

FORM **DFS-2**
(4-21-95)

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

Notice - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer; ATTN: PRA (0920-0214); Hubert H. Humphrey Bldg. RM 737-F; 200 Independence Ave., SW; Washington, DC 20201.

DISABILITY FOLLOWBACK SURVEY

(NHIS PHASE II)

ADULT'S QUESTIONNAIRE

RT 31
3-7
8

RT 37
3-4

Part I - CALL RECORD

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

Part II - STATUS

A. Final Status 20-21 Interview 01 <input type="checkbox"/> Complete 02 <input type="checkbox"/> Partial (Explain in Notes) Noninterview 03 <input type="checkbox"/> SP refused 04 <input type="checkbox"/> Proxy refused 05 <input type="checkbox"/> Unable to contact 06 <input type="checkbox"/> Unable to locate 07 <input type="checkbox"/> Deceased 08 <input type="checkbox"/> Institutionalized, no proxy 09 <input type="checkbox"/> Incapable, no proxy 10 <input type="checkbox"/> Moved o/s PSU, unable to phone 11 <input type="checkbox"/> Other noninterview	B. Mode 22 1 <input type="checkbox"/> Telephone 2 <input type="checkbox"/> Personal visit D. Proxy Name 23-63 E. Field Representative's Name Code 66-68	C. Respondent 64 1 <input type="checkbox"/> Self 2 <input type="checkbox"/> Proxy <input checked="" type="checkbox"/> Reason for proxy 1 <input type="checkbox"/> SP incapable 2 <input type="checkbox"/> SP institutionalized 3 <input type="checkbox"/> SP unavailable 4 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> 65 (Fill II.D)
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Part III - NEW ADDRESS

RT 38
3-4

Notes

A. Address (Different from label)					
Number and street					5-29
City	30-49	State	50-51	ZIP Code	52-60
B. Telephone (Different from label)					
Area code	61-63	Number	64-70		
()				1 <input type="checkbox"/> None	71
				7 <input type="checkbox"/> Refused	9 <input type="checkbox"/> DK number

INITIAL SCREENING

1. May I please speak with <i>(sample person)</i>?	<input type="checkbox"/> Yes (<i>Go to A below</i>) <input type="checkbox"/> No (<i>Go to 2</i>)	5											
2. Why is <i>(sample person)</i> not available to be interviewed?	<input type="checkbox"/> SP deceased (<i>Skip to 6</i>) <input type="checkbox"/> SP moved (<i>Skip to 4</i>) <input type="checkbox"/> SP temporarily absent/unavailable (<i>Go to 3</i>) <input type="checkbox"/> SP incapable } (<i>Skip to 5</i>) <input type="checkbox"/> Other	6											
3. Will <i>(sample person)</i> [return/be available] before <i>(closeout date)</i>?	<input type="checkbox"/> Yes (<i>Schedule appointment</i>) <input type="checkbox"/> No } (<i>Go to 4</i>) <input type="checkbox"/> DK	7											
4a. Has <i>(sample person)</i> moved to a new residence or is [he/she] in a health facility, group home, or some other place?	<input type="checkbox"/> SP moved (<i>Record new address and telephone no.</i>) <input type="checkbox"/> SP in health facility/group home (<i>Go to 4b</i>) <input type="checkbox"/> SP in jail (<i>Skip to 5</i>) <input type="checkbox"/> SP in prison (<i>END interview - noninterview</i>) <input type="checkbox"/> SP on vacation/visiting/temporarily absent (<i>Skip to 4d</i>)	8											
b. What type of facility or group home is this? <i>Mark (X) first appropriate box.</i>	<table style="width:100%; border: none;"> <tr> <td style="border: none;">01 <input type="checkbox"/> Hospital</td> <td rowspan="10" style="border: none; vertical-align: middle;">} (<i>Go to 4c</i>) } (<i>Record new address and telephone no.</i>)</td> </tr> <tr> <td style="border: none;">02 <input type="checkbox"/> Nursing/convalescent home</td> </tr> <tr> <td style="border: none;">03 <input type="checkbox"/> Retirement home</td> </tr> <tr> <td style="border: none;">04 <input type="checkbox"/> Group home</td> </tr> <tr> <td style="border: none;">05 <input type="checkbox"/> Supervised apartment</td> </tr> <tr> <td style="border: none;">06 <input type="checkbox"/> Halfway house</td> </tr> <tr> <td style="border: none;">07 <input type="checkbox"/> Board and Care home</td> </tr> <tr> <td style="border: none;">08 <input type="checkbox"/> Developmental Center</td> </tr> <tr> <td style="border: none;">09 <input type="checkbox"/> Other supervised group residence or facility</td> </tr> <tr> <td style="border: none;">10 <input type="checkbox"/> Other</td> </tr> </table>	01 <input type="checkbox"/> Hospital	} (<i>Go to 4c</i>) } (<i>Record new address and telephone no.</i>)	02 <input type="checkbox"/> Nursing/convalescent home	03 <input type="checkbox"/> Retirement home	04 <input type="checkbox"/> Group home	05 <input type="checkbox"/> Supervised apartment	06 <input type="checkbox"/> Halfway house	07 <input type="checkbox"/> Board and Care home	08 <input type="checkbox"/> Developmental Center	09 <input type="checkbox"/> Other supervised group residence or facility	10 <input type="checkbox"/> Other	9-10
01 <input type="checkbox"/> Hospital	} (<i>Go to 4c</i>) } (<i>Record new address and telephone no.</i>)												
02 <input type="checkbox"/> Nursing/convalescent home													
03 <input type="checkbox"/> Retirement home													
04 <input type="checkbox"/> Group home													
05 <input type="checkbox"/> Supervised apartment													
06 <input type="checkbox"/> Halfway house													
07 <input type="checkbox"/> Board and Care home													
08 <input type="checkbox"/> Developmental Center													
09 <input type="checkbox"/> Other supervised group residence or facility													
10 <input type="checkbox"/> Other													
c. Refer to age on label.	<input type="checkbox"/> Under 69 (<i>Skip to 5</i>) <input type="checkbox"/> 69+ (<i>Go to 4d</i>)	11											
d. Is it possible to interview <i>(sample person)</i> at the [facility/present location]?	<input type="checkbox"/> Yes (<i>Record address and telephone no.</i>) <input type="checkbox"/> No (<i>Go to 5</i>)	12											
5. Since I won't be able to interview <i>(sample person)</i>, I need to talk to the person who knows the most about <i>(sample person's)</i> health. Who would that be?	<input type="checkbox"/> Respondent (<i>Go to A below</i>) <input type="checkbox"/> Other person (<i>Record person's name, address, and telephone no.</i>) <input type="checkbox"/> No one } (<i>END interview - noninterview</i>) <input type="checkbox"/> DK/Ref	13											
6. On what date did <i>(sample person)</i> die?	<table style="margin-left: auto; margin-right: auto; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">Month</td> <td style="border: 1px solid black; padding: 2px;">Day</td> <td style="border: 1px solid black; padding: 2px;">Year</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table> <input type="checkbox"/> DK	Month	Day	Year				14-19					
Month	Day	Year											
7. Did <i>(sample person)</i> die at home, in a hospital, in a nursing or convalescent home, or some other place?	<input type="checkbox"/> At home <input type="checkbox"/> In hospital <input type="checkbox"/> In nursing/convalescent home } (<i>END interview - noninterview</i>) <input type="checkbox"/> Other place <input type="checkbox"/> DK	20											
A													
A	<i>Begin interview by asking: When we conducted the interview several months ago, we recorded <i>(sample person's)</i> age as <i>(age from label)</i>. Is this still correct?</i>	<input type="checkbox"/> Yes (<i>Go to Section A on page 4</i>) <input type="checkbox"/> No (<i>Correct age on label, then go to Section A on page 4</i>)	21										

Notes

INITIAL SCREENING - Continued

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

PROXY RESPONDENT	RT 42 3-4		
Name	5-40		
1 <input type="checkbox"/> Mark box if same address/phone as SP (Go to A on page 2)	41		
Number and street	42-65		
City	66-85	State	86-87
	ZIP Code		88-96
Telephone		Telephone	
Area code	97-99	Number	100-106
		1 <input type="checkbox"/> None	107
		9 <input type="checkbox"/> DK	
		7 <input type="checkbox"/> Refused	number

GENERAL INSTRUCTIONS

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

Notes

Section A - HOUSING AND LONG-TERM CARE SERVICES

ITEM A1	Status of Sample Person (SP).	1 <input type="checkbox"/> Institutionalized (<i>Skip to 6 on page 5</i>) 2 <input type="checkbox"/> All others (<i>Go to 1</i>)	5
These first questions are about the place you live.			6-7
1. How long have you been living here?		00 <input type="checkbox"/> Less than 1 year _____ Years (Number) 99 <input type="checkbox"/> DK	
2a. Is it NECESSARY to use any steps or stairs to get into this home from the outside?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	8
b. Counting basements and step down living areas as separate levels, does this home have more than one floor or level?		1 <input type="checkbox"/> Yes (<i>Go to 2c</i>) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (<i>Skip to 3</i>)	9
c. Does this home have a bathroom, bedroom, and kitchen ALL on the SAME floor or level?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	10
3. Because of a physical impairment or health problem, do you have any difficulty —		Yes No DK	
a. Entering or leaving your home?		a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	11
b. Opening or closing any of the doors in your home?		b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	12
c. Reaching or opening cabinets in your home?		c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	13
d. Using the bathroom in your home?		d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	14
4. Some residences have special features to assist persons who have physical impairments or health problems. Whether you use them or not, does your residence have any of these features?		Yes No DK	
a. Widened doorways or hallways?		a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 15	16
b. Ramps or street level entrances?		b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 17	18
c. Railings?		c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 19	20
d. Automatic or easy to open doors?		d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 21	22
e. Accessible parking or drop-off site?		e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 23	24
f. Bathroom modifications?		f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 25	26
g. Kitchen modifications?		g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 27	28
h. Elevator, chair lift, or stair glide?		h. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 29	30
i. Alerting devices?		i. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 31	32
j. Any other special features?		j. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 33	34
5. Which special features do you NEED to get around this home, but do not have?		Yes No DK	
a. Widened doorways or hallways?		a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 16	17
b. Ramps or street level entrances?		b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 18	19
c. Railings?		c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 20	21
d. Automatic or easy to open doors?		d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 22	23
e. Accessible parking or drop-off site?		e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 24	25
f. Bathroom modifications?		f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 26	27
g. Kitchen modifications?		g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 28	29
h. Elevator, chair lift, or stair glide?		h. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 30	31
i. Alerting devices?		i. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 32	33
j. Any other special features?		j. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 34	35

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

Notes

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

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

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

35

ASK OR VERIFY:

7a. Is this place a — *(Read all categories)*

Mark (X) only one.

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

(Go to 7b)

36-37

ASK OR VERIFY:

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

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

38

ASK OR VERIFY:

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

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

39

ASK OR VERIFY:

d. Which?

Mark (X) all that apply.

- 1 Hearing impairments
- 2 Vision impairments
- 3 Mental retardation/developmental disabilities
- 9 DK

40

41

42

43

ITEM A2

Status of SP.

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

44

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

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

45

Notes

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

9. Whether you use them or not, does this place routinely provide —	Yes	No	DK	
a. Group meals for residents?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	46
b. Housekeeping or maid service?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	47
c. Nursing or medical care?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	48
d. Supervision of residents who give themselves their own medication?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	49
e. Help with bathing, eating, or dressing?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	50
f. Help with walking or getting about?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	51
g. Help with shopping?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	52
h. Planned social activities or trips?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	53
i. Educational or training programs?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	54
j. Help with laundry?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	55
k. Help with money management?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	56
l. Transportation?	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	57
m. Protective oversight?	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	58

10. Are you planning a move in order to receive any (additional) personal help, assistance or services?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	59
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Mark "Yes" if SP is currently living in a nursing home; otherwise ask: 60

11 a. Have you EVER been a resident or patient in a nursing home?	1 <input type="checkbox"/> Yes (Go to 11b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 13 on page 8)	60
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b. How many DIFFERENT TIMES have you been a resident or patient in a nursing home (including the current time)?	_____ Times (Number) 99 <input type="checkbox"/> DK	61-62
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c. On what date were you admitted (the FIRST time)? <i>If date not known, ask: Was it within the past 12 months?</i>	_____ / 19 _____ Month Year 0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK	63-66
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d. On what date were you discharged (the LAST time)? <i>If date not known, ask: Was it within the past 12 months?</i>	0000 <input type="checkbox"/> Now in nursing home _____ / 19 _____ Month Year 0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK	67-70
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e. How long [were you/have you been] in the nursing home [the LAST time/THIS time]?	00 <input type="checkbox"/> Less than 1 month _____ Months (Number) 99 <input type="checkbox"/> DK	71-72
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f. How many weeks in the past 12 months [were you/have you been] in a nursing home? <i>Ask if date in 11d is within the past 12 months, including "Now in". If not within the past 12 months, skip to 13 on page 8.</i>	00 <input type="checkbox"/> Less than 1 week _____ Weeks (Number) 99 <input type="checkbox"/> DK	73-74
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Section A - HOUSING AND LONG-TERM CARE SERVICES - Continued

HAND CARD A1. Read categories if telephone interview.

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

(Anyone else?)

Mark (X) all that apply.

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

75-76
77-78
79-80
81-82
83-84
85-86
87-88
89-90
91-92
93-94
95-96
97-98
99-100
101-102

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

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

Record number of the main source.

--	--

 Paid most
(Number)

99 DK

103-104

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

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

000000 None

\$ _____ .

999999 DK

105-110

Notes

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

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

Notes

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

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

Notes

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

HAND CARD A2.

5

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

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

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

Anywhere else?

Read categories if necessary.

Mark (X) all that apply.

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

6

7

8

9

10

11

12

13

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

14

- 1 Yes
- 2 No
- 9 DK

Notes

Section B – TRANSPORTATION

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

Notes

Section B - TRANSPORTATION - Continued

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

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

32

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

Anything else?

Mark (X) all that apply.

- 01 Don't know how to use
 - 02 Need help from another person
 - 03 Can't use alone
 - 04 Can't use phone
 - 05 Don't have phone
 - 06 Can't read
 - 07 Illness
 - 08 Can't get reservation for service
 - 09 Hours of service inadequate
 - 10 Pickup unreliable/inconvenient
 - 11 Cost
 - 12 Denied use of service
 - 13 Service not needed/wanted
 - 14 Other reason
 - 99 DK
- } (Skip to 6)

33-34
35-36
37-38
39-40
41-42
43-44
45-46
47-48
49-50
51-52
53-54
55-56
57-58
59-60
61-62

c. About how many times have you used this service in the PAST 12 MONTHS?

_____ Times in past 12 months
(Number)

999 DK

63-65

d. About how many times have you used this service in the PAST WEEK?

_____ Times in past week
(Number)

00 None
99 DK

66-67

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

Mark (X) only one.

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

68

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

Mark (X) only one.

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

69

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

Mark (X) only one.

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

70

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

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

71

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

Anything else?

Mark (X) all that apply.

- 01 Cognitive/mental problems (remembering where to go/knowing how to avoid trouble)
- 02 Fear
- 03 Vision
- 04 Hearing
- 05 Weather
- 06 Difficulty walking/can't walk
- 07 Wheelchair/scooter/access problems
- 08 Problems with other medical/assistive devices
- 09 Need help from another person
- 10 Hours inadequate
- 11 Cost
- 12 Other
- 99 DK

72-73
74-75
76-77
78-79
80-81
82-83
84-85
86-87
88-89
90-91
92-93
94-95
96-97

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

98

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

- 1 Yes
- 2 No
- 9 DK

Section B – TRANSPORTATION – Continued

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

<p>Notes</p>

Section B - TRANSPORTATION - Continued

<p>11a. IN THE PAST 6 MONTHS, about how many times did you fly in an airplane?</p>	<p>01 <input type="checkbox"/> One <i>(Skip to 11f)</i></p> <p>_____ Times <i>(Go to 11b)</i> (Number)</p> <p>00 <input type="checkbox"/> None } <i>(Skip to 12)</i> 99 <input type="checkbox"/> DK }</p>	48-49
<p>b. About how many of these times were on a large airplane with 200 or more seats?</p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	50-51
<p>c. (About how many of these times were) on a medium sized airplane with 100 to 199 seats?</p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	52-53
<p>d. (About how many of these times were) on a small airplane with 19 to 99 seats?</p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	54-55
<p>e. (About how many of these times were) on an airplane with fewer than 19 seats?</p>	<p>_____ Times (Number) } <i>(Skip to 12)</i></p> <p>00 <input type="checkbox"/> None } 99 <input type="checkbox"/> DK }</p>	56-57
<p>f. Was that flight in — <i>(Read all categories)</i></p>	<p>1 <input type="checkbox"/> A large airplane with 200 or more seats, 2 <input type="checkbox"/> A medium sized airplane with 100-199 seats, 3 <input type="checkbox"/> A small airplane with 19-99 seats, or 4 <input type="checkbox"/> An airplane with fewer than 19 seats? 9 <input type="checkbox"/> DK</p>	58
<p>12a. IN THE PAST 6 MONTHS, about how many times did you ride a long-distance bus, such as Greyhound or Trailways?</p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	59-60
<p>b. (IN THE PAST 6 MONTHS, about how many times did you) take a trip on a train, such as Amtrak?</p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	61-62
<p>c. (IN THE PAST 6 MONTHS, about how many times did you) take a trip on a cruise ship or boat?</p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	63-64

Notes

Section C – SOCIAL ACTIVITY

5

ITEM C1

Status of SP.

