Introduction	2
Section A – Filter Questions	2
Section B – Hearing Filter Questions	
Section C - Hearing Aids	5
Section D – Seeing Filter	40
Section E - Seeing Aids	
Section F - Communication Filter Questions	
Section G - Communication Aids	
Section H – Mobility Filter	89
Section I - Mobility Aids	
Section J – Agility Filter	123
Section K – Agility Aids	124
Section L – Learning Filter	
Section M – Learning Aids	145
Section N - Developmental Filter	182
Section N - Developmental Filter	185
Section P – Chronic Conditions Filter	186
Section Q – False Positive	
Section R – Main Condition	204
Section S – Diagnostic Questions	206
Section T – General Health Questions	209
Section U - Medications and Drugs Questions	
Section V – Other Aids and Equipment	213
Section W – Health Care Professionals Mocule	229
Section X – Other Needs Module	
Section Y – Help with Personal C re Module	
Section Z - Help Moving About Module	
Section AA - Additional Help Module	
Section BB - Help with Youse work, Responsibilities and Activities Module	
Section CC - Help with Appointments Module	
Section DD - Impact on the Parents Module	
Section EE – Child Care Type Module	
Section FF - Child Care Satisfaction Module	257
Section GC – General Education Module	
Section HH - Special Education Module	
Section III - Special Education Woulde	
Section IJ – Education Type Module	
Section KK - Education Last School Year Module	
Section LL – Education Aids	
Section MM - Education and School Participation Module	
Section NN – Education Transportation Module	
Section OO – Education Assessment Module	
Section PP – Social Skills Module	
Section QQ - Leisure and Recreation Interest and Activities Module	
Section RR – Leisure Recreation Computer Questions	
Section SS – Home Accommodation Special Features Module	306

Se	ction T	T - Transportation Special Features Module	314
Se	ction U	U – Transportation Specialized Bus Service Module	316
Se	ction V	V – Transportation Taxi Module	318
Sec	ction W	W – Transportation Problems Module	319
		X – Transportation Expenses Module	
		Y – Global Disadvantages Module	
		Z – Insurance Module	
Se	ction A	AA – Health Utility Index Module	323
		น	
		eet	
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		Introduction	
		e and will be used to plan services and programs of	
last N collection	May wi cted in ntary, y	he number of questions we need to a.k, the Census ll be added to the data provided in this interview. A this study will be kept strictly confidential. While pour assistance is essential to ensure that the result y limitations.	All information participation is
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last N collection	May wi cted in ntary, y activity	Il be added to the data provided in this interview. A this study will be kept strictly confidential. While pour assistance is essential to ensure that the result y limitations. Section A – Filter Questions **All respondents enter this module) have any difficulty hearing, seeing, communications.	All information participation is s represent children ** nicating, walking,
last M collectory voluments with	May wi cted in ntary, y activity	Ill be added to the data provided in this interview. A this study will be kept strictly confidential. While pour assistance is essential to ensure that the result y limitations. Cection A – Filter Questions **All respondents enter this module	All information participation is s represent children ** nicating, walking,
last M collectory voluments with	May wi cted in ntary, y activity	Il be added to the data provided in this interview. A this study will be kept strictly confidential. While pour assistance is essential to ensure that the result y limitations. Section A – Filter Questions **All respondents enter this module) have any difficulty hearing, seeing, communications.	All information participation is s represent children ** nicating, walking,
last M collectory voluments with	Does	this study will be kept strictly confidential. While your assistance is essential to ensure that the results limitations. **All respondents enter this module of the company of the compa	All information participation is s represent children ** nicating, walking, activities? Check Box "General- Limitation" on Profile
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last M collectory volunt with	Does	this study will be kept strictly confidential. While pour assistance is essential to ensure that the results limitations. **All respondents enter this module) have any difficulty hearing, seeing, community stairs, bending, learning or doing any similar Yes, sometimes	** ** Check Box "General-Limitation" on Profile Sheet Check Box "General-Limitation" on Profile Sheet

	9	Don't Know	
A2.		a physical condition <u>or</u> mental condition <u>or</u> health <u>int or the kind of activity</u> () can do at home?	problem <u>reduce the</u>
	1	Yes, sometimes	Check Box "General- Limitation" on Profile Sheet
	2	Yes, often	Check Box "General- Limitation" on Profile Sheet
	3	No	
	8	Refusal) ′
	9	Don't Know	
A3.		a physical condition <u>or</u> mental condition <u>or</u> health <u>int or the kind of activity</u> () can do at work or	
	1	Yes, sometimes□ >	Check Box "General- Limitation" on Profile Sheet
	2	Yes, often □ >	Check Box "General- Limitation" on Profile Sheet
	3	No	
	6	Not Applicable	
	8	Re ^c usal	
	9	Don't Know	
	7		
A4.	amou	a physical condition <u>or</u> mental condition <u>or</u> health <u>int or the kind of activity</u> () can do in other act ple, transportation or leisure?	
	1	Yes, sometimes	Check Box "General- Limitation" on Profile Sheet

	2	Yes, often \square >	Check Box "General- Limitation" on Profile Sheet
	3	No	
	8	Refusal	
	9	Don't Know	
		Section B – Hearing Filter Question	ons
		**All respondents enter this module	**
В.	me on	oing to ask you about ('s) ability to do certain a dy about those difficulties that have lasted, or are as or more.	
B1.	Does	() use a hearing aid or hearing ands.	
	1	Yes	
	2		Go to B4
	9	Don't know	
	8	Refusal	
	Ü	101000	30 10 2 1
B2.	With	hearing aid(s), how would you describe ('s) ab	ility to hear?
	1	(He/She) has no problem hearing \Box	
	2		Check "Hearing-
			Limitation" box on
			Profile Sheet
	9	Don't know	
	6	Refusal	
В3.	How	much difficulty?	
	1	Some difficulty	□ > Go to C
	2	A lot of difficulty	
	9	Don't know	
	8	Refusal	
			-

B4.	How	would you describe ('s) ability to hear?			
	1 2	(He/She) has no problem hearing \square (He/She) has difficulty hearing \square >	Check "Heatimitation" Profile She	box on	
	3	(He/She) cannot hear $\square >$	Check "Heat Limitation" Profile She	box on	
	9	Don't know			
B5.	How	much difficulty?	7		
	1	Some difficulty			
	2	A lot of difficulty	🗆		
	9	Don't know			
	8	Refusal			
		Section C - Hearing Aids			
** I f	('s)	date of birth is on or before May 16 2001 <u>and</u> hearing on the Profile Sheet then continue; else skip to Sec	_		ed
C1.		() <u>use any</u> a.ds, specialized equipment or servi hearing difficulties, for example, a volume control der?			
	1 2 8	Yes. □ No. □ Don't know □ Refusal □			
C2.	Does	() now <u>use</u> :	(1) (2) <u>Yes</u> <u>No</u>		(8) <u>R</u>
(a) a	compu	nter to communicate (e.g., e-mail or chat services)?			

(b) a volun	ne control telephone?			
(c) a TTY	or TTD?			
(d) a messa	age relay service?			
(e) other p	hone related devices (e.g., flashers)?			
(f) a closed	caption T.V. or decoder?			
(g) amplifi	ers (e.g., FM, acoustic, infa-red)?			
(h) a visua	l or vibrating alarm?		70	
(i) a cochle	ear implant?	Q	ď	
(j) another	aid?			
		Y		
Other, Plea	ase Specify:			
C3. (a) <u>How</u>	Every day	B1)**	*	Read
C4. (a) Wh	o paid the most for <u>acquiring</u> this item?			
1 2	Parent			

		Refusal
	,	Don't know
	7	Not applicable $\square > Go \text{ to } C7$ (a)
	5 6	Every 5 years or more
	5	every 5 years or more
	4	Once every 2 years but less than once
	3	Once per year to less than 2 years
	2	More than 6 months but less than 1 year
	1	Every 6 months or less
		m, cu ince .
(a)		w often a res ()'s computer need service, such as repairs or interance?
C5.	Ца	y often check . Ve computer need convice such as renains on
~=		
		C4=7
	8	Refusal
		C4=7
	9	Don't know
		C4=7
	2	Yes□ No□ > Skip to C3(b) if
	1	Voc
		example to rent or finance this item?
(a)	Arc	e you making any kind of payment for () Scorriputer,
C4a.		
		Refusal
		Don't know
	9	Not applicable
		Other, I lease Specify.
	Γ	Other, Please Specify:
	O	
	8	public property, etc \square Other \square
	7	It does not belong to () (i.e. belongs to employers, friends / family,
	6	Non-profit organization
	5	Insurance company
	3 4	Government program
	4	Health care cyctem

C6. (a)	How much difficulty do you have paying for the service of this item?
	1 None
	2 Slight □
	3 Moderate □
	4 Serious
	5 Cannot afford □
	6 Not applicable □
	Don't know□
	Refusal
C7.	
(a)	How often does ()'s computer need to be replaced?
1	Every 6 months or less
2	More than 6 months but less than 1 year \square > Go to C9 (a)
3	Once per year to less than 2 years
4	Once every 2 years but less than once every 5 years.
5	Every 5 years or more
6	Never
7	Not applicable $\square > \text{Go to C3 (b)}$
	Don't know
	Refusal
C8. (a)	Will this item need to be replaced in the next 12 months?
	1 Voc
	1 Yes
	2 No
	8 Perusal
C9.	Y
(a)	What is the main reason you will need to replace ('s) computer?
	1 Condition is worse
	2 Condition is better
	3 Outgrew the aid
	4 Worn out
	5 New technology available / Aid is outdated
	6 Other

		Other, Please Specify:
		Don't know
C10. (a)	H	ow much difficulty <u>will you</u> have paying for a replacement for's) computer?
	1 2 3 4 5	None
C/2		
C3.	ш	ow often doog () ugo a volu as control talanhana?
(b)	110	ow often does () use a volume control telephone?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than cace a week
	5	Frequent usage but only
		during certain times
	6	Don't se because it needs repair
	7	or replacement
	/	Not applicable
		Refusal
C4.		
(b)	W	ho paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company

	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		\downarrow
		Other, Please Specify:
	9	Not applicable
		Don't know □
		Refusal
C4a.		
		a way making any kind of narmout fan (2a) waluu aantual talankana
(b)		e you making any kind of payment for ('s) volume control telephone,
	tor	example to rent or finance this item?
		1 Yes
	,	2 No
	4	
		C4=7
	,	Doubling to CO(c) if
	,	Don't know
		C4=7
	(8 Refusal > Skip to C3(c) if
	(
		C4=7
C7.		
	TT.	we often desert. We well was control tolombone med to be well and?
(b)	<u>H0</u>	w often does ()'s volume control telephone need to be replaced?
		Every 6 months or less
	2 1	More to an 6 months but less than 1 year
	3 (Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years□
		Every 5 years or more
		Never
)	Not applicable. \square > Go to C3 (c)
		11
		Refusal
C8.		
(b)	$\mathbf{W}_{\mathbf{i}}$	ll this item need to be replaced in the next 12 months?
	4	T
	1	Yes
	2	No

	8	Point know
C9.	ı	
(b)		That is the main reason you will need to replace ('s) volume control lephone?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
		Other, Please Specify:
		Culti, Fitalist Spitial,
	_	D 241
		Don't know
		Refusal
C10).	
(b)	Ho	ow much difficulty will you have paying for a replacement for ('s)
	vol	lume control telephone?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot a ford
		Dor't know
		Refurar
		<u> </u>
C3.	V	
		yw often does () use a TTV or TDD2
(c)	по	ow often does () use a TTY or TDD?
	1	Every day □
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement

	/	Not applicable
C4. (c)	Wł	no paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		Other Please Specify
		Other, Please Specify:
	9	Not applicable
		Don't know
		Refusal
C4a.		
(c)	Ar	e you making a.v kind of payment for ()'s TTY or TTD, for example
(0)		rent or finance the item?
	1	Yes
	2	\square > Skip to C3(d) if
	(C4=7
	9	Don't know
,	X	C4=7
	,	
	8	Refusal
		C4=7
C7.		
(c)	Ho	w often does ()'s TTY or TDD need to be replaced?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year $\square > \mathbf{Go}$ to $\square > \mathbf{Go}$

	3	Once per year to less than 2 years \square
	4	Once every 2 years but less than once every 5 years. \square
	5	Every 5 years or more
	6	Never \square > Go to C3 (d)
	7	Not applicable $\square > $ Go to C3 (d)
		Don't know
		Refusal. \square > Go to C3 (d)
C8.		
(c)	Wi	ill this item need to be replaced in the next 12 months?
	1	Yes
	2	No \Box > Go to C3(d)
	9	Don't know
	8	Refusal
C9.		
(c)	Wŀ	nat is the main reason you will need to replace ('s) TTY or TTD?
(C)	V V I.	int is the main reason you will need to et acc (iii s) 111 of 112.
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
	U	Other
		Other, Please Sperify:
	<u></u>	
		Don't kno.v
		Refural
C10.	X	
(c)		w much difficulty <u>will you</u> have paying for a replacement for (his/her)
	TT	TY or TTD?
	1	None
	2	Slight \square
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know

		Refusal
C3.	II.	
(d)	HOV	v often does () use a message relay service?
	1	Every day □
	2	A few times a week□
	3	Once a week□
	4	Less than once a week□
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
C3.		
(e)	Hov	v often does () use other phone related devices (e.g., flashers)?
	1	Every day □
	2	A few times a week□
	3	Once a week
	4	Less than once a week
	5	Frequent usage ou. on'v
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't k.'ow
		Refusal
	(
04		
C4.	TX.	·
(e)	VV),1	o paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc

	8	Other
		Other, Please Specify:
	9	Not applicable
C4a. (e)		you making any kind of payment for ()'s phone related devices, for nple to rent or finance this item?
	1 2 9 8	Yes□ No□ > Skip to C3(f) if C4=7 Don't know□ > Skip to C3(f) if C4=7 Refusal□ > Skip to C3(f) if C4=7 > Skip to C3(f) if C4=7
C10. (e)		w much difficulty <u>will you</u> have paying for a replacement for ('s) me control telephone?
	2 S 3 I 4 S 5 G	None Slight Moderate Serious Cannot afford Don't know Refusal
C3. (f)	Hov	often does () use a closed caption T.V. or decoder?
	1 2 3 4 5	Every day
	7	or replacement

	Refusal
W	ho paid the most for <u>acquiring</u> this item?
1	Parent
2	Family of ()
3	Health care system □
4	Government program
5	Insurance company
6	Non-profit organization
7	It does not belong to () (i.e. belongs to employers, friends / family,
	public property, etc
8	Other
	Other, Please Specify:
	Offici, I lease specify.
_	
9	Not applicable
	Don't know
	Refusal
A 1	re you making any kind of payment for ()'s closed caption T.V. or
	ecoder, for example to read of finance this item?
•	reduct, for example to or influence this reduct
1	Yes
2	No
	C4=7
0	Doubleson
9	Pon't know
	C4=7
8	Perusal
	C4=7
	<u> </u>
<u>H</u>	ow often does ()'s closed caption T.V. or decoder need to be replaced?
1	From Counting and London
1	Every 6 months or less
2 3	More than 6 months but less than 1 year
3 4	Once per year to less than 2 years
5	
3	Every 5 years or more

	6	Never $\square > \text{Go to C3 (g)}$
	7	Not applicable $\square > \text{Go to C3 (g)}$
		Don't know $\square > \text{Go to C3}(\mathbf{g})$
		Refusal
C8.	** 7•	
(f)	WI	ll this item need to be replaced in the next 12 months?
	1	Yes
	2	No $\square > $ Go to C3 (3)
	9	Don't know \Box > Go to C
	8	Refusal
C9.		
(f)	Wha	at is the main reason you will need to replace (¿'s) closed caption T.V. or decoder?
` ′		
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid → outdated □
	6	Other
	Г	Oth Bl G 'C
		Other, Please Specify:
		Y Y
		Don't know
		Refusal.
C10.		
(f)	Hal	w n.uc. difficulty will you have paying for a replacement for your
(-)		her) closed caption T.V. or decoder?
	V	
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
	J	Don't know
		Refusal

(g)	Ho	w often does () use amplifiers, e.g., FM, acoustic, infra-red?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
	5	during certain times
	6	
	O	Don't use because it needs repair
	7	or replacement
	/	Not applicable \square Don't know \square
		Refusal
		Refusal
C4.	Wh	no paid the most for <u>acquiring</u> this item?
(g)	1	Parent
(8)	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i belongs to employers, friends / family,
	,	public property, etc
	8	Other
	O	Oulci
		Other, Please Specify:
	9	Not applicable
	9	Do. 't know
		Refusal
		Re usai
C4a.	V	
	Are	e you making any kind of payment for ()'s amplifiers, for example to
(g)		it or finance this item?
	1 611	it of finance this item:
	1	Yes
	2	No
	_	C4=7
		C 1 -1
	9	Don't know
	,	Don't know

	8	Refusal > Skip to C3(h) C4=7		
C7. (g)	Hov	v often does ()'s amplifiers need to be replaced?		
(8)	1101	voicen does () s amplifiers freed to be replaced.		
	1	Every 6 months or less		
	2	More than 6 months but less than 1 year $\square > $ Go to C9		
	3	Once per year to less than 2 years		
	4	Once every 2 years but less than once every 5 years. □		
	5	Every 5 years or more		
	6	Never		
	7	Not applicable		
		Don't know		
		Refusal		
C8.				
(g)	Will this item need to be replaced in the next 12 months?			
	1	Yes		
	2	No		
	9	Don't know		
	8	Refusal		
C9.				
(g)	Wha	t is the main re, son you will need to replace ('s)		
	amp	lifiers?		
	1	Condition is worse		
	2	Cornion is better		
	3	Ou grew the aid		
	4	Worn out		
	6	New technology available / Aid is outdated		
	6	Other		
		↓		
	C	Other, Please Specify:		
		Don't know		
		Refusal		

C10. (g)	How much difficulty <u>will you</u> have paying for a replacement for (his/her) amplifiers?		
	1	None	
	2	Slight	
	3	Moderate	
	4	Serious	
	5	Cannot afford	
	6	Not applicable	
	U	Don't know	
		Refusal	
		Refusal	
C3. (h)		w often does () use a visual or vibrating alarm	
	1	Every day	
	2	A few times a week	
	3	Once a week	
	4	Less than once a week	
	5	Frequent usage but only	
		during certain times	
	6	Don't use because it needs repair	
		or replacement	
	7	Not applicable	
		Don't know □	
		Refusal	
C4.	Wh	no paid the most for acquiring this item?	
(h)	1	Parnt	
	2	Fa miy of ()	
	3	Health care system	
	4	Government program	
	4 5	Insurance company	
	6	Non-profit organization	
	7	It does not belong to () (i.e. belongs to employers, friends / family,	
	,	public property, etc	
	8	Other	
	o	Oulei	
		\downarrow	
		Other, Please Specify:	
	9	Not applicable	
		Don't know	

		Refusal
C4a. (h)	Are	e you making any kind of payment for ()'s visual or vibrating alarm, example to rent or finance this item?
	1	Yes
	2	No. \square > Skip to C3(i) if C4=7
	9	Don't know. \square > Skip to C3(i) if C4=1
	8	Refusal
C7.		
(h)	Hov	w often does ()'s visual or vibrating alarm need to be replaced?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years. \square
	5	Every 5 years or more
	6	Never
	7	Not applicable
		Don't know \square > Go to C3 (i)
		Refusal
C8.		
(h)	Wil	l this item nœω to be replaced in the next 12 months?
	1	Yes
	2	No \Box > Go to C3 (i)
	9	Do n't know
	8	k tusal
C9.	V	,
(h)	What	t is the main reason you will need to replace ('s)
(11)		l or vibrating alarm?
	_	
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other

	(Other, Please Specify:			
	L	Don't know. Refusal.			
C10. (h)	Hov	v much difficulty <u>will you</u> have paying for a replacement for her) visual or vibrating alarm?			
1	Noi	ne			
2		ght			
3	_	derate			
4	Ser	ious 🗆 ,			
5	Car	nnot afford			
6	Not applicable				
		n't know 💆			
	Ref	usal □			
C4.	Wh	no paid the most for <u>acquiring (/ s)</u> , cochlear implant?			
(i)	1	Parent			
. ,	2	Family of ()			
	3	Health care system □			
	4	Government program			
	5	Insurance contrany			
	6	Non-profit organization			
	7	It does not belong to () (i.e. belongs to employers, friends / family,			
		public property, etc			
	8	Oth er			
		Other, Please Specify:			
	X	Callet, Freuse Speerly:			
	9	Not applicable			
		Don't know			
		Refusal			
		101ugui			

C4a.

(i) Are you making any kind of payment for (....)'s cochlear implant, for example to rent or finance this item?

	1	Yes
	2	No
	9	Don't know
	8	Refusal
C5. (i)		<u>v often</u> does ()'s cochlear implant need service, such as repairs naintenance?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once
	_	every 5 years
	5	Every 5 years or more
	6	Never
	7	Not applicable \square > Go to C7
		Don't know
		Refusal \square > Go to C7
C6.		
(i)	How	much difficulty do you have paying for the service of this item?
	1	None
	2	Slight □
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't k. 'ow □
		Re fusal
~-		
C3.	X	
(j)	HOW	v often does () use (write-in)?
	1	Every day
	2	A few times a week□
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement

	7	Not applicable
C4. (j)	Wh	o paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, ^c riends / family,
		public property, etc
	8	Other
		Other, Please Specify:
	9	Not applicable Don't know Refusal
C4a. (j)	fina	you making any kard of payment for this aid, for example to rent or ance this item?
	1	Yes
	2	No Skip to C3(k) if C4=7
/	9	Don't know
	8	Refusal > Skip to C3(k) if C4=7
		: If service or replacement is applicable to this specific write-in then proceed skip to C3(k).

C5.

(J)	How	often does this aid need service, such as repairs or maintenance?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year □
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once
	4	
	5	every 5 years
	5	Every 5 years or more
	6	Never
	7	Not applicable
		Don't know
		Refusal
C6.		
(j)	How item?	much difficulty do you have paying for the service of this
	item:	
	1	None
	2	Slight
	3	Moderate
	4	Serious.
	5	Cannot afford
	6	Not applicable
	U	Don't know.
		Refusal
		Refusal
C7.		
(j)	How	often does ()'s (write-in) need to be replaced?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year $\square > $ Go to C9
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years. \square
	5	\square Very 5 years or more \square
	C	Never \square > Go to C3 (k)
	7	Not applicable $\square > $ Go to C3 (k)
		Don't know
		Refusal $\square > $ Go to C3 (k)
C8.	TT 7911	this items most to be nearly and in the most 12 min that
(j)	VV III 1	this item need to be replaced in the next 12 months?
	1	Yes
	2	No $\square > \text{Go to C3 (k)}$

	9	Don't know \supset Go to C3 (k)
	8	Refusal
C9.		
(j)	Wha	at is the main reason you will need to replace ('s) (write-in)?
•		· · · · · · · · · · · · · · · · · · ·
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated
	6	Other
	Г	Other, Please Specify:
		Other, Flease speerly.
		De u2t language
		Don't know
		Refusal
C10.		
(j)	Ца	w much difficulty <u>will you</u> have paying for a replacement for
(J)		Wher) (write-in)?
	(1113	(MCI) (write-in).
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannovano d
	6	Not applicable
		Don't know□
		K³Iusál□
	ス ふ	
**In	tervi	ewer: If the respondent wears hearing aids $(B1=1)$ then proceed to $C3(k)$, else
	,	skip to C11**
		•
C3.		
(k)	<u>Ho</u>	w often does () use (his/her) hearing aid(s) aid?
	1	Every day
	2	Every day \square A few times a week \square
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only

	6 7	during certain times
C4.	Wł	no paid the most for <u>acquiring</u> this item?
(k)	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		Other, Please Specify:
	9	Not applicable
C4a. (k)	exa	e you making any kind of payment for your (her/his) hearing aid(s), for ample to rent or finance this item?
,	1 2 9 8	Yes \square No. \square > Skip to C11 if C4=7Don't know \square > Skip to C11 if C4=7Refusal \square > Skip to C11 if C4=7
C5. (k)		w often does ()'s hearing aid(s) need service, such as repairs or intenance?
	1 2 3 4	Every 6 months or less

	5	Every 5 years or more
	6	Never $\square > \mathbf{Go}$ to $\mathbf{C7}$
	7	Not applicable \Box > Go to C7
		Don't know $\square > $ Go to C7
		Refusal
~ ~		
C6. (k)	How	much difficulty do you have paying for the service of this item?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
~-		
C7.		
(k)	How	<u>v often</u> does ()'s hearing aid(s) nee 1 to be replaced?
1	Ever	y 6 months or less
2		e than 6 months but less than 1 year
3		e per year to less than 2 years
4		e every 2 years but less than once every 5 years.
5		ry 5 years or more
6		\Box > Go to C11
7		applicable \Box > Go to C11
•		\Box > Go to C11
		\square > Go to C11
C8.		
(k)	Will	this item need to be replaced in the next 12 months?
	1	V
	1	Yes
	2 9	No
	9 8	Don't know
	0	Netusal > G0 t0 C11
C9.		
(k)		t is the main reason you will need to replace ('s)
	hear	ring aid(s)?

	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
	Ü	
		\downarrow
		Other, Please Specify:
	L	4
		Don't know
		Refusal
-		
C10.		
(k)	Ho	w much difficulty will you have paying for a replacement for ('s)
(14)		aring aid(s)?
	пса	and and (s).
		1 None
		1 None
		2 Slight
		3 Moderate
		4 Serious
		5 Cannot afford
		Don't know□
		Refusal
-		
C11.		Are there any sids, specialized equipment or services for persons who are
CII.		deaf or hard of hearing that () currently needs, but does not have?
		dear of hard et h army that () currently needs, but does not have.
1		V _{cc}
1		Yes
2		Nc
		Begin know
		Refusal
	<u> </u>	
		Y
C12.		Which aids does () <u>need</u> but does not have?
		Mark all that apply.
1 (a)		a hearing aid
2 (b)		a computer to communicate
2 (0)		(e.g., e-mail or chat service)
3 (a)		
3 (c)		a volume control telephone
4 (d)		a TTY or TDD

5 (e)	a message relay service □
6 (f)	other phone related devices (e.g., flashers) □
7 (g)	a closed caption T.V. or decoder
8 (h)	amplifiers, e.g., FM, acoustic, infra-red □
9 (i)	a visual or vibrating alarm □
10 (j)	a cochlear implant
11 (k)	another aid
()	
	1
	Other, Please Specify:
10	
12	None selected
	Don't know
	Refusal
-	
Inte	rviewer: Ask C13-C14 for aids (a-k) chosen in C12; tise 30 to C15
C13.	
(a)	How frequently would () use a computer to communicate (e.g., e-mail or
	chat services)if you (he/she) did have it?
1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times
6	Not applicable
	Don't know
	Refusal
C14.	
(a)	Why does () not have this aid?
	Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You feel that ('s) condition is not severe enough to
	justify this aid
5	('s) doctor does not feel that (his/her) condition is
	severe enough
6	Your insurance company does not feel that (his/her)
=	condition is severe enough

7 8	You don't know where to get it□ On a waiting list□
9	Other
	\downarrow
	Other, Please Specify:
10	None selected
C13.	
(b)	How frequently would () use a computer to communicate if (he/she) did have it?
1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times
6	Not applicable
	Don't know
	Refusal
C14.	
(b)	Why does () not have this aid?
	Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not availably locally
4	You feel that (, s) condition is not severe enough to
	justify the aid
5	(s) acctor does not feel that (his/her) condition is
	sev re e lough
6	Your insurance company does not feel that (his/her)
	condition is severe enough
7	You don't know where to get it
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected

C13. (c)	How frequently would (\dots) use a volume control telephone if (he/she) did have it?
1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times
6	Not applicable
	Don't know
C14.	
(c)	Why does () not have this aid? Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You feel that ('s) condition is not revere enough to
_	justify this aid
5	('s) doctor does not feel that (his/her) condition is
6	severe enough
6	Your insurance company does not feel that (his/her) condition is severe enough
7	You don't know where a get it
8	On a waiting list
9	Other
	Other War Consider
	Other, Fleure Specify:
10	None selected
C12	
C13. (d)	How frequently would () use a TTY or TTD if you (he/she) did have it?
1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times

6	Not applicable
	Don't know
	Refusal
C14.	
(d)	Why does () not have this aid?
. ,	Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You feel that ('s) condition is not severe enough to
_	justify this aid
5	('s) doctor does not feel that (his/her) condition is
	severe enough
6	Your insurance company does not feel that (his/her)
7	condition is severe enough
7	You don't know where to get it
8 9	On a waiting list
9	Other
	Other, Please Specify:
10	None selected
C13.	
(e)	How frequently would () use a message relay service if (he/she) did have
	it?
	Y
1	Everyacy
2	A few i mos a week
3	One' a week
4	Less than once a week
5	Frequent usage but only during certain times
6	Not applicable
	Don't know
	Refusal
C1.1	
C14.	Why does () not have this sid?
(e)	Why does () not have this aid? Mark all that apply.

1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You feel that ('s) condition is not severe enough to justify this aid
5	('s) doctor does not feel that (his/her) condition is
Ü	severe enough
6	Your insurance company does not feel that (his/her)
	condition is severe enough
7	You don't know where to get it
8	On a waiting list
9	Other
	1
	Other, Please Specify:
10	None selected
10	None selected
C13.	
(f)	How frequently would () use other phone related devices if you (he/she)
(1)	did have it?
	ulu nave it:
1	Everydov
2	Everyday
3	Once a week
4	Less than once a week
5	Frequent usage but only during certain times
6	Not applicable
U	Don't know
	Refusal
	Refusal
C14.	
	Why does () not have this aid?
(f)	Why does () not have this aid?
	wark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You feel that ('s) condition is not severe enough to
7	justify this aid
5	('s) doctor does not feel that (his/her) condition is
J	severe enough
6	Your insurance company does not feel that (his/her)
U	condition is severe enough
	condition to be vote enough

7 8 9	You don't know where to get it
	Other, Please Specify:
10	None selected
C13. (g)	How frequently would () use a closed caption T.V. or decoder if you (he/she) did have it?
1	Everyday
2	A few times a week
3	Once a week
4	Less than once a week
5 6	Frequent usage but only during certain times
U	Don't know
	Refusal
C14.	
(g)	Why does () not have this aid?
	Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You feel that (, s) condition is not severe enough to
_	justify the aid
5	(s) a ctor does not feel that (his/her) condition is severe e nough
6	Your insurance company does not feel that (his/her)
U	condition is severe enough
7	You don't know where to get it
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected

(h)	How frequently would (\dots) use amplifiers, e.g., FM, acoustic, infra-red if (he/she) did have it?
1 2 3 4 5	Everyday
6	Not applicable
C14.	
(h)	Why does () not have this aid?
	Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You feel that ('s) condition is not severe enough to
	justify this aid
5	('s) doctor does not feel that (his/her) condition is
	severe enough
6	Your insurance company does not feel that (his/her)
	condition is severe enough
7	You don't know where to get it
8	On a waiting list
9	Other
	Other, Picase Specify:
	our, new specify.
10	None selected
C13.	How frequently would () use a visual or vibrating alarm if you (he/she)
	did have it?
1	Everyday
2	A few times a week
3	Once a week.
4	Less than once a week

5	Frequent usage but only during certain times
6	Not applicable
	Don't know
	Refusal
C14.	
(i)	Why do does () not have this aid? Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You feel that ('s) condition is not severe enough to
	justify this aid
5	('s) doctor does not feel that (his/her) condition is
_	severe enough
6	Your insurance company does not feel that (his/her)
-	condition is severe enough
7	You don't know where to get it
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected
C13.	
(j)	How frequently would () use (write-in) if you (he/she) did have it?
1	Everyc'ay
2	A few tines a week.
3	On e a week
4	Less than once a week.
5	Fr. quent usage but only during certain times□
6	Not applicable
	Don't know
	Refusal
C14.	
(j)	Why does () not have this aid?
(J)	Mark all that apply.
1	Cost (purchase)

2	Cost (maintenance)
3	Not available locally
4	You feel that ('s) condition is not severe enough to
	justify this aid□
5	('s) doctor does not feel that (his/her) condition is
	severe enough
6	Your insurance company does not feel that (his/her)
	condition is severe enough□
7	You don't know where to get it□
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected
10	<u> </u>
C14.	
(k)	Why does () not have this aid? (Aid reforted to is hearing aid)
(11)	Mark all that apply.
	mark att mat appry.
1	Cost (purchase) □ Cost (maintenance) □
2	Cost (maintenance)
3	Not available locally
4	You feel that ('s) condition is not severe enough to
	justify this aid
5	('s) doctor does not feet that (his/her) condition is
	severe enough
6	Your insurance company does not feel that (his/her)
	condition is severe chough
7	You don't kno v where to get it□
8	On a wan ng list
9	Other
	Other, Please Specify:
	y
10	None selected
10	None selected
C15.	The next few questions deal with certain communication skills ()
C13.	
	may have.
	Does () speech read or lip read?
	17000 (/ DPCCCII I CAU UL III/ I CAU.

1 2 3	Yes
C16.	Does () use sign language such as ASL, LSQ or other types of sign language?
1 2 3	Yes □ No □ > Go to C19 Not applicable □ > Go to C19 Don't know □ > Go to C19 Refusal □ > Go to C19
C17.	Which form of sign language does () use snow often?
1 2 3	ASL
	Don't know
C18.	How often does () use a sign language interpreter?
1 2 3 4 5 6 7	Every day

C19. In the past 6 months, how often has (....) had difficulty participating in everyday activities because of (his/her) ability to hear?

1	Daily
2	Weekly
3	Monthly
4	Less than once per month
5	Never \square > Go to C21
6	Not applicable \square > Go to C21
	Don't know
	Refusal □ > Go to C21
C20.	When ('s) ability to hearr made it difficult to participate in everyday activities, did (he/she) experience:
	activities, thu (ne/sne) experience.
1	Some difficulty
2	A lot of difficulty
3	(was) completely unable to participate
4	('s) participation was not affected
•	Don't know
	Refusal
	Refusal
C21.	Which of the following categories best describes ('s) situation as a person with a hearing loss?
1	Deaf
2	Deafened
3	Hard of Hearing
4	Some hearing loss.
5	Other
	Other, Fle, se Specify:
6	Not applicable
Ü	Fon't know
	Rerusal
	_
	Section D – Seeing Filter
	All respondents enter this module

D. The next few questions are about (....'s) ability to see. Remember, I am asking about difficulties that have lasted or are expected to last 6 months or more.

D1.	Does	s () wear glasses or contact lenses to see up close	e or at a distance?
	1 2 9 8	Don't know	Go to D4 Go to D4 Go to D4
D2.	With	n glasses or contact lenses, how would you describe	('s) vision ability?
	1	(He/She) has no problem seeing□ >	If (,'s) date of birth is on or before May 15, 2001 then go to Section N (p182); else go to Section F (p69)
	2	(He/She) has difficulty seeing \square >	Check Box "Seeing- Limitation" on Profile Sheet
	9	Don't know	If ('s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to Section F (p69)
	8	Refusal	If ('s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to Section F (p69)
D3.	How	much difficulty?	
	1	Some difficulty	□ > If ('s) date of birth is on or before May 16, 2001 then go to Section N (p182); else

			go to D6
		A lot of difficulty $\square >$	If ('s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to D6
	9	Don't know.	of birth is on or before May 16, 2001 then go to Section N (p182); else go to D6
	8	Refusal	If ('s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to D6
D4.	Hew	we used you describe ('s) vision ability?	
	1	before 2001 s Section	.'s) date th is on or e May 16, then go to on N (p182); o to Section F
	2	Limita	Box "Seeing- ation" on Profile and then Go to

	3	(He/She) cannot see	Check Box "Seeing- Limitation" on Profile Sheet; If ('s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to D6
	9	Don't know	If ('s) date of birth is on or before May 16, 2001 then go to Section N (p182); clea on to Section F
	8	Refusal	h ('s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to Section F
D5.	How	much difficulty?	
	1	Some difficulty	If ('s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to D6
	2	A lot of difficulty $\square > 1$	of birth is on or before May 16, 2001 then go to Section N (p182); else go to D6
		Don't know	If ('s) date of birth is on or before May 16, 2001 then go to Section N (p182); else go to D6
		Refusal	If ('s) date of birth is on or

before May 16, 2001 then go to Section N (p182); else go to D6

D6.	Has	() been diagnosed by an eye specialist as being l	egally	y blind	1?	
	1	Yes				
	2	No.				
	9	Don't know				
	8	Refusal	<u> </u>			
		Section E - Seeing Aids	7			
** I	f('s	s) date of birth is on or before May 16 2001 <u>and sering</u> on the Profile Sheet then continue; else sκ'o to Sec				ked
E1.		s () <u>use</u> any aids or specialized cauipment for chaulties, for example, magnifiers or Braille reading m			vision	
	1	Yes				
	2		Go to	E11		
	9		Go to			
	8		Go to			
E2.	Does	(he/she) raw use;	(4)	(2)	(0)	(0)
			(1)	(2)	(9)	(8)
		Q-	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>R</u>
(a) 1	magni.	iers				
(b)	Brain?	reading materials				
(c) l	large p	rint reading materials				
(d)	talking	books				
(e) 1	recordi	ng equipment or portable note-takers				
(f) c	closed c	circuit devices (e.g., CCTV's)				
(g)	a comn	uter with Braille, large print or speech access	П			

(h) a	(h) a white cane \square \square \square \square							
(i) a	(i) another aid							
	\downarrow							
Oth	er, Ple	ease Specify:						
***	Inter	rviewer: Only read questions in section E3 for the aids (a-i) selected in E2***						
E3.								
(a)	Ho	w often does () use magnifiers?						
	1	From day						
	1 2	Every day						
	3	Once a week						
	4	Less than once a week						
	5	Frequent usage but only						
		during certain times						
	6	Don't use because it needs repair						
		or replacement						
	7	Not applicable						
		Don't know						
		Refusal						
E4.	**71	h 1 dh						
(a)	VVI	ho paid the most for <u>acquiring</u> this item?						
	1	Parent						
	2	Family cf ()						
	3	Health care system						
	4	Go 'ernment program						
	5	In surance company						
	7	Non-profit organization						
	/ >	public property, etc						
	8	Other						
		OI BI G 'G						
		Other, Please Specify:						
	9	Not applicable						
		Don't know						
		Refusal						

E4a. (a)	Are you making any kind of payment for (\ldots) 's magnifiers, for example to rent or finance this item?					
	1	Yes				
	2	No				
	9	Don't know				
	8	Refusal				
E3. (b)	How	v often does () use Braille reading materials?				
` ,						
	1	Every day				
	2	A few times a week				
	3	Once a week				
	4	Less than once a week				
	5	Frequent usage but only				
	6	during certain times Don't use because it needs repair				
	U	or replacement				
	7	Not applicable				
	,	Don't know				
		Refusal				
E4.						
(b)	Wh	o paid the most for <u>acquiring</u> this item?				
	1	Parent				
	2	Fan ily of ()				
	3	Health care system				
	4	G vernment program				
	5	Insurance company				
	6	Non-profit organization				
	7	It does not belong to () (i.e. belongs to employers, friends / family,				
	•	public property, etc				
	8	Other				
		\downarrow				
		Other, Please Specify:				
	9	Not applicable				
	,					

E4a. (b)		you making any kind of payment for ()'s Braille reading materials,
	for e	xample to rent or finance this item?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
E3.		
(c)	How	often does () use large print reading materials?
(•)	220 11	actor (vvv) act surge print rouning more values
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repar
		or replacement
	7	Not applicable
		Don't know □
		Refusal
E4.		
(c)	Who	paid the most for <u>acquiring</u> this item?
		O Y
	1	Parent
	2	Family of ()
,	2 3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		J.
	Γ	Other, Please Specify:
		· •

	9	Not applicable
E4a. (c)		you making any kind of payment for ('s) large print reading erials, for example to rent or finance this item?
	1 2 9 8	Yes
E3.		
(d)	How	<u>v often</u> does () <u>use</u> talking books?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times□
	6	Don't use because it need repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
E4. (d)	Who	poin the most for acquiring this item?
(u)	VVIIC	by the most for <u>acquiring</u> this item.
	1)	Parent
		Family of ()
	2 3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other

		Other, Please Specify:
	9	Not applicable
		Don't know
		Refusal
E4a.		
(d)		you making any kind of payment for ()'s talking books, for example
	to re	ent or finance this item?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
E3.		
(e)	Hov	v often does () use recording equipment or portable note-takers?
	1	Francisco de la companya del companya de la companya del companya de la companya
	1	Every day
	2	A few times a week
	3	Once a week
	4 5	
	3	Frequent usage but only
	6	during certain times
	O	Don't use because it receds repair
	7	or replacement □ Not applic?ble□
	1	Don't know
		Refusar
		Refusar
E4.		
(e)	Wb	no paid the most for acquiring this item?
(-)		
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
	•	public property, etc
	8	Other

		\downarrow
		Other, Please Specify:
	9	Not applicable
E4a. (e)		e you making any kind of payment for ('s) recording equipment or rtable note-takers, for example to rent or finance this item?
	1	Yes
	2	No
	9	Don't know. \square > Skip to E3(f) if E4=7
	8	Refusal.
E7.		
(e)	Ho	w often does ('s) recording equipment or portable note-takers?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year \square > Go to E9
	3	Once per year to less than 2 years
	4 5	Once every 2 years by less than once every 5 years.
	<i>5</i>	Every 5 years of more
	7	Not applicate $\square > \mathbf{Go}$ to E3 (f)
	,	Don't know \square > Go to E3 (f)
		Refused \Box > Go to E3 (f)
		7 00 00 220 (2)
EO		
E8.	AN7:	in this item need to be replaced in the next 12 months?
(e)	VV.	i. this item need to be replaced in the next 12 months:
	1	Yes
	2	No
	9	Don't know \square > Go to E3 (f)
	8	Refusal
E9.		

