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Introduction

This study regarding participation and activity limitations collects information on people whose daily activities are limited because of a condition or health problem. The results will help to identify difficulties and barriers these people face and will be used to plan services and programs offered to them.

To reduce the number of questions we need to ask, the Census information collected last May will be added to the data provided in this Interview. All information collected in this study will be kept strictly confidential. While participation is voluntary, your assistance is essential to ensure that the results represent people with activity limitations.

Section A – Filter Questions

Aii respondents enter this module

A1. Do you (Do.s...) have any <u>difficulty</u> hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?

<u>Interviewer</u>: Always read bold answer categories aloud. Only read not bolded answer categories if necessary (for clarification purposes).

1	Yes, sometimes □ >	Check Box "General- Limitation" on Profile Sheet
2	Yes, often □ >	Check Box "General- Limitation" on Profile Sheet
3	No	Sheet
8	Refusal	
9	Don't Know	

	Does a physical condition <u>or</u> mental condition <u>or</u> health problem <u>reduce that amount or the kind of activity</u> you () can do at home?			
	1	Yes, sometimes $\Box >$	Check Box "General- Limitation" on Profile Sheet	
	2	Yes, often □ >	Check Box "General- Limitation" on Profile Sheet	
	3	No		
	8 9	Refusal	AV'	
5.		a physical condition <u>or</u> mental condition <u>or</u> kealth <u>nt or the kind of activity</u> you () can do at work		
	amou	in of the kind of activity you () can do a	or at school.	
	1	Yes, sometimes□ >	Check Box "General- Limitation" on Profile Sheet	
	2	Yes, often >	Check Box "General- Limitation" on Profile Sheet	
	3	No		
	8	Refu ^a l.		
	9	Don't Know		
•	a <u>rnou</u>	a physical condition <u>or</u> mental condition <u>or</u> health <u>at or the kind of activity</u> you () can do in other ple, transportation or leisure?		
	1	Yes, sometimes □ >	Check Box "General- Limitation" on Profile Sheet	
	2	Yes, often □ >	Check Box "General- Limitation" on Profile Sheet	

3	No	🗆
8	Refusal	ロ
	Don't Know	
-		

Section B – Hearing Filter

All respondents enter this module

B. I am going to ask you a series of questions about your (....'s) ability to do certain activities. Please tell me only about those difficulties that have lasted, or are expected to last, six months or more.

B2. <u>With your (....'s) hearing aid(s) how much difficulty do you (does) have</u> hearing what is said in a conversation with <u>one</u> other person?

1	No difficulty	
2	Some difficulty >	Check "Hearing- Limitation" box on Profile Sheet
3	A lot of dimculty	Check "Hearing- Limitation" box on Profile Sheet
4	Vou () cannot hear□ >	Check "Hearing- Limitation" box on Profile Sheet
8 9	Refusal Don't Know	

B3. <u>With your (....'s) hearing aid(s), how much difficulty do you (does) have hearing what is said in a conversation with at least three other people?</u>

1	No difficulty	
2	Some difficulty $\Box >$	Check "Hearing-
		Limitation" box on

			Profile Sheet
	3	A lot of difficulty $\Box >$	Check "Hearing- Limitation" box on Profile Sheet
	4	You () cannot hear $\Box >$	Check "Hearing- Limitation" box on Profile Sheet
	8	Refusal	
	9	Don't Know	.1
B4.		<u>th</u> your ('s) hearing aid(s), how much difficulty caring what is said in a <u>telephone</u> conversation?	lo you (does) have
	1	No difficulty	
	2	Some difficulty	Check "Hearing-
	2	some unitcuty	Limitation" box on Profile Sheet
	3	A lot of difficulty□ >	Check "Hearing- Limitation" box on Profile Sheet
	4	You () cannot hear	Check "Hearing- Limitation" box on Profile Sheet
	8	Refusal	
	9	Don't Know	
B5.	Wł	nich of the following best describes your ('s) abili	ty to hear?
		Yor (i)e/she) cannot hear $\Box >$	Check "Hearing- Limitation" box on Profile Sheet
	2	You have (he/she has) difficulty hearing 🗆	
	3	You have (he/she has) no problem hearing	
	8	Don't know	
	-	Refusal	

B6. How much difficulty do you (does) have hearing what is said in a conversation with <u>one</u> other person?

1 No difficulty.....

	2	Some difficulty	Check "Hearing- Limitation" box on Profile Sheet			
	3	A lot of difficulty $\Box >$	Check "Hearing- Limitation" box on Profile Sheet			
	4	You () cannot hear $\Box >$	Check "Hearing- Limitation" box on Profile Sheet			
	8	Refusal				
	9	Don't Know				
B7.		much difficulty do you (does) have hearing wh ersation with at least <u>three</u> other people?	a, is said in a			
	1 2	No difficulty	Check "Hearing- Limitation" box on Profile Sheet			
	3	A lot of difficulty□ >	Check "Hearing- Limitation" box on Profile Sheet			
	4	You () cannot be gr	Check "Hearing- Limitation" box on Profile Sheet			
	8	Refusal				
	9	Don' (Know				
B8.	How much difficulty do you (does) have hearing what is said in a <u>tel phone</u> conversation?					
	1 2	No difficulty	Check "Hearing- Limitation" box on Profile Sheet			
	3	A lot of difficulty >	Check "Hearing- Limitation" box on Profile Sheet			
	4	You () cannot hear $\Box >$	Check "Hearing- Limitation" box on			

8	Refusal
	Don't Know

Section C - Hearing Aids

Profile Sheet

If hearing limitation is marked on the Profile Sheet then continue; else skip to Section $D (p 43)^{}$

C1. Do you <u>use</u> any aids, specialized equipment or services for persons who are deaf or hard of hearing, for example, a volume control telephone or 'W decoder?

1	Yes
2	No
9	Don't know $\square > $ Go to C11
8	Refusal Go to C11

C2. Do you (Does) now <u>use</u>:

	(1)	(2)	(9)	(8)
	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>R</u>
(a) a computer to communicate (e.z., e-mail or chat services)?				
(b) a volume control teleph ne?				
(c) a TTY or TTD?				
(d) a message relay service?				
(e) other phone related devices (e.g., flashers)?				
(f) a closed caption T.V. or decoder?				
(g) am, 'afiers (e.g., FM, acoustic, infa-red)?				
(h) a visual or vibrating alarm?				
(i) a cochlear implant?				
(j) another aid?				
	\downarrow			
Other, Please Specify:				

- ** <u>Interviewer</u>: Only read questions in section C3 for the aids(a-j) selected in C2 Read C3(k) if the respondent uses hearing aids (selected yes (1) to B1)**
- **C3.**

(a) <u>How often</u> do you (does) <u>use</u> a computer to communicate (e.g., e-mail or chat services)?

	1	Every day
	2	A few times a week
	3	Once a week \Box
	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.		
(a)	Who	paid the most for <u>acquiring</u> this item?
(u)		puid the most for <u>dequiring</u> inisite it.
	1	You ()
	2	Your ('s) family
	3	Health care system.
	4	Government program.
	5	Insurance company
	6	Non-profit or anization
	7	It does not belong to you () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
	Other	Please Specify:
	Can t,	Flease Specify.
	9 🗡	Not applicable
		Don't know
		Refusal

C4a.

(a) Are you (Is) making any kind of payment for your (....)'s computer, for example to rent or finance this item?

1 Yes.....

2	No	>	Skip to C3(b) if C4=7
9	Don't know	>	Skip to C3(b) if C4=7
8	Refusal	>	Skip to C3(b) if C4=7

C5.

(a) <u>How often</u> does your (....)'s computer need service, such as repairs or maintenance?

1	
I	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 \Box > Go to C7 (a)
7	Not applicable \Box > Go to C7 (a)
	Don't know \Box > Go to C7 (a)
	Refusal \Box > Go to C7 (a)

C6.

(a) How much difficulty do you (does) have paying for the service of this item?

1	None
1	
2	Slight
3	Mod rate
4	Serious
5	Cennot afford
6	Nc ⁺ applicable
	Don't know
\mathbf{N}	Refusal

C7.

(a) <u>How often</u> does your (....)'s computer need to be replaced?

1	Every 6 months or less \Box > Go to C9 (a)
2	More than 6 months but less than 1 year $\Box > $ Go to C9 (a)
3	Once per year to less than 2 years \Box
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more

6	Never	>	Go to C3 (b)
7	Not applicable	>	Go to C3 (b)
	Don't know		• • •
	Refusal	>	Go to C3 (b)

C8. (a) Will this item need to be replaced in the next 12 months? 1 Yes..... 2 No..... > Go to C3 (b) 9 8 **C9**. What is the main reason you (....) will need to replace you, (his/her) **(a)** computer? Condition is worse..... 1 \Box 2 Condition is better..... Ĺ Outgrew the aid..... 3 Worn out 4 5 New technology available / Aid is outdated...... 6 Other..... \square Other, Please Specify: Don't know.... Refusal \square

C10.

(a) How n. vc. difficulty <u>will you (....)</u> have paying for a replacement for you. (his/her) computer?

1	None
2	
3	Moderate
4	Serious
5	Cannot afford
	Don't know
	Refusal 🗆

(b) <u>How often</u> do you (does) <u>use</u> a volume control telephone?

	1	Every day
	2	A few times a week \Box
	3	Once a week
	4	Less than once a week \Box
	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.		
(b)	Who	paid the most for <u>acquiring</u> this item?
(0)	VV IIU	pard the most for <u>acquiring</u> this item.
	1	You ()
	2	Your ('s) family
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to vou () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
	0	ther, Please Specify:
		ther, i lease Speer y.
	9	Not applicable
		Ryfusal
4	$ \rightarrow -$	
C4a.		
(b)	Aro	you (Is) making any kind of payment for your ()'s volume
(0)		rol telephone, for example to rent or finance this item?
	cont	for telephone, for example to rent of finance tins item.
	1	Yes
	C	
	2	No \square > Skip to C3(c) if
		C4=7

9 Don't know..... \square > Skip to C3(c) if C4=7

8	Refusal	> Skip to C3(c) if
		C4=7

C7.

(b) <u>How often</u> does your (....)'s volume control telephone need to be replaced?

1	Every 6 months or less \Box > Go to C9
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 \Box
5	Every 5 years or more
6	Never $\Box > $ Go to C3 (c)
7	Not applicable $\Box > Co to C3 (c)$
	Don't know
	Don't know $\Box > Go to C3 (c)$ Refusal $\Box > Go to C3 (c)$

C8.

(b) Will this item need to be replaced in the $r \exp \{12 \text{ nonths}\}$?

1	Yes		
2	No	>	Go to C3 (c)
9	Don't know	>	Go to C3 (c)
8	Refusal		Go to C3 (c)

C9.

(b) What is the main rea on you (....) will need to replace your (his/her) volume control terrahone?

Condition is worse
Condition is better
$O_{L}^{t}g^{-}w$ the aid
Worn, out
Other
\checkmark
Other, Please Specify:
Don't know
Refusal

C10.

(b) How much difficulty <u>will you (....)</u> have paying for a replacement for

your (his/her) volume control telephone?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
	Don't know
	Refusal

C3.

C3. (c)	Hov	<u>v often</u> do you (does) <u>use</u> 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

Don't use because it needs repair 6 or replacement..... Not applicable 7 Don't know..... Refusal.....

C4.

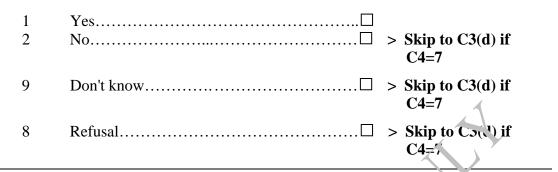
Who paid the most fo. accuiring this item? (c)

Ĺ

1	You ()
2	Your ('s) family
3	I fealth care system
4	Government program
5	Insurance company
5 5 7	Non-profit organization
7	It does not belong to you () (i.e. belongs to employers, friends / family
	public property, etc
8	Other
	\downarrow
	Other, Please Specify:
0	
9	Not applicable
	Don't know 🛛
	Refusal

C4a.

(c) Are you (Is) making any kind of payment for your (....)'s TTY or TTD, for example to rent or finance this item?



C7.

(c) <u>How often</u> does your (....)'s TTY or TDD need to be i polaced?

1	Every 6 months or less \Box > Go to C9
2	More than 6 months but less than 1 year \Box > Go to C9
3	Once per year to less than 2 years \dots \square
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more \Box
6	Never \Box > Go to C3 (d)
7	Not applicable \Box > Go to C3 (d)
	Don't know \Box > Go to C3 (d)
	Refusal

C8.

(c) Will this item need to be replaced in the next 12 months?

1	Yes		
2	N	>	Go to C3 (d)
9	Lont know	>	Go to C3 (d)
8	Nefusal	>	Go to C3 (d)

C9.

(c) What is the main reason you (....) will need to replace your (his/her) TTY or TTD?

Condition is worse \Box
Condition is better \Box
Outgrew the aid \Box
Worn out
New technology available / Aid is outdated \Box
Other \Box

Othe	r, Please Sp	pecify:	

Don't know.....

C10.

(c) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) TTY or TTD?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

C3.

(d) <u>How often</u> do you (does) <u>use</u> relay service?

Every day...... 1 A few times a week. 2 Once a week...... 3 4 Less than once a week...... 5 Frequent usage but only during certain times...... 6 Don't se because it needs repair or replacement...... 7 Not applicable \Box Don't know..... Refusal..... 🗆

C3.

(e) <u>How often</u> do you (does) <u>use</u> other phone related devices (e.g., flashers)?

1	Every day
2	A few times a week
3	Once a week \Box
4	Less than once a week \Box
5	Frequent usage but only
	during certain times

6	Don't use because it needs repair
	or replacement \Box
7	Not applicable
	Don't know
	Refusal

C4.

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

	1	You ()
	2	Your ('s) family
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
		Other, Please Specify:
	9	Not applicable
	/	Don't know
		Refusal
C4a.		
(e)	Α	re you (Is) mking any kind of payment for your ()'s phone
		elated devices, for example to rent or finance this item?
		1 Yes

	$1^{\circ}S$	
2	ЛюП	> Skip to C3(f) if C4=7
9	I es□ No□ Don't know□	> Skip to $C3(f)$ if $C4=7$
	Refusal	
		·

C10.

How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) volume control telephone? **(e)**

1	None
2	Slight
3	Moderate
4	Serious

5	Cannot afford
	Don't know 🗆
	Refusal

C3.

(f) <u>How often</u> do you (does) <u>use</u> a closed caption T.V. or decoder?

	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
C 4		
C4.		
(f)	Whe	o paid the most for <u>acquiring</u> this it.m?
	1	You ()
	2	You ()
	3	Health care system \Box
		Health care system.
	4	Government program.
	5	Insurance company
	6	Non-profit or canization
	7	It does not belong to you () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
	15	↓ (h.) Dl Cu
		thei, Please Specify:
	9	Not applicable \Box
)	Don't know
		Refusal

C4a.

(f) Are you (Is) making any kind of payment for your (....)'s closed caption T.V. or decoder, for example to rent or finance this item?

1 Yes.....

2	No	>	Skip to C3(g) if C4=7
9	Don't know	>	Skip to C3(g) if C4=7
8	Refusal	>	Skip to C3(g) if C4=7

C7.

(f)	How often does your ()'s closed caption T.V. or decode	er 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. \Box
5	Every 5 years or more
6	Never \Box > Go to C3 (g)
7	Not applicable Not applicable
	Don't know \Box > Go to C3 (g)
	Refusal

C8.

(f) Will this item need to be r_{e_1} laced in the next 12 months?

1	Yes	
2	No	> Go to C3 (g)
9	Don't knew.	> Go to C3 (g)
8	Refus ²¹	> Go to C3 (g)

C9.

(f) What is the main reason you (....) will need to replace your (his/her) closed caption T.V. or decoder?

1	Condition is worse
2	Condition is better \Box
3	Outgrew the aid
4	Worn out
5	New technology available / Aid is outdated
6	Other
	\downarrow
Γ	Other, Please Specify:

Don't know]
Refusal]

C10.

(f) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) closed caption T.V. or decoder?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

C3.

(g) <u>How often</u> do you (does) <u>use</u> 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 \Box
5	Frequent usage but only

	during certain times
6	Don't use because 1 nueds repair
	or replacement.
7	Not applicable
	Refus. ¹

C4.

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

1	You ()
2	Your ('s) family \Box
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization
7	It does not belong to you () (i.e. belongs to employers, friends / family,
	public property, etc
8	Other

	\downarrow	
	Other, Please Specify:	
9	Not applicable	

C4a.

C4a.		4
(g)	Are	you (Is) making any kind of payment for your ()'s amplifiers, for
	exar	nple to rent or finance this item?
	1	Yes
	2	No No
		Cl=7

Skip to C3(h) if 9 Don't know..... C4=7 \neg \Box > Skip to C3(h) 8 Refusal..... C4=7

C7.

How often does your (.... 's amplifiers need to be replaced? **(g)**

1	Every 6 months or less	>	Go to C9
2	More than 6 nonths but less than 1 year \Box	>	Go to C9
3	Once $\frac{1}{P}$ a year to less than 2 years		
4	Once very 2 years but less than once every 5 years. \Box		
5	Every 5 years or more		
	Nover		
7	No. applicable		
	Don't know 🗆		. ,
	Refusal] >	Go to C3 (h)

C8.

(g) Will this item need to be replaced in the next 12 months?

1	Yes		
2	No	>	Go to C3 (h)
9	Don't know	>	Go to C3 (h)
8	Refusal	>	Go to C3 (h)

C9.

(g) What is the main reason you (....) will need to replace your (his/her) amplifiers?

	1	Condition is worse \Box
	2	Condition is better \Box
	3	Outgrew the aid \Box
	4	Worn out
	5	New technology available / Aid is outdated
	6	Other
	г	
		Other, Please Specify:
		Don't know
C10.		
(g)		How much difficulty <u>will you ()</u> have paying for a replacement for
νŪ/		your (his/her) amplifiers?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusa ¹
C3.		
(h)	<u>Ho</u>	<u>or ften</u> do you (does) <u>use</u> a visual or vibrating alarm?
1		Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week \Box
	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. (h) Who paid the most for <u>acquiring</u> this item?

	1	You ()
	2	Your ('s) family \Box
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
	1	
		Other, Please Specify:
	9	Not applicable
	-	Don't know
		Refusal
C4a.		
(h)	Α	re you (Is) making any xind of payment for your ()'s visual or
	vi	brating alarm, for exar (p.) to rent or finance this item?
	1	Yes
	2	No No
	9	Don't know \square > Skip to C3(i) if C4=7
	8	Refutal \Box > Skip to C3(i) if C4=7
C7.		
(h)	Н	dw ot.en does your ()'s visual or vibrating alarm need to be replaced?
()		
	1	Every 6 months or less \Box > Go to C9
	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. \Box
	5	Every 5 years or more \Box
	6	Never
	7	Not applicable \Box > Go to C3 (i)
		Don't know \Box > Go to C3 (i)
		Refusal

C8.

(h) Will this item need to be replaced in the next 12 months?

1	Yes		
2	No	>	Go to C3 (i)
9	Don't know	>	Go to C3 (i)
8	Refusal	>	Go to C3 (i)

C9.

(h)	What is the main reason you () will need to replace your (his/her)
	visual or vibrating alarm?	

- Condition is worse..... \Box 1
- 2 Condition is better..... \Box
- 3 Outgrew the aid..... \Box
- 4 Worn out
- 5 New technology available / Aid is outdated.....
- 6 Other.....

Other, Please Specify:

Don't know..... 🗆 Refusal.....

C10.

How much difficulty will you (....) have paying for a replacement for **(h)** your (his/her) visual or vibrating alarm?

1	None
2	Slight.
3	Modera ⁺ c
4	Se ious
	Can rot afford
6	Not applicable
	Don't know
	Refusal

C4.

Who paid the most for acquiring your (....)'s cochlear implant? (i)

1 2 Your (....'s) family..... \Box

	•	
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization \Box
	7	It does not belong to you () (i.e. belongs to employers, friends / family,
		public property, etc
	8	Other
	C	Other, Please Specify:
	9	Not applicable
	-	Don't know
		Refusal
		¥
C4a.		
(i)	A ro	you (Is) making any kind of payment for your ()'s cochlear
(1)		lant, for example to rent or finance this item '
	mp	iant, for example to rent of finance this term
	1	Yes
	2	No No
	9	Don't know \square > Skip to C3(j) if C4=7
	8	Refusal
	0	
C5.		
(i)	Hov	v often does your ()'s cochlear implant need service, such as repairs
	or i	naintenance?
	1	Every 6 months or less
	2	More then 6 months but less than 1 year \Box
	3	Or ce per year to less than 2 years
	4	Once every 2 years but less than once
		every 5 years
	-	Every 5 years or more \Box
	6	Never \Box > Go to C7
	7	Not applicable \Box > Go to C7
		Don't know \Box > Go to C7
		Refusal \Box > Go to C7

C6.

How much difficulty do you (does) have paying for the service of this item? (i)

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford \Box
6	Not applicable \Box
	Don't know
	Refusal

C3.

How often do you (does) use (write-in)? (j)

<u>How</u>	often do you (does) use (write-in)?
1	Every day
2	A few times a week
3	Once a week \Box
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.

Who paid the most fo. accuiring this item? (j)

Á.

1	You ()
2	Your ('s) family
3	Ter Ith care system
4	Covernment program
5	Insurance company
5 5 5	Non-profit organization
7	> It does not belong to you (\dots) (i.e. belongs to employers, friends / family,
	public property, etc
8	Other
	Ļ
Ot	her, Please Specify:
9	Not applicable
	Don't know
	Refusal

C4a.

(j)		you (Is) making any kind of payment for this aid, for example to rent nance this item?
	1	Yes
	2	No
	9	Don't know Don't know Skip to C3(k) if C4=7
	8	Refusal Refusal

<u>Interviewer</u>: If service or replacement is applicable to this specific write-in then proceed to C5, else skip to C3(k).

C5.

(j) <u>How often</u> does this aid need servic. 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 lest 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 C7
7	Not applicable	. 🗆	>	Go to C7
	L n't know	. 🗆	>	Go to C7
	Reiusal	. 🗆	>	Go to C7

C6.

(j) How much difficulty do you (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.....

C7. (j)	<u>Ho</u>	w often does your ()'s (write-in) need to be replaced?
	1	Every 6 months or less \Box > Go to C9
	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. \Box
	5	Every 5 years or more
	6	Never $\Box > \mathbf{Go}$ to C3 (k)
	7	Not applicable $\Box > $ Go to C3 (k)
		Don't know $\Box > Go \text{ to } C3 (k)$ Refusal $\Box > Co \text{ to } C3 (k)$
C8.		
(j)	Wi	ll this item need to be replaced in the next 12ths?
	1	Yes
	2	No
	9	Don't know $\Box > $ Go to C3 (k)
	8	Refusal Go to C3 (k)
С9.		
(j)		at is the main reason you () will need to replace your (his/her) te-in)?
	1	Condition is was se
	2	Condition is better
	3	Outgrey, the aid
	4	Worn out .
	5	New technology available / Aid is outdated
	6	O_i her
		\downarrow
		Other, Please Specify:
		Don't know Refusal

C10.

(j) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) (*write-in*)?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable \Box
	Don't know
	Refusal

<u>Interviewer</u>: If the respondent wears hearing aids (B1=1) then proceed to C3(k), else skip to C11

	1	2
L	~).

(k) <u>How often</u> do you (does) <u>use</u> your (his/her) hearing aucts) ...id?

1	Every day
2	A few times a week \Box
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 repoir
	or replacement
7	Not applicable
	Don't know
	Refusal

C4.

(k) Who paid the most tor <u>acquiring</u> this item?

1 2 $V_{C_{1}}$ Your (....'s) family..... 3 H alth care system..... \Box 4) Government program...... 5 Insurance company..... 6 Non-profit organization..... 7 It does not belong to you (....) (i.e. belongs to employers, friends / family, public property, etc..... 8 Other..... Other, Please Specify: _____ Not applicable..... 9

Don't know	
Refusal	🗆

C4a.

(k) Are you (Is) making any kind of payment for your (her/his) hearing aid(s), for example to rent or finance this item?

1	Yes	
2	No	> Skip to C11 if C4=7
9	Don't know	> Skip to C11 if C4=7
8	Refusal	> Skip to C11 'f C4=7

C5.

(k) <u>How often</u> does your (....)'s hearing aid(s) need service, such as repairs or 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 \Box
4	Once every 2 years but less than once
	every 5 years
5	Every 5 years or more \Box
6	Never \Box > Go to C7
7	Not applicable \Box > Go to C7
	Don't know \Box > Go to C7
	Refusal \Box > Go to C7
7	

C6.

(k) How much a ficulty do you (does) have paying for the service of this item?

1	Nоле 🗆
2	Slight
2	Moderate
4	Serious
5	Cannot afford \Box
6	Not applicable
	Don't know
	Refusal

C7.

(k) <u>How often</u> does your (....)'s hearing aid(s) need to be replaced?

1	Every 6 months or less \Box	> Go to C9
2	More than 6 months but less than 1 year \Box	> Go to C9
3	Once per year to less than 2 years	
4	Once every 2 years but less than once every 5 years. \Box	
5	Every 5 years or more	
6	Never	> Go to C11
7	Not applicable	> Go to C11
	Don't know	> Go to C11
	Refusal	> Go to C11

C8.

C8. (k)	Will	I this item need to be replaced in the next 12 months?
	1	Yes
	2	
	9	No \Box > Go to C11 Don't know \Box > G) to C11
	8	Refusal \Box > Go to C11

C9.

- What is the main reason you (....) will reed 'o replace your (his/her) (**k**) hearing aid(s)?
 - Condition is worse. 1
 - Condition is better..... 2
 - Outgrew the aid...... 3 Worn out 4
 - New technology a vailable / Aid is outdated...... 5
 - Other..... 6

Other, Please Specify:

Den't know..... Refusal.....

C10. (**k**)

How much difficulty <u>will you (will</u>) have paying for a replacement for your (his/her) hearing aid(s)?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford

Don't know]
Refusal]

C11.	Are there any aids, specialized equipment or services for persons who are deaf or hard of hearing that you think (thinks) you <u>need</u> (he/she <u>needs</u>) but do (does) not have?
1	Yes
2	No \Box > Go to C15Don't know \Box > Go to C15Refusal \Box > Go to C15
C12.	Which aids do you (does) <u>need</u> but do (does) not have?
	Mark all that apply.
1 (a)	a hearing aid
2 (b)	a computer to communicate
	(e.g., e-mail or chat service)
3 (c)	a volume control telephone
4 (d)	a TTY or TDD
5 (e)	a message relay service
6 (f)	other phone related devices (2 , β , β)
7 (g)	a closed caption T.V. or a coder \Box
8 (h)	amplifiers, e.g., FM, coolstic, infra-red
9 (i)	a visual or vibrating alam
10 (j)	a cochlear impion
11 (k)	another aid \Box
г	
	Other, PR ase Specify:
12	None selected \Box > Go to C15
	Don't know \Box > Go to C15
	Refusal \Box > Go to C15

Interviewer: Ask C13-C14 for aids (a-k) chosen in C12; Else go to C15

C13.

(a) How frequently would you (....) use a hearing aid 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 \Box
5	Frequent usage but only during certain times \dots
6	Not applicable
	Don't know
	Refusal

C14

C14. (a)	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) 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 \Box
8	On a waiting list \Box
9	Other
_	
	Other, Please Specify:
10	None selected

C13. (b)	Ho v frequently would you () (he/she) did have it?	use a computer to communicate if you
1	F actorial and	

1	Everyday	Ц
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 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 \Box
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 \Box
8	On a waiting list \Box
9	Other

Other, Please Specify:

10 None selected.....

C13.

(c) How frequently would you (....) use a volume control telephone if you (he/she) did have it?

.....

(...)

1	Everyday
2	A few times a week
3	Once a viewek
4	Less than once a week
5	Frequent usage but only during certain times
6	Not upplicable
	L'on't know
	Refusal

C14.

(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 \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \Box
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough \Box
7	You don't (doesn't) know where to get it \Box
8	On a waiting list
9	Other

Other, Please Specify:

10 None selected..... \Box

C13.

(d) How frequently would you (....) 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 do you (does) not have this aid? Mark all that $ap \rho ly$.

1	Cost (p. renase)
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 \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \Box
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough \Box
7	You don't (doesn't) know where to get it \Box
8	On a waiting list \Box
9	Other

	Ļ
Other, Please Specify:	
None selected[

C13.

10

(e) How frequently would you (....) use a message relay service 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 \dots
6	Not applicable
	Don't know
	Refusal

C14.

(e) 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 it el (s) that your (his/her)
	condition is not sevele enough to justify this aid \Box
5	Your () do tor 'oes not feel that your (his/her)
	condition is svere enough
6	Your () insurance company does not feel that
	your (h. 'ncr') condition is severe enough
7	Ycu do. 't (doesn't) know where to get it \Box
8	On a waiting list
9	C ^t her

Other, Please Specify:

10 None selected..... \Box

C13.

(f)	How frequently would you () use other phone related devices if you
	(he/she) did have it?

1 2 3 4 5 6	Everyday A few times a week Once a week Uess than once a week Frequent usage but only during certain times Frequent usage but only during certain times Not applicable Don't know Refusal A few times a week A few times a	
C14. (f)	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 (i. s/her)
	condition is not severe enough to justify this $2id$
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \Box
6	Your () insurance company us s not feel that
	your (his/her) condition is revere enough
7	You don't (doesn't) k ov where to get it \Box

- 7 You don't (.... doesn'*i*) K. ov where to get it...... \square 8 On a waiting list..... \square
- 9 Other.....

Non selected......

Other, Please Specify:

10

10

C13.