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

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

Ask 1a–g before going to question 2.

Ask 2 for each "Yes" in 1.

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

1. DURING THE PAST 2 WEEKS, did you —

- a. Get together socially with friends or neighbors?**
- b. Talk with friends or neighbors on the telephone?**
- c. Get together with ANY relatives not including those living with you?**
- d. Talk with ANY relatives on the telephone not including those living with you?**
- e. Go to church, temple, or another place of worship for services or other activities?**
- f. Go to a show or movie, sports event, club meeting, class, or other group event?**
- g. Go out to eat at a restaurant?**

a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	6	a.	_____ Times (Number) 99 <input type="checkbox"/> DK	7-8
b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	9	b.	_____ Times (Number) 99 <input type="checkbox"/> DK	10-11
c.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	12	c.	_____ Times (Number) 99 <input type="checkbox"/> DK	13-14
d.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	15	d.	_____ Times (Number) 99 <input type="checkbox"/> DK	16-17
e.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	18	e.	_____ Times (Number) 99 <input type="checkbox"/> DK	19-20
f.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	21	f.	_____ Times (Number) 99 <input type="checkbox"/> DK	22-23
g.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	24	g.	_____ Times (Number) 99 <input type="checkbox"/> DK	25-26

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

- 14 Every day
- 00 None

_____ Days
(Number)

99 DK

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

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

Mark (X) only one.

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

Notes

Section D - WORK HISTORY/EMPLOYMENT

<p>These next questions are about working for pay or profit, and about unpaid volunteer work.</p> <p>1. Have you EVER worked at a job or business?</p>	<p>1 <input type="checkbox"/> Yes (<i>Skip to 16 on page 18</i>) 2 <input type="checkbox"/> No } (<i>Go to 2</i>) 9 <input type="checkbox"/> DK</p>	5																																									
<p>2. Does an ongoing health problem, impairment or disability ENTIRELY prevent you from working?</p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 3</i>) 2 <input type="checkbox"/> No } (<i>Skip to 8</i>) 9 <input type="checkbox"/> DK</p>	6																																									
<p>3. If enough accommodations were made in transportation and at the work place, would you be able to work?</p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 4</i>) 2 <input type="checkbox"/> No } (<i>Skip to 6</i>) 9 <input type="checkbox"/> DK</p>	7																																									
<p>4. IN ORDER TO WORK, would you NEED any of these special features at your worksite —</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:15%;">Yes</th> <th style="width:15%;">No</th> <th style="width:15%;">DK</th> <th style="width:55%;"></th> </tr> </thead> <tbody> <tr> <td>a. Handrails or ramps?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">8</td> </tr> <tr> <td>b. Accessible parking or an accessible transportation stop close to the building?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">9</td> </tr> <tr> <td>c. An elevator?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">10</td> </tr> <tr> <td>d. An elevator designed for persons with special needs?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">11</td> </tr> <tr> <td>e. A work station specially adapted for your use?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">12</td> </tr> <tr> <td>f. A restroom designed for persons with special needs?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">13</td> </tr> <tr> <td>g. An automatic door?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">14</td> </tr> </tbody> </table>		Yes	No	DK		a. Handrails or ramps?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8	b. Accessible parking or an accessible transportation stop close to the building?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9	c. An elevator?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	10	d. An elevator designed for persons with special needs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11	e. A work station specially adapted for your use?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12	f. A restroom designed for persons with special needs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13	g. An automatic door?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14	<p>1 <input type="checkbox"/> Yes (<i>Skip to 13b on page 18</i>) 2 <input type="checkbox"/> No } (<i>Go to 6</i>) 9 <input type="checkbox"/> DK</p>	15
	Yes	No	DK																																								
a. Handrails or ramps?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8																																							
b. Accessible parking or an accessible transportation stop close to the building?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9																																							
c. An elevator?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	10																																							
d. An elevator designed for persons with special needs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11																																							
e. A work station specially adapted for your use?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12																																							
f. A restroom designed for persons with special needs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13																																							
g. An automatic door?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14																																							
<p>5. Because of an ongoing health problem, impairment, or disability, would you NEED any other special equipment, assistance or work arrangement in order to work?</p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 7</i>) 2 <input type="checkbox"/> No } (<i>Skip to Section E on page 31</i>) 9 <input type="checkbox"/> DK</p>	16																																									
<p>6. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 7</i>) 2 <input type="checkbox"/> No } (<i>Skip to Section E on page 31</i>) 9 <input type="checkbox"/> DK</p>	17-20																																									
<p>7. How many days did you do volunteer work in the past 12 months?</p>	<p>_____ } (<i>Skip to Section E on page 31</i>) (Days) { 1 <input type="checkbox"/> Per week 2 <input type="checkbox"/> Per month 3 <input type="checkbox"/> Per year</p> <p>9999 <input type="checkbox"/> DK</p>	21																																									
<p>8. Does an ongoing health problem, impairment or disability limit your ability to work?</p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 9</i>) 2 <input type="checkbox"/> No (<i>Skip to 14 on page 18</i>) 9 <input type="checkbox"/> DK (<i>Go to 9</i>)</p>	22																																									
<p>9. Have you looked for work in the past two years?</p>	<p>1 <input type="checkbox"/> Yes (<i>Skip to 11 on page 17</i>) 2 <input type="checkbox"/> No (<i>Go to 10 on page 17</i>) 9 <input type="checkbox"/> DK (<i>Skip to 11 on page 17</i>)</p>																																										

Notes

Section D – WORK HISTORY/EMPLOYMENT – Continued

<p>10. Some people have encountered barriers which have discouraged them from looking for work. Did you not look for work because you were concerned that —</p>				
	Yes	No	DK	
a. You would lose your SSI, SSDI, or other sources of income if you went to work?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23
b. You would lose your housing if you went to work?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24
c. You would lose your health insurance or Medicaid coverage if you went to work?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25
d. Your family or friends discouraged you from going to work?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26
e. Family responsibilities prevented you from going to work?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27
f. Appropriate information about jobs was not available to you?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28
g. If you went to work you would be refused a promotion or transfer?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29
h. If you went to work, you would be refused access to training?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30
i. Your training was not adequate?	i. 1 <input type="checkbox"/>	<input type="checkbox"/>	9 <input type="checkbox"/>	31
j. You lacked transportation that you were able to get to and use?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32
k. There were no appropriate jobs available?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33
11. Do you think you will look for work at any time in the next six months?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			34
<p>12. In order to work, would you NEED any of these special features at your worksite —</p>				
	Yes	No	DK	
a. Handrails or ramps?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	35
b. Accessible parking or an accessible transportation stop close to the building?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	36
c. An elevator?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	37
d. An elevator designed for persons with special needs?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	38
e. A work station specially adapted for your use?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	39
f. A restroom designed for persons with special needs?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	40
g. An automatic door?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41

Notes

Section D - WORK HISTORY/EMPLOYMENT - Continued

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

Section D – WORK HISTORY/EMPLOYMENT – Continued

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

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

67

b. Would you say very difficult or somewhat difficult?

- 1 Very difficult
 2 Somewhat difficult
 9 DK

68

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

Ask for each "Yes" in 22a.

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

b. Do you have (feature) at work?

- (1) Handrails or ramps?
- (2) Accessible parking or an accessible transportation stop close to the building?
- (3) An elevator?
- (4) An elevator designed for persons with special needs?
- (5) A work station specially adapted for your use?
- (6) A restroom designed for persons with special needs?
- (7) An automatic door?

	Yes	No	DK	
(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	69
(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	71
(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	73
(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	75
(5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	77
(6)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	79
(7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	81

	Yes	No	DK	
(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	70
(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	72
(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	74
(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	76
(5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	78
(6)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	80
(7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	82

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

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

83

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

Ask for each "Yes" in 23b.

b. In order to work, do you NEED —

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

- (1) A voice synthesizer, telecommunications device for the deaf (T.D.D.), infrared system, or other technical devices?
- (2) Braille, enlarged print, special lighting or audio tape?
- (3) A reader, oral or sign language interpreter to assist you at work?
- (4) A job coach to help train you and supervise your work?
- (5) A personal assistant to help you with job related activities?
- (6) Special pens or pencils, chairs, or other office supplies?
- (7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?
- (8) Reduced work hours to allow for more breaks or rest periods?
- (9) Reduced or part-time work hours?
- (10) Some other equipment, help, or work arrangements?

	Yes	No	DK	
(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	84
(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	86
(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	88
(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	90
(5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	92
(6)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	94
(7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	96
(8)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	98
(9)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	100
(10)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	102

	Yes	No	DK	
(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	85
(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	87
(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	89
(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	91
(5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	93
(6)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	95
(7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	97
(8)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	99
(9)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	101
(10)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	103

Notes

Section D - WORK HISTORY/EMPLOYMENT - Continued

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

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

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

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

1 <input type="checkbox"/> Self	27
2 <input type="checkbox"/> Other family member	
3 <input type="checkbox"/> Carpool	
4 <input type="checkbox"/> Other	
9 <input type="checkbox"/> DK	

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

1 <input type="checkbox"/> Yes	28
2 <input type="checkbox"/> No	
3 <input type="checkbox"/> Not sure	
9 <input type="checkbox"/> DK	

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

	Yes	No	DK	
(1) Refused employment?	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29
(2) Refused a promotion?	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30
(3) Refused a transfer?	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31
(4) Refused access to training programs?	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32

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

1 <input type="checkbox"/> Yes (Go to 26c)	} (Skip to Section E on page 31)	33
2 <input type="checkbox"/> No		
9 <input type="checkbox"/> DK		

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

(Days)	1 <input type="checkbox"/> Per week	} (Skip to Section E on page 31)	34-37
	2 <input type="checkbox"/> Per month		
	3 <input type="checkbox"/> Per year		
9999 <input type="checkbox"/> DK			

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

_____ Hours per week
 (Number)

99 DK

38-39

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

	Yes	No	DK	
a. The KIND of work you do?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	40
b. The AMOUNT of work you do?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41
c. Your job?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	42

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

1 <input type="checkbox"/> Yes (Go to 29b)	} (Skip to 30 on page 21)	43
2 <input type="checkbox"/> No		
9 <input type="checkbox"/> DK		

b. Would you say very difficult or somewhat difficult?

1 <input type="checkbox"/> Very difficult	44
2 <input type="checkbox"/> Somewhat difficult	
9 <input type="checkbox"/> DK	

Notes

Section D – WORK HISTORY/EMPLOYMENT – Continued

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

- 1 Yes (Go to 30b)
 2 No } (Skip to 31)
 9 DK }

45

b. Would you say very difficult or somewhat difficult?

- 1 Very difficult
 2 Somewhat difficult
 9 DK

46

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

Ask for each "Yes" in 31a.

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

b. Do you have (feature) at work?

- (1) Handrails or ramps?
- (2) Accessible parking or an accessible transportation stop close to the building?
- (3) An elevator?
- (4) An elevator designed for persons with special needs?
- (5) A work station specially adapted for your use?
- (6) A restroom designed for persons with special needs?
- (7) An automatic door?

	Yes	No	DK		Yes	No	DK	
(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	(1)	<input type="checkbox"/>	<input type="checkbox"/>	48
(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	(2)	<input type="checkbox"/>	<input type="checkbox"/>	50
(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51	(3)	<input type="checkbox"/>	<input type="checkbox"/>	52
(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53	(4)	<input type="checkbox"/>	<input type="checkbox"/>	54
(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55	(5)	<input type="checkbox"/>	<input type="checkbox"/>	56
(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57	(6)	<input type="checkbox"/>	<input type="checkbox"/>	58
(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59	(7)	<input type="checkbox"/>	<input type="checkbox"/>	60

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

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

61

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

Ask for each "Yes" in 33a.

33a. In order to work, do you NEED —

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

- (1) A voice synthesizer, telecommunications device for the deaf (T.D.D.), infrared system, or other technical devices?
- (2) Braille, enlarged print, special lighting or audio tape?
- (3) A reader, oral or sign language interpreter to assist you at work?
- (4) A job coach to help train you and supervise your work?
- (5) A personal assistant to help you with job related activities?
- (6) Special pens or pencils, chairs, or other office supplies?
- (7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?
- (8) Reduced work hours to allow for more breaks or rest periods?
- (9) Reduced or part-time work hours?
- (10) Some other equipment, help, or work arrangements?

	Yes	No	DK		Yes	No	DK	
(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62	(1)	<input type="checkbox"/>	<input type="checkbox"/>	63
(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64	(2)	<input type="checkbox"/>	<input type="checkbox"/>	65
(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66	(3)	<input type="checkbox"/>	<input type="checkbox"/>	67
(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68	(4)	<input type="checkbox"/>	<input type="checkbox"/>	69
(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70	(5)	<input type="checkbox"/>	<input type="checkbox"/>	71
(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72	(6)	<input type="checkbox"/>	<input type="checkbox"/>	73
(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74	(7)	<input type="checkbox"/>	<input type="checkbox"/>	75
(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76	(8)	<input type="checkbox"/>	<input type="checkbox"/>	77
(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	78	(9)	<input type="checkbox"/>	<input type="checkbox"/>	79
(10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80	(10)	<input type="checkbox"/>	<input type="checkbox"/>	81

Notes

Section D - WORK HISTORY/EMPLOYMENT - Continued

34a. How do you USUALLY get to work?

Read list if necessary.

Mark (X) all that apply.

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

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

b. Who USUALLY drives this car?

Mark (X) only one.

- | | |
|--|-----|
| 1 <input type="checkbox"/> Self | 104 |
| 2 <input type="checkbox"/> Other family member | |
| 3 <input type="checkbox"/> Carpool | |
| 4 <input type="checkbox"/> Other | |
| 9 <input type="checkbox"/> DK | |

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

- | | |
|-------------------------------------|-----|
| 1 <input type="checkbox"/> Yes | 105 |
| 2 <input type="checkbox"/> No | |
| 3 <input type="checkbox"/> Not sure | |
| 9 <input type="checkbox"/> DK | |

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

- | | Yes | No | DK | |
|---|---------------------------------------|----------------------------|----------------------------|-----|
| (1) Refused employment? | (1) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 106 |
| (2) Refused a promotion? | (2) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 107 |
| (3) Refused a transfer? | (3) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 108 |
| (4) Refused access to training programs? | (4) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 109 |

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

- | | |
|--|----------------------------------|
| 1 <input type="checkbox"/> Yes (Go to 36c) | } (Skip to Section E on page 31) |
| 2 <input type="checkbox"/> No | |
| 9 <input type="checkbox"/> DK | |

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

- | | |
|--------------------------------------|----------------------------------|
| (Days) _____ | } (Skip to Section E on page 31) |
| 1 <input type="checkbox"/> Per week | |
| 2 <input type="checkbox"/> Per month | |
| 3 <input type="checkbox"/> Per year | |
| 9999 <input type="checkbox"/> DK | |

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

- | | |
|---|---------------------------|
| 1 <input type="checkbox"/> Yes (Go to 38) | 115 |
| 2 <input type="checkbox"/> No | } (Skip to 54 on page 25) |
| 9 <input type="checkbox"/> DK | |

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

- | | |
|---|---------------------------|
| 1 <input type="checkbox"/> Yes (Go to 39) | 116 |
| 2 <input type="checkbox"/> No | } (Skip to 48 on page 24) |
| 9 <input type="checkbox"/> DK | |

39. In what year did you stop working at your last job?

19 _____ Year

99 DK

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

- | | |
|--------------------------------|-----|
| 1 <input type="checkbox"/> Yes | 119 |
| 2 <input type="checkbox"/> No | |
| 9 <input type="checkbox"/> DK | |

Notes

Section D – WORK HISTORY/EMPLOYMENT – Continued

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

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

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

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

Notes

Section D - WORK HISTORY/EMPLOYMENT - Continued

43a. Because of an ongoing health problem, impairment, or disability, would you NEED any (other) special equipment, assistance or work arrangement in order to do your job?	1 <input type="checkbox"/> Yes (Go to 43b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Item D1)	23
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b. In order to work, would you NEED —												
(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?	<table style="width:100%; border: none;"> <tr> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> <td style="width:10%; text-align: center;">DK</td> <td style="width:10%;"></td> </tr> <tr> <td style="padding-left: 20px;">(1)</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">24</td> </tr> </table>		Yes	No	DK		(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24	
	Yes	No	DK									
(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24								
(2) Braille, enlarged print, special lighting, or audio tape?	<table style="width:100%; border: none;"> <tr> <td style="padding-left: 20px;">(2)</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">25</td> </tr> </table>	(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25						
(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25								
(3) A reader, oral or sign language interpreter to assist you at work?	<table style="width:100%; border: none;"> <tr> <td style="padding-left: 20px;">(3)</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">26</td> </tr> </table>	(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26						
(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26								
(4) A job coach to help train you and supervise your work?	<table style="width:100%; border: none;"> <tr> <td style="padding-left: 20px;">(4)</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">27</td> </tr> </table>	(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27						
(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27								
(5) A personal assistant to help with job related activities?	<table style="width:100%; border: none;"> <tr> <td style="padding-left: 20px;">(5)</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">28</td> </tr> </table>	(5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28						
(5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28								
(6) Special pens or pencils, chairs, or other office supplies?	<table style="width:100%; border: none;"> <tr> <td style="padding-left: 20px;">(6)</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">29</td> </tr> </table>	(6)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29						
(6)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29								
(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?	<table style="width:100%; border: none;"> <tr> <td style="padding-left: 20px;">(7)</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">30</td> </tr> </table>	(7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30						
(7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30								
(8) Reduced work hours to allow for more breaks or rest periods?	<table style="width:100%; border: none;"> <tr> <td style="padding-left: 20px;">(8)</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">31</td> </tr> </table>	(8)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31						
(8)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31								
(9) Reduced or part-time work hours?	<table style="width:100%; border: none;"> <tr> <td style="padding-left: 20px;">(9)</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">32</td> </tr> </table>	(9)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32						
(9)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32								
(10) Some other equipment, help, or work arrangements?	<table style="width:100%; border: none;"> <tr> <td style="padding-left: 20px;">(10)</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">33</td> </tr> </table>	(10)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33						
(10)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33								