What is the main reason you will need to replace (his/her) recording equipment or portable note-takers?

(e)

	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
		\
		Other, Please Specify:
		Don't know
E10.		
(e)		Iow much difficulty will you have paying for a replarement for (his/her)
(-)		ecording equipment or portable note-takers?
		and a first and a
	1	None
	2	Slight
	3	Moderate □
	4	Serious
	5	Cannot afford
	6	Not applicable
	Ü	Don't know
		Refusal
E3.		
(f)	П	low often does (use closed circuit devices (e.g., CCTV's)?
(1)	<u> </u>	down orten de 17) use closed circuit devices (e.g., e.e. 1 v s).
	1	Fvery a. y
	2	A lew times a week
	3	Onge a week
	4	Frequent usage but only
	-	during certain times
	6	Don't use because it needs repair
	U	or replacement
	7	Not applicable
	,	Don't know
		Refusal
		Nciusai⊔

E4.
(f) Who paid the most for <u>acquiring</u> this item?

	1	Parent \square	
	2	Family of ()	
	3	Health care system	
	4	Government program	
	5	Insurance company	
	6	Non-profit organization	
	7	It does not belong to () (i.e. belongs to emplo	yers, friends / family,
		public property, etc	•
	8	Other	4
		1	
		\ \	
		Other, Please Specify:	
	9	Not applicable	
		Don't know	
		Refusal	
		4	
E4a.			
(f)	Arc	e you making any kind of payment for ()'s clos	sed circuit devices (e.g.,
		TV's), for example to rent or finance this item?	
	1	Yes	
	2	No	> Skip to E3(g) if E4=7
	9	Don't know	> Skip to E3(g) if E4=7
	8	Refusal	> Skip to E3(g) if E4=7
E7.			
(f)	<u>How often</u> do ()'s closed circuit devices (e.g., CCTV's) need to be		
	rep	lac d.	
	_ (G . 70
1		ry 6 months or less	> Go to E9
2		re than 6 months but less than 1 year	> Go to E9
3		On ze per year to less than 2 years	
4		ce every 2 years but less than once every 5 years.	
5		ery 5 years or more	. O. A. F 2 ()
6		ver ⊔	> Go to E3 (g)
7		t applicable	> Go to E3 (g)
		n't know	> Go to E3 (g)
	Ref	fusal	> Go to E3 (g)

E8.

(f)	V	Will this item need to be replaced in the next 12 months?				
	1 2	Yes□ No□ > Go to E3 (g)				
	9	Don't know				
	8	Refusal				
E9. (f)		at is the main reason you will need to replace (his/her) amplifiers?				
	1 2 3 4 5 6	Condition is worse				
		Other, Please Specify:				
		Don't know				
E1((f)	H	Slight				
E3. (g)	1 2	Sow often does () use a computer with Braille, large print or speech ecess? Every day				
	3	Once a week				

	4 5 6 7	Less than once a week
E4. (g)	Wh	no paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belong: to employers, friends / family,
		public property, etc
	8	Other
	9	Other, Please Specify: Not applicable
E4a. (g)		egou making any kind of payment for ()'s computer with Braille, large of or speech access, for example to rent or finance this item?
•	1	Yes
	2	No
	9	Don't know
	8	Refusal
E5. (g)	Hov	w often does this aid need service, such as repairs or maintenance?
	1	Every 6 months or less

	2	More than 6 months but less than 1 year □
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once
		every 5 years
	5	Every 5 years or more
	6	Never
	7	Not applicable
	,	
		Refusal
E6.		
	TT	
(g)		much difficulty does () have paying for the service of this
	item?	
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
E7.		
(g)	How	often does ('s) computer with Braille, large print or speech access
(g)	need to be replaced?	
	necu	to be replaced.
	1	Every 6 month, or less. $\square > \mathbf{Go}$ to $\mathbf{E9}$
	1	
	2	More than 6 months but less than 1 year \square > Go to E9
	3	Once per year to less than 2 years
	4	Or ce every 2 years but less than once every 5 years.
	5	Every 5 years or more
	5	Never \square > Go to E3 (h)
	7	Not applicable \square > Go to E3 (h)
		Don't know
		Refusal
E8.		
(g)	Will 1	this item need to be replaced in the next 12 months?
\ 3 /		_
	1	Yes
	2	No
	9	Don't know

	8	Refusal > Go to E3 (1)
E9. (g)		at is the main reason you will need to replace (his/her) computer with lle, large print or speech access?
	1 2 3 4 5 6	Condition is worse
		Other, Please Specify:
		Don't know
E10. (g)	I	None
E3. (h)	<u>He</u>	w often do does () use a white cane?
	1 2 3 4 5	Every day
	6	Don't use because it needs repair

	7	or replacement
E4. (h)	Wh	no paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers. friends / family,
	0	public property, etc
	8	Other
		Other, Please Specify:
	9	Not applicable
E4a. (h)	fina 1 2	e you making any kind of payment for this aid, for example to rent or ance this item: $Y(s) = Skip to E3(i) if E4=7$
	8	Don't know
E3. (i)	Ho	w often does () use (write-in)?
	1	Every day
	2	A few times a week□
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only

	6 7	during certain times
		Don't know
E4. (i)	Wł	no paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		Other, Please Specify:
		Offici, Ficase Specify.
	0	
	9	Not applicable Don't know
		Refusal
		Refusal
E4a.		
(i)	Ar	e you (making any kind of payment for this aid, for example to rent or
(-)		ance: to is item?
	1	.′es□
	2)	No
	9	Don't know
	8	Refusal
T4		
		\underline{r} : If service or replacement is applicable to this specific write-in then proceed skip to $E11$.
E5.		
(i)	<u>H</u> o	w often does this aid need service, such as repairs or maintenance?
, ,		
	1	Every 6 months or less

	2	More than 6 months but less than 1 year □
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once
		every 5 years
	5	Every 5 years or more
	6	Never $\square > \mathbf{Go}$ to $\mathbf{E7}$
	7	Not applicable \Box > Go to E7
		Don't know
		Refusal $\square > \mathbf{Go}$ to $\mathbf{E7}$
E6.		
(i)	How	much difficulty do you have paying for the service of this item?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
	U	Don't know
		Refusal
		Refusal
E7.		
(i)	How	often does ()'s (write-in) need to be replaced?
	1	
	1	Every 6 month; or k ss
	2	More than 6 months but less than 1 year \square > Go to E9
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years.
	5	Every 5 years or more
	6	\square > Go to E11
	7	Not applicable \square > Go to E11
		Don't know
	V.	\square Refusal
E8.		
(i)	Will 1	this item need to be replaced in the next 12 months?
	1	Yes
	2	No \Box > Go to E11
	9	Don't know
	8	Refusal \square > Go to E11

E9. (i)	Wha	at is the	main reason you will need to replace your (his/her) (write-in)?
	1 2 3 4 5 6	Condit Outgre Worn New te	tion is worse
	[Don't	know
E10. (i)		ow much rite-in)?	difficulty will you have paying for a 1 splacement for (his/her)
	1 2 3 4 5 6	Slig Moo Seri Can Not Don	ht
E11.		Yes No. Don	e any aids, specialized equipment or services for persons who are and of hearing that you think (he/she) needs but does not have?
E12.			aids do you does () <u>need</u> but does not have?
		1 (a) 2 (b) 3 (c)	magnifiers

	4 (d)	talking books
	5 (e)	recording equipment or
		portable note-takers
	6 (f)	closed circuit devices (e.g., CCTV's)□
	7 (g)	
	ζ,	or speech access
	8 (h)	<u>•</u>
	9 (i)	
	10 (j)	specialized telephone, e.g. a large button
	3 /	phone or a phone with speech output
	11 (k)	
	()	
	(Other, Please Specify:
	10	
	12	None selected
		Don't know
		Refusal > Go to E15
		Y
	Intervie	wer: Ask E13-E14 for aids (a-%) relected in E12; Else go to E15
E13.		
(a)	How free	quently would () use nagnifiers if (he/she) did have them?
	1 F	
		veryday
		few times a veek
		nce a week
		ess than once a week
		requestive ge but only during certain times
		ot a _k plicable
		n't know
	ľ	cfural
	\rightarrow	<u>y</u>
E14.		
(~)		
(a)	-	es () not have this aid?
(a)	-	es () not have this aid? that apply.
(a)	Mark all	that apply.
(a)	Mark all 1 C	ost (purchase)
(a)	Mark all 1 C 2 C	that apply. ost (purchase)□ ost (maintenance)□
(a)	Mark all 1 C 2 C 3 N	that apply. ost (purchase)
(a)	Mark all 1 C 2 C 3 N 4 Y	that apply. ost (purchase)
(a)	Mark all 1 C 2 C 3 N 4 Y	ost (purchase)
(a)	Mark all 1	that apply. ost (purchase)

	6	Your insurance company does not feel that (his/her)
		condition is severe enough
	7	You don't know where to get it □
	8	On a waiting list
	9	Other
		Other, Please Specify:
	10	None selected
E12		
E13.	TT.	
(b)		frequently would () use Braille reading materials if (e/she) did
	have	it?
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable
	Ü	Don't know
		Refusal
		Ketusai
E14		
E14.	***	
(b)	-	does () rot have this aid?
	Mark	a all that apply.
	1	Cost (purchase)
	-	
	2	Cost (m. intenance)
	3	Net available locally
	4	Yeu personally feel that (his/her) condition is not
		severe enough to justify this aid
	3	('s) doctor does not feel that (his/her) condition
		is severe enough \square
	6	Your insurance company does not feel that (his/her)
		condition is severe enough□
	7	You don't know where to get it□
	8	On a waiting list
	9	Other
	_	1
		\downarrow
		Other, Please Specify:
		,

	10	None selected
E13. (c)		frequently would () use large print reading materials if (he/she) did
	have	it?
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	
	6	Frequent usage but only during certain times
	O	Not applicable
		Refusal
		Ketusai
E14.		
(c)	•	does () not have this aid?
	Mark	k all that apply.
	1	Cost (purchase)
	2	
	3	Cost (maintenance)
	4	You personally feel that (his/ner) condition is not
		severe enough to justify this aid
	5	('s) doctor does not feel that (his/her) condition
		is severe enough
	6	Your insurance company does not feel that (his/her)
		condition is severe enough□
	7	You don t know where to get it
	8	On a waiting list
	9	Other
		Other, Please Specify:
,	V)	other, rease specify.
	10	None selected
-		
E13.		
(d)	How	frequently would () use talking books if (he/she) did have it?
	1	Everyday
	2	A few times a week
	3	Once a week

	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable
		Don't know
		Refusal
E14.	XX /l	u doog () not how this side
(d)	•	y does () not have this aid? k all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You personally feel that (his/her) condition is not
	_	severe enough to justify this aid
	5	('s) doctor does not feel that (his/her) condition
	6	is severe enough
	U	Your insurance company does not feel that (his/her) condition is severe enough□
	7	You don't know where to get it
	8	On a waiting list
	9	Other
		Other, Please Specify
	10	None selected
	10	7.000 5000
E13.		
(e)	Hov	v frequent, would () use recording equipment or portable note-
(-)		ers if (he/she) did have it?
	Î	Everyday
	2 3	A few times a week
		Once a week
	4	Less than once a week
	5 6	Frequent usage but only during certain times
	O	Not applicable Don't know
		Refusal
		1014541
E14.	T T 71	
(e)	wn	y does () not have this aid?

64

	Mar	k all that apply.		
	1	Cost (purchase)		
	2	Cost (maintenance)		
	3	Not available locally		
	4	You personally feel that (his/her) condition is not		
		severe enough to justify this aid		
	5	('s) doctor does not feel that (his/her) condition		
		is severe enough		
	6	Your insurance company does not feel that (his/her)		
		condition is severe enough		
	7	You don't know where to get it		
	8	On a waiting list		
	9	Other		
		Other Places Specify		
		Other, Please Specify:		
	10	None selected		
		4		
E13.				
(f)				
	(he/she) did have it?			
	(
	1	Everyday		
	2	A few times a weet		
	3	Once a week		
	4	Less than or coa week		
	5	Frequent usage but only during certain times		
	6	Not applicable		
		Don't krow		
		Refusal		
		Refusal		
		Refusal		
E14.	Ç.	Refusal		
E14. (f)	Why	y does () not have this aid?		
	-			
	Mari	y does () not have this aid? k all that apply.		
	Mari	v does () not have this aid? k all that apply. Cost (purchase)		
	<i>Mari</i> 1 2	y does () not have this aid? k all that apply. Cost (purchase)		
	Mark 1 2 3	does () not have this aid? k all that apply. Cost (purchase)		
	<i>Mari</i> 1 2	v does () not have this aid? k all that apply. Cost (purchase)		
	Mark 1 2 3 4	does () not have this aid? k all that apply. Cost (purchase)		
	Mark 1 2 3	v does () not have this aid? k all that apply. Cost (purchase)		

		condition is severe enough⊔
	7	You don't know where to get it □
	8	On a waiting list
	9	Other
		I
		<u> </u>
		Other, Please Specify:
	10	None selected
E13.		
(g)	How	frequently would () use a computer with Braille, large print or
(8)		ch access if (he/she) did have it?
	Брес	ch decess if (inc/site) did have it.
	1	Everyday
	2	A fave times a week
	3	A few times a week
		Once a week
	4	Less than once a week
	5	Frequent usage but only during certan threes
	6	Not applicable
		Don't know
		Refusal
744		
E14.	XX71.	1()(1)(1)
(g)	-	does () not have 'has aid?
	Mark	k all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You personally feel that (his/her) condition is not
		evere enough to justify this aid
	5	('s) doctor does not feel that (his/her) condition
		is severe enough
	6	Your insurance company does not feel that (his/her)
	0 /	condition is severe enough
	7	You don't know where to get it
		•
	8	On a waiting list
	9	Other
		Other, Please Specify:
	10	None calcuted
	10	None selected

E13. (h)	How	frequently would () use a white cane if (he/she) did have it?
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times□
	6	Not applicable
		Don't know
		Refusal
E14.		
(h)	•	does () not have this aid? all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally□
	4	You personally feel that (his/her) condition is not
		severe enough to justify this a distribution
	5	('s) doctor does not feel that (his/her) condition
		is severe enough
	6	Your insurance company does not feel that (his/her)
		condition is severe erough
	7	You don't know where to get it
	8	On a waiting list
	9	Other
		Other, Piyase Specify:
,	10	None selected
E13.		
(i)	How	frequently would () use a (write-in) if (he/she) did have it?
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times□
	6	Not applicable

		Don't know
E14. (i)	-	does () not have this aid?
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You personally feel that (his/her) condition is not
		severe enough to justify this aid
	5	('s) doctor does not feel that (his/her) condition
		is severe enough
	6	Your insurance company does not feel that (his/her)
	7	condition is severe enough
	7	You don't know where to get it
	8 9	On a waiting list
	9	Oulei
		Other, Please Specify:
	10	None selected.
	10	None selected
E15.	In t	he past 6 months, how often has () had difficulty participating in
		yday activities because of (his/her) ability to see?
	1	Daily
	2	Weekly.
	3	No othly
	4	Never □ > Go to F
	3	Not applicable $\square > Go \text{ to } F$
		Don't know. $\square > \mathbf{Go}$ to \mathbf{F}
		Don't know
E16.		When ('s) ability to see made it difficult to participate in everyday activities, did (he/she) experience:
	1	Some difficulty
	1 2	v
	3	· ·
	3 4	
	4	$(\ldots s)$ participation was not affected \square

	Don't know□ Refusal□				
		Section F - Communication Filter Que	estions		
*	* I f(or before May 16 2001 then constant Section N (p 182)**	ontinue; else skip to		
F.		next few questions are about ('s) ability to compositing about difficulties that have lasted or are expected.			
F1.		nuse of a condition or health problem, does () ha	ave any difficulty		
	1	Yes	Check Box Communication- Limitation on Profile Sheet and then Go to F3		
	2 9 8	No□ Don't know. □ Refusal. □	13		
F2.		nuse of a condition or health problem, does () hading (himself/herself) understood when speaking?	ave any difficulty		
	1	Yes	Check Box Communication- Limitation on Profile Sheet and then Go to F5a		
	2 9 8	Don't know	Skip to H (p 89) Skip to H (p 89) Skip to H (p 89)		
F3.	How	much difficulty does (he/she) have speaking?			
	1	(He/She) has some difficulty			

	2 (He/She) has a lot of difficulty	
	3 (He/she) can not speak \square > Skip to G (p 71)	
	9 Don't know□	
	8 Refusal	
F4.	Because of a condition or health problem, does () have any difficulty making (himself/herself) understood when speaking?	
	1 Yes	
	2 No	
	9 Don't know \square > Skip to \square	
	8 Refusal	
F5a.	How well do you feel () is able to make (himself/herse.) understood when	-
	speaking with:	
	(His/Her) family members?	
	1 Completely□	
	2 Partially	
	3 Not at all	
	4 Not applicable	
	Don't know	
	Refusal	
	Kerusai	
F5b.	How well do you feel () is able to make (himself/herself) understood when	
	speaking with:	
	other children?	
	1 Campletely	
	1 Cympletely□ 2 Partially□	
	3 Not at all	
	4 Not applicable	
	Don't know	
	Refusal	
F5c.	How well do you feel () is able to make (himself/herself) understood when speaking with:	
	other people?	
	omer people:	

	1	Completely				
	2	Partially				
	3	Not at all □				
	4	Not applicable				
		Don't know □				
		Refusal				
		Section G - Communication Aids		4	,	
** I f		date of birth is on or before May 16 2001 <u>and</u> commun arked on the Profile Sheet then continue; else skip to S		6		
G1.	diffi	s () <u>use</u> any aids or specialized equipment for child culty speaking or making themselves understood, for lifier or Blissboard?		/		e
	1	Yes				
	2	No				
	9	Don't know				
	8	Refusal				
G2.	Does	s (he/she) now <u>use</u> :				
			1)	(2)	(9)	(8)
		<u> </u>	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>R</u>
(a) a	voice	amplifier?	٦			
(a) a	voice	amplifier?	_		ш	ш
(b) a	comp	uter or keyboard device to communicate?				
(c) a	comm	unlation board, such as a Blissboard?				
(d) a	piete	e board? [
(e) ai	notv. er	aid?				
	-					
Othe	er, Plea	se Specify:	<u>r</u>			

G3.

^{**} Interviewer: Only read questions in section G3 for the aids (a-e) selected in G2
If no aids were selected skip to G11**

(a)	Ho	w often does () use a voice amplifier?
	1	Every day □
	2	A few times a week
	3	Once a week \square
	4	Less than once a week \square
	5	Frequent usage but only
		during certain times□
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
G4.		
(a)	W	ho paid the most for <u>acquiring</u> this item?
(a)	**1	ato paid the most for acquiring this item.
	1	
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
	0	public property, etc
	8	Other
		Other, Please Specify:
	0	No andishla
	9	Not applicable
	(Refusal
G4a.	7	
(a)	Δr	e you making any kind of payment for ('s) voice amplifier, for example
(4)		ent or finance this item?
	101	the of infance ting tem.
	1	Yes
	2	No
		G4=7
	9	Don't know
		G4=7

	8	Refusal
G7. (a)	Ho	w often does ()'s voice amplifier need to be replaced?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year $\square > $ Go to G9
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years. \square
	5	Every 5 years or more
	6	Never
	7	Not applicable
		Don't know
		Refusal
G8.		
(a)	Wil	ll this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
G9. (a)	Wha	at is the main reason you will need to replace (his/her) voice amplifier?
	1	Condition is worse
	2	Condition is better
	3	O ttg rew the aid \Box
	4	Worvout
	5	Ne v technology available / Aid is outdated
	6	Other
		Other, Please Specify:
		Don't know□
		Refusal
G10.		

How much difficulty will you have paying for a replacement for (his/her)

(a)

73

	voice	e amplifier?
	1 2 3 4 5 6	None
		Refusal
G3. (b)	<u>Hov</u>	v often does () use a computer or keyboard device to com nunicate?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
	Ü	during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable □
		Don't know □
		Refusal
~.		
G4.	***	
(b)	Wh	o paid the most 1)r <u>acquiring</u> this item?
	1	Par int
	2	Faruly of ()
	2 3 4 5	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
	0	public property, etc
	8	Other
		\downarrow
		Other, Please Specify:
	9	Not applicable

G4a. (b)		you making any kind of payment for ()'s computer or keyboard ce to communicate, for example to rent or finance this item?
	1	Yes
	2	No
	9	Don't know
	8	Refusal \square > Skip to $\bigcirc 3(c)$ if $\bigcirc 4=7$
G7. (b)	Ном	often does ()'s computer or keyboard Cevice to communicate need
(D)		e replaced?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year $\square > \mathbf{Go}$ to $\mathbf{G9}$
	3	Once per year to less than 2 years
	4	Once every 2 years but 1€52 than once every 5 years. □
	5	Every 5 years or more
	6	Never
	7	Not applicable
		Don't know
		Refusal \Box > Go to G3 (c)
G8.		
(b)	Will	th's t'em need to be replaced in the next 12 months?
	1	Yes
	1 2 9	No \Box > Go to G3 (c)
	9	Don't know
	8	Refusal
G9. (b)	XX/1 4	t is the main reason you will need to replace (his/her) computer or

	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
		<u></u>
		Other, Please Specify:
		Don't know
		Refusal
C10		
G10.	тт.	
(b)		w much difficulty will you have paying for a replacement for (his/her)
	con	nputer or keyboard device to communicate?
	1	Name -
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
G3.		
(c)	Ho	w often does () use a communication board such as Bliss?
	1	Every day \square
	2	A few thmes a week
	3	Orce a week
	4	Let's than once a week
	5	Frequent usage but only
•	V	during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
C4		

Who paid the most for <u>acquiring</u> this item?

(c)

76

	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		Other, Please Specify:
		Other, I lease Specify.
	9	Not applicable
		Don't know
		Refusal
~ .		
G4a.		
(c)		e you making any kind of payment for ()'s communication board such
	~~ •	
	as I	Bliss, for example to rent or finance this item?
	1	Yes
		Yes□ No□ > Skip to G3(d) if
	1 2	Yes
	1	Yes
	1 2 9	Yes
	1 2	Yes
	1 2 9	Yes
	1 2 9	Yes
	1 2 9	Yes
G7.	1 2 9 8	Yes
G7. (c)	1 2 9 8	Yes
	1 2 9 8	Yes
	1 2 9 8	Yes
	1 2 9 8 Ho rrel	Yes
	1 2 9 8 Morrel 1 2	Yes
	1 2 9 8 Ho rel 1 2 3	Yes
	1 2 9 8 Ho rel 1 2 3 4	Yes
	1 2 9 8 Ho rrel 1 2 3 4 5	Yes
	1 2 9 8 Ho ; rep 1 2 3 4 5 6	Yes
	1 2 9 8 Ho rrel 1 2 3 4 5	Yes
	1 2 9 8 Ho ; rep 1 2 3 4 5 6	Yes

G8. (c)	Wi	ll this item need to be replaced in the next 12 months?
	1 2	Yes
	9	No
	8	Refusal $\square > \mathbf{Go}$ to $\mathbf{G3}$ (d)
		7 00 to 00 (a)
G9.		4
(c)		at is the main reason you will need to replace (his/her) communication rd such as Bliss?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated
	6	Other
		Other, Please Specify:
		omer, come a process
		Don't know
		Refusal
G10. (c)		w much difficulty will you have paying for a replacement for (his/her) munication board such as Bliss?
	1	(Name)
	2	N ne
	3	Signt
	3 4	Serious.
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
G3. (d)	Ho	w often does () use a picture board?
\ /		
	1	Every day

	2	A few times a week
	3	Once a week
	4	Less than once a week \square
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
	U	<u>-</u>
	7	or replacement
	7	Not applicable
		Don't know
		Refusal
G4.		
(d)	\mathbf{W}	ho paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e belongs to employers, friends / family,
		public property, etc
	8	Other
		Other, Please Specify.
	9	Not applicable
	,	Don't know
		Refusal
		Refusal
~ .	(
G4a.		
(d)		e you making any kind of payment for ()'s picture board, for example
	to	rent or finance this item?
	1	Yes
	2	No
		G4=7
	9	Don't know
		G4=7
	8	Refusal
		G4=7

G/. (d)	<u>How often</u> does ()'s picture board need to be replaced?			
	1	Every 6 months or less		
	2	More than 6 months but less than 1 year \square > Go to G9		
	3	Once per year to less than 2 years		
	4	Once every 2 years but less than once every 5 years. \square		
	5	Every 5 years or more		
	6	Never		
	7	Not applicable. $\square > \mathbf{Go}$ to $\mathbf{G3}$ (e)		
	,	11		
		Refusal□ > Go to G3 (e)		
G8. (d)	Wi	ll this item need to be replaced in the next 12 months?		
	1	Yes		
	2	No. \square > Go to G3 (e)		
	9	Don't know		
	8			
	0	Refusal		
G9. (d)	Wh 1 2 3 4 5 6	Condition is worse		
G10. (d)		w much difficulty <u>will you</u> have paying for a replacement for (his/her) ure board? None		

	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
G3.		
(e)	How	voften does () use a (write-in)?
	1	Every day
	2	A few times a week□
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know □
		Refusal
0.4		
G4.	**71	
(e)	vv n	o paid the most for <u>a quiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health cre system
	4	Go ernment program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
	Г	Other, Please Specify:
		Culci, Ficuse Specify.
	9	Not applicable
		Don't know
		Refusal

G4a. (e)	Are you making any kind of payment for ()'s (write-in), for example to rent or finance this item?			
	1	Yes		
	2	No \supset > Skip to G11 if		
		G4=7		
	9	Don't know		
	8	Refusal \square > Skip to G11 if G4=7		
		f service or replacement is applicable to this specific write-in then proceed ip to G11.		
G5.				
(e)	How	often does ()'s (write-in) need service, such as repairs or		
(-)		itenance?		
	1	Every 6 months or less		
	2	More than 6 months but less than 1 year□		
	3	Once per year to less than 2 year		
	4	Once every 2 years but less than once		
		every 5 years		
	5	Every 5 years or more		
	6	Never		
	7	Not applicable \Box > Go to G7		
		Don't know		
		Refusal \square > Go to G7		
G6.				
(e)	Неж	Tuch difficulty do you have paying for the service of this item?		
(C)	1100	That a unificulty do you have paying for the service of this field.		
	1)	None		
	2			
	2	Slight		
	3	Moderate		
	4	Serious		
	5	Cannot afford		
	6	Not applicable		
		Don't know		
		Refusal		

G7.

(e)	Ho	w often does ()'s (write-in) need to be replaced?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year $\square > \mathbf{Go}$ to $\mathbf{G9}$
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years. \square
	5	Every 5 years or more
	6	Never
	7	Not applicable $\square > \mathbf{Go}$ to $\mathbf{G11}$
	,	Don't know \Box > Go to G11
		Refusal \Box > Go to G11
		Refusal.
G8.		
Go. (e)	1 3/;1	ll this item need to be replaced in the next 12 months?
(6)	44 11	if this item need to be replaced in the next 12 mont/25
	1	Yes
	2	No
	9	Don't know So to G11
	8	Refusal \square > Go to G11
G9.		Y
(e)	Wha	at is the main reason you will next to replace (his/her) (write-in)?
		_
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated
	6	Other
	Othe	er, Planse Specify:
	Oth	or, the se specify.
ļ		
		Don't know □
	V	Refusal
		/
G10.		
(e)		w much difficulty will you have paying for a replacement for (his/her)
	(wri	ite-in)?
	1	None
	2	Slight
	3	Moderate
	4	Coming

	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
G11.	speak	here any aids or specialized equipment for children who have difficulty sing or making themselves understood that () <u>currently</u> needs, but not have?
	1	Yes
	2	No \Box > Go to G15
	9	Don't know
	8	Refusal
G12.	Whic	h aids does (he/she) <u>need</u> , but does not have?
	Mark	all that apply.
	1	A voice amplifier
	2	A computer or keyboard device to compunicate
	3	A communication board, such as a b¹issboard □
	4	A picture board
		Another aid
	ĺ	Other Places Crasif
		Other, Please Specify.
		Y 0.12
		None Selecte 1
		Don't linew
		Refusel
		A Y
Inte	ervie we	r: Proceed to G13-G14 for aids (a-e) selected in G12; Else go to G15
G13.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	fragmently would () use a voice amplificatif (he/she) did have it?
(a)	Low	frequently would () use a voice amplifier if (he/she) did have it?
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable
		Don't know
		Refusal

G14. (a)	Why does () not have this aid? Mark all that apply.				
	1	Cost (purchase)			
	2	Cost (maintenance)			
	3	Not available locally□			
	4	You feel that your (his/her) condition is not severe			
		enough to justify this aid			
	5	()'s doctor does not feel that (his/her) condition			
		is severe enough			
	6	Your insurance company does not feel that (his/her)			
		condition is severe enough			
	7	You don't (doesn't) know where to get it			
	8	On a waiting list			
	9	Other			
		Other, Please Specify:			
	10	None selected			
G13. (b)	How frequently would () use a computer or keyboard device to communicate if (he/sl/e) d.d nave it?				
	1	Everyday			
	2	A few times a week			
	3	Once week			
	4	Less than once a week			
	5	Frequent usage but only during certain times			
	6	No. applicable			
		Don't know□			
	-	Refusal			
G14. (b)	•	does () not have this aid? all that apply.			
	1	Cost (purchase)			
	2	Cost (maintenance)			
	3	Not available locally			
	4	You feel that your (his/her) condition is not severe			

		enough to justify this aid
	5	()'s doctor does not feel that (his/her) condition
		is severe enough
	6	Your insurance company does not feel that (his/her)
	U	
		condition is severe enough
	7	You don't (doesn't) know where to get it □
	8	On a waiting list
	9	Other
		1
		\downarrow
		Other, Please Specify:
	10	None calcuted
	10	None selected
G13.	How	frequently would () use a communication bo. rd such as Bliss if
(c)	(he/sł	ne) did have it?
. ,	`	
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable □ Don't know □
		Refusal
		^ /
G14.		
	When	doog () wat awa this aid?
(c)	Why does () not have this aid?	
	Mark	all that apply.
	1	Cost (purchase)
	_	
	2	Cost (maintenance)
	3 4	Not available locally
	4	You feel that your (his/her) condition is not severe
		enough to justify this aid
	5	()'s doctor does not feel that (his/her) condition
		is severe enough
	6	Your insurance company does not feel that (his/her)
	J	condition is severe enough
	7	
	7	You don't (doesn't) know where to get it
	8	On a waiting list
	9	Other
		Í
		l l

		Other, Please Specify:					
	10	None selected					
G13. (d)	How	frequently would () use a picture board if (he/she) did have it?					
	1	Everyday					
	2	A few times a week					
	3	Once a week					
	4	Less than once a week					
	5	Frequent usage but only during certain times					
	6	Not applicable					
	U	Don't know					
		Refusal					
G14.							
(d)	Why	does () not have this aid?					
(u)	-	Why does () not have this aid? Mark all that apply.					
	1	Cost (purchase)					
	2	Cost (maintenance)					
	3	Not available locally					
	4	You feel that your his/her) condition is not severe					
	-	enough to justify it is cid					
	5	()'s doctor does not feel that (his/her) condition					
		is severe enough					
	6	Your insurance company does not feel that (his/her)					
		condition is severe enough					
	7	You don't (doesn't) know where to get it					
	8	Or a waiting list					
	9	Ou'rer					
-	V)						
		Other, Please Specify:					
	10	None selected					
G13.	How	frequently would () use a (write-in) if (he/she) did have it?					
(e)							
	1	Everyday					
	2	A few times a week					

	3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times□
	6	Not applicable
		Don't know
		Refusal.
G14.		
(e)	Why	does () not have this aid?
	Mark	all that apply.
	1	Cost (purchase)
	2	Cost (maintenance).
	3	Not available locally
	4	You feel that your (his/her) condition is not severe
	7	enough to justify this aid
	5	()'s doctor does not feel that (his/her) condition
	3	is severe enough
	6	Your insurance company does not feel 'hat ('his/her)
	O	condition is severe enough
	7	You don't (doesn't) know where to get it
	8	On a waiting list
	9	Other
		Outer
		Other, Please Specify:
	10	None calculate
	10	None selected
G15.	Τ,	n the past (months have aften has () had difficulty participating in
G13.		n the past 5 months, how often has () had difficulty participating in very lay activities because of (his/her) ability to communicate?
		ve. Via activities because of (ms/her) ability to communicate:
	1	Daily
	\sim 2	Weekly
	3	Monthly
	4	
	5	•
	6	<u> </u>
		Don't know
		Refusal ☐ > Go to H (p 89)

G16. When (....'s) ability to communicate made it difficult to participate in everyday activities, did (he/she) experience:

	1	Some difficulty
	2	A lot of difficulty
	3	Child was completely unable to participate□
	4	('s) participation was not affected □
	9	Don't know
	8	Refusal
		Section H – Mobility Filter
**	* I f (Section N (182)**
Н.	using reme	next few questions are about ('s) ability to move a round, even when g an aid or mechanical support, such as crutches or a walker. Please mber that I am asking about difficulties that have lasted or are expected to ix months or more.
Н1.		use of a condition or health problem, does () have any difficulty ing? This means walking on a hat firm surface, such as a sidewalk or
		Limitation" box on Profile Sheet
	2	Yes, often or always
	3	No
	2	Don't Know. \square > Go to J (p 123)
H2.	How	much difficulty does () have walking?
	1	Some difficulty
	2	A lot of difficulty
	3	(He/She) can not walk
	9	Don't know
	8	Refusal

Section I - Mobility Aids

If (....'s) date of birth is on or before May 16 2001 and mobility limitation is marked on the Profile Sheet then continue; else skip to Section J (p 123) **I1.** Does (....) use any aids or specialized equipment for children who have difficulty walking or moving around, such as braces or lift device? 1 Yes..... > Go to I11 2 No...... 9 Don't know..... > Go to I11 8 **I2.** Does (he/she) now use: (2)(9) (8)Yes No DK R (a) orthopedic footware?..... (b) a cane or crutches?..... (c) a walker?...... (d) a manual wheelchair? (e) an electric wheelchair?..... (g) grab bars or bath nom aids?..... (h) bath or bed lifts or other lift type devices?...... П П (i) an adapted motor vehicle?..... (j) another aid? Other, Please Specify:

I3. <u>How often</u> does (....) <u>use</u> orthopedic footware?

^{**} Interviewer: Only read questions in section I3 for the aids (a-j) selected in I2

If no aids were selected skip to I11**

(a)		
` /	1	Every day
	2	A few times a week□
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
	Ü	during certain times
	6	Don't use because it needs repair
	U	or replacement
	7	Not applicable
	,	Don't know
		Refusal
		Refusal
I4.	Wh	no paid the most for <u>acquiring</u> this item?
(a)	* * * * * * * * * * * * * * * * * * * *	to paid the most for acquiring this item.
(u)		λ
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
	,	public property, etc
	8	Other
	O	J.
		Other, Please Specify:
	9	Not applicable
	9	Don't k, ow
		Kei isal□
	(
T.4		
I4a.		e you making any kind of payment for ('s) orthopedic footware, for
(a)	ex,	mple to rent or finance this item?
	1	Voc
	1	Yes
	2	No
	9	Don't know
	8	Refusal
17		
I7.	**	
(a)	<u>Ho</u>	w often do ()'s orthopedic footwear need to be replaced?