(g) How frequently would you (....) use a closed caption T.V. or decoder if you (he/she) did have it?

1	Everyday
2	A few times a week \Box
3	Once a week \Box
4	Less than once a week
5	Frequent usage but only during certain times \dots

6	Not applicable Don't know Refusal
C14. (g)	Why do you (does) not have this aid? <i>Mark all that apply.</i>
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 \Box
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 \Box
8	On a waiting list
9	Other□
	Other, Please Specify:
10	None selected

C13.

(h) How frequency would you (....) use amplifiers, e.g., FM, acoustic, infra-red if you (he/shc) 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 \dots
6	Not applicable
	Don't know
	Refusal

C14.

(h) Why do you (does) not have this aid? Mark all that apply.

1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally \Box
4	You () personally feel (s) that your (his/her) condition is not severe enough to justify this aid \Box
5	Your (\ldots) doctor does not feel that your (his/her) condition is severe enough
6	Your (\ldots) insurance company does not feel that your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected

C13.

(i) How frequently would you (....) 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.

U 140	
(i)	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 \Box
5	Your () doctor does not feel that your (his/her) condition is severe enough \Box
6	Your () insurance company does not feel that your (his/her) condition is severe enough \Box

7 8 9	You don't (doesn't) know where to get it On a waiting list Other
	Other, Please Specify:
10	None selected
C13. (j)	How frequently would you () (write-in) if you (he/she) did have i?
1 2 3 4 5 6	Everyday A few times a week. Once a week. Less than once a week. Frequent usage but only during certain times Not applicable. Don't know. Refusal.
C14. (j)	Why do you (does) not have this aid? Mark all that apply.
$\frac{1}{2}$	Cost (purchase)

Cost (maintenance) 3 You (....) personally feel (s) that your (his/her) 4 condition is not severe enough to justify this aid..... \Box Your (....) doctor does not feel that your (his/her) 5 condition is severe enough...... Your (...) insurance company does not feel that 6 You don't (.... doesn't) know where to get it...... \Box 7 On a waiting list..... \Box 8 9 Other.....

Other, Please Specify:

C14. **Why do you (does) not have this aid?** *Mark all that apply.*

(**k**)

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 \Box
5	Your () doctor does not feel that your (his/her)
5	condition is severe enough \Box
6	Your () insurance company does not feel that
Ũ	your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a waiting list
9	Other
-	
1	Other Disco Specific
	Other, Please Specify:
10	None selected
C15.	The next few questions deal with certain communication skills you ()
C15.	The next few questions deal with certain communication skills you () may have.
C15.	may have.
C15.	-
C15.	may have.
	may have. Do you (Does) spence read or lip read? Yes
1	may have. Do you (Does) spench read or lip read? Yes No Not applic. bla
1 2	may have. Do you (Does) spench read or lip read? Yes No Not applic. blo Don't know
1 2	may have. Do you (Does) spench read or lip read? Yes No Not applic. bla
1 2	may have. Do you (Does) spench read or lip read? Yes No Not applic. blo Don't know
1 2 3	may have. Do you (Does) spench read or lip read? Yes
1 2	may have. Do you (Does) spench read or lip read? Yes
1 2 3	may have. Do you (Does) spench read or lip read? Yes
1 2 3	may have. Do you (Does) spench read or lip read? Yes
1 2 3 C16.	may have. Do you (Does) spench read or lip read? Yes No No Not applier bla Don't know Refaral Do you (Does) use sign language such as ASL, LSQ or other types of sign language?
1 2 3 C16.	may have. Do you (Does) spence read or lip read? Yes No No Not applicable Don't know Refural Po you (Does) use sign language such as ASL, LSQ or other types of sign language? Yes
1 2 3 C16. 1 2	may have. Do you (Does) spench read or lip read? Yes No No Not applied black Don't know Refural Do you (Does) use sign language such as ASL, LSQ or other types of sign language? Yes Yes No
1 2 3 C16. 1 2	may have. Do you (Does) sperceread or lip read? Yes No Not appliet bla Don't knot v Refusal Do you (Does) use sign language such as ASL, LSQ or other types of sign language? Yes

C17. Which form of sign language do you (does) use most often?

1 2 3	ASL
	Other, Please Specify:
4	Not applicable
C18.	How often do you (does) use a sign language interpreter?
1	
1	Every day
2	At least once a week
3	At least once a month
4 5	Less than once every 6 months
6	Never
7	Not applicable
,	Don't know
	Refusal
~ ~ ~ ~	
C19.	In the past 6 months, how often have you (has) had difficulty
	participating in every any activities because of your (his/her) ability to hear?
1	
2	Weekly
3	Mozthly
4	Less than once per month
5	Never \Box > Go to C21
6	\square > Go to C21
	Don't know \Box > Go to C21
	Refusal \Box > Go to C21
C20.	When your ('s) ability to hear made it difficult to participate in
	everyday activities, did you (he/she) experience:
1	Some difficulty
2	A lot of difficulty
3	You were (was) completely
	unable to participate

4	Your ('s) participation was not affected \Box
	Don't know
	Refusal

C21. Which of the following categories best describes your (....'s) situation as a person with a hearing loss?

1	Deaf
2	Deafened
3	Hard of Hearing
4	Some hearing loss
5	Other
	\downarrow
	Other, Please Specify:
6	Not applicable
	Don't know
	Refusal

Section D - Secing Filter

All respondents enter this module

- **D.** The next few questions are about your (....'s) ability to see. Remember, I am asking about difficulties that have lasted or are expected to last 6 months or more.
- D1. Do you (Does) wear glasses or contact lenses to see up close?

1	Ye,	
2	No	> Go to D4
<u> </u>		> G0 t0 D4
8	Refusal	> Go to F

D2. <u>With your (....'s) glasses or contact lenses, do you (does he/she) have any difficulty seeing ordinary newsprint?</u>

1	Yes	>	Check Seeing-
			Limitation box on
			Profile Sheet
2	No	>	Go to D6
9	Don't know	>	Go to D6

8 Refusal..... \Box > Go to D6

1 2 3	A lo You Don	ae difficulty \Box > Go to D6t of difficulty \Box > Go to D6() cannot see \Box > Go to D6't know \Box > Go to D6isal \Box > Go to D6
D4.	Do y	you (Does) have any difficulty seeing ordinary newsprint?
	1	Yes > Checк Seeing-
	•	L.mtation box on
		Profile Sheet
	2	No> Go to D6
	9	Don't know Don't know
	8	Refusal
D5.	How 1 2 3	v much difficulty? Some difficulty. A lot of difficulty. You () cannot s'e Don't know Refusal
D6.	Do y 1 2 9	vou (Doe:) wear glasses or contact lenses to see at a distance? Vcc No

D7. <u>With your (his/her) glasses or contact lenses, do you (does he/she) have any difficulty clearly seeing the face of someone across a room, that is, from 4 metres or 12 feet?</u>

1	Yes	> Check Seeing-
		Limitation box on
		Profile Sheet

	2	No	>	If Seeing Limitation is Marked on Profile Sheet Go to D11; Else go to F
	9	Don't know	>	If Seeing Limitation is Marked on Profile Sheet Go to D11; Else go to F
	8	Refusal	>	If Seeing Limitation is Marked on Profile Sheet Co to D11; Eurge to F
D8.	How n	nuch difficulty?	7	S'
1	Some	difficulty	>	If Seeing Limitation is Marked on Profile Sheet Go to D11; Else go to F
2	A lot o	of difficulty	>	If Seeing Limitation is Marked on Profile Sheet Go to D11; Else go to F
3	You () cannot rec	>	If Seeing Limitation is Marked on Profile Sheet Go to D11; Else go to F
A	Dor.':	kn w	>	If Seeing Limitation is Marked on Profile Sheet Go to D11; Else go to F
	Refusa	ป 🗆	>	If Seeing Limitation is Marked on Profile Sheet Go to D11; Else go to F

D9. Do you (Does) have any difficulty clearly seeing the face of someone across a room, that is, from 4 metres or 12 feet?

	1	Yes > Check Seeing- Limitation box on Profile Sheet	
	2	No If Seeing Limitation is Marked on Profile Sheet Go to D11; Else go to F	
	9	Don't know If Seeing Limitation is Marked on I'rofile Sheet Go to D11; Else go '% F	
	8	Refusal r Seeing Limitation is Marked on Profile Sheet Go to D11; Else go to F	
D10.	How 1	nuch difficulty?	
1	Some	difficulty	
2	A lot of difficulty		
3		\dots) cannot see	
-		know	
	Refusa	al	
D11.	Have blind?	you (Has) been diagnosed by an eye specialist as being legally Yes	
	$\frac{2}{0}$	Don't know	
/	9	Refusal	

Section E - Seeing Aids

If seeing limitation is marked on the Profile Sheet then continue; else skip to Section $F(p 79)^{}$

E1. Besides glasses or contact lenses, do you (does) use any aids or specialized equipment for persons who are blind or visually impaired, for example, magnifiers or Braille reading materials?

1	Yes	
2	No	> Go to E11
9	Don't know	> Go to E11
8	Refusal	> Go to E11

E2. Do you (Does) now <u>use</u>:

	(1)	(2)	(9)	(8)
	Yes	<u>No</u>	<u>DK</u>	<u>R</u>
	-	$\langle \rangle$	Y	
(a) magnifiers				
(b) Braille reading materials	5,			
(c) large print reading materials				
(d) talking books				
(e) recording equipment or portable note-takers				
(f) closed circuit devices (e.g., CCTV's)				
(g) a computer with Braille, large print or speech access				
(h) a white cane				
(i) another aid				
	\downarrow			
Other, Please Specify:				

*** Interview ?r. Only read questions in section E3 for the aids (a-i) selected in E2***

E3.

(a) <u>How often</u> do you (does) <u>use</u> magnifiers?

1	Every day
2	A few times a week
3	Once a week \Box
4	Less than once a week \Box
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.

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

1	You ()
2	Your ('s) family
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization
7	It does not belong to you (\ldots) (i.e. belongs to $cm_{\rm b}$ overs,
	friends / family, public property, etc.)
8	Other
	Other, Please Specify:
9	Not applicable
	Don't know
	Refusal

E4a.

(a) Are you (Is) making any kind of payment for your (....)'s magnifiers, for example to rent or finance this item?

1	Yes	
2	No	> Skip to E3(b) if E4=7
9	Pon't know	> Skip to E3(b) if E4=7
8	Refusal	> Skip to E3(b) if E4=7
\wedge		-

E5.

(a) <u>How often</u> do your (....)'s magnifiers need service, such as repairs or 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	

6	Never	> Go to E7 (b)
7	Not applicable	> Go to E7 (b)
	Don't know	
	Refusal	> Go to E7 (b)

E6.

(a) How much difficulty do you (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.

(a) <u>How often</u> do your (....)'s magnifiers heed to be replaced?

1	Every 6 months or less \Box > Go to E9 (b)
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. \Box
5	Every 5 years or more
6	Never \Box > Go to E3 (c)
7	Not applicable \Box > Go to E3 (c)
	Don't know. \Box > Go to E3 (c)
	Refusal \Box > Go to E3 (c)

E8.

(a)	Wi ⁿ t	hi; item need to be replaced in the next 12 months?
	2 9	Yes. \Box No. \Box > Go to E3 (c)Don't know. \Box > Go to E3 (c)
	8	Refusal

E9.

(a) What is the main reason you (....) will need to replace your (his/her) magnifiers?

1 Condition is worse..... \Box

	2	Condition is better
	2 3	Outgrew the aid
	4	Worn out
	4 5	
		New technology available / Aid is outdated
	6	Other
		Other, Please Specify:
		Don't know
		Refusal
E10.		
(a)	Ho	w much difficulty <u>will you ()</u> have paying for a rep ¹ acement for
(a)		r (his/her) computer?
	you	
	1	None
	2	Slight
	2 3	Moderate
	4	
	4 5	Serious
	5	Cannot afford
		Don't know Refusal
		Kelusal
E3.		
(b)	Hov	<u>v often</u> do you (do 's) <u>ase</u> Braille reading materials?
	1	Every day
	2	A few times a week
	3	Once a week \Box
	4	Less than once a week \Box
	5	hequent usage but only
	5	curing certain times
	6	Don't use because it needs repair
		or replacement
	7	
	/	Not applicable Don't know
		Refusal
E4.		
(b)	Wł	no paid the most for <u>acquiring</u> this item?

 1
 You (....)....□

 2
 Your (....'s) family.....□

	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers,
	,	friends / family, public property, etc.) \Box
	8	Other
	0	
	Г	Other, Please Specify:
		· · · · · · · · · · · · · · · · · · ·
	9	Not applicable
		Don't know
		Refusal
E4a.		
(b)	Ar	e you (Is) making any kind of payment for your ()'s Braille reading
()		aterials, for example to rent or finance this ite n?
		1 Yes
		2 No
		9 Don't know
		8 Refusal
E3.		
(c)	На	ow often do you (dees) <u>use</u> large print reading materials?
(0)		<u>sworten</u> do you (at is the) <u>use</u> hinge print reading indertidist
	1	Every day
	2	A few times a week \Box
	3	Once a wezk
	4	Let ss than once a week \Box
	5	F. equent usage but only
	-	curing certain times \Box
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
	•	Don't know \Box
		Refusal

E4.

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

1

	-	
	2	Your ('s) family
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization \Box
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.)
	8	Other
	Г	
		Other, Please Specify:
	9	Not applicable
	9	Don't know
		Refusal
E4a.		
(c)	Ar	re you (Is) making any kind of payment for your ()'s large print
(C)		ading materials, for example to rent or fin nee this item?
	10	ading materials, for example to rent of . In det tins item.
	1	Yes
	2	No \square > Skip to E3(d) if E4=7
	2 9	
	8	Don't know \Box > Skip to E3(d) if E4=7Refusal \Box > Skip to E3(d) if E4=7
	0	
E3.		
(d)	He	ow often do you (does) <u>use</u> talking books?
	1	Every azy
	2	
	2	A few times a week
	3	On ce a week \Box
	3 4	Or ce a week
	3	Or ce a week Lyss than once a week
	3 4	Or ce a week
	3 4	Or ce a week
	3 4 5 6	Or ce a week
	3 4	Or ce a week
	3 4 5 6	Or ce a week

E4.

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

1		You ()
2		Your ('s) family
3		Health care system
4		Government program
5		Insurance company
6		Non-profit organization
7		It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.)
8		Other
		\downarrow
	Othe	er, Please Specify:
	9	Not applicable

E4a.

(d) Are you (Is) making any kind of payment for your (....)'s talking books, for example to rent or finance this item:

2 No	1	Yes	
9 Don't know	2	No	> Skip to E3(e) if E4=7
	9	Don't know	> Skip to E3(e) if E4=7
8 Refusal			

- E3.
- (e) <u>How often</u> do you i does) <u>use</u> recording equipment or portable notetakers?

1	
2	A new times a week
3	Once a week \Box
4	Less than once a week \Box
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

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

1		You ()
2		Your ('s) family
3		Health care system
4		Government program
5		Insurance company
6		Non-profit organization
7		It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.)
8		Other
	Oth	er, Please Specify:
	9	Not applicable
		Don't know
		Refusal

E4a.

(e) Are you (Is) making any kind of payment for your (....)'s recording equipment or portable note-takers, for example to rent or finance this item?

1	Yes]
2	No	> Skip to E3(f) if E4=7
9	Don't know	
8	Refusal	Skip to E3(f) if E4=7

E7.

(e) <u>How often</u> does your (....)'s recording equipment or portable note-takers?

1	Every 6 months or less	> Go to E9
23	More than 6 months but less than 1 year	> Go to E9
3	Once per year to less than 2 years \Box	
4	Once every 2 years but less than once every 5 years. \Box	
5	Every 5 years or more	
6	Never	> Go to E3 (f)
7	Not applicable	> Go to E3 (f)
	Don't know	> Go to E3 (f)
	Refusal	> Go to E3 (f)

E8.

(e) Will this item need to be replaced in the next 12 months?

1	Yes	
	No	
9	Don't know	> Go to E3 (f)
8	Refusal	> Go to E3 (f)

E9.

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

1	Condition is worse
2	Condition is better \Box
3	Outgrew the aid
4	Worn out
5	New technology available / Aid is outdated
6	Other
	Other, Please Specify:
	Don't know Refusal

E10.

(e) How much difficulty <u>will y, u (....)</u> have paying for a replacement for your (his/her) recording equipment or portable note-takers?

1	None
2	Slight
3	Moderate
4	Seriou
5	Cannot afford
6	Not applicable
	Don't know
$\boldsymbol{\wedge}$	Refusal.
X	

E3.

(f) <u>How often</u> do you (does) <u>use</u> closed circuit devices (e.g., CCTV's)?

1	Every day
2	A few times a week \Box
3	Once a week \Box
4	Less than once a week \Box
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.

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

1	You ()
2	Your ('s) family \Box
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization 🖓 🗸 🔪
7	It does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.)
8	Other 🗅
	Other, Please Specify:
0	
9	Not applicable
	Don't know
	Refusal

E4a.

(f) Are you (Is ,...) making any kind of payment for your (....)'s closed circuit devices (e.g., CCTV's), for example to rent or finance this item?

1	
1 Ves	
9 Don't know	> Skip to E3(g) if E4=7
δ Refusal□	> Skip to E3(g) if E4=7

E7.

(f) <u>How often</u> do your (....)'s closed circuit devices (e.g., CCTV's) need to be replaced?

1	Every 6 months or less	> Go to E9
2	More than 6 months but less than 1 year \Box	> Go to E9
3	Once per year to less than 2 years	
4	Once every 2 years but less than once every 5 years. \Box	

1

5	Every 5 years or more	
6	Never	
7	Not applicable	> Go to E3 (g)
	Don't know	> Go to E3 (g)
	Refusal	> Go to E3 (g)

E8.

(f)	Will this item	need to be r	eplaced in t	the next 12	months?
(-)		meeta to se i	opiacea m		

1	Yes	
2	No	> Go to E ² (g)
	Don't know	
	Refusal	

E9.

(f) What is the main reason you (....) will need to replace your (his/her) amplifiers?

1	Condition is worse
2	Condition is better
3	Outgrew the aid
4	Worn out
5	New technology available / A.d is outdated \Box
6	Other
(Other, Please Specify:
	Don't kn

Refusal.

E10.

(f) Ho v much difficulty <u>will you (....)</u> have paying for a replacement for your (bis/her) amplifiers?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable \Box
	Don't know
	Refusal

E3.

(g)	How often do you (does) use a computer with Braille, large print or
	speech access?

	1	Every day
	2	A few times a week
	$\frac{2}{3}$	Once a week \Box
	4	Less than once a week \Box
	5	Frequent usage but only
	5	during certain times
	6	Don't use because it needs repair
	0	1
	7	or replacement
	1	Not applicable
		Refusal
		Refusal
E4.		
	X 71	a noid the most for acquiring this item?
(g)	VV I.	no paid the most for <u>acquiring</u> this item?
	1	You ()
	2	Your ('s) family \Box
	3	Health care system
	4	Government program.
	5	Insurance company.
	6	Non-profit organization
	7	It does not be ong to you () (i.e. belongs to employers,
		friends / family, public property, etc.)
	8	Other
		Other, Please Specify:
	L	
		Not applicable
	\checkmark	Don't know
		Refusal

E4a.

(g) Are you (Is) making any kind of payment for your (....)'s computer with Braille, large print or speech access, for example to rent or finance this item?

	Yes		
2	No	>	Skip to E3(h) if E4=7
9	Don't know	>	Skip to E3(h) if E4=7

E7.

(g) <u>How often</u> does your (....)'s computer with Braille, large print or speech access need to be replaced?

1	Every 6 months or less \Box > Go to E9
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. \Box
5	Every 5 years or more
6	Never $\Box > $ Go to £3 (h)
7	Not applicable $\Box > \operatorname{Ge}$ to E3 (h)
	Don't know Go to E3 (h)
	Refusal $\Box > $ Go to E3 (h)

E8.

(g) Will this item need to be replaced in the next 12 nonths?

1	Yes		
2	No	 >	Go to E3 (i)
9	Don't know	 >	Go to E3 (i)
8	Refusal	 >	Go to E3 (i)

E9.

(g) What is the main reason you (....) will need to replace your (his/her) computer with Braile, large print or speech access?

1	Condition is worse
1	
2	Condition is better
3	Outrew the aid
4	Wo.n out
5	Ne v technology available / Aid is outdated \Box
6	Other
	\downarrow
	Other, Please Specify:
	Don't know
	Refusal

E10.

(g) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) computer with Braille, large print or speech access?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

E3.

(h) <u>How often</u> do you (does) <u>use</u> a white cane?

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

E4. (h)

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

1	You ().	🗆
2	Your ('s) family	🗆
3	Mealth care system	🗆
4	Government program	🗆
5	Insurance company	🗆
6	Non-profit organization	🗆
7	It does not belong to you () (i.e. belor	igs to employers,
	friends / family, public property, etc.)	
8	Other	
		\downarrow
	Other, Please Specify:	
9	Not applicable	
,	Don't know	

1

E4a.

(h) Are you (Is) making any kind of payment for this aid, for example to rent or finance this item?

	1	Yes
	2 9	No \square > Skip to E3(i) if E4=7
	9 8	Don't know \square > Skip to E3(i) if E4=7 Refusal \square > Skip to E3(i) if E4=7
	0	Refusal Refusal
E3.		
(i)	Ho	w often do you (does) use (write-in)?
	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week $[1]$
	5	Frequent usage but only
	-	during certain times
	6	Don't use because it needs repair
	7	or replacement
	7	Not applicable□ Don't know□
		\Box Refusal
E 4		
E4.	Wh	a noid the most for acquiring this item?
(i)	VV II	o paid the most for <u>acquiring</u> this item?
	1	Vou ()
	2	Your ('s) family
	3	Health care system
		Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.)
	8	Other
	(Other, Please Specify:
		sand, shows spoond.
	9	Not applicable

Don't know	
Refusal	

E4a.

(i) Are you (Is) making any kind of payment for this aid, for example to rent or finance this item?

1	Yes		
	No		
9	Don't know	>	Skip to E11 if E4=7
8	Refusal	>	Skip to E11 if E4=7

<u>Interviewer</u>: If service or replacement is applicable to this specific write-in then proceed to E5, else skip to E11.

E5.

(i) <u>How often</u> 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 \Box	
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 \Box	
6 Never	to E7
7 Not applicable $\Box > \mathbf{Go}$	to E7
Don't know $\Box > \mathbf{Go}$	
Refusal \Box > Go	to E7

E6.

.

(i) How r uch difficulty do you (does) have paying for the service of this item?

1	None
	Sh'zht
	Moderate
4	Serious
5	Cannot afford
6	Not applicable \Box
	Don't know
	Refusal

- E7.
- (i) <u>How often</u> does your (....)'s (*write-in*) need to be replaced?

1	Every 6 months or less \Box > Go to E9
2	More than 6 months but less than 1 year \Box > Go to E9
3	Once per year to less than 2 years \Box
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never \Box > Go to E11
7	Not applicable \Box > Go to E11
	Don't know \Box > Go to E11
	Refusal

E8. (i)

Wil	l this item need to be replace	ed in the next 12 months?
1	Yes	
2	No	
9	Don't know	
8	Refusal	

E9.

(i) What is the main reason you (....) will need to replace your (his/her) (write-in)?

1	Condition is worse
2	Condition is better \Box
3	Outgrew the aid
4	Worn out
5	New technology available / Aid is outdated
6	Other
(Othen, Please Specify:
	Doa't know
S	Refusal

E10.

(i) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) (*write-in*)?

1	None	
2	Slight	
	Moderate	
4	Serious[

5	Cannot afford
6	Not applicable
	Don't know
	Refusal

E11. Are there any aids, specialized equipment or services for persons who are deaf or hard of hearing that you think (.... thinks) you <u>need</u> (he/she <u>needs</u>) but do (does) not have?

1	Yes		4
2	No	>	Go to E15
	Don't know		
	Refusal	>	Go to E15

E12. Which aids do you (does) <u>need</u> but do (does) n `t have? *Mark all that apply*..

1 ((a)	magnifiers
2 ((b)	Braille reading materials
3 ((c)	large print reading materials
4 ((d)	talking books
5 ((e)	recording equipment or
		portable note-takers
6 ((f)	closed circuit devices (e \circ ., CCTV's)
7 ((g)	a computer with Brailie large print
		or speech access.
8 ((h)	a white cane
9 ((i)	another aid
		Other, Pleas Specify:
	I	
12		Non selected $\Box > $ Go to E15
		\Box > Go to E15
		Refusal \Box > Go to E15

Interviewer: Ask E13-E14 for aids (a-i) selected in E12; Else go to E15

E13.

(a) How frequently would you (....) use magnifiers if you (he/she) did have them?

1	Everyday
	A few times a week

Once a week	
Less than once a week	
Frequent usage but only during certain times	. 🗆
Not applicable	
Don't know	
Refusal	
	Less than once a week Frequent usage but only during certain times Not applicable Don't know

E14.

(a)	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 \Box
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 \Box
7	You don't (doesn't) know where to get it \Box
8	On a waiting list \Box
9	Other
	Other, Please Specify:
10	
10	None selected

E13.

(b) How frequently would you (....) use Braille reading materials if you (he/she) did have .t?

1	Everydzy	🗆
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.

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

Mark all that apply.

1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally \Box
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
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 (\dots doesn't) know where to get it \Box
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected.
-	

E13.

(c) How frequently would you (....) use large print reading materials 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	
	Refusa	

E14.

(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 \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \Box
6	Your () insurance company does not feel that

your (his/her) condition is severe enough \Box
You don't (doesn't) know where to get it \Box
On a waiting list
Other
\downarrow
Other, Please Specify:
None selected

E13.

(d) How frequently would you (....) use talking books if you (be/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 time \Box
6	Not applicable
	Don't know
	Refusal

E14.

(d)	Why do you (does) not have this aid?
	Interviewer: Mark all that appry.
1	Cost (purchase)
2	Cost (mainten
3	Not available locally
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	con. ⁴ ition 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 \Box
8	On a waiting list
9	Other
	\downarrow
	Other, Please Specify:
10	None selected

E13.

(e)	How frequently would you () use recording equipment or portable note-
	takers if you (he/she) did have it?

1	Everyday
2	A few times a week
3	Once a week \Box
4	Less than once a week \Box
5	Frequent usage but only during certain times \dots
6	Not applicable
	Don't know
	Refusal
E14.	
(e)	Why do you (does) not have this aid?
	Interviewer: Mark all that apply.
1	
1	Cost (purchase)
2 3	Cost (maintenance)
3 4	You () personally feel (s) that your (his/lier)
4	condition is not severe enough to justify d is aid \Box
5	Your () doctor does not feel that your (his/her)
5	condition is severe enough
6	Your () insurance convary does not feel that
C	your (his/her) condition is revere enough
7	You don't (doesn') know where to get it \Box
8	On a waiting list
9	Other
	Oth r, Please Specify:
	Ou. 1, Hease Speeny.
10	None selected

E13.

(f) How frequently would you (....) use closed circuit devices (e.g., CCTV's) 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 \Box
5	Frequent usage but only during certain times

6	Not applicable	
	Don't know	
	Refusal	

E14.

(f)	Why do you (does) not have this aid? <i>Mark all that apply.</i>
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 \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \Box
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:
10	None selected

E13.

(g) How frequently we dd you (....) use a computer with Braille, large print or speech access if you (ae/she) did have it?

1	Everyday
1	
2	A few times ? week
3	Or ce a vesk \Box
4	Les. then once a week
5	Frequent usage but only during certain times \dots
6	Not applicable
	Don't know
	Refusal

E14.

(g)	Why do you (does) not have this aid?
	Mark all that apply.

1 Cost (purchase)..... \Box

2	Cost (maintenance)
3	Not available locally \Box
4	You (\ldots) 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 \Box
8	On a waiting list \Box
9	Other
	Other, Please Specify:
10	None selected

E13.

How frequently would you (....) use a white cane if you (he/she) did have it? **(h)**

1	Everyday
2	A few times a week \Box
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only d ring certain times \dots
6	Not applicable
	Don't know \Box
	Refusal

E14.

(h)	Why do you (does) not have this aid?
	Mark all that apply.

1	Cos. (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 \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \Box
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough \Box
7	You don't (doesn't) know where to get it \Box
8	On a waiting list \Box
9	Other

Other, Please Specify:

10 None selected..... \Box

E13.

(i) How frequently would you (....) use a (*write-in*) if you (he/she) did have it?

1	
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 \dots
6	Not applicable
	Don't know
	Refusal

E14.

(i)	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 feet (s) that your (his/her)
	condition is not severe nough to justify this aid \Box
5	Your (\ldots) doctor cores not feel that your (his/her) condition is severe enough
6	Your () h surance company does not feel that
-	your (hig/her) condition is severe enough
7	You dot't (doesn't) know where to get it \Box
8	Or a w. itng list
9	Other
	Other, Please Specify:
10	None selected

E15. In the past 6 months, how often have you (has) had difficulty participating in everyday activities because of your (his/her) ability to see?

1	Daily	
2	Weekly	
3	Monthly	
4	Less than once per month	
5	Never	
6	Not applicable	\dots So to F
	Don't know	
	Don't know	> Go to F

E16. When your (....'s) ability to see made it difficult to participate in everyday activities, did you (he/she) experience:

1	Some difficulty
2	A lot of difficulty
3	You were (was) completely
	unable to participate 🗆 🔿
4	Your ('s) participation was not affected 🖵 🔍
	Don't know
	Refusal
	Y

Section F - Communication Filter

***All respondents enter this module ***

- **F.** The next few questions are about your (....'s) ability to communicate. Remember, ' am asking about difficulties that have lasted or are expected to last 6 2 or the or more.
- F1. Because of ? conucion or health problem, do you (does) have any difficulty speaking?