ITEM D1	Refer to question 39 on page 22. (Year last worked)	1 <input type="checkbox"/> 1989 or after (Go to 44) 2 <input type="checkbox"/> Before 1989 (Skip to 46) 9 <input type="checkbox"/> DK (Go to 44)	34
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44. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment, or disability?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not sure 9 <input type="checkbox"/> DK	35
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45. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —												
a. Refused employment?	<table style="width:100%; border: none;"> <tr> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> <td style="width:10%; text-align: center;">DK</td> <td style="width:10%;"></td> </tr> <tr> <td style="padding-left: 20px;">a.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">36</td> </tr> </table>		Yes	No	DK		a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	36	
	Yes	No	DK									
a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	36								
b. Refused a promotion?	<table style="width:100%; border: none;"> <tr> <td style="padding-left: 20px;">b.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">37</td> </tr> </table>	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	37						
b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	37								
c. Refused a transfer?	<table style="width:100%; border: none;"> <tr> <td style="padding-left: 20px;">c.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">38</td> </tr> </table>	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	38						
c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	38								
d. Refused access to training programs?	<table style="width:100%; border: none;"> <tr> <td style="padding-left: 20px;">d.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">39</td> </tr> </table>	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	39						
d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	39								

46. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?	1 <input type="checkbox"/> Yes (Go to 47) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Section E on page 31)	40
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47. How many days did you do volunteer work in the past 12 months?	<table style="width:100%; border: none;"> <tr> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">Per week</td> <td style="width:10%; text-align: center;">Per month</td> <td style="width:10%; text-align: center;">Per year</td> <td style="width:10%;"></td> </tr> <tr> <td style="padding-left: 20px;">(Days)</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">(Skip to Section E on page 31)</td> </tr> </table> 9999 <input type="checkbox"/> DK		Per week	Per month	Per year		(Days)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	(Skip to Section E on page 31)	41-44
	Per week	Per month	Per year									
(Days)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	(Skip to Section E on page 31)								

48. In what year did you stop working at your last job?	19 _____ Year 99 <input type="checkbox"/> DK	45-46
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49. Does an ongoing health problem, impairment, or disability now make it difficult for you to look for work?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	47
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Section D - WORK HISTORY/EMPLOYMENT - Continued

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

Section D - WORK HISTORY/EMPLOYMENT - Continued

60. How many days did you do volunteer work in the past 12 months?	<div style="text-align: right;">73-76</div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> _____ (Days) </div> <div style="font-size: 2em;">}</div> <div style="text-align: left;"> 1 <input type="checkbox"/> Per week 2 <input type="checkbox"/> Per month 3 <input type="checkbox"/> Per year </div> </div> <p style="text-align: right; margin-right: 20px;"><i>(Skip to Section E on page 31)</i></p> <p>9999 <input type="checkbox"/> DK</p>																																																												
61. Does an ongoing health problem, impairment, or disability ENTIRELY prevent you from working?	<div style="text-align: right;">77</div> <p>1 <input type="checkbox"/> Yes <i>(Go to 62)</i> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } <i>(Skip to 73 on page 27)</i></p>																																																												
62. If enough accommodations were made in transportation and at the work place, would you be able to work?	<div style="text-align: right;">78</div> <p>1 <input type="checkbox"/> Yes <i>(Go to 63)</i> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } <i>(Skip to 71 on page 27)</i></p>																																																												
63. In what year did you last work at a job or business, even for a few days?	<div style="text-align: right;">79-80</div> <p align="center">19 _____ Year</p> <p>99 <input type="checkbox"/> DK</p>																																																												
64. Does an ongoing health problem impairment or disability now make it difficult for you to look for work?	<div style="text-align: right;">81</div> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>																																																												
65. Some people have encountered barriers which have discouraged them from looking for work. Did you not look for work because you were concerned that —	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:10%; text-align: center;">Yes</th> <th style="width:10%; text-align: center;">No</th> <th style="width:10%; text-align: center;">DK</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td>a. You would lose your SSI, SSDI, or other sources of income if you went to work?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">82</td> </tr> <tr> <td>b. You would lose your housing if you went to work?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">83</td> </tr> <tr> <td>c. You would lose your health insurance or Medicaid coverage if you went to work?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">84</td> </tr> <tr> <td>d. Your family or friends discouraged you from going to work?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">85</td> </tr> <tr> <td>e. Family responsibilities prevented you from going to work?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">86</td> </tr> <tr> <td>f. Appropriate information about jobs was not available to you?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">87</td> </tr> <tr> <td>g. If you went to work you would be refused a promotion or transfer?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">88</td> </tr> <tr> <td>h. If you went to work, you would be refused access to training?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">89</td> </tr> <tr> <td>i. Your training was not adequate?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">90</td> </tr> <tr> <td>j. You lacked transportation that you were able to get to and use?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">91</td> </tr> <tr> <td>k. There were no appropriate jobs available?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">92</td> </tr> </tbody> </table>		Yes	No	DK		a. You would lose your SSI, SSDI, or other sources of income if you went to work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	82	b. You would lose your housing if you went to work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	83	c. You would lose your health insurance or Medicaid coverage if you went to work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	84	d. Your family or friends discouraged you from going to work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	85	e. Family responsibilities prevented you from going to work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	86	f. Appropriate information about jobs was not available to you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	87	g. If you went to work you would be refused a promotion or transfer?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	88	h. If you went to work, you would be refused access to training?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	89	i. Your training was not adequate?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	90	j. You lacked transportation that you were able to get to and use?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	91	k. There were no appropriate jobs available?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	92
	Yes	No	DK																																																										
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k. There were no appropriate jobs available?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	92																																																									
66. Do you think you will look for work at any time in the next six months?	<div style="text-align: right;">93</div> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>																																																												
67. In order to work, would you NEED any of these special features at your worksite —	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:10%; text-align: center;">Yes</th> <th style="width:10%; text-align: center;">No</th> <th style="width:10%; text-align: center;">DK</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td>a. Handrails or ramps?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">94</td> </tr> <tr> <td>b. Accessible parking or an accessible transportation stop close to the building?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">95</td> </tr> <tr> <td>c. An elevator?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">96</td> </tr> <tr> <td>d. An elevator designed for persons with special needs?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">97</td> </tr> <tr> <td>e. A work station specially adapted for your use?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">98</td> </tr> <tr> <td>f. A restroom designed for persons with special needs?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">99</td> </tr> <tr> <td>g. An automatic door?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">100</td> </tr> </tbody> </table>		Yes	No	DK		a. Handrails or ramps?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	94	b. Accessible parking or an accessible transportation stop close to the building?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	95	c. An elevator?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	96	d. An elevator designed for persons with special needs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	97	e. A work station specially adapted for your use?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	98	f. A restroom designed for persons with special needs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	99	g. An automatic door?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	100																				
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g. An automatic door?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	100																																																									

Section D - WORK HISTORY/EMPLOYMENT - Continued

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

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

5

b. In order to work, would you NEED -

- (1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?
(2) Braille, enlarged print, special lighting, or audio tape?
(3) A reader, oral or sign language interpreter to assist you at work?
(4) A job coach to help train you and supervise your work?
(5) A personal assistant to help with job related activities?
(6) Special pens or pencils, chairs, or other office supplies?
(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?
(8) Reduced work hours to allow for more breaks or rest periods?
(9) Reduced or part-time work hours?
(10) Some other equipment, help, or work arrangements?

- Yes No DK
(1) 1 2 9
(2) 1 2 9
(3) 1 2 9
(4) 1 2 9
(5) 1 2 9
(6) 1 2 9
(7) 1 2 9
(8) 1 2 9
(9) 1 2 9
(10) 1 2 9

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ITEM D3

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

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

16

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

- 1 Yes
2 No
3 Not sure
9 DK

17

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

- a. Refused employment?
b. Refused a promotion?
c. Refused a transfer?
d. Refused access to training programs?

- Yes No DK
a. 1 2 9
b. 1 2 9
c. 1 2 9
d. 1 2 9

18

19

20

21

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

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

22

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

- (Days) { 1 Per week
2 Per month
3 Per year } (Skip to Section E on page 31)
9999 DK

23-26

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

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

27

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

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

28

Section D – WORK HISTORY/EMPLOYMENT – Continued

75. In what year did you last work at a job or business, even for a few days?	29-30
19 _____ Year	
99 <input type="checkbox"/> DK	

76. Does an ongoing health problem now make it difficult for you to look for work?	31
1 <input type="checkbox"/> Yes	
2 <input type="checkbox"/> No	
9 <input type="checkbox"/> DK	

77. Some people have encountered barriers which have discouraged them from looking for work. Did you not look for work because you were concerned that —	
	Yes No DK
a. You would lose your SSI, SSDI, or other sources of income if you went to work?	a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
b. You would lose your housing if you went to work?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
c. You would lose your health insurance or Medicaid coverage if you went to work?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
d. Your family or friends discouraged you from going to work?	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
e. Family responsibilities prevented you from going to work?	e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
f. Appropriate information about jobs was not available to you?	f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
g. If you went to work you would be refused a promotion or transfer?	g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
h. If you went to work, you would be refused access to training?	h. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
i. Your training was not adequate?	i. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
j. You lacked transportation that you were able to get to and use?	j. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
k. There were no appropriate jobs available?	k. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>

78. Do you think you will look for work at any time in the next six months?	43
1 <input type="checkbox"/> Yes	
2 <input type="checkbox"/> No	
9 <input type="checkbox"/> DK	

79. In order to work, would you NEED any of these special features at your worksite —	
	Yes No DK
a. Handrails or ramps?	a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
b. Accessible parking or an accessible transportation stop close to the building?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
c. An elevator?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
d. An elevator designed for persons with special needs?	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
e. A work station specially adapted for your use?	e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
f. A restroom designed for persons with special needs?	f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
g. An automatic door?	g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>

Notes	
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Section D – WORK HISTORY/EMPLOYMENT – Continued

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

ITEM D4	Refer to question 75 on page 28. (Year last worked)	1 <input type="checkbox"/> 1989 or after (Go to 81) 2 <input type="checkbox"/> Before 1989 (Skip to 83) 9 <input type="checkbox"/> DK (Go to 81)	62
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81. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment or disability?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not sure 9 <input type="checkbox"/> DK	63
--	---	----

82. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —		
a. Refused employment?	Yes No DK a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	64
b. Refused a promotion?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	65
c. Refused a transfer?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	66
d. Refused access to training programs?	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	67

83. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?	1 <input type="checkbox"/> Yes (Go to 84) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Section E on page 31)	68
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84. How many days did you do volunteer work in the past 12 months?	_____ (Days) { 1 <input type="checkbox"/> Per week 2 <input type="checkbox"/> Per month 3 <input type="checkbox"/> Per year } (Skip to Section E on page 31)	69-72
	9999 <input type="checkbox"/> DK	

85. Because of an ongoing health problem, impairment or disability have you EVER changed —		
a. The KIND of work you do?	Yes No DK a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	73
b. The AMOUNT of work you do?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	74
c. Your job?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	75

Section D - WORK HISTORY/EMPLOYMENT - Continued

86. In what year did you last work at a job or business, even for a few days? 76-77
19 _____ Year
99 DK

ITEM D5 *Refer to question 86.
(Year last worked)* 78
1 1989 or after (Go to 87)
2 Before 1989 (Skip to 91)
9 DK (Go to 87)

87. Does an ongoing health problem, impairment or disability now make it difficult for you to look for work? 79
1 Yes
2 No
9 DK

88. Do you think you will look for work at any time in the next six months? 80
1 Yes
2 No
9 DK

89. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment or disability? 81
1 Yes
2 No
3 Not sure
9 DK

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

	Yes	No	DK	
a. Refused employment?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	82
b. Refused a promotion?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	83
c. Refused a transfer?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	84
d. Refused access to training programs?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	85

91. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work, such as teaching or coaching, office work, or providing care? 86
1 Yes (Go to 92)
2 No } (Skip to Section E on page 31)
9 DK }

92. How many days did you do volunteer work in the past 12 months? 87-90

(Days) { 1 Per week
2 Per month
3 Per year
9999 DK

Notes

Section E – VOCATIONAL REHABILITATION

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

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

Ask for each "Yes" in 1a.

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

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

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

ITEM E1	Refer to question 1a. (Received rehabilitation services)	1 <input type="checkbox"/> Any "Yes" (Go to 2)	35
		2 <input type="checkbox"/> All others (Skip to 4 on page 32)	

2. In what year did you LAST receive vocational rehabilitation services?	19 ____ Year	36-37
	99 <input type="checkbox"/> DK	
	00 <input type="checkbox"/> Now in rehabilitation program	

	Yes	No	DK	
3. Have the vocational rehabilitation services you received —				
a. Helped you in getting a job?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	38
b. Helped you in getting a better job?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	39
c. Improved your ability to do your old job?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	40
d. Improved your self-confidence and outlook?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41
e. Improved your ability to get around?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	42
f. Improved your ability to take care of yourself?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	43
g. Improved your ability to take care of your home?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	44
h. Improved your communication skills?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	45
i. Helped you in some other way?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	46

Notes

Section E - VOCATIONAL REHABILITATION - Continued

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

Section F – ASSISTIVE DEVICES AND TECHNOLOGIES

The next questions are about medical devices and implants.
Ask all of 1a–o before going to 2.

Ask for each "Yes" in 1.

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

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

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

ITEM F1

Refer to question 1 above.
(Devices used)

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

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

00000 None

\$ _____ 00

99999 DK

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

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

Notes

Section G – HEALTH INSURANCE

<p>The next questions are about health insurance coverage.</p> <p>There are several government programs that provide medical care or help pay medical bills.</p> <p>People covered by Medicare have a card that looks like this.</p> <p><i>SHOW MEDICARE CARD.</i></p> <p>1a. In (month), were you covered by Medicare?</p>	<p style="text-align: right;">5</p> <p>1 <input type="checkbox"/> Yes (Go to 1b) 2 <input type="checkbox"/> No } (Skip to 2) 9 <input type="checkbox"/> DK }</p>
<p>b. How long have you been covered by Medicare?</p> <p><i>Read categories if necessary.</i></p> <p><i>Mark (X) only one.</i></p>	<p style="text-align: right;">6</p> <p>1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 months, but less than 1 year 3 <input type="checkbox"/> 1 year, but less than 2 years 4 <input type="checkbox"/> 2 years or more 9 <input type="checkbox"/> DK</p>
<p>There is a program called MEDICAID that pays for health care for persons in need. In this state, it is also called (state name).</p> <p>2a. In (month), were you covered by MEDICAID or (state name)?</p>	<p style="text-align: right;">7</p> <p>1 <input type="checkbox"/> Yes (Go to 2b) 2 <input type="checkbox"/> No } (Skip to 3) 9 <input type="checkbox"/> DK }</p>
<p>b. How long have you had MEDICAID or (state name) coverage?</p> <p><i>Read categories if necessary.</i></p> <p><i>Mark (X) only one.</i></p>	<p style="text-align: right;">8</p> <p>1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 months, but less than 1 year 3 <input type="checkbox"/> 1 year, but less than 2 years 4 <input type="checkbox"/> 2 years, but less than 5 years 5 <input type="checkbox"/> 5 years or more 6 <input type="checkbox"/> On and off for less than 2 years 7 <input type="checkbox"/> On and off for 2 years, but less than 5 years 8 <input type="checkbox"/> On and off for 5 years or more 9 <input type="checkbox"/> DK</p>
<p>3. In (month), were you covered by any OTHER public assistance program (other than Medicaid) that pays for health care? Do NOT include use of public or free clinics if that is your ONLY source of care.</p>	<p style="text-align: right;">9</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>4a. In (month), were you covered by military health care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS, or CHAMP-VA?</p>	<p style="text-align: right;">10</p> <p>1 <input type="checkbox"/> Yes (Go to 4b) 2 <input type="checkbox"/> No } (Skip to 5) 9 <input type="checkbox"/> DK }</p>
<p>b. Was this CHAMPUS, or CHAMP-VA?</p> <p><i>Read if necessary: CHAMPUS is a program of medical care for dependents of active duty or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.</i></p>	<p style="text-align: right;">11</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>c. In (month), were you covered by any other military health care, including armed forces retirement benefits, or the VA (Department of Veterans' Affairs)?</p>	<p style="text-align: right;">12</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>5. In (month), were you covered by the Indian Health Service?</p>	<p style="text-align: right;">13</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>6a. (Not counting the government health programs we just mentioned), in (month), were you covered by a private health insurance plan?</p> <p><i>Read if necessary: Besides government programs, people also get health insurance through their jobs or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including Health Maintenance Organizations or HMOs.</i></p>	<p style="text-align: right;">14</p> <p>1 <input type="checkbox"/> Yes (Go to 6b) 2 <input type="checkbox"/> No } (Skip to Section H on page 35) 9 <input type="checkbox"/> DK }</p>
<p>b. Was any of this private health insurance obtained originally through the workplace, that is through a present or former employer or union?</p> <p><i>Mark (X) only one.</i></p>	<p style="text-align: right;">15</p> <p>1 <input type="checkbox"/> Employer 2 <input type="checkbox"/> Union 3 <input type="checkbox"/> Through workplace, DK which 4 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>

Section H - ASSISTANCE WITH KEY ACTIVITIES

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

Ask 1a-j before asking 2 and 3.

