0<br>0<br>0<br>0<br>9,691 | 00000. None 00001-99996. 1-99996 Dollars paid 99997. 99997+ Dollars paid 99998. Not ascertained 99999. DK or refused 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<br>FROM A CENTER FOR INDEPENDENT<br>LIVING (LAST MONTH)   |  |
|                   |          | 16<br>3<br>2<br>1<br>9,669     | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol>  |  |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |
|                   |          | 3         | 1. Mentioned   |

|      |       | 7<br>0<br>0<br>9,681 | 2.<br>8.<br>9.<br>Blank.   | DK or refused (entire question) |
|------|-------|----------------------|----------------------------|---------------------------------|
| 2808 | 46(1) |                      |                            | ER THINKS NO<br>NEEDED          |
|      |       | 0                    | 1.                         | Mentioned                       |
|      |       | 10                   | 2.                         | Not mentioned                   |
|      |       | 0                    | 8.                         | No answer to entire question    |
|      |       | 0                    | 9.                         | DK or refused (entire question) |
|      |       | 9,681                | Blank.                     | NA (Institutionalized)          |
| 2809 | 46(2) |                      | TOO EXPENSIVE/CAN'T AFFORD |                                 |
|      |       | 3                    | 1.                         | Mentioned                       |
|      |       | 7                    | 2.                         | Not mentioned                   |
|      |       | 0                    | 8.                         |                                 |
|      |       | 0                    | 9.                         |                                 |
|      |       | 9,681                | Blank.                     |                                 |
| 2810 | 46(3) |                      | INSURA                     | NCE DOESN'T COVER               |
|      |       | 0                    | 1.                         | Mentioned                       |
|      |       | 10                   | 2.                         | Not mentioned                   |
|      |       | 0                    | 8.                         | No answer to entire question    |
|      |       | 0                    | 9.                         |                                 |
|      |       | 9,681                | Blank.                     |                                 |
|      |       |                      |                            |                                 |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.    | Frequency         | Items and Codes  |  |
|-------------------|-------------|-------------------|--|--|
| (2807-2817)       | 7) 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)       | 0<br>10<br>0<br>0 | <ol> <li>INSURANCE NO LONGER COVERS</li> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> </ol>                                    |  |

|      |       | 9,681 | Blank.  | NA (Institutionalized)       |
|------|-------|-------|---------|------------------------------|
| 2812 | 46(5) |       | NO LONG | GER ON MEDICAID              |
|      |       | 0     | 1.      | Mentioned                    |
|      |       | 10    | 2.      | Not mentioned                |
|      |       | 0     | 8.      | No answer to entire question |
|      |       | 0     | 9.      |                              |
|      |       | 9,681 | Blank.  |                              |
| 2813 | 46(6) |       | PROVIDE | ER NOT AVAILABLE             |
|      |       | 4     | 1.      | Mentioned                    |
|      |       | 6     | 2.      | Not mentioned                |
|      |       | 0     | 8.      | No answer to entire question |
|      |       | 0     | 9.      |                              |
|      |       | 9,681 | Blank.  | NA (Institutionalized)       |
| 2814 | 46(7) |       | DIDN'T  | LIKE PROVIDER                |
|      |       | 0     | 1.      | Mentioned                    |
|      |       | 10    | 2.      | Not mentioned                |
|      |       | 0     | 8.      | No answer to entire question |
|      |       | 0     | 9.      |                              |
|      |       |       | Blank.  |                              |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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                                     |
|                   |          | 8         | 2. Not mentioned                                 |
|                   |          | 0         | 8. No answer to entire question                  |
|                   |          | 0         | 9. DK or refused (entire question)               |
|                   |          | 9,681     | Blank. NA (Institutionalized)                    |
| 2816              | 46(9)    |           | COULD NOT TAKE TIME                              |

## OFF FROM WORK

|      |        | 0<br>10<br>0<br>0<br>9,681 | 2.      | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized) |
|------|--------|----------------------------|---------|---|
| 2817 | 46(10) |                            | OTHER I | REASON  |
|      |        | 4                          | 1.      | Mentioned   |
|      |        | 6                          | 2.      | Not mentioned   |
|      |        | 0                          | 8.      | No answer to entire question  |
|      |        | 0                          |         | DK or refused (entire question)   |
|      |        | 9,681                      |         | NA (Institutionalized)  |
| 2818 |        |                            | BLANK   |   |
|      |        |                            |         |   |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section I - Other Services

| Tape<br>Locations | Item No. | Frequency                        | Items and Codes   |
|-------------------|----------|----------------------------------|---|
| 2819              | 42a      |                                  | DID YOU RECEIVE RESPIRATORY<br>THERAPY SERVICES IN PAST<br>12 MONTHS  |
|                   |          | 200<br>9,250<br>111<br>13<br>117 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized)</li> </ol>  |
| 2820              | 42b      |                                  | DID YOU NEED RESPIRATORY<br>THERAPY SERVICES IN PAST<br>12 MONTHS   |
|                   |          | 12<br>9,162<br>177<br>23<br>317  | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         Received services from         provider in past 12 months)</li> </ol> |

2821-2822 43a

NUMBER OF MONTHS YOU RECEIVED RESPIRATORY THERAPY SERVICE(S) IN PAST 12 MONTHS

| 191   | 01-12. | 1-12 months                 |
|-------|--------|-----------------------------|
| 3     | 98.    | Not ascertained             |
| 6     | 99.    | DK or refused               |
| 9,491 | Blank. | NA (Institutionalized; No   |
|       |        | or DK if needed services of |
|       |        | provider in past 12 months) |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape Locations | Item No.   | Frequency                         | Items and Codes  |
|----------------|------------|-----------------------------------|--|
|                | TCEIII NO. |                                   |  |
| 2823-2824      | 43b        |                                   | TOTAL NUMBER OF TIMES YOU<br>RECEIVED RESPIRATORY THERAPY<br>SERVICE DURING THOSE MONTHS   |
|                |            | 155<br>6<br>10<br>29<br>9,491     | 01-96. 1-96 times 97. 97+ times 98. Not ascertained 99. DK or refused 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<br>RESPIRATORY THERAPY SERVICES<br>RECEIVED IN PAST 12 MONTHS   |
| 2825           | 44a(1)     |                                   | SELF OR FAMILY IN HH   |
|                |            | 35<br>152<br>3<br>3<br>7<br>9,491 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2826           | 44a(2)     |                                   | FAMILY NOT IN HH   |
|                |            | 0<br>187<br>3<br>3<br>7<br>9,491  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

## Section I - Other Services

| Tape<br>Locations | Item No.  | Frequency                         | Items and Codes  |
|-------------------|-----------|-----------------------------------|--|
| (2825-2836)       | 44a(1-12) |                                   | WHO PAID OR WILL PAY FOR<br>RESPIRATORY THERAPY SERVICES<br>RECEIVED IN PAST 12 MONTHS<br>- Continued  |
| 2827              | 44a(3)    |                                   | PRIVATE HEALTH INSURANCE   |
|                   |           | 83<br>104<br>3<br>3<br>7<br>9,491 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2828              | 44a(4)    |                                   | MEDICARE   |
|                   |           | 95<br>92<br>3<br>3<br>7<br>9,491  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2829              | 44a(5)    |                                   | MEDICAID   |
|                   |           | 42<br>145<br>3<br>3<br>7<br>9,491 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

Maria

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<br>187<br>3<br>3<br>7<br>9,491 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2831        | 44a(7)    |                                  | EMPLOYER  |
|             |           | 2<br>185<br>3<br>3<br>7<br>9,491 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2832        | 44a(8)    |                                  | SCHOOL SYSTEM   |
|             |           | 0<br>187<br>3<br>3<br>7<br>9,491 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency | Items and Codes   |
|-------------------|-----------|-----------|---|
| (2825-2836)       | 44a(1-12) |           | WHO PAID OR WILL PAY FOR<br>RESPIRATORY THERAPY SERVICES<br>RECEIVED IN PAST 12 MONTHS<br>- Continued |
| 2833              | 44a(9)    |           | VA PROGRAM  |

|      |         | 4<br>183<br>3<br>3<br>7<br>9,491 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free<br>No answer to entire question<br>DK or refused (entire question)                  |
|------|---------|----------------------------------|--------------------------------------|---|
| 2834 | 44a(10) |                                  | OTHER N                              | MILITARY  |
|      |         | 3<br>184<br>3<br>3<br>7<br>9,491 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>No one/Free<br>No answer to entire question<br>DK or refused (entire question) |
| 2835 | 44a(11) |                                  | OTHER I                              | PRIVATE SOURCE  |
|      |         | 9<br>178<br>3<br>3<br>7<br>9,491 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>No one/Free<br>No answer to entire question                                    |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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  |
|                   |           | 1<br>186<br>3<br>3<br>7<br>9,491 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of</li> </ol> |

| 2837-2838 | 44b   | WHO PAID MOST FOR RESPIRATORY<br>THERAPY SERVICES RECEIVED IN<br>PAST 12 MONTHS          |  |
|-----------|-------|--|--|
|           | 11    | 01. Self or family in HH   |  |
|           | 0     | 02. Family not in HH   |  |
|           | 49    | 03. Private health insurance   |  |
|           | 81    | 04. Medicare   |  |
|           | 24    | 05. Medicaid   |  |
|           | 0     | 06. Rehabilitation program   |  |
|           | 2     | 07. Employer   |  |
|           | 0     | 08. School system  |  |
|           | 4     | 09. VA program   |  |
|           | 2     | 10. Other military   |  |
|           | 2     | 11. Other private source   |  |
|           | 1     | 12. Other public source  |  |
|           | 11    | 13. Two or more sources given;<br>unknown which paid most                                |  |
|           | 3     | 33. No one/Free  |  |
|           | 3     | 88. No source ascertained  |  |
|           | 7     | 99. DK/refused any source  |  |
|           | 9,491 | Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |  |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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) |  |
|                   |          | 3<br>23<br>0<br>1<br>8<br>9,656   | 00000. None 00001-99996. 1-99996 Dollars paid 99997. 99997+ Dollars paid 99998. Not ascertained 99999. DK or refused Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months; self/ family in HH not payment source) |

## THERAPY SERVICES (LAST MONTH)

| 86    | 1.     | Yes                         |
|-------|--------|-----------------------------|
| 106   | 2.     | No                          |
| 7     | 8.     | Not ascertained             |
| 1     | 9.     | DK or refused               |
| 9,491 | Blank. | NA (Institutionalized; No   |
|       |        | or DK if needed services of |
|       |        | provider in past 12 months) |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |
|                   |          | 95<br>15<br>6<br>2<br>9,573   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2846              | 46(1)    |   | PROVIDER THINKS NO<br>LONGER NEEDED  |
|                   |          | 1<br>109<br>6<br>2<br>9,573   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2847              | 46(2)    |   | TOO EXPENSIVE/CAN'T AFFORD   |
|                   |          | 5<br>105<br>6<br>2<br>9,573   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2848              | 46(3)    | INSURANCE DOESN'T COVER   |  |

| 3     | 1.     | Mentioned                       |
|-------|--------|---------------------------------|
| 107   | 2.     | Not mentioned                   |
| 6     | 8.     | No answer to entire question    |
| 2     | 9.     | DK or refused (entire question) |
| 9,573 | Blank. | NA (Institutionalized)          |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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<br>110<br>6<br>2<br>9,573 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                |  |
| 2850              | 46(5)    |                             | NO LONGER ON MEDICAID   |  |
|                   |          | 0<br>110<br>6<br>2<br>9,573 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                |  |
| 2851              | 46(6)    |                             | PROVIDER NOT AVAILABLE  |  |
|                   |          | 0<br>110<br>6<br>2<br>9,573 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                |  |
| 2852              | 46(7)    |                             | DIDN'T LIKE PROVIDER  |  |
|                   |          | 0<br>110<br>6<br>2          | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> </ol>   |  |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

## Section I - Other Services

| Tape<br>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   |  |
|                   |          | 1<br>109<br>6<br>2<br>9,573 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                |  |
| 2854              | 46(9)    |                             | COULD NOT TAKE TIME<br>OFF FROM WORK  |  |
|                   |          | 0<br>110<br>6<br>2<br>9,573 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                |  |
| 2855              | 46(10)   |                             | OTHER REASON  |  |
|                   |          | 9<br>101<br>6<br>2<br>9,573 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>                |  |
| 2856              |          |                             | BLANK   |  |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                        | Items and Codes   |  |  |
|-------------------|----------|----------------------------------|---|--|--|
| 2857              | 42a      |                                  | DID YOU RECEIVE SOCIAL WORK<br>SERVICES IN PAST 12 MONTHS   |  |  |
|                   |          | 246<br>9,189<br>113<br>26<br>117 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized)</li> </ol>  |  |  |
| 2858              | 42b      |                                  | DID YOU NEED SOCIAL WORK<br>SERVICES IN PAST 12 MONTHS  |  |  |
|                   |          | 42<br>9,075<br>184<br>27<br>363  | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;         Received services from         provider in past 12 months)</li> </ol> |  |  |
| 2859-2860         | 43a      |                                  | NUMBER OF MONTHS YOU RECEIVED<br>SOCIAL WORK SERVICE(S) IN<br>PAST 12 MONTHS  |  |  |
|                   |          | 231<br>7<br>8<br>9,445           | 01-12. 1-12 months 98. Not ascertained 99. DK or refused Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)   |  |  |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                     | Items and Codes  |
|-------------------|----------|-------------------------------|--|
| 2861-2862         | 43b      |                               | TOTAL NUMBER OF TIMES YOU<br>RECEIVED SOCIAL WORK<br>SERVICE DURING THOSE MONTHS   |
|                   |          | 188<br>8<br>10<br>40<br>9,445 | 01-96. 1-96 times 97. 97+ times 98. Not ascertained 99. DK or refused Blank. NA (Institutionalized; No or DK if needed services of |

| (2863-2874) | 44a(1-12) |                                     | WHO PAID OR WILL PAY FOR<br>SOCIAL WORK SERVICES<br>RECEIVED IN PAST 12 MONTHS   |
|-------------|-----------|-------------------------------------|--|
| 2863        | 44a(1)    |                                     | SELF OR FAMILY IN HH   |
|             |           | 18<br>183<br>20<br>7<br>18<br>9,445 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2864        | 44a(2)    |                                     | FAMILY NOT IN HH   |
|             |           | 0<br>201<br>20<br>7<br>18<br>9,445  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

## Section I - Other Services

| Tape<br>Locations | Item No.  | Frequency   | Items and Codes  |
|-------------------|-----------|---|--|
| (2863-2874)       | 44a(1-12) | WHO PAID OR WILL PAY FOR<br>SOCIAL WORK SERVICES<br>RECEIVED IN PAST 12 MONTHS<br>- Continued |  |
| 2865              | 44a(3)    |   | PRIVATE HEALTH INSURANCE   |
|                   |           | 29<br>172<br>20<br>7<br>18<br>9,445   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |

2866 44a(4) MEDICARE

|      |        | 57<br>144<br>20<br>7<br>18<br>9,445 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free<br>No answer to entire question<br>DK or refused (entire question) |
|------|--------|-------------------------------------|--------------------------------------|--|
| 2867 | 44a(5) |                                     | MEDICA                               | ID   |
|      |        | 78<br>123<br>20<br>7<br>18<br>9,445 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free<br>No answer to entire question<br>DK or refused (entire question) |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.      | Frequency                          | Items and Codes   |  |  |
|-------------------|---------------|------------------------------------|---|--|--|
| (2863-2874)       | 44a(1-12)     |                                    | WHO PAID OR WILL PAY FOR<br>SOCIAL WORK SERVICES<br>RECEIVED IN PAST 12 MONTHS<br>- Continued |  |  |
| 2868              | 2868 44a(6) R |                                    | REHABII   | LITATION PROGRAM   |  |
|                   |               | 5<br>196<br>20<br>7<br>18<br>9,445 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank.  | No one/Free<br>No answer to entire question<br>DK or refused (entire question) |  |
| 2869              | 44a(7)        |                                    | EMPLOYE   | CR.  |  |
|                   |               | 0<br>201<br>20<br>7<br>18<br>9,445 | 2.  | No one/Free  |  |

| 2870 | 44a(8) |                                    | SCHOOL         | SYSTEM   |
|------|--------|------------------------------------|----------------|--|
|      |        | 1<br>200<br>20<br>7<br>18<br>9,445 | 3.<br>8.<br>9. | Mentioned Not mentioned No one/Free No answer to entire question DK or refused (entire question) NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                          | Items and Coo  | des       |
|-------------------|-----------|------------------------------------|--|-----------|
| (2863-2874)       | 44a(1-12) |                                    | WHO PAID OR W<br>SOCIAL WORK S<br>RECEIVED IN F<br>- Continued | -         |
| 2871              | 44a(9)    |                                    | VA PROGRAM   |           |
|                   |           | 8<br>193<br>20<br>7<br>18<br>9,445 | 3. No or<br>8. No ar<br>9. DK or<br>Blank. NA (1<br>or DF      | mentioned |
| 2872              | 44a(10)   |                                    | OTHER MILITAR  | RY        |
|                   |           | 1<br>200<br>20<br>7<br>18<br>9,445 | 3. No or<br>8. No ar<br>9. DK or<br>Blank. NA (I               | mentioned |
| 2873              | 44a(11)   |                                    | OTHER PRIVATE  | E SOURCE  |
|                   |           | 2<br>199<br>20                     | 1. Ments 2. Not r 3. No or                                     | mentioned |

7 8. No answer to entire question
18 9. DK or refused (entire question)
9,445 Blank. NA (Institutionalized; No
or DK if needed services of
provider in past 12 months)

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency  | Items and Codes   |
|-------------------|-----------|--|---|
| (2863-2874)       | 44a(1-12) |  | WHO PAID OR WILL PAY FOR<br>SOCIAL WORK SERVICES<br>RECEIVED IN PAST 12 MONTHS<br>- Continued   |
| 2874              | 44a(12)   |  | OTHER PUBLIC SOURCE   |
|                   |           | 54<br>147<br>20<br>7<br>18<br>9,445  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol>  |
| 2875-2876         | 44b       |  | WHO PAID MOST FOR SOCIAL<br>WORK SERVICES RECEIVED IN<br>PAST 12 MONTHS   |
|                   |           | 7<br>0<br>17<br>37<br>60<br>5<br>0<br>1<br>8<br>1<br>2<br>53<br>10<br>20<br>7<br>18<br>9,445 | 01. Self or family in HH 02. Family not in HH 03. Private health insurance 04. Medicare 05. Medicaid 06. Rehabilitation program 07. Employer 08. School system 09. VA program 10. Other military 11. Other private source 12. Other public source 13. Two or more sources given; unknown which paid most 33. No one/Free 88. No source ascertained 99. DK/refused any source Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

## Section I - Other Services

| Tape<br>Locations | Thom No                         | Frequency                    | Items and Codes  |
|-------------------|---------------------------------|------------------------------|--|
|                   | TCEIII NO.                      |                              | 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)   |
|                   | 2<br>12<br>0<br>0<br>4<br>9,673 | 12<br>0<br>0<br>4            | 00000. None 00001-99996. 1-99996 Dollars paid 99997. 99997+ Dollars paid 99998. Not ascertained 99999. DK or refused 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<br>SERVICES (LAST MONTH)   |
|                   |                                 | 163<br>72<br>9<br>2<br>9,445 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)  |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |
|      |       | 51<br>43<br>15<br>5<br>9,577 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2884 | 46(1) |                              | PROVIDER THINKS NO<br>LONGER NEEDED  |
|      |       | 7<br>87<br>15<br>5<br>9,577  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2885 | 46(2) |                              | TOO EXPENSIVE/CAN'T AFFORD   |
|      |       | 15<br>79<br>15<br>5<br>9,577 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2886 | 46(3) |                              | INSURANCE DOESN'T COVER  |
|      |       | 2<br>92<br>15<br>5<br>9,577  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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) |
| 2887              | 46(4)    |           | INSURANCE NO LONGER COVERS  |

|      |       | 3<br>91<br>15<br>5<br>9,577 | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question<br>DK or refused (entire question)                  |
|------|-------|-----------------------------|--------------------------------|--|
| 2888 | 46(5) |                             | NO LONG                        | GER ON MEDICAID  |
|      |       | 1<br>93<br>15<br>5<br>9,577 | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question<br>DK or refused (entire question)                  |
| 2889 | 46(6) |                             | PROVIDE                        | ER NOT AVAILABLE   |
|      |       | 3<br>91<br>15<br>5<br>9,577 | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question<br>DK or refused (entire question)                  |
| 2890 | 46(7) |                             | DIDN'T                         | LIKE PROVIDER  |
|      |       | 3<br>91<br>15<br>5<br>9,577 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question<br>DK or refused (entire question) |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Item No. | Frequency     | Items and Codes   |
|----------|---------------|---|
| 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) |
| 46(8)    | 2<br>92<br>15 | TRANSPORTATION PROBLEMS  1. Mentioned 2. Not mentioned 8. No answer to entire question  |
|          | 46(0-10)      | 46(8)   |

|      |        | 5<br>9,577                   | 9. DK or refused (entire question) Blank. NA (Institutionalized)   |
|------|--------|------------------------------|--|
| 2892 | 46(9)  |                              | COULD NOT TAKE TIME<br>OFF FROM WORK   |
|      |        | 0<br>94<br>15<br>5<br>9,577  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2893 | 46(10) |                              | OTHER REASON   |
|      |        | 29<br>65<br>15<br>5<br>9,577 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2894 |        |                              | BLANK  |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

## Section I - Other Services

| Tape<br>Locations | Item No. | Frequency                        | Items and Codes   |
|-------------------|----------|----------------------------------|---|
| 2895              | 42a      |                                  | DID YOU RECEIVE TRANSPORTATION<br>SERVICES IN PAST 12 MONTHS  |
|                   |          | 328<br>9,115<br>118<br>13<br>117 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized)</li> </ol>        |
| 2896              | 42b      |                                  | DID YOU NEED TRANSPORTATION<br>SERVICES IN PAST 12 MONTHS   |
|                   |          | 62<br>8,980<br>182<br>22<br>445  | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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

| 308   | 01-12. | 1-12 months                 |
|-------|--------|-----------------------------|
| 8     | 98.    | Not ascertained             |
| 12    | 99.    | DK or refused               |
| 9,363 | Blank. | NA (Institutionalized; No   |
|       |        | or DK if needed services of |
|       |        | provider in past 12 months) |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                           | Items and Codes  |
|-------------------|-----------|-------------------------------------|--|
| 2899-2900         | 43b       |                                     | TOTAL NUMBER OF TIMES YOU<br>RECEIVED TRANSPORTATION<br>SERVICE DURING THOSE MONTHS  |
|                   |           | 212<br>48<br>16<br>52<br>9,363      | 01-96. 1-96 times 97. 97+ times 98. Not ascertained 99. DK or refused 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<br>TRANSPORTATION SERVICES<br>RECEIVED IN PAST 12 MONTHS  |
| 2901              | 44a(1)    |                                     | SELF OR FAMILY IN HH   |
|                   |           | 87<br>196<br>27<br>5<br>13<br>9,363 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |
| 2902              | 44a(2)    |                                     | FAMILY NOT IN HH   |
|                   |           | 7<br>276<br>27<br>5<br>13<br>9,363  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of</li> </ol>                             |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

## Section I - Other Services

| Tape<br>Locations | Item No.  | Frequency                            | Items and Codes   |  |
|-------------------|-----------|--------------------------------------|---|--|
| (2901-2912)       | 44a(1-12) |                                      | WHO PAID OR WILL PAY FOR<br>TRANSPORTATION SERVICES<br>RECEIVED IN PAST 12 MONTHS<br>- Continued  |  |
| 2903              | 44a(3)    |                                      | PRIVATE HEALTH INSURANCE  |  |
|                   |           | 8<br>275<br>27<br>5<br>13<br>9,363   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |  |
| 2904              | 44a(4)    |                                      | MEDICARE  |  |
|                   |           | 55<br>228<br>27<br>5<br>13<br>9,363  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |  |
| 2905              | 44a(5)    |                                      | MEDICAID  |  |
|                   |           | 101<br>182<br>27<br>5<br>13<br>9,363 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |  |

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| Tape<br>Locations | Item No.  | Frequency                          | Items and Codes  |  |
|-------------------|-----------|------------------------------------|--|--|
| (2901-2912)       | 44a(1-12) |                                    | WHO PAID OR WILL PAY FOR<br>TRANSPORTATION SERVICES<br>RECEIVED IN PAST 12 MONTHS<br>- Continued   |  |
| 2906              | 44a(6)    |                                    | REHABILITATION PROGRAM   |  |
|                   |           | 7<br>276<br>27<br>5<br>13<br>9,363 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |  |
| 2907              | 44a(7)    |                                    | EMPLOYER   |  |
|                   |           | 1<br>282<br>27<br>5<br>13<br>9,363 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |  |
| 2908              | 44a(8)    |                                    | SCHOOL SYSTEM  |  |
|                   |           | 5<br>278<br>27<br>5<br>13<br>9,363 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months)</li> </ol> |  |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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

|      |         |                                     | COIICI                               |  |
|------|---------|-------------------------------------|--------------------------------------|--|
| 2909 | 44a(9)  | VA PROGRAM                          |                                      | GRAM   |
|      |         | 6<br>277<br>27<br>5<br>13<br>9,363  | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free<br>No answer to entire question<br>DK or refused (entire question) |
| 2910 | 44a(10) |                                     | OTHER MILITARY                       |  |
|      |         | 0<br>283<br>27<br>5<br>13<br>9,363  | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free<br>No answer to entire question                                    |
| 2911 | 44a(11) |                                     | OTHER F                              | PRIVATE SOURCE   |
|      |         | 14<br>269<br>27<br>5<br>13<br>9,363 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | Not mentioned<br>No one/Free<br>No answer to entire question                   |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency       | Items and Codes  |
|-------------------|-----------|-----------------|--|
| (2901-2912)       | 44a(1-12) |                 | WHO PAID OR WILL PAY FOR<br>TRANSPORTATION SERVICES<br>RECEIVED IN PAST 12 MONTHS<br>- Continued |
| 2912              | 44a(12)   |                 | OTHER PUBLIC SOURCE  |
|                   |           | 50<br>233<br>27 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> </ol>                        |

|           |     | 5<br>13<br>9,363 | 8.<br>9.<br>Blank. | DK or refused (entire question)   |
|-----------|-----|------------------|--------------------|---|
| 2913-2914 | 44b |                  | TRANSPO            | ID MOST FOR<br>DRTATION SERVICES<br>ED IN PAST 12 MONTHS                          |
|           |     | 78               | 01.                | Self or family in HH  |
|           |     | 7                |                    | Family not in HH  |
|           |     | 5                | 03.                | <del>-</del>  |
|           |     | 33               | 04.                | Medicare  |
|           |     | 78               | 05.                | Medicaid  |
|           |     | 6                | 06.                |   |
|           |     | 1                | 07.                |   |
|           |     | 5                | 08.                | School system   |
|           |     | 6                | 09.                | VA program  |
|           |     | 0                | 10.                | Other military  |
|           |     | 7                | 11.                | Other private source  |
|           |     | 43               | 12.                | Other public source   |
|           |     | 14               | 13.                | Two or more sources given; unknown which paid most                                |
|           |     | 27               | 33.                | No one/Free   |
|           |     | 5                | 88.                | No source ascertained   |
|           |     | 13               | 99.                | DK/refused any source   |
|           |     | 9,363            | Blank.             | NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                        | Items and Codes   |
|-------------------|----------|----------------------------------|---|
| 2915-2919         | 44c      | 1<br>68<br>0<br>3<br>15<br>9,604 | 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)  00000. None 00001-99996. 1-99996 Dollars paid 99997. 99997+ Dollars paid 99998. Not ascertained 99999. DK or refused Blank. NA (Institutionalized; No or DK if needed services of provider in past 12 months; self/ family in HH not payment |

| 2920 | 45 |                              |    | J RECEIVE TRANSPORTATION<br>ES (LAST MONTH)  |
|------|----|------------------------------|----|--|
|      |    | 227<br>94<br>5<br>2<br>9,363 | 9. | Yes No Not ascertained DK or refused NA (Institutionalized; No or DK if needed services of provider in past 12 months) |