	Y≏s□	>	Check Hearing- Limitation box on Profile Sheet & Go to F3
2	No		
9	Don't know		
8	Refusal		

F2. Because of a condition or health problem, do you (does) have any difficulty making yourself (himself/herself) understood when speaking?

1 Yes..... \square > Check Hearing-Limitation box on

Profile Sheet & Go to F5

2	No	>	Skip to H
9	Don't know	>	Skip to H
8	Refusal	>	Skip to H

F3. How much difficulty do you (does) have speaking?

1	Some difficulty
	A lot of difficulty
3	You (\dots) cannot speak $\square > Go$ to F9
4	Don't know
	Refusal

F4. Because of a condition or health problem, do you (does) have any difficulty making yourself (himself/herself/lorstood when speaking?

1	Yes	
2	No Don't know	> Go to F9
9	Don't know	> Go to F9
	Refusal	

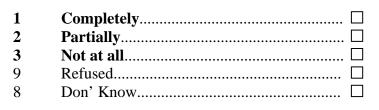
F5. How well are you (is) at 'e to make yourself (himself/herself) understood when speaking with members of your (his/her) own family?

1	Completel:
2	Partially
3	Not at au
9	Refuse 1
8	D n' Know

F6. How well are you (is) able to make yourself (himself/herself) understood when speaking with your (his/her) friends?

1	Completely
2	Partially
3	
9	Refused
8	Don' Know

F7. How well are you (is) able to make yourself (himself/herself) understood when speaking with professionals and service providers, e.g., doctors, home care providers?



- F8. How well are you (is) able to make yourself (himself/herself) understood when speaking with other people?
 - 1
 Completely.....

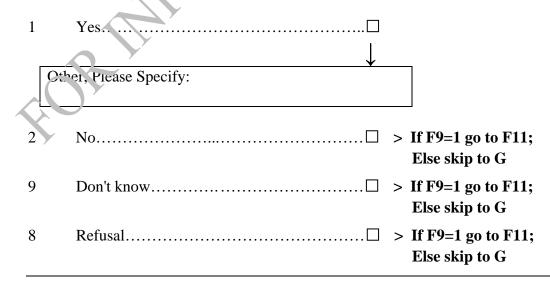
 2
 Partially.....

 3
 Not at all.....

 9
 Refused.....

 8
 Don' Know.....
- F9. Do you (Does) use sign language such as ASL or LSQ?

F10. Do you (Does) use another form of communication?



F11. How well are you (is) to make yourself (himself/herself) understood

when communicating in this manner with members of your (his/her) own family?

1	Completely
2	Partially
3	Not at all \Box
9	Refused
8	Don' Know

F12. How well are you (is) to make yourself (himself/herself) understood when communicating in this manner with friends?

1 2	Completely	
3	Not at all 🗆 🔿	
9	Refused 💭 🔍	
8	Don' Know	

F13. How well are you (is) to make yourself (himself/herself) understood when communicating in this manner with p. ofessionals and service providers, e.g., doctors, home care providers?

1	Completely	 🗆
2		
3	Not at all	🗆
9		_
8	Don' Know	П
U		

F14. How well are you (is) to make yourself (himself/herself) understood when communicating in this manner with other people?

Completely
Not at all.
Refused
Don' Know

Section G - Communication Aids

If communication limitation is marked on the Profile Sheet then continue; else skip to Section H (p 100)

- G. Interviewer: If a communication limitation is marked on the Profile Sheet then proceed with hearing aid questions; else skip to Section H.
- G1. Do you (Does) <u>use</u> any aids or specialized equipment for persons who have difficulty speaking or making themselves understood, for example, a keyboard device to communicate?

	1	Yes				
	2	No	Go to	G11		
	9	Don't know $\square >$	Go to	G11		
	8	Refusal \Box >	Go to	GII		
G2.	Do you	(Does) now <u>use</u> :	(1) <u>Yes</u>	(2) <u>No</u>	(9) <u>DK</u>	(8) <u>R</u>
(a) a	voice an	nplifier				
(b) a	comput	er or keyboard device to communicate				
(c) a	commu	nications board such as Bliss				
(d) a	nother a	id				
			\downarrow			
Othe	er, Please	Specify:				

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

G3. (a)

<u>Hovoften</u> do you (does) <u>use</u> a voice amplifier?

1	Every day
2	A few times a week
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know

G4. Who paid the most for acquiring this item? **(a)** 1 2 Your (....'s) family..... \Box Health care system...... \Box 3 4 Government program...... 5 Insurance company..... 6 Non-profit organization..... 7 It does not belong to you (....) (i.e. belongs to employers friends / family, public property, etc.)..... 8 Other..... \square Other, Please Specify: 9 Not applicable..... Don't know. Refusal..... \square G4a. Are you (Is) making . n, kind of payment for your (....)'s voice (a) amplifier, for example to reat or finance this item? 1 C..... Yes..... 2 No..... > Skip to G3(b) if G4=7 9 Don't know..... > Skip to G3(b) if G4=7 Refusal...... \Box > Skip to G3(b) if 8 G4=7 G5. (a) How often does your (....)'s voice amplifier need service, such as repairs or maintenance?

1	Every 6 months or less \Box
2	More than 6 months but less than 1 year \Box
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	> Go to G7
7	Not applicable	> Go to G7
	Don't know	> Go to G7
	Refusal	> Go to G7

G6.

(a) How much difficulty do you (does) have paying for the service of this item?

	4
1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

G7.

(a) <u>How often</u> do your (....)'s voice amplifier need to be replaced?

1	Every 6 months or less $\Box > $ Go to G9
2	More than 6 months but less than 1 year
3	Once per year to less than $2 y$ ars
4	Once every 2 years but lest then once every 5 years. \Box
5	Every 5 years or more. \Box
6	Never
7	Not applicable $\Box > \mathbf{Go}$ to $\mathbf{G3}$ (b)
	Don't know. $\Box > $ Go to G3 (b)
	Refusal $\Box > $ Go to G3 (b)

G8.

(a)	Will this item need to be replaced in the next 12 months?				
	1	Yes			
	2	No	> Go to G3 (b)		
	9	Don't know	> Go to G3 (b)		
	8	Refusal	> Go to G3 (b)		

G9.

(a) What is the main reason you (....) will need to replace your (his/her) voice amplifier?

1 2 3 4 5	Condition is worse. □ Condition is better. □ Outgrew the aid. □ Worn out. □ New technology available / Aid is outdated. □	
6	Other	
	\downarrow	
Othe	er, Please Specify:	
	Don't know Refusal	

G10.

(a) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) voice amplifier?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable \Box
	Don't know
	Refusal

- **G3.**
- (b) <u>How often</u> do vou (de es) <u>use</u> a computer or keyboard device to communica e?

1	Every day
2	A ^c ew times a week \Box
3	Once a week
1.	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

G4.

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

	1 2 3 4 5 6 7	You ()	
	8	Other	
	9	Not applicable	
G4a. (b)	Are you (Is) making any kind of payment for your ()'s computer or keyboard device to communicate, for example to rent or finance this item?		
	1 2 9	Yes \Box No \Box > Skip to G3(c) if G4=7 Don't know \Box > Skip to G3(c) if	
	8	Refusal \Box $\stackrel{G4=7}{\stackrel{\text{Skip to G3(c) if}}{\stackrel{G4=7}{\stackrel{\text{G4=7}}}}$	
G5. (b)		<u>c w or en</u> does your ()'s computer or keyboard device to communicate eed service, such as repairs or maintenance?	
1	E	very 6 months or less \Box	
2	Μ	ore than 6 months but less than 1 year	
3		nce per year to less than 2 years	
4		nce every 2 years but less than once	
5		very 5 years \Box very 5 years or more	
6		ever \Box > Go to G7	
7		ot applicable \Box > Go to G7	
	D	on't know \Box > Go to G7	
	R	efusal \Box > Go to G7	

G6.

(b) How much difficulty do you (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 \Box
	Refusal \Box

G7.

(b) <u>How often</u> do your (....)'s computer or keyboard device to communicate need to be replaced?

1	Every 6 months or less	>	Go to G9
2	More than 6 months but less than 1 year	>	Go to G9
3	Once per year to less than 2 years		
4	Once every 2 years but less than once every 5 years. \Box		
5	Every 5 years or more		
6	Never.	>	Go to G3 (c)
7	Not applicable	>	Go to G3 (c)
	Don't know	>	Go to G3 (c)
	Refusal	>	Go to G3 (c)

G8.

(b) Will this item reed to be replaced in the next 12 months?

1 Yes		
1 Yes□ 2 No□ 9 Don't know□	>	Go to G3 (c)
9 Don't know	>	Go to G3 (c)
Refusal	>	Go to G3 (c)
7		

G9.

(b) What is the main reason you (....) will need to replace your (his/her) computer or keyboard device to communicate?

1	Condition is worse
2	Condition is better
3	Outgrew the aid
	Worn out

5 6	New technology available / Aid is outdated	
		Ļ
(Other, Please Specify:	<u>.</u>
	Don't know	
	Refusal	

G10.

(b) How much difficulty <u>will you (....)</u> have paying for a replacement to your (his/her) computer or keyboard device to communicate?

1	
I	None
2	Slight
3	Moderate
	Serious
5	Cannot afford
	Don't know
	Refusal

G3.

(c) <u>How often</u> do you (does) use a communications board such as Bliss to communicate?

1	Every day
2	A few times a week
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only
	during contain times
6	Don't use because it needs repair
	r eplacement
1	Not applicable
	Don't know
Y	Refusal

G4.

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

1	You ()
2	Your ('s) family
3	Health care system
4	Government program

	5 6 7 8	Insurance company
		Other, Please Specify:
	9	Not applicable
G4a. (c)	co	re you (Is) making any kind of payment for your ()'s ommunications board such as Bliss to communicate, for example to rent or nance this item?
	1 2	Yes \square No \square > Skip to G3(d) if G4=7
	9 8	Don't know \Box > Skip to G3(d) if G4=7Refusal \Box > Skip to G3(d) if G4=7
G5. (c)		ow often does you. ()'s communications board need service, such as spairs or manuenance?
1 2 3 4	M Or O	very 6 n onths or less
5 6 7	N N D	very 5 years or more \Box ever. \Box ot applicable \Box on't know \Box on't know \Box of the G7of the G7

G6.

(c) How much difficulty do you (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

G7.

(c)	How often do your)'s communications	board 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 \Box
5	Every 5 years or more
6	Never $\square > $ Go to G3 (d)
7	Not applicable \Box > Go to G3 (d)
	Don't know \Box > Go to G3 (d)
	Refusal

G8. (c)

Will	this item need to be verlaced in the	e next 12 months?
1	Yes	
2	No	$\Box > $ Go to G3 (d)
9	Don't know	$\Box > $ Go to G3 (d)
8	Refu ^a l	$\dots \square > \text{Go to G3}(d)$

G9.

(c) What is he main reason you (....) will need to replace your (his/her) communications board?

1	Condition is worse
2	Condition is better \Box
3	Outgrew the aid \Box
4	Worn out
5	New technology available / Aid is outdated
6	Other
	\checkmark
	Other, Please Specify:

Don't know	
Refusal	

G10.

How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) communications board? (c)

3	Moderate
4	Serious
5	Cannot afford
	Don't know
	Refusal

1	Every day
2	A few times a week
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only
	during certain times
6	Don't use because it paeds repair
	or replacement □
7	Not applicable
	Don't know
	Refușa!

G4. (**d**)

W	ho , and the most for <u>acquiring</u> this item?	
1 2 3 4 5 6	Condition is worse	
Ŭ -	Other, Please Specify:	
	Don't know]

G4a.

(d) Are you (Is) making any kind of payment for your (....)'s (*write-in*) to communicate, for example to rent or finance this item?

1	Yes		
2	No	>	Skip to G11
9	Don't know	>	Skip to G11
8	Refusal	>	Skip to G11

<u>Interviewer</u>: If service or replacement is applicable to this specific write-in then proceed to G5, else skip to G11.

G5.

(d) <u>How often</u> does your (....)'s (*write-in*)to communicate need service, such as repairs or 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
7	Not applicable $\Box > $ Go to G7
	Don't know $\Box > $ Go to G7
	Refusal \Box > Go to G7

G6.

.

(d) How the hdifficulty do you (does) have paying for the service of this item.

1	None
	Shzht
	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

G7.

(d) <u>How often</u> do your (....)'s (*write-in*) to communicate need to be replaced?

1	Every 6 months or less \Box > Go to G9
2	More than 6 months but less than 1 year \Box > Go to G9
3	Once per year to less than 2 years \Box
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never
7	Not applicable \Box > Go to G11
	Don't know \Box > Go to G11
	Refusal

G8.

(d)	Will	this item need to be replaced in the next 12 months?	
	1	Yes \Box > Go to G1 No \Box > Go to G1 Don't know \Box > Go to G1	
	2	No $\Box > \mathbf{G}_0$ to \mathbf{G}_1	1
	9	Don't know $\square > $ Go to G1	1
	8	Refusal Go to G1	1

G9.

What is the main reason you (....) will need to replace your (his/her) **(d)** (write-in)to communicate?

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
S	Refusal

G10.

How much difficulty <u>will you (....)</u> have paying for a replacement for **(d)** your (his/her) (write-in) to communicate?

1	None
2	Slight
3	Moderate
4	Serious

	5 Cannot afford □ Don't know□ Refusal□
G11.	Are there any aids or specialized equipment for persons who have difficulty speaking or making themselves understood that () you think(s) you (he/she) <u>need(s)</u> but do not have?
	1 Yes
	2 No \Box > Go to G15
	9 Don't know \Box > Go to G15
	8 Refusal \Box > Go to G15
G12.	Which aids do you (does) <u>need</u> but do (does) not have: <u>Interviewer:</u> Mark all that apply.
1 (a)	A voice amplifier
2 (b)	A computer or keyboard device to communicate \dots
3 (c)	A communications board such as Bliss \ldots \ldots \Box
4 (d)	Specialized telephone equipment
5 (e)	Another aid
	Other, Please Specify:
12	None selected \Box > Go to G15
	Don't know \Box > Go to G15
	Refusal \Box > Go to G15

Interviewer: Proceed to G13-G14 for aids (a-e) selected in G12; Else go to G15

G13.

(a) Ho v frequently would you (....) use a voice amplifier if you (he/she) did have them?

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 do you (does) not have this aid? <i>Mark all that apply.</i>
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally \Box
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
-	condition is severe enough
6	Your () insurance company does not feel that
0	your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a waiting list
9	Other
)	
	Other, Please Specify:
10	None selected \Box
G13. (b)	How frequently would you (,) use a computer or keyboard device to

communicate if you (he/skc) did have it?

1	Everyday
2	A few times a week
3	Once a week
4	Less than once a wesk
5	Frequent usage but only during certain times
6	Not appin able
	Don't kn w
	Re ^f usal

G14.

(b)	Why do you (does) not have this aid? <i>Mark all that apply.</i>
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 \Box
5	Your () doctor does not feel that your (his/her)

	condition is severe enough \Box
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 \Box
8	On a waiting list
9	Other
9	
	Other, Please Specify:
	4
10	None selected
G13.	
(c)	How frequently would you () use a communications whard such as Bliss if
	you (he/she) did have it?
1	Everyday
2	A few times a week
3	Once a week \Box
4	Less than once a week
5	Frequent usage but only during certain times \Box
6	Not applicable
0	Don't know
	Refusal
G14.	
(c)	Why do you (does) not have this aid?
	Mark all that apply.
1	Cost (purchase)
2	Cost (rial itenance)
3	Not a valuable locally
4	You () personally feel (s) that your (his/her)
/	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \Box
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough
7	You don't (\dots doesn't) know where to get it \Box
8	On a waiting list
9	Other
	I
	Other, Please Specify:

G13.

(d) How frequently would you (....) use specialized telephone equipment 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 \dots
6	Not applicable
	Don't know
	Refusal
C14	
G14. (d)	Why do you (doos) not have this aid?
(u)	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 \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \ldots

10 None selected \Box

Other, Please Specify:

On a waiting ist.

Other.

G13.

6

7

8

9

(e) How frequently would you (....) use (*write-in*) if you (he/she) did have it?

1	Everyday	
	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.

Why do you (does) not have this aid? <i>Mark all that apply.</i>
Cost (purchase)
Cost (maintenance)
Not available locally
You () personally feel (s) that your (his/her)
condition is not severe enough to justify this aid \Box
Your () doctor does not feel that your (his/her) condition is severe enough
Your () insurance company does not feel that your (his/her) condition is severe enough
You don't (doesn't) know where to get it \square
On a waiting list
Other
Other, Please Specify:
None selected

In the past 6 m. aths, how often have you (has) had difficulty participating in everyday activities because of your (his/her) ability to G15. communicate?

1	Dany
2	We k /
3	Morthly
4	Less than once per month
5	Never \Box > Go to H
6	Not applicable \Box > Go to H
	Don't know \Box > Go to H

G16. in	When your ('s) ability to communicate made it difficult to participate everyday activities, did you (he/she) experience:
1	Some difficulty
2	A lot of difficulty

O	1
9	T

3	You were (was) completely
	unable to participate
4	Your (\ldots, s) participation was not affected
	Don't know
	Refusal

Section H - Mobility Filter

	All respondents enter this module	
aroun crutcl	d, even when using an aid or specialized equipn nes. Remember, I am asking about difficulties that	nent such as a cane or
Are y	ou (Is) able to walk?	λ.
1	Yes	
2	No	> Check off Mobility Limitation on Profile Sheet; then Go to
Q	Don't know	H8a > Go to H2
8		> Go to H2 > Go to H2
•		ilometre or a quarter
	Yts, sometimes	 Check off Mobility Limitation on Profile Sheet
2	Yes, often or always 🗆	 Check off Mobility Limitation on Profile Sheet
3	No	> Go to H4
8	Refusal	> Go to H4
9	Don't Know	> Go to H4
	aroun crutcl expect Are y 1 2 9 8 Do yo mile, 1 2 3 8	The next few questions are about your ('s) ability around, even when using an aid or specialized equipm crutches. Remember, I am asking about difficulties that expected to last 6 months or more. Are you (Is) able to walk? 1 Yes

H3. How much difficulty?

1	Some difficulty
2	A lot of difficulty
3	Completely unable
9	Don't know
8	Refusal
-	

Do you (Does) have any difficulty walking up and down a flight of stairs, about 12 steps, without resting? H4.

	1	Yes, sometimes
		Chaet
	2	Yes, often or always \Box > Creck off Mobility
		Limitation on Profile
	2	Sheet
	3	No
	8	Refusal
	9	Don't Know $\Box > $ Go to H6
Н5.	How	much difficulty?
	1	Some difficulty
	2	A lot of difficulty
	3	Completely u able
	9	Don't knov
	8	Refusal
Н6.		ou (Does .,) have any difficulty carrying an object of 5 kg or 10 ds, kin a bag of groceries, for 10 metres or 30 feet?
		Yes, sometimes \square > Check off Mobility
		Limitation on Profile Sheet
	2	Yes, often or always \Box > Check off Mobility
		Limitation on Profile Sheet
	3	No $\Box > $ Go to H8
	8	Refusal
	9	Don't Know
	-	

H7. How much difficulty?

1	Some difficulty
2	
3	Completely unable
9	Don't know
8	Refusal

H8. Do you (Does) have any difficulty standing in line for more than 20 minutes?

1	Yes, sometimes
	Limitation on Profile
	Cheet; then Go to H9
2	Yes, often or always \Box > Check off Mobility
	Limitation on Profile
	Sheet; then Go to H9
3	No \square > Go to H10
8	Refusal \Box > Go to H10
9	Don't Know \Box > Go to H10
	Y Y

H8a. Do you (Does) have any difficulty standing in one spot for 20 minutes?

1 2	Yes, sometimes		
3	No	>	If Mobility Limitation Checked Off on Profile Sheet go to I; Else go to J
8	k∿fusal□	>	If Mobility Limitation Checked Off on Profile Sheet go to I; Else go to J
9	Don't Know	>	If Mobility Limitation Checked Off on Profile Sheet go to I; Else go to J

H9. How much difficulty?

1	Some difficulty
2	A lot of difficulty
3	Completely unable
9	Don't know
8	Refusal

Interviewer: If H1=2(yes, often or always) then go to I; Else go to H10

H10. Do you (Does) have any difficulty moving from one room to another?

	1	Yes, sometimes
	1	Linvitation on Profile
		Chaot
	2	Yes, often or always $\Box > C$, eck off Mobility
		Limitation on Profile Sheet
	3	No Dr > Go to I
	8	Refusal So to I
	9	Don't Know $\square > $ Go to I
H11.	How r	nuch difficulty?
	1	Some difficulty.
	2	A lot of difficulty
	2 3	A lot of difficulty
		·
	3	A lot of difficulty
	3 9	A lot of difficulty
	3 9	A lot of difficulty
	3 9	A lot of difficulty

If mobility limitation is marked on the Profile Sheet then continue; Else skip to Section J (p 149)

I1. Do you (Does) <u>use</u> any aids or specialized equipment for persons who have difficulty moving around, for example, a cane or crutches, a wheelchair or grab bars? Please include only portable equipment, we will be discussing accessibility features such as ramps and elevators in a later section.

1	Yes	
2	No	> Go to I11

.

	9 8			to I11 to I11		
12.	Do yo	u (Does) now <u>use</u> :	(1) <u>Yes</u>	(2) <u>8 No</u>	(9) <u>DK</u>	(8) <u>R</u>
(a)	orthop	edic footwear?				
(b)	a cane	or walking stick?				
(c)	crutche	s?				
(d)	a mant	al wheelchair?	. 🖸	J		
(e)	an elect	tric wheelchair?				
(f)	a walke	r?	. 🗆			
(g)	a scoot	er?				
(h)	braces	or supportive devices?	. 🗆			
		rs or bathroom aids?				
(j)	bath or	r bed lifts or other lift type				
	devices	?				
(k)	an ada	pted motor vehicle?				
(l)	anothe	er aid?				
			\downarrow			
		ase Specify.	(). F 1		40 111	**
-	··· Tur	viewer: Ask questions I3-10 for aids selected in I2(a-l); E l	se sкip	<i>w</i> 111 [.]	• •

I3.

How often do you (does) use orthopedic footwear? **(a)**

1	Every day
2	A few times a week \Box
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair

or replacement	
Not applicable	
Don't know	
Refusal	
	Not applicable Don't know

I4.

4

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

Once every 2 years but less than once

every 5 years.....

3 Health care system		1	You ()
 4 Government program		2	Your ('s) family \Box
 4 Government program		3	Health care system
 6 Non-profit organization		4	
 6 Non-profit organization		5	Insurance company
<pre>friends / family, public property, etc.)1 8 Other</pre>		6	
<pre>friends / family, public property, etc.)1 8 Other</pre>		7	It does not belong to you () (i.e. belongs to compleyers,
 8 Other			
9 Not applicable		8	
9 Not applicable			
9 Not applicable			Other Please Specify:
Don't know Don't know Refusal Refusal I4a. (a) Are you (Is) m. king any kind of payment for your ()'s orthopedic footwear, for 1 Yrs 2 Yrs 3 Non't know			other, i lease speeny.
Don't know Don't know Refusal Refusal I4a. (a) Are you (Is) m. king any kind of payment for your ()'s orthopedic footwear, for 1 Yrs 2 Yrs 3 Non't know			
Refusal		9	
I4a. (a) Are you (Is) m. king any kind of payment for your ()'s orthopedic footwear, formole to rent or finance this item? 1 Yes			
 (a) Are you (Is) m. king any kind of payment for your ()'s orthopedic footwear, for complete rent or finance this item? 1 Yrs			Refusal
1 Yes	I4a. (a)		
2 No		10	ouwear, for the of rent of finance this item?
2 No		1	Vac 🗌
9 Don't know			
 8 Refusal			
 I5. (a) <u>How often</u> does your ()'s orthopedic footwear need service, such as repairs or maintenance? 1 Every 6 months or less 2 More than 6 months but less than 1 year 			
 (a) <u>How often</u> does your ()'s orthopedic footwear need service, such as repairs or maintenance? 1 Every 6 months or less 2 More than 6 months but less than 1 year 			
 (a) <u>How often</u> does your ()'s orthopedic footwear need service, such as repairs or maintenance? 1 Every 6 months or less 2 More than 6 months but less than 1 year 			
 repairs or maintenance? 1 Every 6 months or less 2 More than 6 months but less than 1 year 			
 Every 6 months or less More than 6 months but less than 1 year 	(a)		
2 More than 6 months but less than 1 year \Box		re	epairs or maintenance?
2 More than 6 months but less than 1 year \Box	1	E	very 6 months or less \Box
•	_		

5	Every 5 years or more	
6	Never	> Go to I7
7	Not applicable	> Go to I7
	Don't know	> Go to I7
	Refusal	> Go to I7

I6.

(a) How much difficulty do you (does) 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

I7.

(a) <u>How often</u> do your (....)'s orthopedic foo, wear need to be replaced?

1	Every 6 months or less Go to I9 \Box > Go to I9
2	More than 6 months but less than 1 year
3	Once per year to less than 2^{v-ars}
4	Once every 2 years but les. then once every 5 years. \Box
5	Every 5 years or more. \Box
6	Never \Box > Go to I3 (b)
7	Not applicable \Box > Go to I3 (b)
	Don't know \Box > Go to I3 (b)
	Refusal $\Box > $ Go to I3 (b)

I8.

1ð. (a)	Will (his item need to be replaced in the next	12 months?
	1	Yes	□
	2	No	$\dots \square > \text{Go to I3 (b)}$
	9	Don't know	$\dots \square > \text{Go to I3 (b)}$
	8	Refusal	$\dots \square > $ Go to I3 (b)

I9.

(a) What is the main reason you (....) will need to replace your (his/her) orthopedic footwear?

	1	Condition is worse \Box
	2	Condition is better \Box
	3	Outgrew the aid \Box
	4	Worn out
	5	New technology available / Aid is outdated
	6	Other
	Г	Other, Please Specify:
		Sulei, i leuse speeny.
		Don't know
I10.		
(a)		w much difficulty <u>will you ()</u> have paying for a replacement for
	you	r (his/her) orthopedic footwear?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
	6	Not applicable
		Don't know
		Refusal
I3.		
(b)	Ho	<u>w often</u> do you (apes) <u>use</u> a cane or walking stick?
	1	
	1	Every Jay
	2	A few times a week
	3	Chice a week
	4	Less than once a week \Box
	-5	Frequent usage but only
		during certain times
	6	Don't use because it needs repair
		or replacement
	7	Not applicable
		Don't know

I4.

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

Refusal.....

1 You ()□ 2 Your ('s) family□	
3 Health care system \Box	
4 Government program	
5 Insurance company \Box	
6 Non-profit organization	
7 It does not belong to you () (i.e. belongs to employers,	
friends / family, public property, etc.)	
8 Other	
· · · · · · · · · · · · · · · · · · ·	
Other, Please Specify:	
9 Not applicable \Box	
Don't know	
Refusal	
I4a.	
(b) Are you (Is) making any kind of pryment for your ()'s cane of	r
walking stick, for example to rent or finance this item?	
1 Yes	
2 No No) if I4=7
9 Don't know) if I4=7
8 Refusal Skip to I3(c) if I4=7
Y	
15	
I5. (b) How often de work)'s cone on wellying stick need sorvice such	
(b) <u>How often</u> does your ()'s cane or walking stick need service, such repairs or maintenance?	as
repairs of in, intenance:	
1 Every 6 runths or less \Box	
2 More than 6 months but less than 1 year \Box	
2 More than 6 months but less than 1 year□ 3 Onc. per year to less than 2 years□	
 2 More than 6 months but less than 1 year 3 Onc. per year to less than 2 years 4 Once every 2 years but less than once 	
 2 More than 6 months but less than 1 year□ 3 Onc. per year to less than 2 years□ 4 Once every 2 years but less than once every 5 years□ 	
 2 More than 6 months but less than 1 year	
 More than 6 months but less than 1 year Onc. per year to less than 2 years Unce every 2 years but less than once every 5 years Every 5 years or more Never Go to I7 	
 2 More than 6 months but less than 1 year	

I6. (b) How much difficulty do you (does) have paying for the service of this

item?

1	None	
2	Slight	
3	Moderate	
4	Serious 🗆	
5	Cannot afford	
6	Not applicable \Box	
	Don't know 🗆	
	Refusal	

I7.

(b) <u>How often</u> do your (....)'s cane or walking stick 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 \Box
5	Every 5 years or more
6	Never \Box > Go to I3 (c)
7	Not applicable $\Box > $ Go to I3 (c)
	Don't know \Box > Go to I3 (c)
	Refusal

I8.

(b) Will this item need to be replaced in the next 12 months?

1	Yes		
2	No	>	Go to I3 (c)
9	Don' know	>	Go to I3 (c)
8	Refusal	>	Go to I3 (c)

I9.

(b) What is the main reason you (....) will need to replace your (his/her) care or walking stick?

1	Condition is worse \Box
2	Condition is better \Box
3	Outgrew the aid \Box
4	Worn out
5	New technology available / Aid is outdated \Box
6	Other

Other, Please Specify:

Don't know	
Refusal	

I10.

(b) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) cane or walking stick?

1	None
2	Slight
	Moderate
	Serious
5	Cannot afford
	Don't know
	Refusal

I3.

(c) <u>How often</u> do you (does) <u>use</u> crutch s?

1	Every day
2	A few times a week
3	Once a week
4	Less than once a week \ldots
5	Frequent usage but on v
	during certain times
6	Don't use by cause it needs repair
	or replacement
7	Not applicable
	Don't krow
	Refusal

I4.