Ask 2 and 3 for each "Yes" in 1a-j.

1. By yourself and not using aids, do you have any difficulty —

2. How much difficulty do you have (activity), some, a lot, or are you unable to do it?

3. For how long have you [had some difficulty/had a lot of difficulty/been unable to] (activity)?

a. Walking for a quarter of a mile, (that is about 2 or 3 blocks)?

- 1 Yes 5
2 No
9 NA/DK

- 1 Some 6
2 A lot
3 Unable
9 DK

- 00 Less than 1 year 7-8
99 DK
_____ Number of years

b. Walking up 10 steps without resting?

- 1 Yes 9
2 No
9 NA/DK

- 1 Some 10
2 A lot
3 Unable
9 DK

- 00 Less than 1 year 11-12
99 DK
_____ Number of years

c. Standing or being on your feet for about 2 hours?

- 1 Yes 13
2 No
9 NA/DK

- 1 Some 14
2 A lot
3 Unable
9 DK

- 00 Less than 1 year 15-16
99 DK
_____ Number of years

d. Sitting for about 2 hours?

- 1 Yes 17
2 No
9 NA/DK

- 1 Some 18
2 A lot
3 Unable
9 DK

- 00 Less than 1 year 19-20
99 DK
_____ Number of years

By yourself and not using aids, do you have any difficulty —

e. Stooping, crouching, or kneeling?

- 1 Yes 21
2 No
9 NA/DK

- 1 Some 22
2 A lot
3 Unable
9 DK

- 00 Less than 1 year 23-24
99 DK
_____ Number of years

f. Reaching up over your head?

- 1 Yes 25
2 No
9 NA/DK

- 1 Some 26
2 A lot
3 Unable
9 DK

- 00 Less than 1 year 27-28
99 DK
_____ Number of years

g. Reaching out (as if to shake someone's hand)?

- 1 Yes 29
2 No
9 NA/DK

- 1 Some 30
2 A lot
3 Unable
9 DK

- 00 Less than 1 year 31-32
99 DK
_____ Number of years

h. Using your fingers to grasp or handle?

- 1 Yes 33
2 No
9 NA/DK

- 1 Some 34
2 A lot
3 Unable
9 DK

- 00 Less than 1 year 35-36
99 DK
_____ Number of years

By yourself and not using any aids, do you have any difficulty —

i. Lifting or carrying something as heavy as 25 pounds, (such as two full bags of groceries)?

- 1 Yes (Go to j) 37
2 No (Skip to 2)
9 NA/DK (Go to j)

- 1 Some 38
2 A lot
3 Unable
9 DK

- 00 Less than 1 year 39-40
99 DK
_____ Number of years

j. Lifting or carrying something as heavy as 10 pounds?

- 1 Yes 41
2 No
9 NA/DK

- 1 Some 42
2 A lot
3 Unable
9 DK

- 00 Less than 1 year 43-44
99 DK
_____ Number of years

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

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

<p><i>Ask questions 4A–G before continuing to Item H1.</i></p> <p>4. Because of a health or physical problem, do you have ANY difficulty —</p> <p><i>Ask if "Doesn't do": Is this because of a HEALTH or PHYSICAL problem? If "Yes", mark box 1; if "No" mark box 3.</i></p>	<p>(A) RT 57 3-4</p> <p>Bathing or showering?</p>	<p>(B) RT 58 3-4</p> <p>Dressing?</p>	<p>(C) RT 59 3-4</p> <p>Eating?</p>
	<p>4. 1 <input type="checkbox"/> Yes 5</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Doesn't do for other reason</p> <p>9 <input type="checkbox"/> DK</p>	<p>4. 1 <input type="checkbox"/> Yes 5</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Doesn't do for other reason</p> <p>9 <input type="checkbox"/> DK</p>	<p>4. 1 <input type="checkbox"/> Yes 5</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Doesn't do for other reason</p> <p>9 <input type="checkbox"/> DK</p>

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

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

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

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

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

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

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

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

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

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

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

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

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

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

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

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

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM H6

Refer to question 4 for activities A–G on pages 36 and 37. Indicate the activities marked "Yes".

Insert these marked activities when asking 14.

- A. Bathing or showering
- B. Dressing
- C. Eating
- D. Getting in and out of bed or chairs
- E. Walking
- F. Getting outside
- G. Using the toilet, including getting to the toilet
- No activities marked (*Skip to 16*)

Insert activities marked in H6.

14a. What (other) condition causes the trouble in (activities)?

Record conditions and ask 14b.

Ask if operation:

For what condition did you have the operation?

Record up to 5 conditions.

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

- (a) _____ 9-10
- (b) _____ 11-12
- (c) _____ 13-14
- (d) _____ 15-16
- (e) _____ 17-18

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

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

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

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

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

- 1 Yes
- 2 No
- 9 DK

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

- 1 Yes
- 2 No
- 9 DK

17a. Do you have difficulty controlling your bowels?

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

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

Mark (X) only one.

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

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

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

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

- 1 Yes
- 2 No
- 9 DK

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

18a. Do you have difficulty controlling urination?

- 1 Yes (*Go to 18b*)
 2 No } (*Skip to 18c*)
 9 DK }

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

Mark (X) only one.

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

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c. Do you have a urinary catheter or a device to help control urination?

- 1 Yes (*Go to 18d*)
 2 No } (*Skip to Item H8*)
 9 DK }

29

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

- 1 Yes
 2 No
 9 DK

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**ITEM
H8**

Status of SP.

- 1 Institutionalized (*Skip to 31 on page 50*)
 2 All others (*Go to 19 on page 44*)

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Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

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

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

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

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

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

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

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

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

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

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

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

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

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

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

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

ITEM H14

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

Insert these marked activities when asking 28.

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

Insert activities marked in H14.

28a. What (other) condition causes the trouble in (activities)?

Record conditions and ask 28b.

Ask if operation:

For what condition did you have the operation?

Record up to 5 conditions.

00 No condition (Skip to 30)

01 Old age (Skip to 28c)

(a) _____ 5-6
7-8

(b) _____ 9-10
11-12

(c) _____ 13-14

(d) _____ 15-16

(e) _____ 17-18

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

1 Yes (Reask 28a and b)

2 No } (Skip to 29)
9 DK }

19

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

1 Yes (Reask 28a and b)

2 No } (Go to 29)
9 DK }

20

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

1 Yes

2 No

9 DK

21

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

1 Yes

2 No

9 DK

22

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

1 Yes (Go to 31b)

2 No } (Skip to Item H16 on page 51)
9 DK }

23

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

1 Yes

2 No

9 DK

24

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

1 Yes (Go to 31d)

2 No } (Skip to 31e)
9 DK }

25

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

Mark (X) all that apply.

1 Fracture

2 Bruise, cut, or scrape

3 Lost consciousness

4 Other

9 DK

26

27

28

29

30

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

1 Yes

2 No

9 DK

31

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

1 Yes

2 No

9 DK

32

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

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

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

36. Who usually helps you with (activities marked in H18)? Anyone else? Enter the name or description of each helper in separate columns.	36.	(01) _____ First helper	5-6
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Ask 37–41 for each helper in 36. ASK OR VERIFY: 37. Which activities does (Helper) help you with? Mark (X) all that apply.	37.	01 <input type="checkbox"/> Bathing or showering 7-8 02 <input type="checkbox"/> Dressing 9-10 03 <input type="checkbox"/> Eating 11-12 04 <input type="checkbox"/> Getting in or out of bed/chairs 13-14 05 <input type="checkbox"/> Walking 15-16 06 <input type="checkbox"/> Getting outside 17-18 07 <input type="checkbox"/> Using or getting to the toilet 19-20 08 <input type="checkbox"/> Preparing your own meals 21-22 09 <input type="checkbox"/> Shopping for groceries 23-24 10 <input type="checkbox"/> Managing your money 25-26 11 <input type="checkbox"/> Using the telephone 27-28 12 <input type="checkbox"/> Doing heavy housework 29-30 13 <input type="checkbox"/> Doing light housework 31-32 14 <input type="checkbox"/> Getting to places 33-34 15 <input type="checkbox"/> Managing your medications 35-36 99 <input type="checkbox"/> DK 37-38	
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ASK OR VERIFY: HAND CARD A5. Read answers if telephone interview. 38a. Which of these best describes (Helper)? Mark (X) only one.	38a.	01 <input type="checkbox"/> Spouse } 02 <input type="checkbox"/> Child } In household 03 <input type="checkbox"/> Parent } 04 <input type="checkbox"/> Spouse } 05 <input type="checkbox"/> Child } Not in household 06 <input type="checkbox"/> Parent } 07 <input type="checkbox"/> Other HH relative 08 <input type="checkbox"/> Non-HH relative 09 <input type="checkbox"/> HH non-relative 10 <input type="checkbox"/> Friend/Neighbor 11 <input type="checkbox"/> Unpaid volunteer from organization/business 12 <input type="checkbox"/> Paid employee of organization/business 13 <input type="checkbox"/> Paid employee of yours 14 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	39-40
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ASK OR VERIFY: b. Is (Helper) male or female?	b.	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> DK	41
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If parent, child, spouse, or unpaid volunteer in 38a, skip to 40; otherwise ask: 39a. Is (Helper) paid?	39a.	1 <input type="checkbox"/> Yes (Go to 39b) 2 <input type="checkbox"/> No (Skip to 40)	42
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HAND CARD A1. Read answers if telephone interview. b. Who pays for this help? (Anyone else?) Mark (X) all that apply.	b.	01 <input type="checkbox"/> Self or family in household 43-44 02 <input type="checkbox"/> Family NOT in household 45-46 03 <input type="checkbox"/> Private health insurance 47-48 04 <input type="checkbox"/> Medicare 49-50 05 <input type="checkbox"/> Medicaid 51-52 06 <input type="checkbox"/> Rehabilitation program 53-54 07 <input type="checkbox"/> Employer 55-56 08 <input type="checkbox"/> School system 57-58 09 <input type="checkbox"/> VA program 59-60 10 <input type="checkbox"/> Other military 61-62 11 <input type="checkbox"/> Other private source 63-64 12 <input type="checkbox"/> Other public source 65-66 13 <input type="checkbox"/> No one/Free 67-68 99 <input type="checkbox"/> DK 69-70	
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40. DURING THE PAST 2 WEEKS, how many days did (Helper) help you?	40.	00 <input type="checkbox"/> None in past 2 weeks 71-72 _____ Days (Number) 99 <input type="checkbox"/> DK	
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41. On the days you receive help from (Helper), about how many hours per day does [he/she] usually help you?	41.	_____ Hours/day (Number) } (Go to 37 for next helper, or H19) 99 <input type="checkbox"/> DK	73-74
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ITEM H19	Refer to 36 above. (Number of helpers)	H19	<input type="checkbox"/> Only one helper (Skip to 43 on page 54) <input type="checkbox"/> More than one helper (Go to 42 on page 54)
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Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

36.	RT 74	3-4 5-6	36.	RT 74	3-4 5-6	36.	RT 74	3-4 5-6
(02) _____ Second helper			(03) _____ Third helper			(04) _____ Fourth helper		

37. 01 <input type="checkbox"/> Bathing or showering 7-8 02 <input type="checkbox"/> Dressing 9-10 03 <input type="checkbox"/> Eating 11-12 04 <input type="checkbox"/> Getting in or out of bed/chairs 13-14 05 <input type="checkbox"/> Walking 15-16 06 <input type="checkbox"/> Getting outside 17-18 07 <input type="checkbox"/> Using or getting to the toilet 19-20 08 <input type="checkbox"/> Preparing your own meals 21-22 09 <input type="checkbox"/> Shopping for groceries 23-24 10 <input type="checkbox"/> Managing your money 25-26 11 <input type="checkbox"/> Using the telephone 27-28 12 <input type="checkbox"/> Doing heavy housework 29-30 13 <input type="checkbox"/> Doing light housework 31-32 14 <input type="checkbox"/> Getting to places 33-34 15 <input type="checkbox"/> Managing your medications 35-36 99 <input type="checkbox"/> DK 37-38	37. 01 <input type="checkbox"/> Bathing or showering 7-8 02 <input type="checkbox"/> Dressing 9-10 03 <input type="checkbox"/> Eating 11-12 04 <input type="checkbox"/> Getting in or out of bed/chairs 13-14 05 <input type="checkbox"/> Walking 15-16 06 <input type="checkbox"/> Getting outside 17-18 07 <input type="checkbox"/> Using or getting to the toilet 19-20 08 <input type="checkbox"/> Preparing your own meals 21-22 09 <input type="checkbox"/> Shopping for groceries 23-24 10 <input type="checkbox"/> Managing your money 25-26 11 <input type="checkbox"/> Using the telephone 27-28 12 <input type="checkbox"/> Doing heavy housework 29-30 13 <input type="checkbox"/> Doing light housework 31-32 14 <input type="checkbox"/> Getting to places 33-34 15 <input type="checkbox"/> Managing your medications 35-36 99 <input type="checkbox"/> DK 37-38	37. 01 <input type="checkbox"/> Bathing or showering 7-8 02 <input type="checkbox"/> Dressing 9-10 03 <input type="checkbox"/> Eating 11-12 04 <input type="checkbox"/> Getting in or out of bed/chairs 13-14 05 <input type="checkbox"/> Walking 15-16 06 <input type="checkbox"/> Getting outside 17-18 07 <input type="checkbox"/> Using or getting to the toilet 19-20 08 <input type="checkbox"/> Preparing your own meals 21-22 09 <input type="checkbox"/> Shopping for groceries 23-24 10 <input type="checkbox"/> Managing your money 25-26 11 <input type="checkbox"/> Using the telephone 27-28 12 <input type="checkbox"/> Doing heavy housework 29-30 13 <input type="checkbox"/> Doing light housework 31-32 14 <input type="checkbox"/> Getting to places 33-34 15 <input type="checkbox"/> Managing your medications 35-36 99 <input type="checkbox"/> DK 37-38
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38a. 01 <input type="checkbox"/> Spouse } 02 <input type="checkbox"/> Child } In household 03 <input type="checkbox"/> Parent } 04 <input type="checkbox"/> Spouse } 05 <input type="checkbox"/> Child } Not in household 06 <input type="checkbox"/> Parent } 07 <input type="checkbox"/> Other HH relative 08 <input type="checkbox"/> Non-HH relative 09 <input type="checkbox"/> HH non-relative 10 <input type="checkbox"/> Friend/Neighbor 11 <input type="checkbox"/> Unpaid volunteer from organization/business 12 <input type="checkbox"/> Paid employee of organization/business 13 <input type="checkbox"/> Paid employee of yours 14 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	38a. 01 <input type="checkbox"/> Spouse } 02 <input type="checkbox"/> Child } In household 03 <input type="checkbox"/> Parent } 04 <input type="checkbox"/> Spouse } 05 <input type="checkbox"/> Child } Not in household 06 <input type="checkbox"/> Parent } 07 <input type="checkbox"/> Other HH relative 08 <input type="checkbox"/> Non-HH relative 09 <input type="checkbox"/> HH non-relative 10 <input type="checkbox"/> Friend/Neighbor 11 <input type="checkbox"/> Unpaid volunteer from organization/business 12 <input type="checkbox"/> Paid employee of organization/business 13 <input type="checkbox"/> Paid employee of yours 14 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	38a. 01 <input type="checkbox"/> Spouse } 02 <input type="checkbox"/> Child } In household 03 <input type="checkbox"/> Parent } 04 <input type="checkbox"/> Spouse } 05 <input type="checkbox"/> Child } Not in household 06 <input type="checkbox"/> Parent } 07 <input type="checkbox"/> Other HH relative 08 <input type="checkbox"/> Non-HH relative 09 <input type="checkbox"/> HH non-relative 10 <input type="checkbox"/> Friend/Neighbor 11 <input type="checkbox"/> Unpaid volunteer from organization/business 12 <input type="checkbox"/> Paid employee of organization/business 13 <input type="checkbox"/> Paid employee of yours 14 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK
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b. 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> DK	b. 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> DK	b. 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> DK
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39a. 1 <input type="checkbox"/> Yes (Go to 39b) 2 <input type="checkbox"/> No (Skip to 40)	39a. 1 <input type="checkbox"/> Yes (Go to 39b) 2 <input type="checkbox"/> No (Skip to 40)	39a. 1 <input type="checkbox"/> Yes (Go to 39b) 2 <input type="checkbox"/> No (Skip to 40)
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b. 01 <input type="checkbox"/> Self or family in household 43-44 02 <input type="checkbox"/> Family NOT in household 45-46 03 <input type="checkbox"/> Private health insurance 47-48 04 <input type="checkbox"/> Medicare 49-50 05 <input type="checkbox"/> Medicaid 51-52 06 <input type="checkbox"/> Rehabilitation program 53-54 07 <input type="checkbox"/> Employer 55-56 08 <input type="checkbox"/> School system 57-58 09 <input type="checkbox"/> VA program 59-60 10 <input type="checkbox"/> Other military 61-62 11 <input type="checkbox"/> Other private source 63-64 12 <input type="checkbox"/> Other public source 65-66 13 <input type="checkbox"/> No one/Free 67-68 99 <input type="checkbox"/> DK 69-70	b. 01 <input type="checkbox"/> Self or family in household 43-44 02 <input type="checkbox"/> Family NOT in household 45-46 03 <input type="checkbox"/> Private health insurance 47-48 04 <input type="checkbox"/> Medicare 49-50 05 <input type="checkbox"/> Medicaid 51-52 06 <input type="checkbox"/> Rehabilitation program 53-54 07 <input type="checkbox"/> Employer 55-56 08 <input type="checkbox"/> School system 57-58 09 <input type="checkbox"/> VA program 59-60 10 <input type="checkbox"/> Other military 61-62 11 <input type="checkbox"/> Other private source 63-64 12 <input type="checkbox"/> Other public source 65-66 13 <input type="checkbox"/> No one/Free 67-68 99 <input type="checkbox"/> DK 69-70	b. 01 <input type="checkbox"/> Self or family in household 43-44 02 <input type="checkbox"/> Family NOT in household 45-46 03 <input type="checkbox"/> Private health insurance 47-48 04 <input type="checkbox"/> Medicare 49-50 05 <input type="checkbox"/> Medicaid 51-52 06 <input type="checkbox"/> Rehabilitation program 53-54 07 <input type="checkbox"/> Employer 55-56 08 <input type="checkbox"/> School system 57-58 09 <input type="checkbox"/> VA program 59-60 10 <input type="checkbox"/> Other military 61-62 11 <input type="checkbox"/> Other private source 63-64 12 <input type="checkbox"/> Other public source 65-66 13 <input type="checkbox"/> No one/Free 67-68 99 <input type="checkbox"/> DK 69-70
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40. 00 <input type="checkbox"/> None in past 2 weeks 71-72 _____ Days (Number) 99 <input type="checkbox"/> DK	40. 00 <input type="checkbox"/> None in past 2 weeks 71-72 _____ Days (Number) 99 <input type="checkbox"/> DK	40. 00 <input type="checkbox"/> None in past 2 weeks 71-72 _____ Days (Number) 99 <input type="checkbox"/> DK
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41. _____ Hours/day } (Number) } (Go to 37 for next 99 <input type="checkbox"/> DK } helper, or H19)	41. _____ Hours/day } (Number) } (Go to 37 for next 99 <input type="checkbox"/> DK } helper, or H19)	41. _____ Hours/day } (Number) } (Go to Item H19) 99 <input type="checkbox"/> DK }
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Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