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## 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |
|                   |          | 80<br>72<br>4<br>0<br>9,535  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2922              | 46(1)    |                              | PROVIDER THINKS NO<br>LONGER NEEDED  |
|                   |          | 5<br>147<br>4<br>0<br>9,535  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2923              | 46(2)    |                              | TOO EXPENSIVE/CAN'T AFFORD   |
|                   |          | 26<br>126<br>4<br>0<br>9,535 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |

| 2924 | 46(3) |                             | INSURAI  | NCE DOESN'T COVER   |
|------|-------|-----------------------------|----------|---|
|      |       | 8<br>144<br>4<br>0<br>9,535 | 8.<br>9. | Mentioned<br>Not mentioned<br>No answer to entire question<br>DK or refused (entire question)<br>NA (Institutionalized) |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |
|                   |          | 2<br>150<br>4<br>0<br>9,535  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>           |
| 2926              | 46(5)    |                              | NO LONGER ON MEDICAID  |
|                   |          | 3<br>149<br>4<br>0<br>9,535  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>           |
| 2927              | 46(6)    |                              | PROVIDER NOT AVAILABLE   |
|                   |          | 13<br>139<br>4<br>0<br>9,535 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>           |
| 2928              | 46(7)    |                              | DIDN'T LIKE PROVIDER   |

| 1     | 1.     | Mentioned                       |
|-------|--------|---------------------------------|
| 151   | 2.     | Not mentioned                   |
| 4     | 8.     | No answer to entire question    |
| 0     | 9.     | DK or refused (entire question) |
| 9,535 | Blank. | NA (Institutionalized)          |
|       |        |                                 |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

### Section I - Other Services

| Tape<br>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  |
|                   |          | 15<br>137<br>4<br>0<br>9,535 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>           |
| 2930              | 46(9)    |                              | COULD NOT TAKE TIME<br>OFF FROM WORK   |
|                   |          | 1<br>151<br>4<br>0<br>9,535  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>           |
| 2931              | 46(10)   |                              | OTHER REASON   |
|                   |          | 34<br>118<br>4<br>0<br>9,535 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>           |
| 2932-2940         |          |                              | BLANK  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

### Section I - Other Services

| Tape<br>Locations | Item No.  | Frequency                       | Items and Codes  |
|-------------------|-----------|---------------------------------|--|
| 2941              | 47a       |                                 | CURRENTLY ON WAITING LIST<br>FOR SERVICES  |
|                   |           | 31<br>9,401<br>110<br>32<br>117 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized)</li> </ol>   |
| (2942-2955)       | 47b(1-14) |                                 | FOR WHICH SERVICE ARE YOU<br>ON WAITING LIST   |
| 2942              | 47b(1)    |                                 | PHYSICAL THERAPIST   |
|                   |           | 9<br>20<br>1<br>1<br>9,660      | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;         No or DK if currently on a waiting list for any service)     </li> </ol> |
| 2943              | 47b(2)    |                                 | OCCUPATIONAL THERAPIST   |
|                   |           | 3<br>26<br>1<br>1<br>9,660      | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;         No or DK if currently on a waiting list for any service)     </li> </ol> |
| 2944              | 47b(3)    |                                 | AUDIOLOGIST  |
|                   |           | 1<br>28<br>1<br>1<br>9,660      | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>No or DK if currently on a waiting list for any service)</li> </ol>     |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                  | Items and Codes  |
|-------------------|-----------|----------------------------|--|
| (2942-2955)       | 47b(1-14) |                            | FOR WHICH SERVICE ARE YOU<br>ON WAITING LIST - Continued   |
| 2945              | 47b(4)    |                            | SPEECH THERAPIST OR PATHOLOGIST  |
|                   |           | 1<br>28<br>1<br>1<br>9,660 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire questi</li> <li>Blank. NA (Institutionalized;         No or DK if currently on a waiting list for any service     </li> </ol> |
| 2946              | 47b(5)    |                            | RECREATIONAL THERAPIST   |
|                   |           | 0<br>29<br>1<br>1<br>9,660 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire questi</li> <li>Blank. NA (Institutionalized;         No or DK if currently on a waiting list for any service     </li> </ol> |
| 2947              | 47b(6)    |                            | VISITING NURSE   |
|                   |           | 3<br>26<br>1<br>1<br>9,660 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire questi</li> <li>Blank. NA (Institutionalized;         No or DK if currently on a waiting list for any service     </li> </ol> |
| 2948              | 47b(7)    |                            | PERSONAL CARE ATTENDANT  |
|                   |           | 6<br>23<br>1<br>1<br>9,660 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire questi</li> <li>Blank. NA (Institutionalized;         No or DK if currently on a waiting list for any service     </li> </ol> |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                  | Items and Codes  |
|-------------------|-----------|----------------------------|--|
| (2942-2955)       | 47b(1-14) |                            | FOR WHICH SERVICE ARE YOU<br>ON WAITING LIST - Continued   |
| 2949              | 47b(8)    |                            | READER OR INTERPRETER  |
|                   |           | 1<br>28<br>1<br>1<br>9,660 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;         No or DK if currently on a waiting list for any service)     </li> </ol> |
| 2950              | 47b(9)    |                            | ADULT DAY CARE CENTER OR DAY ACTIVITY CENTER   |
|                   |           | 2<br>27<br>1<br>1<br>9,660 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;         No or DK if currently on a waiting list for any service)     </li> </ol> |
| 2951              | 47b(10)   |                            | SERVICES FOR ALCOHOL OR DRUG ABUSE   |
|                   |           | 0<br>29<br>1<br>1<br>9,660 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;         No or DK if currently on a waiting list for any service)     </li> </ol> |
| 2952              | 47b(11)   |                            | SERVICES FROM CENTER<br>FOR INDEPENDENT LIVING   |
|                   |           | 3<br>26<br>1<br>1<br>9,660 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;         No or DK if currently on a waiting list for any service)     </li> </ol> |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                        | Items and Codes  |
|-------------------|-----------|----------------------------------|--|
| (2942-2955)       | 47b(1-14) |                                  | FOR WHICH SERVICE ARE YOU<br>ON WAITING LIST - Continued   |
| 2953              | 47b(12)   |                                  | RESPIRATORY THERAPY SERVICES   |
|                   |           | 1<br>28<br>1<br>1<br>9,660       | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;         No or DK if currently on a waiting list for any service)     </li> </ol> |
| 2954              | 47b(13)   |                                  | SOCIAL WORK SERVICES   |
|                   |           | 6<br>23<br>1<br>1<br>9,660       | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;         No or DK if currently on a waiting list for any service)     </li> </ol> |
| 2955              | 47b(14)   |                                  | TRANSPORTATION SERVICES  |
|                   |           | 6<br>23<br>1<br>1<br>9,660       | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;         No or DK if currently on a waiting list for any service)     </li> </ol> |
| 2956              | 48a       |                                  | DID YOU STAY OVERNIGHT IN A<br>HOSPITAL OR OTHER FACILITY TO<br>RECEIVE MENTAL HEALTH SERVICES   |
|                   |           | 117<br>9,312<br>117<br>28<br>117 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized)   |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

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

| (2957-2961) | 48b(1-5) |                             | WHERE DID YOU RECEIVE<br>INPATIENT MENTAL HEALTH<br>SERVICES IN PAST 12 MONTHS  |  |
|-------------|----------|-----------------------------|---|--|
| 2957        | 48b(1)   |                             | PRIVATE OR PUBLIC PSYCHIATRIC HOSPITAL  |  |
|             |          | 38<br>76<br>2<br>1<br>9,574 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services)</li> </ol> |  |
| 2958        | 48b(2)   |                             | PSYCHIATRIC SERVICES<br>IN A GENERAL HOSPITAL   |  |
|             |          | 52<br>62<br>2<br>1<br>9,574 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services)</li> </ol> |  |
| 2959        | 48b(3)   |                             | OTHER HOSPITAL  |  |
|             |          | 19<br>95<br>2<br>1<br>9,574 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services)</li> </ol> |  |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| No. Frequency | Items and Codes  |
|---------------|--|
| -5)           | WHERE DID YOU RECEIVE<br>INPATIENT MENTAL HEALTH<br>SERVICES IN PAST 12 MONTHS |
| _             | -5)  |

| 2960      | 48b(4) |                             | RESIDENTIAL TREATMENT CENTER   |  |
|-----------|--------|-----------------------------|--|--|
|           |        | 9<br>105<br>2<br>1<br>9,574 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services)</li> </ol> |  |
| 2961      | 48b(5) |                             | OTHER PLACE  |  |
|           |        | 2<br>112<br>2<br>1<br>9,574 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services)</li> </ol> |  |
| 2962-2963 | 49a    |                             | TOTAL NUMBER OF TIMES YOU WERE<br>ADMITTED TO THIS PLACE FOR MENTAL<br>HEALTH CARE IN PAST 12 MONTHS   |  |
|           |        | 112<br>0<br>1<br>4<br>9,574 | 01-96. 1-96 times admitted 97. 97+ times admitted 98. Not ascertained 99. DK or refused Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services)  |  |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency              | Items and Codes   |  |
|-------------------|----------|------------------------|---|--|
| 2964-2966         | 49b      | 110<br>0<br>7<br>9,574 | TOTAL NUMBER OF NIGHTS SPENT IN THIS PLACE IN PAST 12 MONTHS  001-366. 1-366 nights spent 998. Not ascertained 999. DK or refused 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) |  |  |
|-----------|-----|-----------------------------------|--|--|--|--|
|           |     | 42<br>15<br>17<br>2<br>9,615      | 1.<br>2.<br>8.<br>9.<br>Blank.               | DK or refused  |  |  |
| 2968-2969 | 50b |                                   | WERE ON<br>(Stayed                           | Y OF THESE ADMISSIONS<br>AN EMERGENCY BASIS<br>overnight in a<br>facility)                     |  |  |
|           |     | 19<br>69<br>0<br>6<br>23<br>9,574 | 00.<br>01-96.<br>97.<br>98.<br>99.<br>Blank. | 1-96 emergency admissions<br>97+ emergency admissions<br>Not ascertained<br>DK or refused      |  |  |
| 2970      | 50c |                                   |  | Y OF THESE ADMISSIONS ON AN<br>CY BASIS IN PAST 12 MONTHS                                      |  |  |
|           |     | 1<br>2<br>2<br>0<br>9,686         | 1.<br>2.<br>8.<br>9.<br>Blank.               | No<br>Not ascertained  |  |  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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) |  |
|                   |          | 1<br>0<br>0 | 01-96. 1-96 emergency admissions<br>97. 97+ emergency admissions<br>98. Not ascertained   |  |

|             |           | 0<br>9,690                       | 99. DK or refused<br>Blank. NA (Institutionalized)  |
|-------------|-----------|----------------------------------|---|
| (2973-2984) | 51a(1-12) |                                  | WHO PAID OR WILL PAY FOR<br>INPATIENT MENTAL HEALTH<br>SERVICES RECEIVED IN PAST<br>12 MONTHS   |
| 2973        | 51a(1)    |                                  | SELF OR FAMILY IN HH  |
|             |           | 18<br>98<br>1<br>0<br>0<br>9,574 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services)</li> </ol> |
| 2974        | 51a(2)    |                                  | FAMILY NOT IN HH  |
|             |           | 3<br>113<br>1<br>0<br>0<br>9,574 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services)</li> </ol> |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                        | Items and Codes   |  |
|-------------------|-----------|----------------------------------|---|--|
| (2973-2984)       | 51a(1-12) |                                  | WHO PAID OR WILL PAY FOR<br>INPATIENT MENTAL HEALTH<br>SERVICES RECEIVED IN PAST<br>12 MONTHS - Continued   |  |
| 2975              | 51a(3)    |                                  | PRIVATE HEALTH INSURANCE  |  |
|                   |           | 29<br>87<br>1<br>0<br>0<br>9,574 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if stayed overnight in</li> </ol> |  |

| 2976 | 51a(4) |                                  | MEDICARE   |
|------|--------|----------------------------------|--|
|      |        | 39<br>77<br>1<br>0<br>0<br>9,574 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services)</li> </ol> |
| 2977 | 51a(5) |                                  | MEDICAID   |
|      |        | 50<br>66<br>1<br>0<br>0<br>9,574 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services)</li> </ol> |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section I - Other Services

| Item No.  | Frequency                        | Items and Codes   |  |
|-----------|----------------------------------|---|--|
| 51a(1-12) |                                  | WHO PAID OR WILL PAY FOR<br>INPATIENT MENTAL HEALTH<br>SERVICES RECEIVED IN PAST<br>12 MONTHS - Continued   |  |
| 51a(6)    | 0                                | REHABILITATION PROGRAM  1. Mentioned  |  |
|           | 116<br>1<br>0<br>0<br>0<br>9,574 | 2. Not mentioned 3. No one/Free 8. No answer to entire question 9. DK or refused (entire question Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive |  |
|           | 51a(1-12)                        | 51a(1-12)  51a(6)  0 116 1 0 0  |  |

2979 51a(7) EMPLOYER

|      |        | 1<br>115<br>1<br>0<br>0<br>9,574 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free<br>No answer to entire question<br>DK or refused (entire question) |
|------|--------|----------------------------------|--------------------------------------|--|
| 2980 | 51a(8) |                                  | SCHOOL                               | SYSTEM   |
|      |        | 0<br>116<br>1<br>0<br>0<br>9,574 | 1.<br>2.<br>3.<br>8.<br>9.<br>Blank. | No one/Free<br>No answer to entire question<br>DK or refused (entire question) |

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| Tape<br>Locations | Item No.  | Frequency                        | Items and Codes   |
|-------------------|-----------|----------------------------------|---|
| (2973-2984)       | 51a(1-12) |                                  | WHO PAID OR WILL PAY FOR<br>INPATIENT MENTAL HEALTH<br>SERVICES RECEIVED IN PAST<br>12 MONTHS - Continued   |
| 2981              | 51a(9)    |                                  | VA PROGRAM  |
|                   |           | 7<br>109<br>1<br>0<br>0<br>9,574 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services)</li> </ol> |
| 2982              | 51a(10)   |                                  | OTHER MILITARY  |
|                   |           | 5<br>111<br>1<br>0               | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> </ol>   |

|      |         | 0<br>9,574                            | 9.<br>Blank. | DK or refused (entire question) NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |
|------|---------|---------------------------------------|--------------|--|
| 2983 | 51a(11) |                                       | OTHER I      | PRIVATE SOURCE   |
|      |         | 5<br>111<br>1<br>0<br>0<br>0<br>9,574 | 2.           | , ,  |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                          | Items and Codes   |
|-------------------|-----------|------------------------------------|---|
| (2973-2984)       | 51a(1-12) |                                    | WHO PAID OR WILL PAY FOR<br>INPATIENT MENTAL HEALTH<br>SERVICES RECEIVED IN PAST<br>12 MONTHS - Continued   |
| 2984              | 51a(12)   |                                    | OTHER PUBLIC SOURCE   |
|                   |           | 12<br>104<br>1<br>0<br>0<br>9,574  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services)</li> </ol> |
| 2985-2986         | 51b       |                                    | WHO PAID MOST OF THE COST<br>FOR THE INPATIENT MENTAL<br>HEALTH SERVICES  |
|                   |           | 4<br>1<br>21<br>24<br>32<br>0<br>1 | 01. Self or family in HH 02. Family not in HH 03. Private health insurance 04. Medicare 05. Medicaid 06. Rehabilitation program 07. Employer  |

| 0     | 08.    | School system  |
|-------|--------|--|
| 6     | 09.    | VA program   |
| 5     | 10.    | Other military   |
| 2     | 11.    | Other private source   |
| 9     | 12.    | Other public source  |
| 11    | 13.    | Two or more sources given.   |
|       |        | Unknown which paid most  |
| 1     | 33.    | No one/Free  |
| 0     | 88.    | No source ascertained  |
| 0     | 99.    | DK/refused any source  |
| 9,574 | Blank. | NA (Institutionalized; No or DK if stayed overnight in a medical facility to receive mental health services) |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

### Section I - Other Services

| Tape<br>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) |
|                   |          | 2<br>10<br>0<br>1<br>5<br>9,673  | 00000. None<br>00001-99996. 1-99996 Dollars paid<br>99997. 99997+ Dollars paid<br>99998. DK or refused<br>99999. DK or refused<br>Blank. NA (Institutionalized)  |
| 2992              | 52a      |                                  | DID YOU RECEIVE ANY OUTPATIENT<br>MENTAL HEALTH SERVICES DURING<br>PAST 12 MONTHS  |
|                   |          | 740<br>8,675<br>134<br>25<br>117 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized)   |
| (2993-2999)       | 52b(1-7) |                                  | FROM WHOM DID YOU RECEIVE<br>OUTPATIENT MENTAL HEALTH<br>SERVICES PAST 12 MONTHS   |

(Receive outpatient health services in past 12 months)

| 2993 | 52b(1) |                               | PSYCHIA | ATRIST                       |
|------|--------|-------------------------------|---------|------------------------------|
|      |        | 474<br>257<br>1<br>8<br>8,951 | 9.      | No answer to entire question |
|      |        |                               |         |                              |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |
|                   |          | 172<br>559<br>1<br>8<br>8,951 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2995              | 52b(3)   |                               | NURSE  |
|                   |          | 20<br>711<br>1<br>8<br>8,951  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2996              | 52b(4)   |                               | SOCIAL WORKER  |
|                   |          | 63<br>668<br>1<br>8<br>8,951  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2997              | 52b(5)   |                               | OTHER MENTAL HEALTH<br>COUNSELOR OR THERAPIST  |
|                   |          | 146<br>585                    | <ol> <li>Mentioned</li> <li>Not mentioned</li> </ol>   |

1 8. No answer to entire question 8 9. DK or refused (entire question) 8,951 Blank. NA (Institutionalized)

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section I - Other Services

| Tape<br>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   |
|                   |          | 82<br>649<br>1<br>8<br>8,951  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 2999              | 52b(7)   |                               | OTHER HEALTH PROFESSIONAL  |
|                   |          | 30<br>701<br>1<br>8<br>8,951  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| (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  |
|                   |          | 405<br>331<br>1<br>3<br>8,951 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

## Section I - Other Services

| Tape<br>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)                           |
|                   |          |           | SCIVICES III Pase 12 monens,                          |
| 3001              | 52c(2)   |           | OUTPATIENT MENTAL HEALTH CLINIC                       |
|                   |          | 227       | 1. Mentioned  |
|                   |          | 509       | 2. Not mentioned                                      |
|                   |          | 1         | 8. No answer to entire question                       |
|                   |          | 3         | 9. DK or refused (entire question                     |
|                   |          | 8,951     | Blank. NA (Institutionalized)                         |
| 3002              | 52c(3)   |           | OUTPATIENT MEDICAL CLINIC                             |
| 3002              | 323(3)   |           |   |
|                   |          | 66        | 1. Mentioned  |
|                   |          | 670       | 2. Not mentioned                                      |
|                   |          | 1         | 8. No answer to entire question                       |
|                   |          | 3         | 9. DK or refused (entire question                     |
|                   |          | 8,951     | Blank. NA (Institutionalized)                         |
| 3003              | 52c(4)   |           | НМО   |
|                   |          | 20        | 1. Mentioned  |
|                   |          | 716       | 2. Not mentioned                                      |
|                   |          | 1         | 8. No answer to entire question                       |
|                   |          | 3         | 9. DK or refused (entire question                     |
|                   |          | 8,951     | Blank. NA (Institutionalized)                         |
| 3004              | 52c(5)   |           | OTHER PLACE   |
| 2001              | 323(3)   |           |   |
|                   |          | 61        | 1. Mentioned  |
|                   |          | 675       | 2. Not mentioned                                      |
|                   |          | 1         | 8. No answer to entire question                       |
|                   |          | 3         | 9. DK or refused (entire question                     |
|                   |          | 8,951     | Blank. NA (Institutionalized)                         |
|                   |          |           |   |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

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) |
|           |          | 708<br>2<br>30<br>8,951         | 01-12. 1-12 months<br>98. Not ascertained<br>99. DK or refused<br>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)           |
|           |          | 681<br>4<br>55<br>8,951         | 001-366. 1-366 Outpatient visit(s)<br>998. Not ascertained<br>999. DK or refused<br>Blank. NA (Institutionalized)                          |
| 3010      | 54a      |                                 | WAS THAT VISIT ON AN EMERGENCY BASIS (Receive outpatient health services in past 12 months; 1 visit)                                       |
|           |          | 7<br>37<br>1<br>0<br>9,646      | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized)</li> </ol>                 |
| 3011-3013 | 54b      |                                 | HOW MANY OF THESE VISITS WERE ON AN EMERGENCY BASIS (Receive outpatient health services in past 12 months)                                 |
|           |          | 489<br>97<br>117<br>37<br>8,951 | 000. None 001-366. 1-366 Emergency visits 998. Not ascertained 999. DK or refused Blank. NA (Institutionalized)                            |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

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)   |
|             |           | 4<br>28<br>25<br>2<br>9,632          | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)                                      |
|             |           | 3<br>0<br>1<br>9,687                 | 001-366. 1-366 Emergency visits<br>998. Not ascertained<br>999. DK or refused<br>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)    | 297<br>411<br>13<br>2<br>17<br>8,951 | SELF OR FAMILY IN HH  1. Mentioned 2. Not mentioned 3. No one/Free 8. No answer to entire question 9. DK or refused (entire question) Blank. NA (Institutionalized)     |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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  |
|      |        | 6<br>702<br>13<br>2<br>17<br>8,951   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3020 | 55a(3) |                                      | PRIVATE HEALTH INSURANCE  |
|      |        | 268<br>440<br>13<br>2<br>17<br>8,951 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3021 | 55a(4) |                                      | MEDICARE  |
|      |        | 133<br>575<br>13<br>2<br>17<br>8,951 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3022 | 55a(5) |                                      | MEDICAID  |
|      |        | 199<br>509<br>13<br>2<br>17<br>8,951 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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  | servi | ices | in   | past | 12   |
|---------|-------|------|------|------|------|
| months; | one   | or   | more | visi | its) |

|      |        |       | months  | one or more visits)          |
|------|--------|-------|---------|------------------------------|
| 3023 | 55a(6) |       | REHABII | LITATION PROGRAM             |
|      |        | 4     | 1.      | Mentioned                    |
|      |        | 704   | 2.      | Not mentioned                |
|      |        | 13    | 3.      |                              |
|      |        | 2     | 8.      |                              |
|      |        | 17    | 9.      |                              |
|      |        | 8,951 | Blank.  |                              |
| 3024 | 55a(7) |       | EMPLOYI |                              |
|      |        |       |         |                              |
|      |        | 10    | 1.      | Mentioned                    |
|      |        | 698   | 2.      |                              |
|      |        | 13    | 3.      |                              |
|      |        | 2     | 8.      | -                            |
|      |        | 17    | 9.      |                              |
|      |        | 8,951 | Blank.  | NA (Institutionalized)       |
| 3025 | 55a(8) |       | SCHOOL  | SYSTEM                       |
|      |        | 3     | 1.      | Mentioned                    |
|      |        | 705   | 2.      |                              |
|      |        | 13    | 3.      | No one/Free                  |
|      |        | 2     | 8.      | No answer to entire question |
|      |        | 17    | 9.      |                              |
|      |        | 8,951 | Blank.  | NA (Institutionalized)       |
| 3026 | 55a(9) |       | VA PROC | GRAM                         |
|      |        | 34    | 1.      | Mentioned                    |
|      |        | 674   | 2.      |                              |
|      |        | 13    | 3.      |                              |
|      |        | 2     | 8.      |                              |
|      |        | 17    | 9.      | -                            |
|      |        | 8,951 | Blank.  | NA (Institutionalized)       |
|      |        |       |         |                              |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |
|------|---------|------------------------------------|--|
|      |         | 9<br>699<br>13<br>2<br>17<br>8,951 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No one/Free</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3028 | 55a(11) |                                    | OTHER PRIVATE SOURCE   |
|      |         | 16                                 | 1. Mentioned   |
|      |         | 692                                | 2. Not mentioned   |
|      |         | 13                                 | <ol><li>No one/Free</li></ol>  |
|      |         | 2                                  | 8. No answer to entire question  |
|      |         | 17                                 | 9. DK or refused (entire question  |
|      |         | 8,951                              | Blank. NA (Institutionalized)  |
| 3029 | 55a(12) |                                    | OTHER PUBLIC SOURCE  |
|      |         | 37                                 | 1. Mentioned   |
|      |         | 671                                | 2. Not mentioned   |
|      |         | 13                                 | <ol><li>No one/Free</li></ol>  |
|      |         | 2                                  | 8. No answer to entire question  |
|      |         | 17                                 | 9. DK or refused (entire question  |
|      |         | 8,951                              | Blank. NA (Institutionalized)  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency   | Items and Codes   |
|-------------------|----------|---|---|
| 3030-3031         | 55b      |   | WHO PAID MOST OF THE COST<br>FOR THE OUTPATIENT MENTAL<br>HEALTH SERVICES<br>(Receive outpatient health<br>services in past 12 months)  |
|                   |          | 130<br>3<br>200<br>88<br>160<br>2<br>8<br>3<br>33 | 01. Self or family in HH 02. Family NOT in HH 03. Private health insurance 04. Medicare 05. Medicaid 06. Rehabilitation program 07. Employer 08. School system 09. VA program |
|                   |          | 7<br>11   | <ol> <li>Other military</li> <li>Other private source</li> </ol>  |

|               | 26<br>37<br>13<br>2<br>17<br>8,951  | 12. Other public source 13. Two or more sources given. Unknown which paid most 33. No one/Free 88. No source ascertained 99. DK/refused any source 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)  |
|               | 14<br>218<br>0<br>22<br>43<br>9,394 | 00000. None 00001-99996. 1-99996 Dollars paid 99997. 99997+ Dollars paid 99998. Not ascertained 99999. DK or refused Blank. NA (Institutionalized)                               |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| FROM A MENTAL HEALTH CO SUPPORT PROGRAM  154 1. Yes 9,249 2. No 124 8. Not ascertained 47 9. DK or refused 117 Blank. NA (Institution  WERE YOU ON A WAITING I OUTPATIENT MENTAL HEALT  17 1. Yes 9,363 2. No 168 8. Not ascertained 26 9. DK or refused 117 Blank. NA (Institution | pe<br>tions | Item No. | Frequency | Items and Codes   |
|---|-------------|----------|-----------|---|
| 9,249 2. No 124 8. Not ascertained 47 9. DK or refused 117 Blank. NA (Institution  WERE YOU ON A WAITING I OUTPATIENT MENTAL HEALT  17 1. Yes 9,363 2. No 168 8. Not ascertained 26 9. DK or refused 117 Blank. NA (Institution   | 7           | 56       |           | DID YOU RECEIVE ANY SERVICES<br>FROM A MENTAL HEALTH COMMUNITY<br>SUPPORT PROGRAM |
| 124 8. Not ascertained 47 9. DK or refused 117 Blank. NA (Institution  3038 57 WERE YOU ON A WAITING I OUTPATIENT MENTAL HEALT  17 1. Yes 9,363 2. No 168 8. Not ascertained 26 9. DK or refused 117 Blank. NA (Institution   |             |          | 154       | 1. Yes  |
| 124 8. Not ascertained 47 9. DK or refused 117 Blank. NA (Institution  3038 57 WERE YOU ON A WAITING I OUTPATIENT MENTAL HEALT  17 1. Yes 9,363 2. No 168 8. Not ascertained 26 9. DK or refused 117 Blank. NA (Institution   |             |          | 9,249     | 2. No   |
| 3038 57 WERE YOU ON A WAITING I OUTPATIENT MENTAL HEALT  17 1. Yes 9,363 2. No 168 8. Not ascertained 26 9. DK or refused 117 Blank. NA (Institution  |             |          | 124       | 8. Not ascertained  |
| 3038 57 WERE YOU ON A WAITING I OUTPATIENT MENTAL HEALT  17 1. Yes 9,363 2. No 168 8. Not ascertained 26 9. DK or refused 117 Blank. NA (Institution  |             |          | 47        | 9. DK or refused  |
| OUTPATIENT MENTAL HEALT  17 1. Yes 9,363 2. No 168 8. Not ascertained 26 9. DK or refused 117 Blank. NA (Institution  |             |          | 117       | Blank. NA (Institutionalized)   |
| 9,363 2. No 168 8. Not ascertained 26 9. DK or refused 117 Blank. NA (Institution   | 8           | 57       |           | WERE YOU ON A WAITING LIST FOR<br>OUTPATIENT MENTAL HEALTH SERVICES               |
| 168 8. Not ascertained<br>26 9. DK or refused<br>117 Blank. NA (Institution   |             |          | 17        | 1. Yes  |
| 26 9. DK or refused<br>117 Blank. NA (Institution   |             |          | 9,363     | 2. No   |
| 117 Blank. NA (Institution  |             |          | 168       | 8. Not ascertained  |
|   |             |          | 26        | 9. DK or refused  |
| 2020 50   |             |          | 117       | Blank. NA (Institutionalized)   |
|   | 9           | 58a      |           | DID YOU RECEIVE ANY MENTAL  |
| HEALTH SERVICES DURING MONTH (Received mental   |             |          |           | HEALTH SERVICES DURING THIS   |