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

1	You ()
2	Your ('s) family
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization \Box
7	It does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.) \Box

	8	Other
	ſ	↓ Other, Please Specify:
	9	Not applicable
I4a. (c)		e you (Is) making any kind of payment for your ()'s crutches, for ample to rent or finance this item?
	1	Yes
	2	No \Box > Sk ip to I3(d) if I4=7
	9	Don't know
	8	Refusal Skip to I3(d) if I4=7
T <i>E</i>		
I5.	П	$(1)^{2}$
(c)		ow often does your ()'s crutches need service, such as repairs or a nintenance?
	ma	antenance:
1	Ev	ery 6 months or less
2		bre than 6 months but less than 1 year
3		ice per year to less than 2 years
4		ice every 2 years bu less than once
4		ery 5 years
5		ery 5 years or more \Box
6	Ne	ver \Box > Go to I7
7		t applicable \dots $\square > $ Go to 17
/		$\Box > \mathbf{Go}$ to \mathbf{I} on t^1 new $\Box > \mathbf{Go}$ to \mathbf{I}
		function $\Box > \operatorname{Go}$ to Π
	Re	
_		
I6.	X	
(c)	H	ow much difficulty do you (does) have paying for the service of this
	ite	em?
	1	None

1	None L
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable \Box
	Don't know

I7. (c) How often do your (....)'s crutches need to be replaced? Every 6 months or less..... \Box > **Go to I9** 1 2 Once per year to less than 2 years..... \Box 3 4 Once every 2 years but less than once every 5 years. \Box 5 Every 5 years or more..... Never..... > Go to I3 (3 6 7 Not applicable..... > Go to I3 (d) Don't know..... > Go to 13 (a) Refusal..... > 60 w 13 (d) **I8**. Will this item need to be replaced in the next 12 months? (c) 1 Yes...... Ĺ 2 > Go to I3 (d) Don't know..... \Box > **Go to I3 (d)** 9 Refusal..... \Box > Go to I3 (d) 8 **I9**. What is the main reason you (....) will need to replace your (his/her) **(c)** crutches? Condition is worse. \Box 1 2 Condition is juster..... 3 Outgrew the aid..... 4 Won out. New technology available / Aid is outdated..... 5 Oth er..... 6 Other, Please Specify: Don't know..... Refusal.....

I10.

(c) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) cane or walking stick?

1	None
2	Slight
	Moderate
4	Serious
5	Cannot afford
	Don't know
	Refusal

I3.

(d) <u>How often</u> do you (does) <u>use</u> a manual wheelchair?

1101	vorten do you (does) <u>use</u> a manuar wheelenan .
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.

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

1	You ()
2	Your (\ldots s) family
3	Health care system
4	Covernment program
5	L'surance company
6	Non-profit organization
7	It does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.) \Box
8	Other
	Other, Please Specify:
9	Not applicable
	Don't know \Box
	Refusal

I4a.

(d) Are you (Is) making any kind of payment for your (....)'s manual wheelchair, for example to rent or finance this item?

2 No□ > Skip to I3(e) if I4=' 9 Don't know□ > Skip to I3(e) if I4=' 8 Refusal□ > Skip to I3(e) if I4='	1	Yes		
	2	No	>	Skip to I3(e) if I4=7
8 Refusal \square > Skip to I3(e) if I4=	9	Don't know	>	Skip to I3(e) if I4=7
	8	Refusal	>	Skip to I3(e) if I4=7

I5.

(d) <u>How often</u> does your (....)'s manual wheelchair 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 \Box > Go to I7
7	Not applicable $\Box > $ Go to I7
	Don't know \Box > Go to I7
	Refusal \Box > Go to I7

I6.

(d) How much difficulty 'o you (does) have paying for the service of this item?

None
Slight
Moder. t
Se iou
Can pot afford
1 ot applicable
Don't know
Refusal

(d) <u>How often</u> do your (....)'s manual wheelchair need to be replaced?

1	Every 6 months or less	>	Go to I9
2	More than 6 months but less than 1 year \Box	>	Go to I9
3	Once per year to less than 2 years		

I7.

4	Once every 2 years but less than once every 5 years. \Box		
5	Every 5 years or more		
6	Never	>	Go to I3 (e)
7	Not applicable	>	Go to I3 (e)
	Don't know		
	Refusal	>	Go to I3 (e)

I8.

(d) Will this item need to be replaced in the next 12 months?

1	Yes	
2	No	> Go to I3 (e)
9	Don't know	> Ge to $^{13}(\epsilon)$
8	Refusal	> Coto I3 (e)

I9.

(d) What is the main reason you (....) will need to x value your (his/her) manual wheelchair?

- 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 Srecity

Don't kı. ow.....

I10.

(d) Yow much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) manual wheelchair?

None	
Slight	
Moderate	
Serious	
Cannot afford	
Don't know	
Refusal	
	Slight. Moderate Serious Cannot afford Don't know

I3.

(e) <u>How often</u> do you (does) <u>use</u> an electric wheelchair?

	1	Every day
	2	A few times a week \Box
	3	Once a week
	4	Less than once a week \Box
	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
т4		
I4.	Whe	noid the most for acquiring this item?
(e)	vv no	paid the most for <u>acquiring</u> this item?
	1	You ()
	2	Your ('s) family
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family public property, etc.)
	8	Other
	0	↓ han Diasa Strasifu
	U	her, Pleas- Specify:
	9	Not applicable
		Bon't know
		Refusal
	7	

I4a.

(e) Are you (Is) making any kind of payment for your (....)'s electric wheelchair, for example to rent or finance this item?

2 No□ > Skip to I3(f) if I4=7 9 Don't know□ > Skip to I3(f) if I4=7 8 Refusal□ > Skip to I3(f) if I4=7	1	Yes
-	2	No
8 Refusal \square > Skip to I3(f) if I4=7	9	Don't know Don't know
	8	Refusal \square > Skip to I3(f) if I4=7

I5.

(e) <u>How often</u> does your (....)'s electric wheelchair need service, such as repairs or maintenance?

1	Every 6 months or less \Box
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 $\Box > $ Go tr $I7$
7	Not applicable $\Box > $ Go to 17
	Don't know
	Refusal 🔲 > Go to I7

I6.

(e) How much difficulty do you (does) hav? paying for the service of this item?

None	
-	
Serious	
Cannot afford	L
Not applicable	
Don't know	····
Refusal	

I7.

(e) <u>How cite 1 do</u> your (....)'s electric wheelchair need to be replaced?

1	Every 6 months or less \Box	>	Go to I9
2	More than 6 months but less than 1 year \Box	>	Go to I9
	Once per year to less than 2 years \Box		
4	Once every 2 years but less than once every 5 years. \Box		
5	Every 5 years or more		
6	Never	>	Go to I3 (f)
7	Not applicable	>	Go to I3 (f)
	Don't know	>	Go to I3 (f)
	Refusal	>	Go to I3 (f)

I8.

(e) Will this item need to be replaced in the next 12 months?

1	Yes		
	No		
	Don't know		
8	Refusal	>	Go to I3 (f)

I9.

(e) What is the main reason you (....) will need to replace your (his/her) electric wheelchair?

1 2 3 4 5 6	Condition is worse
0	
(Other, Please Specify:
	Don't know Refusal

I10.

(e) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) electric wheelchair?

1	None	
2	Slight	
3	Modera. ²	
4	Serious	
	Cannet offord	
(Don't now	
	Pefusal	
\sim		

I3.

(f) <u>How often</u> do you (does) <u>use</u> a walker?

1	Every day
2	A few times a week \Box
3	Once a week \Box
4	Less than once a week \Box
5	Frequent usage but only
	during certain times \Box

6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

I4.

Who paid the most for acquiring this item? **(f)**

1	You ()
2	Your ('s) family
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization
7	It does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.)
8	Other
	Other, Please Specify:
9	Not applicable
	Don't know
	Refusal
I4a.	

Are you (Is) moking any kind of payment for your (....)'s walker, for **(f)** example to ront or finance this item?

1			
2 No		>	Skip to I3(g) if I4=7
9 Don't kn	ow	>	Skip to I3(g) if I4=7
۲ Refusal.		>	Skip to I3(g) if I4=7

I5.

How often does your (....)'s walker need service, such as repairs or **(f)** maintenance?

- Every 6 months or less..... \Box 1 2 More than 6 months but less than 1 year..... \Box 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	
	Never >	Go to I7
7	Not applicable $\Box >$	Go to I7
	Don't know $\Box >$	
	Refusal >	Go to I7

I6.

(f) How much difficulty do you (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

I7.

(f) <u>How often</u> do your (....)'s walk er need to be replaced?

1	Every 6 months or less	~	Co to IQ
1			
2	More than 6 months but less to an i year	>	Go to I9
3	Once per year to less than 2 years		
4	Once every 2 years but 'ess than once every 5 years. \Box		
5	Every 5 years or more		
6	Never.	>	Go to I3 (g)
7	Not applicable	>	Go to I3 (g)
	Don't know	>	Go to I3 (g)
	Refusar	>	Go to I3 (g)

I8.

(f) Will this item need to be replaced in the next 12 months?

1 Yes	
2 No	\dots So to I3 (g)
9 Don't know	\dots So to I3 (g)
8 Refusal	$\Box > $ Go to I3 (g)

I9.

(f) What is the main reason you (....) will need to replace your (his/her) walker?

	1 Condition is worse \Box	
	2 Condition is better	
	3 Outgrew the aid	
	4 Worn out	
	5 New technology available / Aid is outdated \Box	
	6 Other	
	Other, Please Specify:	
	Don't know	
	Refusal	
I10.		
(f)	How much difficulty <u>will you ()</u> have paying for a replacement for	
	your (his/her) walker?	
	1 None	
	2 Slight	
	3 Moderate	
	4 Serious	
	5 Cannot afford	
	Don't know	
	Refusal	
10		
I3.		
(g)	<u>How often</u> do you (a ves) <u>use</u> a scooter?	
	1 Vou ()	
	2 Your ('s) family	
	4 Government program	
	 3 Health care system□ 4 Government program□ 5 Insurance company□ 	
	6 Non-profit organization	
	7 It does not belong to you () (i.e. belongs to employers,	
	friends / family, public property, etc.)	
	8 Other	
	Other, Please Specify:	

9 Not applicable..... \Box

Don't know	
Refusal	

(g)	Who paid the most for <u>acquiring</u> this item?
	1 You ()
	2 Your ('s) family \Box
	3 Health care system
	4 Government program \Box
	5 Insurance company
	6 Non-profit organization
	7 It does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.) 🛛
	8 Other
	Other, Please Specify:
	9 Not applicable
I4a. (g) Are you (Is) making any kind of payment for your ()'s scooter, example to rent or fin, nce this item?	
	example to rent or fin. nce this item? 1 Yes 2 No 3 Don't know 4 Period 5 Skip to I3(h) if I4=7 7 Skip to I3(h) if I4=7 8 Period 8 Period 9 Skip to I3(h) if I4=7 8 Period 9 Skip to I3(h) if I4=7
	example to rent or fin. nce this item? 1 Yes 2 No 9 Don't know 0 Skip to I3(h) if I4=7 0 Skip to I3(h) if I4=7
I5. (g)	example to rent or fin. nce this item? 1 Yes 2 No 9 Don't know 0 Skip to I3(h) if I4=7 0 Skip to I3(h) if I4=7
	example to rent or fin. nce this item? 1 Yes 2 No 3 Don't know 4 Pon't know 5 Skip to I3(h) if I4=7 7 Pon't know 8 Perforal 9 Skip to I3(h) if I4=7 8 Perforal
(g)	example to rent or fin. nce this item? 1 Yes
(g)	example to rent or fin. nce this item? 1 Yes 2 No 3 Don't know 4 Pon't know 5 Skip to I3(h) if I4=7 7 Pon't know 8 Perforal 9 Skip to I3(h) if I4=7 8 Perforal
(g) 1 2	example to rent or fin. nce this item? 1 Yes
(g) 1 2 3	example to rent or fin. nce this item? 1 Yes

7	Not applicable	> Go to I7
	Don't know	
	Refusal	> Go to I7

I6.

(g) How much difficulty do you (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	

I7.

(g) <u>How often</u> do your (....)'s scooter need to be replaced?

1	Every 6 months or less \Box > Go to I9
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. \Box
5	Every 5 years or more
6	Never $\Box > $ Go to I3 (h)
7	Not applicable \Box > Go to I3 (h)
	Don't know \Box > Go to I3 (h)
	Refusal \Box > Go to I3 (h)
	Refusal $\Box > $ Go to I3 (h)

I8.

I9.

(g) What is the main reason you (....) will need to replace your (his/her) scooter?

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	

I10.

I10. (g)	How much difficulty <u>will you ()</u> have your (his/her) scooter?	paying for a replacement for
	1	

1	None	
4	Serious	
5	Cannot afford	
	Don't know	
	Refusal	

I3.

How often do you (does . .) use braces or supportive devices? **(h)**

1	Every day
2	A few times a veek
3	Once a week
4	I ess thay once a week \Box
5	Frequent usage but only
C	1u ing certain times
σ	Don't use because it needs repair
\mathbf{N}	or replacement
7	Not applicable
	Don't know
	Refusal

I4.

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

1	You ()
2	Your ('s) family \Box

	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization \Box
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.) \Box
	8	Other
	F	
		Other, Please Specify:
	9	Not applicable
		Refusal
I4a.		
(h)	Aı	e you (Is) making any kind of payment for your ()'s braces or
()		pportive devices, for example to rent or finan e this item?
	1	Yes
	2	No No
	9	Don't know \square > Skip to I3(i) if I4=7
	8	Refusal Skip to I3(i) if I4=7 \sim
I5.		
(h)		<u>ow often</u> does your ()'s braces or supportive devices need service, such
	as	repairs or maintenance?
1	E,	remu 6 months of the
2		very 6 months or less \Box ore than 6 months but less than 1 year
3 4		nce per year to less than 2 years
4		
5		cry 5 years
		ver \Box > Go to 17
6 7		
1		
		on't know $\Box > $ Go to I7 efusal $\Box > $ Go to I7
	ĸ	$\Box > \mathbf{G0} \ 10 17$
I6.		

How much difficulty do you (does) have paying for the service of this item? (**h**)

None..... 1

2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

I7.

(h) <u>How often</u> do your (....)'s braces or supportive devices need to be replaced?

1	Every 6 months or less
2	More than 6 months but less than 1 year
2	
3	Once per year to less than 2 years
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never \Box > Go to I3 (i)
7	Not applicable $\Box > $ Go to I3 (i)
	Don't know $\square > $ Go to I3 (i)
	Refusal

I8.

(h) Will this item need to be replaced in the next 12 months?

1	Yes	
2	No	
9	Don't know. \Box > Go to I3 (i)	
	Refusal \Box > Go to I3 (i)	

I9.

(h) What is the main reason you (....) will need to replace your (his/her) braces or supportive devices?

1	Condition is worse	
2	Condition is better	
3	Outgrew the aid	
4	Worn out	
5	New technology available / Aid is outdated \Box	
6	Other	
	\downarrow	
(Other, Please Specify:	
	Don't know	
	Refusal	

I10.

(h) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) braces or supportive devices?

1	None	
2	Slight	
	Moderate	
4	Serious	
5	Cannot afford	
	Don't know	
	Refusal	

I3.

(i) <u>How often</u> do you (does) <u>use</u> grab bars or bathroon aics?

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 to pair
	or replacement
7	Not applicable
	Don't know
	Refusal

I4.

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

1		You ()	. 🗆	
~2		Your ('s) family	. 🗆	
3		Health care system	. 🗆	
4	/	Government program	. 🗆	
5		Insurance company	. 🗆	
6		Non-profit organization		
7		It does not belong to you () (i.e. belong	gs to emp	ployers,
		friends / family, public property, etc.)		
8		Other		
			1	
			\downarrow	
	Othe	r, Please Specify:		
	oute	, i loube opeenig.		1

9	Not applicable	
	Don't know	
	Refusal	

I4a.

(i) Are you (Is) making any kind of payment for your (....)'s grab bars or bathroom aids, for example to rent or finance this item?

1	Yes		
2	Yes	>	Skip to ¹³ (j) if I4=7
9	Don't know	>	Skip to I3(j) if I4=7
8	Refusal	>	Skip to I3(j) if I4=7

I5.

(i) <u>How often</u> does your (....)'s grab bars or bathroom and need service, such as repairs or 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 \Box > Go to 17
7	Not applicable
	Don't know \Box > Go to I7
	Refusal \Box > Go to I7

I6.

(i) How much difficulty do you (does) have paying for the service of this item?

1	No. e
2	No.ve
3	Myderate
4	Serious
5	Cannot afford
6	Not applicable \Box
	Don't know
	Refusal

I7.

(i) <u>How often</u> do your (....)'s grab bars or bathroom aids need to be replaced?

1	Every 6 months or less \Box	>	Go to I9
2	More than 6 months but less than 1 year \Box	>	Go to I9
3	Once per year to less than 2 years \Box		
4	Once every 2 years but less than once every 5 years. \Box		
5	Every 5 years or more		
6	Never	>	Go to I3 (j)
7	Not applicable	>	Go to I3 (j)
	Don't know	>	Go to I3 (j)
	Refusal	>	Go to I3 (j)

I8

1 ð. (i)	Will	this item need to be replaced in the next 12 months?
	1	Yes
	2	No
	9	Don't know $\Box > G_0$ to I3 (j)
	8	No

I9.

- What is the main reason you (....) will reed to replace your (his/her) (i) grab bars or bathroom aids?
 - Condition is worse. 1 Condition is better..... 2
 - Outgrew the aid..... 3
 - Worn out..... 4
 - New technology : vailable / Aid is outdated..... 5
 - Other...... 6

Other, Please Specify:

$D_{c}n'_{k}$ know..... Refusal.....

I10.

(i) How much difficulty will you (....) have paying for a replacement for your (his/her) grab bars or bathroom aids?

1	None
2	Slight
	Moderate
4	Serious
5	Cannot afford

Don't know	
Refusal	

I3.

(j) <u>How often</u> do you (does) <u>use</u> bath or bed lifts or other lift type devices?

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

1	
1	You ()
2	Your ('s) family.
3	Health care system
4	Government p. ogram
5	Insurance company
6	Non-profit organization
7	It does not belong to you (\ldots) (i.e. belongs to employers,
	friends / family, public property, etc.)
8	Char.
$\overline{\Lambda}$	Other, Please Specify:
9	Not applicable
	Don't know
	Refusal

I4a.

(j) Are you (Is) making any kind of payment for your (....)'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(k) if I4=7
9	Don't know	>	Skip to I3(k) if I4=7
8	Refusal	>	Skip to I3(k) if I4=7

I5.

(j) <u>How often</u> does your (....)'s bath or bed lifts or other lift type devices need service, such as repairs or maintenance?

1	Every 6 months or less \Box
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 I7
7	Not applicable $\Box > $ Go to I7
	Don't know $\Box > $ Go to I7
	Refusal \Box > Go to I7

I6.

(j) How much difficulty do you (dces . . .) have paying for the service of this item?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't krow
	Refusar

I7.

(j) <u>Hew often</u> do your (....)'s bath or bed lifts or other lift type devices need to be replaced?

1	Every 6 months or less	>	Go to I9
2	More than 6 months but less than 1 year \Box	>	Go to I9
3	Once per year to less than 2 years \Box		
4	Once every 2 years but less than once every 5 years. \Box		
5	Every 5 years or more		
6	Never	>	Go to I3 (k)
7	Not applicable	>	Go to I3 (k)

Don't know	>	Go to I3 (k)
Refusal	>	Go to I3 (k)

I8. (j) Will this item need to be replaced in the next 12 months? 1 Yes..... 2 No..... > Go to I3 (k) 9 Don't know...... \Box > **Go to I3 (k)** 8 **I9**. (j) What is the main reason you (....) will need to replace your (his/hor) bath or bed lifts or other lift type devices? Condition is worse..... 1 2 Condition is better. Outgrew the aid..... 3 D 4 Worn out..... 5 New technology available / Aid is outdated..... Other..... 6 Other, Please Specify: Don't know..... Refusal.....

I10.

(j) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) bath or bed lifts or other lift type devices?

1	Nore Slight	
2	Slight	
3	Moderate	
	Serious	
5	Cannot afford	
	Don't know	
	Refusal	

I3.

(k) <u>How often</u> do you (does) <u>use</u> an adapted motor vehicle?

	1	Every day
	2	A few times a week
	3	Once a week \Box
	4	Less than once a week \Box
	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.		
(k)	W	ho paid the most for <u>acquiring</u> this item?
(K)	••	no paid the most for <u>acquiring</u> this item.
	1	You ()
	2 3	Your ('s) family
		Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you (\dots) i.e. belongs to employers,
	0	friends / family, public $\text{pro}_{\mathbf{F}}$ erty, etc.)
	8	Other
		Other, Please Specify:
	L	
	9	Not application
		Don't krow
		Fei isal
τ.		
I4a.	\checkmark	
(k)		e you (Is) making any kind of payment for your ()'s adapted n
	vei	hicle, for example to rent or finance this item?
	1	Yes
	2	No No
	_	
	9	Don't know \Box > Skip to I3(1) if I

(k) <u>How often</u> does your (....)'s adapted motor vehicle, such as repairs or maintenance?

2 More than 6 months but less than 1 year \Box	
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 \Box	
6 Never	
7 Not applicable	
Don't know \Box > Go to I 7	
Refusal \Box > Go to 17	

I6.

(k) How much difficulty do you (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

- I7.
- (k) <u>How often</u> de <u>rour</u> (....)'s adapted motor vehicle need to be replaced?

1	Every 6 months or less \Box > Go to I9
2	More than 6 months but less than 1 year
3	Once p, r year to less than 2 years \Box
	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never $\Box > $ Go to I3 (l)
7	Not applicable $\Box > $ Go to I3 (l)
	Don't know $\Box > $ Go to I3 (l)
	Refusal

18.

(k)	Will this item need to be replaced in the next 12 months?
--------------	---

1	Yes		
2	No	>	Go to I3 (l)

9	Don't know	>	Go to I3 (l)
8	Refusal	>	Go to I3 (l)

I9.

(k) What is the main reason you (....) will need to replace your (his/her) adapted motor vehicle?

1 2 3 4 5 6	Condition is worse I Condition is better I Outgrew the aid I Worn out I New technology available / Aid is outdated I Other I
0	
(Other, Please Specify:
	Don't know

I10.

(k) How much difficulty <u>will you (...)</u> have paying for a replacement for your (his/her) adapted motor <u>rehim</u>?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afteru
	Don't knov
	Re ^f us 1.

I3.

(l) <u>**How often do you (does) use (**write-in)?</u>

1	Every day
2	A few times a week
3	Once a week \Box
4	Less than once a week \Box
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. (I) Who paid the most for acquiring this item? 1 2 Your (....'s) family..... \Box Health care system...... \Box 3 4 Government program..... 5 Insurance company..... 6 Non-profit organization..... 7 It does not belong to you (....) (i.e. belongs to employers friends / family, public property, etc.)..... 8 Other..... Other, Please Specify: 9 Not applicable..... Don't know..... Refusal..... I4a. Are you (Is) making any kind of payment for your (....)'s (write-in), for **(l)** example to rent or finance this item? Yes..... 1 2 \Box > Skip to I11 if I4=7 9 8

<u>Interviewe</u>: If service or replacement is applicable to this specific write-in then proceed to 15, etc. skip to 111.

I5.

(l) <u>How often</u> does your (....)'s adapted motor vehicle, such as repairs or maintenance?

- Every 6 months or less.....□
 More than 6 months but less than 1 year....□
 Once per year to less than 2 years...□
- 4 Once every 2 years but less than once

5	every 5 years	
	Never	> Go to 17
	Not applicable	
/	Don't know	
	Refusal	> Go to I7

I6.

(l) How much difficulty do you (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	

I7.

(1) <u>How often</u> do your (....)'s (*writ* 2-*in*) newd to be replaced?

1	Every 6 months or less \Box > Go to I9
2	More than 6 months but less to an 1 year
3	Once per year to less than 2° y ars
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never. \Box > Go to I11
7	Not applicable \Box > Go to I11
	Don't know \Box > Go to I11
	Refusar \Box > Go to I11

I8.

(l) Will this item need to be replaced in the next 12 months?

1 Yes		
2 No	>	Go to I11
9 Don't know		
8 Refusal	>	Go to I11

I9.

(I) What is the main reason you (....) will need to replace your (his/her) (*write-in*)?

 Condition is worse Condition is better Outgrew the aid Worn out New technology available / Aid is outdated Other 	
Other, Please Specify:	
Don't know	

I10.

(1) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) (*write-in*)?

1	None	
2	Slight	
3	Moderate	
4	Serious	
5	Cannot afford	
	Don't know	
	Refusal	

I11. Are there any aids o.: specialized equipment for persons who have difficulty moving around that you think (.... thinks he/she) you <u>need(s)</u> but do (does) not have? Phase include only portable equipment, we will be discussing access on ity features such as ramps and elevators in a later section.

1	√es□ No□	
2	No	> Go to I15
9	Don't know	> Go to I15
8	Refusal	> Go to I15

I12. Which aids do you (does) <u>need</u> but do not (does not) have?

(a)	Orthopedic footwear	
(b)	A cane or walking stick	
(c)	Crutches	
(d)	A manual wheelchair	
(e)	An electric wheelchair	
	(b) (c) (d)	 (a) Orthopedic footwear

6	(f)	A walker	
7	(g)	A scooter \Box	
8	(h)	Braces or supportive devices \Box	
9	(i)	Lifts or lift type devices	
10	(j)	Grab bars or bathroom aids \Box	
11	(k)	Adapted motor vehicle	
12	(1)	Another aid	
		\downarrow	
		Other, Please Specify:	
		4	

***Interviewer: Ask I13-I14 for aids (a-l) selected in I12; Else go to 115* **

I13. How frequently would you (....) use orthopedic foot year if you (he/she) did(a) 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

I14

(a)	Why do you (does) not have this aid? Mark all that $a_{PP} \stackrel{I_{1}}{\sim}$
1	Cost (purchase,
2	Cost (maintenance)
3	Not avilable locally
4	Yo. () personally feel (s) that your (his/her)
	Condition is not severe enough to justify this aid \Box
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 \Box
8	On a waiting list
9	Other
	\downarrow

Other, Please Specify:

10 None selected..... \Box

I13. How frequently would you (....) use a cane or walking stick if you (he/she)(b) 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 \dots
6	Not applicable
	Don't know
	Refusal

I14

(b)	Why do you (does) not have this aid? <i>Mark all that apply.</i>
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You (\ldots) personally fee! (s) that your (his/her) condition is not severe enough to justify this aid
5	Your () doctor $docs$ not feel that your (his/her) condition is severe enough
6	Your (\ldots) insurance company does not feel that your (his/he.) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a whit ng list
9	Other
	Other, Please Specify:
10	None selected

I13. How frequently would you (....) use crutches if you (he/she) did

(c) have it?

1	Everyday	
	A few times a week	

Once a week	
Less than once a week	
Frequent usage but only during certain times	. 🗆
Not applicable	
Don't know	
Refusal	
	Less than once a week Frequent usage but only during certain times Not applicable Don't know

I14

(c)	Why do you (does) not have this aid? <i>Mark all that apply.</i>
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 \Box
5	Your () doctor does not feel that your (his/her) condition is severe enough
6	Your (\ldots) insurance company does not feel that your (his/her) condition is severe enough
7	You don't (doesn't) know where to s^{t} it
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected

How frequently would you (....) use a manual wheelchair if you (he/she) did have it?

1	Ev ·ryday	🗆
2	A few times a week	🗆
3	Orce a week	
4	Less than once a week	□
5	Frequent usage but only during certain times	□
6	Not applicable	🗆
	Don't know	🗆
	Refusal	🗆

I14

(d) 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 \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \Box
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 \Box
8	On a waiting list \Box
9	Other
	Other, Please Specify:
10	None selected

How frequently would you (....) use 2.2 electric wheelchair if you (he/she) did have it? I13. **(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
I14	

I14

(e)	Why a you (does) not have this aid?	
	Ma. k al that apply.	
		_
1	Cost (purchase)L	1
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 \Box]
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 \Box]
8	On a waiting list]

9 Other.....□
↓
Other, Please Specify:
10 None selected.....□

I13. How frequently would you (....) use a walker if you (he/she) did

(f) 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

I14

(f)	Why do you (does) not have this 2.1?
	Mark all that apply.
1	Cost (purchase)
2	Cost (purchase)
3	Not available locally
4	You () person (ly ten (s) that your (his/her)
	condition is not seven enough to justify this aid \Box
5	Your (\ldots) doctor loes not feel that your (his/her) condition is sovere 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 \Box
8	On a waiting list
9	O.her
	\downarrow
	Other, Please Specify:
10	None selected

I13. How frequently would you (....) use a scooter if you (he/she) did

(g) have it?

1 2	Everyday
2 3	A few times a week
4	Less than once a week
5	Frequent usage but only during certain times
6	Not applicable
	Don't know
	Refusal

I14

(g)	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 a d
5	Your () doctor does not feel that your (h's/ er)
	condition is severe enough \Box
6	Your () insurance company does not fee' that
	your (his/her) condition is severe enough. \Box
7	You don't (doesn't) know where to get it
8	On a waiting list \Box
9	Other
	Other, Please Specify:
10	None selected

I13. How the quently would you (....) use braces or supportive devices if you (h) (he/he) did have it?

Everyday
A few times a week
Once a week \Box
Less than once a week \Box
Frequent usage but only during certain times \dots
Not applicable
Don't know
Refusal

I14 (h) Why do you (does) not have this aid? Mark all that apply. Cost (purchase)..... 1 Cost (maintenance)..... 2 3 Not available locally..... \Box 4 You (....) personally feel (s) that your (his/her) condition is not severe enough to justify this aid..... \Box 5 Your (....) doctor does not feel that your (his/her) condition is severe enough..... \Box 6 Your (....) insurance company does not feel that your (his/her) condition is severe enough...... \Box

- You don't (.... doesn't) know where to get it...... \Box 7 On a waiting list..... \Box
- 8 9 Other.....