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

Helper No. _____

Name : _____

5-6

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

- 1 Yes (Go to 43b)
- 2 No } (Skip to 44)
- 9 DK }

7

b. How many days in the past 12 months?

(Days)

999 DK

8-10

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

44. How satisfied are you with —

a. (Helper's) scheduled hours or availability when you need [him/her]? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	DK
----------------	--------------------	-----------------------	-------------------	----

1

2

3

4

9

11

b. The amount of assistance (helper) provides? (Would you say — (Read categories)?)

1

2

3

4

9

12

c. (Helper's) willingness to do what you ask? (Would you say — (Read categories)?)

1

2

3

4

9

13

d. (Helper's) ability to do what you need [him/her] to do? (Would you say — (Read categories)?)

If helper is present or related to SP, skip to 45; otherwise, ask:

1

2

3

4

9

14

How satisfied are you with —

e. (Helper's) reliability? (Would you say — (Read categories)?)

1

2

3

4

9

15

f. (Helper's) trustworthiness? (Would you say — (Read categories)?)

1

2

3

4

9

16

g. How (helper) treats you? (Would you say — (Read categories)?)

1

2

3

4

9

17

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

- 1 Yes (Skip to 47)
- 2 No } (Go to 46)
- 9 DK }

18

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

- 1 Yes
- 2 No } (Skip to 48)
- 9 DK }

19

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

- 1 Yes
- 2 No
- 9 DK

20

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

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

21

b. Who is this person?

Probe for description if necessary.

Mark (X) only one.

- 1 HH member - related
- 2 HH member - unrelated
- 3 Non HH member - related
- 4 Non HH member - unrelated
- 9 DK

22

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

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

23

b. Who is this person?

Probe for description if necessary.

Mark (X) only one.

- 1 HH member - related
- 2 HH member - unrelated
- 3 Non HH member - related
- 4 Non HH member - unrelated
- 9 DK

24

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM H20	Refer to questions 8e and 11 for activities A–G on pages 38 and 39. (Need [more] help or supervision)	1 <input type="checkbox"/> Any "Yes" in questions 8e or 11 (Skip to 50) 2 <input type="checkbox"/> All other (Go to Item H21)	25
ITEM H21	Refer to questions 22e for activities H–O on pages 46 and 47. (Need [more] help)	1 <input type="checkbox"/> Any "Yes" in question 22e (Skip to 50) 2 <input type="checkbox"/> All other (Go to Item H22)	26
ITEM H22	Refer to question 25 for activities H–O on pages 46 and 47. (Need [more] supervision)	1 <input type="checkbox"/> Any "Yes" in question 25 (Go to 50) 2 <input type="checkbox"/> All other (Skip to 53)	27
50a. You mentioned earlier that you need help or more help with certain activities. Have you or someone else ever tried to hire help or get someone from a program or agency to help you?		1 <input type="checkbox"/> Yes (Skip to 51) 2 <input type="checkbox"/> No (Go to 50b) 3 <input type="checkbox"/> DK (Skip to 52)	28
b. Why not? Anything else? Read categories if necessary. Mark (X) all that apply.		01 <input type="checkbox"/> Did not want stranger for helper 02 <input type="checkbox"/> Too expensive/can't afford 03 <input type="checkbox"/> Not sick enough to get help from agency 04 <input type="checkbox"/> Income too high to get help from agency 05 <input type="checkbox"/> Type of help needed probably not available 06 <input type="checkbox"/> Quality help not available 07 <input type="checkbox"/> Did not know where to look for help 08 <input type="checkbox"/> Too sick to look for help 09 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44 45-46 47-48 (Skip to 52)
51. What problems have you had in trying to find help? Anything else? Read categories if necessary. Mark (X) all that apply.		0 <input type="checkbox"/> No problems 1 <input type="checkbox"/> Too expensive 2 <input type="checkbox"/> Can't locate right type of help 3 <input type="checkbox"/> Can't locate adequately trained helper 4 <input type="checkbox"/> Can't locate helper who is available when needed 5 <input type="checkbox"/> Not sick enough to get help from agency 6 <input type="checkbox"/> Income is too high to get help from agency 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	49 50 51 52 53 54 55 56 57
52. Has any agency or organization tried to find someone to help you?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	58
53. Have you ever hired someone or received help from a public agency or a non-profit agency?		1 <input type="checkbox"/> Yes (Go to 54a) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK } (Skip to 55)	59
54a. Did you stop getting help from the person or agency even though you still needed it?		1 <input type="checkbox"/> Yes (Skip to 54b) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK } (Skip to 55)	60
b. Why did you stop getting help? Any other reason? Read categories if necessary. Mark (X) all that apply.		1 <input type="checkbox"/> Too expensive 2 <input type="checkbox"/> Inadequate training 3 <input type="checkbox"/> Unavailable when needed 4 <input type="checkbox"/> No longer sick enough to qualify for public agency or non-profit agency help 5 <input type="checkbox"/> Income too high to get help from public or non-profit agency 6 <input type="checkbox"/> Unreliable 7 <input type="checkbox"/> Language problems 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	61 62 63 64 65 66 67 68 69

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

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

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

70

b. What kind of problems did you have?

Anything else?

Read categories if necessary.

Mark (X) all that apply.

- 01 Fall
 02 Other accident or injury
 03 Incontinence – no reminders
 04 Incontinence – unable to get to toilet
 05 Confinement to bed or chairs
 06 Hunger or thirst
 07 Fire on stove/left stove on
 08 Fell asleep while smoking
 09 Got lost/wandered off
 10 Forgot medications
 11 Took wrong dose of medication (too much/little)
 12 Fear
 13 Other
 99 DK

71-72

73-74

75-76

77-78

79-80

81-82

83-84

85-86

87-88

89-90

91-92

93-94

95-96

97-98

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

Yes No DK

a. Quit a job or retire early?

a. 1 2 9

99

b. Change jobs?

b. 1 2 9

100

c. Change or reduce work hours?

c. 1 2 9

101

d. Not take a job in order to care for you?

d. 1 2 9

102

Notes

Section I - OTHER SERVICES

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

Section I – OTHER SERVICES – Continued

<p>11. Are there any prescription medicines that you are supposed to use, but —</p> <p>a. did not get when first prescribed because of the cost?</p> <p>b. did not get the entire prescription filled because of the cost?</p> <p>c. did not refill when you ran out because of the cost?</p> <p>d. use less often than prescribed in order to stretch them out because of the cost?</p> <p>e. sometimes forget to use?</p> <p>f. don't use as prescribed because of the side effects?</p> <p>g. cannot pick up from the drug store or get delivered?</p> <p>h. don't use because you think you don't need it?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Yes No DK</td> <td></td> </tr> <tr> <td style="text-align: center;">a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></td> <td align="right" style="border: 1px solid black; width: 40px;">31</td> </tr> <tr> <td style="text-align: center;">b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></td> <td align="right" style="border: 1px solid black;">32</td> </tr> <tr> <td style="text-align: center;">c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></td> <td align="right" style="border: 1px solid black;">33</td> </tr> <tr> <td style="text-align: center;">d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></td> <td align="right" style="border: 1px solid black;">34</td> </tr> <tr> <td style="text-align: center;">e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></td> <td align="right" style="border: 1px solid black;">35</td> </tr> <tr> <td style="text-align: center;">f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></td> <td align="right" style="border: 1px solid black;">36</td> </tr> <tr> <td style="text-align: center;">g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></td> <td align="right" style="border: 1px solid black;">37</td> </tr> <tr> <td style="text-align: center;">h. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></td> <td align="right" style="border: 1px solid black;">38</td> </tr> </table>	Yes No DK		a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	31	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	32	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	33	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	34	e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	35	f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	36	g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	37	h. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	38																		
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h. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	38																																				
<p>12. Have you experienced any problems because you forgot to use your medicine or didn't use your medicine as prescribed?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> 1 <input type="checkbox"/> Yes (Go to 13) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK </td> <td style="width: 20%; text-align: center; vertical-align: middle;">} (Skip to 14)</td> <td align="right" style="border: 1px solid black;">39</td> </tr> </table>	1 <input type="checkbox"/> Yes (Go to 13) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	} (Skip to 14)	39																																	
1 <input type="checkbox"/> Yes (Go to 13) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	} (Skip to 14)	39																																			
<p>13. What problems did you experience?</p> <p>Anything else?</p> <p><i>Mark (X) all that apply.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> 01 <input type="checkbox"/> Pain/Discomfort 02 <input type="checkbox"/> Dizziness/Fainting 03 <input type="checkbox"/> Disorientation 04 <input type="checkbox"/> Overdose/Withdrawal 05 <input type="checkbox"/> Change in blood pressure, breathing, or other vital signs 06 <input type="checkbox"/> Condition for which medicine prescribed got worse 07 <input type="checkbox"/> Other condition(s) got worse 08 <input type="checkbox"/> Had to be admitted to hospital 09 <input type="checkbox"/> Had to go to doctor/emergency room 10 <input type="checkbox"/> Drug reaction 11 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK </td> <td style="width: 20%; text-align: center; vertical-align: middle;">} (Skip to 14)</td> <td align="right" style="border: 1px solid black;">40-41</td> </tr> <tr> <td></td> <td></td> <td align="right" style="border: 1px solid black;">42-43</td> </tr> <tr> <td></td> <td></td> <td align="right" style="border: 1px solid black;">44-45</td> </tr> <tr> <td></td> <td></td> <td align="right" style="border: 1px solid black;">46-47</td> </tr> <tr> <td></td> <td></td> <td align="right" style="border: 1px solid black;">48-49</td> </tr> <tr> <td></td> <td></td> <td align="right" style="border: 1px solid black;">50-51</td> </tr> <tr> <td></td> <td></td> <td align="right" style="border: 1px solid black;">52-53</td> </tr> <tr> <td></td> <td></td> <td align="right" style="border: 1px solid black;">54-55</td> </tr> <tr> <td></td> <td></td> <td align="right" style="border: 1px solid black;">56-57</td> </tr> <tr> <td></td> <td></td> <td align="right" style="border: 1px solid black;">58-59</td> </tr> <tr> <td></td> <td></td> <td align="right" style="border: 1px solid black;">60-61</td> </tr> <tr> <td></td> <td></td> <td align="right" style="border: 1px solid black;">62-63</td> </tr> </table>	01 <input type="checkbox"/> Pain/Discomfort 02 <input type="checkbox"/> Dizziness/Fainting 03 <input type="checkbox"/> Disorientation 04 <input type="checkbox"/> Overdose/Withdrawal 05 <input type="checkbox"/> Change in blood pressure, breathing, or other vital signs 06 <input type="checkbox"/> Condition for which medicine prescribed got worse 07 <input type="checkbox"/> Other condition(s) got worse 08 <input type="checkbox"/> Had to be admitted to hospital 09 <input type="checkbox"/> Had to go to doctor/emergency room 10 <input type="checkbox"/> Drug reaction 11 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	} (Skip to 14)	40-41			42-43			44-45			46-47			48-49			50-51			52-53			54-55			56-57			58-59			60-61			62-63
01 <input type="checkbox"/> Pain/Discomfort 02 <input type="checkbox"/> Dizziness/Fainting 03 <input type="checkbox"/> Disorientation 04 <input type="checkbox"/> Overdose/Withdrawal 05 <input type="checkbox"/> Change in blood pressure, breathing, or other vital signs 06 <input type="checkbox"/> Condition for which medicine prescribed got worse 07 <input type="checkbox"/> Other condition(s) got worse 08 <input type="checkbox"/> Had to be admitted to hospital 09 <input type="checkbox"/> Had to go to doctor/emergency room 10 <input type="checkbox"/> Drug reaction 11 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	} (Skip to 14)	40-41																																			
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		62-63																																			
<p>14. Do you receive help using your medications? This includes reminding you or measuring the medicines, and setting them up for you, OR do you use ALL of your medicine completely by yourself?</p> <p><i>Mark (X) only one.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> 1 <input type="checkbox"/> Receive help 2 <input type="checkbox"/> All by self 9 <input type="checkbox"/> DK </td> <td style="width: 20%;"></td> <td align="right" style="border: 1px solid black;">64</td> </tr> </table>	1 <input type="checkbox"/> Receive help 2 <input type="checkbox"/> All by self 9 <input type="checkbox"/> DK		64																																	
1 <input type="checkbox"/> Receive help 2 <input type="checkbox"/> All by self 9 <input type="checkbox"/> DK		64																																			
<p>15. Not counting financial help, do you NEED (more) help with your medicine?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> 1 <input type="checkbox"/> Yes (Go to 16) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK </td> <td style="width: 20%; text-align: center; vertical-align: middle;">} (Skip to 17)</td> <td align="right" style="border: 1px solid black;">65</td> </tr> </table>	1 <input type="checkbox"/> Yes (Go to 16) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	} (Skip to 17)	65																																	
1 <input type="checkbox"/> Yes (Go to 16) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	} (Skip to 17)	65																																			
<p>16. What do you NEED (more) help with?</p> <p>Anything else?</p> <p><i>Mark (X) all that apply.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> 1 <input type="checkbox"/> Ordering/Shopping for/Getting medicines from pharmacy 2 <input type="checkbox"/> Reminder/Monitoring/Measuring/Setting up/Taking medicines 3 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK </td> <td style="width: 20%;"></td> <td align="right" style="border: 1px solid black;">66</td> </tr> <tr> <td></td> <td></td> <td align="right" style="border: 1px solid black;">67</td> </tr> <tr> <td></td> <td></td> <td align="right" style="border: 1px solid black;">68</td> </tr> <tr> <td></td> <td></td> <td align="right" style="border: 1px solid black;">69</td> </tr> </table>	1 <input type="checkbox"/> Ordering/Shopping for/Getting medicines from pharmacy 2 <input type="checkbox"/> Reminder/Monitoring/Measuring/Setting up/Taking medicines 3 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK		66			67			68			69																								
1 <input type="checkbox"/> Ordering/Shopping for/Getting medicines from pharmacy 2 <input type="checkbox"/> Reminder/Monitoring/Measuring/Setting up/Taking medicines 3 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK		66																																			
		67																																			
		68																																			
		69																																			
<p>These next questions are about your sources of medical care.</p>																																					
<p>17. Do you have a general practitioner, internist, or family doctor whom you see regularly?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> 1 <input type="checkbox"/> Yes (Go to 18) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK </td> <td style="width: 20%; text-align: center; vertical-align: middle;">} (Skip to 26 on page 59)</td> <td align="right" style="border: 1px solid black;">70</td> </tr> </table>	1 <input type="checkbox"/> Yes (Go to 18) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	} (Skip to 26 on page 59)	70																																	
1 <input type="checkbox"/> Yes (Go to 18) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	} (Skip to 26 on page 59)	70																																			
<p>18. Which do you see most often — a general practitioner, an internist, or family doctor?</p> <p><i>Mark (X) only one.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> 1 <input type="checkbox"/> General practitioner 2 <input type="checkbox"/> Internist 3 <input type="checkbox"/> Family doctor 4 <input type="checkbox"/> DK specialty/title 9 <input type="checkbox"/> DK which seen most often </td> <td style="width: 20%;"></td> <td align="right" style="border: 1px solid black;">71</td> </tr> </table>	1 <input type="checkbox"/> General practitioner 2 <input type="checkbox"/> Internist 3 <input type="checkbox"/> Family doctor 4 <input type="checkbox"/> DK specialty/title 9 <input type="checkbox"/> DK which seen most often		71																																	
1 <input type="checkbox"/> General practitioner 2 <input type="checkbox"/> Internist 3 <input type="checkbox"/> Family doctor 4 <input type="checkbox"/> DK specialty/title 9 <input type="checkbox"/> DK which seen most often		71																																			
<p>19. Have you seen this [(provider in 18)/doctor] in the past 12 months?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> 1 <input type="checkbox"/> Yes (Go to 20) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK </td> <td style="width: 20%; text-align: center; vertical-align: middle;">} (Skip to 25 on page 59)</td> <td align="right" style="border: 1px solid black;">72</td> </tr> </table>	1 <input type="checkbox"/> Yes (Go to 20) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	} (Skip to 25 on page 59)	72																																	
1 <input type="checkbox"/> Yes (Go to 20) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	} (Skip to 25 on page 59)	72																																			
<p>20. In the past 3 months, how many times have you seen this [(provider in 18)/doctor]?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> 00 <input type="checkbox"/> None (Skip to 22 on page 59) _____ Times (Number) 99 <input type="checkbox"/> DK </td> <td style="width: 20%; text-align: center; vertical-align: middle;">} (Go to 21 on page 59)</td> <td align="right" style="border: 1px solid black;">73-74</td> </tr> </table>	00 <input type="checkbox"/> None (Skip to 22 on page 59) _____ Times (Number) 99 <input type="checkbox"/> DK	} (Go to 21 on page 59)	73-74																																	
00 <input type="checkbox"/> None (Skip to 22 on page 59) _____ Times (Number) 99 <input type="checkbox"/> DK	} (Go to 21 on page 59)	73-74																																			