#### health services)

|             |           | 423<br>319<br>56<br>10<br>8,883 | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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)    | 223<br>81<br>7<br>8<br>9,372    | DIDN'T NEED SERVICES  1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) Blank. NA (Institutionalized) |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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<br>LONGER NEEDED  |  |  |
|                   |           | 11<br>293<br>7<br>8<br>9,372 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |  |  |
| 3042              | 58b(2)    |                              | TOO EXPENSIVE/CAN'T AFFORD   |  |  |
|                   |           | 27<br>277<br>7<br>8<br>9,372 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |  |  |
| 3043              | 58b(3)    |                              | INSURANCE DOESN'T COVER  |  |  |

|      |        | 2<br>302<br>7<br>8<br>9,372 | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question<br>DK or refused (entire question) |
|------|--------|-----------------------------|--------------------------------|---|
| 3044 | 58b(4) |                             | INSURAI                        | NCE NO LONGER COVERS  |
|      |        | 3<br>301<br>7<br>8<br>9,372 | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question<br>DK or refused (entire question) |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| <br>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<br>301<br>7<br>8<br>9,372 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3046        | 58b(6)    |                             | PROVIDER NOT AVAILABLE   |
|             |           | 7<br>297<br>7<br>8<br>9,372 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3047        | 58b(7)    |                             | DIDN'T LIKE PROVIDER   |
|             |           | 4<br>300<br>7<br>8<br>9,372 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |

| 3048 | 58b(8) | TRANSPORTATION PROBLEMS     |          |   |
|------|--------|-----------------------------|----------|---|
|      |        | 8<br>296<br>7<br>8<br>9,372 | 8.<br>9. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized) |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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<br>OFF FROM WORK   |
|                   |           | 6<br>298<br>7<br>8<br>9,372      | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3050              | 58b(10)   |                                  | OTHER REASONS  |
|                   |           | 53<br>251<br>7<br>8<br>9,372     | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 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)                                      |
|                   |           | 220<br>9,127<br>147<br>80<br>117 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized)</li> </ol>   |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

### Section I - Other Services

| Tape<br>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<br>HEALTH SERVICES<br>DURING THE PAST 12 MONTHS  |
|                   |           | 58<br>157<br>1<br>4<br>9,471  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3053              | 59b(1)    |                               | TOO EXPENSIVE/CAN'T AFFORD   |
|                   |           | 100<br>115<br>1<br>4<br>9,471 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3054              | 59b(2)    |                               | DIDN'T KNOW WHERE TO<br>GO TO GET SERVICES   |
|                   |           | 44<br>171<br>1<br>4<br>9,471  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3055              | 59b(3)    |                               | NO MENTAL HEALTH SERVICES NEARBY   |
|                   |           | 17<br>198<br>1<br>4<br>9,471  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |

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#### Section I - Other Services

| Tape<br>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  |
|                   |           | 7<br>208<br>1<br>4<br>9,471  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3057              | 59b(5)    |                              | PRIVATE INSURANCE DOES NOT COVER THE SERVICES  |
|                   |           | 13<br>202<br>1<br>4<br>9,471 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3058              | 59b(6)    |                              | DID NOT HAVE INSURANCE   |
|                   |           | 33<br>182<br>1<br>4<br>9,471 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3059              | 59b(7)    |                              | TRANSPORTATION PROBLEMS  |
|                   |           | 28<br>187<br>1<br>4<br>9,471 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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<br>RIGHT KIND OF MENTAL<br>HEALTH PROFESSIONAL   |
|                   |           | 28<br>187<br>1<br>4<br>9,471 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3061              | 59b(9)    |                              | LANGUAGE BARRIER   |
|                   |           | 6<br>209<br>1<br>4<br>9,471  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3062              | 59b(10)   |                              | COULD NOT TAKE TIME<br>OFF FROM WORK   |
|                   |           | 20<br>195<br>1<br>4<br>9,471 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3063              | 59b(11)   |                              | OTHER REASONS  |
|                   |           | 70<br>145<br>1<br>4<br>9,471 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency  | Items and Codes |
|-------------------|----------|------------|-----------------|
| LOCACIONS         | reem wo. | rrequeriey | Teems and codes |

| 3064 | 60  |              | TRAINING IN SOCIAL SKILLS<br>RECEIVED DURING THE PAST<br>12 MONTHS                     |
|------|-----|--------------|--|
|      |     | 129          | 1. Yes   |
|      |     | 9,265<br>142 | <ol> <li>No</li> <li>Not ascertained</li> </ol>  |
|      |     | 38           | 9. DK or refused   |
|      |     | 117          | Blank. NA (Institutionalized)  |
| 3065 | 61a |              | ANY ONE DOCTOR YOU THINK OF<br>AS THE ONE WHO COORDINATES<br>YOUR OVERALL MEDICAL CARE |
|      |     | 3,776        | 1. Yes   |
|      |     | 5,434        | 2. No  |
|      |     | 130<br>234   | <ol> <li>Not ascertained</li> <li>DK or refused</li> </ol>                             |
|      |     | 117          | Blank. NA (Institutionalized)  |
| 3066 | 61b |              | DO YOUR DOCTORS TALK TO EACH<br>OTHER ABOUT YOUR HEALTH AND<br>THE CARE YOU GET        |
|      |     | 2,348        | 1. Yes   |
|      |     | 2,864        | 2. No  |
|      |     | 2,929<br>274 | <ol> <li>Only 1 doctor</li> <li>Not ascertained</li> </ol>                             |
|      |     | 1,159        | 9. DK or refused   |
|      |     | 117          | Blank. NA (Institutionalized)  |
| 3067 | 62a |              | ANYONE WHO IS NOT A DOCTOR WHO COORDINATES YOUR MEDICAL CARE                           |
|      |     | 798          | 1. Yes   |
|      |     | 5,979        | 2. No  |
|      |     | 2,564        | 3. Does by self  |
|      |     | 126<br>107   | <ol> <li>Not ascertained</li> <li>DK or refused</li> </ol>                             |
|      |     | 117          | Blank. NA (Institutionalized)  |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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                           |  |
|------|--------|-------------------------------|--------------------------------|--|
|      |        | 157<br>639<br>2<br>0<br>8,893 | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question DK or refused (entire question)                     |
| 3069 | 62b(1) |                               | FRIEND,                        | FAMILY MEMBER  |
|      |        | 515<br>281<br>2<br>0<br>8,893 | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question<br>DK or refused (entire question)                  |
| 3070 | 62b(2) |                               | NURSE                          |  |
|      |        | 66<br>730<br>2<br>0<br>8,893  | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question<br>DK or refused (entire question) |
| 3071 | 62b(3) |                               | THERAP                         | IST  |
|      |        | 10<br>786<br>2<br>0<br>8,893  | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question<br>DK or refused (entire question) |
| 3072 | 62b(4) |                               | SOCIAL                         | WORKER   |
|      |        | 42<br>754<br>2<br>0<br>8,893  | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question<br>DK or refused (entire question) |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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  |
|------|--------|---|---|
|      |        | 2<br>794<br>2<br>0<br>8,893               | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3074 | 62b(6) |   | CASE MANAGER  |
|      |        | 31<br>765<br>2<br>0<br>8,893              | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3075 | 62b(7) |   | OTHER   |
|      |        | 39<br>757<br>2<br>0<br>8,893              | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3076 | 63a    |   | DOES ANY PHYSICIAN OR SOMEONE IN<br>A PHYSICIAN'S OFFICE HELP YOU<br>WITH ARRANGING NON-MEDICAL CARE  |
|      |        | 141<br>7,426<br>1,782<br>132<br>93<br>117 | 1. Yes 2. No 3. Does by self 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized)  |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                | Items and Codes  |
|-------------------|----------|--------------------------|--|
| 3077              | 63b      |                          | IS THIS PERSON OR DOES THIS PERSON WORK FOR:   |
|                   |          | 72<br>33<br>29<br>1<br>6 | <ol> <li>General care physician</li> <li>Specialist</li> <li>Someone else</li> <li>Not ascertained</li> <li>DK or refused</li> </ol> |

|             |          | 9,550                        | Blank.                         | NA (Institutionalized; self or No or DK if physician helps arrange non-medical care) |
|-------------|----------|------------------------------|--------------------------------|--|
| (3078-3084) | 63c(1-7) |                              | IS THIS                        | S PERSON A:  |
| 3078        | 63c(1)   |                              | PHYSIC                         | IAN  |
|             |          | 62<br>73<br>2<br>4<br>9,550  | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question<br>DK or refused (entire question)     |
| 3079        | 63c(2)   |                              | THERAPI                        | IST  |
|             |          | 8<br>127<br>2<br>4<br>9,550  | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question<br>DK or refused (entire question)     |
| 3080        | 63c(3)   |                              | NURSE                          |  |
|             |          | 30<br>105<br>2<br>4<br>9,550 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question  |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape        |          |                     |   |
|-------------|----------|---------------------|---|
| Locations   | Item No. | Frequency           | Items and Codes   |
| (3078-3084) | 63c(1-7) |                     | IS THIS PERSON A: - Continued   |
| 3081        | 63c(4)   |                     | SOCIAL WORKER   |
|             |          | 19<br>116<br>2<br>4 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> </ol> |

|      |        | 9,550                        | Blank.                         | NA (Institutionalized; self or No or DK if physician helps arrange non-medical care) |
|------|--------|------------------------------|--------------------------------|--|
| 3082 | 63c(5) |                              | HOSPITA                        | AL DISCHARGE PLANNER   |
|      |        | 4<br>131<br>2<br>4<br>9,550  | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question<br>DK or refused (entire question)     |
| 3083 | 63c(6) |                              | CASE MA                        | ANAGER   |
|      |        | 10<br>125<br>2<br>4<br>9,550 | 2.                             | No answer to entire question<br>DK or refused (entire question)                      |
| 3084 | 63c(7) |                              | SOMETH]                        | ING ELSE   |
|      |        | 24<br>111<br>2<br>4<br>9,550 | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question<br>DK or refused (entire question)                      |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                                 | Items and Codes  |
|-------------------|----------|---|--|
| 3085              | 64a      | 510<br>6,866<br>1,987<br>142<br>69<br>117 | DOES ANYONE NOT IN A PHYSICIAN'S OFFICE HELP YOU WITH ARRANGING NON-MEDICAL SERVICES  1. Yes 2. No 3. Does by self 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized) |

| (3086-3093) | 64b(0-7) |                               | WHO DOE                        | ES THIS FOR YOU:   |
|-------------|----------|-------------------------------|--------------------------------|--|
| 3086        | 64b(0)   |                               | SELF                           |  |
|             |          | 53<br>450<br>5<br>2<br>9,181  | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question<br>DK or refused (entire question)                  |
| 3087        | 64b(1)   |                               | FRIEND/                        | FAMILY MEMBER  |
|             |          | 386<br>117<br>5<br>2<br>9,181 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question<br>DK or refused (entire question) |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                    | Items and Codes   |
|-------------------|----------|------------------------------|---|
| (3086-3093)       | 64b(0-7) |                              | WHO DOES THIS FOR YOU: - Continued  |
| 3088              | 64b(2)   |                              | NURSE   |
|                   |          | 13<br>490<br>5<br>2<br>9,181 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; self or No or DK if anyone, not in a physician's office, helps arrange non-medical care)</li> </ol> |
| 3089              | 64b(3)   |                              | THERAPIST   |
|                   |          | 2<br>501<br>5<br>2           | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> </ol>   |

|      |        | 9,181                        | Blank.                     | NA (Institutionalized; self or No or DK if anyone, not in a physician's office, helps arrange non-medical care) |
|------|--------|------------------------------|----------------------------|---|
| 3090 | 64b(4) | 57<br>446<br>5<br>2<br>9,181 | SOCIAL  1. 2. 8. 9. Blank. | DK or refused (entire question)   |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                          | Items and Coo                                | des   |
|-------------------|----------|------------------------------------|--|---|
| (3086-3093)       | 64b(0-7) | WHO DOES THIS FOR YOU: - Continued |  | S FOR YOU:  |
| 3091              | 64b(5)   |                                    | HOSPITAL DIS                                 | CHARGE PLANNER  |
|                   |          | 2<br>501<br>5<br>2<br>9,181        | 8. No as 9. DK of Blank. NA (self not        | ioned mentioned nswer to entire question r refused (entire question) Institutionalized; or No or DK if anyone, in a physician's office, s arrange non-medical care) |
| 3092              | 64b(6)   |                                    | CASE MANAGER                                 |   |
|                   |          | 29<br>474<br>5<br>2<br>9,181       | 2. Not n | ioned mentioned nswer to entire question r refused (entire question) Institutionalized; or No or DK if anyone, in a physician's office, s arrange non-medical care) |
| 3093              | 64b(7)   |                                    | OTHER  |   |
|                   |          | 21<br>482                          | 1. Ment                                      | ioned<br>mentioned  |

| 5     | 8.     | No answer to entire question    |
|-------|--------|---------------------------------|
| 2     | 9.     | DK or refused (entire question) |
| 9,181 | 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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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

### Section I - Other Services

| Tape<br>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   |
|                   |          | 1,511<br>956<br>1,671<br>61<br>5,492 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3095              | 65(2)    |                                      | MAKES APPOINTMENTS WITH NURSES/THERAPISTS/DIETICIANS   |
|                   |          | 562<br>1,905<br>1,671<br>61<br>5,492 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3096              | 65(3)    |                                      | FOLLOWS UP TO BE SURE APPOINTMENTS ARE KEPT  |
|                   |          | 668<br>1,799<br>1,671<br>61<br>5,492 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3097              | 65(4)    |                                      | ARRANGES TRANSPORTATION TO APPOINTMENTS  |

1. Mentioned

| 2,005 | 2.     | Not mentioned                   |
|-------|--------|---------------------------------|
| 1,671 | 8.     | No answer to entire question    |
| 61    | 9.     | DK or refused (entire question) |
| 5,492 | Blank. | NA (Institutionalized)          |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |  |
|                   |          | 1,303<br>1,164<br>1,671<br>61<br>5,492 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized)</li> </ol>  |  |
| 3099              | 65(6)    |  | MAKES REFERRALS TO NURSES/<br>THERAPISTS/DIETICIANS  |  |
|                   |          | 428<br>2,039<br>1,671<br>61<br>5,492   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized)</li> </ol>  |  |
| 3100              | 65(7)    |  | CHECKS TO SEE IF NEEDS<br>OR CONDITIONS HAVE CHANGED   |  |
|                   |          | 1,274<br>1,193<br>1,671<br>61<br>5,492 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |  |
| 3101              | 65(8)    |  | MAKES SURE I AM DOING<br>EXERCISES OR FOLLOWING DIET   |  |
|                   |          | 532<br>1,935<br>1,671<br>61            | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> </ol>  |  |

### Section I - Other Services

| Tape<br>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  |  |
|                   |          | 1,436<br>1,031<br>1,671<br>61<br>5,492 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |  |
| 3103              | 65(10)   |  | EXPLAINS MEDICAL PROCEDURES OR TERMS   |  |
|                   |          | 1,201<br>1,266<br>1,671<br>61<br>5,492 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |  |
| 3104              | 65(11)   |  | HELPS WITH INSURANCE<br>OR OTHER BENEFITS  |  |
|                   |          | 780<br>1,687<br>1,671<br>61<br>5,492   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |  |
| 3105              | 65(12)   |  | ARRANGES FOR HOME CARE   |  |
|                   |          | 231<br>2,236<br>1,671<br>61<br>5,492   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |  |

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### Section I - Other Services

| Tape<br>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  |
|                   |          | 72<br>2,395<br>1,671<br>61<br>5,492  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3107              | 65(14)   |                                      | HELPS DEVELOP A<br>PERSONAL CARE PLAN  |
|                   |          | 168<br>2,299<br>1,671<br>61<br>5,492 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3108              | 65(15)   |                                      | EVALUATES NEED FOR SERVICES  |
|                   |          | 504<br>1,963<br>1,671<br>61<br>5,492 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3109              | 65(16)   |                                      | ARRANGES SPECIAL<br>EDUCATION SERVICES   |
|                   |          | 44<br>2,423<br>1,671<br>61<br>5,492  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |

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### Section I - Other Services

| Tape<br>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  |
|                   |          | 49<br>2,418<br>1,671<br>61<br>5,492  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3111              | 65(18)   |                                      | TRIES TO FIND WORKERS/<br>AGENCIES TO HELP ME  |
|                   |          | 112<br>2,355<br>1,671<br>61<br>5,492 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3112              | 65(19)   |                                      | ARRANGES FOR HOME DELIVERED MEALS  |
|                   |          | 30<br>2,437<br>1,671<br>61<br>5,492  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3113              | 65(20)   |                                      | MAKES SURE FRIENDS/<br>FAMILY ARE ABLE TO HELP ME  |
|                   |          | 311<br>2,156<br>1,671<br>61<br>5,492 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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  |
|                   |           | 142<br>2,325<br>1,671<br>61<br>5,492 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol>   |
| 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)  |
|                   |           | 70<br>24<br>11<br>8<br>9,578         | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized)   |
| (3116-3127)       | 66b(1-12) |                                      | WHO PAID OR WILL PAY FOR<br>THIS HELP  |
| 3116              | 66b(1)    |                                      | SELF OR FAMILY IN HH   |
|                   |           | 4<br>62<br>0<br>4<br>9,621           | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No help received from someone else; No or DK if help received was paid for)</li> </ol> |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|                   |          |           |                 |

| (3116-3127) | 66b(1-12) |                             | WHO PAID OR WILL PAY FOR<br>THIS HELP - Continued   |  |  |
|-------------|-----------|-----------------------------|---|--|--|
| 3117        | 66b(2)    |                             | FAMILY NOT IN HH  |  |  |
|             |           | 1<br>65<br>0<br>4<br>9,621  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No help received from someone else; No or DK if help received was paid for)</li> </ol> |  |  |
| 3118        | 66b(3)    |                             | PRIVATE HEALTH INSURANCE  |  |  |
|             |           | 4<br>62<br>0<br>4<br>9,621  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No help received from someone else; No or DK if help received was paid for)</li> </ol> |  |  |
| 3119        | 66b(4)    |                             | MEDICARE  |  |  |
|             |           | 27<br>39<br>0<br>4<br>9,621 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; No help received from someone else; No or DK if help received was paid for)</li> </ol> |  |  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                   | Items and Codes   |
|-------------------|-----------|-----------------------------|---|
| (3116-3127)       | 66b(1-12) |                             | WHO PAID OR WILL PAY FOR<br>THIS HELP - Continued   |
| 3120              | 66b(5)    |                             | MEDICAID  |
|                   |           | 36<br>30<br>0<br>4<br>9,621 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No</li> </ol> |

help received from someone else; No or DK if help received was paid for)

| 3121 | 66b(6) | REHABILITATION PROGRAM |                      |   |
|------|--------|------------------------|----------------------|---|
|      |        | 2                      | 1.                   | Mentioned   |
|      |        | 64                     | 2.                   | Not mentioned   |
|      |        | 0                      | 8.                   | No answer to entire question  |
|      |        | 4                      | 9.                   | DK or refused (entire question)   |
|      |        | 9,621                  | Blank.               | NA (Institutionalized; No   |
|      |        |                        |                      | help received from someone  |
|      |        |                        |                      | else; No or DK if help  |
|      |        |                        |                      | received was paid for)  |
| 3122 |        |                        |                      |   |
| 3122 | 66b(7) |                        | EMPLOYE              | ER  |
| 3122 | 66b(7) | 0                      |                      | ER<br>Mentioned   |
| 3122 | 66b(7) | 0<br>66                |                      | Mentioned   |
| 3122 | 66b(7) |                        | 1.                   | Mentioned<br>Not mentioned  |
| 3122 | 66b(7) | 66                     | 1.                   | Mentioned<br>Not mentioned<br>No answer to entire question  |
| 3122 | 66b(7) | 66<br>0                | 1.<br>2.<br>8.       | Mentioned<br>Not mentioned<br>No answer to entire question<br>DK or refused (entire question)   |
| 3122 | 66b(7) | 66<br>0<br>4           | 1.<br>2.<br>8.<br>9. | Mentioned<br>Not mentioned<br>No answer to entire question<br>DK or refused (entire question)   |
| 3122 | 66b(7) | 66<br>0<br>4           | 1.<br>2.<br>8.<br>9. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized; No                            |
| 3122 | 66b(7) | 66<br>0<br>4           | 1.<br>2.<br>8.<br>9. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized; No help received from someone |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.  | Frequency                  | Items and Codes  |
|-------------------|-----------|----------------------------|--|
| (3116-3127)       | 66b(1-12) |                            | WHO PAID OR WILL PAY FOR<br>THIS HELP - Continued  |
| 3123              | 66b(8)    |                            | SCHOOL SYSTEM  |
|                   |           | 0<br>66<br>0<br>4<br>9,621 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; No help received from someone else; No or DK if help received was paid for)</li> </ol> |
| 3124              | 66b(9)    |                            | VA PROGRAM   |
|                   |           | 2<br>64<br>0               | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> </ol>   |

|      |         | 4<br>9,621                 | 9.<br>Blank.   | DK or refused (entire question) NA (Institutionalized; No help received from someone else; No or DK if help received was paid for)   |
|------|---------|----------------------------|----------------|--|
| 3125 | 66b(10) | 0<br>66<br>0<br>4<br>9,621 | 1.<br>2.<br>8. | MILITARY  Mentioned  Not mentioned  No answer to entire question  DK or refused (entire question)  NA (Institutionalized; No  help received from someone  else; No or DK if help  received was paid for) |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section I - Other Services

| Tape<br>Locations | Item No.  | Frequency                   | Items and Codes   |
|-------------------|-----------|-----------------------------|---|
| (3116-3127)       | 66b(1-12) |                             | WHO PAID OR WILL PAY FOR<br>THIS HELP - Continued   |
| 3126              | 66b(11)   |                             | OTHER PRIVATE SOURCE  |
|                   |           | 1<br>65<br>0<br>4<br>9,621  | 1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question Blank. NA (Institutionalized; No help received from someone else; No or DK if help received was paid for) |
| 3127              | 66b(12)   |                             | OTHER PUBLIC SOURCE   |
|                   |           | 23<br>43<br>0<br>4<br>9,621 | 1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question 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

| 2     | 01.    | Self or family in HH        |
|-------|--------|-----------------------------|
| 0     | 02.    | Family NOT in HH            |
| 1     | 03.    | Private health insurance    |
| 16    | 04.    | Medicare                    |
| 19    | 05.    | Medicaid                    |
| 2     | 06.    | Rehabilitation program      |
| 0     | 07.    | Employer                    |
| 0     | 08.    | School system               |
| 2     | 09.    | VA program                  |
| 0     | 10.    | Other military              |
| 0     | 11.    | Other private source        |
| 15    | 12.    | Other public source         |
| 9     | 13.    | Two or more sources given.  |
|       |        | Unknown which paid most     |
| 0     | 88.    | No source ascertained       |
| 4     | 99.    | DK/refused any source       |
| 9,621 | Blank. | NA (Institutionalized; No   |
|       |        | or DK if help was paid for) |
|       |        |                             |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section I - Other Services

| Tape<br>Locations | Item No. | Frequency   | Items and             | d Codes  |
|-------------------|----------|-------------|-----------------------|--|
| (3130-3132)       | 67       |             | TALKED TO<br>HELPED A | F TIMES YOU SAW OR<br>O PERSON(S) WHO<br>RRANGE YOUR<br>CAL SERVICES IN<br>ONTHS         |
| 3130-3131         |          |             | NUMBER O              | F UNITS  |
|                   |          | 2<br>55     | 01-96.                | None<br>1-96 times per week,   |
|                   |          | 0           | 97.                   | month, 6 months<br>97+ times per week,<br>month, 6 months                                |
|                   |          | 13<br>9,621 | Blank. I              | DK, refused, not ascertained<br>NA (Institutionalized; No<br>or DK if help was paid for) |
| 3132              |          |             | TIME UNI              | TS   |
|                   |          | 2           | 0. 1                  | None   |
|                   |          | 26          | 1. 1                  | Week   |
|                   |          | 12          | 2. 1                  | Month  |
|                   |          | 17          | 3.                    | 6 months   |
|                   |          | 13          | 9. 1                  | DK, refused, not ascertained   |
|                   |          | 9,621       |                       | NA (Institutionalized; No<br>or DK if help was paid for)                                 |

3133-3135 Recode

NUMBER OF TIMES TALKED TO

# SAMPLE PERSON'S COORDINATOR (MONTHS)

| 10<br>47<br>0 |        | None Number of times per month Less than 1 time per month         |
|---------------|--------|---|
| 13            | 999.   | DK, refused, or not   |
| 9,621         | Blank. | ascertained NA (Institutionalized; No or DK if help was paid for) |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                                | Items and Codes   |  |  |
|-------------------|----------|--|---|--|--|
| 3136              | 68       |  | HOW SATISFIED ARE YOU WITH THE<br>JOB PERSON OR PERSONS HAVE<br>DONE TO HELP ARRANGE SERVICES   |  |  |
|                   |          | 60<br>24<br>3<br>2<br>17<br>7<br>9,578   | 1. Very satisfied 2. Somewhat satisfied 3. Somewhat dissatisfied 4. Very dissatisfied 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized)   |  |  |
| 3137              | 69       |  | FELT YOU NEEDED SOMEONE TO<br>ARRANGE OR COORDINATE PERSONAL<br>CARE OR SOCIAL SERVICES IN<br>PAST 12 MONTHS  |  |  |
|                   |          | 81<br>4,518<br>456<br>222<br>88<br>4,326 | <ol> <li>Yes</li> <li>No</li> <li>Never thought about it</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized; Has person(s) who arranges/coordinates care)</li> </ol> |  |  |
| 3138              | 70a      |  | NEED HELP FILLING OUT INSURANCE FORMS OR BENEFIT APPLICATIONS (Self or friend or family member coordinated or arranged services)  |  |  |
|                   |          | 954<br>5,793<br>2,599                    | <ol> <li>Yes</li> <li>No</li> <li>Never filled forms/</li> </ol>  |  |  |

applications

143 8. Not ascertained

85 9. DK or refused

117 Blank. NA (Institutionalized)

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                            | Items and Codes  |  |
|-------------------|----------|--------------------------------------|--|--|
| (3139-3144)       | 70b(0-5) |                                      | WHO HELPS FILL OUT INSURANCE<br>FORMS OR APPLICATION FOR<br>BENEFITS   |  |
| 3139              | 70b(0)   |                                      | NO ONE   |  |
|                   |          | 4,414<br>2,287<br>184<br>90<br>2,716 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire questi</li> <li>Blank. NA (Institutionalized; Never filled out forms/application</li> </ol>   |  |
| 3140              | 70b(1)   |                                      | HOUSEHOLD MEMBER   |  |
|                   |          | 1,048<br>5,653<br>184<br>90<br>2,716 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; Never filled out forms/application</li> </ol> |  |
| 3141              | 70b(2)   |                                      | FRIEND/OTHER RELATIVE NOT IN HH  |  |
|                   |          | 438<br>6,263<br>184<br>90<br>2,716   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire questi</li> <li>Blank. NA (Institutionalized; Never filled out forms/application</li> </ol>   |  |
| 3142              | 70b(3)   |                                      | PAID CAREGIVER   |  |
|                   |          | 537<br>6,164<br>184<br>90<br>2,716   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized; Never filled out forms/application</li> </ol> |  |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section I - Other Services

| Tape<br>Locations | Item No. | Frequency                          | Items and Codes   |  |
|-------------------|----------|------------------------------------|---|--|
| (3139-3144)       | 70b(0-5) |                                    | WHO HELPS FILL OUT INSURANCE<br>FORMS OR APPLICATION FOR<br>BENEFITS - Continued  |  |
| 3143              | 70b(4)   |                                    | VOLUNTEER FROM ORGANIZATION   |  |
|                   |          | 31<br>6,670<br>184<br>90<br>2,716  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; Never filled out forms/applications)</li> </ol> |  |
| 3144              | 70b(5)   |                                    | OTHER   |  |
|                   |          | 382<br>6,319<br>184<br>90<br>2,716 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized; Never filled out forms/applications)</li> </ol> |  |
| (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   |  |
|                   |          | 3<br>10<br>8<br>1<br>9,669         | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized)  |  |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section I - Other Services