1	Every 6 months or less		
2 3	Once per year to less than 2 years		
4			
5	Every 5 years or more		
6	Never		
7	Not applicable $\square > \operatorname{Go} \operatorname{to} \operatorname{I3} (b)$		
,	Don't know		
	Refusal $\square > \mathbf{Go} \text{ to } \mathbf{I3} \text{ (b)}$		
I8. (a)	Will this item need to be replaced in the next 12 months?		
	1 Yes		
	2 No		
	9 Don't know		
	8 Refusal		
19.			
(a)	What is the main reason you will need to replace (his/her) orthopedic footwear?		
	1 Condition is worse		
	2 Condition is better		
	3 Outgrew the aid		
	4 Worn out □ 5 New technology available / Aid is outdated □		
	6 Other		
	0 Outer		
	Othe.: Please Specify:		
	Don't know		
	Refusal		
	/ Refusal		
I10. (a)	How much difficulty <u>will you</u> have paying for a replacement for (his/her) orthopedic footwear?		
	1 None		
	2 Slight		
	3 Moderate		

	4	Serious
	5	Cannot afford
	6	Not applicable
	O	Don't know
		Refusal
		Refusii
I3. (b)	Hov	<u>w often</u> does () <u>use</u> a cane or crutches?
` /	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
I4.	Wh	o paid the most for <u>acquiring</u> this Arm?
(b)		
	1	Parent
	2	Family of ()
	3	Health care syst m
	4	Government program
	5	Insurance company
	6	Non-pront organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		rut ic property, etc
	8	Ou'er
		Other, Please Specify:
		Other, Flease Specify.
	9	Not applicable
	-	Don't know
		Refusal

I4a. Are you making any kind of payment for (....'s) cane or crutches, for(b) example to rent or finance this item?

	1	Yes		
	2	No	>	Skip to I3(c) if I4=7
	9	Don't know	>	`````
	8	Refusal.		Skip to I3(c) if I4=7
	o	Ketusai		5kip to 13(c) ii 14-7
I7.				
(b)	How	often do ()'s cane or crutches need to be rej	plac	ced?
1		y 6 months or less		
2	More	e than 6 months but less than 1 year	>	Go to 19
3	Once	e per year to less than 2 years \square		
4	Once	e every 2 years but less than once every 5 years.		
5		y 5 years or more		
6	Neve	er	>	Ge to 13 (c)
7	Not a	applicable	>	G) to I3 (c)
	Don'	t know	>	Go to I3 (c)
	Refu	sal	>	Go to I3 (c)
				. ,
I8.				
(b)	Will	this item need to be replaced in the next 12 mon	ths	?
	1	V		
	1	Yes		C . 4 . 12 ()
	2	No	>	Go to I3 (c)
	9	Don't know	>	Go to I3 (c)
	8	Refusal	>	Go to I3 (c)
19.				
	Who	t is the main a gen you will need to venless (his	/hor	n) aana an amutahaa?
(b)	Wila	t is the main reason you will need to replace (his	/He) cane of crutches:
	1	Concition is worse		
	2	Condition is better		
		Ou grew the aid		
	4	worn out		
		New technology available / Aid is outdated		
	6	Other		
		1		
		↓		_
	О	ther, Please Specify:		
		Don't know		
		Refusal		
		Ketusui		

I10. (b)	How much difficulty <u>will you</u> have paying for a replacement (his/her) cane or crutches?				
	1	None			
	2	Slight			
	3	Moderate			
	4	Serious			
	5	Cannot afford			
	6	Not applicable			
		Don't know			
		Refusal			
I3. (c)	Hov	v often does () use a walker?			
(-)	1	Every day			
	2	A few times a week			
	3	Once a week			
	4	Less than once a week			
	5	Frequent usage but only			
		during certain times			
	6	Don't use because it needs repar.			
		or replacement			
	7	Not applicable			
		Don't know□			
		Refusal			
I4. (c)	Who	o paid the most tor <u>acquiring</u> this item?			
(0)					
	1	Par int			
	2	Fa.¬ııy of ()			
	2 3 4 5	Health care system			
	4	Government program			
		Insurance company			
	6	Non-profit organization			
	7	It does not belong to () (i.e. belongs to employers, friends / family,			
		public property, etc			
	8	Other			
		Other, Please Specify:			
	9	Not applicable			

	Refusal
I4a. (c)	Are you making any kind of payment for ('s) walker, for example to rent or finance this item?
	1 Yes
I7.	
(c)	How often does ()'s walker need to be replaced?
1 2 3 4 5	Every 6 months or less
6 7	Every 5 years or more. □ Never. □ > Go to I3 (d) Not applicable. □ > Go to I3 (d) Don't know. □ > Go to I3 (d) Refusal. □ > Go to I3 (d)
I8. (c)	Will this item nec 1 to be replaced in the next 12 months? 1 Yes
19. (c)	What is the main reason you will need to replace (his/her) walker?
	1 Condition is worse

	(Other, Please Specify:
		Don't know
I10. (c)		w much difficulty <u>will you</u> have paying for a replacement for (his/her) ker?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
I3.	Ho	w often does () use a manual wheelchair?
(d)	1	Former days
	1	Every day \square A few times a week \square
	2 3	Once a week
	<i>3</i>	Less than once a week
	5	Frequent usage but only
	5	during certain times
	6	Don't use because it needs repair
	O	or replacement
	7	Not ap _k licable
		D(n't know □
		k. fusal
I4. (d)	W).	to paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc

	8	Other
		Other, Please Specify:
	9	Not applicable
I4a. (d)		e you making any kind of payment for ('s) manual wheelchair, for ample to rent or finance this item?
	1 2 9 8	Yes. □ No. □ > Skip to I3(e) if I4=7 Don't know. □ > Skip to I3(e) if I4=7 Refusal. □ > Skip to I3(e) if I4=7
I5.		
(d)		ow often does ()'s manual wheelchair need service, such as repairs or nintenance?
1		ery 6 months or less
2		ore than 6 months but less than 1 year
3	On	ce per year to less than 2 years
4		ce every 2 years bu less than once
5		ery 5 years \square ery 5 years or more \square
6	Lv Ne	ver
7	No	t applicable
,		on't ! no w $\square > \mathbf{Go}$ to 17
		fusel \Box > Go to I7
T.	X	
I6.	ш	ow much difficulty do you have poving for the corvice of this item?
(d)	П	ow much difficulty do you have paying for the service of this item?
1	No	one
2	Sli	ght □
3		oderate
4	Se	rious
5	Ca	nnot afford
6		t applicable
	Do	n't know

[7. (d)	How often does ()'s manual wheelchair need to be replaced?
1	Every 6 months or less
2	More than 6 months but less than 1 year \square > Go to 19
3	Once per year to less than 2 years
4	Once every 2 years but less than once every 5 years. □
5	Every 5 years or more
6	Never $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{I3} \ (\mathbf{e})$
7	Not applicable \square > Go to I3 (e)
	Don't know
	Refusal
[8.	
(d)	Will this item need to be replaced in the next 12 months?
	1 Yes□
	2 No
	9 Don't know
	8 Refusal
[9. (d)	What is the main reas in you will need to replace (his/her) manual wheelchair? 1 Condition is worse
	Don't know □ Refusal □

I10.

(d) How much difficulty will you have paying for a replacement for (his/her)

	1	None
	2	Slight □
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
I3. (e)	Hov	v often does () use an electric wheelchair?
` /	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know □
		Refusal
I4.	Who	o paid the most for acquiring this item?
(e)		
	1	Parent
	2	Family c ⁺ ()
	3	Yea lth care system
	4	Go ernment program
	5	In surance company
	5 5 7	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
	г	<u> </u>
		Other, Please Specify:
	Ĺ	
	9	Not applicable
		Don't know
		_

manual wheelchair?

I4a. (e)	Are you making any kind of payment for ('s) electric wheelchair, for example to rent or finance this item?					
	1 Yes					
	2 No					
	9 Don't know. \square > Skip to I3(t) if I4=7					
	8 Refusal					
	5 Kerusai					
I5.	1					
(e)	How often does ()'s electric wheelchair need service, such as repoirs or					
	maintenance?					
1	Every 6 months or less					
2	More than 6 months but less than 1 year □					
3	Once per year to less than 2 years					
4	Once every 2 years but less than once					
	every 5 years					
5	Every 5 years or more					
6	Never					
7	Not applicable \Box > Go to I7					
	Not applicable					
	Refusal \square > Go to 17					
I6.						
(e)	How much difficulty do you have paying for the service of this item?					
1	None					
2	Slight					
3	Moderate					
4	Serious					
5	Carnot . trord					
6	Nc⁺ app icable □					
	Den . know□					
	Refusal					
I7.						
(e)	How often does ()'s electric wheelchair need to be replaced?					
1	Every 6 months or less					
2	More than 6 months but less than 1 year \square > Go to 19					
3	Once per year to less than 2 years					
4	Once every 2 years but less than once every 5 years. \square					

5	Eve	ery 5 years or more
6	Nev	ver \square > Go to I3 (f)
7	Not	t applicable $\square > $ Go to I3 (f)
	Do	n't know $\square > \mathbf{Go}$ to I3 (f)
		fusal
I8.		
(e)	Wi	ll this item need to be replaced in the next 12 months?
	1	Yes
	2	No \Box > Go to I3 (2)
	9	Don't know
	8	Refusal $\square > \mathbf{Go}$ to \mathbf{A}^{3} (f)
I9.		
(e)	Wha	at is the main reason you will need to replace (his/her) electric wheelchair?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / ∧ d is outdated □
	6	Other
		Other, Please Specify:
		D 2/1
		Don't know
		Refusai
		- A - Y
I10.		
(e)	Hov	much difficulty will you have paying for a replacement for (his/her)
(C)		tric wheelchair?
		Wheelenan .
	1	None
	2	Slight□
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
	J	Don't know
		Refusal
		101uou1 □

I3. (f)	Ho	<u>How often</u> does () <u>use</u> braces, such as a leg brace (exclude dental braces)?			
(1)	1	Every day			
	2	A few times a week			
	3	Once a week			
	4	Less than once a week \square			
	5	Frequent usage but only			
		during certain times			
	6	Don't use because it needs repair			
		or replacement			
	7	Not applicable			
		Don't know□			
		Refusal			
т.	***				
I4.	W	no paid the most for <u>acquiring</u> this item?			
(f)					
	1	Parent			
	2	Family of ()			
	3	Health care system ⊔			
	4	Government program			
	5	Insurance company			
	6	Government program			
	7	It does not belong to () (i.e. belongs to employers, friends / family,			
		public property, etc			
	8	Other			
		Other Place Specify:			
		Saler, Field Sceniff.			
	0	No andisable			
	9	<u>_</u>			
		_			
		Refusal			
	\sim	· · · · · · · · · · · · · · · · · · ·			
I4a.	Ar	e you making any kind of payment for ('s) braces, such as a leg brace			
(-)					
		1 0			
		1 0			
	ð	Kerusar > Skip to 13(g) if 14=7			
I4a. (f)	9 Ar	Other, Please Specify: Not applicable			

I7.

(1)		<u>w often</u> do ()'s braces, such as a leg brace (exc be replaced?	elu(de dental braces) need
1 Every 6 months or less				
I8. (f)	Wil	ll this item need to be replaced in the next 12 mon	ths	3?
	1	Yes		
	2	No	>	Go to I3 (g)
	9	Don't know	>	Go to I3 (g)
	8	Refusal	>	Go to I3 (g)
I9. (f)	brac	at is the main reason you will need to replace (his/e (exclude dental braces)?	hei	r) braces, such as a leg
	1	Condition is worse		
	2 3	Condition is better.		
	3 4	Outgrew the aio		
	5	New technology available / Aid is outdated		
	6	O'ne:		
	(
		ther, Please Specify:		
	7	Don't know		
		Refusal		
I10. (f)		v much difficulty <u>will you</u> have paying for a replaces, such as a leg brace (exclude dental braces)?	cer	ment for (his/her)
	1	None		

	2 3 4	Slight
	5	Cannot afford
	6	Not applicable
	O	Don't know
		Refusal
I3. (g)	<u>Hov</u>	w often does () use grab bars or bathroom aids?
\ B /	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
I4.	Wh	o paid the most for <u>acquiring</u> this item?
(g)		
	1	Parent
	2	Family of ()
	3	Health care system
	4	Gover ment program
	5	Insurance company
	6	You -profit organization
	7	It are not belong to () (i.e. belongs to employers, friends / family,
		tu co not belong to () (i.e. belongs to employers, friends / failing,
		pı blic property, etc
	9)	
	9	pı blic property, etc
	9	pt blic property, etc
	Q	pı blic property, etc
		pt blic property, etc
	9	pt blic property, etc
		pt blic property, etc

I4a. Are you making any kind of payment for (....'s) grab bars or bathroom aids,

) if I4=7) if I4=7) if I4=7
if I4=7
) if I4=7
nily,

I4a. Are you making any kind of payment for (....'s) bath or bed lifts or other lift type devices, for example to rent or finance this item?

	1	Yes
	2	No > Skip to I3(i) if I4=7
	9	Don't know
	8	Refusal
	O	Kerusai > 5kip to 13(1) ii 14–1
15		
I5.	**	
(h)		<u>v often</u> does ()'s bath or bed lifts or other lift type devices need
	serv	ice, such as repairs or maintenance?
1	Error	my 6 months on loss
1		ry 6 months or less
2		e than 6 months but less than 1 year
3		e per year to less than 2 years
4	Once	e every 2 years but less than once
	ever	y 5 years
5		ry 5 years or more
6		er
7		applicable
		't know
	Refu	ısal □ > Go to I7
I6.		Y Y
(h)	Hoy	w much difficulty do you har paying for the service of this item?
(11)	110	winden difficulty do you have paying for the service of this item.
1	Non	
_	C1:~1	e
2	Silgi	Щ⊔
3	Mod	lerate
4	Seri	ous ⊔
5	Can	not afford
6	Not	applicable
	Don	't know □
	Refu	ısa'
		
T=		
I7.	X	
(h)		<u>v often</u> does ()'s bath or bed lifts or other lift type devices need to be
	repl	aced?
	4	
	1	Every 6 months or less
	2	More than 6 months but less than 1 year \square > Go to 19
	3	Once per year to less than 2 years \square
	4	Once every 2 years but less than once every 5 years. \square
	5	Every 5 years or more
	6	Never. \square > Go to I3 (i)
	7	Not applicable $\square > \mathbf{Go}$ to I3 (i)
	,	1 100 MD DII VII OI VII I I I I I I I I I I I I I

		Don't know $\square > $ Go to I3 (i) Refusal. $\square > $ Go to I3 (i)
I8. (h)	Wi	ll this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
19.		
(h)		at is the main reason you will need to replace (his/ber) bath or bed lifts or
	oth	er lift type devices?
	4	Condition is worse
	1	Condition is worse.
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
		Other, Please Specify:
	L	Don't know
		Refusal
I10. (h)		w much difficulty will you have paying for a replacement for (his/her) bath ped hfts or other lift type devices?
	1	None
	2 ′	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal

I3. <u>How often</u> does (....) <u>use</u> an adapted motor vehicle?

(i)		
	1	Every day \square
	2	A few times a week
	3	Once a week
	4	Less than once a week \square
	5	Frequent usage but only
		during certain times□
	6	Don't use because it needs repair
	Ü	or replacement
	7	Not applicable
	,	Don't know
		Refusal
		Refusal
I4.	WI	no paid the most for acquiring this item?
(i)	,,,	are paid the most for <u>declaring</u> this rectiff
(-)		$_{\lambda}$
	1	Parent D
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
	,	public property, etc
	8	Other
	O	Other
		Other, Please Specify:
	0	Not and the
	9	Not applicable
		Don't k. ow
		Fei isal
I4a.		e you making any kind of payment for ('s) adapted motor vehicle, for
(i)	ex.	emple to rent or finance this item?
	1	Yes
	2	No
	9	Don't know. \square > Skip to I3(j) if I4=7
	8	Refusal
	o	Kerusai > 5kip to 15(j) ii 14–7
I5.		
(i)	Hο	w often does ()'s adapted motor vehicle need service, such as repairs
(-)		maintenance?

	1	Every 6 months or less
	2	More than 6 months but less than 1 year \Box
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once
	•	every 5 years
	5	Every 5 years or more
	6	Never □ > Go to 17
	7	
	/	11
		Don't know
		Refusal $\square > \mathbf{Go}$ to 17
I6. (i)	Но	w much difficulty do you have paying for the service or unitable.
1	Non	e
2		
3		ht
4		ous
5		not afford
		applicable
6		
		't know □
	кеп	ısal 🗆
I7.		
(i)	Hov	v often does (]'s ac apted motor vehicle need to be replaced?
		_
1		ry 6 months or le.s \square > Go to 19
2		e than 6 months but less than 1 year $\square > $ Go to 19
3		e per year to less than 2 years
4	Onc	e eve₁y 2 years but less than once every 5 years. □
5	Eve	er \Box so to I3 (j)
6	Ne	er \square > Go to I3 (j)
7	Not	applicable $\square > $ Go to I3 (j)
	Don	't know \square > Go to I3 (j)
	Refu	usal
		V /
I8. (i)	Will	this item need to be replaced in the next 12 months?
(*)	* * 11	and hom need to be replaced in the neat 12 months.
	1	Yes
	2	No
	9	Don't know

	8	Refusal → Go to 13 (j)
I9. (i)	Wha vehi	nt is the main reason you will need to replace (his/her) adapted motor cle?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
	(Other, Please Specify:
		Don't know
I10. (i)		w much difficulty will you have paving for a replacement for (his/her) pted motor vehicle? None
I3.	Ho	w often does () use a (write-in)?
(j)		
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement

	7	Not applicable □ Don't know □ Refusal □
I4. (j)	Wl	no paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
	8	public property, etc
	0	Ottle1
		Other, Please Specify:
	9	Not applicable
		Don't know
		Refusal
I4a.	۸r	o you making any kind of neverant for (2s) (write in) for example to
I4a. Are you making any kind of payment for ('s) (write-in), for example (j) rent or finance this it m?		
(J)		
	1	Yes
	2	No
	9 8	Don't 'now
	o	× Tusal
Inter	viewe	r: If revice or replacement is applicable to this specific write-in then proceed
		ski; 10 111.
	X	· · · · · · · · · · · · · · · · · · ·
	,	
I5.	TT.	
(j)		w often does ()'s (write-in) need service, such as repairs or intenance?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year \square
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once
		every 5 years

	5	Every 5 years or more
	6	Never
	7	Not applicable $\square > \mathbf{Go}$ to I7
		Don't know
		Refusal \square > Go to I7
I6.		
(j)	Hov	w much difficulty do you have paying for the service of this item?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
17		
I7.	Have	often deeg ()?g (units in) meed to be wenleded?
(j)	HOW	often does ()'s (write-in) need to be replaced?
	1	Every 6 months or less \square > Go to 19
	2	More than 6 months but $\log t$ than 1 year $\square > \mathbf{Goto 19}$
	3	Once per year to less than 2 years
	4	Once every 2 year, but less than once every 5 years.
	5	Every 5 years c mo e
	6	Never \square > Go to I11
	7	Not applicable \square > Go to I11
		Don' know. \square > Go to I11
		Refusal \Box > Go to I11
I8.		
(j)	VIII	this item need to be replaced in the next 12 months?
	1	Yes
	2	No \Box > Go to I11
	9	Don't know
	8	Refusal. \square > Go to I11
19.		
(j)	What	is the main reason you will need to replace (his/her) (write-in)?

	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid \square
	4	Worn out
	5	New technology available / Aid is outdated \Box
	6	Other
	U	Ouler
	Г	Other, Please Specify:
		Other, I lease Speerry.
	<u> </u>	
		Don't know
		Refusal
		Ketusai
I10.		
(j)	Ho	w much difficulty will you have paying for a replacement for (his/her)
		rite-in)?
	,	
	1	None
	2	Slight
		Moderate
	3	
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
T11	A	so there are a day a gracialized equipment for abildren who have difficulty
I11.		re there any aids or specialized equipment for children who have difficulty
	wa	alking or moving around that () <u>currently</u> needs, but does not have?
	1	Ϋ́ς
	2	No \Box > Go to II15
	9	Don't know
	8	Refusal
	X	
		Y
T12	**71	
I12.		hich aids does (he/she) <u>need</u> , but does not have?
	Mc	ark all that apply
	1 ((a) Orthopedic or medically prescribed shoes□
	2 ((b) A cane or crutches
		(c) A walker
		(d) A manual wheelchair
		(e) An electric wheelchair
	0 ((f) Braces, such as a leg brace (exclude dental braces) \square

	7 (g) Lift devices, such as a bed lift device
	11 None selected□ Don't know□ Refusal□
	Interviewer: Ask I13-I14 for aids (a-j) selected in I12; Else go to I15
I13. (a)	How frequently would you () use orthopedic footwear if you (be/she) did have it?
1 2 3 4 5 6	Everyday
I14 (a)	Why do you (does) not have this aid? Mark all that apply.
1 2 3 4	Cost (purchase)
5	Your () doctor does not feel that your (his/her) conductor is severe enough
6	Your () insurance company does not feel that your (his/her) condition is severe enough
7 8 9	You don't (doesn't) know where to get it □ On a waiting list □ Other □
	Other, Please Specify:
10	None selected

113. (b)	have	e it?			
	1	Everyday			
	2	A few times a week			
	3	Once a week			
	4	Less than once a week			
	5	Frequent usage but only during certain times			
	6	Not applicable			
	Ü	Don't know			
		Refusal			
I14					
(b)	Why	does () not have this aid?			
	-	k all that apply.			
	1	Cost (purchase)			
	2	Cost (maintenance)			
	3	Not available locally			
	4	You feel that ('s) condition is not severe enough to			
		justify this aid \square			
	5	('s) doctor does not feel that (his/ner) condition is			
		severe enough			
	6	Your insurance company does not feel that (his/her)			
		condition is severe enough			
	7	You don't know where to get it			
	8	On a waiting list			
	9	Other			
	Other	r, Please Specify:			
	10	None selected			
		$\overline{\mathcal{L}}$			
I13.					
(c)	How frequently would () use a walker if (he/she) did have it?				
	1	Everyday			
	2	A few times a week			
	3	Once a week			
	4	Less than once a week			
	5	Frequent usage but only during certain times			
	6	Not applicable			

		Don't know
I14 (c)	•	does () not have this aid? all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You feel that ('s) condition is not severe enough to justify this aid
	5	('s) doctor does not feel that (his/her) condition is severe enough
	6	Your insurance company does not feel that (his/her) condition is severe enough□
	7	You don't know where to get it □
	8	On a waiting list
	9	Other
	Other,	Please Specify:
	10	None selected
I13. (d)	How	frequently would () use a manual wheelchair if (he/she) did have it?
	1	Ever/day
	2	A few times a week.
	3	Oi ce a week
	4	Less than once a week
	5	Frequent usage but only during certain times
	5	Not applicable
		Don't know
		Refusal
I14 (d)	-	does () not have this aid? all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally

	4	You reel that ('s) condition is not severe enough to
		justify this aid□
	5	('s) doctor does not feel that (his/her) condition is
		severe enough
	6	Your insurance company does not feel that (his/her)
		condition is severe enough
	7	You don't know where to get it□
	8	On a waiting list
	9	Other
		4
	Other,	Please Specify:
	1.0	
	10	None selected
I13.		
(e)	How	frequently would () use an electric wheelchair if (he/she)
	did h	ave it?
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only ouring certain times
	6	Not applicable
	O	Don't know
		Refusal
		Refusal
T4 4		
I14		
(e)		does () not have this aid?
	Mark	ai'that apply.
	1.	Cost (purchase)
	2)	Cost (maintenance)
	3	Not available locally
	4	· · · · · · · · · · · · · · · · · · ·
	4	You feel that ('s) condition is not severe enough to
	_	justify this aid
	5	('s) doctor does not feel that (his/her) condition is
	_	severe enough
	6	Your insurance company does not feel that (his/her)
	_	condition is severe enough
	7	You don't know where to get it
	8	On a waiting list
	9	Other

	Other,	Please Specify:
	10	None selected
(13. (f)		frequently would () use braces, such as a leg brace (exclude dentales) if (he/she) did have it?
	1 2 3 4 5 6	Everyday
14 f)	-	does () not have this aid? all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You feel that ('s) condition is not severe enough to
	5	justify this aid
	6	severe chough
		condition is severe enough
	7	You don't know where to get it
	8	On a waiting list
	9	Other
		1
	Other,	Please Specify:
	10	None selected

I13. (g) How frequently would (\dots) use grab bars or bathroom aids if (he/she) did

	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable
	U	Don't know
		Refusal
I14		
(g)	-	does () not have this aid?
	Mark	all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally □
	4	You feel that ('s) condition is not severe yough to
		justify this aid
	5	('s) doctor does not feel that (h.\tag{h}er) condition is
		severe enough
	6	Your insurance company (see not feel that (his/her)
		condition is severe enough
	7	You don't know whate to get it
	8	On a waiting list
	9	Other
		Other
	Other,	Please Specify:
	10	
	10	No ne selected
	-c	
I13.	X	
(h)		frequently would () use bath or bed lifts or other lift type devices if
	(he/sl	he) did have it?
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times□
	6	Not applicable

have it?

	Refusal
I14 (h)	Why does () not have this aid? Mark all that apply.
	Cost (purchase)
	Other, Please Specify: 10 None selected
I13. (i)	How frequently would () use an adapted motor vehicle if (he/she) did have it? 1
I14 (i)	Why does () not have this aid? Mark all that apply.
	1 Cost (purchase)

	4	You feel that ('s) condition is not severe enough to justify this aid
	5	('s) doctor does not feel that (his/her) condition is
	6	severe enough
	6	Your insurance company does not feel that (his/her)
	7	condition is severe enough
	7	You don't know where to get it
	8	On a waiting list
	9	Other
	Other	, Please Specify:
	10	None selected
I13.		
(j)	How	frequently would () (write-in) use orthopeuic footwear if (he/she) did
3 /	have	
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only quiring certain times
	6	Not applicable
		Don't know
		Refusal
I14		
(j)	Why	does () not have this aid?
	Mark	(a'l that apply.
	1	Cost (purchase)
	2.	Cost (maintenance)
	3	Not available locally
	4	You feel that ('s) condition is not severe enough to
		justify this aid□
	5	('s) doctor does not feel that (his/her) condition is
		severe enough
	6	Your insurance company does not feel that (his/her)
		condition is severe enough□
	7	You don't know where to get it□
	8	On a waiting list
	9	Other

		\downarrow
	Oth	er, Please Specify:
	10	None selected
I15.		the past 6 months, how often has () had difficulty participating in cryday activities because of (his/her) ability to move around?
	1	Daily
	2	Weekly
	3	Monthly
	4	Less than once per month
	5	Never
	6	Not applicable \supset > Skip to J
		Don't know
		Refusal
I16.	Wł	nen ('s) ability to move around mode is difficult to participate in
		ryday activities, did (he/she) experiency:
	1	Some difficulty
	2	A lot of difficulty
	3	Child was compleady unable to participate
	4	('s) participation was not affected
	9	Don't know
	8	Refusal
		Section J – Agility Filter
*:	*If (.	. 's) date of birth is on or before May 16 2001 then continue; else skip to
	X	. 's) date of birth is on or before May 16 2001 then continue; else skip to Section N (182)**
J.	The	e next questions deal with flexibility and agility. Remember, I am asking
		out difficulties that have lasted or are expected to last 6 months or more.
		•
J1.	Bec	cause of a condition or health problem, does () have any difficulty
		ng (his/her) hands or fingers to grasp or hold small objects, such as a
		ncil or scissors?

	1	Yes, sometimes		tation (Agility on Prof	
	2	Yes, often or always \square >		tation (Agility on Prof	
	3	No	Skip	to L (p 144)	
	8	Refusal	> Skip	to L (p 144)	
	9	Don't Know□ >	- Skip	to L (p 144)	
J2.	How	much difficulty?	~			
	1	Some difficulty				
	2	A lot of difficulty	🗖 🥇			
	3	Child was completely unable to participate				
	9	Don't know.	🗆			
	8	Refusal	🗆			
** <i>If</i> K1.	on Does	Section K – Agility Aids date of birth is on or before May 16 2001 and agilithe Profile Sheet the Continue; else skip to Section () use any aids or specialized equipment designed or assist in the use of hands or fingers or that h	n L (p	144)** suppo	ort,	
		ner) agility or Texibility, such as a hand or arm br				
	2 9 8	1 to	Go to Go to	K11		
K2.	Does	(he/she) now <u>use</u> :	(4)	(2)	(0)	(0)
			(1) <u>Yes</u>	(2) <u>No</u>	(9) <u>DK</u>	(8) <u>R</u>
(a) a	hand o	or arm brace?	□			
(b) g	rasping	g tools or reach extenders?	□			

(c) p	encil g	rip?			
(d) a	dapted	l kitchen tools and utensils?			
(e) g	rab ba	rs or bathroom aids?			
(f) b	ath or	bed lifts or other lift type devices?			
(g) a	nother	aid?			
Othe	er, Plea	se Specify:	_	1	
		Á			
**	Interv	viewer: Ask questions K3-K10 for the aids selected in $K \angle \alpha$ - $K11**$	87; Els	se skip	to
K3.		Δ 0			
(a)	<u>How</u>	often does () use a hand or arm brace?			
	1	Every day			
	2	A few times a week			
	3	Once a week			
	4	Less than once a week □			
	5	Frequent usage but only			
		during certain times □			
	6	Don't use because it reeds repair			
	7	or replacement			
	7	Not applicable			
		Don't know			
		Refusal			
K4.					
(a)	Who	naid the most for <u>acquiring</u> this item?			
	X	Parent			
	2	Family of ()			
	3	Health care system. □			
	4	Government program			
	5	Insurance company			
	6	Non-profit organization	1 //	c •1	
	7	It does not belong to () (i.e. belongs to employers, frie	nas / f	amily,	
	8	public property, etc			
		I			

		Other, Please Specify:
	9	Not applicable
K4a. (a)		e you making any kind of payment for ()'s hand or arm brace, for mple to rent or finance this item?
	1	Yes
	2	No. \square > Skip to K?(b) if
	9	Don't know
	8	Refusal > Skip to K3(b) if K4=7
K7.		
(a)	Ho	w often do ()'s hand or arm brace need to be replaced?
	1	Every 6 months or less \square > Go to K9
	2	More than 6 months but less than 1 year $\square > \mathbf{Go}$ to $\mathbf{K9}$
	3	Once per year to 16.3 chan 2 years
	4	Once every 2 y ars but less than once every 5 years. \square
	5	Every 5 years or more
	6	Never $\square > \mathbf{Go} \ \mathbf{to} \ \mathbf{K3} \ (\mathbf{b})$
	7	Not applicable \square > Go to K3 (b)
		Don't k. \circ w
		Re fisal > Go to K3 (b)
	(
K8.	X	<u> </u>
(a)	Wi	If this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	Don't know
	8	Refusal

K9.

(a) What is the main reason you will need to replace (his/her) hand or arm brace?

	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
		Other, Please Specify:
		Don't know
		Refusal
		Rolusul
-		
K10.		
(a)	Но	w much difficulty <u>will you</u> have paying for a replacement for (his/her)
(a)		ad or arm brace?
	IIaii	du of arm brace:
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	5	Don't know
		Refusal
170		
K3.	**	
(b)	<u>H0</u>	w often aces () use grasping tools or reach extenders?
	1	
	1	
	2 3	A lew times a week
	3	Once a week
		Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
	-	or replacement
	7	Not applicable
		Don't know
		Refusal

K4.

	1	Parent
	2	Family of ()
	3	Health care system □
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		Other, Please Specify:
	9	Not applicable
		Don't know.
		Refusal
		,
K4a.		
(b)	Δre	e you making any kind of payment for ()'s grasping tools or reach
(6)		enders, for example to rent of finance this item?
	CAU	enders, for example to rent of vindice tims item.
	1	Yes
	2	No
	_	K4=7
	9	Don't knew. \square > Skip to K3(c) if
		K4=7
	8	Refusal
	Ü	K4=7
K7.		
(b)	<u>F</u> ,o	w often do ()'s grasping tools or reach extenders need to be replaced?
	,	_
	1	Every 6 months or less
	2	More than 6 months but less than 1 year \square > Go to K9
	3	Once per year to less than 2 years \square
	4	Once every 2 years but less than once every 5 years. \square
	5	Every 5 years or more
	6	Never
	7	Not applicable \square > Go to K3 (c)
		Don't know
		Refusal

Who paid the most for <u>acquiring</u> this item?

(b)

1 Yes	
2 No	
9 Don't know	
K9.	
(b) What is the main reason you will need to replace (his/her) grasping tools reach extenders?	, or
1 Condition is worse	
2 Condition is better □	
3 Outgrew the aid	
4 Worn out	
New technology available / Aid is outdated □	
6 Other	
Other, Please Specify:	
o mor, radio opodrij.	
Don't know	
Refusal	
K10.	
(b) How much difficulty <u>yill you</u> have paying for a replacement for (his/her	r)
grasping too's or reach extenders?	
1 None	
2 Sight	
3 Molerate	
4 Serious	
5 Cannot afford□	
Don't know□	
Refusal	
K3.(c) How often does () use a pencil grip?	
(c) accept accept (the) upo a period grip.	
1 Every day	

	3	Once a week \square
	4	Less than once a week \square
	5	Frequent usage but only
		during certain times□
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
	,	Don't know
		Refusal
		Retusal
K3.		
(d)	Hov	v often does () <u>use</u> adapted kitchen tools and utensils?
	1	
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know □
		Refusal
K4.		
(d)	Wh	no paid the most for acquiring this item?
()		
	1	Parent \square
	2	Fan ily of ()
	3	Health care system
	4	G) vernment program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
	J	1
		\downarrow
		Other, Please Specify:
	0	Not applicable
	9	Not applicable
		Don't know □

V/10		
K4a. (d)	Are	e you making any kind of payment for ()'s adapted kitchen tools and nsils, for example to rent or finance this item?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
K7. (d)	Hov	w often do ()'s adapted kitchen tools and utonsils need to be replaced?
	1	Every 6 months or less
	2	More than 6 months but less than 1 y ar
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years.
	5	Every 5 years or more
	6	Never □ > Go to K3 (e)
	7	Not applicable
	•	Don't know \square > Go to K3 (e)
		Refusal
K8.		
(d)	Wil	ll this tem need to be replaced in the next 12 months?
	1	/es
	2)	No
	9	Don't know \square > Go to K3 (e)
	8	Refusal
K9. (d)		at is the main reason you will need to replace (his/her) adapted kitchen s and utensils?
	1	Condition is worse
	2	Condition is better

	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated
	6	Other
		\downarrow
		Other, Please Specify:
		Don't know
K10. (d)		w much difficulty <u>will you</u> have paying for a replacement for (nis/her) apted kitchen tools and utensils?
	aua	ipted kitchen tools and diensis:
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
		Don't know
		Refusal
1/2		
K3. (e)	Ho	ow often does () use 31, b bars or bathroom aids?
	1	Every day
	2	A few times a week
	3	Once week
	4	Less that once a week
	5	Frequent usage but only
		luing certain times
	6	Don't use because it needs repair
	X	or replacement
	7	Not applicable
		Don't know □
		Refusal
K4.		
(e)	W	ho paid the most for <u>acquiring</u> this item?
	1	Parent

	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
	O	I I
		\downarrow
		Other, Please Specify:
	9	Not applicable
	9	Don't know
		Refusal
T7.4 -		
K4a.	A	
(e)		you making any kind of payment for ()'s grab bars or bathroom aids,
	ior	example to rent or finance this item?
	1	
	1	Yes
	2	No
		K4=7
	9	Don't know
		K4=7
	0	
	8	Refusal
		K4=7
K3.		
(f)	Ном	<u>v of en</u> does () <u>use</u> bath or bed lifts or other lift type devices?
(1)	110 11	de circus () ase but of bed into of other int type devices.
	1.	1'very day
	2)	A few times a week
	3	Once a week
	4	Less than once a week
	5	
	J	Frequent usage but only
	6	during certain times
	U	Don't use because it needs repair
	7	or replacement
	7	Not applicable
		Don't know
		Refusal

K4. (f)	Who paid the most for <u>acquiring</u> this item?		
	1	Parent	
	2	Family of ()	
	3	Health care system □	
	4	Government program	
	5	Insurance company	
	6	Non-profit organization	
	7	It does not belong to () (i.e. belongs to employers, friends family,	
		public property, etc	
	8	Other	
		Other Places Specific	
		Other, Please Specify:	
	9	Not applicable	
		Don't know	
		Refusal	
K4a. (f)		Yes	
K5.		y .	
(f)	<u>How often</u> does ()'s bath or bed lifts or other lift type devices need service, such as repairs or maintenance?		
	1	Every 6 months or less	
	2	More than 6 months but less than 1 year □	
	3	Once per year to less than 2 years	
	4	Once every 2 years but less than once	
		every 5 years	
	5	Every 5 years or more	

	6	Never			
	7	Not applicable \Box > Go to K7			
		Don't know $\square > $ Go to K7			
		Refusal $\square > $ Go to K7			
W.					
K6. (f)	How	much difficulty do you have paying for the service of this item?			
(1)	110 11	much difficulty do you have paying for the service of this feel.			
	1	None			
	2	Slight			
	3	Moderate			
	4	Serious			
	5	Cannot afford			
	6	Not applicable			
		Don't know			
		Refusal			
K7.					
(f)	How often do ()'s bath or bed lifts or other lift type devices need to be				
	replaced?				
	1	Every 6 months or less \square > Go to K9			
	2	More than 6 months but its than 1 year $\square > $ Go to K9			
	3	Once per year to less than 2 years			
	4	Once every 2 year, but less than once every 5 years.			
	5	Every 5 years or mole			
	6	Never \square > Go to K3 (g)			
	7	Not applicable			
		Don' know			
		Refusar. $\square > $ Go to K3 (g)			
K8.					
(f)	Vill	this item need to be replaced in the next 12 months?			
	1	Yes			
	2	No			
	9	Don't know \Box > Go to K3 (g)			
	8	Refusal \Box > Go to K3 (g)			
	O	1016561			

K9.

(f) What is the main reason you will need to replace (his/her) bath or bed lifts or other lift type devices?