Section I - OTHER SERVICES - Continued

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

- 1 Yes
2 No
9 DK

5

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

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

6

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

Mark (X) only one.

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

7

ITEM 12

Refer to question 21. (Additional visits recommended)

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

8

HAND CARD A6. Read categories if telephone interview.

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

(Anything else?)

Mark (X) all that apply.

- 01 Waiting for upcoming appointment
02 Did not like doctor or doctor's advice
03 Went to another doctor instead
04 Problems at place - long wait, no bathroom, not accessible
05 Clinic/Office in unsafe neighborhood
06 No insurance
07 Insurance did not cover
08 Can't afford it
09 Transportation problem
10 Could not get convenient appointment
11 Thought problem would go away, or problem went away
12 Used home remedy
13 Health got worse
14 Health of other family member interfered
15 Other reason
99 DK

9-10

11-12

13-14

15-16

17-18

19-20

21-22

23-24

25-26

27-28

29-30

31-32

33-34

35-36

37-38

39-40

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

Mark (X) only one.

- 1 Excellent
2 Good
3 Fair
4 Poor
9 DK

41

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

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

Any others?

Read categories if necessary.

Mark (X) all that apply.

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

26a. Regularly

26b. Most often

- 00 None (Skip to 35 on page 61)
01 Allergist/Immunologist (Allergy doctor)
02 Cardiologist (Heart doctor)
03 Dermatologist (Skin doctor)
04 Endocrinologist (Gland/Hormone doctor)
05 Gastroenterologist (Stomach doctor)
06 Hematologist (Blood doctor)
07 Nephrologist (Kidney doctor)
08 Neurologist/Neuropathologist (Nervous system doctor)
09 Neurosurgeon (Nervous system surgeon)
10 Obstetrician/Gynecologist (OB/GYN)
11 Oncologist (Cancer doctor)
12 Ophthalmologist (Eye doctor)
13 Orthopedist/Orthopedic surgeon (Bone and Muscle doctor)
14 Otolaryngologist/Otorhinolaryngologist (Ear, nose, throat doctor)
15 Physical medicine/Rehabilitation specialist (Physical therapy)
16 Podiatrist (Foot doctor)
17 Psychiatrist (Mental health doctor)
18 Pulmonary/Lung specialist (Respiratory doctor)
19 Radiologist (X-Ray/Nuclear medicine doctor)
20 Rheumatologist (Joint doctor)
21 Urologist (Urinary tract doctor)
22 Other
99 Specialist - DK type

5-6

7-8

9-10

11-12

13-14

15-16

17-18

19-20

21-22

23-24

25-26

27-28

29-30

31-32

33-34

35-36

37-38

39-40

41-42

43-44

45-46

47-48

49-50

51-52

RT 78

3-4

53-54

Specialist

Section I - OTHER SERVICES - Continued

27. Have you seen this [(specialist in 26b)/doctor] in the past 12 months?	<input type="checkbox"/> 1 Yes (Go to 28) <input type="checkbox"/> 2 No } (Skip to 29) <input type="checkbox"/> 9 DK }	5
---	--	---

28. In the past 3 months, how many times have you seen this [(specialist in 26b)/doctor]? Do not count times while an overnight patient in a hospital.	<input type="checkbox"/> 00 None (Skip to 30) <input type="checkbox"/> 01 Only while overnight patient } _____ Times } (Go to 29) (Number) <input type="checkbox"/> 99 DK	6-7
---	---	-----

29. Did this [(specialist in 26b)/doctor] ask to see you for more [than the (number in 28) visit(s)/visits]?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	8
---	--	---

30. In the past 3 months, did this [(specialist in 26b)/doctor] refer you to another doctor, therapist, or medical professional, or send you for tests or x-rays?	<input type="checkbox"/> 1 Yes (Go to 31) <input type="checkbox"/> 2 No } (Skip to Item I3) <input type="checkbox"/> 9 DK }	9
--	---	---

31. Did you or will you go for all, some, or none of the visits or tests recommended by this [(specialist in 26b)/doctor]? <i>Mark (X) only one.</i>	<input type="checkbox"/> 1 All (Go to Item I3) <input type="checkbox"/> 2 Some } (Skip to 32) <input type="checkbox"/> 3 None } <input type="checkbox"/> 9 DK (Go to Item I3)	10
--	--	----

ITEM I3	<i>Refer to question 29. (Additional visits recommended)</i>	<input type="checkbox"/> 1 "Yes" in 29 (Go to 32) <input type="checkbox"/> 2 All others (Skip to 33)	11
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<i>HAND CARD A6. Read categories if telephone interview.</i>		
32. Why did you not go for (all) your recommended visits or tests? (Anything else?) <i>Mark (X) all that apply.</i>	<input type="checkbox"/> 01 Waiting for upcoming appointment <input type="checkbox"/> 02 Did not like doctor or doctor's advice <input type="checkbox"/> 03 Went to another doctor instead <input type="checkbox"/> 04 Problems at place — long wait, no bathroom, not accessible <input type="checkbox"/> 05 Clinic/Office in unsafe neighborhood <input type="checkbox"/> 06 No insurance <input type="checkbox"/> 07 Insurance did not cover <input type="checkbox"/> 08 Can't afford it <input type="checkbox"/> 09 Transportation problem <input type="checkbox"/> 10 Could not get convenient appointment <input type="checkbox"/> 11 Thought problem would go away, or problem went away <input type="checkbox"/> 12 Used home remedy <input type="checkbox"/> 13 Health got worse <input type="checkbox"/> 14 Health of other family member interfered <input type="checkbox"/> 15 Other reason <input type="checkbox"/> 99 DK	12-13 14-15 16-17 18-19 20-21 22-23 24-25 26-27 28-29 30-31 32-33 34-35 36-37 38-39 40-41 42-43

33. How would you rate this [(specialist in 26b)/doctor] in terms of overall quality of care and services? Would you say excellent, good, fair, or poor? <i>Mark (X) only one.</i>	<input type="checkbox"/> 1 Excellent <input type="checkbox"/> 2 Good <input type="checkbox"/> 3 Fair <input type="checkbox"/> 4 Poor <input type="checkbox"/> 9 DK	44
--	--	----

<i>Refer to questions 19 and 27, then ASK or VERIFY:</i>		
34. During the past 12 months, which doctor have you seen the most often — the (provider in 18) or the (specialist in 26b)?	<input type="checkbox"/> 1 Neither seen in past 12 months (Skip to 37 on page 62) <input type="checkbox"/> 2 GP/Internist/Family doctor } (Go to 35 on page 61) <input type="checkbox"/> 3 Specialist } <input type="checkbox"/> 9 DK }	45

Notes

Section I - OTHER SERVICES - Continued

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

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

Excellent	Good	Fair	Poor	NA	DK
					46
a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					47
b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					48
c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					49
d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					50
e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					51
f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					52
g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					53
h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					54
i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					55
j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					56
k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					57
l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

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

	Yes	No	DK	
a. Your condition worsened?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	58
b. You need to be hospitalized?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	59
c. You need more medical care?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	60

Notes

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

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

Section I - OTHER SERVICES - Continued		G		H	
		RT 80 3-4		RT 80 3-4	
		07		08	
		A personal care attendant (other than family or a friend)		A reader or interpreter	
37a. During the past 12 months, did you receive any services from _____?		37a. 1 <input type="checkbox"/> Yes (Skip to 38) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Go to 37b)		37a. 1 <input type="checkbox"/> Yes (Skip to 38) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Go to 37b)	
b. Did you need the services of _____ in the past 12 months?		b. 1 <input type="checkbox"/> Yes (Skip to 41) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Go to 37a for next service)		b. 1 <input type="checkbox"/> Yes (Skip to 41) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Go to 37a for next service)	
38a. During the past 12 months, in how many months did you receive services from _____?		38a. _____ Months (Number) 99 <input type="checkbox"/> DK		38a. _____ Months (Number) 99 <input type="checkbox"/> DK	
b. What was the total number of times you received services from _____ during [that/those] month(s)?		b. _____ Times (Number) 99 <input type="checkbox"/> DK		b. _____ Times (Number) 99 <input type="checkbox"/> DK	
HAND CARD A1. Read categories if telephone interview.					
39a. Who paid or will pay for the services received from _____ in the past 12 months? (Anyone else?) Mark (X) all that apply.		39a.		39a.	
		01 <input type="checkbox"/> Self or family in household		01 <input type="checkbox"/> Self or family in household	
		02 <input type="checkbox"/> Family NOT in household		02 <input type="checkbox"/> Family NOT in household	
		03 <input type="checkbox"/> Private health insurance		03 <input type="checkbox"/> Private health insurance	
		04 <input type="checkbox"/> Medicare		04 <input type="checkbox"/> Medicare	
		05 <input type="checkbox"/> Medicaid		05 <input type="checkbox"/> Medicaid	
		06 <input type="checkbox"/> Rehabilitation program		06 <input type="checkbox"/> Rehabilitation program	
		07 <input type="checkbox"/> Employer		07 <input type="checkbox"/> Employer	
		08 <input type="checkbox"/> School system		08 <input type="checkbox"/> School system	
		09 <input type="checkbox"/> VA program		09 <input type="checkbox"/> VA program	
		10 <input type="checkbox"/> Other military		10 <input type="checkbox"/> Other military	
		11 <input type="checkbox"/> Other private source		11 <input type="checkbox"/> Other private source	
		12 <input type="checkbox"/> Other public source		12 <input type="checkbox"/> Other public source	
		13 <input type="checkbox"/> No one/Free } (Skip to 40)		13 <input type="checkbox"/> No one/Free } (Skip to 40)	
		99 <input type="checkbox"/> DK		99 <input type="checkbox"/> DK	
b. Who paid most of the cost for the services received from _____ in the past 12 months? Record number of main source.		b. <input type="text"/> Paid most (Number) 99 <input type="checkbox"/> DK		b. <input type="text"/> Paid most (Number) 99 <input type="checkbox"/> DK	
c. During the past 12 months, about how much did you or your family pay for the services received from _____? Do not count any money that has been or will be reimbursed by insurance or any other source.		c. 00000 <input type="checkbox"/> None \$ _____ . <input type="text"/> 99999 <input type="checkbox"/> DK		c. 00000 <input type="checkbox"/> None \$ _____ . <input type="text"/> 99999 <input type="checkbox"/> DK	
40. During (month), did you receive services from _____?		40. 1 <input type="checkbox"/> Yes (Skip to 37a for next service) 2 <input type="checkbox"/> No (Go to 41) 9 <input type="checkbox"/> DK (Skip 37a for next service)		40. 1 <input type="checkbox"/> Yes (Skip to 37a for next service) 2 <input type="checkbox"/> No (Go to 41) 9 <input type="checkbox"/> DK (Skip to 37a for next service)	
HAND CARD A7. Read categories if telephone interview.					
41. Why didn't you receive services from _____ [in (month)] in the past 12 months? (Anything else?) Mark (X) all that apply.		41.		41.	
		00 <input type="checkbox"/> Didn't need services		00 <input type="checkbox"/> Didn't need services	
		01 <input type="checkbox"/> Provider thinks no longer needed		01 <input type="checkbox"/> Provider thinks no longer needed	
		02 <input type="checkbox"/> Too expensive/can't afford		02 <input type="checkbox"/> Too expensive/can't afford	
		03 <input type="checkbox"/> Insurance doesn't cover		03 <input type="checkbox"/> Insurance doesn't cover	
		04 <input type="checkbox"/> Insurance no longer covers		04 <input type="checkbox"/> Insurance no longer covers	
		05 <input type="checkbox"/> No longer on Medicaid		05 <input type="checkbox"/> No longer on Medicaid	
		06 <input type="checkbox"/> Provider not available		06 <input type="checkbox"/> Provider not available	
		07 <input type="checkbox"/> Didn't like provider		07 <input type="checkbox"/> Didn't like provider	
		08 <input type="checkbox"/> Transportation problems		08 <input type="checkbox"/> Transportation problems	
		09 <input type="checkbox"/> Could not take time off from work		09 <input type="checkbox"/> Could not take time off from work	
		10 <input type="checkbox"/> Other		10 <input type="checkbox"/> Other	
		99 <input type="checkbox"/> DK		99 <input type="checkbox"/> DK	

I

09 An adult day care center or day activity center

5-6

37a. 1 Yes (Skip to 38)
2 No } (Go to 37b)
9 DK }

7

b. 1 Yes (Skip to 41)
2 No } (Go to 42 for next
9 DK } service on page 66)

8

38a. _____ Months
(Number)
99 DK

9-10

b. _____ Times
(Number)
99 DK

11-12

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

b. Paid most
(Number)
99 DK

41-42

c. 00000 None
\$ _____ .
99999 DK

43-47

40. 1 Yes (Skip to 42 for next service on page 66)
2 No (Go to 41)
9 DK (Skip to 42 for next service on page 66)

48

- 41. 00 Didn't need services 49-50
- 01 Provider thinks no longer needed 51-52
- 02 Too expensive/ can't afford 53-54
- 03 Insurance doesn't cover 55-56
- 04 Insurance no longer covers 57-58
- 05 No longer on Medicaid 59-60
- 06 Provider not available 61-62
- 07 Didn't like provider 63-64
- 08 Transportation problems 65-66
- 09 Could not take time off from work 67-68
- 10 Other 69-70
- 99 DK 71-72