Maria

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,<br>TRAINING, OR REFERRAL  |  |  |
|             |          | 2<br>11<br>8<br>1<br>9,669 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized)   |  |  |
| 3147        | 71c      |                            | HELP WITH ACCOMMODATIONS AT HOME   |  |  |
|             |          | 6<br>7<br>8<br>1<br>9,669  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized)   |  |  |
| 3148        | 71d      |                            | HELP WITH ACCOMMODATIONS AT WORK   |  |  |
|             |          | 2<br>11<br>8<br>1<br>9,669 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized)</li> </ol>                           |  |  |
| 3149        | 71e      |                            | HELP WITH ACCOMMODATIONS IN TRANSPORTATION   |  |  |
|             |          | 6<br>7<br>8<br>1<br>9,669  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized)   |  |  |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |
|      |     | 1<br>11<br>8<br>2<br>9,669 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized)  |
| 3151 | 71g |                            | ATTENDANT REFERRAL OR<br>PERSONAL ASSISTANT SERVICES  |
|      |     | 7                          | 1. Yes  |
|      |     | 6                          | 2. No   |
|      |     | 8                          | 8. Not ascertained  |
|      |     | 1                          | 9. DK or refused  |
|      |     | 9,669                      | Blank. NA (Institutionalized)   |
| 3152 | 71h |                            | RECREATIONAL SERVICES   |
|      |     | 5                          | 1. Yes  |
|      |     | 8                          | 2. No   |
|      |     | 8                          | 8. Not ascertained  |
|      |     | 1                          | 9. DK or refused  |
|      |     | 9,669                      | Blank. NA (Institutionalized)   |
| 3153 | 71i |                            | TRANSPORTATION SERVICES   |
|      |     | 9                          | 1. Yes  |
|      |     | 5                          | 2. No   |
|      |     | 8                          | 8. Not ascertained  |
|      |     | 0                          | 9. DK or refused  |
|      |     | 9,669                      | Blank. NA (Institutionalized)   |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |  |
|-------------|----------|----------------------------|--|--|
|             |          | 0<br>10<br>8<br>4<br>9,669 | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized)   |  |
| 3155        | 71k      |                            | ADVOCACY SERVICES  |  |
|             |          | 5<br>8<br>8<br>1<br>9,669  | 1. Yes 2. No 8. Not ascertained 9. DK or refused 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  |  |
|             |          | 0<br>48<br>8<br>0<br>9,635 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |  |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |  |
|                   |          | 22<br>26<br>8<br>0<br>9,635 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |  |

| 43<br>5<br>8<br>0<br>635  | 1.<br>2.<br>8.<br>9.<br>Blank.                  | No answer to entire question<br>DK or refused (entire question)  |
|---------------------------|---|--|
|                           | RECREAT   | 'IONAL ACTIVITIES  |
| 38<br>10<br>8<br>0<br>635 | 1.<br>2.<br>8.<br>9.<br>Blank.                  | Not mentioned<br>No answer to entire question<br>DK or refused (entire question)   |
|                           | RECREAT   | IONAL THERAPY  |
| 14<br>34<br>8<br>0<br>635 | 1.<br>2.<br>8.<br>9.<br>Blank.                  | Not mentioned<br>No answer to entire question<br>DK or refused (entire question)   |
|                           | 5<br>8<br>0<br>635<br>38<br>10<br>8<br>0<br>635 | 5 2.<br>8 8.<br>0 9.<br>635 Blank.<br>RECREAT  38 1.<br>10 2.<br>8 8.<br>0 9.<br>635 Blank.  RECREAT  14 1.<br>34 2.<br>8 8.<br>0 9. |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

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| Tape<br>Locations | Item No. | Frequency                  | WHICH SERVICES DID YOU RECEIVE FROM AN ADULT DAY CARE OR DAY ACTIVITIES CENTER - Continued (Received services from an Adult Day Care Center)   |  |
|-------------------|----------|----------------------------|--|--|
| (3156-3174)       | 72(0-18) |                            |  |  |
| 3161              | 72(5)    | 3<br>45<br>8<br>0<br>9,635 | SPEECH THERAPY  1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) Blank. NA (Institutionalized) |  |
| 3162              | 72(6)    | 3                          | PHYSICAL THERAPY  1. Mentioned   |  |
|                   |          | 45<br>8                    | <ol> <li>Not mentioned</li> <li>No answer to entire question</li> </ol>  |  |

|      |       | 0<br>9,635 | 9.<br>Blank. | DK or refused (entire question) NA (Institutionalized) |
|------|-------|------------|--------------|--|
| 3163 | 72(7) |            | OCCUPA'      | FIONAL THERAPY   |
|      |       | 11         | 1.           | Mentioned  |
|      |       | 37         | 2.           | Not mentioned  |
|      |       | 8          | 8.           | No answer to entire question                           |
|      |       | 0          | 9.           | DK or refused (entire question)                        |
|      |       | 9,635      | Blank.       | NA (Institutionalized)                                 |
| 3164 | 72(8) |            | SOCIAL       | SERVICES   |
|      |       | 17         | 1.           | Mentioned  |
|      |       | 31         | 2.           | Not mentioned  |
|      |       | 8          | 8.           | No answer to entire question                           |
|      |       | 0          | 9.           | DK or refused (entire question)                        |
|      |       | 9,635      | Blank.       | NA (Institutionalized)                                 |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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              | 3165 72(9) |                             | NUTRITIONAL SERVICES   |  |
|                   |            | 12<br>36<br>8<br>0<br>9,635 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |  |
| 3166              | 72(10)     |                             | MEALS  |  |
|                   |            | 34<br>14<br>8<br>0<br>9,635 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |  |
| 3167              | 72(11)     |                             | COUNSELING FOR<br>PARTICIPANTS OR FAMILIES   |  |

|      |        | 14<br>34<br>8<br>0<br>9,635 | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question<br>DK or refused (entire question) |
|------|--------|-----------------------------|--------------------------------|---|
| 3168 | 72(12) |                             | REFERRA                        | ALS TO OUTSIDE SERVICE  |
|      |        | 13<br>35<br>8<br>0<br>9,635 | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question<br>DK or refused (entire question) |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |
|                   |          | 6<br>42<br>8<br>0<br>9,635 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3170              | 72(14)   |                            | MONITORING MEDICATIONS   |
|                   |          | 9<br>39<br>8<br>0<br>9,635 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |
| 3171              | 72(15)   |                            | COORDINATING CARE WITH PHYSICIANS  |
|                   |          | 9<br>39<br>8<br>0<br>9,635 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |

| 3172 | 72(16) |                            | PERSONAL CARE SERVICES   |
|------|--------|----------------------------|--|
|      |        | 3<br>45<br>8<br>0<br>9,635 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized)</li> </ol> |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section I - Other Services

| Tape<br>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  |  |  |
|                   |          | 6<br>42<br>8<br>0<br>9,635   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized)</li> </ol> |  |  |
| 3174              | 72(18)   |  | OTHER   |  |  |
|                   |          | 9<br>39<br>8<br>0<br>9,635   | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question</li> <li>Blank. NA (Institutionalized)</li> </ol> |  |  |
| 3175-3180         |          |  | BLANK   |  |  |

-711-1

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section J - Self Direction

| Tape |  |  |  |
|------|--|--|--|

Locations Item No. Frequency Items and Codes

|         |    |       | <del> </del> |                                       |
|---------|----|-------|--------------|---------------------------------------|
| 3181    | 1a |       | YOU GIV      | /E OR DOES SOMEONE ELSE               |
|         |    |       | GIVE CO      | DNSENT FOR MEDICAL CARE               |
|         |    | 8,684 | 1.           | Gives own consent                     |
|         |    | 389   | 2.           | Someone else gives consent            |
|         |    | 34    | 3.           | It varies                             |
|         |    | 433   | 8.           | Not ascertained                       |
|         |    | 34    | 9.           | DK or refused                         |
|         |    | 117   | Blank.       | NA (Institutionalized)                |
| 3182 1b | 1b |       | WHO GE1      | NERALLY GIVES MEDICAL                 |
|         |    |       | CONSENT      | r for you                             |
|         |    | 376   | 1.           | Family member                         |
|         |    | 20    | 2.           |                                       |
|         |    | 7     | 3.           |                                       |
|         |    |       |              | staff member                          |
|         |    | 7     | 4.           | Someone else                          |
|         |    | 12    | 8.           | Not ascertained                       |
|         |    | 1     |              | DK or refused                         |
|         |    | 9,268 | Blank.       | NA (Institutionalized; DK             |
|         |    | ,     |              | who or gives own consent)             |
| 2102    |    |       | DO 11011     | WAVE AN INDIVIDUAL                    |
| 3183    | 2  |       |              | HAVE AN INDIVIDUAL<br>ION PLAN OR IEP |
|         |    | 10    | 1.           | Yes                                   |
|         |    | 125   | 2.           | No                                    |
|         |    | 23    | 8.           | Not ascertained                       |
|         |    | 4     | 9.           | DK or refused                         |
|         |    | 9,529 | Blank.       | NA (Institutionalized;                |
|         |    | ·     |              | 21+ years old)                        |
| 3184    | 3  |       | DO AUII      | CURRENTLY HAVE AN                     |
| 3101    | J  |       |              | DUAL WRITTEN                          |
|         |    |       |              | LITATION PLAN OR IWRP                 |
|         |    | 1     | 1.           | Yes                                   |
|         |    | 132   | 2.           | No                                    |
|         |    | 23    | 8.           | Not ascertained                       |
|         |    | 6     | 9.           | DK or refused                         |
|         |    | 9,529 | Blank.       | NA (Institutionalized; 21+ years old) |
|         |    |       |              |                                       |
|         |    |       | -712         | 2-                                    |

| Tape<br>Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
|                   |          |           |                 |

| 3185        | 4a       | HAVE YOU RECEIVED ANY TYPE OF SERVICES OR BENEFITS THROUGH SPECIAL EDUCATION |  |
|-------------|----------|--|--|
|             |          | 10<br>128<br>23<br>1<br>9,529  | 1. Yes 2. No 8. Not ascertained 9. DK or refused Blank. NA (Institutionalized; 21+ years old)  |
| (3186-3203) | 4b(1-18) |  | WHICH OF THESE SERVICES OR<br>BENEFITS DID YOU RECEIVE<br>THROUGH SPECIAL EDUCATION<br>PROGRAMS IN PAST 12 MONTHS  |
| 3186        | 4b(1)    |  | TRANSPORTATION SERVICES  |
|             |          | 6<br>4<br>0<br>0<br>9,681  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK</li> <li>if received any services or</li> <li>benefits through special</li> <li>education in past 12 months)</li> </ol> |
| 3187        | 4b(2)    |  | SPEECH/LANGUAGE THERAPY  |
|             |          | 5<br>5<br>0<br>0<br>9,681  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK</li> <li>if received any services or</li> <li>benefits through special</li> <li>education in past 12 months)</li> </ol> |
| 1           |          |  | -713-  |

| Tape<br>Locations | Item No. | Frequency | Items and Codes  |  |
|-------------------|----------|-----------|--|--|
| (3186-3203)       | 4b(1-18) |           | WHICH OF THESE SERVICES OR<br>BENEFITS DID YOU RECEIVE<br>THROUGH SPECIAL EDUCATION<br>PROGRAMS IN PAST 12 MONTHS<br>- Continued |  |
| 3188              | 4b(3)    |           | AUDIOLOGY SERVICES   |  |

### FOR HEARING PROBLEMS

|      |                                       | 0<br>10<br>0<br>0<br>9,681 | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |
|------|---------------------------------------|----------------------------|--------------------------------|---|
| 3189 | 4b(4)                                 |                            |                                | HEALTH OR<br>ING SERVICES   |
|      |                                       | 2<br>8<br>0<br>0<br>9,681  | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |
| 3190 | 4b(5)                                 |                            | DEVELOP                        | MENTAL TESTING  |
|      |                                       | 4<br>6<br>0<br>0<br>9,681  | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |
| 1    | · · · · · · · · · · · · · · · · · · · |                            | -714                           | -   |

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes  |
|-------------------|----------|-----------|--|
| (3186-3203)       | 4b(1-18) |           | WHICH OF THESE SERVICES OR<br>BENEFITS DID YOU RECEIVE<br>THROUGH SPECIAL EDUCATION<br>PROGRAMS IN PAST 12 MONTHS<br>- Continued |
| 3191              | 4b(6)    |           | PHYSICAL THERAPY   |
|                   |          | 2<br>8    | <ol> <li>Mentioned</li> <li>Not mentioned</li> </ol>   |

|      |       | 0<br>0<br>9,681           | 8.<br>9.<br>Blank.             | No answer to entire question DK or refused (entire question) NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months)                         |
|------|-------|---------------------------|--------------------------------|---|
| 3192 | 4b(7) |                           | OCCUPAT                        | CIONAL THERAPY  |
|      |       | 2<br>8<br>0<br>0<br>9,681 | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |
| 3193 | 4b(8) |                           | RECREAT                        | FIONAL THERAPY  |
|      |       | 1<br>9<br>0<br>0<br>9,681 | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |
| 1    |       |                           | -715                           | 5-  |

| Tape<br>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<br>10<br>0<br>0<br>9,681 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK</li> <li>if received any services or</li> </ol> |

| 3195 | 4b(10) |       | SOCIAL  | WORK SERVICES                   |
|------|--------|-------|---------|---------------------------------|
|      |        | 1     | 1.      | Mentioned                       |
|      |        | 9     | 2.      | Not mentioned                   |
|      |        | 0     | 8.      | No answer to entire question    |
|      |        | 0     | 9.      | DK or refused (entire question) |
|      |        | 9,681 | 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) |       | EYEGLAS | SSES                            |
|      |        |       |         |                                 |
|      |        | 1     | 1.      | Mentioned                       |
|      |        | 9     | 2.      | Not mentioned                   |
|      |        | 0     | 8.      | No answer to entire question    |
|      |        | 0     | 9.      | DK or refused (entire question) |
|      |        | 9,681 | Blank.  | NA (Institutionalized;          |
|      |        |       |         | 21+ years old; No or DK         |
|      |        |       |         | if received any services or     |
|      |        |       |         | benefits through special        |
|      |        |       |         | education in past 12 months)    |
|      |        |       |         |                                 |
|      |        |       | -716    | ) –                             |

### Section J - Self Direction

| Tape<br>Locations | Item No. | Frequency                  | Items and Codes  |
|-------------------|----------|----------------------------|--|
| (3186-3203)       | 4b(1-18) |                            | WHICH OF THESE SERVICES OR<br>BENEFITS DID YOU RECEIVE<br>THROUGH SPECIAL EDUCATION<br>PROGRAMS IN PAST 12 MONTHS<br>- Continued   |
| 3197              | 4b(12)   |                            | HEARING AIDS   |
|                   |          | 0<br>10<br>0<br>0<br>9,681 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK</li> <li>if received any services or</li> <li>benefits through special</li> <li>education in past 12 months)</li> </ol> |

3198 4b(13) WHEELCHAIR

|      |        | 0<br>10<br>0<br>0<br>9,681 | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized; 21+ years old; No or DK if received any services or benefits through special education in past 12 months) |
|------|--------|----------------------------|--------------------------------|---|
| 3199 | 4b(14) |                            | _                              | ASSISTIVE DEVICES<br>AINING IN THEIR USE  |
|      |        | 2<br>8<br>0<br>0<br>9,681  | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned   |
| 1    |        |                            | -717                           | ·-  |

| Tape<br>Locations | Item No. | Frequency                 | Items and Codes   |
|-------------------|----------|---------------------------|---|
| (3186-3203)       | 4b(1-18) |                           | WHICH OF THESE SERVICES OR<br>BENEFITS DID YOU RECEIVE<br>THROUGH SPECIAL EDUCATION<br>PROGRAMS IN PAST 12 MONTHS<br>- Continued  |
| 3200              | 4b(15)   | 1<br>9<br>0<br>0<br>9,681 | MEDICAL SERVICES FOR DIAGNOSTIC AND EVALUATION PURPOSES  1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) 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  |
|                   |          | 2<br>8                    | <ol> <li>Mentioned</li> <li>Not mentioned</li> </ol>  |

|      |        | 0<br>0<br>9,681            | 8.<br>9.<br>Blank.             | No answer to entire question DK or refused (entire question) 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  |
|      |        | 0<br>10<br>0<br>0<br>9,681 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question   |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                 | Items and Codes  |  |
|-------------------|----------|---------------------------|--|--|
| (3186-3203)       | 4b(1-18) |                           | WHICH OF THESE SERVICES OR<br>BENEFITS DID YOU RECEIVE<br>THROUGH SPECIAL EDUCATION<br>PROGRAMS IN PAST 12 MONTHS<br>- Continued   |  |
| 3203              | 4b(18)   |                           | OTHER  |  |
|                   |          | 2<br>8<br>0<br>0<br>9,681 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;         21+ years old; No or DK         if received any services or         benefits through special         education in past 12 months)</li> </ol> |  |
| (3204-3217)       | 4c(1-14) |                           | HAVE YOU RECEIVED SPECIAL EDUCATION FOR ANY OF THESE CONDITIONS IN PAST 12 MONTHS  |  |
| 3204              | 4c(1)    |                           | LEARNING DISABILITIES  |  |
|                   |          | 4<br>6<br>0               | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> </ol>   |  |

|      |       | 0<br>9,681                |                                | DK or refused (entire question) 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   |
|      |       | 4<br>6<br>0<br>0<br>9,681 | 1.<br>2.<br>8.<br>9.<br>Blank. | No answer to entire question<br>DK or refused (entire question)  |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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   |
|                   |          | 6<br>4<br>0<br>0<br>9,681 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK</li> <li>if received any services or</li> <li>benefits through special</li> <li>education in past 12 months)</li> </ol> |
| 3207              | 4c(4)    |                           | EMOTIONAL DISTURBANCES   |
|                   |          | 1<br>9<br>0<br>0<br>9,681 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK</li> <li>if received any services or</li> <li>benefits through special</li> <li>education in past 12 months)</li> </ol> |

| 3208 | 4c(5) | DEAF AND BLIND   |  |  |
|------|-------|--|--|--|
|      |       | 2 1. Mentioned 8 2. Not mentioned 0 8. No answer to entire question 0 9. DK or refused (entire question) 9,681 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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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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<br>AND HARD OF HEARING   |
|                   |          | 2<br>8<br>0<br>0<br>9,681 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;         21+ years old; No or DK         if received any services or         benefits through special         education in past 12 months)</li> </ol>     |
| 3210              | 4c(7)    |                           | VISUAL, INCLUDING BLINDNESS<br>AND OTHER PROBLEMS  |
|                   |          | 1<br>9<br>0<br>0<br>9,681 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK</li> <li>if received any services or</li> <li>benefits through special</li> <li>education in past 12 months)</li> </ol> |

| 1     | 1.     | Mentioned                       |
|-------|--------|---------------------------------|
| 9     | 2.     | Not mentioned                   |
| 0     | 8.     | No answer to entire question    |
| 0     | 9.     | DK or refused (entire question) |
| 9,681 | 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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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                  | Ite   | ems 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  |  |
|                   |          | 0<br>10<br>0<br>0<br>9,681 | 1.<br>2.<br>8.<br>9.<br>Blank.  | No answer to entire question   |
| 3213              | 4c(10)   |                            | TRAUMAT   | IC BRAIN INJURY  |
|                   |          | 0<br>10<br>0<br>0<br>9,681 | 1.<br>2.<br>8.<br>9.<br>Blank.  | Not mentioned<br>No answer to entire question<br>DK or refused (entire question) |
| 3214              | 4c(11)   |                            | DEVELOP   | MENTAL DELAY   |
|                   |          | 2<br>8<br>0<br>0<br>9,681  | 1.<br>2.<br>8.<br>9.<br>Blank.  | Not mentioned<br>No answer to entire question<br>DK or refused (entire question) |

1 -722-

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

#### Section J - Self Direction

| Tape<br>Locations | Item No. | Frequency                 | ncy 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  |  |
|                   |          | 2<br>8<br>0<br>0<br>9,681 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;         21+ years old; No or DK         if received any services or         benefits through special         education in past 12 months)</li> </ol>     |  |
| 3216              | 4c(13)   |                           | OTHER HEALTH PROBLEM   |  |
|                   |          | 1<br>9<br>0<br>0<br>9,681 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;         21+ years old; No or DK         if received any services or         benefits through special         education in past 12 months)</li> </ol>     |  |
| 3217              | 4c(14)   |                           | NOT A SPECIFIC CONDITION   |  |
|                   |          | 2<br>8<br>0<br>0<br>9,681 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK</li> <li>if received any services or</li> <li>benefits through special</li> <li>education in past 12 months)</li> </ol> |  |

1 -723-

### Section J - Self Direction

| Tape<br>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                            |  |  |
|                   |          | 4         | 1. Mentioned   |  |  |
|                   |          | 6         | 2. Not mentioned                                     |  |  |
|                   |          | 0         | 8. No answer to entire question                      |  |  |
|                   |          | 0         | 9. DK or refused (entire question)                   |  |  |
|                   |          | 9,681     | Blank. NA (Institutionalized;                        |  |  |
|                   |          |           | 21+ years old; No or DK                              |  |  |
|                   |          |           | if received any services or benefits through special |  |  |
|                   |          |           | education in past 12 months)                         |  |  |
|                   |          |           | cadacton in page 12 months,                          |  |  |
| 3219              | 4d(2)    |           | RESOURCE ROOM IN REGULAR SCHOOL                      |  |  |
|                   |          | 0         | 1. Mentioned   |  |  |
|                   |          | 10        | 2. Not mentioned                                     |  |  |
|                   |          | 0         | 8. No answer to entire question                      |  |  |
|                   |          | 0         | 9. DK or refused (entire question)                   |  |  |
|                   |          | 9,681     | 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                           |  |  |
|                   |          | 3         | 1. Mentioned   |  |  |
|                   |          | 7         | 2. Not mentioned                                     |  |  |
|                   |          | 0         | 8. No answer to entire question                      |  |  |
|                   |          | 0         | 9. DK or refused (entire question)                   |  |  |
|                   |          | 9,681     | Blank. NA (Institutionalized;                        |  |  |
|                   |          |           | 21+ years old; No or DK                              |  |  |
|                   |          |           | if received any services or                          |  |  |
|                   |          |           | benefits through special                             |  |  |
|                   |          |           | education in past 12 months)                         |  |  |

#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Locations   | Item No. | Frequency                  | Items and Codes  |  |
|-------------|----------|----------------------------|--|--|
| (3218-3226) | 4d(1-9)  |                            | WHERE DID YOU RECEIVE<br>THESE SPECIAL EDUCATION<br>SERVICES IN PAST 12 MONTHS<br>- Continued  |  |
| 3221        | 4d(4)    |                            | SPECIAL SCHOOL-DAY SCHOOL  |  |
|             |          | 1<br>9<br>0<br>0<br>9,681  | 1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) 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)    | 0<br>10<br>0<br>0<br>9,681 | 1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) 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   |  |
|             |          | 1<br>9<br>0<br>0<br>9,681  | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK</li> <li>if received any services or</li> <li>benefits through special</li> <li>education in past 12 months)</li> </ol> |  |
| 1           |          |                            | -725-  |  |

| Tape<br>Locations | Item No. | Frequency | Items ar | nd Codes                               |
|-------------------|----------|-----------|----------|--|
| (3218-3226)       | 4d(1-9)  |           |          | OU RECEIVE AL EDUCATION PAST 12 MONTHS |

- Continued

| 3224 | 4d(7) | HOSPITAL OR INSTITUTION    |                                |  |
|------|-------|----------------------------|--------------------------------|--|
|      |       | 1<br>9<br>0<br>0<br>9,681  | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question<br>DK or refused (entire question) |
| 3225 | 4d(8) |                            | PROVIDE                        | ER'S OFFICE  |
|      |       | 0<br>10<br>0<br>0<br>9,681 | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question                                    |
| 3226 | 4d(9) |                            | OTHER                          |  |
|      |       | 2<br>8<br>0<br>0<br>9,681  | 1.<br>2.<br>8.<br>9.<br>Blank. | Not mentioned<br>No answer to entire question                                    |
| 1    |       |                            | -726                           | 5-   |

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No.   | Frequency        | Items and Codes   |
|-------------------|------------|------------------|---|
| 3227              | <b>4</b> e |                  | HAVE YOU RECEIVED ANY OF<br>THESE SPECIAL EDUCATION<br>SERVICES IN PAST MONTH       |
|                   |            | 9<br>1<br>0<br>0 | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> </ol> |

|             |         | 9,681                     | 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<br>ANY SPECIAL EDUCATION<br>SERVICES IN THE PAST MONTH  |
| 3228        | 4f(0)   |                           | DID NOT NEED THE SERVICE<br>DURING THE PAST MONTH  |
|             |         | 0<br>1<br>0<br>0<br>9,690 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>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)</li> </ol> |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

### Section J - Self Direction

| Tape<br>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)    | 0<br>1<br>0<br>0<br>9,690 | PROVIDER/SCHOOL THINKS SERVICES NO LONGER NECESSARY  1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) 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

| 0     | 1.     | Mentioned   |
|-------|--------|---|
| 1     | 2.     | Not mentioned   |
| 0     | 8.     | No answer to entire question  |
| 0     | 9.     | DK or refused (entire question)                                     |
| 9,690 | 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) |
|       |        |   |

1 -728-

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

### Section J - Self Direction

| Tape<br>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<br>LONGER AVAILABLE  |
|                   |          | 0<br>1<br>0<br>0<br>9,690 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>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)</li> </ol> |
| 3232              | 4f(4)    |                           | DIDN'T LIKE PROVIDER/SERVICE   |
|                   |          | 0<br>1<br>0<br>0<br>9,690 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>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)</li> </ol> |

1 -729-

### Section J - Self Direction

| Tape<br>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  |
| 3233              | 4f(5)    |                           | TRANSPORTATION PROBLEMS  |
|                   |          | 0<br>1<br>0<br>0<br>9,690 | 1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) 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) |
| 3234              | 4f(6)    |                           | COULD NOT TAKE TIME OFF<br>FROM WORK TO ARRANGE IT   |
|                   |          | 0<br>1<br>0<br>0<br>9,690 | 1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) 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) |

1 -730-

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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 RE | EASON   |
|---|------|-------|------------------------------|----------|---|
|   |      |       | 1<br>0<br>0<br>0<br>9,690    | 2.       | Mentioned Not mentioned No answer to entire question DK or refused (entire question) 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     |                              | THROUGH  | RECEIVE ANY INSTRUCTION<br>SPECIAL EDUCATION ABOUT<br>GET AND KEEP A JOB IN PAST<br>HS  |
|   |      |       | 6<br>131<br>23<br>2<br>9,529 | 9.       | Yes No Not ascertained DK or refused NA (Institutionalized; 21+ years old)  |
|   | 3237 | 6a    |                              | SPECIAL  | U TRIED TO GET ANY<br>EDUCATION SERVICES<br>12 MONTHS   |
|   |      |       | 3<br>134<br>24<br>1<br>9,529 | 8.<br>9. | Yes No Not ascertained DK or refused NA (Institutionalized; 21+ years old)  |
| 1 |      |       |                              | -731-    | -   |

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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                                       |
|                   |          | 0         | <ol> <li>Mentioned</li> <li>Not mentioned</li> </ol>          |

|      |       | 0<br>0<br>9,688           | 8. No answer to entire question 9. DK or refused (entire question) 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<br>3<br>0<br>0<br>9,688 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK if tried to get special education services in past 12 months)</li> </ol>                   |
| 3240 | 6b(3) |                           | AUDIOLOGY SERVICES<br>FOR HEARING PROBLEMS  |
|      |       | 0<br>3<br>0<br>0<br>9,688 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK if</li> <li>tried to get special education</li> <li>services in past 12 months)</li> </ol> |
| 1    |       |                           | -732-   |

| Tape<br>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<br>COUNSELING SERVICES   |
|                   |          | 0<br>3<br>0<br>0<br>9,688 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK if tried to get special education services in past 12 months)</li> </ol> |

| 3242 | 6b(5) | DEVELOPMENTAL TESTING  |
|------|-------|--|
|      |       | 1. Mentioned 1 2. Not mentioned 0 8. No answer to entire question 0 9. DK or refused (entire question) 9,688 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 3 2. Not mentioned 0 8. No answer to entire question 0 9. DK or refused (entire question) 9,688 Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |
| 1    |       | -733-  |

| Tape<br>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  |
|                   |          | 0<br>3<br>0<br>0<br>9,688 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK if</li> <li>tried to get special education</li> <li>services in past 12 months)</li> </ol> |
| 3245              | 6b(8)    |                           | RECREATIONAL THERAPY  |
|                   |          | 0<br>3<br>0<br>0<br>9,688 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK if tried to get special education services in past 12 months)</li> </ol>                   |

| 3246 | 6b(9) |                           | RESPIRA  | TORY THERAPY  |
|------|-------|---------------------------|----------|---|
|      |       | 0<br>3<br>0<br>0<br>9,688 | 8.<br>9. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |
|      |       |                           | 724      |   |