Other, Please Specify:

10 None selected.....

How frequently would you (....) use lifts or lift type devices if you (he/she) **I13**. (i) 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 incw
	Refusa'

114 (i)	Why do you (does) not have this aid? <i>Mark all that apply.</i>
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally \Box
4	You () personally feel (s) that your (his/her) condition is not severe enough to justify this aid \Box
5	Your (\ldots) 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 \Box
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected
I13.	How frequently would you () use grab bars or bathroom and y j2 you
(j)	(he/she) did have it?
(J)	(ne/sne) 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 \ldots
6	Not applicable
	Don't know
	Refusal
I14	
(j)	Why do you (does) not have this aid?
(J)	Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You () personally feel (s) that your (his/her)
F	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her) condition is severe enough
6	Y ur () insurance company does not feel that
6	your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a waiting list \Box
9	Other
,	
	Other, Please Specify:
10	None selected
10	

I13. How frequently would you (....) use an adapted motor vehicle if you (he/she)(k) did have it?

1 2 3 4 5 6	Everyday A few times a week Once a week Less than once a week. Frequent usage but only during certain times Not applicable. Don't know. Refusal.
I14 (k)	Why do you (does) not have this aid? Mark all that apply.
1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally \Box
4	You () personally feel (s) that your (his/yer)
	condition is not severe enough to justify d is aid \Box
5	Your (\ldots) doctor does not feel that your (his/her) condition is severe enough
6	Your () insurance contrained does not feel that
C	your (his/her) condition is revere enough
7	You don't (doesn') know where to get it \Box
8	On a waiting list \ldots \Box
9	Other
	Other Please Specify:
10	None selected
10	× –

How frequently would you (....) (*write-in*) use if you (he/she) didhave it?

Everyday.....
 A few times a week....
 Once a week....
 Less than once a week....
 Frequent usage but only during certain times.....
 Not applicable....

Don't know	
Refusal	

I14

(1)	Why do you (does) not have this aid? <i>Mark all that apply.</i>
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 \Box
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:
10	None selected
I15.	In the past 6 months, how often have you had difficulty participating in

everyday activities Secause of your ability to move around?

1	Daily	
2	Weekly	
3	Mentaly	
4	Less than once per month	
5	Never	
6	Not applicable	\dots > Skip to J
	Don't know	\dots > Skip to J

I16. When your (....'s) ability to move around made it difficult to participate in everyday activities, did you (he/she) experience:

1	Some difficulty
2	A lot of difficulty
3	You were (was) completely unable
4	Your ('s) participation was not affected
9	Don't know

Section J - Agility Filter

******All respondents enter this module**

J. The next questions deal with flexibility and agility. Remember, I am asking about difficulties that have lasted or are expected to last 6 months or more.

J1.	Do you (Does) have any difficulty bending down and picking up on object from the floor (for example, a shoe)?		
	1	Yes, sometimes Check Agility lin itation on Profile Sheet	
	2	Yes, often or always > Check Agility limitation on Profile Sheet	
	3	No	
	8	Refusal	
	9	Don't Know \Box > Go to J3	
J2.	How much difficulty		
1	Some difficulty		
2	A lot of diffic: 1'ty		
3	You were (was) completely unable		
4	You	(., 's) participation was not affected	
9		t know	
8	Refusar		
J3.	Do you (Does) have any difficulty dressing and undressing yourself (himself/herself)?		
	1	Yes, sometimes > Check Agility limitation on Profile Sheet	
	2	Yes, often or always \Box > Check Agility limitation on Profile Sheet	

3	No	> Go to J5
8	Refusal	> Go to J5
9	Don't Know	> Go to J5

How much difficulty? **J4.**

	1	Some difficulty
	2	Some difficulty
	2	You were (was) completely unable
	4	
		Your ('s) participation was not affected
	9	Don't know
	8	Refusal
J5.	Do x	you (Does) have any difficulty getting into and out of bed?
92.	Dog	ou (Does) have any uniferrity getting into and out of bed.
	1	Yes, sometimes Check Agility
	1	limitation on Profile Sheet
	2	Yes, often or always > Check Agility limitation on Profile Sheet
	3	No \Box > Go to J7
	8	Refusal \Box > Go to J7
	9	Don't Know Go to J7 \rightarrow Go to J7
J6.	How	v much difficulty?

1	Some difficulty
2	A lot of difficulty
3	You were (was) completely unable
4	Vour ('s) participation was not affected \Box
9	Don't know 🗆
8	Refusal

Is it <u>physically</u> difficult for you (....) to cut your (his/her) own toenails? J7.

1	Yes, sometimes	>	Check Agility limitation on Profile
			Sheet
2	Yes, often or always	>	Check Agility limitation on Profile

3	No	> Go to J9
8	Refusal	> Go to J9
9	Don't Know	> Go to J9

J8. How much difficulty?

1	Some difficulty \Box
2	A lot of difficulty \Box
3	You were (was) completely unable
4	Your ('s) participation was not affected
9	Don't know \Box
8	Refusal

J9. Do you (does) have any difficulty using your (his/her) fingers to grasp or to handle an object, such as pliers or scissors?

1	Yes, sometimes > Check Agility limitation on Profile Sheet
2	Yes, often or always > Check Agility limitation on Profile Sheet
3	No \Box > Go to J11
8	Refusal
9	Don't Kno \forall \Box > Go to J11

J10. How much aifficulty?

1

1	Come difficulty	□
23	A lot of difficulty	🗆
	You were (was) completely unable	
4	Your ('s) participation was not affected	🗆
9	Don't know	🗆
8	Refusal	🗆

J11. Do you (Does) have any difficulty reaching in any direction (for example, above your (his her) head)?

Yes, sometimes	> Check Agility
	limitation on Profile
	Sheet

2	Yes, often or always □	>	Check Agility limitation on Profile Sheet
3	No	>	Go to J13
8	Refusal	>	Go to J13
9	Don't Know	>	Go to J13

J12. How much difficulty?

	4
1	Some difficulty
2	A lot of difficulty
3	You were (was) completely unable 🗆
4	Your ('s) participation was not affected
9	Don't know
8	Refusal D

1

J13. Do you (Does) have any difficulty cutting your (his/her) own food?

1	Yes, sometimes	>	Check Agility limitation on Profile Sheet
2	Yes, often or always	>	Check Agility limitation on Profile Sheet
3	No	>	If Agility limitation checked on Profile Sheet then Go to K ; Else go to L
8	Refusal	>	If Agility limitation checked on Profile Sheet then Go to K ; Else go to L
9	Don't Know	>	If Agility limitation checked on Profile Sheet then Go to K ; Else go to L

J14. How much difficulty?

1	Some difficulty
	A lot of difficulty

3	You were (was) completely unable
4	Your ('s) participation was not affected \Box
9	Don't know.
8	Refusal

Section K - Agility Aids

If agility limitation is marked on the Profile Sheet then continue; Else skip to Section L (p 171)

K1. Do you (Does) <u>use</u> any aids or specialized equipment that helps (him/her) with your (his/her) agility or flexibility? For example, a hand or her brace or grasping tools.

1	Yes
	No > Go to K11
9	Don't know Go to K11
8	Refusal

K2. Do you (Does) now <u>use</u>:

	(1)	(2)	(9)	(8)
	Yes	No	<u>DK</u>	<u>R</u>
(a) a hand or arm brace?				
(b) grasping tools or reacy extenders?				
(c) grab bars or b ⁻ throom aids?				
(d) bath or bea 'ifts of other lift type devices?				
(e) another.io ²				
	↓			
Other, PLase Specify:	•			

** Interviewer: Ask questions K3-K10 for the aids selected in K2(a-e); Else skip to K11**

K3.

- (a) <u>How often</u> do you (does) <u>use</u> a hand or arm brace?
 - 1 Every day......
 - 2 A few times a week..... \Box

3 4	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	
	Å	

K4.

(a)	V	Who paid the most for <u>acquiring</u> this item?
	1	You ()
	2	Your ('s) family
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization 🗆
	7	It does not belong to you (\dots) (e. be ongs to employers,
		friends / family, public property, etc.)
	8	Other
		Other, Please Specify:
	9	Not applicatie.
)	Don't know
		Refuszí
K4a.		
(a)	· · · · · · · · · · · · · · · · · · ·	re you (i.s) making any kind of payment for your ()'s hand or arm
	b	rate for example to rent or finance this item?
	1	Yes
	1 2	
	Z	No□ > Skip to K3(b) if K4=7
	9	Don't know
	8	Refusal□ > Skip to K3(b) if K4=7

K5.

(a) <u>How often</u> does your (....)'s hand or arm brace need service, such as repairs or maintenance?

1	Every 6 months or less \Box
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 \Box
6	Never
7	Not applicable $\Box > $ Go to K7
	Don't know $\Box > $ Go to K7
	Refusal \Box > Go to K ⁷

K6.

(a) How much difficulty do you (does) have paving 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.
- (a) <u>How often</u> a your (....)'s hand or arm brace need to be replaced?

1	Every o months or less	>	Go to K9
2			
3	Once per year to less than 2 years		
	Cince every 2 years but less than once every 5 years. \Box		
	Every 5 years or more		
6	Never	>	Go to K3 (b)
7	Not applicable	>	Go to K3 (b)
	Don't know	>	Go to K3 (b)
	Refusal	>	Go to K3 (b)

K8.

(a) Will this item need to be replaced in the next 12 months?

1 Yes.....

2	No	>	Go to K3 (b)
9	Don't know	>	Go to K3 (b)
8	Refusal	>	Go to K3 (b)

K9.

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

1 2 3 4 5 6	Condition is worse
	Other, Please Specify:

K10.

(a) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) hand or arm brace.

1	None
2	Slight
	Moderate
4	Serious
5	Cannot a.ford
	Dor't know
	Refu ai

K3.

(b) <u>How often</u> do you (does) <u>use</u> grasping tools or reach extenders?

1	Every day
2	A few times a week \Box
3	Once a week \Box
4	Less than once a week \Box
5	Frequent usage but only
	during certain times \Box
6	Don't use because it needs repair
	or replacement
5 6	during certain times

7	Not applicable \Box
	Don't know
	Refusal

K4.

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

1
8,

K4a.

(b) Are you (Is) make any kind of payment for your (....)'s grasping tools or reach extenders, for example to rent or finance this item?

1	Yes		
2	No	>	Skip to K3(c) if K4=7
2	Don't know	>	
8	Refusal	>	Skip to K3(c) if K4=7

K5.

(b) <u>How often</u> does your (....)'s grasping tools or reach extenders need service, such as repairs or maintenance?

1	Every 6 months or less \Box
2	More than 6 months but less than 1 year \Box
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		
	Never	>	Go to K7
7	Not applicable	>	Go to K7
	Don't know	>	Go to K7
	Refusal	>	Go to K7

K6.

(b) How much difficulty do you (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

K7.

(b) <u>How often</u> do your (....)'s grasple g tools or reach extenders need to be replaced?

1	Every 6 months or less \Box > Go to K9
2	More than 6 months but less than 1 year
3	Once per year to lest than 2 years \Box
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 year. or more
6	Never., \Box > Go to K3 (c)
7	Not applicable \Box > Go to K3 (c)
	Dcn't k 10, \forall \Box > Go to K3 (c)
	Ref. sal

K8.

(b) Will this item need to be replaced in the next 12 months?

1	Yes		
2	No	>	Go to K3 (c)
9	Don't know	>	Go to K3 (c)
8	Refusal	>	Go to K3 (c)

(b) What is the main reason you (....) will need to replace your (his/her) grasping tools or reach extenders?

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 \checkmark
	Other, Please Specify:
	Don't know
	Refusal

K10.

(b) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) grasping tools or reach extenders?

1	None
2	
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

K3.

(c) <u>How often</u> do you (does) <u>use</u> grab bars or bathroom aids?

1	Every day
2	A few times a week
2	Once a week \Box
4	Less than once a week \Box
5	Frequent usage but only
	during certain times \Box
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

K4.(c) Who paid the most for <u>acquiring</u> this item?

	1	You ()
	2	Your ('s) family
	2	
		Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.)
	8	Other
	0	
		Other, Please Specify:
	9	Not applicable
	1	Don't know
		Refusal
K4a.		
		$(1, \dots)$ making one bird of comment for your $(\dots)^2$ such how on
(c)		re you (Is) making any kin.' of payment for your ()'s grab bars or
	ba	athroom aids, for example to rem or finance this item?
	1	Yes
	2	No \square > Skip to K3(d) if
		K4=7
	0	
	9	Don't know \Box > Skip to K3(d) if
		K4=7
	8	Kufusal
	0	Ktusai
		K4=/
K3.	\mathbf{N}	
	п	ion often de ven (deeg) was both on bod lifts on other lift time devices?
(d)	H	ow often do you (does) <u>use</u> bath or bed lifts or other lift type devices?
	1	
	1	Every day
	2	A few times a week \Box
	3	Once a week \Box
	4	Less than once a week \Box
	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

K4.

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

1	You ()
1	
2	Your ('s) family
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization
7	It does not belong to you (\ldots) (i.e. belongs to $cm_{\rm P}$ overs,
	friends / family, public property, etc.)
8	Other
	Other, Please Specify:
9	Not applicable
	Don't know
	Refusal

K4a.

(d) Are you (Is) maki. g any kind of payment for your (....)'s bath or bed lifts or other lift ty_k e devices, for example to rent or finance this item?

1	Yes	
2	N ₂ □	> Skip to K3(e) if K4=7
9	Don't know	> Skip to K3(e) if K4=7
8	Refusal	> Skip to K3(e) if K4=7

K5.

(d) <u>How often</u> does your (....)'s bath or bed lifts or other lift type devices need service, such as repairs or maintenance?

1 Every 6 months or less..... \Box

2	More than 6 months but less than 1 year \Box
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 \Box > Go to K7
7	Not applicable \Box > Go to K7
	Don't know \Box > Go to K7
	Refusal \Box > Go to K7

K6.

(d) How much difficulty do you (does) have paying for the service of this item?

None	
Slight	
Moderate	
Cannot afford	
Not applicable	
Refusal	

K7.

(d) <u>How often</u> do your (....)'s hath or bed lifts or other lift type devices need to be replaced?

1	Every 6 months or κ ss	>	Go to K9
2	More than 6 months but less than 1 year	>	Go to K9
3	Once per yea: to less than 2 years \Box		
4	Once every 2 years but less than once every 5 years. \Box		
5	Every 5 vcers or more		
6	Never	>	Go to K3 (e)
7	Not poplicable	>	Go to K3 (e)
	L'on't know	>	Go to K3 (e)
	Rerusal	>	Go to K3 (e)

K8.

(d) Will this item need to be replaced in the next 12 months?

1	Yes	
2	No >	Go to K3 (e)
9	Don't know $\square >$	Go to K3 (e)
8	Refusal□ >	Go to K3 (e)

K9.

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

1 2 3 4	Condition is worse
5	New technology available / Aid is outdated \Box
6	Other
	Other, Please Specify:
	Don't know

K10.

(d) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) bath or bed lifts or other line type devices?

		_
1	None	
2	Slight]
3	Moderate	
4	Serious	
5	Cannot afford]
	Don't know]
	Refusal]

K3. (e)

How often do you (does) use a (write-in)?				
	_			
Y	Every day			
2	A few times a week \Box			
3	Once a week \Box			
4	Less than once a week \Box			
5	Frequent usage but only			
	during certain times \Box			
6	Don't use because it needs repair			
	or replacement \Box			
7	Not applicable			
	Don't know			
	Refusal			

K4.(e) Who paid the most for <u>acquiring</u> this item?

1	
1	You ()
2	Your $(\ldots$'s) family
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization 🗆 💫
7	It does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.)
8	Other
	<u>↓</u>
	Other, Please Specify:
9	
9	Not applicable
	Don't know
	Refusal

K4a.

(e) Are you (Is) making any kind of payment for your (....)'s (write-in), for example to rent or finance trais item?

1	Yes		
2	No	> S	kip to K11 if K4=7
9	Don't k		kip to K11 if K4=7
8	Refus. 1	> S	kip to K11 if K4=7

<u>Interviewer</u>: I_J service or replacement is applicable to this specific write-in then proceed to K5, else sk_{i_F} to K11.

K5.

(e) <u>How often</u> does your (....)'s (*write-in*)need service, such as repairs or maintenance?

1	Every 6 months or less
2	· · ·
3	· · · · · ·
4	Once every 2 years but less than once
	every 5 years
5	Every 5 years or more \Box

6	Never	>	Go to K7
7	Not applicable	>	Go to K7
	Don't know		
	Refusal	>	Go to K7

K6.

(e) How much difficulty do you (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

K7.

(e) <u>How often</u> do your (....)'s (*write-in*) need to 'be replaced?

1	Every 6 months or less \Box > Go to K9
2	More than 6 months but less than 1 year \Box > Go to K9
3	Once per year to less than 2 years \Box
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never \Box > Go to K11
7	Not applicable \Box > Go to K11
	Don't know. \Box > Go to K11
	Refusal \Box > Go to K11

K8.

(e)	Wi ^u t	hi; item need to be replaced in the next 12 mor	nths?
	9	Yes	> Go to K11

K9.

(e) What is the main reason you (....) will need to replace your (his/her) (*write-in*)?

1 Condition is worse..... \Box

2 3 4 5 6	Outgrew the aid
	Don't know
	ow much difficulty <u>will you ()</u> have paying for a replacement for our (his/her) (<i>write-in</i>)?
1 2 3 4 5	Slight □ Moderate □ Serious □
K11. 1 2 9 8	Are there any aids, $s_F \circ C$ alized equipment designed to help (him/her)with your (his/her) agility or flexibility that you () think(s) you(he/she) need(s) but do (does) not have?Yes.Yes.No.No.So to K15Den't know.Refusal.So to K15Refusal.
K12.	Which aids do you (does) <u>need</u> but do not (does not) have?
1 2 3 5	 (a) a hand or arm brace□ (b) grasping tools or reach extenders□ (c) adapted kitchen tools and utensils□ (e) another aid□
	Other, Please Specify:

Interviewer: Ask questions K13-K14 for aids (a-d) selected in K12; Else go to K15

K13. How frequently would you (....) use a hand or arm brace if you (he/she) did (a) have it?

1 2 3 4 5 6	Everyday A few times a week. Once a week. Uess than once a week. Frequent usage but only during certain times Not applicable. Don't know. Refusal.
K14 (a)	Why do you (does) not have this aid? Mark all that apply.
1 2 3	Cost (purchase) Image: Cost (maintenance) Not available locally Image: Cost (maintenance)
4 5	You () personally feel (s) that your (his/her) condition is not severe enough to justify this aid \Box Your () doctor does not feel that your (his/her) condition is severe enough
6	Your (\ldots) 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
10	None selected

K13. How frequently would you (....) use grasping tools or reach extenders if you(b) (he/she) did have it?

1	Everyday	
	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	

K14

Why do you (does) not have this aid? <i>Mark all that apply.</i>
Cost (purchase)
Cost (maintenance)
Not available locally
You () personally feel (s) that your (his/her)
condition is not severe enough to justify this aid \Box
Your () doctor does not feel that your (his/her)
condition is severe enough \Box
Your () insurance company does not feel that
your (his/her) condition is severe enough
You don't (doesn't) know where to get it
On a waiting list
Other
Other, Please Specify:
None selected

K13. How frequently would you (....) use grab bars or bathroom aids if you (c) (he/she) did have it?

1	Everyday
I	
2	A few lines a week
3	Once a week
4	Les. than once a week
5	Γ requent usage but only during certain times
6	Not applicable
	Don't know
	Refusal

K14

(c)	Why do you (does) not have this aid? <i>Mark all that apply.</i>
1	Cost (purchase)
2	Cost (maintenance)

3 4	Not available locally
5	condition is not severe enough to justify this aid \Box Your () doctor does not feel that your (his/her)
6	condition is severe enough \Box Your () insurance company does not feel that
	your (his/her) condition is severe enough \Box
7	You don't (doesn't) know where to get it \Box
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected
K13. (d)	How frequently would you () use bath or beatiffs or other lift type devices 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 cortain times \dots
6	Not applicable
	Don't know
	Refusal
K14 (d)	Why do you (does) not have this aid?
(u)	Mark c'u hat apply.
1	Cost (p vrc'rase)
2	Cos' (maintenance)
3	Not available locally \Box
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
6	condition is severe enough \Box Your () insurance company does not feel that
6	YOUR () Insurance company does not feel that

	condition is severe enough \Box
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 \Box
8	On a waiting list \Box
9	Other

Other, Please Specify:

10 None selected.....

K13. How frequently would you (....) use a (write-in) if you (he/she) did **(e)** 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 \dots
6	Not applicable
	Don't know
	Refusal
K14	

K14

(e)	Why do you (does) not have this aid.
	Mark all that apply.
1	Cost (purchase)
2	Cost (purchase)
3	Not available locally \Box
4	You () personally feer (s) that your (his/her)
	condition is not severe nough to justify this aid \Box
5	Your () doctor Uses not feel that your (his/her)
	condition is severe enough
6	Your () Ensurance company does not feel that
	your (his/her) condition is severe enough
7	You do.'. (doesn't) know where to get it \Box
8	On a w, it, ig list
9	Oth r
	Other, Please Specify:
10	
10	None selected

In the past 6 months, how frequently have you (has) had difficulty K15. participating in everyday activities because of your (his/her) agility or flexibility?

1	Daily
2	Weekly
3	Monthly
4	Less than once per month
5	Never \Box > Skip to L
6	Not applicable \Box > Skip to L
	Don't know \Box > Skip to L

K16. When your (....'s) agility or flexibility made it difficult to participate in everyday activities did you (he/she) experience:

1	Some difficulty
2	A lot of difficulty
3	You were (was) completely unable
4	Your ('s) participation was not affected
9	Don't know 🛛 🗸
8	Refusal

Section L - Pain Filter

All respondents enve. this module

- L. The next few questions deal with ong-term pain and discomfort. Remember, I am asking about difficult. Is that have lasted or are expected to last 6 months or more.
- L1. Do you (Does) have any pain or discomfort that is <u>always</u> present?

1	Ves	$\Box > \text{Go to L3}$
2	Ne	
9	Der't know	
8	Refusal	
\sim		

L2. Do you (Does) have <u>periods</u> of pain or discomfort that <u>reoccur</u> from time to time?



L3. Does this pain or discomfort reduce the amount or the kind of activities you

(....) can do?

1	Yes	> Check Pain- Limitation box on Profile Sheet
2	No	> Check Pain-
		Limitation box on Profile Sheet and
		Skip to N
9	Don't know \Box	> Skip to N
8	Refusal	> Skip 'o N

L4. How many activities does your (....'s) pain or discomfort usually prevent you (him/her) from doing <u>at home</u>?

1	None	
1		······································
2	A few	
3	Many	
4	-	
5	Not applicable	
	Don't know	
	Refusal	

L5. How many activities does you (....'s) pain or discomfort usually prevent (him/her) from doing <u>a</u> 'wo) k?

1 N	None
2 A	A few
3 N	Jany
4 h	.to +□
5 1	ot applicable
	Don't know
R	Refusal

L6. How many activities does you (....'s) pain or discomfort usually prevent (him/her) from doing <u>at school</u>?

1	None 🗆
2	A few
3	Many
	Most
5	Not applicable

Don't know	
Refusal	

L7. How many activities does you (....'s) pain or discomfort usually prevent (him/her) from doing <u>in other areas, such as transportation or leisure</u>?

1	None	
2	A few	
3	Many	
4	Most	4
5	Not applicable	
	Don't know	
	Refusal	
		7

Section M - Pain Aids

**If pain limitation is marked on the Profile Sheet 1'ren continue; Else skip to Section $N(p \ 158)$.*

M1. Do you (Does) <u>use</u> any aids or specialized equipment designed for pain management, for example, an electrotherapy device such as a T.E.N.S. machine or hot and/or cold aids? Please do not include pain medication as we will ask about prescription and non-prescription drugs later.

1	Yes	
2	No	Go to M11
9	Don't know $\square >$	Go to M11
8	Refusar >	Go to M11

M2. Do you (Cors) now use:

FO'	(1) <u>Yes</u>	(9) <u>DK</u>	` '
(a) an electrotherapy device such as a T.E.N.S. machine?	🗆		
(b) hot and/or cold aids?	. 🗆		
(c) a comfort aids such as therapeutic cushion?	. 🗆		
(d) an adjustable bed?	. 🗆		
(e) another aid?	□		

(0)

 (\mathbf{n})

(1)

(0)

Other, Please Specify:

*** Interviewer: Only read questions in section M3 for the aids(a-e) selected in M2***

M3.

(a) <u>How often</u> do you (does) <u>use</u> an electrotherapy device such as a T.E.N.S. machine?

1	Every day
1	
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

M4.

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

You ()
Your () family
Health are system
Covernment program
In unaice company
Non-profit organization
It does not belong to you () (i.e. belongs to employers, friends / family,
public property, etc.)
Other
\downarrow
, Please Specify:
Not applicable
Don't know
Refusal

M4a.

(a) Are you (Is) making any kind of payment for your ()'s electr device such as a T.E.N.S. machine, for example to rent or finance thi		
	1	Yes
	2	No No
	9	Don't know Don't know Skip to M2(b) if M4=7
	8	Refusal
M5.		
(a)		often does your ()'s electrotherapy device such as a T.E.N.S.
	macl	hine need service, such as repairs or maint mance?
	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 les, than once
		every 5 years
	5	Every 5 years or monomial \Box
	6	Never
	7	Not applicable $\Box > $ Go to M7
		Don't know \Box > Go to M7
		Refusal \Box > Go to M7
M6.		
(a)	How	v n.v.l. difficulty do you (does) have paying for the service of this
()	item	
1	None	e
2	Sligh	nt
3		erate
4		Dus
5	Can	not afford
6	Not a	applicable
		t know
	Refu	sal 🗆

(a) <u>How often</u> does your (....)'s electrotherapy device such as a T.E.N.S. machine need to be replaced?

1 2 3	Every 6 months or less $\square > $ Go to M9 More than 6 months but less than 1 year $\square > $ Go to M9 Once per year to less than 2 years \square
4	Once every 2 years but less than once every 5 years \Box
5	Every 5 years or more
6	Never $\Box > $ Go to M3 (b)
7	Not applicable \Box > Go to M3 (b)
	Don't know $\Box > $ Go to M3 (b)
	Refusal
M8. (a)	Will this item need to be replaced in the next 12 months?
	1 Yes
	2 No Go to M3 (b)
	9 Don't know $\square > $ Go to M3 (b)
	8 Refusal

M9.

(a) What is the main reason you (....) will need to replace your (his/her) electrotherapy device such as a T.E.N.S. machine?

1	Condition is worse	
2	Condition is better	
3	Outgrew the a ⁱ d	
4	Worn out	
5	New technology available / Aid is outdated	
6	Other	
Other, Please Specify:		
	Don't know	
	Refusal	

M10.

(a) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) electrotherapy device such as a T.E.N.S. machine?

1	None]
2	Slight]

3	Moderate
4	Serious
5	Cannot afford
	Don't know
	Refusal

M3.

How often do you (does) use hot and/or cold 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

M3.

How often do you (does) <u>use</u> comfort aid such as a therapeutic cushion? (c)

1	Every day
2	A few times a veek
3	Once a week
4	Less than once a week
5	Frequent usage but only
	during cortain times
6	Don't use because it needs repair
(or replacement
7	Not applicable
\mathbf{N}	Don't know
	Refusal

M4.

(c) Who paid the most for acquiring this item?