Section I - OTHER SERVICES - Continued		J		K	
		3-4		3-4	
		RT 80		RT 80	
		5-6		5-6	
		10		11	
		Services for alcohol or drug abuse		Services from a center for independent living	
42a. During the past 12 months, did you receive _____?		42a.		42a.	
		1 <input type="checkbox"/> Yes (Skip to 43)		1 <input type="checkbox"/> Yes (Skip to 43)	
		2 <input type="checkbox"/> No } (Go to 42b)		2 <input type="checkbox"/> No } (Go to 42b)	
		9 <input type="checkbox"/> DK } (Go to 42b)		9 <input type="checkbox"/> DK } (Go to 42b)	
b. Did you need _____ in the past 12 months?		b.		b.	
		1 <input type="checkbox"/> Yes (Skip to 46)		1 <input type="checkbox"/> Yes (Skip to 46)	
		2 <input type="checkbox"/> No } (Go to 42a for next service)		2 <input type="checkbox"/> No } (Go to 42a for next service)	
		9 <input type="checkbox"/> DK } (Go to 42a for next service)		9 <input type="checkbox"/> DK } (Go to 42a for next service)	
43a. During the past 12 months in how many months did you receive _____?		43a.		43a.	
		____ Months		____ Months	
		(Number)		(Number)	
		99 <input type="checkbox"/> DK		99 <input type="checkbox"/> DK	
b. What was the total number of times you received _____ during [that/those] month(s)?		b.		b.	
		____ Times		____ Times	
		(Number)		(Number)	
		99 <input type="checkbox"/> DK		99 <input type="checkbox"/> DK	
HAND CARD A1. Read categories if telephone interview.					
44a. Who paid or will pay for _____ in the past 12 months? (Anyone else?)		44a.		44a.	
Mark (X) all that apply.		01 <input type="checkbox"/> Self or family in household		01 <input type="checkbox"/> Self or family in household	
		02 <input type="checkbox"/> Family NOT in household		02 <input type="checkbox"/> Family NOT in household	
		03 <input type="checkbox"/> Private health insurance		03 <input type="checkbox"/> Private health insurance	
		04 <input type="checkbox"/> Medicare		04 <input type="checkbox"/> Medicare	
		05 <input type="checkbox"/> Medicaid		05 <input type="checkbox"/> Medicaid	
		06 <input type="checkbox"/> Rehabilitation program		06 <input type="checkbox"/> Rehabilitation program	
		07 <input type="checkbox"/> Employer		07 <input type="checkbox"/> Employer	
		08 <input type="checkbox"/> School system		08 <input type="checkbox"/> School system	
		09 <input type="checkbox"/> VA program		09 <input type="checkbox"/> VA program	
		10 <input type="checkbox"/> Other military		10 <input type="checkbox"/> Other military	
		11 <input type="checkbox"/> Other private source		11 <input type="checkbox"/> Other private source	
		12 <input type="checkbox"/> Other public source		12 <input type="checkbox"/> Other public source	
		13 <input type="checkbox"/> No one/Free } (Skip to 45)		13 <input type="checkbox"/> No one/Free } (Skip to 45)	
		99 <input type="checkbox"/> DK } (Skip to 45)		99 <input type="checkbox"/> DK } (Skip to 45)	
b. Who paid most of the cost for _____ in the past 12 months? Record number of main source.		b.		b.	
Ask if more than one source in 44a. If only one, transcribe number of box marked without asking.		____ Paid most		____ Paid most	
		(Number)		(Number)	
		99 <input type="checkbox"/> DK		99 <input type="checkbox"/> DK	
c. During the past 12 months, about how much did you or your family pay for _____? Do not count any money that has been or will be reimbursed by insurance or any other source.		c.		c.	
Ask only if box 01 marked in 44a; otherwise, skip to 45.		00000 <input type="checkbox"/> None		00000 <input type="checkbox"/> None	
		\$ _____		\$ _____	
		99999 <input type="checkbox"/> DK		99999 <input type="checkbox"/> DK	
45. During (month), did you receive _____?		45.		45.	
		1 <input type="checkbox"/> Yes (Skip to 42a for next service)		1 <input type="checkbox"/> Yes (Skip to 42a for next service)	
		2 <input type="checkbox"/> No (Go to 46)		2 <input type="checkbox"/> No (Go to 46)	
		9 <input type="checkbox"/> DK (Skip to 42a for next service)		9 <input type="checkbox"/> DK (Skip to 42a for next service)	
HAND CARD A7. Read categories if telephone interview.					
46. Why didn't you receive _____ [in (month)] in the past 12 months? (Anything else?)		46.		46.	
Mark (X) all that apply.		00 <input type="checkbox"/> Didn't need services		00 <input type="checkbox"/> Didn't need services	
		01 <input type="checkbox"/> Provider thinks no longer needed		01 <input type="checkbox"/> Provider thinks no longer needed	
		02 <input type="checkbox"/> Too expensive/can't afford		02 <input type="checkbox"/> Too expensive/can't afford	
		03 <input type="checkbox"/> Insurance doesn't cover		03 <input type="checkbox"/> Insurance doesn't cover	
		04 <input type="checkbox"/> Insurance no longer covers		04 <input type="checkbox"/> Insurance no longer covers	
		05 <input type="checkbox"/> No longer on Medicaid		05 <input type="checkbox"/> No longer on Medicaid	
		06 <input type="checkbox"/> Provider not available		06 <input type="checkbox"/> Provider not available	
		07 <input type="checkbox"/> Didn't like provider		07 <input type="checkbox"/> Didn't like provider	
		08 <input type="checkbox"/> Transportation problems		08 <input type="checkbox"/> Transportation problems	
		09 <input type="checkbox"/> Could not take time off from work		09 <input type="checkbox"/> Could not take time off from work	
		10 <input type="checkbox"/> Other		10 <input type="checkbox"/> Other	
		99 <input type="checkbox"/> DK		99 <input type="checkbox"/> DK	

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

Section I - OTHER SERVICES - Continued

HAND CARD A8.

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

- 1 Yes (Go to 47b)
- 2 No } (Skip to 48)
- 9 DK }

5

b. For which of these services are you on a waiting list? (Any others?)

Mark (X) all that apply.

- 01 A physical therapist
- 02 An occupational therapist
- 03 An audiologist
- 04 A speech therapist or pathologist
- 05 A recreational therapist
- 06 A visiting nurse
- 07 A personal care attendant, other than a family member or friend
- 08 A reader or interpreter
- 09 An adult day care center or day activity center
- 10 Services for alcohol or drug abuse
- 11 Services from a center for independent living
- 12 Respiratory therapy services
- 13 Social work services
- 14 Transportation services
- 99 DK

- 6-7
- 8-9
- 10-11
- 12-13
- 14-15
- 16-17
- 18-19
- 20-21
- 22-23
- 24-25
- 26-27
- 28-29
- 30-31
- 32-33
- 34-35

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

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

36

HAND CARD A9. Read categories if telephone interview.

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

(Anywhere else?)

Mark (X) all that apply.

- 1 Private or public psychiatric hospital
- 2 Psychiatric services in a general hospital
- 3 Other hospital
- 4 Residential treatment center
- 5 Other place
- 9 DK

- 37
- 38
- 39
- 40
- 41
- 42

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

_____ Times admitted
(Number)

99 DK

43-44

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

_____ Nights
(Number)

999 DK

45-47

ITEM 14

Refer to question 49a. (Number of admissions)

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

48

50a. Was that admission on an emergency basis?

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

49

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

00 None

_____ Emergency admissions } (Skip to 51 on page 69)
(Number)

99 DK

50-51

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

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

52

d. How many admissions were on an emergency basis?

_____ Emergency admissions
(Number)

99 DK

53-54

Section I - OTHER SERVICES - Continued

HAND CARD A1. Read categories if telephone interview.

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

(Anyone else?)

Mark (X) all that apply.

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

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

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

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

Record number of main source.

Paid most
(Number)

99 DK

83-84

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

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

00000 None

\$ _____ .

99999 DK

85-89

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

HAND CARD A10. Read categories if telephone interview.

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

(Anyone else?)

Mark (X) all that apply.

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

90

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

91
92
93
94
95
96
97
98

HAND CARD A11. Read categories if telephone interview.

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

(Anywhere else?)

Mark (X) all that apply.

- 1 Doctor's/Other health professional's office, NOT a clinic
- 2 Outpatient mental health clinic, such as a community mental health center
- 3 Outpatient medical clinic
- 4 HMO
- 5 Other place
- 9 DK

99
100
101
102
103
104

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

_____ Month(s)
(Number)

99 DK

105-106

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

_____ Outpatient visit(s)
(Number)

999 DK

107-109

ITEM 15

*Refer to question 53b.
(Number of visits)*

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

110

Notes

Section I - OTHER SERVICES - Continued

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

<p><i>HAND CARD A1. Read categories if telephone interview.</i></p> <p>55a. Who paid or will pay for the outpatient mental health services you received during the past 12 months? (Anyone else?)</p> <p><i>Mark (X) all that apply.</i></p>	<p>01 <input type="checkbox"/> Self or family in household } 13-14 02 <input type="checkbox"/> Family NOT in household } 15-16 03 <input type="checkbox"/> Private health insurance } 17-18 04 <input type="checkbox"/> Medicare } 19-20 05 <input type="checkbox"/> Medicaid } 21-22 06 <input type="checkbox"/> Rehabilitation program } 23-24 07 <input type="checkbox"/> Employer } 25-26 08 <input type="checkbox"/> School system } 27-28 09 <input type="checkbox"/> VA program } 29-30 10 <input type="checkbox"/> Other military } 31-32 11 <input type="checkbox"/> Other private source } 33-34 12 <input type="checkbox"/> Other public source } 35-36 13 <input type="checkbox"/> No one/Free } (Skip to 56) } 37-38 99 <input type="checkbox"/> DK } 39-40</p>	
<p><i>Ask if more than one source in 55a. If only one source, transcribe the number of the box marked without asking.</i></p> <p>b. Who paid for most of the cost of the outpatient mental health services?</p> <p><i>Record number of the main source.</i></p>	<p><input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> Paid most (Number) 99 <input type="checkbox"/> DK</p>	41-42
<p><i>Ask only if box 01 marked in 55a; otherwise, skip to 56.</i></p> <p>c. During the past 12 months, about how much did you or your family pay for the outpatient mental health services? Do not count any money that has been or will be reimbursed by insurance or any other source.</p>	<p>00000 <input type="checkbox"/> None \$ _____ . <input style="width: 20px; height: 15px; text-align: center;" type="text"/> 00 99999 <input type="checkbox"/> DK</p>	43-47

<p>56. During the past 12 months, did you receive any services from a mental health community support program?</p> <p><i>Read if necessary: A community support program for clients with mental or emotional problems makes available mental health, health, social and support services based on individual need.</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	48
---	---	----

<p>57. During the past 12 months, were you on a waiting list for outpatient mental health services?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	49
--	---	----

<p>ITEM 16</p>	<p><i>Refer to questions 48a on page 68, 52a on page 69, and question 56 above. (Any mental health services)</i></p>	<p>1 <input type="checkbox"/> "Yes" in 48a, 52a, or 56 (Go to 58 on page 71) 2 <input type="checkbox"/> All other (Skip to 59 on page 71)</p>	50
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Notes

Section I - OTHER SERVICES - Continued

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

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

51

HAND CARD A7. Read categories if telephone interview.

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

Mark (X) all that apply.

- 00 Didn't need services
- 01 Provider thinks no longer needed
- 02 Too expensive/can't afford
- 03 Insurance does not cover
- 04 Insurance no longer covers
- 05 No longer on Medicaid
- 06 Provider not available
- 07 Didn't like provider
- 08 Transportation problems
- 09 Could not take time off from work
- 10 Other reasons
- 99 DK

52-53
54-55
56-57
58-59
60-61
62-63
64-65
66-67
68-69
70-71
72-73
74-75

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

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

76

HAND CARD A12. Read categories if telephone interview.

b. Which of these statements explain why you did not receive the mental health services you needed? (Any other reason?)

Mark (X) all that apply.

- 00 Did not try to get mental health services during the past 12 months
- 01 Too expensive/can't afford
- 02 Didn't know where to go to get services
- 03 No mental health services nearby
- 04 No nearby provider who accepts Medicaid
- 05 Private insurance does not cover the services
- 06 Did not have insurance
- 07 Transportation problems
- 08 Trouble finding the right kind of mental health professional
- 09 Language barrier
- 10 Could not take time off from work
- 11 Other reasons
- 99 DK

77-78
79-80
81-82
83-84
85-86
87-88
89-90
91-92
93-94
95-96
97-98
99-100
101-102

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

- 1 Yes
- 2 No
- 9 DK

103

The next questions are about the coordination of services.

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

- 1 Yes
- 2 No
- 9 DK

104

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

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

105

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

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

106

b. Who does this for you?

Anyone else?

Mark (X) all that apply.

- 0 Self
- 1 Friend/Family member
- 2 Nurse
- 3 Therapist
- 4 Social worker
- 5 Hospital discharge planner
- 6 Case manager
- 7 Other
- 9 DK

107
108
109
110
111
112
113
114
115

Section I - OTHER SERVICES - Continued

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

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

5

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

Mark (X) only one.

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

6

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

Mark (X) all that apply.

- 1 **Physician?**
- 2 **Therapist?**
- 3 **Nurse?**
- 4 **Social worker?**
- 5 **Hospital discharge planner?**
- 6 **Case manager?**
- 7 **Something else?**
- 9 DK

7
8
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14

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

- 1 Yes (Go to 64b)
 - 2 No
 - 3 Does by self
 - 9 DK
- } (Skip to Item 17)

15

b. Who does this for you?

Anyone else?

Mark (X) all that apply.

- 0 Self
- 1 Friend/Family member
- 2 Nurse
- 3 Therapist
- 4 Social worker
- 5 Hospital discharge planner
- 6 Case manager
- 7 Other
- 9 DK

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17
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ITEM 17

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

- 1 "Yes" marked in 61a and/or 63a (Skip to 65)
- 2 "Yes" marked in 62a and/or 64a (Go to Item 18)
- 3 All others (Skip to 69 on page 73)

25

ITEM 18

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

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

26

HAND CARD A13. Read categories if telephone interview.

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

(Anything else?)

Mark (X) all that apply.

- 01 Helps make medical appointments with (other) doctors
- 02 Makes appointments with nurses/therapists/dieticians
- 03 Follows up to be sure appointments are kept
- 04 Arranges transportation to appointments
- 05 Makes referrals to doctors
- 06 Makes referrals to nurses/therapists/dieticians
- 07 Checks to see if needs or conditions have changed
- 08 Makes sure I am doing exercises or following diet
- 09 Reviews medications
- 10 Explains medical procedures or terms
- 11 Helps with insurance or other benefits
- 12 Arranges for home care
- 13 Arranges for vocational rehabilitation services
- 14 Helps develop a personal care plan
- 15 Evaluates need for services
- 16 Arranges special education services
- 17 Tries to find volunteers to help me
- 18 Tries to find workers/agencies to help me
- 19 Arranges for home delivered meals
- 20 Makes sure friends/family are able to help me
- 21 Other
- 99 DK

27-28
29-30
31-32
33-34
35-36
37-38
39-40
41-42
43-44
45-46
47-48
49-50
51-52
53-54
55-56
57-58
59-60
61-62
63-64
65-66
67-68
69-70

ITEM 19

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

- 1 Any of boxes 2-9 marked (Go to 66 on page 73)
- 2 All others/nothing marked in 64b (Skip to 70 on page 73)

71

Section I - OTHER SERVICES - Continued

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

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

72

HAND CARD A1. Read categories if telephone interview.

b. Who paid or will pay for this help?

(Anyone else?)

Mark (X) all that apply.

- 01 Self or family in household
 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
 99 DK (Skip to 67)

- 73-74
75-76
77-78
79-80
81-82
83-84
85-86
87-88
89-90
91-92
93-94
95-96
97-98

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

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

Record number of the main source.

Paid most
(Number)

99 DK

99-100

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

- 000 None
 _____ (Number) }
 1 Per week
 2 Per month
 3 Per six months
 999 DK

101-103

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

Mark (X) only one.

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

104

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

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

105

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

Mark (X) only one.

- 1 Yes } (Go to 70b)
 2 No }
 3 Never filled forms/applications (Skip to Item 110 on page 74)
 9 DK (Go to 70b)

106

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

Mark (X) all that apply.

- 0 No one
 1 Household member
 2 Friend/Other relative not in household
 3 Paid caregiver
 4 Volunteer from organization
 5 Other
 9 DK

- 107
108
109
110
111
112
113

Notes

Section I - OTHER SERVICES - Continued

5

**ITEM
I10**

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

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

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

Yes No DK

- a. Peer counseling? **a.** 1 2 9 6
- b. Employment counseling, training, or referral? **b.** 1 2 9 7
- c. Help with accommodations at home? **c.** 1 2 9 8
- d. Help with accommodations at work? **d.** 1 2 9 9
- e. Help with accommodations in transportation? **e.** 1 2 9 10
- f. Legal rights counseling? **f.** 1 2 9 11
- g. Attendant referral or personal assistant services? **g.** 1 2 9 12
- h. Recreational services? **h.** 1 2 9 13
- i. Transportation services? **i.** 1 2 9 14
- j. Getting assistive technology? **j.** 1 2 9 15
- k. Advocacy services? **k.** 1 2 9 16

17

**ITEM
I11**

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

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

HAND CARD A14. Read categories if telephone interview.

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

(Anything else?)

Mark (X) all that apply.

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

Notes

Section J - SELF DIRECTION

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

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

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

5

b. Who generally gives medical consent for you?

Mark (X) only one.

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

6

**ITEM
J1**

Refer to SP's age.

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

7

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

- 1 Yes
- 2 No
- 9 DK

8

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

- 1 Yes
- 2 No
- 9 DK

9

Notes

Section J - SELF DIRECTION - Continued

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

10

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

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

HAND CARD A15. Read categories if telephone interview.

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

(Anything else?)

Mark (X) all that apply.

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

HAND CARD A16. Read categories if telephone interview.

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

(Anything else?)

Mark (X) all that apply.

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

HAND CARD A17. Read categories if telephone interview.

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

Mark (X) all that apply.

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

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

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

99

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

Any other reason?

Mark (X) all that apply.