	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
		Other, Please Specify:
		Other, Flease Specify.
		Don't know
		Refusal
K10.		
(f)	Ho	w much difficulty will you have paying for a replacement for (his/her) bath
	or l	bed lifts or other lift type devices?
	1	None
	2	Slight
	3	Moderate □
	4	Serious
	5	Cannot afford
		Don't know
		Refusal
K3.		
(g)	Ho	w often decz (.) use a (write-in)?
	1	Every dog
	2	↑ few times a week
	3	Once a week
	4	Less than once a week
	3	Frequent usage but only
)	during certain times
	6	Don't use because it needs repair
		or replacement \square
	7	Not applicable
		Don't know
		Refusal

K4.

(g) Who paid the most for <u>acquiring</u> this item?

	1	Parent	
	2	Family of ()	
	3	Health care system □	
	4	Government program	
	5	Insurance company	
	6	Non-profit organization	
	7	It does not belong to () (i.e. belongs to employers, friends / family,	
		public property, etc	
	8	Other	
		Other, Please Specify:	
	9	Not applicable	
		Don't know	
		Refusal	
K4a.			
(g)		you making any kind of payment for ()'s (write-in), for example to	
	ren	t or finance this item?	
	1	Yes	
	2	No > Skip to K11 if	
		K4=7	
	9	Don't know \square > Skip to K11 if	
		K4=7	
	8	Refusal □ > Skip to K11 if	
	Ü	K4=7	
		If some or replacement is applicable to this specific write-in then proceed	
to K5,	else	skip to K11.	
	4		
TT F			
K5.	TT		
(g)			
	ma	intenance?	
	1	Every 6 months or less	
	2	More than 6 months but less than 1 year	
	3	Once per year to less than 2 years	
	4	Once every 2 years but less than once	
	•	every 5 years	
	5	Every 5 years or more	
	_	= · , - ,	

	6	Never		
	7	Not applicable $\square > $ Go to K7		
		Don't know $\square > \mathbf{Go}$ to $\mathbf{K7}$		
		Refusal		
K6.				
(g)	Hov	w much difficulty do you have paying for the service of this item?		
	1	None		
	2	Slight		
	3	Moderate		
	4	Serious		
	5	Cannot afford		
	6	Not applicable		
		Don't know		
		Refusal		
K7.				
(g)	g) How often do ()'s (write-in) need to be replaced?			
	1	Every 6 months or less \square > Go to K9		
	2	More than 6 months but were than 1 year		
	3	Once per year to less than 2 years		
	4	Once every 2 year. but less than once every 5 years. □		
	5	Every 5 years c mo e		
	6	Never \square > Go to K11		
	7	Not applicable \square > Go to K11		
		Don' know. $\square > $ Go to K11		
		Refusal		
K8.				
(g)	Vill	this item need to be replaced in the next 12 months?		
	1	Yes		
	2	No \Box > Go to K11		
	9	Don't know \Box > Go to K11		
	8	Refusal \Box > Go to K11		
K9.				
(g)	What	t is the main reason you will need to replace (his/her) (write-in)?		

	1 2 3 4 5	Condition is worse
	C	Other, Please Specify:
		Don't know
K10. (g)		w much difficulty will you have paying for a replacement for (his/her) ite-in)?
	1 2 3 4 5	None □ Slight □ Moderate □ Serious □ Cannot afford □ Don't know □ Refusal □
K11.		there any aids or recalized equipment designed to support, replace or ist in the use of rands or arms that () currently needs, but does not re? Yes
K12.		b) grasping tools or reach extenders□ c) adapted kitchen tools and utensils□

		Other, Please Specify:
	5	None Selected
	9	Don't know□
	8	Refusal
In	tervie	ewer: Ask K13-I14 for aids (a-d) selected in K12; Else go to K15
K13.	II o	ry fra arrandly would () was a hand an arm hya as if (ha/aha) ly have it?
(a)	но	w frequently would () use a hand or arm brace if (he/she) did have it?
	1	Evanuday
	2	Everyday A few times a week
	3	Once a week.
	<i>3</i>	Less than once a week.
	5	Frequent usage but only during certain fimes
	6	Not applicable
	O	Don't know
		Refusal
K14		
(a)	Wh	ny does () not have this and?
` '		rk all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not evaluate locally.
	4	You feel that ('s) condition is not severe enough to
	•	ju tify this aid
	5	(s) doctor does not feel that (his/her) condition is
		severe enough
	6	Your insurance company does not feel that (his/her)
	X	condition is severe enough
	7 ~	You don't know where to get it□
	8	On a waiting list
	9	Other
	Othe	er, Please Specify:
	10	None selected

K13. (b)	How frequently would (\dots) use grasping tools or reach extenders if (he/she) did have it?			
	1	Everyday		
	2	A few times a week		
	3	Once a week.		
	4	Less than once a week		
	5	Frequent usage but only during certain times		
	6	Not applicable		
	U	Don't know		
		Refusal		
		Refusal		
K14				
	137h	doog () not have this sid?		
(b)	-	does () not have this aid?		
	Mark	all that apply.		
	1	Cost (purchase)		
	2	Cost (purchase)		
	3	Not available locally		
	4	You feel that ('s) condition is not severe enough to		
		justify this aid		
	5	('s) doctor does not fee that (his/her) condition is		
	J	severe enough		
	6	Your insurance company does not feel that (his/her)		
	O	condition is severe exactl		
	7	You don't kno v where to get it		
	8	On a waiting list		
	9			
	9	Other		
	Other.	Please Specify:		
	,			
	10			
	10	I lone selected		
K13.				
(c)		frequently would () use adapted kitchen tools and utensils if		
	(he/sh	ne) did have it?		
	1	Everyday		
	2	A few times a week		
	3	Once a week		
	4	Less than once a week		
	5	Frequent usage but only during certain times□		

	6	Not applicable		
K14 (c)	•	does () not have this aid? a all that apply.		
	1	Cost (purchase)		
	2	Cost (maintenance)		
	3	Not available locally		
	4	You feel that ('s) condition is not severe enough to justify this aid		
	5	('s) doctor does not feel that (his/her) condition is severe enough		
	6	Your insurance company does not feel that (his/he.) condition is severe enough□		
	7	You don't know where to get it□		
	8	On a waiting list		
	9	Other		
	041	Diagonal Consideration		
	Otner,	, Please Specify:		
	10	None selected		
K13. (d)	How frequently would () use a (write-in) if (he/she) did have it?			
	1	Everya.v		
	2	A few times a week		
	3	O. ce a week		
	4	l ess than once a week		
	5	Frequent usage but only during certain times		
	6	Not applicable		
		Don't know		
		Refusal		
K14 (d)	•	does () not have this aid? all that apply.		
	1	Cost (purchase)		
	2	Cost (maintenance)		

	3	Not available locally
	4	You feel that ('s) condition is not severe enough to
		justify this aid□
	5	('s) doctor does not feel that (his/her) condition is
		severe enough
	6	Your insurance company does not feel that (his/her)
		condition is severe enough□
	7	You don't know where to get it□
	8	On a waiting list
	9	Other
		1
	Othe	er, Please Specify:
•	1.0	
	10	None selected
-		
K15.	In t	the past 6 months, how often has () had arricalty participating in
	eve	ryday activities because of (his/her) ability to use (his/her) hands or arms
	or l	because of (his/her) agility or flexibility?
	1	Daily
	2	Weekly
	3	Monthly
	4	Less than once per month
	5	Never
	6	Not applicable $\square > $ Skip to L (p 144)
	U	
		Don't know
		Refusal
K16.		nen ('s) use of hands or arms made it difficult to participate in
	eve	rya. v activities, did (he/she) experience:
	T.	Some difficulty
•	2	A lot of difficulty
	3	Child was completely unable to participate□
	4	('s) participation was not affected □
	9	Don't know
	8	Refusal
	J	
-		
		Section L – Learning Filter

If (....'s) date of birth is on or before May 16 2001 then continue; else skip to Section N (195)

L1.	Do you think that () has a learning disability, such as dyslexia, hyperactivity or attention problems?			
	1	Yes	> Check Box "Learning- Limitation" on Profile Sheet	
	2	No	4	
	9	Don't know		
L2. Has a teacher, doctor or other health professional ever said th learning disability?			er said that () had a	
	1	Yes	> Check Box "Learning- Limitation" on Profile Sheet	
	2	No		
	9	Don't know		
	8	Refusal		
L3.	Does	this condition reduce the amount or the kind of	activities () can do?	
	1	Yes, sometimes		
	2	Yes, ften or always		
	3	No	> Go to M (p 145)	
	8	President	> Go to M (p 145) > Go to M (p 145)	
	9	Oo a't Know□	> Go to M (p 145)	
L4a.	a. How many <u>activities</u> does this condition <u>usually</u> prevent (him/her) from doing:			
	at ho	me?		
	1	None		
	2	A few □		
	3	Many		
	4	Most		
		Don't Vnovy		

	Refusal				
L4b.	How many <u>activities</u> does this condition <u>usually</u> prevent (him/her) from doing:				
	at school?				
	1 None □ 2 A few □ 3 Many □ 4 Most □ Don't Know □ Refusal □				
L4c.	How many <u>activities</u> does this condition <u>usually</u> prevent 'him/her) from doing:				
	at play or recreational activities?				
	1 None □ 2 A few □ 3 Many □ 4 Most □ Don't Know □ Refusal □				
	Section M – Learning Aids				
	*If $($'s) date of birth is on or before May 16 2001 and learning limitation is marked or the Γ of the Sheet then continue; else skip to Section N $(p$ 182)**				
M1.	Does () <u>use</u> any aids or specialized equipment to help (him/her) with (his/her) learning difficulty, for example, a home computer, a pocket crganizer or recording equipment? Do not include human support or medication.				
	1 Yes				
M2.	Does (he/she) now <u>use</u> : (1) (2) (9) (8)				

	<u>Yes</u>	No	<u>DK</u>	<u>R</u>
(a) portable spell checkers?	.□			
(b) recording equipment?	.□			
(c) talking books?	. 🗆			
(d) a pocket organizer?	. 🗆			
(e) a home computer?				
(f) a scanner or printer?	. 🗆	Ĺ		
(g) spell/grammar checking software?	. 🗹			
(h) voice recognition software?	D.			
(i) software organizational tools?				
(j) a laptop or notebook computer?	.□			
(k) another aid?	. 🗆			
	\downarrow			
Other, Please Specify:				
** Interviewer: Ask questions 1/3 M10 for the aids selected in N	12(a-	k): F1s	e skin :	to
M11**	12(u-	K), Lis	е зкір і	.0
M3. (a) How often does (use portable spell checkers?				
1 Fvery $a.y.$ \square 2 A ew times a week. \square				
2				
Less than once a week□				
Frequent usage but only				
during certain times				
6 Don't use because it needs repair				
or replacement				
7 Not applicable□ Don't know□				
Refusal				

M4.

(a) Who paid the most for <u>acquiring</u> this item?

	1	Parent \square
	2	Family of ()
	3	Health care system □
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
	Г	01 8 9 10
		Other, Please Specify:
	L	
	9	Not applicable
		Don't know
		Refusal
M4a.		
(a)	Are	you making any kind of payment for ()'s portable spell checkers, for
	exai	mple to rent or finance this item.
	1	Yes
	2	No
		M4=7
	9	Don't know \square > Skip to M3(b) if
		M4=7
		_
	8	Refusal
		M4=7
M7.		
(a)	Ĥov	often does ()'s portable spell checkers need to be replaced?
(u)	44.7	water does () is postable spen electricity freed to be replaced.
	1	Every 6 months or less
	2	More than 6 months but less than 1 year $\square > $ Go to M9
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years. \square
	5	Every 5 years or more
	6	Never $\square > $ Go to M3 (b)
	7	Not applicable $\square > \mathbf{Go} \mathbf{to} \mathbf{M3} \mathbf{(b)}$
		Don't know $\square > $ Go to M3 (b)
		Refusal

M8. (a)	1 3/5	Ill this item need to be replaced in the next 12 months?
(a)		
	1	Yes
	2	No
	9	Don't know
	8	Refusal
M9.		4
(a)		at is the main reason you will need to replace (his/her) portable well ckers?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
		Other, Please Specify:
		outer, Trease speetry.
		Don't know
		Refusal
M10.		
(a)		w much difficulty <u>yill you</u> have paying for a replacement for (his/her) table spell checkers?
	1	None
	2	Si'gh*
	3	Moderate
	4	Serious.
	5	Cannot afford
		Don't know
		Refusal
M3.	TT.	w often doog () was recording equipment?
(b)	<u>H0</u>	w often does () use recording equipment?
	1	Every day
	2	A few times a week

	3	Once a week \Box
	4	Less than once a week \square
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement \square
	7	Not applicable
		Don't know □
		Refusal
M4. (b)	1 1 1 1	ho paid the most for <u>acquiring</u> this item?
(D)	**1	no pard the most for <u>acquiring</u> this item:
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
	•	public property, etc
	8	Other
	Ü	
		Other, Please Specify.
	9	Not applicat 'e
		Don't know
		Refusal
		<u> </u>
M4a.		
(b)	Ar	you making any kind of payment for ()'s portable spell checkers, for
		ample to rent or finance this item?
		· ·
	1	Yes
	2	No
		M4=7
	9	Don't know
	9	M4=7
		1717—7
	8	Refusal
	J	M4=7
		1717-7

M7. (b)	<u>Ho</u>	w often does ()'s recording equipment need to be replaced?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year $\square > $ Go to M9
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years.
	5	Every 5 years or more
	6	Never
	7	Not applicable
		Don't know $\square > \text{Go to M3 (c)}$
		Refusal□ > Go to M3 (c)
M8. (b)	Wi	ll this item need to be replaced in the next 12 months?
(~)		
	1	Yes
	2	No
	9 8	Don't know
	0	Refusal > Go to WIS (c)
M9.		
(b)		at is the main reason you will need to replace (his/her) recording ipment?
	equ	· Pinenti
	1	Condition is yorse
	2	Condition is better
	3	Outgrew the aid.
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Oth. r
	X	Other, Please Specify:
		Don't know
		Refusal
M10.		

How much difficulty $\underline{will\ you}$ have paying for a replacement for (his/her) recording equipment? **(b)**

	1	None
	2	Slight□
	3	Moderate
	4	Serious
	5	Cannot afford
	5	Don't know
		Refusal.
		Ketusai
M3.		
(c)	Ho	w often does () use talking books?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week \square
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know
		Refusal
M4.		
(c)	W	ho paid the most for <u>acquiring</u> this item?
(-)		
	1	Parent
	2	Family of ()
	3	Health Cre system
	4	C_{10} ernment program
	5	Insurance company
	6	Non-profit organization
	7)	It does not belong to () (i.e. belongs to employers, friends / family,
	X	public property, etc
	8	Other
	Ü	
		Other, Please Specify:
	9	Not applicable
	,	Don't know
		Refusal
		Kerusar

M4a. (c)		ou making any kind of payment for ()'s talking books, for example nt or finance this item?
	1	Yes
	2	No. \square > Skip to M3(d) if M4=7
	9	Don't know
	8	Refusal
M7. (c)	How	often does ()'s talking books need to be replaced?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year $\square > $ Go to M9
	3	Once per year to less than 2 years \square
	4	Once every 2 years but less than once every 5 years.
	5	Every 5 years or more
	6	Never
	7	Not applicable
		Don't know \sqcup > Go to M3 (d)
		Refusal
M8. (c)	Will	this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	\square > Go to M3 (d)
,	8	Refusal
M9.		
(c)	What	is the main reason you will need to replace (his/her) talking books?
	1	Condition is worse
		Condition is better
		Outgrew the aid
		Worn out
	5	New technology available / Aid is outdated □
	6	Other

		\downarrow
		Other, Please Specify:
		Don't know
M10. (c)	Ho	w much difficulty <u>will you</u> have paying for a replacement for (his/her) king books?
	1 2 3 4	None
	5	Cannot afford
M3. (d)	<u>Ho</u>	w often does () use a pocket organizer?
	1	Every day
	2	A few times a week□
	3	Once a week
	4	Less than once . week \square
	5	Frequent usage but only
		during cortain times
	6	Don't use because it needs repair
	7	cr replacement
	7	Not applicable
		Poa't know□ Refusal□
	X	
3.54)	
M4. (d)	W	ho paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company

	6	Non-profit organization \square
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
	O	Ould
		O.I. DI. C. 'C.
		Other, Please Specify:
	9	Not applicable
	9	Not applicable
		Don't know
		Refusal
-		
M4a.		
(d)	A m	e you making any kind of payment for ()'s pocket organizer, for
(u)		
	exa	imple to rent or finance this item?
	1	Yes
	2	No
	_	M4=7
		1717—1
	9	Don't know
		M4=7
		1/17-1
	8	Refusal
		M4=7
		1/17-1
M7.		
	TT.	
(d)	<u>H0</u>	w often does ()'s pocket organizer need to be replaced?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year $\square > $ Go to M9
	3	On ce per year to less than 2 years
	4	Once every 2 years but less than once every 5 years.
	4 5	Every 5 years or more
/	15)	Never
	7	Not applicable \square > Go to M3 (e)
	/	Don't know $\square > $ Go to M3 (e)
		Refusal. $\square > \mathbf{Go to M3}$ (e)
		Refusal
3.40		
M8.		
(d)	Wi	ll this item need to be replaced in the next 12 months?
	1	V _{aa}
	1	Yes
	2	No \square > Go to M3 (e)
	9	Don't know \square > Go to M3 (e)

	8	Refusal > Go to M3 (e)
M9. (d)	Wł	nat is the main reason you will need to replace (his/her) pocket organizer?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	<i>3</i>	Worn out
	5	New technology available / Aid is outdated
	6	Other
	U	Other
		Other, Please Specify:
		Don't know
		Refusal
M10		
(d)		ow much difficulty will you have paying for a replacement for (his/her)
(u)		cket organizer?
	P	And organization
	1	None
	2	Slight
	3	Moderate□
	4	Serious
	5	Cannot afford
		Don't kno
		Refusal
		Y
M3.		
(e)	Ho	<u>w often</u> does () <u>use</u> a home computer?
	X	· <u> </u>
	1	Every day
	2	A few times a week□
	3	Once a week
	4	Less than once a week \square
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement \square
	7	Not applicable

		Don't know□ Refusal□
M4. (e)	Wh	o paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, riends / family,
	0	public property, etc
	8	Other
		Other, Please Specify:
	9	Not applicable
		Don't know
		Refusal
M4a.		
(e)		you making any lind of payment for ()'s home computer, for example
	to r	ent or finance this num?
	1	Vac
	1 2	Yes
	2	No > Skip to M3(f) if $M4=7$
	9	Don't know
		M4=7
	8	Refusal
		M4=7
M7.		
(e)	Hov	<u>v often</u> does ()'s home computer need to be replaced?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year \square > Go to M9
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years. \square

	5	Every 5 years or more
	6	Never
	7	Not applicable $\square > \text{Go to M3 (f)}$
		Don't know
		Refusal $\square > \text{Go to M3 (f)}$
M8.		
(e)	Wil	ll this item need to be replaced in the next 12 months?
	1	Yes
	2	No \Box > Go to MC (1)
	9	Don't know
	8	Refusal
MO		
M9.	Who	at is the main weegen you will need to replace (bis/her) home computer?
(e)	VV 112	nt is the main reason you will need to replace (bis/her) home computer?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / ∧'d is outdated □
	6	Other
	Ü	
		Other, Please Specify.
		Don't know
		Refusa!
M10.		
(e)	Yio	much difficulty will you have paying for a replacement for (his/her)
	rwn	ne computer?
		<u>_</u>
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
		Don't know
		Refusal

M3. (f)	How	v often does () use a scanner or printer?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
	2	during certain times
	6	Don't use because it needs repair
	O	or replacement
	7	Not applicable
	,	Don't know
		Refusal
M4.		
(f)	Wh	o paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system □
	4	Government program
	5	Insurance company
	6	Non-profit organizatio
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
	Ī	
		Other, Flease Specify:
		<u> </u>
	9	Nc applicable
		Don't know
		Refusal
		· · · · · · · · · · · · · · · · · · ·
	,	
M4a.		
(f)		you making any kind of payment for ()'s scanner or printer, for
	exa	mple to rent or finance this item?
	1	Yes
	2	No
		M4=7
	Q	Don't know $\square > \text{Skin to M3}(\mathfrak{g})$ if

		M14=7
	8	Refusal
M7. (f)	Ho	w often does ()'s scanner or printer need to be replaced?
(-)		
	1	Every 6 months or less
	2	More than 6 months but less than 1 year $\square > \mathbf{Go}$ to $\mathbf{M9}$
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years. □
	5	Every 5 years or more
	6	Never
	7	Not applicable
		Don't know \Box > Go to M3 (g)
		Refusal
M8.		
(f)	Wi	ll this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
M9.		
(f)	Wha	at is the main reas in you will need to replace (his/her) scanner or printer?
()		
	1	Condition is worse
	2	Concition is better
	3	Cutgrew the aid
	4	Wcrn out □
	3	New technology available / Aid is outdated □
	6	∨ Other □
		Oth Bir C ic
		Other, Please Specify:
		Don't know□
		Refusal

M10.

(1)	scanner or printer?			
	1	None		
	1	_		
	2	Slight		
	3	Moderate		
	4	Serious		
	5	Cannot afford		
		Don't know		
		Refusal		
M3. (g)	<u>H</u>	ow often does () <u>use</u> spell/grammar checking software?		
	1	Every day		
	2	A few times a week		
	3	Once a week		
	4	Less than once a week		
	5	Frequent usage but only		
	5			
	6	during certain times		
	6	Don't use because it needs repair		
	-	or replacement		
	7	Not applicable		
		Don't know		
		Refusal		
M4.				
(g)	W	ho paid the most 10r <u>acquiring</u> this item?		
	1	Parent		
	2	Family of ()		
	3	Health care system		
	3	Government program		
	5	Insurance company		
	6	Non-profit organization		
	7	It does not belong to () (i.e. belongs to employers, friends / family,		
	,	public property, etc		
	0			
	8	Other		
		Other, Please Specify:		
		Calci, Fieuse Speerly.		
	Q	Not applicable		

		Refusal
M4a. (g)		you making any kind of payment for ()'s spell/grammar checking ware, for example to rent or finance this item?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
M7.		
(g)		w often does ()'s spell/grammar checking software need to be laced?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year $\square > $ Go to M9
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years.
	5	Every 5 years or mo
	6	Never
	7	Not applies ble $\square > $ Go to M3 (h)
		Don't know $\square > $ Go to M3 (h)
		Refusar
M8.	(
(g)	Wi	l this item need to be replaced in the next 12 months?
•	I	Yes
	2	No
	9	Don't know
	8	Refusal
M9. (g)		nt is the main reason you will need to replace (his/her) spell/grammar eking software?
	1	Condition is worse

	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
	Ü) I
		Other, Please Specify:
		Don't know
		Refusal
M10.		
(g)		ow much difficulty will you have paying for a replacement for (his/her)
	spe	ell/grammar checking software?
	1	None
	2	Slight□
	3	Moderate □
	4	Serious
	5	Cannot afford
		Don't know□
		Refusal
M3.		
	TT	
(h)	<u>H</u>	ow often does () use voice recognition software?
	1	Every day
	2	A few times a week
	3	Chice a vieek
	4	Yese than once a week
	5	Frequent usage but only
		during certain times
	Ċ	Don't use because it needs repair
		or replacement
	7	Not applicable
	•	Don't know
		Refusal
		1€1usa1
MA		

M4.

(h) Who paid the most for <u>acquiring</u> this item?

	9 8 1 2 3 4 5 6 7	Don't know
M7. (h)	8 <u>H6</u> , 1 2 3 4	Refusal
	8 H6. 1 2 3	Refusal
	8 <u>H6</u> 1 2	Refusal
	8 <u>He</u>	Refusal
	8	Refusal
	8	M4=7 Refusal
M7		M4=7 Refusal
		M4=7 Refusal
		M4=7 Refusal
		M4=7
	9	
	0	Don't know Skin to M3(i) if
		1141
	2	No
	1 2	Yes
	101	example to rent of influence this ferm.
(h)		you making any kind of payment for () s voice recognition software, example to rent or finance this item?
M4a.		
		Refusal
		Don't know
	9	Not applicable
		Other, Please Specify:
		Other Places Specific
	8	Other
	0	public property, etc
	7	It does not belong to () (i.e. belongs to employers, friends / family,
	6	Non-profit organization
	4 5	Government program
	3	Health care system
	2	Family of ()
		Parent

M8. (h)	Wi	ill this item need to be replaced in the next 12 months?		
(11)		<u>_</u>		
	1 2	Yes		
		No		
	9 8	Don't know		
	0	Refusal		
M9.		4		
(h)	What is the main reason you will need to replace (his/her) voice recognition software?			
	1	Condition is worse		
	2	Condition is better		
	3	Outgrew the aid		
	4	Worn out		
	5	New technology available / Aid is outdated		
	6	Other		
		Other, Please Specify:		
		Don't know		
		Refusal		
M10.				
(h)		w much difficulty <u>yill you</u> have paying for a replacement for (his/her)		
	voi	ce recognition software?		
	1	None		
	2	Si'gh*		
	3	Moderate		
		Serious		
	5	Cannot afford		
	3	Don't know		
		Refusal		
M3.				
(i)	Ho	w often does () use software organizational tools?		
	1	Every day		
	2	A few times a week		

	3	Once a week
	4	Less than once a week \square
	5	Frequent usage but only
		during certain times□
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
	,	Don't know
		Refusal
		Refusal
N/A		
M4.	XX 71.	
(i)	VV II	o paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
	/	
	0	public property, etc
	8	Other
		Other, Please Specify.
		Suier, Freuse Speerry.
	9	Not applicable
		Don't know
		Refus î
		y
M4a.	(
(i)		vou making any kind of payment for ()'s software organizational
	400	ls, for example to rent or finance this item?
		_
	1	Yes
	2	No
		M4=7
	9	Don't know
	,	M4=7
		1717—1
	8	Refusal
		M4=7

M7. (i)	Ho	w often does ()'s software organizational tools need to be replaced?
	1	Every 6 months or less
	2	More than 6 months but less than 1 year \square > Go to M9
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years.
	5	Every 5 years or more
	6	Never
	7	Not applicable $\square > $ Go to M3 (j)
		Don't know $\square > \mathbf{Go} \circ \mathbf{M3}(\mathbf{j})$
		Refusal
N #0		
M8. (i)	Wi	ll this item need to be replaced in the next 12 months?
(1)		
	1	Yes
	2	No
	9	Don't know
	8	Refusal
M9.		
(i)	Wha	at is the main reason you vill need to replace (his/her) software
		inizational tools?
	1	Condition is worse
	1	
	2	Condition is letter
	3	Outgrew the aia
	5	New tech pology available / Aid is outdated □
	6	O'ine:
	U	
		<u> </u>
	()	Other, Please Specify:
	€	Other, Please Specify:
	\$	Other, Please Specify: Don't know
	Ŷ	
	\$	Don't know
	\$	Don't know
M10.		Don't know
M10. (i)	Hov	Don't know
	Hov	Don't know

	2 3	Slight
	3 4	Moderate
	5	Cannot afford
	5	Don't know
		Refusal.
		Ketusat
M3.		
(j)	<u>Ho</u>	w often does () use a laptop or notebook computer?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know □
		Refusal
3.7.4		
M4.	***	
(j)	W	ho paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of (
	3	Health care system
	4	Government program
	5	Just rance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		Other, Please Specify:
		other, rease speerly.
	0	NI-4121-1-
	9	Not applicable
		Don't know
		Refusal

M4a. (j)		you making any kind of payment for ()'s laptop or notebook outer, for example to rent or finance this item?
	1	Yes
	2	No
	9	Don't know
	8	Refusal□ > Skip to M3(k) if M4=7
M7.		
(j)	How	<u>often</u> does ()'s laptop or notebook computer need to be replaced?
	1	Every 6 months or less \square > Go to M9
	2	More than 6 months but less than 1 year
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years.
	5	Every 5 years or more
	6	Never
	7	Not applicable $\square \sim \text{Co to M3}(k)$
		Don't know
		Refusal
M8. (j)	Will	this item need where replaced in the next 12 months?
•		
	1	Yes
	2	\square > Go to M3 (d)
	9	\square > Go to M3 (d) Refusal \square > Go to M3 (d)
	8	Refusal
1.10		
M9.	137h o 4	is the main reason was will need to replace (hig/hor) lenter or notehook
(j)	comp	is the main reason you will need to replace (his/her) laptop or notebook uter?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other

		\downarrow
		Other, Please Specify:
		Don't know□
		Refusal
M10.		
(j)		w much difficulty will you have paying for a replacement for (his/her)
(J)		top or notebook computer?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
		Don't know
		Refusal
M3.		
(k)	Ho	w often does () use (write in)?
	1	Every day
	2	A few times a week □
	3	Once a week
	4	Less than once, week
	5	Frequent usage but only
		during pertain times
	6	Don't use because it needs repair
		er replacement
	7	Not applicable
		.Do₁₁'t know
		Refusal□
	X	
)	
M4.		
(k)	W	ho paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	-	

	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		Other, Please Specify:
	9	Not applicable
		Don't know
		Refusal
M4a.		
(k)		e you making any kind of payment for ()'s (write-in), for example to
	ren	at or finance this item?
	1	Yes
	2	No > Skip to M11 if
		M4=7
	9	Don't know > Skip to M11 if
		M4=7
	8	Refusal > Skip to M11 if
	O	M4=7
ME		
M5. (k)	Ho	w often does ()'s (write-in), such as repairs or maintenance?
(K)	110	w orten does () s (write-in), such as repairs of maintenance.
	1	Every 6 months or less
	2	More t₁ an ó months but less than 1 year □
	3	Or ce per year to less than 2 years
	4	Once every 2 years but less than once
		every 5 years
	5	Every 5 years or more
	6	Never
	7 ^	Not applicable \Box > Go to M7
		Don't know $\square > $ Go to M7
		Refusal
3.5.		
M6. (k)	Ho	ow much difficulty do you have paying for the service of this item?
(/		Figure 301 100 John Line 1 Programs 100 100 001 100 001 100 001
	1	None

	2	Slight	
	3	Moderate	
	4	Serious	
	5	Cannot afford	
	6	Not applicable	
		Don't know	
		Refusal	
M7.			
(k)	<u>Ho</u>	w often does ()'s (write-in) need to be replaced?	
	1	Every 6 months or less	
	2	More than 6 months but less than 1 year	
	3	Once per year to less than 2 years	
	4	Once every 2 years but less than once every 5 years.	
	5	Every 5 years or more	
	6	Never	
	7	Not applicable $\square > $ Go to M11	
		Don't know \square > Go to M11	
		Refusal > Go to M11	
M8.		A K Y	
(k)	Will this item need to be replaced in the next 12 months?		
	1	Yes	
	2	No	
	9	Don't know	
	8	Refusal	
	0	Kelusai	
140			
M9.	XX 71.	and it is to make a manager were will made to manle as (hig/horn) (which in)?	
(k)	VV	at is the main reason you will need to replace (his/her) (write-in)?	
		Condition is worse	
	2		
	2	Condition is better	
	3	Outgrew the aid	
	4	Worn out	
	5	New technology available / Aid is outdated	
	6	Other	
		\downarrow	
		Other, Please Specify:	
		,	
		Don't know	

	Refusal
M10. (k)	How much difficulty will you have paying for a replacement for (his/her) (write-in)?
	1 None
M11.	Are there any learning aids or specialized equipment or services that () currently needs, but does not have?
	1 Yes
M12.	Which aids or services does (he/she) need, but does not have? Mark all that apply
	1 (a) portable sper' checkers
	Other, Please Specify:
12	None selected

Interviewer: Ask M13-M14 for aids (a-k) selected in M12; Else go to M15		
M13. (a)	How it?	frequently would () use portable spell checkers if (he/she) did have
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable
		Don't know
M14		
(a)	-	do you (does) not have this aid?
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You () personally feer (*) that your (his/her) condition is not severe enough to justify this aid
	5	Your () doctor do s not feel that your (his/her) condition is se 'ere (nough
	6	Your () insurance company does not feel that your (bis/her) condition is severe enough□
	7	You con't (doesn't) know where to get it
	8	On a waiting list
	9	Other
	^(
<i>A</i>	1	Other, Please Specify:
	10	None selected
M13. (b)	How	frequently would (\dots) use recording equipment if (he/she) did have it?
	1	Everyday
	2	A few times a week.
	2	Ones a week

	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable
		Don't know
		Refusal
M14	***	
(b)	-	do you (does) not have this aid?
	Mark	all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You () personally feel (s) that your (his/her)
		condition is not severe enough to justify this aid \(\sigma\)
	5	Your () doctor does not feel that your (his/her)
		condition is severe enough□
	6	Your () insurance company does not feel that
		your (his/her) condition is severe enou _₹ h □
	7	You don't (doesn't) know where to get it
	8	On a waiting list
	9	Other
	ſ	Other, Please Specify:
		other, rease specify
	<u> </u>	
	10	None selected
M13.		
(c)	How	frequently would () use talking books if (he/she) did have it?
	1	Ev∠ryday □
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times □
	6	Not applicable
		Don't know□
		Refusal

M14

(c) Why do you (does) not have this aid?

Mark all that apply.

	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You () personally feel (s) that your (his/her)
		condition is not severe enough to justify this aid □
	5	Your () doctor does not feel that your (his/her)
	Ü	condition is severe enough
	6	Your () insurance company does not feel that
	U	
	7	your (his/her) condition is severe enough
	7	You don't (doesn't) know where to get it
	8	On a waiting list
	9	Other
		Oil Bl C 'C
		Other, Please Specify:
	10	Name calcuted
	10	None selected
M13.		
(d)	How	frequently would () use a pocket organizer if (he/she) did have it?
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a vice.
	5	Frequent usage but only during certain times
	6	Not applicable
	O	Don't know
		Refu al
		Keru, dr.,
M14		
(d)	_ \ ~	do you (does) not have this aid?
	Mark	all that apply.
	1	Cost (purchase)
		Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You () personally feel (s) that your (his/her)
		condition is not severe enough to justify this aid \square
	5	Your () doctor does not feel that your (his/her)
		condition is severe enough \square
	6	Your () insurance company does not feel that
		your (his/her) condition is severe enough□
	7	You don't (doesn't) know where to get it □

	8	On a waiting list
	9	Other
		<u> </u>
		Other, Please Specify:
	10	
	10	None selected
M13.		4
(e)	How	frequently would () use a home computer if (he/she) did have it?
	1	Everyday
	2	A few times a week.
	3	Once a week.
	4	Less than once a week
	5	Frequent usage but only during certain times□
	6	Not applicable
		Don't know□
		Refusal
		Y
3.74.4		
M14	***	
(e)	-	do you (does) not have this aid?
	Mark	a all that apply.
	1	Cost (purchase)
	2	Cost (maintena. ce).
	3	Not available locally
	4	You () per onally feel (s) that your (his/her)
	_	condition is not severe enough to justify this aid □
	5	Your () doctor does not feel that your (his/her)
		condition is severe enough
	6	Your () insurance company does not feel that your (his/her) condition is severe enough
	7	You don't (doesn't) know where to get it
	8	On a waiting list
	9	Other
		Other Please Specify:
		Other, Please Specify:
	10	None selected

M13.

(f)	How	frequently would () use a scanner or printer if (he/she) did have it?
	1	Everyday
	2	A few times a week
	3	Once a week.
	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable
	-	Don't know
		Refusal
		1
M14		
(f)	-	v do you (does) not have this aid?
	Mari	k all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You () personally feel (s) that your (his/ner)
	•	condition is not severe enough to just by this aid
	5	Your () doctor does not feel that your (his/her)
	J	condition is severe enough
	6	Your () insurance con pany does not feel that
	Ü	your (his/her) condition is severe enough
	7	You don't (does.'t) know where to get it
	8	On a waiting list
	9	Other
		Other, Plasse Specify:
	10	None selected
	10	Notice selected
-		<u> </u>
M13.		
	Цса	requently would () use spell/grammar checking software if (he/she)
(g)		have it?
	uiu i	nave it:
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable
		Don't know

		Refusal
M14 (g)	•	y do you (does) not have this aid? k all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You () personally feel (s) that your (his/her) condition is not severe enough to justify this aid □
	5	Your () doctor does not feel that your (his/her) condition is severe enough□
	6	Your () insurance company does not feel that your (his/her) condition is severe enough
	7	You don't (doesn't) know where to get it \square
	8	On a waiting list
	9	Other
		Other, Please Specify:
	10	None selected
3.510		
M13. (h)	How have	frequently would () use voice recognition software if (he/she) did e it?
	1	Everyday
	2	A few times a week
	3	Orce a week
	4	Let's than once a week
	5	Frequent usage but only during certain times
		Not applicable
		Don't know
		Refusal
M14		
(h)	•	y do you (does) not have this aid? k all that apply.
	1 2	Cost (purchase)

	3	Not available locally
	4	You () personally feel (s) that your (his/her)
		condition is not severe enough to justify this aid \square
	5	Your () doctor does not feel that your (his/her)
	_	condition is severe enough
	6	Your () insurance company does not feel that
	7	your (his/her) condition is severe enough
	7	You don't (doesn't) know where to get it □ On a waiting list□
	8 9	Other
	7	Oulei
	_	
		Other, Please Specify:
	L	
	10	None selected
	10	None selected
3.540		
M13.	TT 4	
(i)	have i	frequently would () use software o gan zational tools if (he/she) did
	nave	
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Once a week
	5	Frequent usage but only during certain times
	6	Not applicable
		Don't know
		Refusal
3.64.4		
M114	XX/1	door) not have this sid?
(i)		do you (does) not have this aid? aι' that apply.
	MULIK	ai inai appiy.
	Y	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You () personally feel (s) that your (his/her)
	~	condition is not severe enough to justify this aid
	5	Your () doctor does not feel that your (his/her)
	6	condition is severe enough
	U	Your () insurance company does not feel that your (his/her) condition is severe enough□
	7	You don't (doesn't) know where to get it
	8	On a waiting list
	U	On a waiting not

	9	Other
		Other, Please Specify:
	10	None selected
M13.		
(j)		frequently would () use a laptop or notebook computer if (he/she) ave it?
	1	Everyday
	2	A few times a week.
	3	Once a week.
	4	Less than once a week
	5	Frequent usage but only during certain times□
	6	Not applicable
		Don't know□
		Refusal
M14		
(j)	Why	do you (does) not have this aid?
(J)		a all that apply.
	1	Cost (purchase)
	2	Cost (maintena ce).
	3 4	Not available locally
	4	condition is not severe enough to justify this aid
	5	Your () doctor does not feel that your (his/her)
	J	condition is severe enough
	6	Yeur () insurance company does not feel that
		your (his/her) condition is severe enough□
	7	You don't (doesn't) know where to get it □
	8	On a waiting list
	9	Other
		\downarrow
		Other, Please Specify:
	10	None selected

M13.