1 -734-

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape        |          |                           |   |
|-------------|----------|---------------------------|---|
| Locations   | Item No. | Frequency                 | Items and Codes   |
| (3238-3255) | 6b(1-18) |                           | WHAT ADDITIONAL SPECIAL<br>EDUCATION SERVICES DID<br>YOU TRY TO GET - Continued   |
| 3247        | 6b(10)   |                           | SOCIAL WORK SERVICES  |
|             |          | 0<br>3<br>0<br>0<br>9,688 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK if tried to get special education services in past 12 months)</li> </ol> |
| 3248        | 6b(11)   |                           | EYEGLASSES  |
|             |          | 0<br>3<br>0<br>0<br>9,688 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK if tried to get special education services in past 12 months)</li> </ol> |
| 3249        | 6b(12)   |                           | HEARING AIDS  |
|             |          | 0<br>3<br>0<br>0<br>9,688 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK if</li> </ol>  |

1 -735-

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

### Section J - Self Direction

| 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<br>3<br>0<br>0<br>9,688 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK if tried to get special education services in past 12 months)</li> </ol> |
| 3251        | 6b(14)   |                           | OTHER ASSISTIVE DEVICES<br>AND TRAINING IN THEIR USE  |
|             |          | 0<br>3<br>0<br>0<br>9,688 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK if tried to get special education services in past 12 months)</li> </ol> |
| 3252        | 6b(15)   |                           | MEDICAL SERVICES FOR DIAGNOSTIC<br>AND EVALUATION PURPOSES  |
|             |          | 2<br>1<br>0<br>0<br>9,688 | <ol> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK if tried to get special education services in past 12 months)</li> </ol> |

1 -736-

| Tape<br>Locations | Item No. | Frequency                 | Iter                           | ns and Codes  |
|-------------------|----------|---------------------------|--------------------------------|---|
| (3238-3255)       | 6b(1-18) |                           | EDUCATION                      | DITIONAL SPECIAL<br>ON SERVICES DID<br>TO GET - Continued   |
| 3253              | 6b(16)   |                           | COMMUNIC                       | CATION SERVICES   |
|                   |          | 0<br>3<br>0<br>0<br>9,688 | 2.                             | Mentioned Not mentioned No answer to entire question DK or refused (entire question) 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<br>3<br>0<br>0<br>9,688 |                                | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |
| 3255              | 6b(18)   |                           | OTHER                          |   |
|                   |          | 1<br>2<br>0<br>0<br>9,688 | 1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question) NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes   |
|-------------------|----------|-----------|---|
| 3256              | 6c       |           | WERE YOU ON WAITING LIST FOR ANY SPECIAL EDUCATION SERVICES IN PAST 12 MONTHS |

|             |         | 1<br>2<br>0<br>0<br>9,688           | <ol> <li>Yes</li> <li>No</li> <li>Not ascertained</li> <li>DK or refused</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK if tried to get special education services in past 12 months)</li> </ol>   |
|-------------|---------|-------------------------------------|---|
| (3257-3264) | 6d(1-8) |                                     | WHAT PROBLEMS DID YOU HAVE<br>TRYING TO GET SPECIAL EDUCATION<br>SERVICES IN PAST 12 MONTHS   |
| 3257        | 6d(1)   |                                     | SERVICE IS NOT AVAILABLE  |
|             |         | 1<br>2<br>0<br>0<br>0<br>0<br>9,688 | <ol> <li>No problem getting service</li> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> <li>Blank. NA (Institutionalized;</li> <li>21+ years old; No or DK if tried to get special education services in past 12 months)</li> </ol> |
| 3258        | 6d(2)   |                                     | HAD TROUBLE FINDING THE<br>RIGHT KIND OF SERVICE  |
|             |         | 1<br>1<br>0<br>0<br>9,688           | 0. No problem getting service 1. Mentioned 2. Not mentioned 8. No answer to entire question 9. DK or refused (entire question) Blank. NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months)  |
| -           |         | <del></del>                         | -738-   |

| Tape<br>Locations | Item No. | Frequency | Items and Codes  |
|-------------------|----------|-----------|--|
| (3257-3264)       | 6d(1-8)  |           | WHAT PROBLEMS DID YOU HAVE<br>TRYING TO GET SPECIAL EDUCATION<br>SERVICES IN PAST 12 MONTHS<br>- Continued |
| 3259              | 6d(3)    |           | SERVICES AVAILABLE ARE INADEQUATE  |
|                   |          | 1<br>0    | <ol> <li>No problem getting service</li> <li>Mentioned</li> </ol>  |

| 6d(4) | 1 0   |                       | DID NOT THINK ES WERE NEEDED   |
|-------|-------|-----------------------|--|
|       | 0     |                       |  |
|       |       | 1                     | No problem getting service   |
|       |       | ⊥.                    | Mentioned  |
|       | 2     | 2.                    | Not mentioned  |
|       | 0     | 8.                    | No answer to entire question   |
|       | 0     | 9.                    |  |
|       | 9,688 | Blank.                | NA (Institutionalized;   |
|       |       |                       | 21+ years old; No or DK if tried to get special education services in past 12 months)                        |
| 6d(5) |       | SCHOOL                | WOULD NOT TEST   |
|       |       | FOR DIS               | SABILITIES   |
|       | 1     | 0.                    | No problem getting service   |
|       | 0     | 1.                    |  |
|       | 2     | 2.                    | Not mentioned  |
|       | 0     | 8.                    | No answer to entire question   |
|       | 0     | 9.                    | DK or refused (entire question)  |
|       | 9,688 | Blank.                | NA (Institutionalized; 21+ years old; No or DK if tried to get special education services in past 12 months) |
|       | 6d(5) | 1<br>0<br>2<br>0<br>0 | FOR DIS<br>1 0.<br>0 1.<br>2 2.<br>0 8.<br>0 9.  |

| Tape<br>Locations | Item No. | Frequency             | Items and Codes   |
|-------------------|----------|-----------------------|---|
| (3257-3264)       | 6d(1-8)  |                       | WHAT PROBLEMS DID YOU HAVE<br>TRYING TO GET SPECIAL EDUCATION<br>SERVICES IN PAST 12 MONTHS<br>- Continued  |
| 3262              | 6d(6)    |                       | SCHOOL WOULD NOT HELP IN FINDING SERVICES   |
|                   |          | 1<br>0<br>2<br>0<br>0 | <ol> <li>No problem getting service</li> <li>Mentioned</li> <li>Not mentioned</li> <li>No answer to entire question</li> <li>DK or refused (entire question)</li> </ol> |

|      |       | 9,688                          | Blank.                               | NA (Institutionalized;<br>21+ years old; No or DK if<br>tried to get special education<br>services in past 12 months) |
|------|-------|--------------------------------|--------------------------------------|---|
| 3263 | 6d(7) |                                |                                      | OT TAKE TIME OFF<br>ORK TO ARRANGE IT   |
|      |       | 1<br>0<br>2<br>0<br>0<br>9,688 | 0.<br>1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question)                                  |
| 3264 | 6d(8) |                                | OTHER F                              | PROBLEMS  |
|      |       | 1<br>0<br>2<br>0<br>0<br>9,688 | 0.<br>1.<br>2.<br>8.<br>9.<br>Blank. | Mentioned Not mentioned No answer to entire question DK or refused (entire question)                                  |
| 1    |       |                                | -740                                 | )-  |

### Section J - Self Direction

| Tape<br>Locations | Item No. | Frequency | It∈     | ems and Codes  |
|-------------------|----------|-----------|---------|--|
| 3265              | 7        |           | WITH TH | TISFIED ARE YOU<br>HE EDUCATIONAL<br>CS THAT YOU RECEIVE |
|                   |          | 87        | 0.      | Does not receive any educational services                |
|                   |          | 16        | 1.      | Very satisfied   |
|                   |          | 27        | 2.      | <del>-</del>   |
|                   |          | 1         | 3.      | Somewhat dissatisfied                                    |
|                   |          | 2         | 4.      | Very dissatisfied  |
|                   |          | 28        | 8.      | Not ascertained  |
|                   |          | 1         | 9.      | DK or refused  |
|                   |          | 9,529     | Blank.  | NA (Institutionalized;<br>21+ years old)                 |

3266-3270 BLANK

1 -741-

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                                | Ite   | ems and Codes   |
|-------------------|----------|--|---|---|
| 3271              | 1        |  | PRESENT   | MARITAL STATUS  |
|                   |          | 4,639                                    | 1.  | ±   |
|                   |          | 155                                      | 2.  | ±   |
|                   |          | 1,658                                    | 3.  |   |
|                   |          | 1,180                                    | 4.  |   |
|                   |          | 352                                      | 5.  | -   |
|                   |          | 1,493<br>178                             | 6.<br>8.  |   |
|                   |          | 36                                       | 9.  |   |
| 3272-3273         | 2a       |  | HOW LON   | G MARRIED TO CURRENT SPOUSE   |
|                   |          | 108                                      | 00.   | Less than 1 year  |
|                   |          | 4,579                                    |   |   |
|                   |          | 0  | 97.   |   |
|                   |          | 51                                       | 98.   | Not ascertained   |
|                   |          | 56                                       | 99.   | DK or refused   |
|                   |          | 4,897                                    | Blank.  |   |
|                   |          |  |   | never married or DK marital status)   |
| 3274              | Recode   |  | LENGTH  | OF TIME MARRIED   |
|                   |          | 108                                      | 0.  | Less than 1 year  |
|                   |          | 335                                      | 1.  |   |
|                   |          | 454                                      | 2.  |   |
|                   |          | 448                                      | 3.  | 10-14 years   |
|                   |          | 403                                      | 4.  | <b>-</b>  |
|                   |          | 2,939                                    | 5.  | 20+ years   |
|                   |          |  |   |   |
|                   |          | 107                                      | 7.  | 3   |
|                   |          | 4,683                                    | 8.  | Not married   |
|                   |          |  |   | Not married   |
| 3275-3276         | 2b       | 4,683                                    | 8.<br>9.  | Not married Unknown current marital status  G WIDOWED/DIVORCED/   |
| 3275-3276         | 2b       | 4,683<br>214                             | 8.<br>9.<br>HOW LON<br>SEPARAT                                | Not married Unknown current marital status  GG WIDOWED/DIVORCED/ CED  |
| 3275-3276         | 2b       | 4,683<br>214<br>195                      | 8.<br>9.<br>HOW LON<br>SEPARAT                                | Not married Unknown current marital status  GG WIDOWED/DIVORCED/ EED  Less than 1 year                                      |
| 3275-3276         | 2b       | 4,683<br>214<br>195<br>2,726             | 8.<br>9.<br>HOW LON<br>SEPARAT<br>00.<br>01-96.               | Not married Unknown current marital status  GG WIDOWED/DIVORCED/ EED  Less than 1 year 1-96 years                           |
| 3275-3276         | 2b       | 4,683<br>214<br>195<br>2,726<br>0        | 8.<br>9.<br>HOW LON<br>SEPARAT<br>00.<br>01-96.<br>97.        | Not married Unknown current marital status  GG WIDOWED/DIVORCED/ TED  Less than 1 year 1-96 years 97+ years                 |
| 3275-3276         | 2b       | 4,683<br>214<br>195<br>2,726<br>0<br>164 | 8.<br>9.<br>HOW LON<br>SEPARAT<br>00.<br>01-96.<br>97.<br>98. | Not married Unknown current marital status  GG WIDOWED/DIVORCED/ TED  Less than 1 year 1-96 years 97+ years Not ascertained |
| 3275-3276         | 2b       | 4,683<br>214<br>195<br>2,726<br>0        | 8.<br>9.<br>HOW LON<br>SEPARAT<br>00.<br>01-96.<br>97.        | Not married Unknown current marital status  GG WIDOWED/DIVORCED/ TED  Less than 1 year 1-96 years 97+ years Not ascertained |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section K - Family Structure, Relationships, and Living Arrangements

| Tape<br>Locations | Item No. | Frequency  | Items and Codes  |
|-------------------|----------|--|--|
| 3277              | Recode   |  | LENGTH OF TIME WIDOWED/<br>SEPARATED/DIVORCED  |
|                   |          | 195<br>622<br>543<br>509<br>318<br>734<br>269<br>6,287 | <ol> <li>Less than 1 year</li> <li>1-4 years</li> <li>5-9 years</li> <li>10-14 years</li> <li>15-19 years</li> <li>20+ years</li> <li>Unknown how long widowed/<br/>separated/divorced</li> <li>Not widowed/separated/<br/>divorced</li> <li>Unknown current marital status</li> </ol> |
| 3278-3279         | 3        |  | NUMBER OF PERSONS LIVING IN HH   |
|                   |          | 2,100<br>7,239<br>1<br>217<br>17<br>117                | 01. SP only 02-96. 2-96 HH members 97. 97+ HH members 98. Not ascertained 99. DK or refused Blank. NA (Institutionalized)  |
| (3280-3303)       | 4(b-c)   |  | SEX AND RELATIONSHIP OF REPORTED HOUSEHOLD MEMBERS*  |
| 3280              | 4b       |  | SEX - 2nd PERSON IN HOUSEHOLD  |
|                   |          | 3,391<br>3,829<br>146<br>2,325                         | <ol> <li>Male</li> <li>Female</li> <li>Not ascertained</li> <li>Blank. NA (Institutionalized;<br/>Sample Person)</li> </ol>  |

<sup>\*</sup>Number of persons listed in household roster may not match number of household members reported in locations 3278-3279.

### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Items and Codes |
|-------------------|----------|-----------|-----------------|
| LOCALIONS         | 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<br>- 2nd PERSON IN HOUSEHOLD          |
| 3201-3202   |        | 2,218 2,332 175 5 0 1 409 1 1 3 0 1 548 5 1 1 569 3 0 1 2 1 80 0 1 2 1 80 0 1 1 40 0 0 114 0 0 0 0 3 16 34 45 |  |
|             |        | 3<br>11<br>14   | 36. Uncle<br>37. Aunt<br>38. Nephew                            |

<sup>\*</sup>Number of persons listed in household roster may not match number of household members reported in locations 3278-3279. 1 -744-

Section K - Family Structure, Relationships, and Living Arrangements

|  | Tape<br>Locations | Item No. | Frequency | Items and Codes |
|--|-------------------|----------|-----------|-----------------|
|--|-------------------|----------|-----------|-----------------|

### HOUSEHOLD MEMBERS\*- Continued

| 3281-3282 | 4c |  | ONSHIP TO ADULT SP:<br>erson) - Continued                                 |  |
|-----------|----|--|---|--|
|           |    | 12<br>1<br>3<br>29<br>17<br>4<br>6<br>14<br>502<br>16<br>22<br>122 | 40.<br>41.<br>42.<br>43.<br>44.<br>45.<br>46.<br>47.<br>55.<br>66.<br>97. | Mother-in-law Son-in-law Daughter-in-law Brother-in-law Sister-in-law Cousin Not related Unknown male Unknown female Family members, unknown relationship and gender Not ascertained DK or refused |
| 3283      | 4b | 1,889<br>1,789<br>109<br>5,904                                     | 1.<br>2.<br>8.  | Not ascertained  |

<sup>\*</sup>Number of persons 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<br>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<br>- 3rd PERSON IN HOUSEHOLD  |
|                   |          | 10<br>6<br>103<br>21<br>1<br>0<br>186<br>6 | 01. Husband 02. Wife 03. Natural father 04. Stepfather 05. Adoptive father 06. Foster father 07. Natural mother 08. Stepmother |

| 1<br>4       | 09. | Adoptive mother Foster mother |
|--------------|-----|-------------------------------|
| <del>-</del> |     |                               |
| 0            |     | Male parent, unknown type     |
| 0            | 12. |                               |
| 1,223        |     | Natural son                   |
| 44           |     | Stepson                       |
| 2            |     | Adopted son                   |
| 1            |     | Foster son                    |
| 1,139        | 17. | Natural daughter              |
| 39           | 18. | Stepdaughter                  |
| 2            | 19. | Adopted daughter              |
| 4            | 20. | Foster daughter               |
| 3            | 21. | Male child, unknown type      |
| 0            | 22. | Female child, unknown type    |
| 93           |     | Full brother                  |
| 0            | 24. | Half brother                  |
| 1            | 25. | Stepbrother                   |
| 0            | 26. |                               |
| 62           | 27. | Full sister                   |
| 0            | 28. | Half sister                   |
| 0            | 29. | Stepsister                    |
| 0            | 30. |                               |
| 0            |     | Unknown sibling type          |
| 3            |     | Grandfather                   |
| 8            |     | Grandmother                   |
| 130          |     | Grandson                      |
| 112          |     | Granddaughter                 |
| 4            |     | Uncle                         |
| -            | 50. | OTICIC                        |

<sup>\*</sup>Number of persons 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<br>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  |
|                   |          | 2<br>19<br>29<br>4<br>26<br>76<br>34<br>30<br>20<br>9<br>201 | 37. Aunt 38. Nephew 39. Niece 40. Father-in-law 41. Mother-in-law 42. Son-in-law 43. Daughter-in-law 44. Brother-in-law 45. Sister-in-law 46. Cousin 47. Not related 55. Unknown male |

| 15 66. Unknown female<br>83 97. Family members, unknown<br>relationship and gender |  |
|--|--|
| 98. Not ascertained  |  |
| 1 99. DK or refused  |  |
| 5,904 Blank. NA (Institutionalized;  |  |
| Sample Person; 2 or  |  |
| fewer people in HH)  |  |
|  |  |
| 3286 4b SEX - 4th PERSON IN HOUSEHOLD  |  |
| 1,053 1. Male  |  |
| 1.045 2. Female  |  |
|  |  |
| 74 8. Not ascertained  |  |
| ,  |  |

<sup>\*</sup>Number of persons 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<br>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  |   |
|                   |          | 3<br>1<br>17<br>1<br>0<br>2<br>26<br>1<br>0<br>0<br>639<br>21<br>2<br>10<br>629<br>21<br>0 | 01.<br>02.<br>03.<br>04.<br>05.<br>06.<br>07.<br>08.<br>09.<br>10.<br>11.<br>12.<br>13.<br>14.<br>15.<br>16.<br>17.<br>18.<br>19.<br>20.<br>21. | Wife Natural father Stepfather Adoptive father Foster father Natural mother Stepmother Adoptive mother Foster mother Male parent, unknown type Female parent, unknown type Natural son Stepson Adopted son Foster son Natural daughter Stepdaughter Adopted daughter Foster daughter Male child, unknown type |

| 97  | 23. | Full brother         |
|-----|-----|----------------------|
| 0   | 24. | Half brother         |
| 3   | 25. | Stepbrother          |
| 2   | 26. | Adoptive brother     |
| 71  | 27. | Full sister          |
| 1   | 28. | Half sister          |
| 2   | 29. | Stepsister           |
| 0   | 30. | Adoptive sister      |
| 0   | 31. | Unknown sibling type |
| 0   | 32. | Grandfather          |
| 3   | 33. | Grandmother          |
| 131 | 34. | Grandson             |
| 133 | 35. | Granddaughter        |
| 2   | 36. | Uncle                |
|     |     |                      |

<sup>\*</sup>Number of persons listed in household roster may not match number of household members reported in locations 3278-3279.

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section K - Family Structure, Relationships, and Living Arrangements

| Tape<br>Locations | Item No. | Frequency                 | Ite     | ems and Codes               |
|-------------------|----------|---------------------------|---------|-----------------------------|
|                   |          |                           |         |                             |
| (3280-3303)       | 4(b-c)   |                           |         | RELATIONSHIP OF REPORTED    |
|                   |          |                           | HOUSEHC | DLD MEMBERS*- Continued     |
| 3287-3288         | 4c       | RELATIONSHIP TO ADULT SP: |         |                             |
|                   |          |                           | (4th Pe | erson) - Continued          |
|                   |          | 1                         | 37.     |                             |
|                   |          | 18                        | 38.     | - <b>T</b>                  |
|                   |          | 44                        | 39.     |                             |
|                   |          | 3                         | 40.     |                             |
|                   |          | 11                        | 41.     |                             |
|                   |          | 19                        | 42.     |                             |
|                   |          | 15                        | 43.     | 5                           |
|                   |          | 7                         | 44.     |                             |
|                   |          | 3                         | 45.     |                             |
|                   |          | 13                        | 46.     | Cousin                      |
|                   |          | 131                       | 47.     |                             |
|                   |          | 9                         | 55.     | Unknown male                |
|                   |          | 6                         | 66.     | Unknown female              |
|                   |          | 42                        | 97.     | Family members, unknown     |
|                   |          |                           |         | relationship and gender     |
|                   |          | 25                        | 98.     | Not ascertained             |
|                   |          | 4                         | 99.     | DK or refused               |
|                   |          | 7,519                     | Blank.  | NA (Institutionalized;      |
|                   |          |                           |         | Sample Person; 3 or         |
|                   |          |                           |         | fewer people in HH)         |
| 3289              | 4b       |                           | SEY - F | th PERSON IN HOUSEHOLD      |
| 5207              | 1.0      |                           | DEM C   | CII I LINGOIV IIV HOODEHOLD |
|                   |          | 493                       | 1.      | Male                        |

467 2. Female

56 8. Not ascertained 8,675 Blank. NA (Institutionalized; Sample Person; 4 or fewer people in HH)

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>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<br>- 5th PERSON IN HOUSEHOLD  |
|                   |          | 2<br>1<br>5<br>1<br>0<br>1<br>14<br>1<br>0<br>0<br>0<br>0<br>2533<br>9<br>0<br>4<br>2333<br>10<br>0<br>6<br>0<br>0<br>1<br>40<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 01. Husband 02. Wife 03. Natural father 04. Stepfather 05. Adoptive father 06. Foster father 07. Natural mother 08. Stepmother 09. Adoptive mother 10. Foster mother 11. Male parent, unknown type 12. Female parent, unknown type 13. Natural son 14. Stepson 15. Adopted son 16. Foster son 17. Natural daughter 18. Stepdaughter 19. Adopted daughter 20. Foster daughter 21. Male child, unknown type 22. Female child, unknown type 23. Full brother 24. Half brother 25. Stepbrother 26. Adoptive brother 27. Full sister 28. Half sister 29. Stepsister 30. Adoptive sister 31. Unknown sibling type 32. Grandfather 33. Grandmother 34. Grandson 35. Granddaughter |

<sup>\*</sup>Number of persons listed in household roster may not match number of household members reported in locations 3278-3279.

\*Number of persons listed in household roster may not match number of household members reported in locations 3278-3279.

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

### Section K - Family Structure, Relationships, and Living Arrangements

| Tape<br>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   |  |
|                   |          | 0 31 20 2 5 8 4 3 7 6 76 5 3 26 27 3 8,675 | 37. Aunt 38. Nephew 39. Niece 40. Father-in-law 41. Mother-in-law 42. Son-in-law 43. Daughter-in-law 44. Brother-in-law 45. Sister-in-law 46. Cousin 47. Not related 55. Unknown male 66. Unknown female 97. Family members, unknown relationship and gender 98. Not ascertained 99. DK or refused Blank. NA (Institutionalized; Sample Person; 4 or fewer people in HH) |  |
| 3292              | 4b       | 209<br>203<br>40<br>9,239                  | SEX - 6th PERSON IN HOUSEHOLD  1. Male 2. Female 8. Not ascertained Blank. NA (Institutionalized; Sample Person; 5 or fewer people in HH)  |  |

<sup>\*</sup>Number of persons listed in household roster may not match number of household members reported in locations 3278-3279. 1

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#### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency        | It∈                      | ems and Codes   |
|-------------------|----------|------------------|--------------------------|---|
| (3280-3303)       | 4(b-c)   |                  |                          | RELATIONSHIP OF REPORTED  DLD MEMBERS*- Continued                         |
| 3293-3294         | 4c       |                  |                          | ONSHIP TO ADULT SP<br>PERSON IN HOUSEHOLD                                 |
|                   |          | 0<br>0<br>4<br>0 | 01.<br>02.<br>03.<br>04. | Husband<br>Wife<br>Natural father<br>Stepfather                           |
|                   |          | 0<br>0<br>9      | 05.<br>06.<br>07.        | Adoptive father<br>Foster father  |
|                   |          | 0<br>0<br>0<br>0 | 08.<br>09.<br>10.<br>11. | Foster mother   |
|                   |          | 0<br>89<br>4     | 12.<br>13.<br>14.        | Male parent, unknown type Female parent, unknown type Natural son Stepson |
|                   |          | 0<br>2<br>80     | 15.<br>16.<br>17.        | Adopted son<br>Foster son<br>Natural daughter                             |
|                   |          | 2<br>0<br>3<br>1 | 18.<br>19.<br>20.<br>21. | Foster daughter   |
|                   |          | 0<br>12<br>0     | 22.<br>23.<br>24.        | Female child, unknown type Full brother Half brother                      |
|                   |          | 0<br>0<br>11     | 25.<br>26.<br>27.        | Full sister   |
|                   |          | 0<br>0<br>0<br>1 | 28.<br>29.<br>30.<br>31. |   |
|                   |          | 0<br>1<br>51     | 32.<br>33.<br>34.        | Grandfather<br>Grandmother  |
|                   |          | 56<br>0          | 35.<br>36.               | Granddaughter<br>Uncle  |

<sup>\*</sup>Number of persons listed in household roster may not match number of household members reported in locations 3278-3279. 1

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

|--|--|

| (3280-3303) | 4(b-c) |   |                          | RELATIONSHIP OF REPORTED NEMBERS*- Continued  |
|-------------|--------|---|--------------------------|---|
| 3293-3294   | 4c     |   |                          | NSHIP TO ADULT SP:<br>erson) - Continued  |
|             |        | 1<br>20<br>17<br>0<br>3<br>4<br>2<br>3<br>1<br>4<br>28<br>2<br>3<br>8 | 43.<br>44.<br>45.        | Aunt Nephew Niece Father-in-law Mother-in-law Son-in-law Daughter-in-law Brother-in-law Sister-in-law Cousin Not related Unknown male Unknown female Family members, unknown relationship and gender Not ascertained DK or refused NA (Institutionalized; Sample Person; 5 or fewer people in HH) |
| 3295        | 4b     |   | SEX - 7                  | th PERSON IN HOUSEHOLD  |
|             |        | 98<br>100<br>32<br>9,461  | 1.<br>2.<br>8.<br>Blank. | Male Female Not ascertained NA (Institutionalized; Sample Person; 6 or fewer people in HH)  |

<sup>\*</sup>Number of persons listed in household roster may not match number of household members reported in locations 3278-3279.

| Tape<br>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<br>- 7th PERSON IN HOUSEHOLD           |
|                   |          | 0<br>0<br>2<br>0 | 01. Husband<br>02. Wife<br>03. Natural father<br>04. Stepfather |

<sup>\*</sup>Number of persons 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         |          |                                       |     |   |
|--------------|----------|---------------------------------------|-----|---|
| <del>-</del> | Item No. | Frequency                             | Ite | ems and Codes   |
| (3280-3303)  | 4(b-c)   |                                       |     | RELATIONSHIP OF REPORTED  OLD MEMBERS*- Continued                   |
| 3296-3297    | 4c       |                                       | _   | ONSHIP TO ADULT SP:<br>erson) - Continued                           |
|              |          | 1<br>15<br>5<br>1<br>1<br>2<br>1<br>0 | 41. | Nephew Niece Father-in-law Mother-in-law Son-in-law Daughter-in-law |

|      |    | 2<br>0<br>11<br>1 | 46.<br>47.<br>55. | Sister-in-law Cousin Not related Unknown male Unknown female         |
|------|----|-------------------|-------------------|--|
|      |    | 6                 | 97.               |  |
|      |    | 24                | 98.               |  |
|      |    | 1                 |                   | DK or refused  |
|      |    | 9,461             | Blank.            | •  |
|      |    |                   |                   | Sample Person; 6 or  |
|      |    |                   |                   | fewer people in HH)  |
| 3298 | 4b |                   | SEX - 8           | th PERSON IN HOUSEHOLD   |
|      |    | 40                | 1.                | Male   |
|      |    | 40                | 2.                | Female   |
|      |    | 25                | 8.                | Not ascertained  |
|      |    | 9,586             | Blank.            | NA (Institutionalized;<br>Sample Person; 7 or<br>fewer people in HH) |