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

Section J – SELF DIRECTION – Continued

<p>5. DURING THE PAST 12 MONTHS, did you receive any instruction through special education about how to get and keep a job?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	5
<p>6a. DURING THE PAST 12 MONTHS, have you tried to get any (additional) special education services?</p>	<p>1 <input type="checkbox"/> Yes (Go to 6b) 2 <input type="checkbox"/> No } (Skip to 7) 9 <input type="checkbox"/> DK }</p>	6
<p><i>HAND CARD A15. Read categories if telephone interview.</i></p>		
<p>b. What (additional) special education services did you try to get? (Anything else?) <i>Mark (X) all that apply.</i></p>	<p>01 <input type="checkbox"/> Transportation services 02 <input type="checkbox"/> Speech/Language therapy 03 <input type="checkbox"/> Audiology services for hearing problems (such as testing, evaluation, and training) 04 <input type="checkbox"/> Mental health or counseling services 05 <input type="checkbox"/> Developmental testing 06 <input type="checkbox"/> Physical therapy 07 <input type="checkbox"/> Occupational therapy 08 <input type="checkbox"/> Recreational therapy 09 <input type="checkbox"/> Respiratory therapy 10 <input type="checkbox"/> Social work services 11 <input type="checkbox"/> Eyeglasses 12 <input type="checkbox"/> Hearing aids 13 <input type="checkbox"/> Wheelchair 14 <input type="checkbox"/> Other assistive devices and training in their use 15 <input type="checkbox"/> Medical services for diagnostic and evaluation purposes 16 <input type="checkbox"/> Communication services (such as reader, interpreter, writer) 17 <input type="checkbox"/> Nursing services 18 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK</p>	<p>7-8 9-10 11-12 13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44</p>
<p><i>HAND CARD A18. Read categories if telephone interview.</i></p>		
<p>c. During the past 12 months were you on a waiting list for any special education services?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	45
<p>d. What problems did you have trying to get (additional) special education services during the past 12 months? (Anything else?) <i>Mark (X) all that apply.</i></p>	<p>0 <input type="checkbox"/> No problem getting services 1 <input type="checkbox"/> Service is not available 2 <input type="checkbox"/> Had trouble finding the right kind of service 3 <input type="checkbox"/> Services available are inadequate 4 <input type="checkbox"/> School did not think services were needed 5 <input type="checkbox"/> School would not test for disabilities 6 <input type="checkbox"/> School would not help in finding services 7 <input type="checkbox"/> Could not take time off from work to arrange it 8 <input type="checkbox"/> Other problems 9 <input type="checkbox"/> DK</p>	<p>46 47 48 49 50 51 52 53 54 55</p>
<p>7. Overall, how satisfied are you with the educational services that you receive? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?</p>	<p>0 <input type="checkbox"/> Does not receive any educational services 1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Somewhat satisfied 3 <input type="checkbox"/> Somewhat dissatisfied 4 <input type="checkbox"/> Very dissatisfied 9 <input type="checkbox"/> DK</p>	56

Notes

Section K – FAMILY STRUCTURE, RELATIONSHIPS, AND LIVING ARRANGEMENTS

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

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

Mark (X) only one.

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

5

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

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

6-7

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

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

8-9

ITEM K1

Status of SP.

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

10

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

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

11-12

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

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

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

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

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

RT 88

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

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

<p>5a. Including step and adopted children, how many LIVING SONS do you have?</p>	<p>00 <input type="checkbox"/> None</p> <p>_____ Sons (Number)</p> <p>99 <input type="checkbox"/> DK</p>	<p>5-6</p>
<p>b. Including step and adopted children, how many LIVING DAUGHTERS do you have?</p>	<p>00 <input type="checkbox"/> None</p> <p>_____ Daughters (Number)</p> <p>99 <input type="checkbox"/> DK</p>	<p>7-8</p>
<p>ITEM K2</p> <p><i>Refer to 5a and 5b above. (Living children)</i></p>	<p>1 <input type="checkbox"/> 1+ living children (Go to Item K3) 2 <input type="checkbox"/> All others (Skip to Item K4 on page 80)</p>	<p>9</p>
<p>ITEM K3</p> <p><i>Refer to question 4 on page 78. (Household composition)</i></p>	<p>1 <input type="checkbox"/> Any of SP's child(ren) in HH (Skip to 7) 2 <input type="checkbox"/> All others (Go to 6)</p>	<p>10</p>
<p>6a. How quickly can [any of your children/your son/your daughter] get here?</p> <p><i>If asked, "Here" means where the SP resides.</i></p>	<p>_____ { (Number) 1 <input type="checkbox"/> Minutes 2 <input type="checkbox"/> Hours 3 <input type="checkbox"/> Days</p> <p>999 <input type="checkbox"/> DK</p>	<p>11-13</p>
<p>b. How often do you see [any of your children/your son/your daughter]?</p>	<p>000 <input type="checkbox"/> Less than once a year/never</p> <p>_____ { (Times) 1 <input type="checkbox"/> Per day 2 <input type="checkbox"/> Per week 3 <input type="checkbox"/> Per month 4 <input type="checkbox"/> Per year</p> <p>999 <input type="checkbox"/> DK</p>	<p>14-16</p>
<p>c. How often do you talk on the telephone with [any of your children/your son/your daughter]?</p>	<p>000 <input type="checkbox"/> Less than once a year/never</p> <p>_____ { (Times) 1 <input type="checkbox"/> Per day 2 <input type="checkbox"/> Per week 3 <input type="checkbox"/> Per month 4 <input type="checkbox"/> Per year</p> <p>999 <input type="checkbox"/> DK</p>	<p>17-19</p>
<p>d. How often do you get mail from [any of your children/your son/your daughter]?</p>	<p>000 <input type="checkbox"/> Less than once a year/never</p> <p>_____ { (Times) 1 <input type="checkbox"/> Per day 2 <input type="checkbox"/> Per week 3 <input type="checkbox"/> Per month 4 <input type="checkbox"/> Per year</p> <p>999 <input type="checkbox"/> DK</p>	<p>20-22</p>
<p>7. [Do your children/Does your son/Does your daughter] routinely give you money to help with your living expenses or pay your bills?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK</p>	<p>23</p>

Notes

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

ITEM K4	<p>Refer to question 4 on page 78. (Household composition)</p> <p>Mark (X) first appropriate box.</p>	<p>1 <input type="checkbox"/> SP is institutionalized 2 <input type="checkbox"/> SP lives alone 3 <input type="checkbox"/> SP lives w/spouse only 4 <input type="checkbox"/> Other (Go to 8)</p> <p>} (Skip to 11)</p>	24	
<p>8. (Other than your spouse) [is/are any of] the person(s) living with you 18 years of age or older?</p>		<p>1 <input type="checkbox"/> Yes (Go to 9) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>} (Skip to 11)</p>	25	
<p>9. Do you live with [these people/this person] NOW because YOU need to share living expenses?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	26	
<p>10. Do you live with [these people/this person] NOW because of a health or physical problem YOU have?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	27	
<p>11. Including step and adopted brothers, how many LIVING brothers do you have?</p>		<p>00 <input type="checkbox"/> None</p> <p>_____ Brothers (Number)</p> <p>99 <input type="checkbox"/> DK</p>	28-29	
<p>12. Including step and adopted sisters, how many LIVING sisters do you have?</p>		<p>00 <input type="checkbox"/> None</p> <p>_____ Sisters (Number)</p> <p>99 <input type="checkbox"/> DK</p>	30-31	
<p>ASK OR VERIFY:</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		32
<p>13a. Is your mother still living?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		33
<p>b. Is your father still living?</p>				

Notes

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

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

Notes

Section L - CONDITIONS AND IMPAIRMENTS

ITEM L1	<i>Refer to SP's age.</i>	1 <input type="checkbox"/> 70+ (Go to 1) 2 <input type="checkbox"/> Under 70 (Skip to Section O on page 87)	5
<p>Now I'm going to ask some questions about vision and hearing. Please tell me if you have any of the following conditions, even if you have mentioned them before.</p>			
<p>1. Do you NOW have —</p>		Yes No DK	
<p>a. Cataracts?</p>		<p>a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	6
<p>b. Glaucoma?</p>		<p>b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	7
<p>c. Blindness in both eyes?</p>		<p>c. 1 <input type="checkbox"/> (<i>Skip to 3</i>) 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	8
<p>d. Blindness in one eye?</p>		<p>d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	9
<p>e. Any other trouble seeing with one or both eyes, EVEN when wearing glasses?</p>		<p>e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	10
<p>2a. Do you use eyeglasses? Include eyeglasses that just magnify.</p>		1 <input type="checkbox"/> Yes (<i>Go to 2b</i>) 2 <input type="checkbox"/> No } (<i>Skip to 2c</i>) 9 <input type="checkbox"/> DK }	11
<p>b. Were these eyeglasses prescribed for you?</p>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	12
<p>c. Do you use contact lenses?</p>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	13
<p>3. Have you EVER had an operation for cataracts?</p>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	14
ITEM L2	<i>Refer to 1c above. (Blind in both eyes)</i>	1 <input type="checkbox"/> "Yes" marked in 1c (<i>Skip to 6</i>) 2 <input type="checkbox"/> All others (<i>Go to 4</i>)	15
<p>4. Do you have a lens implant?</p>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	16
<p>5. Do you use a magnifying glass to read or to do other close work?</p>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	17
<p>6. Do you NOW have —</p>		Yes No DK	
<p>a. Deafness in both ears?</p>		<p>a. 1 <input type="checkbox"/> (<i>Skip to 7</i>) 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	18
<p>b. Deafness in one ear?</p>		<p>b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	19
<p>c. Any other trouble hearing with one or both ears ?</p>		<p>c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	20

Notes

Section L - CONDITIONS AND IMPAIRMENTS - Continued

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

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

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

7a. Have you EVER had —

b. In what year [did/was] (condition) first [occur/noticed]?

c. Did a doctor ever tell you that you had (condition)?

d. Do you still have (condition)?

(1) A broken hip?

- 1 Yes
2 No
9 DK

5

(1) 6-7

- 19 ____ Year
99 DK

(2) Osteoporosis?

- 1 Yes
2 No
9 DK

8

(2) 9-10

- 19 ____ Year
99 DK

- (2) 11
1 Yes
2 No
9 DK

(3) Diabetes?

- 1 Yes
2 No
9 DK

12

(3) 13-14

- 19 ____ Year
99 DK

- (3) 15
1 Yes
2 No
9 DK

- (3) 16
1 Yes
2 No
9 DK

(4) Arthritis?

- 1 Yes
2 No
9 DK

17

(4) 18-19

- 19 ____ Year
99 DK

- (4) 20
1 Yes
2 No
9 DK

(5) Chronic bronchitis or emphysema?

- 1 Yes
2 No
9 DK

21

(5) 22-23

- 19 ____ Year
99 DK

- (5) 24
1 Yes
2 No
9 DK

- (5) 25
1 Yes
2 No
9 DK

(6) Asthma?

- 1 Yes
2 No
9 DK

26

(6) 27-28

- 19 ____ Year
99 DK

- (6) 29
1 Yes
2 No
9 DK

- (6) 30
1 Yes
2 No
9 DK

(7) Hypertension, sometimes called high blood pressure?

- 1 Yes
2 No
9 DK

31

(7) 32-33

- 19 ____ Year
99 DK

- (7) 34
1 Yes
2 No
9 DK

- (7) 35
1 Yes
2 No
9 DK

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

- 1 Yes
2 No
9 DK

36

(8) 37-38

- 19 ____ Year
99 DK

- (8) 39
1 Yes
2 No
9 DK

(9) Any other heart disease?

- 1 Yes
2 No
9 DK

40

(9) 41-42

- 19 ____ Year
99 DK

- (9) 43
1 Yes
2 No
9 DK

(10) A stroke or cerebrovascular accident?

- 1 Yes
2 No
9 DK

44

(10) 45-46

- 19 ____ Year
99 DK

- (10) 47
1 Yes
2 No
9 DK

(11) Cancer of any kind?

- 1 Yes
2 No
9 DK

48

(11) 49-50

- 19 ____ Year
99 DK

- (11) 51
1 Yes
2 No
9 DK

- (11) 52
1 Yes
2 No
9 DK

ITEM L3

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

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

53

Hand card A19. Read categories if telephone interview.

8. What kind of cancer [was/is] it? (Anything else?)

Mark (X) all that apply.

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

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

Section L - CONDITIONS AND IMPAIRMENTS - Continued

9a. Do you sometimes have trouble with dizziness?

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

80

b. Does dizziness prevent you in any way from doing things you otherwise could do?

- 1 Yes
- 2 No
- 9 DK

81

10. Do you have trouble biting or chewing any kinds of food, such as firm meat or apples?

If asked, this includes while wearing false teeth or dentures.

- 1 Yes
- 2 No
- 9 DK

82

Notes

Section M - HEALTH OPINIONS AND BEHAVIORS

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

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

Section N - COMMUNITY SERVICES

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

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

READ TO RESPONDENT - The next questions are about community services.

1. [In the past 12 months/In the 12 months prior to coming to this (type of institution)], did you —

2. How often did you use it — frequently, sometimes, or rarely?

a. Use a senior center?

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

29

a.

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

30

b. Use special transportation for the elderly?

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

31

b.

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

32

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

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

33

c.

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

34

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

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

35

d.

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

36

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

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

37

e.

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

38

f. Use information and referral services?

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

39

f.

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

40

Notes

Section O - UPDATE CONTACT PERSON INFORMATION

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

**ITEM
01**

Refer to CP on label.

5

- 1 CP on label (Ask 1a)
- 2 No CP on label (Ask 1b)

1a. The last time a Census Bureau interviewer talked to you or your family, we were told that (CP on label) will always know how to get in touch with you if we want to contact you again. Is (CP on label) still the best person to contact if we are unable to reach you?

6

- 1 Yes (Verify CP's address and phone number. If incorrect, enter correct information in 2 below.)
- 2 No (Go to 1b)

b. The National Center for Health Statistics would like the name, address, and telephone number of a relative or friend who would know where you could be reached in case we need additional health information in the future but cannot reach you. Please give me the name of someone who is not currently living in the household.

(Record information in 2.)

2. Contact Person current information

Last name 7-26 First name 27-41 Mi 42

Number and street 43-67

City 68-87 State 88-89 ZIP Code 90-98

Telephone

Area code 99-101 Number 102-108 None DK 109

- Refused

Notes

Section P – INTERVIEWER OBSERVATIONS

ITEM P1	Mark (X) the one that best represents this interview.	1 <input type="checkbox"/> Self response without assistance (Skip to Item P2) 2 <input type="checkbox"/> Self response with assistance (Go to 1a) 3 <input type="checkbox"/> Proxy (Skip to 1b)	5
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	ASK OR VERIFY: 1a. How is (assistant) related to you? <i>If more than one assistant, indicate the relationship of the one you consider to be the main assistant.</i>	00 <input type="checkbox"/> Parent 01 <input type="checkbox"/> Spouse 02 <input type="checkbox"/> Son/Daughter 03 <input type="checkbox"/> Son-in-law/Daughter-in-law 04 <input type="checkbox"/> Grandchild/Great grandchild 05 <input type="checkbox"/> Brother/Sister 06 <input type="checkbox"/> Brother-in-law/Sister-in-law 07 <input type="checkbox"/> Aunt/Uncle/Cousin 08 <input type="checkbox"/> Niece/Nephew 09 <input type="checkbox"/> Other relative 10 <input type="checkbox"/> Roommate/Friend/Neighbor 11 <input type="checkbox"/> Other non-relative	6-7
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(Skip to 1c)

	----- b. How are you related to (sample person)? <i>If more than one proxy, direct this question to the one you consider to be the main proxy.</i>	00 <input type="checkbox"/> Parent 01 <input type="checkbox"/> Spouse 02 <input type="checkbox"/> Son/Daughter 03 <input type="checkbox"/> Son-in-law/Daughter-in-law 04 <input type="checkbox"/> Grandchild/Great grandchild 05 <input type="checkbox"/> Brother/Sister 06 <input type="checkbox"/> Brother-in-law/Sister-in-law 07 <input type="checkbox"/> Aunt/Uncle/Cousin 08 <input type="checkbox"/> Niece/Nephew 09 <input type="checkbox"/> Other relative 10 <input type="checkbox"/> Roommate/Friend/Neighbor 11 <input type="checkbox"/> Other non-relative	8-9
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	ASK OR VERIFY: c. Do(es) [you/(assistant)] live here?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	10
--	---	--	----

	Mark each to indicate why a proxy/assistant was needed.		
		Yes No	
2a. Sample person hospitalized	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	11
b. Sample person institutionalized	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	12
c. Sample person's hearing problem	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	13
d. Sample person's speech problem	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	14
e. Sample person's language problem	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	15
f. Sample person's poor memory, senility, or confusion	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	16
g. Sample person's Alzheimer's disease	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	17
h. Sample person's other mental condition	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	18
i. Sample person's other physical illness and/or disability	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	19
j. Other non-health related reason	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	20

ITEM P2	Refer to SP's age.	1 <input type="checkbox"/> 70+ (Go to 3) 2 <input type="checkbox"/> Under 70 (END interview)	21
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	The "respondent" in the following items refers to the sample person if he/she answered questions with or without assistance, or to the proxy if the sample person was not interviewed.			
3. Do you feel the —		Yes No DK		
a. Respondent was intellectually capable of responding?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	22
b. Respondent's answers were reasonably accurate?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23
c. Respondent understood the questions?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24

Section P – INTERVIEWER OBSERVATIONS – Continued

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