(k)	Hov	v frequently would () use (write-in) if (he/she) did have it?
	1	Everyday
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only during certain times
	6	Not applicable
		Don't know
		Refusal
		. 1
M14		
(k)	Why	y do you (does) not have this aid?
(K)	-	k all that apply.
	mai	K dit ildi appiy.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not available locally
	4	You () personally feel (s) that your (his/her)
		condition is not severe enough to justify this aid
	5	Your () doctor does not feel that your (his/her)
		condition is severe enough
	6	Your () insurance con pany does not feel that
		your (his/her) condition is severe enough
	7	You don't (doesn't) know where to get it \square
	8	On a waiting list
	9	Other
		Other, Plage Specify:
	4.0	
	10	None selected
-	(<u> </u>
N#15		
M15.		he past 6 months, how often has () had difficulty participating in
	ever	yday activities because of (his/her) learning difficulty?
	1	Daily
	2	Weekly
	3	Monthly
	4	Less than once per month
	5	Never
	6	Not applicable
		Don't know
		Refusal

M16.		('s) learning difficulty made it difficult to parday activities, did (he/she) experience:	ticipate in
	1	Some difficulty	П
	2	A lot of difficulty	
	3	Child was completely unable to participate	
	4	('s) participation was not affected	
	9	Don't know	
	8	Refusal	
		Section N - Developmental Filte	r
**A	All respo	ndents enter this module; If ('s) date of birth is 2001 then proceed; else skip to N3 (p 103)*	
N1.	1. Because of a condition or health problem, does () have a delay in (his/her) development, either a physical intellectual or another type of de		
	1	Yes	Check Box Developmental- Limitation on Profile Sheet
	2	No	Skip to P
	9		Skip to P
	8		Skip to P
N2a.	each.	kind of delay is this? I will read you a list. Please by in (his/her) physical development?	answer yes or no to
	1	Yes	Check Box Developmental- Limitation on Profile Sheet
	2	No	
	9	Don't know.	
	8	Refusal	
	_		

N2b.	What kind of delay is this? I will read you a list. Please answer yes or no to each.					
	A delay in (his/her) intellectual development?					
	1	Yes	Check Box Developmental- Limitation on Profile Sheet			
	2 9 8	No				
N2c. What kind of delay is this? I will read you a list. Please answer yes o each.			swer yes or no to			
	Othe	r type of delay?				
	1	Yes	Check Box Developmental- Limitation on Profile Sheet			
	2 9 8	Other, Please Specify: No				
N3.	has a	a doctor, psychologist or other health professional a developmental disability or disorder? These may rome, or mental impairment due to a lack of oxyge	include autism, Down			
	1	Yes	Check Box Developmental- Limitation on Profile Sheet			
	2	No >	Go to O (p 185)			

	9 8	Don't know				
N4.	Does	s this condition reduce the amount or the kind of activities () can do?				
	1	Yes, sometimes				
	2	Yes, often or always				
	3	No				
	8	Refusal				
	9	Don't Know				
N5a.	How	many <u>activities</u> does this condition <u>usually</u> prevent (him/her) from				
	doin	g				
	at ho	ome?				
	1	None				
	2	A few □				
	3	Many □				
	4	Most				
		Don't Know				
		Refusal				
N. F.						
N5b.		How many <u>activities</u> does the condition <u>usually</u> prevent (him/her) from doing				
	dom					
	at sc	chool?				
	1	None				
	2	h f w				
	3	1 (a.v				
	4	Nost				
-	V)	Don't Know.				
		Refusal				
N5c.	How doing	many <u>activities</u> does this condition <u>usually</u> prevent (him/her) from g				
	at pl	ay or recreational activities?				
	1 2	None□ A few□				

	3 4	Many □ Most □ Don't Know □ Refusal □	
	Sec	tion O – Emotional / Psychological Filte	er Questions
** I f	('s)	date of birth is on or before May 16 2001 continue; (p 186)**	else skip to Section P
O1. Does () have any emotional, psychological or behavioural cond have lasted or are expected to last six months or more?			
	1 2 9 8	Yes. □ No. □ Don't know. □ Refusal. □	•
O2.	Does this condition reduce the amount or 'he kind of activities () ca		
	1	Yes, sometimes	Check Box Emotional- Limitation on Profile Sheet
	2	Yes, often or , lways $\square >$	Check Box Emotional- Limitation on Profile Sheet
,	3 8 9	Refusal >	Go to P (p 186) Go to P (p 186) Go to P (p 186)
O3a.	How doing	many <u>activities</u> does this condition <u>usually</u> prevent g:	(him/her) from
	at ho	me?	
	1 2	None□ A few□	

	3 4	Many □ Most □ Don't Know □ Refusal □		
O3b.	How	many <u>activities</u> does this condition <u>usually</u> prevent (him/her) from doing:		
	at so	chool?		
	1 2 3 4	None. A few. Many. Most. Don't Know. Refusal.		
		many <u>activities</u> does this condition <u>usually</u> prevent (him/her) from doing:		
at play or recreational activities?				
	1 2 3 4	None A few Many Most Don't Know Refusal		
		Section P – Chronic Conditions Filter		
	^(**All respondents enter this module**		
P	Yow I'd like to ask about any <u>chronic</u> health conditions () may have. (Chronic conditions refer to conditions that have lasted or are expected to last six months or more.)			
P1a.		s () have any of the following <u>long-term</u> conditions which have been <u>mosed</u> by a health professional?		
	Asth	nma or severe allergies		
	1	Yes		

	2	No	
	9	Don't know□	
	8	Refusal	
P1b.	Does	s () have any of the following <u>long-term</u> conditions which have been	
	diag	nosed by a health professional?	
	Hear	rt condition or disease	
	1	Yes	
	2	No	
	9	Don't know	
	8	Refusal	
P1c.	Does	s () have any of the following <u>long-term</u> conditions which have been	
		nosed by a health professional?	
	_		
	Kidr	ney condition or disease	
	1	Yes	
	2	No	
	9	Don't know□	
	8	Refusal	
	0		
D1.J	Dogg	bayo and of the following long term conditions which have been	
rıu.	P1d. Does () have any c ^c the following <u>long-term</u> conditions which have bee		
	nosed by a hear h professional?		
	Can	car	
	Can		
	1	V _t •	
	2	No	
	4	Don't know□	
-	SA.	Refusal	
		Ketusai	
P1e.	Does	s () have any of the following <u>long-term</u> conditions which have been	
1 10.		nosed by a health professional?	
	Diab	petes	
	1	Yes	
	2	No	
	0	Don't know	

	8 Refusal				
P1f.	Does () have any of the following <u>long-term</u> conditions which have been <u>diagnosed</u> by a health professional?				
	Epilepsy				
	1 Yes. □ 2 No. □ 9 Don't know. □ 8 Refusal. □				
P1g.	Does () have any of the following <u>long-term</u> conditions which have been <u>diagnosed</u> by a health professional?				
	Autism				
	1 Yes				
P1h.	h. Does () have any of the fallowing <u>long-term</u> conditions which have been <u>diagnosed</u> by a health process, anal?				
	Cerebral Palsy 1 Yes				
P1i.	Does () have any of the following <u>long-term</u> conditions which have been <u>diagnosed</u> by a health professional?				
	Spina Bifida				
	1 Yes				

P1j.	Does () have any of the following <u>long-term</u> conditions which have been <u>diagnosed</u> by a health professional?			
	Cystic Fibrosis			
	1 2 9 8	Yes		
P1k.	Does () have any of the following <u>long-term</u> conditions which have been <u>diagnosed</u> by a health professional?			
	Musci	ular Dystrophy		
	1	Yes		
	2	No		
	9	Don't know		
	8	Refusal		
P11.	Does () have any of the following <u>long-term</u> conditions which have been <u>diagnosed</u> by a health professional.			
	Migraines			
	1	Yes		
	2	No		
	9	Don', knew		
	8	Refusai.		
	-			
P1m.	Does () have any of the following <u>long-term</u> conditions which have been <u>d'agnosed</u> by a health professional?			
	Arthr	itis or rheumatism		
	1	Yes		
	2	No.		
	9	Don't know		
	8	Refusal		

P1n. Does () have any of the following <u>long-term</u> conditions which have <u>diagnosed</u> by a health professional?				
Paralysis of any kind				
	1	Yes		
	2	No		
	9	Don't know□		
	8	Refusal		
P1o.		s () have any of the following <u>long-term</u> conditions which have been <u>nosed</u> by a health professional?		
	Miss	sing or malformed arms, legs, fingers or toes		
	1	Yes		
	2	No		
	9	Don't know		
	8	Refusal		
P1p.	diagnosed by a health professional.			
	Fetal Alcohol Syndrome			
	1	Yes		
	2	No		
	9	Don't know		
	8	Refu. al		
		- Y		
P1q.		s () have any of the following <u>long-term</u> conditions which have been <u>posed</u> by a health professional?		
,	Atter (ADI	ntion Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (HD)		
	1	Yes		
	2	No		
	9	Don't know		
	8	Refusal		

P1r.	Does () have any of the following <u>long-term</u> conditions which have been <u>diagnosed</u> by a health professional?			
Down syndrome				
	1 Yes. □ 2 No. □ 9 Don't know. □ 8 Refusal. □			
P1s.	Does () have any of the following <u>long-term</u> conditions which have been <u>diagnosed</u> by a health professional?			
	Complex medical care needs			
	1 Yes			
P1t.	Does () have any of the following <u>long-term</u> conditions which have been <u>diagnosed</u> by a health professional:			
	Any other long-term condition that has been diagnosed by a health			
	professional			
	1 Yes			
	2 No			
>	** Interviewer: If a chronic condition was selected in P1a-t (P1a-t one or more			

** Interviewer: If a chronic condition was selected in P1a-t (P1a-t one or more conditions = I(yes)) then proceed through questions P2-3c for aids selected in P1a-t; else skip to Q^{**}

P2a. Does asthma or severe allergies reduce the amount or the kind of activities (....) can do?

	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile Sheet
	2	Yes, often or always	>	Check Box "Chronic- Limitation" on Profile Sheet
	3	No	>	Go to P2b
	8	Refusal	>	Go to P2b
	9	Don't Know	>	Go to P2b
P2b.	Does a	heart condition or disease reduce the amount	or	tn-kind of activities
	()	can do?		3
	1	Yes, sometimes	>	Check Box "Chronic-
				Limitation" on Profile Sheet
	2	Yes, often or always	>	Check Box "Chronic-
				Limitation" on Profile Sheet
	3	No	>	Go to P2c
	8	Refusal	>	Go to P2c
	9	Don't Know	>	Go to P2c
P2c.		a kidney condition or disease reduce the amoun	t o	r the kind of activities
/	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile
				Sheet
	2	Yes, often or always	>	Check Box "Chronic- Limitation" on Profile Sheet
	3	No	>	Go to P2d
	8	Refusal	>	Go to P2d
	9	Don't Know	>	Go to P2d

P2d.	Does cancer reduce the amount or the kind of activities () can do?				
	1	Yes, sometimes	> Check Box "Chronic- Limitation" on Profile Sheet		
	2	Yes, often or always	> Check Box "Chronic- Limitation" on Profile Sheet		
	3	No	> Go to P2e		
	8	Refusal	> Go to P2e		
	9	Don't Know	> Guth P2e		
P2e.	Does	diabetes reduce the amount or the kind of activ	ities () can do?		
	1	Yes, sometimes	> Check Box "Chronic- Limitation" on Profile Sheet		
	2	Yes, often or always	> Check Box "Chronic- Limitation" on Profile Sheet		
	3	No	> Go to P2f		
	8	Refusal			
	9	Don't Know	> Go to P2f		
P2f.	Does	erilensy reduce the amount or the kind of activ	ities () can do?		
,	1	Yes, sometimes	> Check Box "Chronic- Limitation" on Profile Sheet		
	2	Yes, often or always	> Check Box "Chronic- Limitation" on Profile Sheet		
	3	No	> Go to P2g		
	8	Refusal	> Go to P2g		
	9	Don't Know.	> Go to P2g		

P2g.	Does a	autism reduce the amount or the kind of activit	ies	() can do?
	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile Sheet
	2	Yes, often or always	>	Check Box "Chronic- Limitation" on Profile Sheet
	2	No.		Go to 12b
	3	No		
	8 9	Refusal		Go to P2h Co to P2h
P2h.	Does	cerebral palsy reduce the amount or the kind of	f ac	ctivities () can do?
		4) ′		
	1	Yes, sometimes	>	Check Box "Chronic-
				Limitation" on Profile Sheet
	2	Yes, often or always	>	Check Box "Chronic- Limitation" on Profile Sheet
	3	No	_	Go to P2i
	8	Refus ₂ ¹		Go to P2i
	9	Don' Know.		Go to P2i
	/	0_		
P2i.	Does s	$s_{\mathbf{i}}$ in,, bifida reduce the amount or the kind of a	ctiv	vities () can do?
,	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile Sheet
	2	Yes, often or always	>	Check Box "Chronic- Limitation" on Profile Sheet
	3	No	_	Go to P2j
	8	Refusal		Go to P2j

	9	Don't Know	>	Go to P2j
P2j.	Does	cystic fibrosis the amount or the kind of activit	ies	() can do?
	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile Sheet
	2	Yes, often or always	>	Check Box "Chronic- Limitation on Profile Sheet
	3	No	>	Gy iv P2k
	8	Refusal		Co to P2k
	9	Don't Know	1	Go to P2k
			_	
P2k.	Does can d	muscular dystrophy reduce the amount or the lo?	kin	d of activities ()
	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile Sheet
	2	Yes, often or always	>	Check Box "Chronic- Limitation" on Profile Sheet
	3	No	_	Go to P2l
	8	Refusal.		Go to P2l
	9	Den't Know.		
			-	30 00 1 21
P2l.	Lo n	nigraines reduce the amount or the kind of activ	itie	s () can do?
	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile Sheet
	2	Yes, often or always \Box	>	Check Box "Chronic- Limitation" on Profile Sheet
	3	No	>	Go to P2m

	8 9	Refusal		Go to P2m Go to P2m
P2m.		arthritis or rheumatism reduce the amount or t can do?	he	kind of activities
	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile Sheet
	2	Yes, often or always	>	Cheer Box "Chronic- Limitation" on Profile Sheet
	3	No		Go to P2n
	8	Refusal		Go to P2n
	9	Don't Know	>	Go to P2n
P2n.		paralysis of any kind reduce the an ount or the can do?	kin	nd of activities
	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile Sheet
	2	Yes, often or always	>	Check Box "Chronic- Limitation" on Profile Sheet
	3	V	>	Go to P2o
	8	Re ^c usal	>	Go to P2o
	9	Don't Know		Go to P2o
P20.		missing or malformed arms, legs, fingers or toe ind of activities () can do?	s re	educe the amount or
	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile Sheet
	2	Yes, often or always	>	Check Box "Chronic-

			Limitation" on Profile Sheet
	3	No	> Go to P2p
	8	Refusal	> Go to P2p
	9	Don't Know	_
P2p.	Does can d	fetal alcohol syndrome reduce the amount or the	ne kind of activities ()
	1	Yes, sometimes	> Check Box 'Chronic- Limitation' on Profile
	2	Yes, often or always	Check Box "Chronic- Limitation" on Profile Sheet
	3	No	> Go to P2q
	8	Refusal	> Go to P2q
	9	Don't Know.	> Go to 12q > Go to P2q
	,	Doll t Know	> 00 to 12q
P2q.		attention deficit disorder (ADD) or attention de der (ADHD) reduce the amount or the kind of action of the sometimes	
	1	res, somet dies	Limitation" on Profile Sheet
	2	Yes, often or always	> Check Box "Chronic-
			Limitation" on Profile Sheet
	3	No	> Go to P2r
	8	Refusal	
	9	Don't Know	> Go to P2r
P2r.	Does do?	down syndrome reduce the amount or the kind	of activities () can
	1	Yes, sometimes	> Check Box "Chronic- Limitation" on Profile

				Sheet
	2	Yes, often or always	>	Check Box "Chronic- Limitation" on Profile Sheet
	3	No	>	Go to P2s
	8	Refusal	>	Go to P2s
	9	Don't Know	>	Go to P2s
P2s.		complex medical care needs reduce the amount can do?	or	the kind or a ctivities
	1	Yes, sometimes	>	Check Box "Chronic- Limitation" on Profile Sheet
	2	Yes, often or always	>	Check Box "Chronic- Limitation" on Profile Sheet
	3	No	>	Go to P2t
	8	Refusal	>	Go to P2t
	9	Don't Know	>	Go to P2t
P2t.	Does	(write-in) reduce 'he amount or the kind of acti	viti	es () can do?
	1	Yes, ometimes	>	Check Box "Chronic- Limitation" on Profile Sheet
	2	Yes, often or always	>	Check Box "Chronic- Limitation" on Profile Sheet
	3	No	>	Go to R
	8	Refusal	>	Go to R
	9	Don't Know	>	Go to R
P3i.		many <u>activities</u> does this (do these) condition(s) doing:	us	ually prevent ()

P3i.

	at ho	me?
	1	None
	2	A few
		=======================================
	3	Many
	4	Most
		Don't Know
		Refusal
P3ii.		many <u>activities</u> does this (do these) condition(s) <u>usually</u> prevent () doing:
	at scl	nool?
	1	None
	2	A few
	3	(<u> </u>
	<i>3</i>	Many
	4	
		Don't Know
		Refusal
P3iii.		many <u>activities</u> does this (do these) condition(s) <u>usually</u> prevent () doing:
	at pla	ay or recreational activities?
	1	None.
	2	A few
	3	Many.
	4	Most
	_	Don't Know
		Refueal
		N to the total to the total to
-	6	Section Q – False Positive
** Ij	f there	are no limitations marked on the Profile sheet then proceed; Else skip to Module R (p 204)**
Q1.	(him/	() have any physical, mental or health condition that you feel causes /her) difficulty, limits (his/her) activities or restricts (his/her) cipation in daily life that we have not mentioned yet?
	1	Vac

	2	No
	9	Don't know > Got to Q5
	8	Refusal > Got to Q5
Q2.		t is the main physical, mental or health condition which causes () ulty, limits (his/her) activities or restricts (his/her) participation in daily
	life?	
		num of 3. Only one condition per text box.
	-	fy #1 [
	Speci	fy #2 [
		fy #3 [
	Don't	know \square > Go to Q4
	Refus	\Box > Go to Q4
-		
		Interviewer: Ask Q3a-c for conditions memicied in Q2
Q3a.		often does (specify # 1) cause () & ft. rulty, limit (his/her) activities or let (his/her) participation in daily life?
	1	Sometimes or periodically
	2	Often or always
		Don't know
		Refusal
-		
Q3b.	How	often does (sp *cify # 2) cause () difficulty, limit (his/her) activities or
QSD.		ict (his/her) participation in daily life?
	1 CSU1	et (ms/r 1-bar repation in dany me:
	1	Sometimes or periodically
	2	Often or always
		Do y't know
		Refusal
/		Telusal
-		
Q3c.		often does ($specify # 3$) cause () difficulty, limit (his/her) activities or ict (his/her) participation in daily life?
	1	Sometimes or periodically
	2	Often or always
	4	Don't know
		Refusal

Q4.	Which types of activities does () find di Interviewer: Accept up to <u>5 responses</u> . Only of				
	Specify #1 [1			
	Specify #2 [i			
	Specify #3 [i			
	Specify #4 [i			
	Specify #5 [i			
	Don't know	🗆			
	Refusal				
	Interviewer: Proceed to Section AAA – Healt	1			
Q5.	Thinking back to the 2006, which was last physical, mental or health condition that ca (his/her) activities or restricted (his/her) pa	aused (him 'her) difficulty, limited			
	1 Yes				
	2 No				
	9 Don't know				
	8 Refusal	\Box > Go to Q12			
		, <u> </u>			
Q6.	At the time of the Census (last May 16th), what was the main physical,				
	mental, or health condition which caused () difficulty, limited (his/her)				
	activities or restricted (n.s/n.er) participation	· · · · · · · · · · · · · · · · · · ·			
	Interviewer: Maximum of 3. Only one conditi	on per text box.			
	Specify #1 [1			
	Specify #1 [Specify #2 [J 1			
	Specify #2 [Specify #3 [J 1			
		$\Box > Co to O$			
	Refusa'	\square > Go to Q8			
	Retusa:	🗆 > 60 to Qo			
-					
	Interviewer: Ask Q7a-c for condition	ons mentioned in Q6			
Q7a.	At the time of the Census (last May 16th), l () difficulty, limit (his/her) activities or daily life?				
	1 Sometimes or periodically	П			
	2 Often or always				
	Don't know				
	Refueal	□			

Q7b.		e time of the Census (last May 16th), how often did ($specify # 2$) cause difficulty, limit (his/her) activities or restrict (his/her) participation in life?
	1 2	Sometimes or periodically. Often or always. Don't know. Refusal.
Q7c.		e time of the Census (last May 16th), how often did (specify # 3) cause difficulty, limit (his/her) activities or restrict (his/her) participation in life?
	1 2	Sometimes or periodically
Q8.	Specific Spe	th types of activities did () fixed difficult most often? iewer: Accept up to 5 responses. Only one activity per text box. fy #1 [
Q9.	Has (1 2 9 8	Yes. □ No. □ > Go to Q11 Don't know. □ > Go to Q11 Refusal. □ > Go to Q11
Q10.	How	did the condition that () had last May change so that he/she does no

have any difficulties, activity limitations or participation restrictions anymore?

Interviewer: Mark all that apply.

	1	Condition completely cured or healed□
	2	Condition stabilized
	3	He/She outgrew the condition □
	4	Learned to live with the difficulty or limitation□
	5	Use aids
	6	Other
		Other Please Specify
		Other, Please Specify:
		Don't know
		Refusal
	Interv	riewer: Proceed to Section AAA – Health Utility Index (p. 325)
		\star
Q11.		e ('s) physical, mental or health condition hasn't changed since the
		Census (last May 16th), is there any reason why () is no longer
		rting the difficulty, activity limitation or participation restriction that
		reported last May?
	Inter	viewer: Mark all that apply.
	1	The same diversariate the different will be ideal on the
	1	Learned to live with the difficulty or limitation
	2 3	Use aids
	3	Do not feel that the difficulty, activity limitation
	1	or participation restriction is important enough
	4	Other
		Other, Plasse Specify:
		(2) n²4 lwa
		Den't know
		K Yusai
	Intern	newer: Proceed to Section AAA – Health Utility Index Module (p 325)
	14/2/7	newer. Troceed to Section AAA – Health Ottilly Index Module (p 323)
Q12.	At th	ne time of the Census (last May 16th), did () have a short term injury
Q12.		ness from which (he/she) has since recovered?
	VI III	
	1	Yes
	2	No \Box > Go to Q14
	9	Don't know
	8	Refusal \Box > Go to Q14

Q13.	What was the short-term injury or illness?
	[
Q14.	The Census (last May 16th) indicates () had an activity limitation or participation restriction. Do you know why an activity limitation or participation restriction was reported for ()? Mark all that apply.
	Condition is or was very mild
	Other, Please Specify: None Selected
	Section R – Main Condition
**	Intervieve: If disability is indicated on the Profile Sheet proceed; Else skip to Section YY (p 320)**
R1a.	You mentioned earlier that because of a physical condition, mental condition of health problem () has difficulties or activity limitations. How old was () when you suspected that (he/she) had a long-term condition or health problem? Interviewer: If child is under 2 years please leave year blank and record age in months. If condition existed at birth enter "0" in the "months".
	[] (2-14) Years Don't know□ Refusal□

R1b.	You mentioned earlier that because of a physical condition, mental condition or health problem () has difficulties or activity limitations. How old was () when you suspected that (he/she) had a long-term condition or health problem?			
	Interviewer: If child is under 2 years please leave year blank and record age in months. If condition existed at birth enter "0" in the "months".			
	[] (0-23) Months Don't know			
R2.	We've been discussing various limitations as well as chronic conditions that children may face. Now, I'd like to ask you about the <u>mea'cal</u> conditions that may contribute to the difficulties you have mentioned.			
	What are the <u>main</u> medical conditions that caus? () the most difficulty or limit (his/her) activities? Interviewer: Maximum of 3. Only one condition per text box.			
	Specify #1 [] Specify #2 [] Specify #3 [] Don't know. □ > Go to S Refusal. □ > Go to S			
	Interviewer: A.sk R31-c for the conditions mentioned in R2			
R3a.	Which one of the following best describes the <u>cause</u> of (his/her) (specify # 1)			
	1 Existed at birth/congenital			
•	2 A disease or illness			
	5 Motor vehicle accident			
	6 Other			
	Other, Please Specify:			
·	Don't know			

R3b.	Which	one of the following best describes the <u>cause</u> of (his/her) (specify # 2)
	1	Existed at birth/congenital
	2	Premature birth or accident at birth
	3	A disease or illness
	4	Accident at home or at school
	5	Motor vehicle accident
	6	Other
1		
	Other, I	Please Specify:
		Don't know
		Refusal
R3a.	Which	one of the following best describes the cause of (his/her) (specify # 3)
	1	Existed at birth/congenital
	2	Premature birth or accident at wirth
	3	A disease or illness
	4	Accident at home or at school
	5	Motor vehicle accident
	6	Other
i		<u> </u>
	Other, I	Please Specify:
		Don't Lacy
		Refusel
		Section S – Diagnostic Questions
**1	nterview	ver: If disability was indicated on the Profile Sheet proceed; Else skip to
		Section AAA (p 323)**
S1.	Did yo	ou get a diagnosis for ('s) condition(s) or health problem(s)?
	1	Yes
	2	No
	9	Don't know
	8	Refusal

S2.	How old was () when you obtained a diagnosis for (his/her) condition(s) or health problem(s)? Interviewer: If age is less than 1 year, enter 0.			
	[] (Range 0-14) Years		
		't know		
	Kelu	Sai		
S3a.		you experience any of the following situations when you were trying to in a diagnosis for ('s) condition(s) or health problem(s)?		
	Doctor or health professional took a wait and see approach			
	1 2	Yes		
	9	Don't know		
	8	Refusal		
S3b.	D:4.	you experience any of the following sit ations when you were trying to		
33D.	Did you experience any of the following situations when you were trying to obtain a diagnosis for ('s) condition(s) or health problem(s)?			
		2 de la		
	Long waiting period to get the diagnosis			
	1	Yes		
	2	No		
	9 8	Don't know		
	0	Refusal		
S3c.	Did	you experience any of the following situations when you were trying to		
		in . d. agnosis for ('s) condition(s) or health problem(s)?		
	Mili	Difficulty getting referrals or appointments		
	1	Yes		
	2	No		
	9	Don't know		
	8	Refusal		

S3d. Did you experience any of the following situations when you were trying to obtain a diagnosis for (....'s) condition(s) or health problem(s)?

	Docto	or or health professional not available locally		
	1 2 9 8	Yes□ No□ Don't know□ Refusal.□		
S3e.	Did you experience any of the following situations when you were trying to obtain a diagnosis for ('s) condition(s) or health problem(s)?			
	Too e	expensive		
	1 2 9 8	Yes		
S3f.	obtair	Did you experience any of the following site at ons when you were trying to obtain a diagnosis for ('s) condition(s) or health problem(s)?		
	Did n	not know where to get the diagnosis		
	1 2 9 8	Yes□ No□ Don't know□ Refusal□		
S3g.	•	rou experience any of the following situations when you were trying to a diagnosis for ('s) condition(s) or health problem(s)?		
	Healt	th or fessional not familiar with condition		
,	2 9 8	Yes□ No□ Don't know□ Refusal.□		
S3h.	•	ou experience any of the following situations when you were trying to a diagnosis for ('s) condition(s) or health problem(s)?		
	Othe	${f r}$		

	1	Yes
		Other, Please Specify:
	2 9 8	No
		Section T – General Health Questions
]	Intervi	iewer: If disability was indicated on the Profile Sheet proceed; Else skip to Section YY (p 320)
T1.		w would you describe ('s) general health? would you say that /her) health is:
	1	excellent?
	2	very good?
	3	good?
	4	fair?
	5	poor?
		Don't know
		Refusal
		Section U - Medications and Drugs Questions
]	Intervi	iewe*: If disability was indicated on the Profile Sheet proceed; Else skip to Section YY (p 320)
U.	The dru	next questions are about the use of doctor recommended medications or gs.
U1.		s () <u>use</u> any prescription or non-prescription medications on a ular basis, that is, <u>at least once a week</u> ?
	1	Yes
	2	No. \square > Go to U7
	9	Don't know > Go to U7
	8	Refusal $\Box > $ Go to U7

U2.	How	How many kinds of <u>prescription</u> medications does (he/she) take <u>everyday</u> ?		
	1 2 3	None □ 1-3 kinds □ 4 kinds or more □ Don't know □ Refusal □		
U3.	How i	many kinds of <u>non-prescription</u> medications does (he/she) take <u>day</u> ?		
	1 2 3	None		
U4.	U4. Does () <u>use</u> any medications regularly, but <u>not daily</u> ?			
	1 2 9 8	Yes		
U5.	How not do	many kinds of prescription medications does () take (regularly, but aily)? Note		
U6.		many kinds of <u>non-prescription</u> medications does (he/she) take larly, but <u>not daily</u>)?		
	1 2 3	None □ 1-3 kinds □ 4 kinds or more □ Don't know □		

	Refusal
U7.	In the past 12 months, did you or your family have any <u>out-of-pocket</u>
	expenses, that are not reimbursed by any sources, for ('s) prescription on non-prescription medications?
	1 Yes□
	2 No
	9 Don't know
	8 Refusal
U9.	Which one of the following expense groups is the best estimate or the direct
	costs to you or your family? I will read you a list.
	1 Less than \$100
	2 \$100 to less than \$200
	3 \$200 to less than \$500
	4 \$500 to less than \$1000 □
	5 \$1000 to less than \$2000 □
	6 \$2000 to less than \$5000 □
	7 \$5000 or more□
	Don't know
	Refusal
U10.	Because of a condition or health problem, does () <u>currently</u> need any
	prescription or non prescription medications on a regular basis, which
	(he/she) does not have?
	1 Yes
	2 No
	9 Don't know
,	8 Refusal
	<u>X</u>
	y .
U11a.	Why doesn't () have these medications? I will read you a list. Please answer yes or no to each.
	Not covered by insurance
	1 Yes
	2 No
	9 Don't know
	8 Refusal

U11b.	Why doesn't (\dots) have these medications? I will read you a list. Please answer yes or no to each.		
	Too expensive		
	1 Yes□ 2 No□ 9 Don't know□ 8 Refusal□		
U11c.	Why doesn't () have these medications? I will read you a list. Please answer yes or no to each.		
	Not approved or recommended by health professionals		
	1 Yes		
U11d.	Id. Why doesn't () have these medications? I will read you a list. Please answeyes or no to each.		
	Side effects		
	1 Yes□ 2 No□ 9 Don't khow□ 8 Refusal.□		
U11e.	• Vhy doesn't () have these medications? I will read you a list. Please answer yes or no to each.		
	Other reason		
	1 Yes□ 2 No□ 9 Don't know□ Refusal.□		

Section V - Other Aids and Equipment

If (....'s) date of birth is on or before May 16 2001 and a disability was indicated on the Profile Sheet then proceed; Else skip to Section W (p 229) **V1.** Because of a condition or health problem, does (....) use any aids or specialized equipment that you have not already mentioned? Yes..... 2 No. \square > If "Use Aid" is checked of on Profile Sheet then go to V11 (p 226); Else go te V14 (p 227) If "Use Aid" is 9 Don't know..... checked of on Profile Sheet then go to V11; Else go to V14 8 $\square >$ If "Use Aid" is Refusal..... checked of on Profile Sheet then go to V11; Else go to V14 Does (he/she) now use ... V2a. respiratory aids (e.g., innalers, puffers, oxygen)? 1 Yes..... 2 No...... 9 Don't know..... 8 Refusal..... V2b. Does (he/she) now use... pain management aids (e.g., a TENS machine)? 1 Yes..... 2 No...... 9 Don't know..... 8 Refusal.....

V2c.

Does (he/she) now use...

213

	blood glucose monitor, needles, other diabetic aids?		
	1	Yes	
	2	No	
	9	Don't know□	
	8	Refusal	
V2d.		es (he/she) now use ominal, back or neck support (e.g., ergonomic cushion, support belt)?	
	1	Yes	
	2	No	
	9	Don't know	
	8	Refusal	
V2e.		es (he/she) now use	
	ano	ther aid or other specialized equipment?	
	1	Yes	
		Other, Please Specify:	
	2	No	
	9	Don't know	
	8	Refusal	
		Invrviewer: Ask V 3-10 a-e for aids selected in V2 a-e	
V3			
(a)	He y	<u>w or 'er.</u> does () <u>use</u> (his/her) respiratory aids (e.g., inhalers, puffers,	
	oxy	en)?	
	X	<u> </u>	
	1	Every day	
	2	A few times a week	
	3	Once a week	
	4	Less than once a week	
	5	Frequent usage but only	
	6	during certain times	
	6	Don't use because it needs repair	
	7	or replacement	
	1	Not applicable	

		Don't know□ Refusal□
V4. (a)	Wł	no paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4 5	Government program
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, irrends / family,
		public property, etc
	8	Other
		Other, Please Specify:
	9	Not applicable
	9	Not applicable
		Refusal
V4a		
(a)		e you making any kind of payment for (his/her) respiratory aids (e.g., alers, puffers, exygen), for example to rent or finance this item?
	1	Yes
	2	No \square > If V4=7 then go to
		V3b; else continue
	9	Don't know \square > If V4=7 then go to
	V	V3b; else continue
	8	Refusal
V5.		
(a)		w often does (his/her) respiratory aids (e.g., inhalers, puffers, oxygen) ed service, such as repairs or maintenance?
	1	Every 6 months or less

	2	More than 6 months but less than 1 year □
	3	Once per year to less than 2 years \Box
	4	Once every 2 years but less than once
		every 5 years
	5	Every 5 years or more
	6	Never
		Not applicable □
		Don't know
		Refusal
V6.		
(a)	How	much difficulty do you have paying for the service of this item?
	1	
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
V7.		
(a)	How	often does ()'s respiratory aids (e.g., inhalers, puffers, oxygen) need
(u)		replaced?