<sup>\*</sup>Number of persons 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<br>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<br>- 8th PERSON IN HOUSEHOLD   |
|                   |          | 1<br>1<br>1<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 01. Husband 02. Wife 03. Natural father 04. Stepfather 05. Adoptive father 06. Foster father 07. Natural mother 08. Stepmother 09. Adoptive mother 10. Foster mother 11. Male parent, unknown type 12. Female parent, unknown type 13. Natural son 14. Stepson 15. Adopted son 16. Foster son 17. Natural daughter 18. Stepdaughter |

| 0 | 19. | Adopted daughter           |
|---|-----|----------------------------|
| 2 | 20. | Foster daughter            |
| 0 | 21. | Male child, unknown type   |
| 0 | 22. | Female child, unknown type |
| 4 | 23. | Full brother               |
| 0 | 24. | Half brother               |
| 0 | 25. | Stepbrother                |
| 0 | 26. | Adoptive brother           |
| 4 | 27. | Full sister                |
| 0 | 28. | Half sister                |
| 0 | 29. | Stepsister                 |
| 0 | 30. | Adoptive sister            |
| 0 | 31. | Unknown sibling type       |
| 0 | 32. | Grandfather                |
| 0 | 33. | Grandmother                |
| 8 | 34. | Grandson                   |
| 8 | 35. | Granddaughter              |
| 0 | 36. | Uncle                      |

<sup>\*</sup>Number of persons 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<br>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) - Continued   |
|                   |          | 0<br>6<br>3<br>0<br>0<br>0<br>2<br>1<br>0<br>1<br>11<br>1<br>1<br>2 | 37. Aunt 38. Nephew 39. Niece 40. Father-in-law 41. Mother-in-law 42. Son-in-law 43. Daughter-in-law 44. Brother-in-law 45. Sister-in-law 46. Cousin 47. Not related 55. Unknown male 66. Unknown female 97. Family members, unknown relationship and gender 98. Not ascertained |
|                   |          | 1<br>9,586  | 99. DK or refused Blank. NA (Institutionalized; Sample Person; 7 or fewer people in HH)  |

| 3301 | 4b |
|------|----|
|------|----|

#### SEX - 9th PERSON IN HOUSEHOLD

15 1. Male 15 2. Female

26 8. Not ascertained

9,635 Blank. NA (Institutionalized; Sample Person; 8 or fewer people in HH)

Section K - Family Structure, Relationships, and Living Arrangements

| Tape<br>Locations | Item No. | Frequency | Ite     | ems and Codes                                       |
|-------------------|----------|-----------|---------|---|
| 3280-3303)        | 4(b-c)   |           |         | RELATIONSHIP OF REPORTED<br>DLD MEMBERS*- Continued |
| 3302-3303         | 4c       |           | _       | NSHIP TO ADULT SP                                   |
|                   |          |           | - 9th F | PERSON IN HOUSEHOLD                                 |
|                   |          | 0         | 01.     | Husband   |
|                   |          | 0         | 02.     |   |
|                   |          | 0         | 03.     |   |
|                   |          | 0         | 04.     |   |
|                   |          | 0         | 05.     | <u>-</u>  |
|                   |          | 0         | 06.     | Foster father                                       |
|                   |          | 1         | 07.     | Natural mother                                      |
|                   |          | 0         | 08.     | Stepmother  |
|                   |          | 0         | 09.     | <del>-</del>  |
|                   |          | 0         | 10.     | <del>-</del>  |
|                   |          | 0         | 11.     | Male parent, unknown type                           |
|                   |          | 0         | 12.     | Female parent, unknown type                         |
|                   |          | 4         | 13.     | Natural son   |
|                   |          | 0         | 14.     | Stepson   |
|                   |          | 0         | 15.     | Adopted son   |
|                   |          | 1         | 16.     | Foster son  |
|                   |          | 5         | 17.     | Natural daughter                                    |
|                   |          | 0         | 18.     | Stepdaughter  |
|                   |          | 0         | 19.     | 1 2   |
|                   |          | 0         | 20.     |   |
|                   |          | 0         | 21.     |   |
|                   |          | 0         | 22.     |   |
|                   |          | 1         | 23.     |   |
|                   |          | 0         | 24.     |   |
|                   |          | 0         | 25.     | Stepbrother   |
|                   |          | 0         | 26.     | Adoptive brother                                    |
|                   |          | 0         | 27.     |   |
|                   |          | 0         | 28.     | Half sister   |
|                   |          | 0         | 29.     | <u>-</u>  |
|                   |          | 1         | 30.     | Adoptive sister                                     |
|                   |          | 0         | 31.     | 0   |
|                   |          | 0         | 32.     | Grandfather   |

<sup>\*</sup>Number of persons listed in household roster may not match number of household members reported in locations 3278-3279. -757-

| 0 | 33. | Grandmother   |
|---|-----|---------------|
| 5 | 34. | Grandson      |
| 3 | 35. | Granddaughter |
| 0 | 36. | Uncle         |

<sup>\*</sup>Number of persons 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<br>Locations | Item No. | Frequency  | Item  | ns and Codes  |
|-------------------|----------|--|---|---|
| (3280-3303)       | 4(b-c)   |  |   | RELATIONSHIP OF REPORTED  D MEMBERS*- Continued   |
| 3302-3303         | 4c       |  |   | SHIP TO ADULT SP:<br>son) - Continued   |
|                   |          | 0<br>1<br>2<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>5<br>0<br>1<br>2<br>24<br>0<br>9,635 | 38.<br>39.<br>40.<br>41.<br>42.<br>43.<br>44.<br>45.<br>46.<br>47.<br>55.<br>66.<br>97. | Aunt Nephew Niece Father-in-law Mother-in-law Son-in-law Daughter-in-law Brother-in-law Sister-in-law Cousin Not related Unknown male Unknown female Family members, unknown relationship and gender Not ascertained DK or refused NA (Institutionalized; Sample Person; 8 or fewer people in HH) |
| 3304              | Recode   |  | NUMBER C  | F PERSONS RELATED TO SP   |
|                   |          | 2,670<br>6,904<br>117  | 1-8.  | No members related<br>Number of related persons<br>NA (Institutionalized)   |
| 3305              | Recode   |  | SP LIVES<br>- SPOUSE  | WITH SPECIFIC RELATIVES   |
|                   |          | 4,574<br>5,117   |   | Yes, SP lives with spouse<br>No, SP does not live with spouse   |

<sup>\*</sup>Number of persons listed in household roster may not match number of household

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section K - Family Structure, Relationships, and Living Arrangements

| Tape<br>Locations | Item No. | Frequency      | Items and Codes   |
|-------------------|----------|----------------|---|
| 3306              | Recode   |                | SP LIVES WITH SPECIFIC RELATIVES - SON  |
|                   |          | 2,150<br>7,541 | <ol> <li>Yes, SP lives with son</li> <li>No, SP does not live with son</li> </ol>           |
| 3307              | Recode   |                | SP LIVES WITH SPECIFIC RELATIVES - DAUGHTER   |
|                   |          | 2,097<br>7,594 | <ol> <li>Yes, SP lives with daughter</li> <li>No, SP does not live with daughter</li> </ol> |
| 3308              | Recode   |                | SP LIVES WITH SPECIFIC RELATIVES - PARENT/IN-LAW  |
|                   |          | 771            | 1. Yes, SP lives with   |
|                   |          | 8,920          | <pre>parent/in-law 2. No, SP does not live with   parent/in-law</pre>                       |
| 3309              | Recode   |                | SP LIVES WITH SPECIFIC RELATIVES - SIBLING/IN-LAW   |
|                   |          | 531            | <ol> <li>Yes, SP lives with<br/>sibling/in-law</li> </ol>                                   |
|                   |          | 9,160          | 2. No, SP does not live with sibling/in-law   |
| 3310              | Recode   |                | SP LIVES WITH SPECIFIC RELATIVES - GRANDCHILD   |
|                   |          | 588            | 1. Yes, SP lives with grandchild  |
|                   |          | 9,103          | 2. No, SP does not live with grandchild   |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Locations | Item No. | Frequency | Iter     | ms and Codes                           |
|-----------|----------|-----------|----------|--|
| 3311      | Recode   |           | SP LIVES | S WITH SPECIFIC RELATIVES<br>PARENTS   |
|           |          | 35        | 1.       | Yes, SP lives with                     |
|           |          |           | _        | grandparents                           |
|           |          | 9,656     | 2.       | No, SP does not live with grandparents |
| 3312      | Recode   |           |          | S WITH SPECIFIC RELATIVES<br>RELATIVE  |
|           |          | 415       | 1.       | Yes, SP lives with                     |
|           |          | 9,276     | 2        | other relative<br>No, SP does not live |
|           |          | 5,210     | ۷.       | with other relative                    |
| 3313      | Recode   |           | SP LIVES | S WITH SPECIFIC RELATIVES              |
|           |          |           | - NON-Ki | ELAIIVE                                |
|           |          | 680       | 1.       | Yes, SP lives with                     |
|           |          |           |          | non-relative                           |
|           |          | 9,011     | 2.       | No, SP does not live                   |
|           |          |           |          | with non-relative                      |
| 3314      | Recode   |           | GENERAL  | HOUSEHOLD COMPOSITION                  |
|           |          | 2,208     | 1.       | Alone                                  |
|           |          | 2,409     |          | With spouse only                       |
|           |          | 2,085     |          | With spouse and other relatives        |
|           |          | 2,086     |          | With other relatives only              |
|           |          | 403       |          | With non-relatives only                |
|           |          | 383       | 9.       | Unknown                                |
|           |          | 117       | Blank.   | NA (Institutionalized)                 |
|           |          |           |          |  |

| Tape<br>Locations | Item No. | Frequency                                 | Items and Codes   |
|-------------------|----------|---|---|
| 3315              | Recode   |   | NUMBER OF GENERATIONS IN HOUSEHOLD  |
|                   |          | 2,777<br>3,525<br>646<br>10<br>0<br>2,611 | <ol> <li>One generation</li> <li>Two generations</li> <li>Three generations</li> <li>Four generations</li> <li>Five or more generations</li> <li>No related household members</li> <li>Unknown</li> </ol> |

|           |        | 117   | Blank.  | NA (Institutionalized)           |
|-----------|--------|-------|---------|----------------------------------|
| 3316-3317 | 5a     |       | LIVING  | SONS (INCLUDES STEP/ADOPTED)     |
|           |        | 3,353 | 00.     | None                             |
|           |        | 6,158 | 01-96.  | 1-96 sons                        |
|           |        | 0     | 97.     | 97+ sons                         |
|           |        | 125   | 98.     | Not ascertained                  |
|           |        | 55    | 99.     | DK or refused                    |
| 3318-3319 | 5b     |       |         | DAUGHTERS (INCLUDES              |
|           |        |       | STEP/AI | OOPTED)                          |
|           |        | 3,424 | 00.     | None                             |
|           |        | 6,079 |         | 1-96 daughters                   |
|           |        | 0,0,5 |         | 97+ daughters                    |
|           |        | 138   | 98.     |                                  |
|           |        | 50    | 99.     | DK or refused                    |
| 3320      | Recode |       | LIVING  | SONS/DAUGHTERS                   |
|           |        | 1,935 | 0.      | No living sons or daughters      |
|           |        | 1,495 | 1.      |                                  |
|           |        | 1,416 | 2.      | Living daughters only            |
|           |        | 4,663 | 3.      | Both living sons and daughters   |
|           |        | 182   | 9.      | Unknown if living sons/daughters |
| 3321-3322 | Recode |       | TOTAL N | NUMBER OF LIVING CHILDREN        |
|           |        | 1,935 | 00.     | None                             |
|           |        | 7,559 | 01-97.  |                                  |
|           |        | 197   | 99.     |                                  |
|           |        |       | -762    | 2-                               |

| Tape<br>Locations | Item No. | Frequency                  | Items and Codes  |
|-------------------|----------|----------------------------|--|
| (3323-3325)       | ба       |                            | HOW QUICKLY CAN CHILD(REN) GET THERE   |
| 3323-3324         |          |                            | NUMBER OF UNITS  |
|                   |          | 3,782<br>0<br>506<br>5,403 | 01-96. 1-96 minutes, hours, days 97. 97+ minutes, hours, days 99. DK, refused, not ascertained Blank. NA (No living children; children live in HH) |

3325 TIME UNITS

|           |        | 2,756<br>850<br>187<br>495<br>5,403 | 1.<br>2.<br>3.<br>9.<br>Blank. | Days<br>DK, refused, not ascertained |
|-----------|--------|-------------------------------------|--------------------------------|--------------------------------------|
| 3326-3327 | Recode |                                     | ~                              | CKLY CAN CHILD(REN)<br>ERE (HOURS)   |
|           |        | 2,717<br>1,061<br>4<br>506<br>5,403 | 01-96.                         | ,,                                   |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency    | Items and Codes  |  |
|-------------------|----------|--------------|--|--|
| (3328-3330)       | 6b       |              | HOW OFTEN SEE CHILDREN   |  |
|                   |          | 194          | 000. Less than once a year/never   |  |
| 3328-3329         | 6b       |              | NUMBER OF TIME UNITS   |  |
|                   |          | 194          | 00. Less than once a year/never  |  |
|                   |          | 3,747        | <b>-</b>   |  |
|                   |          | 1            | 97. 97+ times per day, week, month, year   |  |
|                   |          | 346<br>5,403 | 99. DK, refused, not ascertained   |  |
| 3330              |          |              | TIME UNITS   |  |
|                   |          | 194          | <ol> <li>Less than once a year/never</li> </ol>  |  |
|                   |          | 928          | 1. Day   |  |
|                   |          | 1,670        | 2. Week  |  |
|                   |          | 579          | 3. Month   |  |
|                   |          | 571          | 4. Year  |  |
|                   |          | 346<br>5,403 | <ol> <li>DK, refused, not ascertained</li> <li>Blank. NA (No living children;</li> <li>children live in HH)</li> </ol> |  |

| 3331-3332 | Recode | HOW (                          | FTEN SEE CHILDREN (MONTHS)   |
|-----------|--------|--------------------------------|--|
|           |        | 3,142 01-90<br>44 93<br>346 99 | <ul> <li>Less than once per month</li> <li>1-90 times per month</li> <li>91+ times per month</li> <li>DK, refused, or not ascertained</li> <li>NA (No living children; children live in HH)</li> </ul> |

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Section K - Family Structure, Relationships, and Living Arrangements

| Tape<br>Locations | Item No. | Frequency                           | Ite                                      | ms and Codes                                |
|-------------------|----------|-------------------------------------|--|---|
| (3333-3335)       | 6c       |                                     | HOW OFTEN TALK ON PHONE<br>WITH CHILDREN |   |
|                   |          | 293                                 | 000.                                     | Less than once a year/never                 |
| 3333-3334         | 6c       |                                     | NUMBER                                   | OF TIME UNITS                               |
|                   |          | 293                                 | 00.                                      | Less than once a year/never                 |
|                   |          | 3,582                               | 01-96.                                   |   |
|                   |          | 1                                   | 97.                                      | <del>-</del>                                |
|                   |          | 412<br>5,403                        | 99.<br>Blank.                            | DK, refused, not ascertained                |
| 3335              |          |                                     | TIME UN                                  | IITS  |
|                   |          | 293                                 | 0.                                       | Less than once a year/never                 |
|                   |          | 1,441                               | 1.                                       | <del>-</del>                                |
|                   |          | 1,656                               | 2.                                       | Week  |
|                   |          | 386                                 | 3.                                       | Month                                       |
|                   |          | 100                                 | 4.                                       | Year  |
|                   |          | 412<br>5,403                        | 9.<br>Blank.                             | ,,  |
| 3336-3337         | Recode   |                                     |  | EN TALK ON PHONE                            |
|                   |          | 388<br>3,387<br>101<br>412<br>5,403 | 00.<br>01-90.<br>91.<br>99.<br>Blank.    | 1-90 times per month<br>91+ times per month |

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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section K - Family Structure, Relationships, and Living Arrangements

| Tape<br>Locations | Item No. | Frequency | Ite                                 | ems and Codes                                |  |
|-------------------|----------|-----------|-------------------------------------|--|--|
| (3338-3340)       | 6d       |           | HOW OFTEN GET MAIL FROM<br>CHILDREN |  |  |
|                   |          | 1,869     | 000.                                | Less than once a year/never                  |  |
| 3338-3339         | 6d       |           | NUMBER                              | OF TIME UNITS                                |  |
|                   |          | 1,869     | 00.                                 | Less than once a year/never                  |  |
|                   |          | 1,822     | 01-96.                              | <b>2</b>                                     |  |
|                   |          | 0         | 97.                                 | <del>-</del>                                 |  |
|                   |          | 597       | 99.                                 | <del>-</del>                                 |  |
|                   |          | 5,403     | Blank.                              |  |  |
| 3340              |          |           | TIME UN                             | NITS   |  |
|                   |          | 1,869     | 0.                                  | Less than once a year/never                  |  |
|                   |          | 14        | 1.                                  | <del>-</del>                                 |  |
|                   |          | 155       | 2.                                  | Week   |  |
|                   |          | 406       | 3.                                  |  |  |
|                   |          | 1,247     | 4.                                  |  |  |
|                   |          | 597       | 9.                                  | ·  |  |
|                   |          | 5,403     | Blank.                              | NA (No living children; children live in HH) |  |
| 3341-3342         |          |           |                                     | TEN GET MAIL FROM<br>EN (MONTHS)             |  |
|                   |          | 3,078     | 0.0                                 | Less than once per month                     |  |
|                   |          | 611       |                                     | 1-90 times per month                         |  |
|                   |          | 2         | 91.                                 | <del>-</del>                                 |  |
|                   |          | 597       | 99.                                 | <del>-</del>                                 |  |
|                   |          | 5,403     | Blank.                              |  |  |
|                   |          |           |                                     | CHITGEN LIVE IN HH)                          |  |
|                   |          |           |                                     |  |  |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency | Ite  | ems and Codes   |  |
|-------------------|----------|-----------|--|---|--|
| 3343              | 7        |           | CHILD(REN) ROUTINELY GIVE<br>YOU MONEY TO HELP PAY BILLS |   |  |
|                   |          | 599       | 1.   | Yes   |  |
|                   |          | 6,825     | 2.   | No  |  |
|                   |          | 108       | 8.   | Not ascertained   |  |
|                   |          | 42        | 9.   | DK or refused   |  |
|                   |          | 2,117     | Blank.   | NA (No living children)                                   |  |
| 3344              | 8        |           | OTHERS   | IN HH (BESIDES  |  |
|                   |          |           | SPOUSE)  | 18 OR OLDER   |  |
|                   |          | 3,267     |  | Yes   |  |
|                   |          | 1,557     | 2.   | -   |  |
|                   |          | 128       | 8.   |   |  |
|                   |          | 5         | 9.   |   |  |
|                   |          | 4,734     | Blank.   | NA (Institutionalized, lives alone, or lives with spouse) |  |
| 3345              | 9        |           | TITVE TO   | GETHER TO SHARE   |  |
| 3343              |          |           |  | EXPENSES  |  |
|                   |          | 1,087     | 1.   | Yes   |  |
|                   |          | 2,143     | 2.   |   |  |
|                   |          | 8         | 8.   |   |  |
|                   |          | 29        | 9.   |   |  |
|                   |          | 6,424     | 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 TO  | GETHER BECAUSE OF   |  |
|                   |          |           | HEALTH   | OR PHYSICAL PROBLEM                                       |  |
|                   |          | 784       | 1.   | Yes   |  |
|                   |          | 2,449     | 2.   | No  |  |
|                   |          | 17        | 8.   | Not ascertained   |  |
|                   |          | 17        | 9.   | DK or refused   |  |
|                   |          | 6,424     | 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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### 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section K - Family Structure, Relationships, and Living Arrangements

|      |  | <br> |  |
|------|--|------|--|
| Tape |  |      |  |

Locations Item No. Frequency Items and Codes

| 3347-3348 | 11     |            |               | BROTHERS (INCLUDES                      |  |
|-----------|--------|------------|---------------|---|--|
|           |        |            | STEP/AI       | OOPTED)                                 |  |
|           |        | 2,945      | 00.           | None                                    |  |
|           |        | 6,456      |               | 1-96 brothers                           |  |
|           |        | 0          | 97.           | 97+ brothers                            |  |
|           |        | 171        |               | Not ascertained                         |  |
|           |        | 119        | 99.           | DK or refused                           |  |
| 3349-3350 | 12     |            | LIVING        | SISTERS (INCLUDES                       |  |
|           |        |            | STEP/ADOPTED) |   |  |
|           |        | 2,627      | 00.           | None                                    |  |
|           |        | 6,771      |               | 1-96 sisters                            |  |
|           |        | 0          |               | 97+ sisters                             |  |
|           |        | 165        |               | Not ascertained                         |  |
|           |        | 128        | 99.           | DK or refused                           |  |
| 3351      | Recode |            | LIVING        | CHILDREN/SIBLINGS                       |  |
|           |        | 253        | 0.            | No living children or siblings          |  |
|           |        | 1,105      | 1.            | Living children only                    |  |
|           |        | 1,690      |               | Living siblings only                    |  |
|           |        | 6,469      | 3.            |   |  |
|           |        | 4.7.4      | •             | siblings                                |  |
|           |        | 174        | 9.            | Unknown if living children/<br>siblings |  |
|           |        |            |               |   |  |
| 3352      | 13a    |            | MOTHER        | STILL LIVING                            |  |
|           |        | 3,954      |               | Yes                                     |  |
|           |        | 5,515      |               | No                                      |  |
|           |        | 146        |               | Not ascertained                         |  |
|           |        | 76         | 9.            | DK or refused                           |  |
| 3353      | 13b    |            | FATHER        | STILL LIVING                            |  |
|           |        | 2 (22      |               |   |  |
|           |        | 2,609      | 1.            | Yes                                     |  |
|           |        | 6,770      | 2.            | No<br>Not aggertained                   |  |
|           |        | 150<br>162 | 8.<br>9.      | Not ascertained DK or refused           |  |
|           |        |            |               |   |  |
|           |        |            | -768          | 3-                                      |  |

| Tape<br>Locations | Item No. | Frequency | Items and     | Codes      |
|-------------------|----------|-----------|---------------|------------|
| 3354              | Recode   |           | LIVING STATUS | OF PARENTS |

|             |     | 5,078<br>1,758<br>413<br>2,196<br>27<br>8<br>211 | 0.<br>1.<br>2.<br>3.<br>4.<br>5.<br>9. | Mother living, father dead/unknown Father living, mother dead/unknown Mother and father living Mother dead, father unknown Father dead, mother unknown |
|-------------|-----|--|--|--|
| (3355-3357) | 14a |  |  | CKLY CAN FAMILY MEMBER<br>ERE (NOT SPOUSE/CHILDREN)  |
|             |     | 516  | 000.                                   | No other family  |
| 3355-3356   | 14a |  | NUMBER                                 | OF TIME UNITS  |
|             |     | 516<br>3,628<br>1<br>589<br>4,957                | 00.<br>01-96.<br>97.<br>99.<br>Blank.  | 1-96 minutes, hours, days<br>97+ minutes, hours, days<br>DK, refused, not ascertained  |
| 3357        |     |  | TIME UN                                | NITS   |
|             |     | 516<br>2,124<br>1,138<br>380<br>576<br>4,957     | 0.<br>1.<br>2.<br>3.<br>9.<br>Blank.   | Minutes<br>Hours<br>Days<br>DK, refused, not ascertained   |

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1

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                                   | Items and Codes   |
|-------------------|----------|---|---|
| 3358-3359         | Recode   |   | HOW QUICKLY CAN FAMILY MEMBER (NOT SPOUSE/CHILDREN) GET THERE (HOURS)   |
|                   |          | 2,074<br>1,539<br>16<br>516<br>589<br>4,957 | 00. Less than one hour 01-96. 1-96 hours 97. 97+ hours 98. No other family 99. DK, refused, or not ascertained Blank. NA (Sample Person lives with relatives other than |

| (3360-3362) | 14b |       |         | CEN SEE FAMILY (NOT<br>CHILDREN)   |
|-------------|-----|-------|---------|--|
|             |     | 490   | 000.    | Less than once a year/never  |
| 3360-3361   | 14b |       | NUMBER  | OF TIME UNITS  |
|             |     | 490   | 00.     | Less than once a year/never  |
|             |     | 3,338 | 01-96.  | 1-96 times per day,<br>week, month, year   |
|             |     | 1     | 97.     | 97+ times per day,<br>week, month, year  |
|             |     | 389   | 99.     | DK, refused, not ascertained   |
|             |     | 5,473 | Blank.  | NA (Sample Person lives with relatives other than spouse or with non-relatives; no other family) |
| 3362        |     |       | TIME UN | UITS   |
|             |     | 490   | 0.      | Less than once a year/never  |
|             |     | 403   | 1.      | Day  |
|             |     | 1,139 | 2.      | Week   |
|             |     | 798   | 3.      | Month  |
|             |     | 999   | 4.      | Year   |
|             |     | 389   | 9.      | DK, refused, not ascertained   |
|             |     | 5,473 | Blank.  | NA (Sample Person lives with relatives other than spouse or with non-relatives; no other family) |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                            | Items and Codes  |
|-------------------|----------|--------------------------------------|--|
| 3363-3364         | Recode   |                                      | HOW OFTEN SEE FAMILY<br>(NOT SPOUSE/CHILDREN)<br>(MONTHS)  |
|                   |          | 1,483<br>2,326<br>20<br>389<br>5,473 | 00. Less than once per month 01-90. 1-90 times per month 91. 91+ times per month 99. DK, refused, or not ascertained Blank. NA (Sample Person lives with relatives other than spouse or with non-relatives; no other family) |

| (3365-3367) | 14c |       |         | TEN PHONE CALLS WITH<br>(NOT SPOUSE/CHILDREN)  |
|-------------|-----|-------|---------|--|
|             |     | 367   | 000.    | Less than once a year/never  |
| 3365-3366   | 14c |       | NUMBER  | OF TIME UNITS  |
|             |     | 367   | 00.     | Less than once a year/never  |
|             |     | 3,405 | 01-96.  | 1-96 times per day, week, month, year  |
|             |     | 1     | 97.     | 97+ times per day,<br>week, month, year  |
|             |     | 445   | 99.     | <del>-</del>   |
|             |     | 5,473 | Blank.  |  |
| 3367        |     |       | TIME UN | NITS   |
|             |     | 367   | 0.      | Less than once a year/never  |
|             |     | 694   | 1.      | -  |
|             |     | 1,406 | 2.      |  |
|             |     | 895   | 3.      | Month  |
|             |     | 411   | 4.      | Year   |
|             |     | 445   | 9.      | DK, refused, not ascertained   |
|             |     | 5,473 | Blank.  | NA (Sample Person lives with relatives other than spouse or with non-relatives; no other family) |
| 1           |     |       | -771    |  |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                          | Items and Codes  |
|-------------------|----------|------------------------------------|--|
| 3368-3369         | Recode   | 767<br>2,956<br>50<br>445<br>5,473 | HOW OFTEN TALK ON PHONE WITH FAMILY (NOT SPOUSE/CHILDREN) (MONTHS)  00. Less than once per month 01-90. 1-90 times per month 91. 91+ times per month 99. DK, refused, or not ascertained Blank. NA (Sample Person lives with relatives other than spouse or with non-relatives; no other family) |

| (3370-3372) | 14d |       |         | TEN GET MAIL FROM<br>(NOT SPOUSE/CHILDREN)   |
|-------------|-----|-------|---------|--|
|             |     | 1,733 | 000.    | Less than once a year/never  |
| 3370-3371   | 14d |       | NUMBER  | OF TIME UNITS  |
|             |     | 1,733 | 00.     | Less than once a year/never  |
|             |     | 1,945 | 01-96.  | <b>-</b>   |
|             |     | 0     | 97.     | <del>-</del>   |
|             |     | 540   | 99.     | · •  |
|             |     | 5,473 | Blank.  | ,,   |
| 3372        |     |       | TIME UN | NITS   |
|             |     | 1,733 | 0.      | Less than once a year/never  |
|             |     | 10    | 1.      | Day  |
|             |     | 103   | 2.      | Week   |
|             |     | 453   | 3.      |  |
|             |     | 1,379 | 4.      |  |
|             |     | 540   | 9.      | ,  |
|             |     | 5,473 | Blank.  | NA (Sample Person lives with relatives other than spouse or with non-relatives; no other family) |