1	You ()
2	Your ('s) family
3	Health care system
4	Government program
5	Insurance company

7 It does not belong to you () (i.e. belongs to employers, friends / family, public property, etc.) 8 Other	friends / family, public property, etc.) 8 Other. 9 Not applicable 9 Don't know 1 Refusal 1 Yes 2 No 9 Don't know	loyers,
8 Other	 8 Other	
Other, Please Specify: 9 Not applicable. Don't know. Don't know. Refusal. Refusal. M4a. Imaking any kind of payment for your ()'s comfort all such as therapeutic cushion, for example to rent or fit ance this item? 1 Yes. 2 No. 9 Don't know. 9 Don't know. 8 Refusal. 1 Every day. 2 A few times a veek. 3 Once a week. 4 Less than once a week. 5 Frequent usage but only during verain times. 6 Don't know. 7 Jot applicable. 7 Jot applicable.	Other, Please Specify: 9 Not applicable Don't know Refusal M4a. (c) Are you (Is) making any kind of payment for your (such as therapeutic cushion, for example to rent or fit and 1 Yes	
9 Not applicable	9 Not applicable	
9 Not applicable	9 Not applicable	
Don't know	Don't know	
Don't know	Don't know □ Refusal □ M4a. □ (c) Are you (Is) making any kind of payment for your (such as therapeutic cushion, for example to rent or fivance 1 Yes	
Don't know	Don't know	
M4a. (c) Are you (Is) making any kind of payment for your ()'s comfort at such as therapeutic cushion, for example to rent or fit ance this item? 1 Yes	M4a. (c) Are you (Is) making any kind of payment for your (such as therapeutic cushion, for example to rent or fivance) 1 Yes	4
(c) Are you (Is) making any kind of payment for your ()'s comfort at such as therapeutic cushion, for example to rent or fivance this item? 1 Yes	 (c) Are you (Is) making any kind of payment for your (such as therapeutic cushion, for example to rent or fivance) 1 Yes	
(c) Are you (Is) making any kind of payment for your ()'s comfort at such as therapeutic cushion, for example to rent or fivance this item? 1 Yes	(c) Are you (Is) making any kind of payment for your (such as therapeutic cushion, for example to rent or fivance) 1 Yes	
such as therapeutic cushion, for example to rent or finance this item? 1 Yes	such as therapeutic cushion, for example to rent or fivance 1 Yes	
1 Yes	1 Yes	
2 No	2 No	this item?
2 No	2 No	r
 9 Don't know	 9 Don't know	
 8 Refusal	 8 Refusal M3. (d) How often do you (does) <u>re</u> an adjustable bed? 1 Every day 2 A few times a veek 3 Once a weck 4 Less than once a week 5 Frequent usage but only 	
M3. (d) How often do you (does) see an adjustable bed? 1 Every day	M3. (d) How often do you (does) <u>see an adjustable bed?</u> 1 Every day 2 A few times a veek 3 Once a weck 4 Less than once a week 5 Frequent usage but only	
(d) How often do you (does) rean adjustable bed? 1 Every day 2 A few times a veek 3 Once a weck 4 Less than once a week 5 Frequent usage but only during certain times 6 Den't use because it needs repair 7 Not applicable 7 Not applicable	(d) How often do you (does) see an adjustable bed? 1 Every day 2 A few times a veek 3 Once a weck 4 Less than once a week 5 Frequent usage but only	
(d) How often do you (does) rean adjustable bed? 1 Every day 2 A few times a veek 3 Once a week 4 Less than once a week 5 Frequent usage but only during remain times 6 Den't use because it needs repair of replacement 7 Not applicable 0n't know	(d) How often do you (does) see an adjustable bed? 1 Every day 2 A few times a veek 3 Once a week 4 Less than once a week 5 Frequent usage but only	
1 Every day 2 A few times a veek 3 Once a weck 3 Once a weck 4 Less than onco a week 5 Frequent usage but only during bertain times 6 Do n't use because it needs repair 7 Not applicable 7 Not applicable	1 Every day 2 A few times a veek 3 Once a week 4 Less than once a week 5 Frequent usage but only	
 A few times a veek Once a week Less than onco a week Frequent usage but only during bertain times Don't use because it needs repair oor teplacement Thot applicable 	 A few times a veek Once a week Less than onco a week Frequent usage but only 	
 A few times a veek Once a week Less than onco a week Frequent usage but only during bertain times Don't use because it needs repair oor teplacement Thot applicable 	 A few times a veek Once a week Less than onco a week Frequent usage but only 	
 3 Once a weck. 4 Less than once a week. 5 Frequent usage but only during certain times. 6 Den't use because it needs repair of replacement. 7 Not applicable Don't know. 	 3 Once a weck□ 4 Less than oncy a week□ 5 Frequent usage but only 	
 Less than once a week Frequent usage but only during remain times Den't use because it needs repair or replacement Thot applicable Don't know 	 4 Less than onco a week 5 Frequent usage but only 	
 5 Frequent usage but only during periain times	5 Frequent usage but only	
during remain times 6 Don't use because it needs repair o. replacement 7 1 lot applicable Don't know		
 6 Don't use because it needs repair or replacement	during ven ain times	
7 I lot applicable		
Don't know		
	7 I lot applicable	
Refusal	\bigcirc Don't know \Box	
	Refusal	

1	You ()
2	Your ('s) family \Box
3	Health care system \Box
4	Government program

	5 6	Insurance company Non-profit organization
	7	It does not belong to you (\ldots) (i.e. belongs to employers, friends (family, public property, etc.)
	8	friends / family, public property, etc.)
	-	\downarrow
	C	Other, Please Specify:
	9	Not applicable
M4a.		
(d)		you (Is) making any kind of payment for you • ()'s an adjustable
	bed,	for example to rent or finance this item?
	1	Yes
	1 2	Yes No
		No No
	2	
M5.	2 9 8	No
M5. (d)	2 9 8 <u>Hov</u>	No
	2 9 8 <u>How</u> main	No
	2 9 8 <u>How</u> 1	No
	2 9 8 <u>How</u> main	No
	2 9 8 <u>How</u> main 1 2	No
	2 9 8 How main 1 2 3	No
	2 9 8 How main 1 2 3	No
	2 9 8 How main 1 2 3 4 5 6	No
	2 9 8 <u>How</u> main 1 2 3 4 5	No
	2 9 8 How main 1 2 3 4 5 6	No

M6.

(d) How much difficulty do you (does) have paying for the service of this item?

1	None	
2	Slight	
	Moderate	

4	Serious
5	Cannot afford
6	Not applicable \Box
	Don't know
	Refusal

M7.

(d) <u>How often</u> does your (....)'s an adjustable bed need to be replaced?

1	Every 6 months or less $\Box > Go \text{ to } M9$
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. \Box
5	Every 5 years or more
6	Never
7	Not applicable
	Don't know \Box > Go to M3 (e)
	Refusal

M8.

- (d) Will this item need to be replaced in the n xt 12 months?
 - 1Yes.....2No.....9Don't know....8Refusal....>Go to M3 (e)>Go to M3 (e)

M9.

(d) What is the main reason you (....) will need to replace your (his/her) an adjustable bed?

1	Continion is worse
2	Condition is better
3	Outgrew the aid
4	Worn out
5	New technology available / Aid is outdated \Box
6	Other
	\downarrow
	Other, Please Specify:
	Don't know
	Don't know Refusal

M10.

How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) an adjustable bed? **(d)**

1	None	
2	Slight	
3	Moderate	
4	Serious	
5	Cannot afford	
	Don't know	,
	Refusal	

M3

M3. (e)	<u>Hov</u>	v often do you (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 reparor or replacement
	7	Not applicable

M4.

M4.	
(e)	Who paid the most for <u>acquiring</u> this item?

1	You ()	🗆	
2	Your ('s) family		
3	Health care system		
4	Government program	🗆	
5	Insurance company	🗆	
6	Non-profit organization		
7	It does not belong to you () (i.e. belo	ngs to emplo	oyers,
	friends / family, public property, etc.)		-
8	Other		
	Other, Please Specify:	Y	

9	Not applicable	
	Don't know	
	Refusal	

M4a.

(e) Are you (Is) making any kind of payment for your (....)'s (*write-in*), for example to rent or finance this item?

	Yes	
2	No□ >	Skip to M11 if M4=7
9	No $\square >$ Don't know $\square >$	Skip to M11 if M4=7
8	Refusal >	Skip *9 M11 i/ M4=7

<u>Interviewer</u>: If service or replacement is applicable to this specific miterin then proceed to M5, else skip to M11.

M5.

(e) <u>How often</u> does your (....)'s (*write-in*), such as repairs or maintenance?

1	Every 6 months or less
2	More than 6 months but less than 1 y ar \Box
3	Once per year to less than 2 years
4	Once every 2 years but less that once
	every 5 years
5	Every 5 years or more
6	Never \Box > Go to M7
7	Not applicable \Box > Go to M7
	Don't know \Box > Go to M7
	$Refuse^1 \qquad \qquad \square \qquad > Go \text{ to } M7$

M6.

(e) How h difficulty do you (does) have paying for the service of this ite n?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable \Box
	Don't know
	Refusal

(e) <u>How often</u> does your (....)'s (*write-in*) need to be replaced?

1	Every 6 months or less $\Box > Go to M9$
2	More than 6 months but less than 1 year $\Box > Go to M9$
3	Once per year to less than 2 years \Box
4	Once every 2 years but less than once every 5 years \Box
5	Every 5 years or more
6	Never $\Box > $ Go to M11
7	Not applicable \Box > Go to M11
	Don't know \Box > Go to M11
	Refusal

M8.

(e)	Will	this item need to be replaced in the next 12 months?	
	1	Yes	
	2	No $\square > $ Go to M1	11
	9	Don't know Go to M1	11
	8	Refusal $\square > $ Go to M1	11

M9.

(e) What is the main reason you (....) wull need to replace your (his/her) (write-in)?

1	Condition is worse	
2	Condition is better	
3	Outgrew the aid	
4	Worn out	
5	New technology vailable / Aid is outdated \Box	
6	Other	
_		
	Other, Please Specify:	
X	Don't know	
	Refusal	

M10.

(e) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) (*write-in*)?

1	None
2	Slight
	Moderate

4	Serious
5	Cannot afford
	Don't know
	Refusal

M11. Are there any aids or specialized equipment designed for pain management that you (....) think(s) you (he/she) <u>need(s)</u> but do (does) not have?

1	Yes		
	No		
9	Don't know	>	Go to M15
8	Refusal	>	Go to M15

M12. Which aids do you (does) <u>need</u> but do not (does not) have?

an electrotherapy device such as 1 (a) a T.E.N.S. machine Ы hot and/or cold aids Ĺ 2 (b) a comfort aids such 3 (c) as therapeutic cushion 4 (e) Another aid..... Other, Please Specify:

Interviewer: Please ask M13-M14 for aids (a-e) chosen in M12; Else go to M15

M13. How frequend'y would you (....) use an electrotherapy device such as a

(a) T.E.N 5. nachine if you (he/she) did have it?

1	Ev ryday
2	A few times a week
3	Or ce a week
4	Less than once a week
5	Frequent usage but only during certain times \dots
6	Not applicable
	Don't know 🗆
	Refusal

M14

(a) Why do you (does) not have this aid? Mark all that apply.

1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally \Box
4	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \Box
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough \Box
7	You don't (doesn't) know where to get it \Box
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected

M13. How frequently would you (....) use hot and/or cold aids if you (he/she) did (b) have it?

1	Everyday	🗆
2	A few times a week	
3	Once a week	
4	Less than once a week	🗆
5	Frequent usage but on'y du ind certain times	ロ
6	Not applicable	🗆
	Don't know	
	Refusal	🗆

M14

(b)	Why מי y yu (does) not have this aid?
	Ma. k al 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 \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \Box
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough \Box
7	You don't (doesn't) know where to get it \Box
8	On a waiting list

M13. How frequently would you (....) use a comfort aids such as therapeutic (c) cushion if you (he/she) did have it?

(C)	cusmon n you (ne/sne) did nave n:
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 \dots
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 (3) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \Box
6	Your () instrance company does not feel that
	your (h s/ver) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On \cdot waiting list
9	Sther
	Other, Please Specify:
10	None selected \Box

M13. How frequently would you (....) use an adjustable bed if you (he/she) did (d) 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	🗆

M14

M14 (d)	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 (\ldots) 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 \Box
7	You don't (doesn't) know where to b^{t} it
8	On a waiting list \Box
9	Other
	Other, Please Specify
10	None selected

M13. How frequently would you (....) use (write-in) if you (he/she) did have it?

(e)

1	Fveryday	
2	A lew times a week	
3	Once a week	7
4	Less than once a week	
5	Frequent usage but only during certain times	1
6	Not applicable	
	Don't know	
	Refusal	٦

M14

Why do you (does) not have this aid? **(e)**

Mark all that apply.

1	Cost (purchase)
2	Cost (maintenance)
3	Not available locally
4	You (\ldots) 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 \Box
8	On a waiting list
9	Other
	Other, Please Specify:
10	None selected
M15.	In the past 6 months, how often have you (has) had difficulty participating in everyday activities because of your (his/her) pain or discomfort?
1	Daily
2	Weekly
2	Monthly

-		
3	Monthly	
4	Less than once per month	
5	Never	
6	Not application	> Skip to N
	Don't kno v	> Skip to N
		•

M16.	When your ('s) pain or discomfort made it difficult to participate in
	veryday activities, did you (he/she) experience :
1 S	ome difficulty

1	Some difficulty	∟
2	•	
3	You were (was) completely unable	
4	Your ('s) participation was not affected	
9	Don't know	
8	Refusal	
U U	1010501	· · · · · · · ·

Section N - Learning Filter

All respondents	enter	this	module
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N1.	diffic	Do you (Does) think you have (he/she has) a condition that makes it difficult in general for you (him/her) to learn? Such conditions include attention problems, hyperactivity, dyslexia and others.			
	1	Yes > Check Learning Limitation Box on Profile Sheet			
	2	No			
	9 8	Don't know			
N2.		a teacher, doctor or other health professional ever sa. 1 that you () a learning disability?			
	1	Yes Check Learning Limitation Box on Profile Sheet and go to N3			
	2	No $\square > $ Skip to P			
	9	Don't know Skip to P			
	8	Refusal Skip to P			
N3.	Does do?	this condition reduce the amount or the kind of activities you (\dots) can			
	1	Yes, sometimes			
	2	Yes, of 'en or always			
	3	N			
	8	k tusal Skip to O			
	0	Don't Know \Box > Skip to O			
N4.		many activities does this condition usually prevent you () from g <u>at home</u> ?			
	1	None			
	2	A few			
	3	Many			
	4	Most			
	5	Not applicable			
		Don't know			

Refusal.....

N5.	How many activities does this condition usually prevent you () from	
	doing <u>at work</u> ?	

1	None
2	A few
3	Many
4	Most
5	Not applicable
	Don't know
	Refusal

N6. How many activities does this condition usually prevent you (....) from doing <u>at school</u>?

1	None	
2	A few	
2		1
3 4	Many	
4		
3	Not applicable	
	Don't know	
	Refusal	

N7. N6. How many activities does this condition usually prevent you (....) from doing <u>in other areas</u> such as transportation or leisure?

1	None
2	A few
3	Many
4	Mast
5	Not applicable
	\Box on \tilde{t} know
	Refusal
X	

Section O - Learning Aids

If learning limitation is marked on the Profile Sheet then continue; Else skip to Section P (p 232)

O1. Do you (Does) <u>use</u> any aids or specialized equipment to help (him/her) with your (his/her) learning difficulty, for example, a home computer, a

pocket organizer or recording equipment? Do not include human support or medication.

1	Yes		
2	No	>	Go to O11
9	Don't know	>	Go to O11
8	Refusal	>	Go to O11

O2. Do you (Does) now <u>use</u>:

· · · · · · · · · · · · · · · · · · ·	(1)	(2)	(9)	(8)
	Yes	<u>No</u>	<u>DK</u>	<u>R</u>
		$\langle \rangle$	<i>Y</i>	
(a) portable spell checkers?	E.			
(b) recording equipment?	5,			
(c) talking books?				
(d) a pocket organizer?				
(e) a home computer?				
(f) a scanner or printer?				
(g) spell/grammar checking software?				
(h) voice recognition software?				
(i) software organizational tools:				
(j) a laptop or notebook computer?				
(k) another aid?	. 🗆			
	\downarrow			
Other, Please Specify:				

*** Interviewer: Only read questions in section O3 for the aids(a-k) selected in O2***

03.

(a) <u>How often</u> do you (does) <u>use</u> portable spell checkers?

1	Every day
2	A few times a week
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only

	during certain times \Box
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

O4.

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

1	You ()
2	Your ('s) family \Box
3	Health care system
4	Government program
5	Insurance company 🗆 🗸
6	Non-profit organization 🖸
7	It does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.) 🖸
8	Other
	Other, Please Specify:
9	Not applicable
	Don't know
	Refusal

O4a.

(a) Are you (Is . . .) making any kind of payment for your (....)'s portable spell checkers, for example to rent or finance this item?

1	Yes□ No□ Don't know□	
2	No	> Skip to O3(b) if O4=7
5	Don't know	> Skip to O3(b) if O4=7
8	Refusal	> Skip to O3(b) if O4=7

05.

(a) <u>How often</u> does your (....)'s portable spell checkers, such as repairs or 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

1

Once every 2 years but less than once	
every 5 years	
Every 5 years or more	
Never	Go to O7
Not applicable $\Box >$	Go to O7
Don't know $\Box >$	Go to O7
Refusal \Box >	Go to O7
	every 5 years. Every 5 years or more. Never. > Not applicable > Don't know. > >

(a) How much difficulty do you (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

07.

(a) <u>How often</u> does your (....)'s port. ble spell checkers need to be replaced?

1	Every 6 months or less \Box > Go to O9
2	More than 6 months but let's than 1 year
3	Once per year to less than 2 years
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never \Box > Go to O3 (b)
7	Not app ^{1:} cable $\Box > $ Go to O3 (b)
	Don't know \Box > Go to O3 (b)
	Refusa

08.

(a) Will this item need to be replaced in the next 12 months?

1	Yes		
	No		
9	Don't know	>	Go to O3 (b)
8	Refusal	>	Go to O3 (b)

09.

(a) What is the main reason you (....) will need to replace your (his/her)

portable spell checkers?

1 2 3 4 5 6	Condition is worse
	Other, Please Specify:
	Don't know

010.

(a) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) portable spell checkers?

1 None	🗆
2 Slight	🗆
3 Moderate	
4 Serious	
5 Cannot afford	□
Don't know	🗆
Refusal	🗆

03.

(b) <u>How often</u> do you (does) <u>use</u> recording equipment?

1	Every day	
2	A ^c ew times a week	
3	Once a week	
1	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	

O4.

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

	1	You ()		
	2	Your ('s) family \Box		
	3	Health care system		
	4	Government program		
	5	Insurance company		
	6	Non-profit organization		
	It does not belong to you () (i.e. belongs to employers,			
	friends / family, public property, etc.)			
	8	Other		
		Other, Please Specify:		
	9	Not applicable		
		Don't know		
		Refusal		
~ •				
O4a .				
(b)		re you (Is) making any kind of payment for your ()'s recording		
	equipment, for example to rent or the once this item?			
	1	Yes		
	-			
	2			
	9	No \square > Skip to O3(c) if O4=7 Don't know \square > Skip to O3(c) if O4=7		
	9	No \square > Skip to O3(c) if O4=7 Don't know \square > Skip to O3(c) if O4=7		
	9	No \square > Skip to O3(c) if O4=7 Don't know \square > Skip to O3(c) if O4=7		
05. (b)	9 8	No		
O5. (b)	9 8 <u>H</u>	No		
	9 8 <u>H</u>	No		
	9 8 <u>H</u> m	No		
	9 8 <u>H</u> m	No		
	9 8 <u>H</u>	No		
	9 8 <u>H</u> m	No. > Skip to O3(c) if O4=7 Don't know. > Skip to O3(c) if O4=7 Refusal. > Skip to O3(c) if O4=7 wo often does your ()'s recording equipment, such as repairs or ainter. nce? Every 6 months or less. More than 6 months but less than 1 year. Once per year to less than 2 years.		
	9 8 <u>H</u> m	No		
	9 8 <u>H</u> m 1 2 4	No. > Skip to O3(c) if O4=7 Don't know. > Skip to O3(c) if O4=7 Refusal. > Skip to O3(c) if O4=7 Step to O3(c) if O4=7 Once every 6 months or less. Once per year to less than 1 year. Once every 2 years but less than once every 5 years.		
	9 8 <u>H</u> m 1 2 4 5	No		
	9 8 <u>H</u> m 1 2 4 5 6	No		
	9 8 <u>H</u> m 1 2 4 5	No		
	9 8 <u>H</u> m 1 2 4 5 6	No		
	9 8 <u>H</u> m 1 2 4 5 6	No		

(b) How much difficulty do you (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

07.

(b) <u>How often</u> does your (....)'s recording equipment 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 \Box
5	Every 5 years or more
6	Never \Box > Go to O3 (c)
7	Not applicable \Box > Go to O3 (c)
	Don't know \Box > Go to O3 (c)
	Refusal \Box > Go to O3 (b)

08.

(a) Will this item need to be replaced in the next 12 months?

1	Yes		
2	No	>	Go to O3 (c)
9	Don't k.יow	>	Go to O3 (c)
8	Refusal	>	Go to O3 (c)
			. ,

09.

(b) What is the main reason you (....) will need to replace your (his/her) recording equipment?

1	Condition is worse \Box
2	Condition is better \Box
3	Outgrew the aid
4	Worn out
5	New technology available / Aid is outdated \Box
6	Other
	\downarrow

Other, Please Specify:

Don't know	
Refusal	

O10.

(b) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) recording equipment?

1	None
2	Slight
	Moderate
4	Serious
5	Cannot afford
	Don't know
	Refusal

03.

(c) <u>How often</u> do you (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 \Box
5	Frequent usage but only
	during certain t. nes
6	Don't use be ause it needs repair
	or repl. coment
7	Not a plicable
	Don't know
	Peferal

04.

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

1	You ()
2	Your ('s) family \Box
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization \Box
7	It does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.) \Box

8	Other		
		\downarrow	
	Other, Please Specify:		
9	Not applicable Don't know Refusal		

O4a.

(c) Are you (Is) making any kind of payment for your (....)'s talking books, for example to rent or finance this item?

1	Yes	
2	Yes□ No□ >	Skip to O3(d) if O4=7
9	Don't know	> Skip to O3(d) if O4=7
8	Refusal	Skip to O3(d) if O4=7
		-

05.

(c) <u>How often</u> does your (....)'s talking book's, such as repairs or maintenance?

1		
1	Every 6 months or less	
2	More than 6 months by less than 1 year \Box	
3	Once per year to less han 2 years	
4	Once every 2 years to uses than once	
	every 5 years	
5	Every 5 years or more	
6	Never	> Go to O7
7	Not ppucable	> Go to O7
	Don't r_{0}	> Go to O7
	Rt fusal	> Go to O7

06.

(c) Now much difficulty do you (does) have paying for the service of this item?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable \Box
	Don't know
	Refusal

(c) <u>How often</u> does your (....)'s talking books need to be replaced?

1	Every 6 months or less \Box > Go to O9						
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. \Box						
5	Every 5 years or more \Box						
6	Never						
7	Not applicable $\Box > $ Go to C2						
	Don't know $\Box > \operatorname{Got} O3(d)$						
	Refusal						
08.							
(c)	Will this item need to be replaced in the next 12 months?						
	1 Yes						
	$\begin{array}{ccc} 1 & 1 \\ 2 & No \\ \end{array} \\ \begin{array}{ccc} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $						
	9 Don't know \Box > Go to O3 (d) 8 Refusal \Box > Go to O3 (d)						
	8 Refusal \Box > Go to O3 (d)						
09.							
(c)	What is the main reason yst. () will need to replace your (his/her)						
(0)	talking books?						
1	Condition is worse.						
1	2 Condition is better						
	3 Outgrew the all						
	4 Worn ou						
	5 New technology available / Aid is outdated						
	6 Oth 'r						
	Other, Please Specify:						
	Don't know						
	Refusal						

010.

(c) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) talking books?

1 None.....

2	Slight
3	Moderate
4	Serious
5	Cannot afford
	Don't know
	Refusal

O3. (d)

d)	<u>How often</u>	do you	(does)) <u>use</u> a	pocket	organizer?
------------	------------------	--------	--------	----------------	--------	------------

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 $\Box \mathbf{x}$
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

O4.

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

1	You ()
2	Your () family
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization
7	A does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.)
ৎ	Other
	Other, Please Specify:
9	Not applicable

(d) Are you (Is) making any kind of payment for your (....)'s pocket organizer, for example to rent or finance this item?

1	Yes	. 🗆	
2	No	. 🗆 >	Skip to O3(e) if O4=7
9	Don't know	. 🗆 >	Skip to O3(e) if O4=7
8	Refusal	.□>	Skip to O3(e) if O4=7

05.

(d)	How often does your ()'s pocket organizer, such as rep	airs 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 $\Box > $ Go to O7
7	Not applicable $\Box > $ Go to O7
	Don't know \Box > Go to O7
	Refusal \Box > Go to O7

06.

(d) How much difficulty do you (does) have paying for the service of this item?

1	None
2	Slight.
3	Moderate
4	Serious.
5	Cannot afford
6	No applicable
	Don't know
	Refusal

07.

(d) <u>How often</u> does your (....)'s pocket organizer need to be replaced?

1	Every 6 months or less \Box > Go to O9
2	More than 6 months but less than 1 year \Box > Go to O9
3	Once per year to less than 2 years \Box
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more

6	Never	>	Go to O3 (e)
	Not applicable		
	Don't know		
	Refusal	>	Go to O3 (e)

08. **(d)** Will this item need to be replaced in the next 12 months? 1 Yes..... No..... \Box > Go to O3 (e) 2 9 8 09. **(d)** What is the main reason you (....) will need to replace you. (nis/her) pocket organizer? Condition is worse..... 1 Ы 2 Condition is better..... Ĺ 3 Outgrew the aid...... Worn out 4 5 New technology available / Aid is putdated...... 6 Other..... Other, Please Specify: Don't know Refusal.

010.

(d)	How much difficulty will you () have paying for a replacement for
	yəu • (hi:/her) pocket organizer?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

(e) <u>How often</u> do you (does) <u>use</u> a home computer?

	1	Every day
	2	A few times a week
	3	Once a week \Box
	4	Less than once a week \Box
	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
O4. (e)	Who	paid the most for <u>acquiring</u> this item?
	1	You ().
	2	Your ('s) family
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers,
	-	friends / family, $p_{v}b_{v}c$ property, etc.)
	8	Other
	Ot	ther, Please Specify:
	9	No. applicable
	,	
		R→fusal□
4		
O4a.		
(e)	Aro	you (Is) making any kind of payment for your ()'s home
	•	outer, for example to rent or finance this item?
	1	Yes
	2	No \Box > Skip to O3(f) if O4=7

9 8

(e) <u>How often</u> does your (....)'s home computer, such as repairs or maintenance?

1	Every 6 months or less \Box
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
7	Not applicable $\Box > Go \cap O7$
	Don't know \Box > Go to O7
	Refusal $\Box > C_{2}$ to O7

06.

(e) How much difficulty do you (does) have paving for the service of this item?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable Don't know
	Refusal

07.

(e) <u>How often</u> a ves your (....)'s home computer need to be replaced?

1	Every o menths or less	>	Go to O9
2	More than 5 months but less than 1 year	>	Go to O9
3	Once per year to less than 2 years		
4	Cince every 2 years but less than once every 5 years. \Box		
5			
6	Never	>	Go to O3 (f)
7	Not applicable	>	Go to O3 (f)
	Don't know		
	Refusal	>	Go to O3 (f)

08.

(e) Will this item need to be replaced in the next 12 months?

1 Yes.....

2	No	>	Go to O3 (f)
9	Don't know >	>	Go to O3 (f)
8	Refusal	>	Go to O3 (f)

1

(e)	What is the main reason you () will need to replace your (his/her)
	home computer?

	Condition is worse \Box
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

010.

(e) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) home comparer?

1	None]
2	Slight]
3	Moderate]
4	Serious	
5	Cannut afford]
6	In tapplicable]
]
	Perusal]

03.

(f) <u>How often</u> do you (does) <u>use</u> a scanner or printer?

1	Every day
2	A few times a week \Box
3	Once a week \Box
4	Less than once a week \Box
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair

or replacement \Box
Not applicable
Don't know
Refusal

O4.

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

	1	
	1	You ()
	2	Your ('s) family \Box
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to compleyers,
		friends / family, public property, etc.)
	8	Other
		Outhern Dilaces Causifur
		Other, Please Specify:
	9	Not applicable
		Don't know
		Refusal
O4a.		
(f)	Α	re you (Is) m. king any kind of payment for your ()'s scanner or
	p	rinter, for example to rent or finance this item?
	1	Y-s
	2	$\square > $ Skip to O3(g) if O4=7
	9	. Don't know \Box > Skip to O3(g) if O4=7
	8	Kefusal \Box > Skip to O3(g) if O4=7

05.

(f) <u>How often</u> does your (....)'s scanner or printer, such as repairs or 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 \Box
4	Once every 2 years but less than once
	every 5 years

5	Every 5 years or more	
6	Never	> Go to O7
7	Not applicable	> Go to O7
	Don't know	> Go to O7
	Refusal	> Go to O7

(f) How much difficulty do you (does) have paying for the service of this item?

1
None
Slight 🗆 🗸 📝
Moderate
Serious
Cannot afford
Not applicable
Don't know
Refusal

07.

(f) <u>How often</u> does your (....)'s scanner or printer need to be replaced?

1	Every 6 months or less \Box > Go to O9
2	More than 6 months but less than 1 year \Box > Go to O9
3	Once per year to less than 2, ears \Box
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never
7	Not applicable \Box > Go to O3 (g)
	Don't know \Box > Go to O3 (g)
	Refusal \Box > Go to O3 (g)

O8.

09.

(f) What is the main reason you (....) will need to replace your (his/her) scanner or printer?

1 Condition is worse..... \Box

	2 3 4 5	Condition is better
	6	Other
		Don't know
O10. (f)		w much difficulty <u>will you ()</u> have paying for a replacement for r (his/her) scanner or printer?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

How often do you (doe. ...) use spell/grammar checking software? **(g)**

1	Every any
2	A few times a week
3	\bigcirc ce a week
4	Less inan once a week
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair
<i>y</i>	or replacement
7	Not applicable
	Don't know
	Refusal

O4.

1

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

1	You ()
2	Your ('s) family \Box
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization
7	It does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.)
8	Other
	Other, Please Specify:
9	Not applicable
	Refusal

O4a.

(g) Are you (Is) making any kind of payment for your (....)'s spell/grammar checking software, for example to rent or finance this item?

1	Yes
2	No□ > Skip to O3(h) if O4=7
9	Don't know
8	Refusal

05.

(g) <u>How often</u> does your (....)'s spell/grammar checking software, such as repairs or maintenance?

1 2 3	Fvery 6 months or less
Y	every 5 years
5	Every 5 years or more
6	Never \Box > Go to O7
7	Not applicable \Box > Go to O7
	Don't know \Box > Go to O7
	Refusal \Box > Go to O7

06.

(g) How much difficulty do you (does) have paying for the service of this

item?

1	None	
2	Slight	
3	Moderate	
4	Serious	
5	Cannot afford	
6	Not applicable \Box	
	Don't know 🗆	
	Refusal	

07.

(g) <u>How often</u> does your (....)'s spell/grammar checking software reed 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 \Box
5	Every 5 years or more
6	Never \Box > Go to O3 (h)
7	Not applicable \Box > Go to O3 (h)
	Don't know \Box > Go to O3 (h)
	Refusal

08.

(g) Will this item need to be replaced in the next 12 months?

1	Yes		
2	No	>	Go to O3 (h)
9	Don't k. ow	>	Go to O3 (h)
8	Refusal		Go to O3 (h)

09.