	1	Every 6 months or less
	2	More than 6 months but less than 1 year \square > Go to V9
	3	Once per year to less than 2 years
	4	Once every 2 years but less than once every 5 years.
	5	Fvery 5 years or more
	6	$\square > \text{Go to V3 (b)}$
	7	No applicable
		Don't know. $\square > $ Go to V3 (b)
	V,	Refusal $\square > \text{Go to V3 (b)}$
V8.		
(a)	Will	this item need to be replaced in the next 12 months?
	1	Yes
	2	No \square > Go to V3 (b)
	9	Don't know
	8	Refusal $\square > \mathbf{Go} \text{ to V3 (b)}$

V9. (a)		at is the main reason you will need to replace ('s) respiratory aids , inhalers, puffers, oxygen)?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
	(Other, Please Specify:
		Don't know
V10.		
(a)		w much difficulty will you have paying for a replacement for (his/her) n management aids (e.g., a TENC machine)?
	1	None
	2	None□ Slight□
	3	Moderate
	4	Serious
	5	Cannot afford.
	6	Not applicab. \(\sigma\)
	Ü	Don't Nuc.
		Refus. 1
V 3	(
(b)	eΉ	w <u>often</u> does () <u>use</u> (his/her) pain management aids (e.g., a TENS
(~)		chine)?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week
	5	Frequent usage but only
	-	during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable

		Don't know□ Refusal□
V4. (b)	Wh	no paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5 6	Insurance company □ Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, irrends / family,
	,	public property, etc
	8	Other
		Other, Please Specify:
	9	Not applicable
		Refusal
V4a		
(b)		e you making any kind of payment for (his/her) pain management aids g., a TENS machine), for example to rent or finance this item?
	1	Yes
	2	No \square > If V4=7 then go to V3c; else continue
	9	Don't know
	V	V3c; else continue
	8	Refusal
V5.		
(b)		w often does (his/her) pain management aids (e.g., a TENS machine) ed service, such as repairs or maintenance?
	1	Every 6 months or less

3		2	More than 6 months but less than 1 year □
S		3	Once per year to less than 2 years
S		4	Once every 2 years but less than once
S			· · · · · · · · · · · · · · · · · · ·
Not applicable		5	
Not applicable			
Don't know		U	
None			1.1
V6.			
1			Refusal
1	V6		
2 Slight		How	much difficulty do you have paying for the service of this item?
2 Slight			
3 Moderate		1	None
4 Serious		2	Slight
5		3	Moderate
6		4	Serious
6		5	Cannot afford
Don't know			
V7.		U	Don't know
V7. (b) How often does ()'s pair management aids (e.g., a TENS machine) need be replaced? 1 Every 6 months or less			Defined
How often does ()'s pair. management aids (e.g., a TENS machine) need be replaced? 1 Every 6 months in less			Refusal
How often does ()'s pair. management aids (e.g., a TENS machine) need be replaced? 1 Every 6 months in less			
How often does ()'s pair. management aids (e.g., a TENS machine) need be replaced? 1 Every 6 months in less	177		
1		**	
1 Every 6 mc of the r less	(D)		
2 More than 6 Ponths but less than 1 year		be re	placed?
2 More than 6 Ponths but less than 1 year		1	Every 6 months or less
3 Once per year to less than 2 years		2.	
4 Once every 2 years but less than once every 5 years. ☐ 5			· ·
5			
6 Never □ > Go to V3 (c) 7 Not applicable □ > Go to V3 (c) Don't know □ > Go to V3 (c) Refusal □ > Go to V3 (c) V8. (b) Will this item need to be replaced in the next 12 months? 1 Yes □ 2 No. □ > Go to V3 (c) 9 Don't know □ > Go to V3 (c)		-	
7 Not applicable			
V8. (b) Will this item need to be replaced in the next 12 months? 1 Yes. □ > Go to V3 (c) 2 No. □ > Go to V3 (c) 9 Don't know. □ > Go to V3 (c)		6	
V8. (b) Will this item need to be replaced in the next 12 months? 1 Yes		7	
V8. (b) Will this item need to be replaced in the next 12 months? 1 Yes□ 2 No□ > Go to V3 (c) 9 Don't know□ > Go to V3 (c)		A	
(b) Will this item need to be replaced in the next 12 months? 1 Yes□ 2 No□ > Go to V3 (c) 9 Don't know□ > Go to V3 (c)			Refusal
(b) Will this item need to be replaced in the next 12 months? 1 Yes□ 2 No□ > Go to V3 (c) 9 Don't know□ > Go to V3 (c)			
1 Yes□ 2 No□ > Go to V3 (c) 9 Don't know□ > Go to V3 (c)	V8.		
2 No	(b)	Will 1	this item need to be replaced in the next 12 months?
2 No		1	Yes □
9 Don't know			
8 Refusal \rightarrow Go to V3 (c)			
		8	$Kerusal \qquad \qquad Go \; to \; V3 \; (c)$

V9. (b)		at is the main reason you will need to replace ('s) pain management s (e.g., a TENS machine)?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
		Other, Please Specify:
	L	Don't know
V10.		
(b)	Ho	w much difficulty will you have paying for a replacement for (his/her)
	pai	n management aids (e.g., a TENS machine)?
	1	None
	2	5iigiit ⊔
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't Kuc."
		Refus. I
V3		
(c)	H ₂	w <u>eften</u> does () <u>use</u> (his/her) blood glucose monitor, needles, other
	$\mathbf{a}_{j,s}$	betic aids?
	,	
	1	Every day \square
	2	A few times a week
	3	Once a week
	4	Less than once a week \square
	5	Frequent usage but only
		during certain times \square
	6	Don't use because it needs repair
		or replacement
	7	Not applicable

		Don't know□ Refusal□
V4. (c)	Wł	no paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5 6	Insurance company Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, irrends / family,
		public property, etc
	8	Other
		Other, Please Specify:
	9	Not applicable
		Refusal
V4a		
(c)		e you making any kind of payment for (his/her blood glucose monitor, edles, other diaketic aids, for example to rent or finance this item?
	1	Yes
	2	No \square > If V4=7 then go to V3d; else continue
	9	Don't know
	V	V3d; else continue
	8	Refusal
V3		
(d)		w often does () use (his/her) abdominal, back or neck support (e.g., onomic cushion, support belt)?
	1	Every day

	2	A few times a week
	3	Once a week
	4	Less than once a week \square
	5	Frequent usage but only
	_	during certain times
	6	Don't use because it needs repair
	U	
	-	or replacement
	7	Not applicable
		Don't know
		Refusal
V4.		
(d)	Wh	no paid the most for <u>acquiring</u> this item?
	1	Parent
	2	Family of ()
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to () (i.e. belongs to employers, friends / family,
	,	public property, etc
	0	
	8	Other
		Other, Please Specify.
		Other, I lease Specify.
	9	Not applicable
		Don't knew □
		Refusal
		O Y
V4a		
(d)	A	e you making any kind of payment for (his/her) abdominal, back or neck
(u)		
		eport (e.g., ergonomic cushion, support belt), for example to rent or ance this item?
	IIII	ance this item?
	1	V _{oc}
	1	Yes
	2	No
		V3e; else continue
		v 5c, eise continue
	9	Don't know
		V30: also continuo

	8	Refusal
		r: If service or replacement is applicable to this specific write-in then proceed skip to V11.
V3 (e)	<u>Ho</u>	w often does () use (his/her) (write-in)?
	1 2 3 4 5 6	Every day
V4. (e)	Wh	no paid the most for acquaing this item?
	1 2 3 4 5 6	Parent
		Other, Please Specify:
	9	Not applicable

V4a (e)	Are you making any kind of payment for (his/her) (write-in), for example to rent or finance this item?			
	1	Yes		
	2	No		
	9	Don't know		
	8	Refusal		
V5.				
(e)	How	often does (his/her) (write-in), such as repairs or maintenance?		
(0)	<u> </u>	<u> </u>		
	1	Every 6 months or less		
	2	More than 6 months but less than 1 3 a		
	3	Once per year to less than 2 years \square		
	4	Once every 2 years but less than once		
		every 5 years		
	5	Every 5 years or more		
	6	Never		
		Not applicable		
		Don't know		
		Refusal		
V6.				
(e)	How	much difficulty do you have paying for the service of this item?		
	1	None		
	2	\$ light		
	3	Moderate		
	4	Serious		
	5	Cannot afford		
	6	Not applicable		
		Don't know		
		Refusal		
V7.				
(e)	How	often does ()'s (write-in) need to be replaced?		
	1	Fvery 6 months or less		

	2	More than 6 months but less than 1 year $\square > \mathbf{Go}$ to $\mathbf{V9}$
	3	Once per year to less than 2 years \square
	4	Once every 2 years but less than once every 5 years. □
	5	Every 5 years or more
	6	Never
	7	Not applicable \square > Go to V11
	,	Don't know
		Refusal
		Refusal
V8.		. 1
(e)	Wi	ll this item need to be replaced in the next 12 months?
	1	Yes
	2	No > Նջ ա V11
	9	Don't know $\square > 0$ to $\sqrt{11}$
	8	Refusal
		70.03.00.00.00.00.00.00.00.00.00.00.00.00
T 70		
V9.	****	
(e)	wn	at is the main reason you will need to replace ('s) (write-in)?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid
	4	Worn out
	5	New technology available / Aid is outdated □
	6	Other
	O	Outer
	(Other, Please Specify:
		$D_{c}\eta + kn_0w$
		Refusal
3710		y
V10.	TT.	
(e)		w much difficulty <u>will you</u> have paying for a replacement for (his/her)
	(WI	rite-in)?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable

	Don't know
In	terviewer: If (any) use aid is selected on the profile sheet or in V2a-e then proceed; Else go to V14
V11.	I would now like you to think of all the aids and specialized equipment that (he/she) <u>uses</u> .
	In the past 12 months, did you have any <u>out-of-pocket</u> or <u>direct expenses</u> for the purchase and maintenance of aids and specialized equipment?
	<u>Include</u> amounts not covered by insurance such as exclusions, deductibles and expenses over limits. <u>Exclude</u> payments for which you have been or will be reimbursed by any insurance or government program.
	1 Yes
V13.	Which of the following expense groups is the best estimate of the <u>direct costs</u> or <u>out-of-pocket</u> to you it the past 12 months, for the purchase and maintenance of aids and specialized equipment?
	1 Less than \$200
	2 \$200 to less than \$500
	3 \$506 to less than \$1,000□
	4 \$1,000 € less than \$2,000
	5 \$2,000 to less than \$5,000 □
	6 \$5,900 or more
	Don't know
	Refusal
V14.	Does () <u>need</u> any other aids or specialized equipment that have not already been mentioned? Please note, we will be discussing accessibility features such as ramps and elevators in a later section.
	1 Vac
	1 Yes
	1 1
	9 Don't know
	0 Notusat → Skid to W (D 449)

V15.		n aids does (he/she) <u>need</u> , but does not have? all that apply.
	1 (a) 2 (b) 3 (c) 8 (d)	Respiratory aids (e.g., inhalers, puffers, oxygen) Pain management aids (e.g., a TENS machine) Bath, shower, or toilet aids
	o (u)	Other, Please Specify:
	9 (e)	None selected
V16.		I would like you to think about all the aids and specialized equipment (e) needs but does not have.
		does () not have these aids? I win' read you a list of possible reasons. all that apply.
	1	It is not covered by insurance
	2	It is too expensive.
	3	('s) condition is not serious enough
	4	You do not know where or how to obtain it
	5	It is not available
	6	() is on a waiting list
	7	You haven't looked into it yet
	8	Another reason
V17.		Lwould like you to think about all the aids or specialized equipment he/she) needs, but does not have.
	•	u think that there is an impact on () because (he/she) does not these aids?
	1	Yes
	2	No. \square > Go to W (p 229)
	9	Don't know. \square > Go to W (p 229)
	8	Refusal $\square > Go \text{ to } W \text{ (p 229)}$

V18a.	What is the impact of not having these aids or specialized equipment? I will read you a list.			
	('s) participation in regular everyday activity is reduced?		
	1	Yes		
	2	No		
	9	Don't know□		
	8	Refusal		
V18b.		at is the impact of not having these aids or specialized equipment? I vill d you a list.		
	() is frustrated?		
	1	Yes		
	2	No.		
	9	Don't know		
	8	Refusal		
	0	Refusal		
V18c.		What is the impact of not having these aids or specialized equipment? I will read you a list.		
	('s) self-esteem is affected?		
	1	Yes		
	2	No		
	9	Don't know		
	8	Refu. จl		
		QL		
V18d.		at 1. the impact of not having these aids or specialized equipment? I will		
_	rea	voi. a list.		
	Ota	ier impact?		
	1	Yes		
		\downarrow		
		Other, Please Specify:		
	2	No		
	9	Don't know		
	8	Refusal		

Section W – Health Care Professionals Module

[1	ıterv	viewer: If disability was indicated on the Profile Sheet proceed; Else skip to Section AAA (p 323)
W.		e next few questions are about your contact with health professionals cause of ('s) condition or health problem.
W1a.		the past 12 months, how often has () seen or received care from a: nily doctor or general practitioner?
	1 2 3 4	At least once a week. □ At least once a month. □ Less than once per moth. □ Never. □ Don't Know. □ Refusal. □
W1b.		he past 12 months, how often ha. () seen or received care from a: ediatrician? At least once a week
W1c.	Oti	ner specialist medical doctor (such as a cardiologist or neurologist)?
	1 2 3 4	At least once a week.

W1d.		ne past 12 months, how often has () seen or received care from a: rial worker?
	1 2 3 4	At least once a week.
W1e.		ne past 12 months, how often has () seen or received care from a.
	1 2 3 4	At least once a week
W1f.		ne past 12 months, how often has () seen or received care from a: ech therapist?
	1	At least once a week
	2	At least once a month
	3	Less than once per moth
	4	Never □ Don't Know □ Refusai □
W1g.		ne past 12 months, how often has () seen or received care from a: riotherapist?
	1	At least once a week
	2	At least once a month
	3	Less than once per moth
	4	Never
		Don't Know

W1h. <u>In the past 12 months</u>, how <u>often</u> has (....) seen or received care from a: **psychologist or psychotherapist?**

	1	At least once a week
	2	At least once a month
	3	Less than once per moth
	4	Never
		Don't Know□
		Refusal
W1i.	In t	he past 12 months, how often has () seen or received care from a:
,,,		upational therapist?
	1	At least once a week
	2	At least once a month
	3	Less than once per moth
	4	Never
		Don't Know
		Refusal
	_	
W1j.	<u>In t</u>	he past 12 months, how often has () seep or received care from a:
	chi	ropractor?
	1	At least once a week
	2	At least once a week
	3	Less than once per 2.01h
	4	Never
	•	Don't Know
		Refusal
		Refusal
W1k.	In t	he past 12 months, how often has () seen or received care from a:
		er กาล th professional
	A.	At least once a week
	X	
		()
		Other, Please Specify:
	2	At least once a month
	3	Less than once per moth
	4	Never
		Don't Know□
		Refusal

W2.	expe	e past 12 months, did you or your family have any <u>out-of-pocket</u> nses, that are not reimbursed by any sources, for the services that) received from health professionals?
	1	Yes
	2	No. \square > Go to X (p 232)
	9	Don't know. \square > Go to X (p 232)
	8	Refusal \Box > Go to X (p 232)
	O	Kerusar > 00 to A (p 232)
W4.		ch one of the following expense groups is the best estimate of the <u>out-of-</u> et or <u>direct</u> costs to you or your family? I will read you a list.
	1	Less than \$200
	2	\$200 to less than \$500
	3	\$500 to less than \$1000
	4	\$1000 to less than \$2000
	5	\$2000 to less than \$5000
	6	\$5000 or more
		Don't know
		Refusal
		Section X - Other Needs Module
]	ntervie	wer: If disability was indicated on the Profile Sheet proceed; Else skip to Section AAA (p 323)
X1.	In th	e vart 12 months, was there ever a time when () needed health
		cer because of (his/her) condition, but did not receive them?
		Yes
	2	No
	9	Don't know. \square > Go to Y (p 234)
	8	Refusal \square > Go to Y (p 234)
	O	Terusui
X2.		t kind of health services did (he/she) <u>need</u> , but did not receive? all that apply.
	1	Family doctor or family practitioner
	2	Specialist medical doctor (such as a

**Interviewer: If one or more of W1a-k is selected as 1 or 2 or 3 then continue; else go to $X(p\ 232)$ **

		cardiologist, neurologist)□
	3	Nurse for care
	4	Speech therapist
	5	Physiotherapist
	6	Psychologist or psychotherapist□
	7	Chiropractor
	8	Other, specify
		Other Blace Consider
		Other, Please Specify:
	0	
	9	None selected
		Don't know
		Refusal
-		
X3a.	Why	didn't () receive the health service that (he/she) needed? I will read
2 10 4.	-	a list. Please answer yes or no to each.
	jour	a high I reade this wer yes or no to each.
	Not o	covered by insurance
	1	V.
	1	Yes
	2	No
	9	Don't know
	8	Refusal
-		
X3b.	Why	didn't () rece ve the health service that (he/she) needed? I will read
		a list. Please an wer yes or no to each.
	•	
	Too	expensi (e
	1	
	1	Vc:
	2	Vo
/	9	Don't know
	C	Refusal
X3c.	•	didn't () receive the health service that (he/she) needed? I will read
	you a	a list. Please answer yes or no to each.
	Not a	available locally
	1	Yes
	2	No.
	9	Don't know

	8	Refusal
X3d.	-	didn't () receive the health service that (he/she) needed? I will read list. Please answer yes or no to each.
	Long	waiting period
	1 2 9 8	Yes
X3e.	-	didn't () receive the health service that (he/she) moded? I will read list. Please answer yes or no to each.
	Othe	r reason
	1	Yes
		Other, Please Specify:
	2 9 8	No
		Section Y Help with Personal Care Module
** I f('s)	da. of birth is on or before May 16 2001 and a disability was indicated on the Profile Sheet proceed; Else skip to YY (p 320)**
Y1.		() <u>usually</u> receive help with personal care, such as bathing, toileting, sing or feeding?
	1 2 9 8	Yes

Y2. Is this because of (his/her) condition or health problem?

2 No		1	Yes
8 Refusal		2	No
Y3. How much help does (he/she) need? 1		9	Don't know
1 Some help		8	Refusal \square > Got to Z (p 235)
1 Some help			
2 A lot of help	Y3.	How	much help does (he/she) need?
Y4. Who provides most of the help to () for (his/her) personal care? 1		1	Some help
Y4. Who provides most of the help to () for (his/her) per onal care? 1		2	_
Y4. Who provides most of the help to () for (his/her) per conal care? 1			
1 Mostly the Mother			Refusal
1 Mostly the Mother			
2 Mostly the Father	Y4.	Who	provides most of the help to () for (his/her) per anal care?
2 Mostly the Father		1	
3 Both the Mother and the Father			Mostly the Mother
Other, Please Specify: Don't Know			
Other, Please Specify: Don't Know			
Don't Know		4	Other family members
Don't Know			
Don't Know			Other, Please Specify:
If ('s) data of birth is on or before May 16 2001 and a disability was indicated the frefile Sheet proceed; Else skip to Section AAA (p 323) Z1. Does () usually receive help with moving about inside (his/her) residen			
If ('s) data of birth is on or before May 16 2001 and a disability was indicated the frefile Sheet proceed; Else skip to Section AAA (p 323) Z1. Does () usually receive help with moving about inside (his/her) residen			D-1124 W. 1-112
If ('s) date of birth is on or before May 16 2001 and a disability was indicated the Frefile Sheet proceed; Else skip to Section AAA (p 323) Z1. Doe: () usually receive help with moving about inside (his/her) residen			
If ('s) drie of birth is on or before May 16 2001 and a disability was indicated the Frefile Sheet proceed; Else skip to Section AAA (p 323) Z1. Doe () usually receive help with moving about inside (his/her) residen			Refusal
If ('s) drie of birth is on or before May 16 2001 and a disability was indicated the Frefile Sheet proceed; Else skip to Section AAA (p 323) Z1. Doe () usually receive help with moving about inside (his/her) residen			
the Frefile Sheet proceed; Else skip to Section AAA (p 323)** Z1. Doe: () usually receive help with moving about inside (his/her) residen			Section Z - Help Moving About Module
the Frefile Sheet proceed; Else skip to Section AAA (p 323)** Z1. Doe: () usually receive help with moving about inside (his/her) residen			
the Frefile Sheet proceed; Else skip to Section AAA (p 323)** Z1. Doe: () usually receive help with moving about inside (his/her) residen	** I f	(,c)	de: of high is on or hefore May 16 2001 and a disability was indicated on
Z1. Doe. () <u>usually</u> receive help with moving about inside (his/her) residen	1) ((•••• 5)	
			The state of the s
such as moving from one room to another?	Z1.	Doe.) usually receive help with moving about inside (his/her) residence,
be on as moving irom one room to another.		sech	as moving from one room to another?
1 Yes□		1	Yes
2 No		2	No
9 Don't know		9	•
8 Refusal		8	· ·
Z2. Is this because of (his/her) condition or health problem?	Z2.	Is th	is because of (his/her) condition or health problem?
1 Yes□		1	Yes

	2	No
	9	Don't know
	8	Refusal > Go to AA (p 236)
Z3.	Hov	v much help does (he/she) need?
	1	Some help
	2	A lot of help □
		Don't know□
		Refusal
Z4.	Wh	o provides most of the help to () for moving about inside (his/her)
	resi	dence?
	1	Mostly the Mother
	1 2	Mostly the Mother
	3	Both the Mother and the Father
	4	Other family members
	7	Other family members
		Other, Please Specify:
		Don't Know
		Refusal
		Cost of A.A. Additional Halp Madula
		Section AA - Additional Help Module
**	Intervi	iewc. If disability was indicated on the Profile Sheet proceed; Else skip to
	LILLEIVI	Section AAA (p 323)**
	(Section Hill (p 323)
AA1	a Bec	use of ('s) condition, do you <u>currently</u> need help or additional help
	with	· · · · · · · · · · · · · · · · · · ·
	(his	/her) personal care?
	1	V
	1	Yes
	2	No
	9 8	Don't know□ Refusal□
	Ŏ	KCIUSAI

AA1b. Because of (\dots 's) condition, do you <u>currently</u> need help or additional help with:

	movir	ng (him/her) about inside (his/her) residence?
	1	Yes
	2	No
	9	Don't know□
	8	Refusal
**	Intervie	ewer: If AA1a= 1 or AA1b= 1 then go to AA2; Else skip to BB (p 239)**
AA2.	How	many hours per week of help or additional help do you need?
	1	1-4 hours per week
	2	5-10 hours per week
	3	More than 10 hours per week□
		Don't know
		Refusal
AA3a	no to	
	It is to	oo expensive
	1	Yes
	2	No
	9	Don't know
	8	Refusal
AA3b	. Why o	do you pot receive this help? I will read you a list. Please answer yes or
	no to	each.
	Heip i	n on family and friends is not available
		Yes
	2	No
	9	Don't know
	8	Refusal

AA3c. Why do you not receive this help? I will read you a list. Please answer yes or no to each.

Services or special programs (for help) are not available locally

	1	Yes		
	2	No		
	9	Don't know□		
	8	Refusal		
AA3d.	. Why	do you not receive this help? I will read you a list. Please answer yes or each.		
	Child	l is presently on a waiting list		
	1	Yes		
	2	No		
	9	Don't know□		
	8	Refusal		
AA3e.	Why	do you not receive this help? I will read you a not. Please answer yes or		
	no to	The state of the s		
	Do no	ot know where to look for help		
	1	Yes		
	2	No		
	9	Don't know□		
	8	Refusal		

AA31.	-	do you not receive this help? I will read you a list. Please answer yes or		
	no to	each.		
	Child	l's condition is not serious enough		
	Cimu	i s conditi ii is not serious enough		
	1	Ye :		
	1	No		
		Don't know		
	0	Refusal		
	0 /	Refusal		

AA3g.	Why no to	do you not receive this help? I will read you a list. Please answer yes or		
	110 10	Cacii.		
	You have not asked for help			
	1	Yes		
	,	180		

	9	Don't know
AA3h.	•	do you not receive this help? I will read you a list. Please answer yes or each.
	Othe	er
	1	Yes
		Other, Please Specify:
	2 9 8	No
,	Sect	ion BB - Help with Housework, Responsibilities and Activities Module
I1	ıtervie	ewer: If disability was indicated on the Profile Sheet proceed; Else skip to Section AAA (p 323)
BB.	recei	next few questions are about the help <u>you</u> or <u>your family</u> may be ving because of ('s) condition or health problem. The help could be family members, friends or from agencies or organizations.
BB1a.	Beca	use of ('s) condition, do you <u>usually</u> receive help with the following?
	Help	with everyday housework, such as house cleaning or meal preparation
	1 2 9 8	Yes□ No□ Don't know□ Refusal.□
BB1b.	Beca	use of ('s) condition, do you <u>usually</u> receive help with the following?
	Help	to allow you to attend to other family responsibilities
	1	Yes

	2	No
	9	Don't know□
	8	Refusal
BB1c.	Becau	se of ('s) condition, do you <u>usually</u> receive help with the following?
	Help	to allow you to take time off for personal activities
	1	Yes
	2	No
	9	Don't know
	8	Refusal
	Inte	rviewer: If $BB1a = 1$ or $BB1b = 1$ or $BB1c = 1$ to en proceed $BB2a$; Else go to $BB6a$
BB2a.	Who	usually provides you this help? I will read you a list. Please answer yes
	or no	to each.
	Famil	y living with you
	1	Yes
	2	No.
		Don't know.
	9	
	8	Refusal
-		
DDAI	****	
BB2b.		usually provides you this help? I will read you a list. Please answer yes
	or no	to each
	Famil	y not living with you
	Faiiiii	y decriving with you
		Yes
	1	No
	0	Don't know.
	8	Refusal
	0	Ketusai
BB2c.		usually provides you this help? I will read you a list. Please answer yes to each.
	Frien	ds or neighbours
	1	Yes

	2	No
	9	Don't know□
	8	Refusal
BB2d.		ually provides you this help? I will read you a list. Please answer yes
	or no to	each.
	Govern	ment organization or agency
		Yes
		No
		Don't know
	8	Refusal
DD4	XX 71	
BB2e.		<u>ually</u> provides you this help? I will read you a list. Please answer yes
	or no to	eacn.
	Privato	organization or agency
	Tiivatt	organization or agency
	1	Yes
		No
		Don't know□
		Refusal
DDAG	W/la a via	wells, and vide and this help? I will need you a list. Places an array was
BB21.	or no to	<u>ually</u> provides you this help? I will read you a list. Please answer yes
	or no to	each.
	Volunta	ary o ganization or agency
		V _{1.°}
		No
		Don't know
	Č.	Refusal
BB2g.		ually provides you this help? I will read you a list. Please answer yes
	or no to	Cacii.
	Other	
	1	Yes
		lack

		Other, Please Specify:
	2	No
	2 9	Don't know
	8	Refusal
	0	Refusai
BB3.	hous activ	mentioned earlier that you usually receive help with everyday sework or help to allow you to attend to other family or personal rities. In the past 12 months, did you or your family have any <u>cut-of-tet</u> expenses (that are not reimbursed by any sources) for this help?
	1	Yes
	2	No□ > 500 to 8B6a
	9	Don't know
	8	Refusal
	O	Refusiii
-		
BB5.	Whi.	ch one of the following expense groups is the best estimate of the direct
DDS.		s to you or your family? I will read you a list.
	Costs	s to you of your family. I will read you wist.
	1	Less than \$200
	2	\$200 to less than \$500□
	3	\$500 to less than \$1063
	4	\$1000 to less than \$4000
	5	\$2000 to less than \$5000
	6	\$5000 or more
		Don't know
		Refusal
BB6a.		nu. e (f ('s) condition, do you <u>currently</u> need help or additional help
	With	the following?
	U la	with everyday housework, such as house cleaning or meal preparation
	vieip	with everyday housework, such as house cleaning or mear preparation
	1	Yes
	2	No
	9	Don't know□
	8	Refusal

BB6b. Because of (....'s) condition, do you <u>currently</u> need help or additional help with the following?

	Help	to allow you to attend to other family responsibilities
	1	Yes
	2	No
	9	Don't know□
	8	Refusal
BB6c.		use of ('s) condition, do you <u>currently</u> need help or additional help the following?
	Help	to allow you to take time off for personal activities
	1	Yes
	2	No.
	9	Don't know
	8	Refusal.
	0	Ketusal
ВВ7а.	Pleas	do you not receive this help or additional help? I will read you a list. se answer yes or no to each.
	1	Yes
	2	No.
	9	Don't know
	8	Refusar
	Ü	
BB7b.	Why	2) you not receive this help or additional help? I will read you a list. Please
		er yes or no to each.
_	(Y)	
	Hylp	from family and friends is not available
	1	Yes
	2	No.
	9	Don't know
	8	Refusal

BB7c. Why do you not receive this help or additional help? I will read you a list. Please answer yes or no to each.

	Servio	ces or special programs (for help) are not available locally
	1	Yes
	2	No.
	9	Don't know.
	8	Refusal
BB7d.	•	lo you not receive this help or additional help? I will read you a list. Please
	answe	r yes or no to each.
	Child	is presently on a waiting list
	1	Yes
	2	No.
	9	Don't know
	8	Refusal
BB7e.	Why d	lo you not receive this help or additio: al 'elp' I will read you a list. Please
	-	r yes or no to each.
	Do no	t know where to look for help
	1	Yes
	2	No
	9	Don't know
	8	Refusal
DD#¢	XX 71	de constant de la la constant de la la de la constant de la consta
BB/1.	-	do you not receive this help or additional help? I will read you a list. Please
	answe	r ves or no to each.
	Child	condition is not serious enough
	Ciliu	e condition is not serious chough
		Yes
	2	No.
	9	Don't know.
	8	Refusal

BB7g. Why do you not receive this help or additional help? I will read you a list. Please answer yes or no to each.

You have not asked for help

	1	Yes
	2	No
	9	Don't know
	8	Refusal
	0	Ketusai
BB7h.	-	do you not receive this help or additional help? I will read you a list. Please er yes or no to each.
	Othe	er .
	1	Yes
		Other, Please Specify:
	2	No.
	9	Don't know.
	8	Refusal
	O	Kerusai
		Section CC - Help with Appointments Module ewer: If disability was indicated on the Profile Sheet proceed; Else skip to 5 oction AAA (p 323)**
CCI.	of (ne past 12 morths, did you have any difficulty with coordinating the care), for example, making appointments, phoning or visiting health essionals and specialists?
	1	Ves
	2 9	No
	8	Don't know \square > Go to DD (p 247)Refusal \square > Go to DD (p 247)
<i>A</i>	0	Cerusar
CC2a.	. Wha	t kind of difficulty did you have? I will read you a list. Please answer
CC2a.		t kind of difficulty did you have? I will read you a list. Please answer or no to each.
CC2a.	yes o	
CC2a.	yes o	culty obtaining appointments
CC2a	yes o	or no to each. culty obtaining appointments Yes
CC2a.	yes o	culty obtaining appointments

CC2b.		ind of difficulty did you have? I will read you a list. Please answer no to each.
	Health	professional or specialist not available locally
	9	Yes
CC2c.	yes or r	ind of difficulty did you have? I will read you a list. Please answer no to each.
	A lack	of communication between health professionals
	9	Yes
CC2d.		ind of difficulty did you hat?? I will read you a list. Please answer no to each.
	Difficu	lty getting information
	1 2 9 8	Yes
CC2e.		ind of difficulty did you have? I will read you a list. Please answer no to each.
	Your la	ack of time to coordinate the care
	9	Yes. □ No. □ Don't know □ Refusal. □

CC2f.	What kind of difficulty did you have? I will read you a list. Please answer yes or no to each.		
	Wor	rk conflicts	
	1	Yes	
	2	No	
	9	Don't know	
	8	Refusal	
CC2g.		at kind of difficulty did you have? I will read you a list. Please answer or no to each.	
	Oth	er	
	1	Yes	
		Other, Please Specify:	
	2	No	
	9	Don't know□	
	8	Refusal	
		Section DD - Impact on the Parents Module	
Into	erviev	wer: If dischiling was indicated on the Profile Sheet and Proxy is a parent or guara an of () then continue; else skip to EE (p 254)	
DD.		next few questions are directed towards you and how your child's ditain may have affected you and your family.	
DD1.		apared to other people your age, how would you describe your usual state ealth? Would you say it is	
	INT	ERVIEWER: This question refers to long term health, i.e., a condition	
		ng or expected to last more than 6 months. If the respondent suffers from a corary injury, ask about (his/her) usual condition.	
	1	Excellent?	
	2	Very good? □	
	3	Good?	

	4	Fair?
	5	Poor?
		Don't know□
		Refusal
DD2.		would you describe your satisfaction with life in general at present?
	Wou	ıld you say it is
	1	Excellent?
	2	Very good?
	3	Good?
	4	Fair?
	5	Poor?
	5	Don't know
		Refusal
		Refusal
DD2a.	. Thir	nking about the amount of stress in your life, would you say that most
	days	are:
	1	not at all stressful? \square > Go to DD3
	2	not very stressful? \square > Go to DD3
	3	…a bit stressful?□
	4	quite a bit stressful? □
	5	extremely stres. fu ?
		Don't Know
		Refusal \square > Go to DD3
DD2b	. Wha	nt is your main source of stress?
	1	Work
		Fin ancial concerns.
	2	Family
/	3	
		School work
	5	Child's health
	6	Other
		\downarrow
		Other, Please Specify:
		Don't Know
		Refusal

DD3.	Becau	use of ('s) condition or health problem, has anyone in your family
	ever.	
	Mark	all that apply.
	1	not taken a job in order to take care of ()? □
	2	quit working (other than normal maternity
		or paternity leave)?
	3	changed work hours to different times of day
		or night?
	4	turned down a promotion or a better job?
	5	worked fewer hours?
	6	worked more hours?
	7	lost a job?
	8	none selected□ > Co to DD4
		Don't know
		Refusal
		A 30 to 22 !
DD3o	Who	was most affected by these work-related is ues?
DDSa	. **110	was most affected by these work-related is des.
	1	Mostly the Methon
	1	Mostly the Mother
	2	Mostly the Father
	3	Both the Mother and the Fath.
	4	Other family members
	ſ	Other Diese Const
		Other, Please Specify:
	Į	
		Don't Know□
		Refus ²¹
DD4	Dunir	ve the past 12 months, has your family had financial problems
DD4.		ig the past 12 months, has your family had financial problems
	becau	s, o, ('s) condition or health problem?
/		
	1	Yes
	2	No
	9	Don't know
	8	Refusal
DD5	Цот	often do you
DDS.	HUW	onen uo you
	fool 4	hat because of the time you spend sering for () that you don't have
		hat because of the time you spend caring for () that you don't have
	enoug	gh time for yourself?

	1	Rarely/Never
	2	Sometimes
	3	Often/Always
		Don't know
		Refusal
DD6.	How	often do you
		stressed between taking care of () and trying to meet other onsibilities for your family or work?
	1	Rarely/Never
	2	Sometimes.
	3	Often/Always
	3	Don't know
		Refusal.
DD9.	How	often do you
	wish	that someone else would help vou with your responsibilities for ()?
	1	Rarely/Never
	2	Sometimes
	3	Often/Always
		Don't know
		Refusal
DD10	. How	often de you
	feel y	you should be doing more for ()?
		Rarely/Never
		Sometimes
	3	Often/Always
	<i>J</i> ,	Don't know
		Refusal
		Refusur
DD11	. How	often do you
	feel y	you could do a better job taking care of ()?
	1	Rarely/Never

	2	Sometimes
	3	Often/Always
		Don't know
		Refusal
DD12	Some	things can halp a family to cope botton. I am going to yead you a
DD12.		e things can help a family to cope better. I am going to read you a ber of possible supports.
	Hulli	ber of possible supports.
	Is su	pport available to you from
	-	spouse, partner or child's parent (for example sharing of child care or
	emot	ional support)?
	1	Yes-fully
	2	Yes-partially
	3	No.
		Don't know.
		Refusal
DD12a	a. Is su	apport available to you from
	_	
		family members? This might include practical help at home, respite
	care,	financial assistance or engline on all support.
	1	Voc fully
	2	Yes-fully Yes-partially
	3	No
	3	Don't know
		Refu. al
DD12	o. Is su	ap _r or available to you from
	_	essionals and from the community? This would include local and
		onal support groups, help from the school and medical support from
	profe	essionals.
	1	Yes-fully
	2	Yes-partially
	3	No
	5	Don't know
		Refusal

DD14. A	Are you currently married or in a common-law relationship?
1	Yes
2	No
ç	Don't know
8	Refusal
DD14a.	How long have you been married or in this common-law relationship?
	Interviewer: Enter response in years, If less than one year enter "0"
ſ] number of years
Ĭ	Oon't know
	Refusal
DD15 (Since (2a) birth have you ever been married as in a common law
	Since ('s) birth, have you ever been married or in a common-law relationship?
1	erationship:
1	Yes \supset So to DD20
2	
9	
8	
	7 CO to 22 (P 20 1)
DD16. I	How would you describe your relationship with your current spouse or
	partner?
_	
1	Very gooú□
2	Good Good
3	\square Fair
۷	
5	
	20 n't know
	Refusal
DD4= 1	
DD17. V	What effect has ('s) condition had on this relationship?
1	Brought couple closer together \square > Go to DD19
2	\mathcal{E}
3	
	1
_	Don't know
	Refusal

DD18.		kind of problems has it caused? all that apply.
	1	Stress or depression
	2	Disagreements or arguments
	3	Tiredness/lack of sleep
	4	Financial difficulties
	5	Problems at work
	6	Domestic violence
	7	Drug or alcohol problems
	8	None selected
	O	Don't know
		Refusal
If I	DD14a	= a higher value than Child's current age, then skip to EE; else proceed
	~.	
DD19.		('s) birth, were you in any other marri, ge or common-law
	relatio	onship?
	1	Yes
	2	No
	9	Don't know
	8	Refusal > Go to EE (p 254)
DD20.	impac	ing of your previous partner or spouse, did ('s) condition have an et on this relationship? iewer: If multiple previous relationships, ask about the most recent. Yes
DD21.		kind of problems did it cause? all that apply.
	1	Stress or depression
	2	Disagreements or arguments
	3	Tiredness/lack of sleep
	4	Financial difficulties
	5	Problems at work
	6	Domestic violence

	7 8	Drug or alcohol problems □ None selected □ Don't know □ Refusal □
		Section EE – Child Care Type Module
In	ıtervie	ewer: If disability was indicated on the Profile Sheet proceed; Else skip to Section AAA (p 323)
EE1.	Now (, I'd like to ask you some questions about child care arrangements for).
	after	ou <u>currently</u> use child care such as day care, bab vsitting or a before and school program for () while you (or your spouse/partner) are at a or studying?
	1 2 9 8	Yes
EE1a.	Wo	uld you like to use child care for your child?
	1 2 9 8	Yes
EE1b.	Wh	nat knid of care would you prefer to use?
	2 3 4	Care in someone else's home by a non-relative Care in someone else's home by a relative
	5 6 7	child's brother or sister
	8 9	Nursery school/Preschool

		Other, Please Specify:	
		Don't know. Refusal.	
EE1c.		hy are you not using your preferred form of child care? ark all that apply.	
	1	Cost for preferred arrangement is too high \Box > Go to FF (p 258)	
	2	Preferred arrangement is not available in my	
		community	
	3	Preferred arrangement is not available to fit my	
		schedule	
	4	On a waiting list	
	5	Transportation to/from the preferred arrangement	
	_	is a problem	
	6	No relatives in my community (if prefer eq.	
	7	arrangement is with relative)	
	/	is child in own care)	
	8	Preferred arrangement did not have places for	
	O	children with special needs \Box > Go to FF (p 258)	
		Other	
		1	
		Other, Please Specify:	
		Don't kn $\neg w$. $\square > Go to FF (p 258)$	
		Refusal \square > Go to FF (p 258)	
	_(
EE1D		Vby are you not using child care?	
		Mark all that apply.	
	1	Cost for preferred arrangement is too high \square > Go to FF (p 258)	
	2	Preferred arrangement is not available in my	
		community	
	3	Preferred arrangement is not available to fit my	
		schedule	
	4	On a waiting list	
	5	Transportation to/from the preferred arrangement	
	6	is a problem	
	6	No relatives in my community (if preferred	

	7	arrangement is with relative)
	7	Can't afford to stay home (if preferred arrangement is child in own care)
	8	Preferred arrangement did not have places for
		children with special needs \square > Go to FF (p 258)
		Other
		Other, Please Specify:
		Times, Times of the state of th
		Don't know
		Refusal \square > Go to FF (p 258)

EE2.		hat is your <u>main</u> child care arrangement, that is the one used for the ost number of hours?
	шо	st number of nours:
1	Ca	re in someone else's home by a non-relative□
2		re in someone else's home by a relative□
3		re in child's home by a non-relative
4		re in child's home by a relative other than child's
		other or sister
5		re in child's home by child's brother or sister
6		ycare centre (this does not include a home based
	dav	ycare)
7		fore and after school program
8		rsery school/ Preschool
9		her child care arrangement
Г	0.1	
	Oth	er, Please Specify:
L		
	Do	n't k ve w
	Re	iusai
	X	
EE3.	Аp	proximately how many hours per <u>week</u> is that?
	Int	erviewer: This is for the <u>main</u> child care arrangement only. Round to the
	nec	arest full hour.
	г	1 (Danga () 169)
	L] (Range 0 – 168)
		n't know
	Re	fusal

EE4. What is the main reason why you chose this type of childcare for (\ldots) ?