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# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

| Tape<br>Locations | Item No. | Frequency                         | Ite                                   | ems and Codes  |
|-------------------|----------|-----------------------------------|---------------------------------------|--|
| 3373-3374         | Recode   |                                   |                                       | CEN GET MAIL FROM FAMILY POUSE/CHILDREN) (MONTHS)      |
|                   |          | 3,080<br>597<br>1<br>540<br>5,473 | 00.<br>01-90.<br>91.<br>99.<br>Blank. | 91+ times per month<br>DK, refused, or not ascertained |

# (NOT SPOUSE/CHILDREN) TO HELP PAY BILLS

| 448<br>8,484<br>178<br>65 | 2.<br>8.<br>9. | Not ascertained<br>DK or refused |
|---------------------------|----------------|----------------------------------|
| 516                       |                | NA (No other family)             |

3376-3380 BLANK

1 -773-

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

# Section P - Interviewer Observations

| Tape<br>Locations | Item No. | Frequency  | Ite   | ems and Codes  |
|-------------------|----------|--|---|--|
| 3381              | Recode   |  | SELF/PR   | ROXY STATUS  |
|                   |          | 7,559<br>970<br>303<br>362<br>102<br>395   | 0.<br>1.<br>2.<br>3.<br>4.<br>9.  | Proxy not in same household<br>Assistant in same household<br>Assistant not in same household  |
| 3382-3383         | 1a       |  | ASSISTA   | ANT'S RELATION TO SP   |
|                   |          | 32<br>200<br>128<br>9<br>10<br>13<br>2<br>0<br>8<br>3<br>16<br>48<br>11<br>9,211 | 00.<br>01.<br>02.<br>03.<br>04.<br>05.<br>06.<br>07.<br>08.<br>09.<br>10.<br>11.<br>98.<br>Blank. | Spouse Son/Daughter Son-in-law/Daughter-in-law Grandchild/Great grandchild Brother/Sister Brother-in-law/Sister-in-law Aunt/Uncle/Cousin Niece/Nephew Other relative Roommate/Friend/Neighbor Other non-relative Not ascertained |

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1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

Section P - Interviewer Observations

| Tape<br>Locations | Item No. | Frequency | Ite                | ms and Codes                                |
|-------------------|----------|-----------|--------------------|---|
| 3384-3385         | 1b       |           | PROXY'S            | RELATIONSHIP TO SP                          |
|                   |          | 178       | 00.                | Parent                                      |
|                   |          | 404       | 01.                | Spouse                                      |
|                   |          | 212       | 02.                | Son/Daughter                                |
|                   |          | 29        | 03.                | Son-in-law/Daughter-in-law                  |
|                   |          | 17        | 04.                | Grandchild/Great grandchild                 |
|                   |          | 56        | 05.                | Brother/Sister                              |
|                   |          | 11        | 06.                | Brother-in-law/Sister-in-law                |
|                   |          | 7         | 07.                | Aunt/Uncle/Cousin                           |
|                   |          | 14        | 08.                | Niece/Nephew                                |
|                   |          | 17        | 09.                | Other relative                              |
|                   |          | 22<br>44  | 10.<br>11.         | Roommate/Friend/Neighbor Other non-relative |
|                   |          | 355       | 98.                | Not ascertained                             |
|                   |          | 8,325     | Blank.             | NA (Self response with and                  |
|                   |          | 0,323     | brank.             | without assistance; not                     |
|                   |          |           |                    | ascertained if self or proxy)               |
| 3386              | 1c       |           | PROXY/A            | SSISTANT LIVES WITH SP                      |
|                   |          | 1,332     | 1.                 | Yes   |
|                   |          | 405       | 2.                 | No  |
|                   |          | 103       | 8.                 | Not ascertained                             |
|                   |          | 6         | 9.                 | DK or refused                               |
|                   |          | 7,845     | Blank.             | NA (Self response                           |
|                   |          |           |                    | without assistance)                         |
| 3387-3396)        | 2(a-j)   |           | PROXY/A<br>BECAUSE | SSISTANT WAS NEEDED                         |
| 3387              | 2a       |           |                    | OSPITALIZED                                 |
| 5507              | 20       |           | DI 10 H            | ODITIABILED                                 |
|                   |          | 32        | 1.                 | Yes   |
|                   |          | 1,365     | 2.                 | No  |
|                   |          | 449       | 8.                 | Not ascertained                             |
|                   |          | 7,845     | Blank.             | NA (Self response without assistance)       |
|                   |          |           | -775               | ·   |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

# Section P - Interviewer Observations

| Tape<br>Locations | Item No. | Frequency | Items and Codes                                 |
|-------------------|----------|-----------|---|
| (3387-3396)       | 2(a-j)   |           | PROXY/ASSISTANT WAS NEEDED BECAUSE: - Continued |

|   | 3388 | 2b | SP IS INSTITUTIONALIZED  |
|---|------|----|--|
|   |      |    | 1. Yes 1,347 2. No 439 8. Not ascertained 7,845 Blank. NA (Self response without assistance)     |
|   | 3389 | 2c | SP HAS HEARING PROBLEM   |
|   |      |    | 279 1. Yes 1,179 2. No 388 8. Not ascertained 7,845 Blank. NA (Self response without assistance) |
|   | 3390 | 2d | SP HAS SPEECH PROBLEM  |
|   |      |    | 147 1. Yes 1,275 2. No 424 8. Not ascertained 7,845 Blank. NA (Self response without assistance) |
|   | 3391 | 2e | SP HAS LANGUAGE PROBLEM  |
|   |      |    | 255 1. Yes 1,181 2. No 410 8. Not ascertained 7,845 Blank. NA (Self response without assistance) |
|   | 3392 | 2f | SP HAS POOR MEMORY,<br>SENILITY, CONFUSION   |
| 1 |      |    | 431 1. Yes 1,044 2. No 371 8. Not ascertained 7,845 Blank. NA (Self response without assistance) |
| 1 |      |    | -776-  |

# 1995 DISABILITY PHASE II ADULT PUBLIC USE FILE

# Section P - Interviewer Observations

| Tape<br>Locations | Item No. | Frequency | Items and Codes                                 |
|-------------------|----------|-----------|---|
| (3387-3396)       | 2(a-j)   |           | PROXY/ASSISTANT WAS NEEDED BECAUSE: - Continued |

| 3393      | 2g | SP                               | HAS                    | ALZHEIMER'S              |
|-----------|----|----------------------------------|------------------------|--------------------------|
|           |    | 62<br>1,338<br>446<br>7,845 Bla  | 1.<br>2.<br>8.<br>ank. | No                       |
| 3394      | 2h | SP                               | HAS                    | OTHER MENTAL CONDITION   |
|           |    | 279<br>1,151<br>416<br>7,845 Bla | 1.<br>2.<br>8.<br>ank. | No<br>Not ascertained    |
| 3395      | 2i | SP                               | HAS                    | OTHER ILLNESS/DISABILITY |
|           |    | 346<br>1,114<br>386<br>7,845 Bla | 1.<br>2.<br>8.<br>ank. | No<br>Not ascertained    |
| 3396      | 2j | OTE                              | HER N                  | ON-HEALTH REASON         |
|           |    | 707<br>820<br>319<br>7,845 Bla   | 1.<br>2.<br>8.<br>ank. | No                       |
| 3397-3400 | -  | - BLA                            | ANK                    |                          |
| 1         |    |                                  | -777                   | -                        |

Notes:

1

-1-

Question Numbers and Tape Location of Identical and Similar Questions for Employment Status Subgroups: Section D (Locations in parentheses)

|                  | 1        | NEVER WORK | ED | NOM MC | RKING |   |   |   |
|------------------|----------|------------|----|--------|-------|---|---|---|
|                  |          |            |    |        |       |   |   |   |
| Question Short W | ording 2 | A          | В  | С      | D     | E | F | G |

| Does HEALTH* Entirely prevent from working                          |         | 2<br>(903)       |            |                 | 2<br>(903) |                        |
|---|---------|------------------|------------|-----------------|------------|------------------------|
| Able to work if accommodations made                                 | 3 (904) | 3<br>(904)       | 3<br>(904) | -               | -          |                        |
| Need special features to work (A) Would (                           |         | 4<br>(905-911)   |            |                 | -          | 22a(1)<br>(1-7)        |
| (B) Do  |         |                  |            |                 |            | 31a(2)<br>(1-7)        |
| Need special equipment, arrang<br>ments to work/do job<br>(A) Would |         | 5<br>(912)       | _          | 13a<br>(941)    | -          |                        |
| (B) Do  |         |                  |            |                 |            | 23a 32<br>(984) (1052) |
| What equipment/arrangements needed(3) (A) Would                     | -       | 13b<br>(942-951) |            | 13b<br>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

(3) if need special equipment in order to work in previous question

1

-2-

Question Numbers and Tape Location of Identical and Similar Questions for Employment Status Subgroups:

Section D (Locations in parentheses)

### NOT WORKING

| Question Short Wording                                  | Н | ΙJ | K | L            | M            | N  | 0  | P  |
|---|---|----|---|--------------|--------------|----|----|----|
| Does HEALTH* Entirely prevent from working (1182)(1182) |   |    |   | 61<br>(1182) | 61<br>(1182) |    | 61 | 61 |
| Able to work if accommodations                          |   |    |   | 62           | 62           | 74 | 74 |    |

<sup>(2)</sup> 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

| made   |                 |  | (1                | 183) (1        | 183)(1231) (1        | 231)             |
|--|-----------------|--|-------------------|----------------|----------------------|------------------|
| Need special features (A) Would                              |                 | 42<br>(1113-1119)                          |                   | 67<br>-1205)   | 79<br>(1247-1253)    |                  |
| (B) Do   |                 |  |                   |                |                      |                  |
| Need special equipment ments too work/do job                 |                 |  |                   | 68a<br>207)    | 80a<br>(1254)        |                  |
|  | (B) Do          |  |                   |                |                      |                  |
| What equipment/arrangenneeded(3) (A) Would                   | ments           | 43b<br>(1121-1130                          |                   | 68b<br>8-1217) | 80b<br>(1255-1264)   |                  |
| (3) if need special question                                 | al equipm       | ment in ord                                | er to wo          | rk in pr       | evious               |                  |
| 1  |                 |  |                   |                |                      | -3-              |
|  | mployment       | tion of Iden<br>Status Sul<br>Cations in p | ogroups:          |                | ar Questions         | for              |
| NEVER  | WORKED          |  |                   |                | NOW WORK             | ING              |
| Question Short A<br>Wording                                  | В               | С  | D                 | E              | F                    | G                |
| What equipment/<br>arrangements<br>needed<br>(cont'd)(B)Do   |                 |  |                   |                | 23b(4)<br>(1-10)     | 33a(5)<br>(1-10) |
| Unpaid 6 volunteer (913) work past 12 months?                | 14<br>(952)     | 6<br>(913)                                 | 14<br>(952)       | 14<br>(952)    | 26b<br>(1022)        | 36b<br>(1089)    |
| No. of days 7 volunteered (914-917) 1093) in past 12 months? | 15<br>(953-956) | 7<br>)(914-917)(!                          | 15<br>953-956)    | 15<br>(953-956 | 26c<br>)(1023-1026)( | 36c<br>1090-     |
| Does HEALTH* limit ability to work                           |                 |  | 8<br>(920)        | 8<br>(920)     |                      |                  |
| Looked for work in past 2 years?                             |                 |  | 9<br>(921)        |                |                      |                  |
| Did not look<br>because: reasons/<br>barriers                |                 | ( !  | 10(6)<br>922-932) |                |                      |                  |

Would you look 11 in next (933)6 months? Does HEALTH\* 17 17 limit kind or (960)(960)amt. of work # of hrs. 18(7) 27 usually work (961-962) (1029-1030) per week (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 -4-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 46 52 55 59 71 past 12 months? (1136) (1151) (1162) (1175) (1223)

No. of days 47 53 56 60 72 volunteered in (1137-1140) (1152-1155) (1163-1166) (1176-1179) (1224-1227)

past 12 months

Does HEALTH\* limit ability to work

Looked for work in past 2 years?

Did not look because: 65 reasons/barriers (1102-1112) (1187-1197)

Would you look in 66 next 6 months? (1198)

Does HEALTH\* limit 38 38 kind or amt. of work (1097) (1097)

# of hrs. usually work per week

1

Question Numbers and Tape Location of Identical and Similar Questions for Employment Status Subgroups: Section D (Locations in parentheses)

NOT WORKING (Cont'd)

N

-5-

Ρ

Question Short Wording 0 M What equipment/arrangements needed (cont'd) (B)Do Unpaid volunteer work past 12 71 83 91 83 months? (1223)(1270)(1270)(1289)

72 No. of days volunteered in past 84 84 92 12 months? (1224-1227) (1271-1274) (1271-1274) (1290-1293)

Does HEALTH\* limit ability to work

Looked for work in past 2 years?

Did not look because: 77 reasons/barriers (1235-1245)

Would you look in next 6 78 88 months? (1246)(1283)

Does HEALTH\* limit kind or 73 73 73 amt. of work (1230)(1230) (1230)

# of hrs. usually work per week

Question Numbers and Tape Location of Identical and Similar Questions for Employment Status Subgroups:

Section D (Locations in parentheses)

|   | NEVER WORKED |   |   |   | NOW WOF | RKING             |                   |
|---|--------------|---|---|---|---------|-------------------|-------------------|
| Question Short Wording                              | А            | В | С | D | E       | F                 | G                 |
| HEALTH* caused change in Kind/<br>Amt./Job<br>1033) |              |   |   |   |         | 19<br>(963-965)   | 28<br>(1031-      |
| HEALTH* make difficult to change jobs               |              |   |   |   |         | 20a<br>(966)      | 29a<br>(1034)     |
| How difficult (very or somewhat)?                   |              |   |   |   |         | 20b<br>(967)      | 29b<br>(1035)     |
| HEALTH* make difficult to advance at job            |              |   |   |   |         | 21a<br>(968)      | 30a<br>(1036)     |
| How difficult (very or somewhat)?                   |              |   |   |   |         | 21b<br>(969)      | 30b<br>(1037)     |
| Have special features at work? (8)                  |              |   |   |   |         | 22b(9)<br>(1-7)   | 31b(10)<br>(1-7)  |
| Have special equipment at work?                     |              |   |   |   |         | 23c(12)<br>(1-10) | 33b(13)<br>(1-10) |

<sup>(8)</sup> if yes needed in previous section of same question

<sup>(9)</sup> Q 22b(1-7) consists of these locations: 971, 973, 975, 977, 979, 981, 983

<sup>(10)</sup> Q 31b(1-7) consists of these locations: 1039, 1041, 1043, 1045, 1047, 1049, 1051

<sup>(11)</sup> if yes needed in previous section of same question

<sup>(12)</sup> Q 23c(1-10) consists of these locations: 986, 988, 990, 992, 994, 996, 998, 1000, 1002, 1004

<sup>(13)</sup> 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

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-

Question Numbers and Tape Location of Identical and Similar Questions for Employment Status Subgroups:

Section D (Locations in parentheses)

<sup>(8)</sup> if yes needed in previous section of same question

<sup>(11)</sup> if yes needed in previous section of same question

Question Short Wording A B C D E F G

Usually get to work 24a/b 34a/b (1006-1016) (1073-1083)

HEALTH\* related fired/laid off/ 25 35 resigned past 5 yrs (1017)

HEALTH\* related job action limits 26a 36a past 5 yrs (1018-1021) (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

-9-

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
 44
 50
 69

 fired/laid off/
 (1131)
 (1146)
 (1218)

 resigned past
 (1218)

resigned past

5 yrs

| HEALTH* related job<br>action limits<br>1222)<br>past 5 yrs | 45<br>(1132-1135) | 51<br>(1147-1150) |                    |               | 70<br>(1219-  |
|---|-------------------|-------------------|--------------------|---------------|---------------|
| Looking for work or on layoff                               | 37<br>(1096)      | 37<br>(1096)      | 37<br>(1096)       | 37<br>(1096)  | 37<br>(1096)  |
| Year stopped working at last job                            | 39<br>(1098-1099) | 48<br>(1143-1144) |                    |               |               |
| Year last worked at<br>a job or business<br>1185)           |                   |                   |                    |               | 63<br>(1184-  |
| HEALTH* difficult to look for work (A)                      | 40<br>(1100)      |                   |                    |               |               |
| (B)Now  |                   | 49<br>(1145)      |                    |               | 64<br>(1186)  |
| Retired on (A) disability                                   |                   |                   | 54a<br>(1158)      | 54a<br>(1158) | 54a<br>(1158) |
| (B)else   |                   |                   |                    | 57a<br>(1169) | 57a<br>(1169) |
| Age when retired on (A) disability                          |                   |                   | 54b<br>(1159-1160) |               |               |
| 1   |                   |                   |                    |               |               |

-10-

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   | М | N            | 0 | Р            |
|--|---|--------------|---|--------------|
| Usually get to work  |   |              |   |              |
| <pre>HEALTH* related fired/laid off/ resigned past 5 yrs</pre> |   | 81<br>(1265) |   | 89<br>(1284) |
| HEALTH* related job action limits                              |   | 82           |   | 90           |

| past 5 yrs<br>1288)                               |               | (1266-1269)       |               | (1285-        |
|---|---------------|-------------------|---------------|---------------|
| Looking for work or on layoff                     | 37<br>(1096)  | 37<br>(1096)      | 37<br>(1096)  | 37<br>(1096)  |
| Year stopped working at last job                  |               |                   |               |               |
| Year last worked at a job or busine 1281)         | ess           | 75<br>(1232-1233) |               | 86<br>(1280-  |
| 1201)   |               |                   |               |               |
| <pre>HEALTH* difficult to look for work (A)</pre> |               | 76(14)<br>(1234)  |               |               |
| (B) Now   |               |                   |               | 87<br>(1282)  |
| Retired on (A) disability                         | 54a<br>(1158) | 54a<br>(1158)     | 54a<br>(1158) | 54a<br>(1158) |
| (B) else  | 57a<br>(1169) | 57a<br>(1169)     | 57a<br>(1169) | 57a<br>(1169) |
| Age when retired on (A) disability                |               |                   |               |               |
| (14) additional words: now mal                    | ke            |                   |               |               |

Question Numbers and Tape Location of Identical and Similar Questions for Employment Status Subgroups:

Section D (Locations in parentheses)

-11-

NEVER WORKING NOT WORKING

Question Short Wording

A B C D E F G H I J K L M N O P

Age when retired on (cont'd) (B) else

Continue working if enough accommodations

HEALTH caused retirement 58 (1174)

-1-

#### Groups:

- A. Never worked\*, prevented by HEALTH from working but could work with if accommodations were made, doesn't need special equipment or arrangements
- B. Never worked\*, prevented by HEALTH from working but could work with if accomodations were made, needs special equipment or arrangements
- C. Never worked\*, prevented by HEALTH from working and could not work even if accommodations were made
- D. Never worked\*, not prevented by HEALTH from working but limited in work
- E. Never worked\*, not prevented by HEALTH from working and not limited in work
- F. Working, limited in kind or amount because of HEALTH
- G. Working, not limited in kind or amount because of HEALTH
- H. Not working, looking for work, limited in kind or amount because of HEALTH
- I. Not working, looking for work, not limited in kind or amount because of HEALTH
- J. Not working, not looking for work, retired on disability
- K. Not working, not looking for work, retired from a job or business
- L. Not working, not looking for work, not retired from a job or business, Entirely prevented by HEALTH from working but could work if accomodations were made
- M. Not working, not looking for work, not retired from a job or business, Entirely prevented by HEALTH from working and could not work even if accomodations were made
- N. Not working, not looking for work, not retired from a job or business, not Entirely prevented by HEALTH from working but limited in kind/amount work, able to work if accomodations were made
- O. Not working, not looking for work, not retired from a job or business, not Entirely prevented by HEALTH from working but limited in kind/amount work, could not work even if accomodations were made
- P. Not working, not looking for work, not retired from a job or business, not Entirely prevented by HEALTH from working and not limited in kind/amount
- \* includes unknown if ever worked

1

#### 1994-95 DISABILITY FOLLOWBACK SURVEY SAMPLE SELECTION

#### SUMMARY OF FLAGGED VARIABLES for Adults

ADULTS
FLAG DESCRIPTION

OVER

F1 = UNABLE TO WORK - WORK MAIN ACTIVITY

F2 = LIMITED IN KIND OR AMT OF WORK - WORK MAIN ACTIVITY

F3 = UNABLE TO DO HOUSEWORK - HWK MAIN ACTIVITY

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 COMUNICATING 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      |
|      | FLAG DESCRIPTION  | Ages 18 and |
| over |   |             |
|      |   | 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           |
|      | 100 GETTING THOORD IN HOME GET HEEL                     | 27          |

|      | 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<br>F74 = GET AROUND INSIDE - A LOT OF DIFF, EXP TO LAST 12+ MO  | <b>a</b> | X      |   |
|      |   |          |        |   |
|      | F75 = BATH-A LOT OF DIFF-NO HELP/REMIND EXP TO LAST 12 MOS  |          |        |   |
|      | 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   |          |        |   |
|      | 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 SUPERVISON  |          | X      |   |
|      | F86 = LIGHT HOUSEWORK - GET HELP OR SUPERVISION (H/S)   |          | X      |   |
|      |   |          | X      |   |
|      | E00 - CHOR EOD DEDCONNI THEMS: N LOT OF DIFF. EVD 12. MOS   |          | X      |   |
|      | F87 = PREPARE MEALS - A LOT OF DIFF, EXP TO LAST 12+ MOS<br>F88 = SHOP FOR PERSONAL ITEMS - A LOT OF DIFF, EXP 12+ MOS<br>F89 = MANAGING MONEY - A LOT OF DIFF, EXP TO LAST 12+ MOS |          |        |   |
|      |   |          |        |   |
|      | 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      |   |
|      | F110 - REACH OF OR OUT ONABLE, NO/DR IF EXF 12 HOS 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<br>X |   |
|      | F113 = HOLD PEN/PENCIL - UNABLE, EXP TO LAST 12+ MOS  |          |        |   |
|      | 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      |   |
| 1    |   |          | -3-    | - |
|      |   |          |        |   |
|      |   |          | ADULTS |   |
|      | FLAG DESCRIPTION  | Ages     | 18 and |   |
| over |   |          |        |   |
|      |   |          | DFS-2  |   |
|      |   |          |        |   |
|      | F121 = CONFUSED   |          | X      |   |
|      | 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      |
|         |   | MEDICATION FOR ONGOING MENTAL DISORDER  | X      |
| F133    | = | MENTAL COND INTERFER WITH GETTING/KEEPING JOB   | Х      |
| F134    | = | GO TO SHELTERED WORKSHOP, ETC. TO DEV SKILLS GO TO A DAY ACTIVITY CENTER DURING WORK HOURS GET PHYS THERAPY FOR COND EXP TO LAST 12+ MOS GET OCCUP THERAPY FOR COND EXP TO LAST 12+ MOS | Х      |
| F135    | = | GO TO A DAY ACTIVITY CENTER DURING WORK HOURS   | Х      |
| F136    | = | GET PHYS THERAPY FOR COND EXP TO LAST 12+ MOS   | Х      |
| F137    | = | GET OCCUP THERAPY FOR COND EXP TO LAST 12+ MOS  | Х      |
|         |   | USE VOCATIONAL REHABILITATION SERVICES  | Х      |
| F139    | = | HAVE A CASE MANAGER   | Х      |
|         |   | NEED BUT DID NOT HAVE CASE MANAGER  | Х      |
|         |   | HAVE A COURT APPOINTED LEGAL GUARDIAN   | X      |
|         |   | RESPONDENT PERCEIVED DISABILITYSELF OR FAMILY   | X      |
|         |   | OTHERS PERCEIVED DISABILITY OF ANYONE IN FAMILY   | Х      |
|         |   |   | X      |
| F196    | = | TROUBLE HEARING W HEARING AID, COND EXP 12+ MOS   | Х      |
|         |   | CAN'T HEAR LOUD NOISES, NO AID, COND EXP 12+ MOS  | X      |
|         |   | USE ASSISTIVE DEVICE FOR HEARING IMPAIRMENT   | Х      |
|         |   | DEFN OF BLIND INCLUDES FLAGS 28, 19, OR 195   | Х      |
| F200    | = | DEEN OF DEAF INCLIDES FLAGS 196, 197 OR 198   | X      |
| F201    | = | COMPOSITE VARIABLE BATHING DIFF ONSET AGE <22   | Х      |
| F201    | _ | COMPOSITE VARIABLE, BATHING DIFF, ONSET AGE <22<br>COMPOSITE VAR, DRESSING DIFF W ONSET AGE <22   | X      |
|         |   | COMPOSITE VAR, EATING DIFF W ONSET AGE <22  | X      |
|         |   | COMP VAR, DIFF W BED/CHAIR W ONSET AGE <22  | X      |
| F205    | _ | COMP VAR DIFF TOILFTING W ONSET AGE <22   | X      |
| F205    | _ | COMP VAR, DIFF GET ARND INSIDE, ONSET AGE <22   | X      |
|         |   | COMP VAR, DIFF ONE AND INCIDE, ONSET AGE <22  | X      |
|         |   | COMP VAR, DIFF SHOPPING, ONSET AGE <22  | X      |
|         |   | COMP VAR, DIFF W MONEY MGT, ONSET AGE <22   | X      |
|         |   | COMP VAR, DIFF W MONEY MOT, ONSET AGE <22   | X      |
| F210    | _ | COMP VAR, DIFF W HEAVY HOUSEWORK, ONSET AGE <22   | X      |
|         |   | COMP VAR, DIFF W LIGHT HOUSEWORK, ONSET AGE <22   | X      |
|         |   | COMP VAR, SOME DIFF BATHING EXP TO LAST 12+ MOS   | X      |
|         |   | COMP VAR, SOME DIFF DRESSING EXP TO LAST 12+ MOS  | X      |
|         |   | COMP VAR, SOME DIFF EATING EXP TO LAST 12+ MOS  | X      |
|         |   | COMP VAR, SOME DIFF EATING EXP TO LAST 12+ MOS  |        |
|         |   | COMP VAR, SOME DIFF W BED/CHAIR EAF TO LAST 12+ MOS  COMP VAR, SOME DIFF TOILETING EXP TO LAST 12+ MOS  | X<br>X |
|         |   | COMP VAR, SOME DIFF TOTALETING EXP TO LAST 12+ MOS  | X      |
|         |   | COMP VAR, SOME DIFF GET ARNO EXP TO LAST 12+ MOS  COMP VAR, SOME DIFF PREP MEALS EXP TO LAST 12+ MOS  | X      |
|         |   | COMP VAR, SOME DIFF PREP MEALS EXP TO LAST 12+ MOS  COMP VAR, SOME DIFF SHOPPING EXP TO LAST 12+ MOS  | X      |
|         |   | COMP VAR, SOME DIFF SHOPPING EXP TO LAST 12+ MOS  COMP VAR, SOME DIFF MONEY MGT EXP TO LAST 12+ MOS   |        |
|         |   | ·   | X      |
|         |   | COMP VAR, SOME DIFF USING PHON EXP TO LAST 12+ MOS  | X      |
|         |   | COMP VAR, SOME DIFF HEAVY HOUSEWORK EXP 12+ MOS   | X      |
|         |   | COMP VAR, SOME DIFF LIGHT HOUSEWORK EXP 12+ MOS   |        |
|         |   | COMP VAR, LIFT DIFF ONSET <22 OR UNABLE EXP 12+ MOS   | X      |
|         |   | COMP VAR, WALK STEPS DIFF ONSET <22, UNABLE 12+ MOS   | X      |
| F Z Z / | = | COMP VAR, WALK 1/4 MI DIFF ONSET <22, UNABLE 12+ MOS  | Х      |