(g) What is the main reason you (....) will need to replace your (his/her) spell/grammar checking software?

1	Condition is worse \Box
2	Condition is better \Box
3	Outgrew the aid \Box
4	Worn out
5	New technology available / Aid is outdated \Box
6	Other
	\downarrow

Other, Please Specify:

Don't know	
Refusal	

010.

(g) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) spell/grammar checking software?

1	
T	None
2	Slight
	Moderate
4	Serious
5	Cannot afford
	Don't know
	Refusal

O3.

(h) <u>How often</u> do you (does) <u>use</u> voice recognition software?

1	Every day
2	A few times a week
3	Once a week
4	Less than once a week \ldots
5	Frequent usage but on ly
	during certain times
6	Don't use breause it needs repair
	or replacemen
7	Not : pplicable
	Don't איסw
	Refusal

O4.

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

1	You ()
2	Your ('s) family \Box
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization \Box
7	It does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.) \Box

	8	Other		
	0	other, Please Specify:		
	9	Not applicable		
O4a. (h) Are you (Is) making any kind of payment for your ()'s vorecognition software, for example to rent or finance this itera.				
	1	Yes		
	2	No		
	9	Don't know $\square > $ skip to O3(i) if O4=7		
	8	Refusal Skip to O3(i) if O4=7		
05.				
(h)	How	voften does your ()'s voice recognition software, such as repairs or		
	maintenance?			
	1	Every 6 months or less. \Box		
	2	More than 6 months cut less than 1 year \Box		
	3	Once per year to less than 2 years		
	4	Once every 2 years out less than once every 5 years. \Box		
	5	Every 5 years or more \Box		
	6	Never		
	7	Not applicable $\Box > $ Go to $O7$		
		$D_{\rm c}$ n't know		
	C	k $tusal$ > Go to O7		
	<u> </u>			

O6. (h) How much difficulty do you (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.....

07. **(h)** How often does your (....)'s voice recognition software need to be replaced? Every 6 months or less..... \Box > Go to O9 1 More than 6 months but less than 1 year...... \Box > **Go to O9** 2 Once per year to less than 2 years..... \Box 3 4 Once every 2 years but less than once every 5 years. \Box 5 Every 5 years or more..... Never..... > Go to C \mathcal{G} 6 7 Not applicable...... $\Box >$ Go to O3 (i) Don't know..... > Go to C3 (i) 08. Will this item need to be replaced in the next 12 monchs? **(h)** 1 Yes..... No...... No is to O3 (i) 2 Don't know..... \Box > Go to O3 (i) 9 8 09. What is the main reason yet (....) will need to replace your (his/her) **(h)** voice recognition soft vare 1 Condition is worse..... \Box Condition is juster...... 2 3 Outgrew the aid..... 4 Won out 5 New technology available / Aid is outdated...... Oti er..... 6 Other, Please Specify: Don't know..... Refusal..... **O10.** How much difficulty will you (....) have paying for a replacement for (h)

your (his/her) voice recognition software?

1 None.....

(i) <u>How often</u> do you (does) <u>use</u> software organizational tools?

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

04.

(i) Who paid the most for <u>accurring</u> his item?

1	You ()
2	Your () faniiy
3	Health care s jstem
4	Government program
5	Insurance company
6	Non-profit organization
7	A does not belong to you () (i.e. belongs to employers,
	friends / family, public property, etc.)
ৎ	Other
	Other, Please Specify:
9	Not applicable
	Refusal

O4a.

(i) Are you (Is) making any kind of payment for your (....)'s software organizational tools, for example to rent or finance this item?

1	Yes	. 🗆	
2	No	□ >	Skip to O3(j) if O4=7
9	Don't know	.□>	Skip to O3(j) if O4=7
8	Refusal	.□>	Skip to O3(j) if O4=7

05.

(i) <u>How often</u> does your (....)'s software organizational tools, such as repairs or maintenance?

Y
> Go to O7
>

06.

(i) How much difficulty do you (does) have paying for the service of this item?

1	None
2	Slight.
3	Moderate
4	Serious.
5	Carnot afford
6	Not applicable
	Don't know
X	Refusal

07.

(i) <u>How often</u> does your (....)'s software organizational tools need to be replaced?

1	Every 6 months or less \Box	> Go to O9
2	More than 6 months but less than 1 year \Box	> Go to O9
3	Once per year to less than 2 years \Box	
4	Once every 2 years but less than once every 5 years. \Box	

5	Every 5 years or more		
6	Never	>	Go to O3 (j)
7	Not applicable	>	Go to O3 (j)
	Don't know	>	Go to O3 (j)
	Refusal	>	Go to O3 (j)

(i) Will this item need to be replaced in the next 12 months?

1	Yes		
2	Yes	>	Go to O3 (j)
9	Don't know	>	Go to O3 (j)
8	Refusal	>	Ge to 73 (j)

09.

(i) What is the main reason you (....) will need to replace your (his/her) software organizational tools?

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 Refusar......

010.

(i) Ho v much difficulty <u>will you (....)</u> have paying for a replacement for year (nis/her) software organizational tools?

1	None	
2	Slight	
3	Moderate	
4	Serious[
5	Cannot afford	
	Don't know	
	Refusal	

(j) <u>How often</u> do you (does) <u>use</u> a laptop or notebook computer?

	1	Every day
	2	A few times a week
	3	Once a week
	4	Less than once a week \Box
	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
04		
O4. (j)	Who	paid the most for <u>acquiring</u> this item?
(J)	WHO	paid the most for <u>acquiring</u> this item.
	1	You ()
	2	Your ('s) family
	3	Health care system
	4	Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you (\ldots) (i.e. belongs to employers,
	0	friends / family, p. b) c property, etc.)
	8	Other
	Ot	her, Please Specify:
	9	No. applicable
	C	
		Rofusal
O4a.		
(j)	Are y	rou (Is) making any kind of payment for your ()'s a laptop or
-	noteb	book computer, for example to rent or finance this item?
		_
	1	Yes

11 estimation2No. $\Box >$ Skip to O3(k) if O4=79Don't know. $\Box >$ Skip to O3(k) if O4=78Refusal. $\Box >$ Skip to O3(k) if O4=7

(j) <u>How often</u> does your (....)'s a laptop or notebook computer, such as repairs or 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 $\Box > $ Go to O7
7	Not applicable $\Box > Go \cap O7$
	Don't know \Box > Go to O7
	Refusal $\Box > \Im$ to O7

06.

(j) How much difficulty do you (does) have paving for the service of this item?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Refusal

07.

(j) <u>How often</u> a ves your (....)'s a laptop or notebook computer need to be replaced?

1	Every c months or less \Box > Go to O9
	Move than 6 months but less than 1 year
3	Cince per year to less than 2 years \Box
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never \Box > Go to O3 (k)
7	Not applicable \Box > Go to O3 (k)
	Don't know $\Box > $ Go to O3 (k)
	Refusal \Box > Go to O3 (k)

O8.

(j) Will this item need to be replaced in the next 12 months?

1	Yes		
2	No	>	Go to O3 (k)
9	Don't know	>	Go to O3 (k)
8	Refusal	>	Go to O3 (k)

(j) What is the main reason you (....) will need to replace your (his/her) a laptop or notebook 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 Refusal

010.

(j) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) a laptop or house ook computer?

1	None
	Slight
3	Moderate
4	Serious
5	Cayn yt afford
	Don Know
	Reft sal
5	
< <u>-</u>	

03.

(k) <u>How often</u> do you (does) <u>use</u> (write-in)?

1	Every day
2	A few times a week
3	Once a week \Box
4	Less than once a week \Box
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair

or replacement \Box
Not applicable
Don't know
Refusal

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

1	You ()
2	Your ('s) family \Box
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization
7	It does not belong to you () (i.e. belongs to compleyers,
	friends / family, public property, etc.)
8	Other
	Other, Please Specify:
9	Not applicable
	Don't know
	Refusal

O4a.

(k) Are you (Is) m. king any kind of payment for your (....)'s (*write-in*), for example to react or finance this item?

1	Y~s	
2	No	
9	Doa't know	\square > Skip to O11if O4=7
8	Kefusal	$\square > $ Skip to O11 if O4=7

<u>Interviewer</u>: If service or replacement is applicable to this specific write-in then proceed to K5, else skip to K11.

05.

(k) <u>How often</u> does your (....)'s (*write-in*), such as repairs or maintenance?

- 1 Every 6 months or less..... \Box
- 2 More than 6 months but less than 1 year..... \Box
- 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	> Go to O7
7	Not applicable	> Go to O7
	Don't know	
	Refusal	> Go to O7

O6.

(k)	How much difficulty do you (does) have paying for	the service of this
	item?	

None
Slight
Moderate
Serious
Cannot afford
Not applicable \Box
Don't know \Box
Refusal

07.

(k) <u>How often</u> does your (....)'s (*write-in*) need to be replaced?

1	Every 6 months or less \Box > Go to O9
2	More than 6 months but let's than 1 year \Box > Go to O9
3	Once per year to less than 2 years \Box
4	Once every 2 years but less than once every 5 years. \Box
5	Every 5 years or more
6	Never \Box > Go to O11
7	Not app ^{1:} cable \Box > Go to O11
	Don't k C_{1} > Go to O11
	Refusa

08.

1	Yes
2	No \Box > Go to O11
9	Don't know \Box > Go to O11
8	Refusal \Box > Go to O11

09.

(k) What is the main reason you (....) will need to replace your (his/her)

(write-in)?

	1 2 3 4 5	Condition is worse
	6	Other, Please Specify:
		Don't know
O10. (k)		w much difficulty <u>will you ()</u> have paying for a replacement for ar (his/her) (<i>write-in</i>)?
	1	None
	2	Slight
	3	Moderate
	4	Serious
	5	Cannot afford
		Don't know
		Refusal

O11. Are there any learning aids aids or specialized equipment that you (....) think(s) you (ne/sile) need(s) but do (does) not have?

1	Ves			
2	N			
9	Doa't know	□	>	Go to O15
8	Kefusal	□	>	Go to O15

012. Which aids do you (does) need but do not (does not) have?

1	(a)	portable spell checkers
2	(b)	recording equipment
3	(c)	talking books
4	(d)	a pocket organizer
5	(e)	a home computer
6	(f)	a scanner or printer
7	(g)	spell/grammar checking software

8 (h)	voice recognition software \Box
9 (i)	software organizational tools \Box
10 (j)	a laptop or notebook computer
11 (k)	another aid \Box
_	

Other, Please Specify:

Interviewer: Please ask O13-O14 for aids (a-k) chosen in O12; Else go to Q15

How frequently would you (....) use portable spell checkers if you the/she) 013. (a) 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 $ans s \dots \square$
6	Not applicable
	Don't know
	Refusal.

O14

8

9

(a) Why do you (does) not have usis aid? Mark all that apply. 1 Cost (purchase, Cost (mainterance)..... 2 3 Not available i cally..... 4 You (....) personally feel (s) that your (his/her) condition is not severe enough to justify this aid..... \Box 5 Your (....) doctor does not feel that your (his/her) condition is severe enough...... \Box Your (....) insurance company does not feel that 7 You don't (.... doesn't) know where to get it...... \Box

Other, Please Specify:

10 None selected.....

On a waiting list..... \Box

Other.....

O13. How frequently would you (....) use recording equipment if you (he/she) **(b**) 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

014

b)	Why do you (does) not have this aid?		
	Mari	k all that apply.	
	1	Cost (purchase)	
	2	Cost (maintenance)	
	3	Not available locally \Box	
	4	You () personally feel (s) that your 'his/her) condition is not severe enough to justify this aid \Box	
	5	Your () doctor does not feel that your (his/her) condition is severe enough \Box	
	6	Your (\ldots) insurance company does not feel that your (his/her) condition is covere enough	
	7	You don't (do. sn t) know where to get it \Box	
	8	On a waiting list	
	9	Other□	
		Other Piease Specify:	
	10	None selected	
13.	Yow	requently would you () use talking books if you (he/she)	

dia have it? (c)

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

014

(c) Why do you (does) not have this aid? Interviewer: Mark all that apply

Interviewer: Mark all that apply.

Cost (purchase)..... 1 2 Cost (maintenance)..... 3 Not available locally..... \Box 4 You (....) personally feel (s) that your (his/her) condition is not severe enough to justify this aid..... \Box 5 Your (....) doctor does not feel that your (his/her) condition is severe enough..... \Box Your (....) insurance company does not feel that 6 your (his/her) condition is severe enough...... 7 You don't (.... doesn't) know where to get it..... \Box 8 On a waiting list..... 9 Other.....

Other, Please Specify:

10 None selected..... \Box

O13. How frequently would you (...) use a pocket organizer if you (he/she)(d) did have it?

1	Everyday	
2	A few times ? week	
3	Once 2 week	
4	Less than once a week	
5	Frequent usage but only during certain times	
6	Net applicable	
	Den't know	
	Refusal	

014

(d) 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 \Box
5	Your () doctor does not feel that your (his/her)

6 7	condition is severe enough□ Your () insurance company does not feel that your (his/her) condition is severe enough□ You don't (doesn't) know where to get it□	
8	On a waiting list \Box	
9	Other	
	Other, Please Specify:	
10	None selected	1

O13. How frequently would you (....) use a home computer if vou (h. 'she) (e) 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

014		
(e)	Why	do you (does) no' have this aid?
	-	all that apply.
	1	Cost (purchase)
	2	Cost (maintenance)
	3	Not avalable locally
	4	Ven () personally feel (s) that your (his/her)
	C	o, dition is not severe enough to justify this aid \Box
	5	Your () doctor does not feel that your (his/her)
-	V	condition is severe enough
	6	Your () insurance company does not feel that
		your (his/her) condition is severe enough \Box
	7	You don't (doesn't) know where to get it \Box
	8	On a waiting list \Box
	9	Other
		Ļ
		Other, Please Specify:
	10	None selected

O13. How frequently would you (....) use a scanner or printer if you (he/she) (f) did have it?

	1	Everyday
	2	A few times a week
	3	Once a week \Box
	4	Less than once a week \Box
	5	Frequent usage but only during certain times \dots
	6	Not applicable
		Don't know
		Refusal
O14 (f)	-	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 enc. \mathfrak{Sh} to justify this aid \Box
	5	Your () doctor does not feel that your (his/her)
	6	condition is severe en ough \Box
	6	Your () insurance company does not feel that
	7	your (his/her) condition is severe enough
		You don't $(\ldots \text{ acesn't})$ know where to get it
	8 9	On a waiting rist
	9	Other
	F	
		Cther, Please Specify:
	10	None selected

O13. How frequently would you (....) use spell/grammar checking software if you (g) (he/she) did have it?

1	Everyday
2	A few times a week
3	Once a week \Box
4	Less than once a week \Box
5	Frequent usage but only during certain times \dots

6	Not applicable	
	Don't know	
	Refusal	

014

Why do you (does) not have this aid? **(g)** *Mark all that apply.* Cost (purchase)..... 1 2 Cost (maintenance)..... 3 Not available locally..... \Box 4 You (....) personally feel (s) that your (his/her) condition is not severe enough to justify this aid..... \Box 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 \dots \square 8 On a waiting list..... 9 Other..... Other, Please Specify: 10 None selected.....

O13. How frequently weak' you (....) use voice recognition software if you (h) (he/she) did have it?

1	Every day
2	A few three a week
3	Orce a week
4	Let's than once a week
5 6	Frequent usage but only during certain times
ĩ	Not applicable
	Don't know
	Refusal

014

(h) 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 \Box
5	Your () doctor does not feel that your (his/her) condition is severe enough
6	Your (\ldots) insurance company does not feel that your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a waiting list \Box
9	Other
	\downarrow \checkmark
	Other, Please Specify:
10	None selected

O13. How frequently would you (....) use software organizational tools if you (i) (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	🗆

014

(i) Why do you (uses) not have this aid? Mark all that coply.

1	Cest (purchase)
2	Cost (maintenance)
5	Not available locally
	You () personally feel (s) that your (his/her)
	condition is not severe enough to justify this aid \Box
5	Your () doctor does not feel that your (his/her)
	condition is severe enough \Box
6	Your () insurance company does not feel that
	your (his/her) condition is severe enough \Box
7	You don't (doesn't) know where to get it \Box
8	On a waiting list \Box
9	Other
	\checkmark

Other, Please Specify:	
None selected	

O13. How frequently would you (....) use a laptop or notebook computer if you (j) (he/she) did have it?

Everyday 🗆
A few times a week
Once a week
Less than once a week
Frequent usage but only during certain times \dots
Not applicable
Don't know
Refusal

014

10

(j) 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 several enough to justify this aid \Box
5	Your () doctor l'ous not feel that your (his/her)
	condition is severe enough
6	Your () hysurance company does not feel that
	your (n_{s} , n_{s}) condition is severe enough
7	You an't (doesn't) know where to get it 🗆
8	C. a watting list \Box
9	
	Other, Please Specify:
	Sulei, Heuse Speeny.
10	None selected

O13. How frequently would you (....) use (*write-in*) if you (he/she) (k) did have it?

	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	🗆

014

(k) 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/he.) condition is severe enough
6	Your () insurance company does not feet that
0	your (his/her) condition is severe enough
7	You don't (doesn't) know where to get it \Box
8	On a waiting list \Box
9	Other
_	
	Other, Please Specify:
l	
10	None selected.

O15. In the past 6 months, how often have you (has) had difficulty participating in everyday activities because of your (his/her) learning difficulty?

1	Da'ly
2	Daily
3	Monthly
4	Less than once per month
5	Never \Box > Skip to P
6	Not applicable \Box > Skip to P
	Don't know \Box > Skip to P

O16. When your (....'s) learning difficulty made it difficult to participate in everyday activities, did you (he/she) experience :

1 Some difficulty..... \Box

2	A lot of difficulty
3	You were (was) completely unable \Box
4	Your ('s) participation was not affected \Box
9	Don't know.
8	Refusal

Section P -Memory Filter

		All respondents enter this module	1
P1.	P1. Do you (Does) <u>frequently</u> have periods of confusion or difficulty remembering things? These difficulties are often associated with diseases such as Alzheimer's or may be the result of a brain injury.		
	1 2 9 8	Yes□ No□ Don't know Refusal□ >	 Skip to R Skip to R Skip to R
P2.	Does do?	s this condition reduce the amount or the kind of a	ctivities you () can
	1 2	Yes, sometimes	 Check Memory Limitation on Profile Sheet Check Memory Limitation on Profile Sheet
	3 8 9	K. fusal	 Skip to Q Skip to Q Skip to Q
РЗ.	. If ow many activities does this condition usually prevent you () from doing <u>at home</u> ?		t you () from
	1 2 3 4 5	None. □ A few. □ Many. □ Most. □ Not applicable. □ Don't know. □ Refusal. □	

P4.	How many activities does this condition usually prevent you () from
	doing <u>at work</u> ?

1	None	
2	A few	
3	Many 🗆	
4	Most	
5	Not applicable \Box	
	Don't know	<i>,</i>
	Refusal	

P5. How many activities does this condition usually prevent you (...) from doing <u>at school</u>?

None
A few
Many
Most
Not applicable
Don't know
Refusal

P6. How many activities does this co. dition usually prevent you (....) from doing in other areas such as transportation or leisure?

1	None
2	A few
3	Many,
4	Most
5	Not apply able
	$L\gamma$.' know
	Refusal

Section Q - Developmental Filter

******All respondents enter this module**

Q1. Has a doctor, psychologist or other health professional ever said that you (....) had a developmental disability or disorder? These include, for example, Down syndrome, autism, Asperger syndrome, mental impairment due to a lack of oxygen at birth, etc.

1	Yes	>	Check Developmental Limitation on Profile Sheet
2	No	>	Skip to R
9	Don't know	>	Skip to R
8	Refusal	>	Skip to R

Q2. Does this condition reduce the amount or the kind of activities you (....) can do?

1	Yes, sometimes	
2	Yes, often or always	
3	No Skip to R	
8	Refusal \Box > Skip to R	
9	Don't Know Skip to R	

Q3. How many activities does this condition usu. Up prevent you (....) from doing <u>at home</u>?

1	None]
2	Slight]
3	Moderate	
4	Serious	
5	Cannot afford	
6	Not applicable	
	Don't know	
	Refusal	

Q4. How many activities does this condition usually prevent you (....) from doing a work?

1	None
2 3	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

L

Q5. How many activities does this condition usually prevent you (....) from doing <u>at school</u>?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

Q6. How many activities does this condition usually prevent you (....) from doing in other areas, such as transportation or leisure?

1	None
2	Slight
3	Moderate
4	Serious 🗆
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

Section R - Emotional Filter

All respondents enter this module

R1. Do you (Does (....) have any emotional, psychological or psychiatric conditions that have lasted, or are expected to last, 6 months or more? These include pholoias, depression, schizophrenia, drinking or drug problems and others.

1	Yey		
ĨZ -	No	>	Skip to S
7	Don't know	>	Skip to S
8	Refusal	>	Skip to S

R2. Does this condition reduce the amount or the kind of activities you (....) can do?

1 Yes, sometimes..... \Box > Check

Emotional Limitation on Profile Sheet

2	Yes, often or always	>	Check Emotional Limitation on Profile Sheet
3	No	>	Go to S
8	Refusal	>	Go to S
9	Don't Know	>	Go to S

R3. How many activities does this condition usually prevent you (....) from doing <u>at home</u>?

1	None
2	A few
3	Many 🗆
4	Most
5	Not applicable
	Don't know
	Refusal

R4. How many activities does this condition usually prevent you (....) from doing <u>at work</u>?

1	None
2	A few
3	Many □
4	Most
5	Not applicable
	Don't know
	Refusa'

R5. How h any activities does this condition usually prevent you (....) from doing <u>at school</u>?

1	None
2	A few
3	Many
4	Most
5	Not applicable
	Don't know
	Refusal

R6. How many activities does this condition usually prevent you (....) from doing <u>in other areas</u>, such as transportation or leisure?

	None
,	A few
	Many
	Most
	Not applicable
	Don't know
	Refusal

Section S - False Positive Module

**Interviewer: If <u>no limitation has been indicated</u> on the Profile Sheet, proceed with section S; Else skip to section T (p 241)*

S1. Do you (Does) have any physical, mental or health conditions that you feel cause you (him/her) difficulty, limits you r (his/her) activities or restricts your (his/her) participation in daily life that we have not mentioned yet?

1	Yes	
2	No	
9	Don't know	> Go to S5
8	Refusal	> Go to S5

S2. What is the main physical, mental or health condition which causes you (....) difficulty, limits your (his/her) activities or restricts your (his/her) participation in ually life?

Condition #1 []
Condition #2 []
Condition #3 []
Don t know	> Go to S4
Rufusal	> Go to S4

S3. How often does (*Condition #1*) cause you (....) difficulty, limit your (his/her) activities or restrict your (his/her) participation in daily life?

1	Sometimes or Periodically
2	Often or Always
	Don't know.
	Refusal

S4. Which types of activities do you (does) find difficult most often?

If the respondent has difficulty answering the question, please read this: Such activities could be for examples: reading, speaking, kneeling down, throwing things, bathing, cooking, breathing, sleeping, etc

Activity #1 []
Activity #2 []
Activity #3 []
Activity #4 []
Activity #5 [
Don't know	
Refusal	

S5. Thinking back to Census Day 2006, which was last May 16, did you (....) have any physical, mental or health condition that caused you (him/her) difficulty, limited your (his/her) activities or restricted your (his/her) participation in daily life?

1	Yes		
2	No		> Go to S12
8	Refusal	,	> Go to S12

S6. At the time of the Census (last May 16th), what was the main physical, mental, or health condition which caused you (....) difficulty, limited your (his/her) activities or restricted your (his/her) participation in daily life?

Condition #1]
Condition #2 []
Condition #3 []
Dcn't k 10, √	> Go to S8
Ret. sal	> Go to S8

Interviewer: ask S7 1, 2 and (or) 3 for each condition reported in S6

S7 1. At the time of the Census (last May 16th), how often did (*Condition #1*) cause you (....) difficulty, limit your (his/her) activities or restrict your (his/her) participation in daily life?

1	Sometimes or Periodically
2	Often or Always
	Don't know

Refusal.....

-	At the time of the Census (last May 16 th), how often did (<i>Condition #2</i>) cause you () difficulty, limit your (his/her) activities or restrict your (his/her) participation in daily life?		
1 2	Sometimes or Periodically. Often or Always. Don't know. Refusal.		
S7 3. At the time of the Census (last May 16 th), how often did (<i>Conduit</i> you () difficulty, limit your (his/her) activities or restrict you participation in daily life?			
1 2	Sometimes or Periodically		
Whic	h types of activities did you () find difficult most often?		
Activ Activ Activ Activ Don't	ity #1 [] ity #2 [] ity #3 [] ity #4 [] ity #5 [] t know		
Has y May	your ('s) physical, mental or health condition changed since last		
1 2 9 8	Yes□ No□ > Go to S11 Don't know□ > Go to S11 Refusal□ > Go to S11		
	2 At th you (partic 1 2 Whice Activ		

S10. How did the condition you (....) had last May change so that you do (he/she does) not report any difficulties, activity limitations or participation restrictions anymore?

	1 2 3 4 5	Condition completely cured or healed
		Other, Please Specify:
S11.	the la longe	your ('s) physical, mental or health condition hasn't changed since st Census (last May 16 th), is there any reason why you are (is) no r reporting the difficulty, activity limitation or participation restriction he/she) had last May?
1 2 3 4	Use at Do no or par Other Other	ed to live with the difficulty or limitation
S12.		e time of the Census (last May 16 th), did you () have a short term yor illness from which you have (he/she has) since recovered? Yes
S13.		was the short-term injury or illness? se specify:
	[] > Skip to XX

S14. The Census form for your household indicates that on Census day (last May 16th) you (....) had an activity limitation or participation restriction. Do you know why an activity limitation or participation restriction was reported for you (....) on the 2006 Census?

1 2	Do not feel ageing is a disability
3	The person who completed the Census
	form thinks that you are $(\dots$ is) limited \dots
4	It was an error
5	Other
	Other, Please Specify:
6	None selected
	Don't know
	Refusal

Section T - Main Corditions Module

Interviewer: If disability was indicate. on either Profile Sheet proceed; Else skip to Section XX (p 414)

T1. At what age did you (...) 'nst start having any difficulty or activity limitation?

Interviewer: (if age uss than 1 year, enter 0)

[] (0-12) Years Don't he w.....

T2. We've been discussing various limitations that people may face. Now, I'd like to ask you about the <u>medical</u> conditions that may contribute to the difficulties that you have mentioned.

What are the <u>main</u> medical conditions which cause you (....) the most difficulty or limit your (his/her) activities?

Interviewer: Maximum of 3. Only one condition per text box.

Main condition #1, Please Specify: Main condition #2, Please Specify: Main condition #3, Please Specify: Don't know..... \Box > Go to U Resfusal..... \Box > Go t: U **Interviewer: Ask question 3-6 for each Main Condition listed in T2** **T3**. Which one of the following best describes the <u>cause of</u> (Main Condition #1)? A disease or illness..... > Go to T5 1 Ageing..... 2 > Go to T5 Work conditions..... 3 > Go to T5 Stress..... 4 > Go to T5 An accident or injury 5 6 Another cause.... Other, Please Specify: Don' know..... \Box > Go to T5 Refusal \Box > Go to T5 What type of accident or injury? **T4**. An accident at home..... 1 2 A motor vehicle accident...... 3 An accident at work..... 4 A sports related accident...... 5 Another type of accident..... \Box Don't know..... Refusal.....

T5. Since this condition started, would you (....) say it has been...

🗆
🗆
🗆
🗆
🗆
🗆

Which one of the following two statements best describes your (....'s) **T6.** condition. 1

It...

occurs from time to time, that is occasionally?]
Refusal	1
\mathbf{R}]

Which one of the following best describes the cause of (Main Condition #2)? **T3.**

~

1	A disease or illness A disease or illness
2	Ageing \Box > Go to T5
3	Work conditions
4	Stress \Box > Go to T5
5	An accident or injury
6	Another cause
	Other, Please Soccity.

Don't 'now	> Go to T5
K fusal□	> Go to T5

T4. What type of accident or injury?

1	An accident at home
2	A motor vehicle accident
3	An accident at work
4	A sports related accident
5	Another type of accident \Box
	Don't know
	Refusal

T5. Since this condition started, would you (....) say it has been...

deteriorating?
improving?
constant?
variable?
Don't know
Refusal

Which one of the following two statements best describes your (....'s) **T6.** condition. 1

It...

occurs from time to time, th	at is occasionally?
is always present, that is on	a regular basis?
Don't know	
Refusal	

T3. Which one of the following best describes the cause of (Main Condition #3)?

~

1	A disease or illness \Box > Go to T5
2	Ageing \Box > Go to T5
3	Work conditions
4	Stress \Box > Go to T5
5	An accident or injury
6	Another cause
	Other, Please Soccity.

Don't 'now	> Go to T5
K fusal□	> Go to T5

T4. What type of accident or injury?

1	An accident at home
2	A motor vehicle accident
3	An accident at work
4	A sports related accident
5	Another type of accident \Box
	Don't know
	Refusal

T5. Since this condition started, would you (....) say it has been...

1	deteriorating?
2	improving?
3	constant?
4	variable?
	Don't know
	Refusal

T6. Which one of the following two statements best describes your (....'s) condition. It...

l**t...**

	occurs from time to time, that is occasionally?
2	is always present, that is on a regular basis?
	Don't know
	Refusal

Section U - Medication and Drugs Module

Interviewer: If disability was indicated on either Profile Sheet or in Section S (p 237) proceed; Else skip to Section. XX (p 414)

U. The next few questions are about your (....'s) use of medication or drugs.

U1. Do you (Does) use any medication or drugs, prescription or nonprescription, on a regular basis, that is <u>at least once a week</u>?