	1 Close to home
	2 Affordable□
	3 Hours fit my schedule
	4 Was recommended by friend/relative □
	5 Only option available□
	6 Recommended by a health care professional□
	Other
	Other, Please Specify:
	Other, Flease Specify.
	Don't know
	Don't know
	Refusal
EE5.	Is there anyone living in your household apart from you or your
EEJ.	partner/spouse who takes care of () on a reguar basis?
	Interviewer: Do not include ad-hoc babysitting.
	merviewer. Do not include du-noc babysuing.
	1 Yes□
	2 No
	9 Don't know
	8 Refusal
EE6.	Who is this person/these people living in your household who take care of
EEU.	() on a regula bask is it:
	Mark all that apply.
	mark an mai appry.
	1 grand parent?
	2 on other or sister?
	3 6 her relative?
,	4 • ther non-relative, including a live-in nanny? □ 5 None selected□
	Don't know
	Refusal
	Section FF - Child Care Satisfaction Module

Interviewer: If disability was indicated on the Profile Sheet and respondent uses child care (EE1=1 (yes)) then proceed; Else skip to Section GG (p 264)

FF1.	How satisfied are you with the type of childcare you are currently using for (\dots) ?			
	1	Very satisfied?		
	2	Somewhat satisfied?		
	3	Somewhat dissatisfied?		
	4	Very dissatisfied?		
		Don't know		
		Refusal		
FF2.		ng aside cost, do you feel you have enough choices to find the best care for ()?		
	1	Yes		
	2	No		
	9	Don't know.		
	8	Refusal.		
	O	Totasai		
FF3.	Has a child care program or service ever released to take care of ()			
	because of (his/her) condition or health p. oblem?			
	1	Yes		
	2			
	9	Don't know		
	0	Refusal > Go to FF4a		
FF3a.		at type of child care programs or services refused to provide care)? I will read you a list. Please answer yes or no to each.		
	Bef	for a and after school program?		
	^1	Vas		
1	2	Yes□ No□		
	C C	Don't know		
	8	Refusal		
		TCTu5u1		
FF3b.		at type of child care programs or services refused to provide care)? I will read you a list. Please answer yes or no to each.		
	Nu	rsery school?		
	1	Yes		

	2 9 8	No
FF3c.		t type of child care programs or services refused to provide care)? I will read you a list. Please answer yes or no to each.
	Day	care centre?
	1 2 9 8	Yes
FF3d.		t type of child care programs or services refused to provide care)? I will read you a list. Please answer yes or no to each.
	Car	e in someone else's home?
	1 2 9 8	Yes
FF3e.		t type of child care programs or services refused to provide care)? I will read you a list. Please answer yes or no to each.
	Car	e in ch.'d's home?
4	1 2 9 8	\text{Vo.} \qquad \qqquad \qqqqq \qqqqq \qqqqqqqqqqqqqqqqqqqqqq
FF3f.		t type of child care programs or services refused to provide care)? I will read you a list. Please answer yes or no to each.
	Oth	er?
	1	Yes

		Other, Please Specify:	
	2	No	
	9	Don't know□	
	8	Refusal	
FF4a.	choo selec of th	going to read a list of things that people might consider when osing a child care arrangement. Please think back to when you were cting an arrangement for () and indicate to me how important each ne following criteria was to you.	
	Ca	regiver characteristics (personality, experience etc.)	
	1	Essential	
	2	Important	
	3	Not very important	
		Don't know	
		Refusal	
FF4b.		se think back to when you were selecting an arrangement for () and rate to me how important each of the following criteria was to you.	
	Training of caregiver (for example, formally trained in early childhood education)		
	1	Essential	
	2	Important	
	3	Not very important	
		Don't know	
		Re fusal	
	$\overline{}$		
FF4c.	Pleas	se think back to when you were selecting an arrangement for () and	
	in lic	eate to me how important each of the following criteria was to you.	
	Но	ours fit your schedule	
	1	Essential	
	2	Important	
	3	Not very important	
		Don't know□	
		Refusal	

FF4d.	Please think back to when you were selecting an arrangement for () and indicate to me how important each of the following criteria was to you.		
	A place close to your home or place of work		
	1 Essential □ 2 Important □ 3 Not very important □ Don't know □ Refusal □		
FF4e.	Please think back to when you were selecting an arrangement for () and indicate to me how important each of the following criteric was to you.		
	A reasonable cost		
	1 Essential □ 2 Important □ 3 Not very important □ Don't know □ Refusal □		
FF4f.	Please think back to when you were selecting an arrangement for () and indicate to me how important each of the following criteria was to you.		
	A caregiver who speaks to () in your language of choice		
A	1 Essertial □ 2 Import vt □ 3 Net very important □ Dev't know □ Refusal □		
FF4g.	Please think back to when you were selecting an arrangement for () and indicate to me how important each of the following criteria was to you.		
	Ability to address ('s) special needs (for example, special mobility issues, a visual impairment, hearing impairment, intellectual impairment etc)		
	1 Essential		

		Don't know
FF4h.		se think back to when you were selecting an arrangement for () and ate to me how important each of the following criteria was to you.
	A s	stimulating learning environment
	1 2 3	Essential □ Important □ Not very important □ Don't know □ Refusal □
FF5.		d you prefer to use a form of care for your child other than what are now using?
	1 2 9 8	Yes
FF6.	What	t kind of care would you prefer to use?
A	1 2 3 4 5 6	Care in someone else's home by a non-relative
	8 9	Nursery school/ Preschool
		Don't know

FF7.	Why	are you not using your preferred form of child care?
	1	Cost for preferred arrangement is too high □
	2	Preferred arrangement is not available in my
		community
	3	Preferred arrangement is not available to fit my
		schedule
	4	On a waiting list
	5	Transportation to/from the preferred arrangement
		is a problem
	6	No relatives in my community (if preferred
		arrangement is with relative)
	7	Can't afford to stay home (if preferred arrangement
		is child in own care)
	8	Preferred arrangement did not have places for
		children with special needs
		Other
		Other, Please Specify:
		Don't know
		Refusal
		N Y Y
FF8.	Do v	ou receive any financia assistance or subsidies for your child care
	-	nses?
		viewer: Child care expense deduction should not be included here.
	1	Yes \Box > Go to GG (p 264)
	2	No
	9	Don't k₁.ow
	8	Refusal.
FF9.	Poes	s () qualify for subsidized childcare?
	1	Yes
	2	No \Box > Go to GG
	9	Don't know
	8	Refusal \Box > Go to GG

FF10. What is the main reason why you are not using the childcare subsidy for (\ldots) ?

	1	No subsidized spaces available□
	2	Don't like the childcare centre where subsidy
		is available \square
	3	Can't afford the fees even with the subsidy
	4	Other
		Other, Please Specify:
		Don't know
		Refusal
		Refusal
		Section GG – General Education Module
** I f (••••	s) date of birth is on or before May 16 2001 and a disability was indicated on the Profile Sheet proceed; Else skip to Section VY (320)**
GG.	The	e next few questions are about education.
GG1.	In A	April 2006 was ()
	1	going to school or kinucegarten? \square > Go to GG6
	2	being tutored at home through the
		school system?
	3	neither of the above (neither going to
		school or bying tutored at home)
		Don't know \square > Go to GG4
		Refural \Box > Go to GG4
		3) ×
GG2a.		hy va. () being tutored at home through the school system? I will ad you a list. Please answer yes or no to each.
		ersonal care such as feeding and toileting needed, but not available at
	1	Yes
	2	No
	9	Don't know□
	8	Refusal

GG2b.	Why was () being tutored at home through the school system? I will read you a list. Please answer yes or no to each.				
	Teacher's aides or special education classes not available in <u>regular school</u>				
	1 Yes□ 2 No□ 9 Don't know□ 8 Refusal□				
GG2c.	Why was () being tutored at home through the school system? I wn't read you a list. Please answer yes or no to each.				
	Special education school not available locally				
	1 Yes				
	2 No				
	9 Don't know				
	8 Refusal				
GG2d.	Why was () being tutored at home drough the school system? I will read you a list. Please answer yes or no to each. ('s) condition or health problem prevented (him/her) from going to school 1 Yes				
	9 Don' knew				
GG2e.	Way was () being tutored at home through the school system? I will read you a list. Please answer yes or no to each.				
	Parents preferred home tutoring for ()				
	1 Yes				
	2 No□				
	9 Don't know				
	8 Refusal				

GG2f.	read you a list. Please answer yes or no to each.					
	Other reason					
	1 Yes					
	Other, Please Specify:					
	2 No					
	8 Refusal \square > Go to GG4					
GG3a.	Why was () not attending school in April 2006? I will read you a list. Please answer yes or no to each.					
	Personal care such as feeding and toileting nee 'ed', but not available at school					
	Yes□ No□ Don't know□ Refusal□					
GG3b.	Why was () not at ending school in April 2006? I will read you a list. Please answer yes or no to each.					
	Teacher's artes or special education classes not available in <u>regular school</u>					
<u>~</u>	Vt s □ No □ Don't know □ Refusal □					
GG3c.	Why was () not attending school in April 2006? I will read you a list. Please answer yes or no to each.					
	Special education school not available locally					
	Yes					

	8	Refusal						
GG3d.		Why was () not attending school in April 2006? I will read you a list. Please answer yes or no to each.						
	('s	s) condition or health problem prevented (him/her) from going to school						
	1 2 9 8	Yes						
GG3e.	•	was () not attending school in April 2006? I will read you a list. se answer yes or no to each.						
	()	is not ready or too young to attend school						
	1 2 9 8	Yes□ No□ Don't know□ Refusal□						
GG3f.		was () not attending school in April 2006? I will read you a list. se answer yes or no to each.						
	Other	reason						
	1	Yes						
	2 9 8	No□ Don't know□ Refusal□						
GG4.	Did () ever go to school?						
	1	Yes > Go to GG7						
	2	No						
	9	Don't know						
	8	Refusal > Go to HH (269)						

GG5.	Why did () never attend school? Mark all that apply.						
	1	Personal care such as feeding and toileting					
	needed, but not available at school						
	4 Child's condition or health problem prevented						
	5	(him/her) from going to school□ Child not ready or too young to go to school□					
	6	Other reason					
		Other, Please Specify:					
		None selected□ Don't know□ Refusal□					
		Interviewer: Ski _k to HH (p 269)					
GG6.	In A	oril 2006, what type or school was () attending?					
	1	Special Education school□ > Go to HH					
	2	Regular school					
	3	Regular school with special education classes					
	7	Out Constitution of the Co					
		Dlaga Charifu					
		C'her, Please Specify:					
	5						
		Don't know					
		Refusal					
GG7.	At th	is school, what type of classes was () attending?					
	1	Only regular classes					
	2	Some regular classes and some special education					
	2	classes					
	3	Only special education classes					

		Refusal	🗆
GG8.	Do yo	u think () <u>requires</u> special education services	?
	1 2 9 8	Don't know	Go to II (p 274) Go to II (p 274) Go to II (p 274)
		Section HH – Special Education Me	odule
	has eve th	Interviewer: If ('s) date of birth is on or before attended school (GG1= 1 or GG4 = 1) and a discrete Profile Sheet then proceed; Else skip to Section) ever attend a special education school?	bility was indicated on
	1	Yes	> If GG7=1 then go to HH4; If GG1= 8 or 9 then go to HH3a; Else proceed to HH2
	2	No	HH4; If GG1= 8 or 9 then go to HH3a; Else proceed to HH2
	9	Don't i nov	HH4; If GG1= 8 or 9 then go to HH3a; Else proceed to HH2
	8	Refusal	> If GG7=1 then go to HH4; If GG1= 8 or 9 then go to HH3a; Else proceed to HH2

HH2. Why didn't (he/she) attend a special education school in April 2006? Mark all that apply.

	1	Special education school no longer available
	2	locally □ Child has moved into regular school□
	8	Other
		Other, Please Specify:
	9	None selected
НН3а	receiv	is the <u>main</u> condition or health problem which required () to e special education services? I will read you a l st. Please answer yes to each.
	Learn	ing disabilities
	1 2 9 8	Yes□ No□ Don't know□ Refusal□
НН3ь		is the main condition or nealth problem which required () to receive leducation services? I will read you a list. Please answer yes or no to
	Develo	opmertal disability or disorder
	1 2 0 8	Yes □ No □ Don't know □ Refusal □
НН3с.		is the <u>main</u> condition or health problem which required () to receive l education services? I will read you a list. Please answer yes or no to
	Speec	h or language difficulties
	1 2	Yes

	9	Don't know				
	8	Refusal				
HH3d.	3d. What is the <u>main</u> condition or health problem which required () to receive special education services? I will read you a list. Please answer yes or no to each.					
	Emotional, psychological or behavioural conditions					
	1	Yes				
	2	No				
	9	Don't know				
	8	Refusal				
	Ü					
НН3е.		is the <u>main</u> condition or health problem which required () to receive deducation services? I will read you a list. Frease answer yes or no to				
	Heari	ng difficulties, including deafness				
	1	Yes				
	2	No				
	9	Don't know.				
	8	Refusal				
	O	Totasai				
-						
ннзғ	What i	is the main condition or health problem which required () to receive				
111151.		l education services? I will read you a list. Please answer yes or no to				
	each.	reducation services. I will read you a list. I lease allswell yes of no to				
	cacii.					
	Vision	difficulties, including blindness				
	VISIOI	in the state of metalang bindings				
	A	Yes				
		No				
	9	Don't know.				
	8	Refusal				
	-					

HH3g. What is the <u>main</u> condition or health problem which required (....) to receive special education services? I will read you a list. Please answer yes or no to each.

Difficulty with walking or moving around

	1	Yes
	2	No
	9	Don't know.
	8	Refusal
HH3h		at is the <u>main</u> condition or health problem which required () to receive cial education services? I will read you a list. Please answer yes or no to n.
	Oth	er condition
	1	Yes
		Other, Please Specify:
	2	No.
	9	Don't know.
	8	Refusal
НН4.	Did (you ever have any difficulty in $tryn$ g to get special education services for .)?
	1	Yes
	2	No
	9	Don't know
	8	Refusal \Box > Go to II (p 274)
НН5а		at kind of difficulty did you have? I will read you a list. Please answer
	Spe	ial education services not available locally
	K	
	1	Yes□
	2	No
	9	Don't know□
	8	Refusal

HH5b. What kind of difficulty did you have? I will read you a list. Please answer yes or no to each.

Insufficient level of staffing or special education services

1	Yes
2	No
9	Don't know \square Refusal \square
	1010302
НН5с. W	hat kind of difficulty did you have? I will read you a list. Please answer
ye	es or no to each.
C	ommunication problems with school
1	Yes
2	No
9	Don't know□
8	Refusal
1H5d. W	That kind of difficulty did you have? I will read you a list. Please answer
	That kind of difficulty did you have? I will read you a list. Please answer es or no to each.
ye	
ye	es or no to each. ifficulty to have () tested for special education services
ус D 1	es or no to each.
ус D	ifficulty to have () tested for special ducation services Yes
D 1 2	Yes
ye D 1 2 9	ifficulty to have () tested for special education services Yes
ye D 1 2 9	Yes
D 1 2 9 8	Yes
90 D 1 2 9 8 HH5e. W	Yes
9 8 HH5e. W	Yes
9 8 HH5e. W	Yes
9 8 H H5e. W	ifficulty to have () tested for special oducation services Yes
9 8 HH5e. W	ifficulty to have () tested for special oducation services Yes
9 8 HH5e. W	Yes
9 8 HH5e. W	Yes
9 8 HH5e. W	Yes
9 8 HH5e. W	Yes
ye D 1 2 9 8 HH5e. W ye O	rifficulty to have () tested for special oducation services Yes

**Interviewer: If **If (....'s) date of birth is on or before May 16 2001

and (....) has ever attended school (GG1=1) and a disability was indicated on the Profile Sheet then proceed; Else skip to Section JJ (p 277)**

II1.		pril 2006, in which province or territory did () attend school?
	10	Newfoundland & Labrador □ > Go to II2
	11	Prince Edward Island
	12	Nova Scotia□ > Go to II4
	13	New Brunswick□ > Go to II7
	24	Quebec \square > Go to II5
	35	Ontario
	46	Manitoba □ > Ge to 117
	47	Saskatchewan
	48	Alberta
	59	British Columbia > Go to II7
	60	Yukon Territory
	61	Northwest Territories ☐ > Go to II7
	62	Nunavut \supset So to II7
	77	Other
		Other, Please Specify:
		Don't Know \square > Go to II7
		Refusal \square > Go to II7
II2.	Labr	hat grade was () enrolled in <u>April</u> 2006? (Newfoundland and rador)
	0.1	
	61	Kindergarten \square > Go to KK4 (p 280)
	5.5	Grade 1 Elementary
	03	Grade 2 Elementary
	04	Grade 3 Elementary
	05	Grade 4 Elementary
	06	Grade 5 Elementary
	07	Grade 6 Elementary
	08	Grade 7
	09	Grade 8 \Box > Go to JJ1
	10	Grade 9 \Box > Go to JJ1
	11	Level 1 Secondary
	12	Level 2 Secondary \square > Go to JJ1

	13 14	Level 3 Secondary \square > Go to JJ1Ungraded \square > Go to JJ1Don't Know \square > Go to JJ1Refusal \square > Go to JJ1
II3.		nat grade was () enrolled in <u>April</u> 2006? (Prince Edward Island) one only
	01 02 03 04 05 06 07 08 09 10 11 12 13	Grade 1 □ > Go to JJ1 (p 277) Grade 2 □ > Go to JJ1 Grade 3 □ > Go to JJ1 Grade 4 □ > Go to JJ1 Grade 5 □ > Go to JJ1 Grade 6 □ > Go to JJ1 Grade 7 □ > Go to JJ1 Grade 8 □ > Go to JJ1 Grade 9 □ > Go to JJ1 Grade 10 □ > Go to JJ1 Grade 12 □ > Go to JJ1 Ungraded □ > Go to JJ1 Don't Know □ > Go to JJ1 Refusal □ > Go to JJ1
II4.		nat grade was () en rolled in April 2006? (Nova Scotia) one only Primary So to KK4 (p 280) Grade 1 Go to JJ1 (p 277) Grade 2 So to JJ1 Grade 3 So to JJ1 Grade 4 So to JJ1 Grade 5 So to JJ1 Grade 6 So to JJ1 Grade 7 So to JJ1 Grade 8 So to JJ1 Grade 9 So to JJ1 Grade 10 So to JJ1 Grade 11 So to JJ1 Ungraded So to JJ1 Don't Know So to JJ1 Refusal So to JJ1

II5.	In wl	nat grade was () enrolled in <u>April</u> 2006?	(Qu	ıeb	ec)
	01	Junior Kindergarten		>	Go to KK4 (p 280)
	02	Kindergarten			Go to KK4
	03	Grade 1			Go to JJ1 (p 277)
	04	Grade 2			Go to JJ1
	05	Grade 3.			Go to JJ1
	06	Grade 4		>	Go to JJ1
	07	Grade 5.			Go to JJ1
	08	Grade 6.			Go to JJ1
	09	Secondary I			Go to JJ1
	10	Secondary II			Go to JJ1
	11	Secondary III			Go to J.1
	12	Secondary IV			Ge to JJ1
	13	Secondary V			G) to JJ1
	14	Ungraded			Co to JJ1
	14	Don't Know			
		Refusal			Go to JJ1
		Refusal			G0 t0 331
II6.		nat grade was () enrolled in Apr.\(\) 2006?	(Or	ıtaı	rio)
	01	Junior Kindergarten		>	Go to KK4 (p 280)
	02	Kindergarten			Go to KK4
	03	Grade 1			Go to JJ1 (p 277)
	04	Grade 2			Go to JJ1
	05	Grade 3			Go to JJ1
	06	Grade 4			Go to JJ1
	07	Grade			Go to JJ1
	08	Grade 5			Go to JJ1
	09	G. ade 7			Go to JJ1
	10	Crail 8.			Go to JJ1
	11	Grade 9.			Go to JJ1
	12	Grade 10			Go to JJ1
,	13	Grade 11			Go to JJ1
	14	Grade 12			Go to JJ1
	15	Ungraded			Go to JJ1
	10	Don't Know			Go to JJ1
		Refusal			Go to JJ1
II7.	Mark	nat grade was () enrolled in April 2006? To one only			Co to KK4 (p. 280)

	02	Grade 1 Elementary \square > Go to JJ1 (p 277)
	03	Grade 2 Elementary \square > Go to JJ1
	04	Grade 3 Elementary \square > Go to JJ1
	05	Grade 4 Elementary \square > Go to JJ1
	06	Grade 5 Elementary \square > Go to JJ1
	07	Grade 6 Elementary□ > Go to JJ1
	08	Grade 7 \square > Go to JJ1
	09	Grade 8 \Box > Go to JJ1
	10	Grade 9 \Box > Go to JJ1
	11	Grade 10 \square > Go to JJ1
	12	Grade 11
	13	Grade 12
	14	Ungraded \square > Go to JJ1
		Don't Know
		Refusal
		Section JJ – Education Type Module
		Section 33 - Ludcation Typ- Module
	**/*	nterviewer: **If ('s) date of birth is on or before May 16 2001
	111	
and		
<u>and</u>		r attended school (GG1=1) and a a sabuity was indicated on the Profile
<u>and</u>		
	has eve	r attended school (GG1= 1) <u>and</u> a a sabuity was indicated on the Profile Sheet then proceed; Else skip to Section KK (p 278)**
	has eve In <u>Ap</u> r	r attended school (GG1= 1) and a a sabulty was indicated on the Profile Sheet then proceed; Else skip to Section KK (p 278)** ril 2006, what type of education, training or therapy was ()
	has eve In <u>Ap</u> r	r attended school (GG1= 1) <u>and</u> a a sabuity was indicated on the Profile Sheet then proceed; Else skip to Section KK (p 278)**
	In Appreceive	r attended school (GG1= 1) and a a sabulity was indicated on the Profile Sheet then proceed; Else skip to Section KK (p 278)** ril 2006, what type of education, training or therapy was () ing at school? I will and you a list. Please answer yes or no to each.
	In Appreceive	r attended school (GG1= 1) and a a sabulty was indicated on the Profile Sheet then proceed; Else skip to Section KK (p 278)** ril 2006, what type of education, training or therapy was ()
	In Appreceive	r attended school (GG1= 1) and a a sabulity was indicated on the Profile Sheet then proceed; Else skip to Section KK (p 278)** ril 2006, what type of education, training or therapy was () ing at school? I will and you a list. Please answer yes or no to each.
	In <u>Apr</u> receiv Acader	r attended school (GG1= 1) and a a sabulty was indicated on the Profile Sheet then proceed; Else skip to Section KK (p 278)** ril 2006, what type of e lucation, training or therapy was () ing at school? I will and you a list. Please answer yes or no to each. mic subjects
	In Appreceive Academ	r attended school (GG1= 1) and a a sabulity was indicated on the Profile Sheet then proceed; Else sign to Section KK (p 278)** ril 2006, what type of education, training or therapy was () ing at school? I will and you a list. Please answer yes or no to each. mic subjects Yes
	In Appreceive Academ 1 2	r attended school (GG1= 1) and a disability was indicated on the Profile Sheet then proceed; Else ship to Section KK (p 278)** ril 2006, what type of education, training or therapy was () ing at school? I will road you a list. Please answer yes or no to each. mic subjects Yes
	In Appreceive Academ 1 2 9	r attended school (GG1= 1) and a a sabulity was indicated on the Profile Sheet then proceed; Else skip to Section KK (p 278)** ril 2006, what type of e lucation, training or therapy was () ing at school? I will and you a list. Please answer yes or no to each. mic subjects Yes
	In Appreceive Academ 1 2 9	r attended school (GG1= 1) and a a sabulity was indicated on the Profile Sheet then proceed; Else skip to Section KK (p 278)** ril 2006, what type of e lucation, training or therapy was () ing at school? I will and you a list. Please answer yes or no to each. mic subjects Yes
JJ1a.	In Appreceive Acader	r attended school (GG1= 1) and a a sabulity was indicated on the Profile Sheet then proceed; Else skip to Section KK (p 278)** ril 2006, what type of e lucation, training or therapy was () ing at school? I will and you a list. Please answer yes or no to each. mic subjects Yes
JJ1a.	In Apreceive Acader 1 2 9 8	r attended school (GG1= 1) and a a sabulity was indicated on the Profile Sheet then proceed; Else skip to Section KK (p 278)** ril 2006, what type of e lucation, training or therapy was () ing at school? I will and you a list. Please answer yes or no to each. mic subjects Yes
JJ1a.	In Apreceiving Academ	rattended school (GG1=1) and a a sabuity was indicated on the Profile Sheet then proceed; Else ship to Section KK (p 278)** ril 2006, what type of e lucation, training or therapy was () ing at school? I will and you a list. Please answer yes or no to each. Mo
JJ1a.	In Apreceive Acader 1 2 9 8	rattended school (GG1=1) and a a sabuity was indicated on the Profile Sheet then proceed; Else ship to Section KK (p 278)** ril 2006, what type of e lucation, training or therapy was () ing at school? I will and you a list. Please answer yes or no to each. Mo
JJ1a.	In Apreceive Acader	r attended school (GG1=1) and a disability was indicated on the Profile Sheet then proceed; Else skip to Section KK (p 278)** ril 2006, what type of education, training or therapy was () ing at school? I will and you a list. Please answer yes or no to each. No
JJ1a.	In Apreceive Acader	rattended school (GG1=1) and a a sabuity was indicated on the Profile Sheet then proceed; Else skip to Section KK (p 278)** ril 2006, what type of education, training or therapy was () ing at school? I will and you a list. Please answer yes or no to each. Mic subjects Yes
JJ1a.	In Apreceive Acader In Apreceive Acader In Apreceive Acader Life sk	r attended school (GG1= 1) and a a sabuity was indicated on the Profile Sheet then proceed; Else skip to Section KK (p 278)** ril 2006, what type of e luceton, training or therapy was () ing at school? I will and you a list. Please answer yes or no to each. mic subjects Yes
JJ1a.	In Apreceive Acader In Apreceive Acader	rattended school (GGI=1) and a a sabutity was indicated on the Profile Sheet then proceed; Else skip to Section KK (p 278)** ril 2006, what type of education, training or therapy was () ing at school? I will and you a list. Please answer yes or no to each. Mic subjects Yes
JJ1a.	In Apreceive Acader In Apreceive Acader In Apreceive Acader Life sk	r attended school (GG1= 1) and a a sabuity was indicated on the Profile Sheet then proceed; Else skip to Section KK (p 278)** ril 2006, what type of e luceton, training or therapy was () ing at school? I will a ad you a list. Please answer yes or no to each. mic subjects Yes

JJ1c.		pril 2006, what type of education, training or therapy was () ving at school? I will read you a list. Please answer yes or no to each.
	Speed	ch and language therapy
	1	Yes
	2	No
	9	Don't know
	8	Refusal
JJ1d.		pril 2006, what type of education, training or therapy was () ving at school? I will read you a list. Please answer yes or no to each.
	Ment	al health or counselling services
	1	Yes
	2	No.
	9	Don't know.
	8	Refusal
	has e	*Interviewer: If (<) late of birth is on or before May 16 2001 ver attended schoot (CG!= 1) and a disability was indicated on the Profile Sheet then proceed; Else skip to Section LL (p 281)**
	iewer: KK04a	If $II2 = 01 \text{ Ii} 04 = 01 \text{ or } II5 = 01 \text{ or } 02 \text{ or } II6 = 01 \text{ or } 02 \text{ and } II7 = 01 \text{ then}$
KK.		next few questions are about the last school year, that is to say, the one h finished in June 2006.
KK1.		d on your knowledge of (his/her) school work, including (his/her) report s, how did () do during the last school year?
	1	
		Very well
	2	Very well □ Well □
	2 3	Well
	3	Well □ Average □
	3 4	Well
	3 4 5	Well □ Average □ Poorly □ Very poorly □
	3 4	Well

KK2. How often did you (or your spouse/partner) check ('s) home provide help with (his/her) homework during the last school ye 1	
2 A few times a week	
2 A few times a week	
3	
4	
5 Less than once a month. 6 Never or rarely. 7 Not applicable. Don't know.	
7 Not applicable	. 1
7 Not applicable	7
Don't know	× × ×
Refusal	
	_
KK3a. Because of a condition or health problem:	
did () have to leave (his/her) neighbourh od or community	to
attend school?	
<u> </u>	
1 Yes	
2 No	
9 Don't know	
8 Refusal□	
KK3b. Because of a condition or health problem:	
was (his/her) schooling interrupted for long periods of time?	
1 V/s	
2 No	
Refusal	
Refusal	
KK3c. Because of a condition or health problem:	
RRSC. Because of a condition of health problem.	
did () take fewer courses or academic subjects at school?	
ulu () take iewei courses or academic subjects at school;	
1 Yes	
2 No	
9 Don't know.	
8 Refusal	

KK3d.	Because	of a condition or health problem:
	did it ta	ke () longer to achieve (his/her) present level of education?
	2 N 9 I	Yes
		ondition or health problem limit ('s) participation is any of the ag school activities during the last school year (which ended in June
	Taking activity	part in physical education or organized games requiring physical
	2 N 9 I	Yes
KK4b.		ondition or health problem limit ('s) participation in any of the ag school activities during the last school year (which ended in June
	1 2 9	with others ouring recess or lunch hour Yes
KK4c.		ondition or health problem limit ('s) participation in any of the ag school activities during the last school year (which ended in June
	Taking	part in school outings, such as visits to a museum
	2	Yes

	8	Refusal
KK4d		condition or health problem limit ('s) participation in any of the ing school activities during the last school year (which ended in June
	Classi	room participation
	1 2 9 8	Yes
		Section LL – Education Aids
and	() F	nterviewer: **If ('s) date of birth is on o. before May 16 2001 has ever attended school (GG1=1) a. d. disability was indicated on the Profile Sheet then proceed; Else skip to Section MM (p 289)** The remember the questions are about the last school year, that is to say, we which finished in June 2006.
LL1.	Becau	se of a condition of health problem, did () <u>use</u> any special building es or equipment such as ramps or automatic door openers <u>at school</u> ?
	1 2 9 8	Yes □ No □ > Go to LL3 Pon't know □ > Go to LL3 Pefusal □ > Go to LL3
LL 2a.		n kind of special features did () <u>use</u> at school? I will read you a list. e answer yes or no to each.
	Ramp	s or street level entrances
	1 2 9 8	Yes. □ No. □ Don't know. □ Refusal. □

LL 2b.	Which kind of special features did () <u>use</u> at school? I will read you a list. Please answer yes or no to each.
	Widened doorways or hallways
	1 Yes
LL 2c.	Which kind of special features did () <u>use</u> at school? I will read you a list. Please answer yes or no to each.
	Automatic or easy to open doors
	1 Yes□ 2 No□ 9 Don't know□ 8 Refusal□
LL 2d.	Which kind of special features did () <u>use</u> at school? I will read you a list. Please answer yes or no to each. An elevator or lift de rice
	1 Yes
LL 2e.	Which kind of special features did () <u>use</u> at school? I will read you a list. Please answer yes or no to each.
	Special railings in washrooms
	1 Yes

	8	Refusal
LL 2f.	Wh	nich kind of special features did () use at school? I will read you a list.
		ase answer yes or no to each.
	Otl	ner feature
	1	Yes
		Other, Please Specify:
	2	No
	9 8	Don't know
-		TO LOCALITY OF THE PARTY OF THE
LL3.	fea	cause of a condition or a health problem, Gd () <u>need</u> any special tures or equipment, such as ramps or automatic door openers <u>at school</u> , ich were not available?
	1	Yes
	2	No
	9 8	Don't know
LL4.	did	nat kind of procial reatures or equipment did (he/she) need <u>at school</u> , but not have? rk al! that apply.
	1 2	Ramps or street level entrances
		Automatic or easy to open doors
	4 ⁷ 5	An elevator or lift device□ Special railings in washrooms□
	6	Other feature
		Other, Please Specify:
	7	None selected□ Don't Know□ Refusal□

LL 5a.	During the <u>last school year</u> , did () <u>use</u> any assistive aids, devices or services <u>at school</u> ? I will read you a list. Please answer yes or no to each. Tutors or teacher's aides			
	1 Yes□ 2 No□ 9 Don't know□ 8 Refusal□			
LL 5b.	During the <u>last school year</u> , did () <u>use</u> any assistive a ds, cevices or services <u>at school</u> ? I will read you a list. Please answer yes or no to each.			
	Note takers or readers			
	1 Yes□ 2 No□ 9 Don't know□ 8 Refusal□			
LL 5c.	During the <u>last school</u> <u>rear</u> , did () <u>use</u> any assistive aids, devices or services <u>at school</u> ? I will read you a list. Please answer yes or no to each.			
	Sign language interpreters			
	1 V _f c			
LL 5d.	During the <u>last school year</u> , did () <u>use</u> any assistive aids, devices or services <u>at school</u> ? I will read you a list. Please answer yes or no to each.			
	Attendant care services			
	1 Yes			

	9	Don't know□ Refusal□
LL 5e.		ag the <u>last school year</u> , did () <u>use</u> any assistive aids, devices or ees <u>at school</u> ? I will read you a list. Please answer yes or no to each.
	Amp	lifiers, such as FM or infrared
	1 2 9 8	Yes
LL 5f.		ag the <u>last school year</u> , did () <u>use</u> any assistive hids, devices or ees <u>at school</u> ? I will read you a list. Please an swer yes or no to each.
	Talki	ing books
	1 2 9 8	Yes
LL 5g.		ng the <u>last school year</u> , did () <u>use</u> any assistive aids, devices or ees <u>at school</u> ? I will read you a list. Please answer yes or no to each.
	Magi	Yes
LL 5h.		ng the <u>last school year</u> , did () <u>use</u> any assistive aids, devices or ees <u>at school</u> ? I will read you a list. Please answer yes or no to each.