-> indicates entry into or re-entry from skip pattern or skipped questions

| Question<br>Number | Yes       | No           | All    | Other | From<br>(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<br>13b     |
| Q15                |           |              | END    |       |                   |
| ->Q16              | Q17       | +Unk->Q37    |        |       | Q1                |
| Q17                | Q18-19    | +Unk->Q27-28 |        |       |                   |

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Question flow: Adult Work History Section D: -> indicates entry into or re-entry from skip pattern or skipped questions

| Question<br>Number | Yes  | No         | All  | Other | From<br>(if skip) |
|--------------------|------|------------|------|-------|-------------------|
| Q18-19             |      |            | Q20a |       |                   |
| Q20a               | Q20b | +Unk->Q21a |      |       |                   |

|    | Q20b            |                            |                      | Q21a    |                                    |                   |
|----|-----------------|----------------------------|----------------------|---------|------------------------------------|-------------------|
|    | ->Q21a          | Q21b                       | +Unk->Q22a           |         |                                    | Q20a+20b          |
|    | Q21b            |                            |                      | Q22a    |                                    |                   |
|    | ->Q22a<br>(1-7) | Each (1-7)<br>Q22b (1-7)   | +Unk Each next Q 22a | Q23a    |                                    | Q21a+21b          |
|    | Q23a            | Q23b (1-10)                | +Unk->Q24a           |         |                                    |                   |
|    | Q23b            | Each (1-10)<br>Q23c (1-10) |                      | Q24a    |                                    |                   |
|    | ->Q24a          |                            |                      |         | Car (01) Q24b<br>Else->q25-<br>26a | Q23a+23c          |
|    | Q24b            |                            |                      | Q25-26a |                                    |                   |
|    | ->Q25-26a       |                            |                      | Q26b    |                                    | Q24a not<br>equal |
| 01 | +               |                            |                      |         |                                    | Q24b              |
|    | Q26b            | Q26c                       | +Unk END             |         |                                    |                   |
|    | Q26c            |                            |                      | END     |                                    |                   |
|    | ->Q27-28        |                            |                      | Q29a    |                                    | Q17               |
| 1  |                 |                            |                      |         |                                    |                   |

Question flow: Adult Work History Section D:
-> indicates entry into or re-entry from skip pattern or skipped questions

-3-

| Question<br>Number | Yes                 | No                     | All  | Other | From<br>(if skip) |
|--------------------|---------------------|------------------------|------|-------|-------------------|
| Q29a               | Q29b                | +Unk->Q30a             |      |       |                   |
| Q29b               |                     |                        | Q30a |       |                   |
| ->Q30a             | Q30b                | +Unk->Q31a             |      |       | Q29a+29b          |
| Q30b               |                     |                        | Q31a |       |                   |
| ->Q31a<br>(1-7)    | Each (1-7)<br>Q31b  | +Unk Each<br>next Q31a | Q32  |       | Q30a+30b          |
| Q32                | Q33a                | +Unk->Q34a             |      |       |                   |
| Q33a<br>(1-10)     | Each (1-10)<br>Q33b | +Unk Each<br>next Q33a | Q34a |       |                   |

|     | ->Q34a    |        |            |         | Car(01)Q34b<br>Else->Q35-<br>36a | Q32+33b           |
|-----|-----------|--------|------------|---------|----------------------------------|-------------------|
| 0.1 | Q34b      |        |            | Q35-36a |                                  | Q34a not<br>equal |
| 01  | +         |        |            |         |                                  | Q34b              |
|     | ->Q35-36a |        |            | Q36b    |                                  |                   |
|     | Q36b      | Q36c   | +Unk END   |         |                                  |                   |
|     | Q36c      |        |            | END     |                                  |                   |
|     | ->Q37     | Q38    | +Unk->Q54a |         |                                  | Q16               |
|     | Q38       | Q39-42 | ->Q48-49   |         |                                  |                   |
| 1   |           |        |            |         |                                  |                   |

Question flow: Adult Work History Section D:
-> indicates entry into or re-entry from skip pattern or skipped questions

-4-

| Question<br>Number                  | Yes  | No                                    | All                                    | Other                             | From<br>(if skip) |
|-------------------------------------|------|---------------------------------------|--|-----------------------------------|-------------------|
| Q39-42                              |      |                                       | Q43a                                   |                                   |                   |
| Q43a                                | Q43b | +Unk->Check Item<br>D1 (Yr last worke | ed)                                    |                                   |                   |
| Q43b                                |      |                                       | ->Check<br>Item D1 (Yr<br>last worked) |                                   |                   |
| Check Item<br>D1 (Yr las<br>worked) |      |                                       |  | >1989+Unk<br>Q44-45<br><1989->Q46 |                   |
| Q44-45                              |      |                                       | Q46                                    |                                   |                   |
| ->Q46<br>Item                       | Q47  | +Unk END                              |  |                                   | Check             |
| LCelli                              |      |                                       |  |                                   | D1+<br>Q44-45     |
| Q47                                 |      |                                       | END                                    |                                   |                   |
| ->Q48-49                            |      |                                       | Check Item<br>D2 (Yr last<br>worked)   |                                   | Q38               |

| Check It<br>D2 (Yr 1<br>worked) |     |          |     | >1989+Unk<br>Q50-51<br><1989->Q52 |               |
|---------------------------------|-----|----------|-----|-----------------------------------|---------------|
| Q50-51                          |     |          | Q52 |                                   |               |
| ->Q52<br>Item                   | Q53 | +Unk END |     |                                   | Check         |
| rcem                            |     |          |     |                                   | D2+<br>Q50+51 |
| 1                               |     |          |     |                                   |               |

Question flow: Adult Work History Section D:
-> indicates entry into or re-entry from skip pattern or skipped questions

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Question All Other Yes No From Number (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->Q71Q63-67 Q68a Q68b +Unk->Check Q68a Item D3 (Yr last worked) Q68b Check Item D3 (Yr last worked)

Question flow: Adult Work History Section D:
-> indicates entry into or re-entry from skip pattern or skipped questions

| Question<br>Number                  | Yes    | No   | All                                  | Other                            | From<br>(if skip) |
|-------------------------------------|--------|--|--------------------------------------|----------------------------------|-------------------|
| Check Item<br>D3 (Yr las<br>worked) |        |  |                                      | >1989+Unk<br>Q69-70<br><1989->Q7 | 1                 |
| Q69-70                              |        |  | Q71                                  |                                  |                   |
| ->Q71<br>Q62+Check                  | Q72    | +Unk END                                   |                                      |                                  |                   |
| D3+Q                                |        |  |                                      |                                  | Item              |
| Q72                                 |        |  | END                                  |                                  | 69-70             |
| ->Q73                               | Q74    | +Unk->Q85-86                               |                                      |                                  | Q61               |
| Q74                                 | Q75-79 | +Unk->Q83                                  |                                      |                                  |                   |
| Q75-79                              |        |  | Q80a                                 |                                  |                   |
| Q80a                                | Q80b   | +Unk->Check<br>Item D4 (Yr<br>last worked) |                                      |                                  |                   |
| Q80b                                |        |  | Check Item<br>D4 (Yr last<br>worked) |                                  |                   |
| Check Item<br>D4 (Yr las<br>worked) |        |  | >1989+Unk<br>Q81-82<br><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<br>Number | Yes | No       | All | Other | From<br>(if skip) |
|--------------------|-----|----------|-----|-------|-------------------|
| ->Q83              | Q84 | +Unk END |     |       | Q74+Q81-          |

|                      |                                      |   |   |   |   | 02            |
|----------------------|--------------------------------------|---|---|---|---|---------------|
|                      | Q84                                  |   |   | END                                       |   |               |
|                      | ->Q85-86                             |   |   | Check Item<br>D5 (Yr las<br>worked)       |   | Q73           |
|                      | Check Item<br>D5 (Yr last<br>worked) |   |   |   | >1989+Unk<br>Q87-90<br><1989->Q91<br>-> |               |
|                      | Q87-90                               |   |   | Q91                                       |   |               |
| T+ a                 | ->Q91                                | Q92   | +Unk END  |   |   | Check         |
| Ite                  | <b>:</b> !!!                         |   |   |   |   | D5+<br>Q87-90 |
|                      | Q92                                  |   |   | END                                       |   |               |
| 1<br>1               |                                      |   |   |   |   |               |
|                      |                                      |   |   |   |   |               |
|                      |                                      | for Question  | ON LIST CODES - MAG<br>us H14 & H28 in DFS<br>us G14 & G26 in DFS   | S-2 (pp.42 a                              | nd 50)                                  |               |
| 01                   | Old Age                              |   |   |   |   |               |
| 02                   | HIV or h<br>AIDS rel<br>inc<br>pne   | uman immunode<br>ated condition<br>luding pneumo<br>umonia, cache | ennodeficiency syndreficiency virus dis<br>eficiency virus dis<br>en(s) (ARC),<br>ecystosis or Pneumo<br>exia, wasting syndreficiency<br>eosi's sarcoma, or | sease, or<br>ocystis cari<br>rome, malnut | rition                                  |               |
| 03                   |                                      | any site or t<br>luding meland                                    |   |   |   |               |
| 04<br>05<br>06<br>07 | Aneurism Angina, Arterial inc        | ve Heart Fail<br>chest pains<br>disease<br>luding clogge          | ory/Vascular condit<br>ure<br>ed, hardened, or bl<br>sis, high cholester  | locked arter                              | ies,                                    |               |
| 08<br>09<br>10       | Coronary Heart at Heart co           | heart diseas<br>tack or myoca<br>ndition                          | se<br>ordial infarction   |   |   |               |
| 11<br>12             | 2 Stroke o                           |   | blood pressure<br>cular accident, tra   | ansient isch                              | emic                                    |               |
| 13<br>14             | 3 Varicose                           | veins   | s, embolism, deep   | vein thromb                               | osis,                                   |               |

thromboembolism, thrombosis

- 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

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depression, paranoia, delusional disorder(s), personality disorder(s), schizophrenia, stress, anxiety, panic attacks, phobias, sleep disorders, hallucinations -3-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) Missing 42 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 Missina Other, unspecified including weakness and paralysis 49 Head 50 Injury 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)

1

55

56

57

58

Neck

Missing

Break(s) or fracture(s)

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Other, unspecified including weakness and paralysis

Other, unspecified including weakness and paralysis

# 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)
- 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

- 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

1

CONDITION LIST CODES - MAJOR CATEGORIES for Questions H14 & H28 in DFS-2 (pp.42 and 50)

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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 Difficulty seeing 83 84 Cataracts 85 Glaucoma Vision conditions, other and/or unspecified 86 87 Speech disorder(s) 88 Substance abuse, alcohol or drug abuse or addiction Surgery or operations, effects as a result of 89 90 Multiple Chemical Sensitivity 98 Other Condition DK or Refused 99

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APPENDIX B

|                              |       | INDUSTRY RECODES OUTLINE                   | Revised in 1995               |
|------------------------------|-------|--|-------------------------------|
| Reco                         | des   |  |                               |
| No. 1<br>Chrs.<br>80-81      | Chrs. | Industry Title                             | SIC Code*                     |
| 01                           | 01    | AGRICULTURE                                | 01-02,071-072,074-<br>076,078 |
| 02                           | 01    | FORESTRY AND FISHERIES                     | 08-09                         |
| 10                           | 02    | MINING                                     | 10,12-14                      |
| 20                           | 03    | CONSTRUCTION                               | 15-17                         |
| (30-34,<br>40-46)<br>(30-34) | (04)  | MANUFACTURING: NONDURABLE GOODS            |                               |
| 30                           | 04    | Food and kindred products                  | 201-209                       |
| 31                           | 04    | Textile mill and finished textile products | 221-229,231-239               |
| 32                           | 04    | Printing, publishing and                   | 271-279                       |

| al: |  |  |  |  |
|-----|--|--|--|--|
|     |  |  |  |  |
|     |  |  |  |  |

| 33 | 04 | Chemicals and allied products | 281-287,289  |
|----|----|-------------------------------|--|
| 34 | 04 | Other nondurable goods        | 21,261-263,265,267,<br>291,295,299,301-<br>306,308,311,313-<br>317,319 |

\*Standard Industrial Classification

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# APPENDIX B

|                         |       | INDUSTRY RECODES OUTLINE                        | Revised in 1995  |
|-------------------------|-------|---|--|
| Reco                    | des   |   |  |
| No. 1<br>Chrs.<br>80-81 | Chrs. | Industry Title                                  | SIC Code*  |
| (30-34,<br>40-46)       |       | MANUFACTURING: - continued                      |  |
| (40-46)                 |       | DURABLE GOODS                                   |  |
| 40                      | 04    | Furniture, lumber and wood                      | 241-245,249,25   |
| 41                      | 04    | Primary metal industries                        | 331-332,334,3331,<br>3334,3339,3351,<br>3353-3357,3363-<br>3366,3369,339 |
| 42                      | 04    | Fabricated metal industries, including ordnance | 341-349  |
| 43                      | 04    | Machinery, except electrical                    | 351-359  |
| 44                      | 04    | Electrical machinery, equipment and supplies    | 361-367,369  |
| 45                      | 04    | Transportation equipment                        | 371-376,379  |
| 46                      | 04    | Other and not specified durable goods           | 321-329,381-382,<br>384-387,39   |

<sup>\*</sup>Standard Industrial Classification

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APPENDIX B

|         | INDUSTRY REC | ODES OUTLINE | Revised in 1995 |
|---------|--------------|--------------|-----------------|
| D d     |              |              |                 |
| Recodes |              |              |                 |

| Reco                    | des  |                                  |                 |
|-------------------------|------|----------------------------------|-----------------|
| No. 1<br>Chrs.<br>80-81 |      | Industry Title                   | SIC Code*       |
| (50-54)                 | (05) | TRANSPORTATION, COMMUNICATI      | ONS             |
| 50                      | 05   | Railroads                        | 40              |
| 51                      | 05   | Trucking service and warehousing | 421-423         |
| 52                      | 05   | Other transportation             | 41,43-47        |
| 53                      | 05   | Communications                   | 481-484,489     |
| 54                      | 05   | Utilities and sanitary           | 491-497         |
| 60                      | 06   | WHOLESALE TRADE                  | 501-509,511-519 |
|                         |      |                                  |                 |

<sup>\*</sup>Standard Industrial Classification

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APPENDIX B

INDUSTRY RECODES OUTLINE Revised in 1995

| Reco    | les                     |  |   |
|---------|-------------------------|--|---|
| Chrs.   | No. 2<br>Chrs.<br>82-83 | Industry Title                           | SIC Code*                                 |
| (61-65) | (07)                    | RETAIL TRADE                             |   |
| 61      | 07                      | General merchandise stores               | 531,533,539                               |
| 62      | 07                      | Food, bakery and dairy stores            | 541-546,549                               |
| 63      | 07                      | Automotive dealers and gasoline stations | 551-557,559                               |
| 64      | 07                      | Eating and drinking places               | 58  |
| 65      | 07                      | Other and not specified retail trade     | 521,523,525-527,56,<br>571-572,5731,5734- |

| (70-71) | (08) | FINANCE, INSURANCE, AND REA               | L        |
|---------|------|---|----------|
| 70      | 08   | Banking and credit agencies               | 60-61    |
| 71      | 08   | Insurance, real estate, and other finance | 62-65,67 |

<sup>\*</sup>Standard Industrial Classification

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# APPENDIX B

INDUSTRY RECODES OUTLINE Revised in 1995 Recodes \_\_\_\_\_ No. 1 No. 2 Chrs. Chrs. Industry Title SIC Code\* 80-81 82-83 (75-85) (09-12)SERVICES: (75-76) (09)BUSINESS AND REPAIR SERVICES 75 09 Business services 731-738,751,752, 7542 76 09 753,7549,762-764, Repair services 7692,7694,7699 (77-78) (10)PERSONAL SERVICES 77 10 Private households 88 78 10 Other personal services 701-704,721-726,729 79 11 ENTERTAINMENT AND 781-784,791-794,799 RECREATION SERVICES PROFESSIONAL AND RELATED (80-85) (12)SERVICES 80 806 12 Hospitals 801-803,8041-8043, 81 12 Health services, except hospitals 8049,805,807-809 82 12 Elementary and secondary 821-822 schools and colleges

| 83 | 12 | Other educational services                              | 823-824,829                            |
|----|----|---|--|
| 84 | 12 | Social services, religious and membership organizations | 832-833,835-836,<br>839,84,861-866,869 |
| 85 | 12 | Legal, engineering and other professional services      | 81,871-874,899                         |

<sup>\*</sup>Standard Industrial Classification

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# APPENDIX B

INDUSTRY RECODES OUTLINE Revised in 1995

| Reco           | des                     |  |                   |
|----------------|-------------------------|--|-------------------|
| No. 1<br>Chrs. | No. 2<br>Chrs.<br>82-83 | Industry Title   | SIC Code*         |
| 90             | 13                      | PUBLIC ADMINISTRATION  | 911-913,919,92-97 |
| 95             | 14                      | UNKNOWN INDUSTRY<br>(Includes never worked)  | -                 |
| 96             | 14                      | REFUSED, CLASSIFIED, ETC.  |                   |
| 97             | 15                      | NOT IN LABOR FORCE - codes and 8 in current activity r (loc. 75) (Under 18 or 18+ not in Labor Force). | recode            |
| 98             | 16                      | ARMED FORCES (excludes Rese<br>and National Guard)   | erves             |

<sup>\*</sup>Standard Industrial Classification

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# APPENDIX B

### INDUSTRY RECODE TITLES

| Code | Titles | Recode No. 1<br>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           |
| 1 | 16 | ARMED FORCES   | 98           |
| _ |    |  |              |
| 1 |    |  |              |

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# APPENDIX C

OCCUPATION RECODE OUTLINE Revised in 1995

| Recod                   | les                     |   |   |
|-------------------------|-------------------------|---|---|
| No. 1<br>Chrs.<br>87-88 | No. 2<br>Chrs.<br>89-90 | Occupation Title  | SOC Code*   |
| (01-03)                 | (01)                    | EXECUTIVE, ADMINISTRATIVE, AND MANAGERIAL OCCUPATIONS     | -   |
| 01                      | 01                      | Officials and administrators, public administration       | 111-113   |
| 02                      | 01                      | Managers and administrators, except public administration | 121-128,131-<br>1344,1351-<br>1354,1359,<br>136-139 |

| 03 | 01 | Management | related | occupatio | 1412,1414-1415,<br>1419,142-143,<br>1442-1443,1449,<br>145,1472-<br>1473,149 |
|----|----|------------|---------|-----------|--|
|    |    |            |         |           |  |

\*Standard Occupational Classification

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C-2

# APPENDIX C

| OCCUPATION | RECODE | OUTLINE | Revised | in | 1995 |
|------------|--------|---------|---------|----|------|
|            |        |         |         |    |      |

| Recod                   | les                     |  |   |
|-------------------------|-------------------------|--|---|
| No. 1<br>Chrs.<br>87-88 | No. 2<br>Chrs.<br>89-90 | Occupation Title                             | SOC Code*   |
| (04-11)                 | (02)                    | PROFESSIONAL SPECIALTY OCCUPATIONS           | -   |
| 04                      | 02                      | Engineers                                    | 1622-1628,1632-<br>1637,1639  |
| 05                      | 02                      | Architects and surveyors                     | 161,164   |
| 06                      | 02                      | Natural mathematical and computer scientists | 171-172,1732-<br>1733,1739,<br>1842-1843,<br>1845-1847,1849,<br>1852-1855                           |
| 07                      | 02                      | Health diagnosing occupations                | 261-262,27,281,<br>283,289  |
| 08                      | 02                      | Health assessment and treating occupations   | 29,301-302,<br>3031-3034,3039,<br>304   |
| 09                      | 02                      | Teachers, librarians and Counselors          | 2212-2218,<br>2222-2228,<br>2231-2238,<br>2242-2247,<br>2249,231-233,<br>235,236,239,24,<br>251,252 |
| 10                      | 02                      | Writers, artists, entertainers and athletes  | 34,321-329,<br>331-333,398  |
| 11                      | 02                      | Other professional specialty occupations     | 1912-1916,<br>1919,192,<br>2032-2033,<br>2042,2049,<br>211-212                                      |

\*Standard Occupational Classification.

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# APPENDIX C

|                         |                         | OCCUPATION RECODE OUTLINE                      | Revised in 1995  |
|-------------------------|-------------------------|--|--|
| Reco                    |                         |  |  |
| No. 1<br>Chrs.<br>87-88 | No. 2<br>Chrs.<br>89-90 | Occupation Title                               | SOC Code*  |
| (12-13)                 | (03)                    | TECHNICIANS AND RELATED SUPPORT OCCUPATIONS    | -  |
| 12                      | 03                      | Health technologists and technicians           | 362-366,369  |
| 13                      | 03                      | Technologists, technicians except health       | 3711-3713,3719,<br>372-373,382,<br>3831-3833,<br>384,389,<br>392-393,396,<br>3971-3972,<br>3974,399, |
| (14-16)                 | (04)                    | SALES OCCUPATIONS                              | -  |
| 14                      | 04                      | Supervisors and proprietors                    | 40   |
| 15                      | 04                      | Sales representatives, commodities and finance | 4122-4124,<br>4152-4153,<br>421,423-424  |
| 16                      | 04                      | Other sales                                    | 4342-4348,4351-<br>4354,4356,4359,<br>4362-4367,4369,<br>444-447,449                                 |

<sup>\*</sup>Standard Occupational Classification

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C-4

# APPENDIX C

| Reco  | odes    |   |         |  |
|-------|---------|---|---------|--|
|       |         |   |         |  |
| No. 1 | No. 2   |   |         |  |
| Olo   | Observe | O | 4-1-000 |  |

OCCUPATION RECODE OUTLINE Revised in 1995

Chrs. Chrs. Occupation Title SOC Code\* 87-88 89-90

| (17-21) | (05) | ADMINISTRATIVE SUPPORT OCCUPATIONS, INCLUDING CLERICAL | -   |
|---------|------|--|---|
| 17      | 05   | Computer equipment operators                           | 4612-4613   |
| 18      | 05   | Secretaries, stenographers and typists                 | 4622-4624   |
| 19      | 05   | Financial records processing occupations               | 4712-4713,<br>4715-4716,<br>4718  |
| 20      | 05   | Mail and message distributing                          | 4742-4745   |
| 21      | 05   | Other administrative support                           | 4511-4514,4516,<br>4519,4521-4529,<br>463,4642-4645,<br>4649,4662-4664,<br>4692,4694,4696,<br>4699,4722-4723,<br>4729,4732-4733,<br>4739,4751-4759,<br>4782-4784,4786-<br>4787,4791-4795,<br>4799 |
| 22      | 06   | Private household occupations                          | 502-507,509   |

<sup>\*</sup>Standard Occupational Classification.

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# APPENDIX C

OCCUPATION RECODE OUTLINE Revised in 1995

|                         |       | Occornition RECODE COTEINE                           | nevibea in 1993                       |
|-------------------------|-------|--|---------------------------------------|
| Recod                   | des   |  |                                       |
| No. 1<br>Chrs.<br>87-88 | Chrs. | Occupation Title                                     | SOC Code*                             |
| (23-24)                 | (07)  | PROTECTIVE SERVICE OCCUPATIONS                       |                                       |
| 23                      | 07    | Police and firefighters                              | 5111-5112,<br>5122-5123,<br>5132-5134 |
| 24                      | 07    | Other protective service occupations                 | 5113,5142,5144,<br>5149               |
| (25-28)                 | (08)  | SERVICE OCCUPATIONS, EXCEPT PROTECTIVE AND HOUSEHOLD |                                       |
| 25                      | 08    | Food service   | 5211-5219                             |

| 26      | 08   | Health service                              | 5232-5233,5236                             |
|---------|------|---|--|
| 27      | 08   | Cleaning and building service               | 5241-5242,<br>5244-5246,5249               |
| 28      | 08   | Personal service                            | 5251-5258,5262-<br>5264,5269               |
| (29-31) | (09) | FARMING, FORESTRY AND FISHING OCCUPATIONS   |  |
| 29      | 09   | Farm operators and managers                 | 5512-5515,5522-<br>5525                    |
| 30      | 09   | Farm workers and other agricultural workers | 5611-5619,<br>5621-5622,<br>5624-5625,5627 |
| 31      | 09   | Forestry and fishing occupations            | 571-573,579,<br>583-584,8241(pt.)          |

<sup>\*</sup>Standard Occupational Classification.

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# APPENDIX C

|                         |                         | OCCUPATION RECODE OUTLINE                          | Revised in 1995  |
|-------------------------|-------------------------|--|--|
| Recod                   | les                     |  |  |
| No. 1<br>Chrs.<br>87-88 | No. 2<br>Chrs.<br>89-90 | Occupation Title                                   | SOC Code*  |
| (32-34)                 | (10)                    | PRECISION PRODUCTION, CRAFT AND REPAIR OCCUPATIONS |  |
| 32                      | 10                      | Mechanics and repairers                            | 60,6111-6118,<br>613-614,6151-<br>6159,616,6171-<br>6179   |
| 33                      | 10                      | Construction and extractive trades                 | 6311-6316,6318,<br>632,6412-<br>6414(pt.),6422,<br>6424,6432-6433,<br>6442-6444,645,<br>6462-6468,6472-<br>6476,6479,652-<br>654,656 |
| 34                      | 10                      | Precision production occupations                   | 67,71,<br>6811-6814,<br>6816-6817,<br>6821-6824,<br>6829,6831-6832,  |

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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
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\*Standard Occupational Classification

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### APPENDIX C

# OCCUPATION RECODE OUTLINE

Revised in 1995

|                         |                         | 00001111011 1120022 00121112                      | 11071200 111 1990   |
|-------------------------|-------------------------|---|---|
| Reco                    | les                     |   |   |
| No. 1<br>Chrs.<br>87-88 | No. 2<br>Chrs.<br>89-90 | Occupation Title                                  | SOC Code*   |
|                         |                         | OPERATORS, FABRICATORS AND LABORERS               |   |
| (35-36)                 | (11)                    | MACHINE OPERATORS, ASSEMBLERS AND INSPECTORS      |   |
| 35                      | 11                      | Machine operators and tenderers, except precision | 6841-6842,6849, 6855,6863,6868, 7312-7319,7322, 7324,7326,7329, 7339,7342-7344, 7349,7431-7435, 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                      | Fabricators, assemblers, inspectors and samplers  | 7332-7333,7532-<br>7533,7714,7717,<br>72,774,7753-<br>7759,782-785,787  |

\*Standard Occupational Classification

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# APPENDIX C

|                         |      | OCCUPATION RECODE OUTLINE                             | Revised in 1995   |
|-------------------------|------|---|---|
| Recod                   | les  |   |   |
| No. 1<br>Chrs.<br>87-88 |      | Occupation Title                                      | SOC Code*   |
| (37-39)                 | (12) | TRANSPORTATION AND MATERIAL MOVING OCCUPATIONS        |   |
| 37                      | 12   | Motor vehicle operators                               | 8111,8212-8216,<br>8218-8219,874  |
| 38                      | 12   | Other transportation, except motor vehicles           | 8113,8232-8233,<br>8239,8241(pt.),<br>8242-8245                           |
| 39                      | 12   | Material moving equipment operators                   | 812,8312-8319   |
| (40-41)                 | (13) | HANDLERS, EQUIPMENT CLEANERS,<br>HELPERS AND LABORERS |   |
| 40                      | 13   | Construction laborers                                 | 871   |
| 41                      | 13   | Freight, stock and material handlers                  | 85,861-863,<br>8641-8646,<br>8648,865,<br>8722-8726,873,<br>875,8761,8769 |

<sup>\*</sup>Standard Occupational Classification 1

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APPENDIX C

|                         |                         | OCCUPATION RECODE OUTLINE                  | Revised in 1995 |
|-------------------------|-------------------------|--|-----------------|
| Recodes                 |                         |  |                 |
| No. 1<br>Chrs.<br>87-88 | No. 2<br>Chrs.<br>89-90 | Occupation Title                           | SOC Code*       |
| 95                      | 14                      | UNKNOWN OCCUPATION (Includes never worked) |                 |

| 98 | 16 | MILITARY  |
|----|----|---|
| 97 | 15 | NOT IN LABOR FORCE - codes Blank and 8 in current activity recode (Loc. 75). (Under 18 or 18+ and Not in Labor Force) |
| 96 | 14 | REFUSED, CLASSIFIED, ETC.   |

<sup>\*</sup>Standard Occupational Classification

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# APPENDIX C

# OCCUPATION RECODE TITLES

| Code | Titles   | Recode No. 1<br>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 OCCUPATION | ONS                        |
| 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    |