Recording equipment

	1	Yes
	2	No
	9	Don't know
	8	Refusal
LL		
5i.		ing the <u>last school year</u> , did () <u>use</u> any assistive aids, devices or
	serv	ices at school? I will read you a list. Please answer yes or no to each.
	A co	omputer with Braille or speech access
	1	Yes
	2	No
	9	Don't know
	8	Refusal
LL		
LL 5j.	Du	ing the <u>last school year</u> , did () <u>use</u> any assistive aids, devices or
<i>ა</i> j.		
	SCIV	ices at school? I will read you a list. Pleas, answer yes or no to each.
	Tou	ich screen
	1	Yes
	2	No
	9	Don't know
	8	Refusal
LL		
5k.	Dur	ing the last chool year, did () use any assistive aids, devices or
JIX.		ice. a school? I will read you a list. Please answer yes or no to each.
	Oth.	ar ald or service
	1	Yes
	ſ	Other, Please Specify:
		Galor, I rease opeciny.
	2	No
	9	Don't know
	8	Refusal

LL6.		e there any assistive aids, devices or services that () needed <u>at school</u> , lid not have?
	1	Yes
	2	No. \square > Go to MM (p 289)
	9	Don't know \Box > Go to MM (p 289)
	8	Refusal \square > Go to MM (p 289)
LL7.	have	
	Mark	all that apply.
	01	Tutor's or teacher's aids
	02	Note takers or readers
	03	Sign language interpreters
	04	Attendant care services
	05	Amplifiers such as FM or infrared
	06	Talking books
	07	Magnifiers
	08	Recording equipment
	09	A computer with Braille or speech access □
	10	Voice activated software/scanne_/reader□
	11	Other aid or service
		Other Place Specify
		Other, Please Specify
	12	None selected
		Don't know \square > Go to MM (p 289)
		Refu. al \square > Go to MM (p 289)
		A Y
LL		
8a.	Wh.	didn't () have these aids or services at school? I will read you a
(4.1)		Please answer yes or no to each.
	Scho	ol funding cutbacks or lack of funding in the school system
	1	Yes
	2	No.
	9	Don't know
	8	Refusal
	-	

LL

8b.	Why didn't () have these aids or services <u>at school</u> ? I will read you a list. Please answer yes or no to each.			
	School did not think () needed assistive aids or services			
	1 Yes			
LL 8c.	Why didn't () have these aids or services at school? I will read you a list.			
.	Please answer yes or no to each. () did not want to use assistive aids or services			
	1 Yes			
LL 8d.	Why didn't () have these arcs or services at school? I will read you a list. Please answer yes or no to each. Other reason 1 Yes			
	Ott er, Please Specify: 2 No			

Section MM - Education and School Participation Module

Interviewer: **If (....'s) date of birth is on or before May 16 2001 and (....) has ever attended school (GGI=1) and a disability was indicated on the Profile Sheet then proceed; Else skip to Section NN (292)**

MM 1a.	During the last school year, have you (or your partner/spouse) done any of the following for ()? I will read you a list. Please answer yes or no to each.			
	Spoken to, visited or corresponded with ('s) teacher			
	1 Yes			
MM 1b.	During the last school year, have you (or your partner/spouce) done any of the following for ()? I will read you a list. Please answer yes or no to each.			
	Attended a school event in which () participated for example, a play, sports competition, or science fair			
	1 Yes			
MM 1c.	During the last school year, have you (or your partner/spouse) done any of the following for ()? I will read you a list. Please answer yes or no to each.			
	Volunteered in ('s) class or helped with a class trip			
,	1 Yes □ 2 No □ 9 Don't know. □ Refusal. □			
MM 1d.	During the last school year, have you (or your partner/spouse) done any of the following for ()? I will read you a list. Please answer yes or no to each.			
	Helped elsewhere in the school, such as in the library or computer room			
	1 Yes			

	8	Don't know□ Refusal□
NN 1e.	the fo	ng the last school year, have you (or your partner/spouse) done any of ollowing for ()? I will read you a list. Please answer yes or no to each. Indeed a parent-school association, parent advisory committee or parent
		cil meeting
	1 2 9 8	Yes
MM 1f.		ng the last school year, have you (or your part, er/spouse) done any of ollowing for ()? I will read you a list. Nease answer yes or no to each.
		nded a parent-school association, parent advisory committee or parent cil meeting
	1 2 9 8	Yes□ No□ Don't know□ Refusal□
MM 1g.		ng the last school year, have you (or your partner/spouse) done any of blicking for ()? I will read you a list. Please answer yes or no to each.
_	Oth ?	r activity
	1	Yes
		Other, Please Specify:
	2 9 8	No□ Don't know□ Refusal□

MM 2a.	Do you strongly agree, agree, disagree, or strongly disagree with the following descriptions of the school that () attended during the last school year?			
	The school offered parents many opportunities to be involved in the school activities			
	1 Strongly agree. □ 2 Agree. □ 3 Disagree. □ 4 Strongly disagree. □ Don't know. □ Refusal. □			
MM 2b.	Do you strongly agree, agree, disagree, or strongly disagree with the following descriptions of the school that () attended during the last school year?			
	Parents were made to feel welcome in the school			
	1 Strongly agree. □ 2 Agree. □ 3 Disagree. □ 4 Strongly disagree. □ Don't know. □ Refusal. □			
MM 2c.	Do you strongly agree, agree, disagree, or strongly disagree with the			
20.	following descriptions of the school that () attended during the last school year? Cverall, the school accommodated the child's condition or health problem Strongly agree			

MM3.		regard to how (he/she) feels about school, how often did () look rd to going to school during the last school year?
	1	Almost never
	2	Rarely
	3	Sometimes
	4	Often
	5	Almost always
	3	Don't know
		Refusal
		10 Tustili 1 Tus
	S	Section NN – Education Transportation Module
and		Interviewer: If ('s) date of birth is on or before May 16 2001 or attended school (GG1=1) and a disability was indicated on the Profile Sheet then proceed; Else skip to Section CC (293)**
NN1.		g the last school year, what was the method of transportation () most often to get to school?
	1	Was driven to school by the facily motor
	_	vehicle
	2	Schoolbus. $\square > \text{Go to OO}$
	3	Regular city bus
	4	Specialized transportation services
	5	Walked or bik d to school□ > Go to OO
	6	Other □ > Go to OO
	Γ	Other, Please Specify:
		That, That aprilly
		Don't know
	C	Kefusal \square > Go to OO
NN2.	Was tl	hat because no other transportation was provided or available?
	1	Yes
	2	No
	9	Don't know.
	8	Refusal

Section OO – Education Assessment Module

Interviewer: If (....'s) date of birth is on or before May 16 2001 and a disability was indicated on the Profile Sheet proceed; Else skip to Section YY (p 320)

		(P 520)
001.		professional assessment ever been done to determine ('s) tional needs?
	1	Yes
	2	No
	9	Don't know. \Box > Go to PP (p 294)
	8	Refusal \Box > Go to Pr (p 294)
	0	Refusal
∩∩2ം	Who	completed this assessment? I will read you a list. Please answer yes or
002a	no to e	
	поточ	each.
	Peych	ologist or psychiatrist
	1 Sych	ologist of psychiatrist
	1	Yes
	2	No
	9	Don't know
	8	Refusal
001h	W/h o o	ampleted this to a some ant? I will need you a list. Discourance on
OO2b		ompleted this as essment? I will read you a list. Please answer yes or
	no to e	each.
	C 1	
	Social	worker
	1	
	$\frac{1}{2}$	V _C ·
	2	No
/	9	Don't know
	C	Refusal
OO2c.		ompleted this assessment? I will read you a list. Please answer yes or
	no to e	each.
	a .	
	Specia	al education consultant
	1	Yes
	2	No
	9	Don't know

	8	Refusal
OO2d		o completed this assessment? I will read you a list. Please answer yes or o each.
	Spe	ech or language therapist
	1	Yes
	2	No
	9 8	Don't know
002e	. Wh	o completed this assessment? I will read you a list. Pleas answer yes or
0020		o each.
	Oth	ner professional or specialist
	0 011	or professional or specialist
	1	Yes
		Other, Please Specify:
	2	No
	9	Don't know□
	8	Refusal
		Section PP – Social Skills Module
and		**Interviewer: If ('s) date of birth is on or before May 16 2001 abuity was indicated on the Profile Sheet then proceed; Else skip to Section YY (p 320)**
PP1.		ring the past six months, how well has () gotten along with other dren, such as friends or classmates (excluding brothers or sisters)?
	1	Very well (or any problems)
	2	Quite well (or hardly any problems)□
	3	Pretty well (or occasional problems)□
	4	Not too well (or frequent problems)
	5	Not well at all (or constant problems) □
	6	Not applicable
		Don't know□

	Refusal
PP 2a.	In the past 12 months, how many times did another child say something personal about () that made (him/her) extremely upset:
	While at school or on a school bus?
	1 Never
PP 2b.	In the past 12 months, how many times did another child say something personal about () that made (him/her) extremely uppet:
	While at home or elsewhere?
	1 Never
PP 3a.	In the past 12 months, how many times did another child threaten to hurt () (but not actually hurt (him/her)):
	While at school or on a school bus? 1 Never
PP 3b.	In the past 12 months, how many times did another child threaten to hurt () (but not actually hurt (him/her)):
	While at home or elsewhere?
	1 Never□ 2 Once or twice□

	3 4	3 or 4 times□ 5 times or more□
PP		
4a.		he past 12 months, how many times did another child physically attack or pult ():
	Wh	ile at school or on a school bus?
	1	Never
	2	Once or twice
	3	3 or 4 times
	4	5 times or more
DD		
PP 4b.	In 41	as most 12 months, horry many times did another. "Il physically attack on
4D.		ne past 12 months, how many times did another child physically attack or ult ():
	assa	uit ().
	Wh	ile at home or elsewhere?
	V V 11.	ite at nome of eisewhere.
	1	Never
	2	Once or twice
	3	3 or 4 times□
	4	5 times or more □
S	Section	on QQ - Leisure and Recreation Interest and Activities Module
		Wodule
		ewer $f($'s) date of birth is on or before May 16 2001 and a disability
wa	s indi	cate I on the Profile Sheet then proceed; Else skip to Section YY (p 320)**
	$\langle \zeta \rangle$	
QQ1.		next few questions are about ('s) interests and activities.
	In/t	he last 12 months, <u>outside of school hours</u> , how often has (he/she):
	40	Iron port in growth with a good or instructor (expent dance or
		ken part in sports with a coach or instructor (except dance or inastics)?
	1	Everyday
	2	At least once a week
	3	At least once a month
	4	Less than once a month
	5	Never \square > Go to QQ3

		Don't know. \square > Go to QQ3 Refusal. \square > Go to QQ3
QQ2.	Was t	his activity altered in any way to accommodate ('s) condition?
	1	Yes
	2	No
	9	Don't know□
	8	Refusal
QQ3.	In the	last 12 months, outside of school hours, how often has (he/che):
	tak	en lessons or instruction in other organized physical activities with a
		or instructor, such as dance, gymnastics or mal tial arts?
	1	Everyday
	2	At least once a week
	3	At least once a month
	4	Less than once a month
	5	Never \square > Go to QQ5
		Don't know \sqcup > Go to QQ5
		Refusal \Box > Go to QQ5
QQ4.	Was t	this activity altered in . my way to accommodate ('s) condition?
	1	Yes
	2	No
	9	Don't know.
	8	Pefusal.
QQ5.	În t. e	last 12 months, outside of school hours, how often has (he/she):
	X.	
•	taker	part in unorganized sports or physical activities without a coach or
i	nstruct	tor?
	1	Everydey
	2	Everyday At least once a week
	3	At least once a month
	4	Less than once a month
	5	Never
	J	Don't know. \Box > Go to QQ7
		Refusal $\square > Go to QQ7$

QQ6.	Was	this activity altered in any way to accommodate ('s) condition?
	1	Yes
	2	No
	9	Don't know□
	8	Refusal
QQ7.	In the	last 12 months, <u>outside of school hours</u> , how often has (he/she):
	tak	ten lessons or instruction in music, art or other non-sport activities?
	1	Everyday
	2	At least once a week
	3	At least once a month
	4	Less than once a month.
	5	Never
		Don't know
		Refusal \Box > Go to QQ9
QQ8.	Was	this activity altered in any w. v to accommodate ('s) condition?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
QQ9.	In the	last 12 months, outside of school hours, how often has (he/she):
		ke 1 part in clubs, groups or community programs, such as church
	grou	os, Girl or Boy Scouts?
	1	Evanuday
	1 /	Everyday At least once a week
	2 3	At least once a week
	3	Less than once a month
	1	
	4	
	4 5	Never \square > Go to QQ11

QQ10. Was this activity altered in any way to accommodate (\dots 's) condition?

	1	Yes
	2	No
	9	Don't know
	8	Refusal
QQ11	1 137	ere there any specific activities that you would have liked () to
(LIDD		articipate in but the program was not adapted for (his/her) condition?
	1	Yes
		Other, Please Specify:
	2	No
	9	Don't know
	8	Refusal
QQ		
12a.	Hov	w often does (he/she):
	w	vatch T.V.?
	1	Everyday
	2	At least once a week.
	3	At least once a month
	4	Less than once a month
	5	Never
		Don know.
		Pefusal.
00	_(
QQ 12b.	Nov	v often does (he/she):
	р	lay computer or video games?
	1	Everyday
	2	At least once a week
	3	At least once a month
	4	Less than once a month
	5	Never
		Don't know

QQ 12c.	How o	ften does (he/she):
	talk	on the phone with friends?
	1 2 3 4 5	Everyday. At least once a week. At least once a month. Less than once a month. Never. Don't know. Refusal.
QQ13.		often does () read by (himself/herself) for pleasure? Please do not de reading that is required for school.
	1 2 3 4 5	Everyday At least once a week At least once a month Less than once a month Never Don't know Refusal
QQ14.		often does () have books read to (him/her)? Please do not include ng that is required for school. Everyday
QQ16.	Has () ever gone to summer camps (including regular or special s)?
	1 2	Yes□ No□ > Go to QQ18 Don't know.□ > Go to QQ18

	8	Refusal
QQ17.	Wa	s this a camp for children with a health problem or condition?
	1	Yes
	2	No
	9	Don't know□
	8	Refusal
QQ18.		cause of a condition or health problem, is () prevented from wking et in any social or physical leisure activities?
	1	Yes
	2	No
	9	Don't know. $\square > \widehat{Go} to RR (p 304)$
	8	Refusal
		nt prevents () from doing more social or physical leisure vities? I will read you a list. Please answer yes or no to each.
	Recr	reational facilities or programs not available locally?
	1	Yes
	2	No
	9	Don't knew
	8	Refuse ¹
QQ 19b.		t p. events () from doing more social or physical leisure activities? I will you a list. Please answer yes or no to each.
	Buil	dings and equipment not physically accessible?
	1	Yes
	2	No
	9	Don't know
	8	Refusal

QQ

19c.		t prevents () from doing more social or physical leisure activities? I will you a list. Please answer yes or no to each.
	Inad	equate transportation services?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
QQ 19d.		t prevents () from doing more social or physical leisure artivities? I will you a list. Please answer yes or no to each.
		expensive?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
QQ 19e.		t prevents () from doing more social or physical leisure activities? I will you a list. Please answer ves or no to each.
	Cone	dition limits (bim 'her) from doing more?
	1	Yes
	2	No
	9	Don't know
	8	Re fusal.
	0	ti disei
QQ		3 ^y
19f.		t prevents () from doing more social or physical leisure activities? I will you a list. Please answer yes or no to each.
	() needs someone's assistance?
	1	Yes
	2	No
	9	Don't know
	8	Refusal

QQ 19g.	What prevents () from doing more social or physical leisure activities? I will read you a list. Please answer yes or no to each.		
	()	needs specialized aids or equipment, but (he/she) doesn't have them?	
	1 2 9 8	Yes	
QQ 19h.		prevents () from doing more social or physical leisure activities? I will you a list. Please answer yes or no to each.	
	Too k	ousy?	
	1 2 9 8	Yes	
QQ 19i.		prevents () from coing more social or physical leisure activities? I will you a list. Please answer yes or no to each.	
	Othe	r reason?	
	1	Other, Please Specify:	
	2 9 8	No□ Don't know□ Refusal□	

Section RR – Leisure Recreation Computer Questions

^{**}Interviewer: If (....'s) date of birth is on or before May 16 2001

<u>and</u> a disability was indicated on the Profile Sheet then proceed; Else skip to Section YY (p 320)**

RR. The next few questions deal with the use of the computer and the Internet.

RR1.	. How many personal computers are there in your home?		
	1 2	None	> Go to RR3
	3	Two	> Go to RR3
	4	Three or more	> Go to RR3
		Don't know	> Go to SS (p 307)
		Refusal	> Go to SS (p 307)
RR2.		at are the reasons that keep you from purchasing	a personal computer?
	Ma	rk all that apply.	
		<u> </u>	
	1	Cost	> Go to SS (p 307)
	2	Not needed at home	> Go to SS (p 307)
	3	Not interested	> Go to SS (p 307)
	4	Lack of computer skills or training	> Go to SS (p 307)
	5	Fear of technology	> Go to SS (p 307)
	6	Disability	> Go to SS (p 307)
	7	Other	> Go to SS (p 307)
		Other, Please Specify:	
	_		
	8	None selected	> Go to SS (p 307)
		Pon't k. 9w	L /
		Refusal	> Go to SS (p 307)
	(Y	
	$\langle \zeta \rangle$		
RR3.	1.' y	your household connected to the Internet?	
	1	Yes	> Go to RR5
	2	No	
	9	Don't know	> Go to SS (p 307)
	8	Refusal	> Go to SS (p 307)

RR4. What are the reasons that keep you from getting Internet access for your $\frac{\text{home}}{\text{home}}$?

Mark all that apply.

	1	Cost \square > Go to SS (p 307)
	2	Not needed at home \Box > Go to SS (p 307)
	3	Not interested
	4	Lack of computer skills or training
	5	Fear of technology \square > Go to SS (p 307)
	6	Disability
	7	Other
	,	Omer
		\downarrow
		Other, Please Specify:
	8	None selected
	O	Don't know
		Refusal
		Refusal
		4
DD5	Doo	s () use the Internet at home?
MNJ.	Duc	s () use the internet <u>at nome</u> :
	1	Yes > Go to RR7a
	2	No
	9	
	8	
	0	Refusal
RR6.	XX/b	at are the reasons that keep () from using the Internet at home?
KKU.		
	mai	k all that apply.
	1	Child is too young or not ready to use it
	2	Child does not need it
	3	Chila is not interested
	4	Child does not have the computer skills or training $\square > \mathbf{Go}$ to \mathbf{SS}
	5	Child's condition or health problem
	6 7	Other
	T	None selected \square > Go to SS
	X	Don't know
		Refusal
RR7a.		<u>home</u> , how often does (he/she) use the:
	Int	ternet to participate in newsgroups or chat groups?
	1	Everyday
	2	At least once a week
	3	At least once a week
	<i>3</i>	Less than once a month
	4	LC35 HIAH VIICC A HIVIHH

	5	Never
RR7b.		ome, how often does (he/she) use the: rnet for school work?
	1 2 3 4 5	Everyday
RR7c.		ome, how often does (he/she) use the: rnet for personal interest or entertainme. *? Everyday
RR7d.		ome, how ofter does (he/she) use the: ail to stay in souch with friends? Everyory

Section SS – Home Accommodation Special Features Module

**Interviewer: If (....'s) date of birth is on or before May 16 2001

and a disability was indicated on the Profile Sheet then proceed; Else skip to Section

YY (p 320)**

SS1.	Because of a condition or health problem, does () <u>use</u> any special features, such as access ramps or automatic door openers to <u>enter</u> or <u>leave</u> (his/her) residence?		
	1 2 9	Yes	
	8	Refusal□ > Go to SS3	
SS2a.		n special features does (he/she) use? I will read you a list. Pleas or yes or no to each.	
	Ramp	s or street level entrances	
	1	Yes	
	2	No.	
	9	Don't know	
	8	Refusal	
SS2b.		a special features does (he/she) use? I will read you a list. Please answer yes to each.	
	Wider	ned doorways or ha lways	
	1	Yes	
	2	No	
	9	Don't know	
	8	Refu. al	
SS2c.		pe zial features does (he/she) use? I will read you a list. Please answer yes to each.	
	Auton	natic or easy to open doors	
	1	Yes	
	2	No.	
	9	Don't know	
	8	Refusal	

SS2d. Which special features does (he/she) use? I will read you a list. Please answer yes or no to each.

	An e	levator or lift device
	1 2	Yes
	9	Don't know
	8	Refusal
SS2e.		ch special features does (he/she) use? I will read you a list. Please answer yes to each.
	Othe	er feature
	1	Yes
		Other, Please Specify:
	2	No
	9	Don't know
	8	Refusal
SS3.		s () <u>currently</u> need any special features to enter or leave (his/her) lence, which (he/she) does not have?
	1	Yes
	2	No > Go to SS6
	9	Don't know
	8	Refusal \Box > Go to SS6
		A Y
SS4.		ch. pe cial features does () <u>need</u> , but does not have? be all that apply.
	X	
	1 /	Ramps or street level entrances
	2	Widened doorways or hallways
	3	Automatic or easy to open doors
	4 5	An elevator or lift device
	5 6	None selected
	U	Don't know
		Refusal $\square > Go \text{ to SS6}$
		101u5u1

SS5a.	Why doesn't () have these special features that (he/she) needs to enter or leave (his/her) residence? I will read you a list. Please answer yes or no to each.		
	Not covered by insurance		
	1 Yes		
	9 Don't know□ 8 Refusal□		
SS5b.	• Why doesn't () have these special features that (he/she) needs to enter or leave (his/her) residence? I will read you a list. Please answer ves or no to each.		
	Too expensive		
	1 Yes		
SS5c.	Why doesn't () have these special features that (he/she) needs to enter or leave (his/her) residence? I will and you a list. Please answer yes or no to each	ch.	
	Landlord not willing		
	1 Yes□ 2 No□ 9 Don't knew□ 8 Refusar□		
SS5d.	Why doesn't () have these special features that (he/she) needs to enter or ave (his/her) residence? I will read you a list. Please answer yes or no to each	:h.	
	Only needed occasionally		
	1 Yes□ 2 No□ 9 Don't know□ 8 Refusal□		

SS5e.	e. Why doesn't () have these special features that (he/she) needs to enter or leave (his/her) residence? I will read you a list. Please answer yes or no to each.		
	Othe	er reason	
	1	Yes	
		Other, Please Specify:	
	2	No	
	9	Don't know	
SS6.	featu	use of a condition or health problem, does () <u>vse</u> a ny special ures, such as special railings, grab bars or lift devices <u>inside</u> (his/her) lence?	
	1	Yes	
	2	No	
	9	Don't know	
	8	Refusal > Go to SS8	
SS7a.	which special features uper () use inside (his/her) residence? I will read you a list. Please answer yes or no to each.		
	Gr	ab bars or bat? lift device in the bathroom	
	1	Yes	
	2	N ₂	
	9	Den't know□	
	8	Re, ̂asal□	
SS7b.		ich special features does () use <u>inside</u> (his/her) residence? I will read a list. Please answer yes or no to each.	
	Lo	wered counters, sinks or switches in the kitchen	
	1	Yes	
	2	No	
	9	Don't know	
	8	Refusal	

SS7c.		ch special features does () use <u>inside</u> (his/her) residence? I will read a list. Please answer yes or no to each.
	An	elevator or lift device
	1	Yes
	2	No
	9	Don't know□
	8	Refusal
SS7d.		ich special features does () use <u>inside</u> (his/her) residence? I will read a list. Please answer yes or no to each.
	Wi	dened doorways or hallways
	1	Yes
	2	No
	9	Don't know□
	8	Refusal
-		
SS7e.		ch special features does () use <u>inside</u> (his/her) residence? I will read a list. Please answer yes or 20 to each.
	Au	tomatic or easy to open doors
	1	Yes
	2	No
	9	Don't know.
	8	Refusal
CC74	337. ;	ch choosed feetures does () yes inside (his/hor) residence? I will read
SS7f.		ch special features does () use <u>inside</u> (his/her) residence? I will read a list. Please answer yes or no to each.
	you	a a list. I lease allower yes or no to each.
	Vis	sual or flashing alarms
	1	Yes
	2	No.
	9	Don't know
	8	Refusal
-		

 $\pmb{SS7g.} \quad \text{Which special features does (....) use } \underline{\text{inside}} \text{ (his/her) residence? I will read}$

you a list. Please answer yes or no to each.

	Au	dio warning devices
	1	Yes
	2	No
	9	Don't know
	8	Refusal
SS7h.		ich special features does () use <u>inside</u> (his/her) residence? I will read a list. Please answer yes or no to each.
	Bat	th chair
	1	Yes
	2	No
	9	Don't know
	8	Refusal
SS7i.	Whi	ch special features does () use <u>ms. le</u> (his/her) residence? I will read
0071.		a a list. Please answer yes or no to each.
	900	a unist. I rease answer yes of no to ten.
	Otl	her feature
	1	Yes
		Other, Please Specify:
	2	No
	9	Don't know
	8	R. fusal
		K (dSdi
		<u></u>
SS8.	Does	() <u>currently</u> need any special features <u>inside</u> (his/her) residence,
		h (he/she) does not have?
	1	Yes
	1	168
		Other, Please Specify:
	2	No
	9	Don't know

	8 Refusal > Go to TT (p 314)		
SS 10a.	Why doesn't () have these special features <u>inside</u> (his/her) residence? I will read you a list. Please answer yes or no to each.		
	Not covered by insurance		
	1 Yes□ 2 No□ 9 Don't know□ 8 Refusal□		
SS 10b.	Why doesn't () have these special features <u>inside</u> (his/ner) residence? I will read you a list. Please answer yes or no to each		
	Too expensive		
	1 Yes□ 2 No□ 9 Don't know□ 8 Refusal□		
SS 10c.	Why doesn't (, have these special features <u>inside</u> (his/her) residence? I will read you a list. Please answer yes or no to each.		
	Landlord not villing		
	1 Ye		
SS 10d.	Why doesn't () have these special features <u>inside</u> (his/her) residence? I will read you a list. Please answer yes or no to each.		
	Only needed occasionally		
	1 Vas		

	2	No
	9	Don't know□
	8	Refusal
SS		
10e.	-	doesn't () have these special features <u>inside</u> (his/her) residence? I read you a list. Please answer yes or no to each.
	Othe	er reason
	1	Yes
		Other, Please Specify:
	2	No
	9	Don't know
	8	Refusal
	Se	ction TT - Transportation Special Features Module
	•	*I (
and		*Interviewer: If ('s) date of birth is on or before May 16 2001 bility was indicated on the Profile Sheet then proceed; Else skip to Section
arra	u uisu	YY (p 320)**
	_	
TT.		uld like to ask ou about the means of transportation that () uses
		ocal travel on (his/her) own or with someone else. This includes trips to loctor, a creational events or any other local trips under 80 km (50
	mile	
mm 4		
TT1.		ruse of ('s) condition, does your car have special features or
	eçui	pment, such as a lift device or a large trunk to carry a wheelchair?
	1	Yes
	2	No
	5	Do not own a car ☐ > Go to UU (p 316)
	9	Don't know
	8	Refusal

112.	('s) condition?		
	1	Yes \Box > Go to TT4a	
	2	No	
	9	Don't know \square > Go to UU	
	8	Refusal > Go to UU	
TT3.		use of ('s) condition, do you <u>need</u> any special features or oment (for your car)?	
	1	Yes	
	2	No	
	9	Don't know	
	8	Refusal	
TT4a.	Why do you not have these special features or equipment for your car? I will read you a list. Please answer yes or no to each.		
	Not c	overed by insurance	
	1	Yes	
	2	No	
	9	Don't know□	
	8	Refusal	
TT4b.	-	do you not have these special features or equipment for your car? I will you a list. Please answer yes or no to each.	
	Too e	ex _k 'e_eive	
	A	Yes	
		No	
	9	Don't know	
	8	Refusal	
TT4c.		do you not have these special features or equipment for your car? I will you a list. Please answer yes or no to each.	
	Only	needed occasionally	
	1	Yes	

	2 9 8	No□ Don't know□ Refusal□
TT4d.	•	do you not have these special features or equipment for your car? I will you a list. Please answer yes or no to each.
	Othe	er reason
	1	Yes
		Other, Please Specify:
	2	No
	9	Don't know
	8	Refusal
Se	ctioi	n UU – Transportation Speciali∠ed Bus Service Module
and o		*Interviewer: If $('s)$ date o_i his that is on or before May 16 2001 bility was indicated on the Profile Sheet then proceed; Else skip to Section $VY(p\ 320)$ **
UU.	diffi	e communities have a specialized bus service for people who have culty using regular transportation services. To use this service, people call ahead and ask to be picked up.
UU1.	Is th	is service available in your area?
	1	Yes > Go to UU3
<i>A</i>		No
	9	Don't know.
	8	Refusal
UU2.	Does	s () <u>need</u> this service?
	1	Yes
	2	No
		······································

	8	Refusal > Go to VV (p 319)
UU3.	Does (() use this service?
	1	Yes
	2	No
	9	Don't know
	8	Refusal \Box > Go to VV (p 319)
UU4.	How	often does (he/she) use this service?
	1	Almost everyday for at least some part of the year
	2	Frequently
	3	Occasionally
	4	Seldom.
		Don't know
		Refusal
		Notasai.
UU5.	In the	past 12 months, did () have any difficulty using this service?
	1	Yes
	2	Yes \square No. \square > Go to VV (p 319)
	9	Don't know
	8	Refusal
UU6a		kind of difficulty did (he/she) have? I will read you a list. Please
	answe	er yes or no to each.
	G	
	Servic	r is needed more often than currently offered
		<i>).</i>
		Yes
	2	No
	9	Don't know
	8	Refusal

UU6b. What kind of difficulty did (he/she) have? I will read you a list. Please answer yes or no to each.

Impractical scheduling for child's needs

	1	Yes
	2	No
	9	Don't know□
	8	Refusal
UU6c.		kind of difficulty did (he/she) have? I will read you a list. Please answer r no to each.
	Book	ing rules don't allow for last minute arrangements
	1	Yes
	2	No
	9	Don't know
	8	Refusal.
	o	Refusal
111164	What	kind of difficulty did (he/she) have? I will read , a list. Please answer
C Cou.		r no to each.
	yes o	i no to each.
	Тоо	expensive
	1	Yes
	2	No
	9	Don't know
	8	Refusal
	O	Refusal
TITICo	What	kind of difficulty did (he/she) have? I will read you a list. Please answer
o o oe.		
	yes o	r no to each.
	Othe	r re. son
	Othe	7.23.501
	1	7es□
	X.	
		Other, Please Specify:
	2	No
	9	Don't know□
	8	Refusal
		Section VV – Transportation Taxi Module

Interviewer: If (....'s) date of birth is on or before May 16 2001 and a disability was indicated on the Profile Sheet then proceed; Else skip to Section $YY(p\ 320)$

VV1.		e past 12 months has () had to use a taxi service because of ther) condition or health problem?
	1	Yes
	2	No \square > Go to WW
	9	Don't know
	8	Refusal \square > Go to W w
_		
VV2.	How	often did (he/she) use a taxi service?
	1	Almost everyday for at least some part of the year □
	2	Frequently
	3	Occasionally
	4	Seldom
		Don't know
		Refusal
		Section WW – Transportation Problems Module Interviewer: If ('s) date of birth is on or before May 16 2001
and		ility was in the red on the Profile Sheet then proceed; Else skip to Section YY (p 320)**
WW1	you h	e past 12 yonths, for local trips which you must take with (), have a to cancel or reschedule some activities because of problems with praction services?
	1/	Yes
	2	No
	9	Don't know□
	8	Refusal
	,	Section XX – Transportation Expenses Module

^{**}Interviewer: If (....'s) date of birth is on or before May 16 2001

 \underline{and} a disability was indicated on the Profile Sheet then proceed; Else skip to Section YY (p 320)**

expenses for ('s) transportation, for example, (his/her) trave from treatment, therapy or other medical or rehabilitation serv 1 Yes	rices?			
1 Yes	YY YY YY			
2 No	XY XY			
9 Don't know	XY XY			
9 Don't know	XY XY			
8 Refusal	YY			
	of the direct			
XX3. Which one of the following expense groups is the best estimate costs to you or your family? I will read you a list.				
costs to you of your family. I will read you a list.				
1 Less than \$100				
2 \$100 to less than \$200				
3 \$200 to less than \$500				
4 \$500 to less than \$1000				
5 \$1000 to less than \$2000				
6 \$2000 to less than \$5000				
7 \$5000 or more				
Don't know □				
Refusal				
Section YY – Global Disadvantages Module	,			
**All respondents with a disability limitation marked on Profile s	heet enter this			
module; Else skip to AAA (p 323)**				
YY1. You reported that because of a physical condition, mental cond				
	problem, () has difficulties or limitations in doing certain activities. Do			
you think that these difficulties or activity limitations create a disadvantage				
for (him/her) at home?	for (him/her) at home?			
1 Yes, sometimes				
2 Yes, often or always □				
3 No \Box > Go to Y	YY3			
8 Refusal	Y Y3			
9 Don't Know	Y Y3			

YY2.	How	much of a disadvantage?	
	1	Mild	
	2	Moderate	
	3	Severe	
		Don't know	
		Refusal	
YY3.	-	ou think that these difficulties or activity limitat vantage for (him/her) while playing?	ions create a
	1	Yes, sometimes	X
	2	Yes, often or always	
	3	No.	Co to YY5
	5	Not applicable	() >
	8	Refusal	> Go to YY5
	9	Don't Know	> Go to YY5
YY4.	How	much of a disadvantage?	
	1	Mild	> If ('s) date of birth is < May 16 2001 proceed to YY5; Else go to AAA
	2	Moderate	> If ('s) date of birth is < May 16 2001 proceed to YY5; Else go to AAA
1	3	Se vere	> If ('s) date of birth is < May 16 2001 proceed to YY5; Else go to AAA
	y	Don't know	> If ('s) date of birth is < May 16 2001 proceed to YY5; Else go to AAA
		Refusal	> If ('s) date of birth is < May 16 2001 proceed to YY5; Else go to AAA

YY5.	Do you think that these difficulties or activity limitations create a disadvantage for (him/her) at school?			
	1	Yes, sometimes		
	2	Yes, often or always		
	3	No		
	5	Not Applicable \square > Go to YY7		
	8	Refusal		
	9	Don't Know > Go to YY7		
YY6.	How	much of a disadvantage?		
	1	Mild		
	2	Moderate		
	3	Severe.		
	3	Don't know.		
		Refusal		
		The Fundamental Control of the Fundamental Contr		
YY7.	Do yo	ou think that these difficulties or activity limitations create a		
		vantage for (him/her) in other arcs, such as transportation or leisure?		
	1	Yes, sometimes		
	2	Yes, often or always		
	3	No		
	5	Not Applicable \square		
	8	Refusal		
	9	Don't Know		
YY8.	How	n uch of a disadvantage?		
	Î	Mild		
	2	Moderate		
	3	Severe		
		Don't know		
		Refusal		
		Section ZZ – Insurance Module		

^{**}All respondents with a disability limitation marked on Profile sheet enter this module; Else skip to AAA (P 323)**

ZZ1a.	This question is about insurance coverage. Please include any private, government or employer-paid plans. Do you have insurance that covers all or part of:			
	the cost of ('s) prescription medications?			
	1	Yes		
	2	No		
	9	Don't know		
	8	Refusal		
ZZ1b.		uestion is about insurance coverage. Please include any private, ament or employer-paid plans. Do you have insurance that covers all or		
	the co	st of ('s) eye glasses or contact lenses?		
	1 2 9 8	Yes□ No□ Don't know□ Refusal□		
ZZ1c.		uestion is about insurar ce coverage. Please include any private, ment or employer-pact plans. Do you have insurance that covers all or		
	hospital charges for a private or semi-private room?			
_	1 2 9 8	Yes□ No□ Do p't know□ Refusal□		
		Section AAA – Health Utility Index Module		
_				

All respondents enter this module

AAA. We have reached the last section and I want to thank you for your cooperation and for the patience that you have shown. As part of this survey, we may need to get in touch in the future. Although some of the following questions may seem repetitive, these last questions deal with another way of

measuring health status and it is important that we ask the same questions to everyone.

** <i>If</i>	f ('s)	date of birth is on or before May 16 2002 go to AAA32; Else proceed to AAA1**
AAA 1.		a) <u>usually</u> able to see clearly, and without distortion, the words in a book <u>without</u> glasses or contact lenses?
	1 2 9 8	Yes. □ > Go to AAA- No. □ Don't know. □ Refusal. □
AAA 2.) <u>usually</u> able to see clearly, and without distortion, the words in a book <u>with</u> glasses or contact lenses?
	1 2 3 9 8	Yes. □ > Go to AAA4 No. □ Doesn't wear contact lenses. □ Don't know. □ Refusal. □
AAA 3.	Is (1 2 9 8	.) able ⁴0 see a₂ all? Yes
AAA 4.) able to see well enough to recognize a friend on the other side of the without glasses or contact lenses? Yes

$\mathbf{A}\mathbf{A}\mathbf{A}$						
5.	Is () <u>usually</u> able to see well enough to recognize a friend on the other side					
	or the	street with glasses or contact lenses?				
	1	Yes				
	2	No				
	3	Doesn't wear glasses or contact lenses □				
	9	Don't know□				
	8	Refusal				
AAA	• /					
6.) <u>usually</u> able to hear what is said in a group conversation with at least				
	three	other people <u>without</u> a hearing aid?				
	1	Yes				
	2	No				
	9	Don't know > Go to AAA11				
	8	Refusal > Go to AAA11				
AAA						
7.	Is () usually able to hear what is said in a group conversation with at least				
. •	three other people with a hearing aid?					
	0111 0 0	outer people				
	1	Yes				
	2	No				
	3	Doesn't wear a hearing aid□				
	9	Don't know				
	8	Refu. al				
AAA						
8.	is () able to hear at all?				
,	-51	, u				
	1	Yes				
	2	No \square > Go to AAA11				
	9	Don't know				
	8	Refusal				

 $\mathbf{A}\mathbf{A}\mathbf{A}$

9. Is (....) <u>usually</u> able to hear what is said in a conversation with one other person in a quiet room <u>without</u> a hearing aid?

	1	Yes				
	2	No				
	9	Don't know□				
	8	Refusal				
AAA 10.	Ta () wayselly able to been what is said in a convengation with one other				
10.	Is () <u>usually</u> able to hear what is said in a conversation with one other person in a quiet room <u>with</u> a hearing aid?					
	1	Yes				
	2	No				
	3	Doesn't wear a hearing aid				
	9	Don't know				
	8	Refusal				
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
AAA	- /					
11.) <u>usually</u> able to be <u>understood completaly</u> when speaking with gers in (his/her) own language?				
	1	Yes				
	2	No				
	9	Don't know				
	8	Refusal				
AAA	- /					
12.	Is () <u>usually</u> tole to be <u>understood partially</u> when speaking with strangers in (his/her) own language?					
	1 2	Yes				
	9					
	8	Rerusal				
		Tetusai				
AAA						
13.) usually able to be understood completely when speaking with those				
	who l	know (him/her) well?				
	1	Yes				
	2	No				
	9	Don't know				
	8	Refusal				

AAA 14.	Is () <u>usually</u> able to be <u>understood partially</u> when speaking with those who know (him/her) well?				
	1	Yes			
	2	No			
	9	Don't know			
	8	Refusal			
AAA					
15. Is () <u>usually</u> able to walk <u>without</u> difficulty and <u>without</u> n. echan support such as braces, a cane or crutches?					
	1	Yes			
	2	No			
	9	Don't know			
	8	Refusal > Go to AAA22			
AAA					
16.	Tc () able to walk at all?			
10.	·) able to walk at all:			
	1	Yes			
	2	No \Box > Go to AAA19			
	9	Don't know \Box > Go to AAA19			
	8	Refusal \Box > Go to AAA19			
AAA 17.	Does	() require mechanical support such as braces, a cane or crutches to			
17.		on the walk?			
	T.	Yes			
	2	No			
	9	Don't know□			
	8	Refusal			
AAA					
18.	Does	() require the help of another person to be able to walk?			
	1	Yes			
	2	No			
	9	Don't know□			

	8	Refusal
AAA		
19.	Doe	s () require a wheelchair to get around?
	1	Yes
	2	No
	9	Don't know
	8	Refusal > Go to AAA22
AAA		
20.	How	often does () use a wheelchair?
	1	Always
	2	Often
	3	Sometimes
	4	Never
		Don't Know
		Refusal
$\mathbf{A}\mathbf{A}\mathbf{A}$		
21.	Doe	s () need the help of another person to get around in the wheelchair?
	_	
	1	Yes
	2	No
	9	Don't knew.
	8	Refus ²¹
$\mathbf{A}\mathbf{A}\mathbf{A}$		
22.	Is () usually able to grasp and handle small objects such as a pencil or
,	scis.	cors?
	1 /	Yes > Go to AAA26
	2	No
	9 8	Don't know
	o	Refusal
AAA	T	g () was given the halm of small manners have small mit at a second
23.		s () require the help of another person because of limitations in the
	use	of hands or fingers?

	1	Yes
	2	No \square > Go to AAA25
	9	Don't know
	8	Refusal
AAA	_	
24.	Does	() require the help of another person with:
	1	some tasks?
	2	most tasks?
	3	almost all tasks?
	4	all tasks?
		Don't know
		Refusal □ > Go to AAA26
AAA		
25.	Does	() require special equipment, for exan pre, devices to assist in
	dress	sing, because of limitations in the use or hands or fingers?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
AAA		
26.	Woul	d you describe () as being usually
	1	happy and interested in life?
	2	some what happy?
	3	somewhat unhappy?
	4	unhappy with little interest in life?
	5	
	()	Don't Know
		Refusal
AAA		
27.	How	would you describe ('s) <u>usual</u> ability to remember things? Is ():
	1	able to remember most things?
	2	somewhat forgetful?
	3	very forgetful?
	<i>3</i>	unable to remember anything at all?
		•••• unable to remember anyming at an • · · · · · · · · · · · · · · · · · ·

		Don't Know			
AAA 28.	How would you describe ('s) <u>usual</u> ability to think and solve day to day problems? Is ():				
	1 2 3 4 5	able to think clearly and solve problems? having a little difficulty?			
AAA 29.	Is () usually free of pain and discomfort?			
	1 2 9 8	Yes			
AAA 30.					
	1 2 3	Mild. □ Moderate. □ Severe. □ Den't Know. □ Refusal. □			
AAA 31.		How many activities does ('s) pain or discomfort prevent (him/her) from doing?			
	1 2 3 4	None □ A few □ Some □ Most □ Don't Know □ Refusal □			

AAA 32.								
11 Me								
	12	Spouse/common law parti	ner		□			
	13	Mother/father (birth, adop	otive, step or foste	er)	🗆			
	14	Brother/sister (biological,	-	-				
	15	Child (birth, adopted, step	,					
	16	Other relative – mother's						
	17	Other relative – father's si						
	18	Other relative – side unkn						
	19	Relative of spouse / comm			<i>.</i> ∐			
	20 Roommate/renter/boarder□ 21 Other□							
	21	Otner			⊔			
				Y	\downarrow			
	Other, Please Specify:							
		Don't Know			🖳			
	Refusal							
		w completed the Participat for your cooperation.	nank You	l Limitations	Survey.			
	^(Pro	file Sheet					
Case 1	Identif	ication Number:						
Activ	ity Li	mitations						
Sectio	<u>n</u>	Activity / Condition	Limitation	Use Aid	Need Aid			
A		General						

B & C	Hearing		
D & E	Seeing		
F & G	Communicating		
H & I	Walking		
J & K	Hands / Fingers		
L & M	Learning		
N	Developmental		
O	Emotional / Psychological		
P	Chronic / Other		
	4		
	VO/2		
Y			