1	Yes	
2	No	
9	Don't inov	
8	R fusal	

U2. How many kinds of <u>prescription</u> drugs do you (does) take <u>each day</u>?

U3. How many kinds of <u>non-prescription</u> medication do you (does) take <u>each</u> <u>day</u>?

[] (0-95)

U4. Are there any other kinds of medication or drugs you (....) take(s) regularly <u>but not daily</u>?

1	Yes	
2	No	> Go to U7
9	Don't know	> Go to U7
8	Refusal	> Go to U7

U5. How many kinds of <u>prescription</u> drugs do you (does) take regularly <u>but</u> <u>not daily</u>?

[] (0-95)

U6. How many kinds of <u>non-prescription</u> medication do you (does ...) take regularly <u>but not daily</u>?

[] (0-95)

U7. In the past 12 months, did you (....) have any <u>ovt-of-pocket</u> or <u>direct</u> <u>expenses</u> for prescription and non-prescription drugs?

<u>Include</u> amounts not covered by incurance such as exclusions, deductibles and expenses over limits. <u>Exclude</u> payments for which you have (.... has) been or will be reimbursed by any insurance or government program.

1	Yes	
2	No	> Go to U11
9	Don't know	> Go to U11
8	Refusal	> Go to U11

U8. Is the total cos⁺ ...

	partially reimbursed?	
	rot reimbursed?	> Go to U10
\sim	Don't know	> Go to U10
	Refusal	> Go to U10

U9. From what source does the reimbursement come? I will read you a list. *Mark all that apply.*

1	Government tax credit
2	Direct government financial support \dots
3	Private health insurance
4	Other source
5	None selected \Box

U10. Which of the following expense groups is the best estimate of the <u>out-of-pocket</u> or <u>direct costs</u> to you (....) in the past twelve months, for prescription and non-prescription drugs?

1	less than 100	
2	\$100 to less than \$200	
3	\$200 to less than \$500 \Box	
4	\$500 to less than \$1,000	
5	\$1,000 to less than \$2,000	~
6	\$2,000 to less than \$5,000	
7	\$5,000 or more	
	Don't know	
	Refusal	Y

U11. In the past twelve months, were you (was) ever <u>unable to get</u> the medication or drugs you were (he/she was) supposed to use, because of the <u>cost</u>?

1	Yes	
2	No	
9	Don't know	
8		

U12. In the past twelve months, Vid you (....) ever use your (his/her) medication or drugs <u>less often</u> th. n you were (he/she was) supposed to, because of the <u>cost</u>?

1	Yes
2	No
9	
8	Refusal

U13. In the past twelve months, did you (....) ever <u>not use</u> the medication or drugs you were (he/she was) supposed to use, because of the <u>side effects</u>?

1	Yes
2	No
9	Don't know
8	Refusal

Section V - Other Needs Module

Interviewer: If disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section XX (p 414)

V1. Because of your (....'s) condition, do you (does he/she) <u>use</u> any other aids or specialized equipment that have not already been mentioned?

	1	Yes					
	2	No	>	Go to	o V11		
	9	Don't know \Box	>	Go to	• V11	,	
	8	Refusal	>	Go to	o V11		
V2.	Do y	you (Does) now <u>use</u> :		~			(0)
				(1)	(2)	(9)	(8)
		~		<u>l'es</u>	<u>No</u>	<u>DK</u>	<u>R</u>
(a) r	espirat	tory aids, e.g., inhalers, puffers, oxygen					
(b) p	ain ma	anagement aids, e.g., a TENS machine	••••				
	U	lucose monitor, needles, other diabetic aids	••••	. 🗆			
		nal, back or neck support nic cushion, support belt)	•••				
(e) a	nother	aid or other specialized equipment	••••				
				\downarrow			
Othe	er, Plea	ise Specify:					

*** Interviewer: O. ly read questions in section V3 for the aids (a-e) selected in V2 If no aids were selected skip to V11***

V3.

(a) <u>Yow often</u> do you (does) <u>use</u> respiratory aids, e.g., inhalers, puffers, oxygen?

1	Every day
2	A few times a week \Box
3	Once a week
4	Less than once a week \Box
5	Frequent usage but only
	during certain times
6	Don't use because it needs repair
	or replacement \Box

7	Not applicable	
	Don't know	
	Refusal]

V4.

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

1	You ()
2	Your ('s) family
$\frac{2}{3}$	Health care system
4	Government program
5	Insurance company
6	Non-profit organization
7	It does not belong to you (\dots) (i.e. belongs to $em_{\rm p}$ overs,
	friends / family, public property, etc.)
8	Other
	Other, Please Specify:
9	Not applicable
	Refusal

V4a.

(a) Are you (Is) making any kind of payment for your (....)'s respiratory aids, e.g., inhalers, juffers, oxygen, for example to rent or finance this item?

1	Yes	
2	No□ > Pon't know□ >	Skip to V3(b) if V4=7
9	Pon't know	Skip to V3(b) if V4=7
8	Refusal	

V5.

(a) <u>How often</u> does your (....)'s respiratory aids, e.g., inhalers, puffers, oxygen need service, such as repairs or maintenance?

1	Every 6 months or less \Box
2	More than 6 months but less than 1 year \Box
3	Once per year to less than 2 years \Box
	Once every 2 years but less than once
	every 5 years
5	Every 5 years or more

6	Never	> G	o to V7
7	Not applicable	> G	o to V7
	Don't know		
	Refusal	> G	o to V7

V6.

(a) How much difficulty do you (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

V7.

(a) <u>How often</u> do your (....)'s respiratory .ids, ..g., inhalers, puffers, oxygen need to be replaced?

1	Every 6 months or less Go to V 9 \Box > Go to V 9
2	More than 6 months but less than 1 year
3	Once per year to less than $2 y$ ars
4	Once every 2 years but les, then once every 5 years. \Box
5	Every 5 years or more. \Box
6	Never
7	Not applicable
	Don't know. \Box > Go to V3 (b)
	Refusal $\Box > $ Go to V3 (b)

V8.

(a)	Will t	his item need to be replaced in the next 12 months	\$?
	1	Yes	
		No□ >	Go to V3 (b)
	9	Don't know \Box >	Go to V3 (b)
	8	Refusal \square >	Go to V3 (b)

V9.

- (a) What is the main reason you (....) will need to replace your (his/her) respiratory aids, e.g., inhalers, puffers, oxygen?
 - 1 Condition is worse..... \Box

	2 3 4 5 6	Condition is better
	0	Other, Please Specify:
		Don't know
V10. (a)		w much difficulty <u>will you ()</u> have paying for a replacement for r (his/her) respiratory aids, e.g., inhalers, puffers, bxyg \n?

1	None	. 🗆
2	Slight	. 🗆
3	Moderate	. 🗆
4	Serious	. 🗆
5	Cannot afford	. 🗆
6	Not applicable	. 🗆
	Don't know	
	Refusal	

V3.

How often do you (doe. ...) use pain management aids, e.g., a TENS machine? **(b)**

1	Every lay
2	A few times a week
3	Cuce a week
4	Less than once a week
5	Frequent usage but only
	during certain times \Box
6	Don't use because it needs repair
	or replacement
7	Not applicable
	Don't know
	Refusal

V4.

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

	1	You ()
	2	Your ('s) family \Box
	2	Health care system
	4	•
		Government program
	5	Insurance company
	6	Non-profit organization
	7	It does not belong to you () (i.e. belongs to employers,
		friends / family, public property, etc.)
	8	Other
		Other, Please Specify:
	9	Not applicable
		Don't know
		Refusal
V4a.		
(b)	A	are you (Is) making any kind of payment for your ()'s pain
		anagement aids, e.g., a TENS machine, for example to rent or finance this
		em?
	1	Yes
	2	No No
	9	Don't know \Box > Skip to V3(c) if V4=7
	8	Refusal
V5.		
	1	How often loss your ()'s noin monogramment side of a TENC machine
(b)		How often Coes your ()'s pain management aids, e.g., a TENS machine,
	su	ich as repairs or 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 \Box
	4	Once every 2 years but less than once
	4	Once every 2 years but less than once every 5 years
	4 5	Once every 2 years but less than once
	4 5 6	Once every 2 years but less than once every 5 years
		Once every 2 years but less than once every 5 years Every 5 years or more

(b) How much difficulty do you (does) have paying for the service of this item?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable \Box
	Don't know \Box
	Refusal

V7.

(b)	How often do your ()'s pain management aids, e.g., a LENS machin	le
	need to be replaced?	

 More than 6 months but less than 1 year□ > Go to V9 Once per year to less than 2 years□ Once every 2 years but less than once every 5 years.□ Every 5 years or more□ 	
4 Once every 2 years but less than once $very 5$ years. \Box	
5 Every 5 years or more \Box	
6 Never)
7 Not applicable \Box > Go to V3 (c))
Don't know \Box > Go to V3 (c))
Refusal)

V8.

(b) Will this item need to be replaced in the next 12 months?

1	Yes.	
2	No	 > Go to V3 (c)
9	Den't know	 > Go to V3 (c)
8	R. fusal	 > Go to V3 (c)
~ (× ×	

V9.

(b) What is the main reason you (....) will need to replace your (his/her) pain management aids, e.g., a TENS machine?

1	Condition is worse \Box
2	Condition is better \Box
3	Outgrew the aid \Box
4	Worn out
5	New technology available / Aid is outdated \Box
6	Other

	\downarrow
Other, Please Specify:	
Don't know Refusal	

V10.

(b)	How much difficulty <u>will you ()</u> have paying for a replacem	ient for
	your (his/her) pain management aids, e.g., a TENS machine?	

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
	Don't know
	Refusal

V3.

(c) <u>How often</u> do you (does) <u>use</u> blood glu cose monitor, needles, other diabetic aids?

1	Every day 🗆	
2	A few times a week \Box	
3	Once a week \Box	
4	Less than once γ week	
5	Frequent us. ce but only	
	during certain imes	
6	Don't use because it needs repair	
	or replacement	
7	Not applicable	
(Den't know	
	Refusal	

V4.

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

1	You ()
2	Your ('s) family
3	Health care system \Box
4	Government program
5	Insurance company
6	Non-profit organization \Box

	7 8	It does not belong to you () (i.e. belongs to employers, friends / family, public property, etc.) Other
		Other, Please Specify:
	9	Not applicable Don't know Refusal
V4a. (c)	m	re you (Is) making any kind of payment for your ()'s biood glucose onitor, needles, other diabetic aids, for example to rent or finance this em?
	1 2 9 8	Yes □ > Skip to V3(d) if V4=7 Don't know □ > Skip to V3(d) if V4=7 Refusal □ > Skip to V3(d) if V4=7
V5. (c)		How often does your ()', blood glucose monitor, needles, other diabetic ds, such as repairs or maintenance?
,	1 2 3 4 5 6 7	Every 6 month or k ss. Image: Construction of the state of the
V6.		

(c) How much difficulty do you (does) have paying for the service of this item?

1	None
2	Slight
	Moderate
4	Serious

5	Cannot afford	. 🗆
6	Not applicable	. 🗆
	Don't know	
	Refusal	

V7.

(c) <u>How often</u> do your (....)'s blood glucose monitor, needles, other diabetic aids need to be replaced?

1	Every 6 months or less \Box > Go to V9
2	More than 6 months but less than 1 year
3	Once per year to less than 2 years
4	Once per year to less than 2 years
5	Every 5 years or more
6	Never Never
7	Not applicable \Box > Go to V3 (d)
	Don't know \Box > Go to V3 (d)
	Refusal

V8.

(c) Will this item need to be replaced in the n xt 12 months?

1	Yes	
2	No	 > Go to V3 (d)
9	Don't know	 > Go to V3 (d)
	Refusal	

V9.

(c) What is the manufection you (....) will need to replace your (his/her) blood glucose monitor, needles, other diabetic aids?

1 Condution is worse□ 2 Condition is better□ 3 Cutgrew the aid□ 4 Worn out□ 5 New technology available / Aid is outdated□ 6 Other□	
Other, Please Specify:	
Don't know Refusal	1

V10.

(c) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) blood glucose monitor, needles, other diabetic aids?

1	None
2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable \Box
	Don't know \Box
	Refusal 🗆

V3.

(d) <u>How often</u> do you (does) <u>use</u> abdominal, back or n ck support?

1	Every day
2	A few times a week
3	Once a week
4	Less than once a week \Box
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.

(d) Who paid the most for <u>acquiring</u> this	is item?
---	----------

1	You ()
2	Your ('s) family
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization
7	It does not belong to you () (i.e. belongs to employers
	friends / family, public property, etc.)
8	Other
	\checkmark

Other, Please Specify:

9	Not applicable Don't know	
	Refusal	

V4a.

(d) Are you (Is) making any kind of payment for your (....)'s abdominal, back or neck support, for example to rent or finance this item?

1	Yes	
2	No	Skip to V3(e) if V4=7
9	Don't know $\Box >$	$S_{\text{Min}} \leftarrow V3(e)$ if V4=7
8	Refusal□ >	Ship to V3(e) if V4=7

V5.

(d) <u>How often</u> does your (....)'s abdominal, back o. neck support need service, such as repairs or maintenance?

1	Every 6 months or less	
2	More than 6 months but less that 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 of more	
6	Never	> Go to V7
7	Not applicate	> Go to V7
	Don't know	> Go to V7
	Refu. 1	> Go to V7

V6.

(d) How much difficulty do you (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

V7.

(d) <u>How often</u> do your (....)'s abdominal, back or neck support need to be replaced?

	1	Every 6 months or less \Box > Go to V9
	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. \Box
	5	Every 5 years or more \Box
	6	Never \Box > Go to V3 (e)
	7	Not applicable $\Box > $ Go to V3 (e)
		Don't know $\Box > \operatorname{Go} \lor \operatorname{V3}(e)$
		Refusal
V8. (d)	Wil	Il this item need to be replaced in the next 12 months?
	1	Yes
	2	No $\square > $ Go to V3 (e)
	9	Don't know D > Go to V3 (e)
	8	Refusal So to V3 (e) \rightarrow Go to V3 (e)
V9. (d)		at is the main reason you () will need to replace your (his/her) ominal, back or neck (u) port?
	1	Condition is wors 2
	2	Condition is 2 atter
	3	Outgrew the aid.
	4	Worn cut
	5	New tech. ology available / Aid is outdated
	6	C he \Box
	0	
		Other, Please Specify:
	-	Don't know
		Refusal

V10.

(d) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) abdominal, back or neck support?

1 None.....

2	Slight
3	Moderate
4	Serious
5	Cannot afford
6	Not applicable
	Don't know
	Refusal

V3.

(e) <u>How often</u> do you (does) <u>use</u> (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

V4.

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

nployers,

V4a.

(e) Are you (Is) making any kind of payment for your (....)'s (*write-in*), for example to rent or finance this item?

1	Yes	
2	No□ >	Skip to V11 if V4=7
9	Don't know \Box >	Skip to V11 if V4=7
8	Refusal□ >	Skip to V11 if V4=7

<u>Interviewer</u>: If service or replacement is applicable to this specific write-in then proceed to V5, else skip to V11.

V5.

(e) <u>How often</u> does your (....)'s (*write-in*) need service, such as repairs or maintenance?

1	Every 6 months or less
1	
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 \Box
6	Never \Box > Go to V7
7	Not applicable $\Box > $ Go to V7
	Don't know $\Box > $ Go to V7
	Refusal \Box > Go to V7

V6.

(e) How much difficulty do you (does) have paying for the service of this item?

1	None
2	Sight
3	M. derate
4	Serious
3	Cannot afford
6	Not applicable
	Don't know
	Refusal

V7.

(e) <u>How often</u> do your (....)'s (*write-in*) need to be replaced?

1Every 6 months or less. $\Box > \mathbf{Go to V9}$ 2More than 6 months but less than 1 year. $\Box > \mathbf{Go to V9}$

3	Once per year to less than 2 years \Box		
4			
5	Every 5 years or more		
6	Never	>	Go to V11
7	Not applicable	>	Go to V11
	Don't know	>	Go to V11
	Refusal	>	Go to V11

V8.

	1	Yes
	2	No
	9	Don't know
	8	Refusal $\Box > $ Go to V11
V9.		
(e)	Wha	at is the main reason you () will need to r place your (his/her)
	(writ	te-in)?
	1	Condition is worse
	2	Condition is better
	3	Outgrew the aid \Box
	4	Worn out
	5	New technology avai'ab e / Aid is outdated
	6	Other
	(Other, Please Specify:

Don't knov Refuse1

V10.

(e) How much difficulty <u>will you (....)</u> have paying for a replacement for your (his/her) (*write-in*)?

1	None
2	Slight
3	Moderate
4	Serious 🗆
5	Cannot afford \Box
6	Not applicable \Box
	Don't know

Refusal.....

V11. I would now like you to think of all the aids and specialized equipment that you (.....) use(s).

In the past 12 months, did you (....) have any <u>out-of-pocket</u> or <u>direct</u> <u>expenses</u> for the purchase and maintenance of aids and specialized equipment?

1	Yes	4
2	No	> Go to Vi
9	Don't know	> Go tc V14
8	Refusal	> Go to V14

V13.

Which of the following expense groups is the best estimate of the <u>out-of-pocket</u> or <u>direct costs</u> to you (....) in the past 12 months, for the purchase and maintenance of aids and specialized equipment?

1	less than \$100 🗆
2	\$100 to less than \$200
3	\$200 to less than \$500□
4	\$500 to less than \$1,000
5	\$1,000 to less than \$2,090
6	\$2,000 to less than \$5,000
7	\$5,000 or more 🗆 🗆
	Don't know
	Refusal

V14. Do you (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	Yes	
2	No	> Go to W
9	Don't know	> Go to W
8	Refusal	> Go to W

V15. Which aids do you (does) <u>need</u> but do (does) not have? *Mark all that apply.*

(a)	respiratory aids, e.g., inhalers, puffers, oxygen	. 🗆	
(b)	pain management aids, e.g., a TENS machine	. 🗆	
(c)	Bath, shower, or toilet aids	. 🗆	

(d) another aid	
	\downarrow
Other, Please Specify	:
Not selected	
Don't know	🗆
Refusal	

V16.	,	I would like you to think about all the aids and specialized equipment) <u>need(s)</u> but do (does) not have.
	•	do you (does he/she) not have these aids? I will read you a list of
	•	ble reasons.
	-	all that apply
	1	It is not covered by insurance
	2	It is too expensive
	3	Your ('s) condition is not serious enougn
	4	You do (does) not know where of how to obtain it
	5	It is not available
	6	You are (He/She) is on a waiting list.
	7	You haven't (He/She hasn't) looled into it yet
	8	Another reason
	Othe	er, Please Specify
		Don't know
		Refusal

Section W - Help With Everyday Activities Module

Interviewer: If disability was indicated on either Profile Sheet or in Section S (p 237) proceed; Else skip to Section XX (p 414)

- W. The next questions are about the help you (....) receive(s) with everyday activities <u>because of your (his/her) condition</u>. Include help received from your (his/her) spouse or partner, from family members, friends or neighbours, and from organizations, whether paid or unpaid.
- W1. Because of your (his/her) condition, do you (does) usually <u>receive</u> help with preparing meals?

1	Yes	>	Check Receive Help
			with Meals box on
			Profile Sheet and
			Go to W3
2	No		
9	Don't know	>	Go to W4
8	Refusal	>	Go to W4

.

W2. Do you (Does) think you (he/she) <u>need(s)</u> help with preparing meals?

Check Need Help with Meals box on Profile Sheet and
with Meals box on
with Meals box on
Profile Sheet and
Tionic bliett and
Go to W4
w□ > Go to W4
$\Box > $ Go to W4

W3. When you (....) receive(s) this help, do you (does) assist in the preparation of your (his/her) meals <u>or</u> are your (his/her) meals prepared completely for you (him/her)?

1	You $(\ldots,)$ vssist(s) in the preparation
2	Prepared completely for you (him/her)
	Don't know
	Refusa.

W3a. Do vou (Does) need <u>additional</u> help with preparing meals?

1	Yes	> Check Need Help
		with Meals box on
		Profile Sheet
2	No	
9	Don't know	
8	Refusal	

W4. Because of your (his/her) condition, do you (does) usually <u>receive</u> help with everyday housework, such as dusting and tidying up?

	1	Yes□ >	 Check Receive Help with housework box on Profile Sheet and Go to W6
	2	No	
	9	Don't know >	• Go to W7
	8	Refusal >	> Go to W7
W5.	Do you	u (Does) think you (he/she) <u>need(s)</u> help with	everyday housework?
	1	Yes□ >	 Check Need Help with housework box or Profile Sheet and Go to W7
	2	No	• Go to W7
	9		• Go to W7
	8		> Go to W7
W6.	When you () receive(s) this help, ac you (does he/she) assist in everyday housework <u>or</u> is it done completery for you (him/her)?		
	1	You () assist() is the preparation	🗆
	2	Prepared complete 'v for you (him/her)	
		Don't know	🗆
		Refusal	
W6a.	Do you	u (Does) need <u>additional</u> help with everyday	housework?
	1	Ve₅	> Check Need Help
		J	with housework box

W7. Because of your (his/her) condition, do you (does he/she) usually <u>receive</u> help with heavy household chores, such as spring cleaning or yard work?

1 Yes..... \Box > Check Receive Help

		with Chores box on Profile Sheet and
		Go to W9
2	No	
9	Don't know	> Go to W10
8	Refusal	> Go to W10

W8. Do you (Does) think you (he/she) <u>need(s)</u> help with heavy household chores?

1	Yes > Check Need Help
	with Chores box
	or Profile Sheet and
	Co to W10
2	No
2	No So to W10
9	Don't know So to W10
8	Refusal \Box > Go to W10

W9. Do you (Does) need <u>additional</u> help vith leavy household chores?

1	Yes	> Check Need Help
		with Chores box
		on Profile Sheet
2	No	
9	Don't know	
8	Refusal	

W10.	Because of you," (his/her) condition, do you (does he/she) usually receive help
	with getting to appointments and running errands, such as shopping for
	grocen's <u>or other essential items</u> ?

1	Yes	> Check Receive Help with Appointments box on Profile Sheet and Go to W12
2	No	
9	Don't know	> Go to W13
8	Refusal	> Go to W13

W11. Do you (Does) think you (he/she) <u>need(s)</u> help with getting to appointments and running errands, such as shopping for groceries <u>or other</u> <u>essential items</u>?

	1	Yes	>	Check Need Help with Appointments box on Profile Sheet
				and Go to W13
	2	No	>	Go to W13
	9	Don't know	>	Go to W13
	8	Refusal	>	Go to W13
2.	Do yo	u (Does) need <u>additional</u> help with getting t	to 2	appointments and

W12. Do you (Does) need <u>additional</u> help with getting to appointments and running errands, such as shopping for groceries <u>or other essential items</u>?

1	Yes	Check Need Help
		with Appointments
		box on Profile Sheet
2	No	
9	Don't know	
8	Refusal	

W13. Because of your (his/her) condition, do you (does he/she) usually <u>receive</u> help with looking after your (his/her) personal finances, such as making bank transactions or paying bills?

1	Yes.	>	Check Receive Help with Finances box on Profile Sheet and Go to W15
2 9 8	Don't know Refusal		

W14. Do you (Does) think you (he/she) <u>need(s)</u> help with looking after your (his/her) personal finances?

1

Yes..... > Check Need Help with Finances box on Profile Sheet

and Go to W17

2	No	> Go to W17
9	Don't know	> Go to W17
8	Refusal	> Go to W17

W15. Do you (Does) need <u>additional</u> help with looking after your (his/her) personal finances?

 1
 Yes.....□
 > Check Receive Help with Finances box on Profile Sheet

 2
 No....□
 □

 9
 Don't know...□
 □

 8
 Refusal....□
 □

W17. Because of your (his/her) condition, do you (does he/she) usually <u>receive</u> help with childcare?

1	Yes \Box > Check Receive Help
	with Childcare
	box on Profile Sheet
	and Go to W19
2	No
9	Don't know \Box > Go to W20
8	Refusal

W18. Do you (Does) wink you (he/she) <u>need(s)</u> help with child care?

1	Yes	>	Check Need Help with Childcare
			box on Profile Sheet and Go to W20
	No	>	Go to W20
9	Don't know	>	Go to W20
8	Refusal	>	Go to W20

W19. Do you (Does) need additional help with child care?

1 Yes.....□ > Check Receive Help with Appointments box on Profile Sheet

2	No	
9	Don't know	□
8	Refusal	

W20. Because of your (his/her) condition, Do you (Does) usually <u>receive</u> help with personal care, such as washing, dressing or taking medication?

1	Yes	> Check Receive Help
		with Personal Care
		box on Profile Sheet
		and Go to W.22
2	No	
9	Don't know	$> C_{2}$ to W_{23}
8	Refusal	> Co to W23

W21. Do you (Does) think you (he/she) need(s) help with personal care?

1	Yes	> Check Need Help
-		with Personal Care
		box on Profile Sheet
		and Go to W23
2	No	> Go to W23
2		
9	Don't know	> Go to W23
8	Refusal	> Go to W23

W22. Do you (Does) n.ed <u>additional</u> help with personal care?

1	Y-s	> Check Receive Help with Personal Care box on Profile Sheet
2	No	
9	Don't know	
8	Refusal	

- W23. Because of your (his/her) condition, do you (does) usually <u>receive</u> specialized nursing care or medical treatment at home such as injections, therapy, blood or urine testing or catheter care?
 - 1 Yes.....□ > Check Receive Help with Nursing /

			Treatment box on Profile Sheet and Go
			to W25
2	No	□	
9	Don't know	ロ :	> Go to W26
8	Refusal		> Go to W26

W24. Do you (Does) think you (he/she) <u>need(s)</u> specialized nursing care or medical treatment at home?

1	Yes	> Check Need Help
		with Nursing /
		Treatment box on
		Profile Sheet and Go
	*	to W26
2	No	> Go to W26
9	Don't know	> Go to W26
8	Refusal	> Go to W26

W25. Do you (Does) need <u>additional pecialized nursing care or medical</u> treatment at home?

1	Yes	> Check Need Help
		with Nursing /
		Treatment box on
		Profile Sheet
2	No	
9	Don'* know	
8	Refusal	

W26. Be cause of your (his/her) condition, do you (does) usually <u>receive</u> help with moving about inside your (his/her) residence?

1	Yes >	· Check Receive Help
		with Moving About
		box on Profile Sheet
		and Go to W28
2	No	
9	Don't know >	Go to X
8	Refusal >	• Go to X

	your (his/her) residence?
	1	Yes > Check Need Help with Moving About box on Profile Sheet and Go to X
	2	No \Box > Go to X
	9	Don't know \Box > Go to X
	8	Refusal \Box > Go to X
W28.	-	u (Does) need <u>additional</u> help with moving about inside your er) residence?
	1	Yes
	2	No
	9	Don't know
	8	Refusal

W27. Do you (Does) think you (he/she) need(s) help with moving about inside

Section X - Caregiver Module

Interviewer: If help z eeded was indicated on the Profile Sheet then proceed; Else skip to Section Y (p280)

X. Now, I would 'ike to ask you a few questions about the people who help you (....), bec, use of your (his/her) condition, with your (his/her) everyday activities.

Interviewer. ask questions in help with everyday activities for the activities selected on the Profile Sheet

X1. What id the first name of the three main persons or organizations that help you (....) because of your (his/her) condition?

Caregiver 1 []
Caregiver 2 []
Caregiver 3 []

11	Spouse/partner of respondent	
12	Ex-spouse/Ex-partner of respondent	
13	Son of respondent	\Box > Go to X4
14	Daughter of respondent	
15	Father of respondent	\Box > Go to X4
16	Mother of respondent	\Box > Go to X4
17	Brother of respondent	\Box > Go to X4
18	Sister of respondent	\Box > Go to X4
20	Grandson of respondent	\Box > Go to X4
21	Granddaughter of respondent	\Box > Go to X4
22	Grandfather of respondent	\Box > Go to X4
23	Grandmother of respondent	
30	Son-in-law of respondent.	$\square > $ Go to X4
31	Son-in-law of respondent Daughter-in-law of respondent	\Box > Go to X4
32	Father-in-law of respondent	\Box > Go to X4
33	Mother-in-law of respondent.	\Box > Go to X4
34	Brother-in-law of respondent	\Box > Go to X4
35	Sister-in-law of respondent	\Box > Go to X4
40	Nephew of respondent Niece of respondent	\Box > Go to X4
41	Niece of respondent	\Box > Go to X4
42	Uncle of respondent	\Box > Go to X4
43	Aunt of respondent	\Box > Go to X4
44	Cousin of respondent	
70	Same sex partner c respondent	\Box > Go to X4
80	Close friend of ies you dent	
81	Neighbour of r spondent	
82	Co-worker frespondent	
83	Non-Governmental Organization (Includes	
	clien's and patients of self-employed professionals)	\Box > Go to X8
84	Paid en.ployee/worker of respondent	
85	Other (Do not include organizations here)	
86	Gevernmental (All levels and taxes)	
	Don't know	\Box > Go to X4
	Refusal	\Box > Go to X4

What is the relationship of [*Caregiver 1*] to you (....)? X2.

(a)

What is [Caregiver 1's] sex? **X3.**

(a)

Male..... 1 2 Female..... Don't know..... Refusal.....

What is [Caregiver 1's] age? X4.

01	Under 15
02	15-24 🗆
03	25-34
04	35-44
05	45-54
06	55-64 🗆
07	65-74
08	75-84
09	85+
95	Person is deceased \Box > Skip to Y
	Don't know \Box
	Refusal

**Interviewer: If caregiver 1 was selected as 84 (Paid employee/worker of respondent) in X2 go to X7a; Else proceed to X5 *

X5.	Does	Does [Caregiver 1] work at a paid job or business?		
(a)	1	Yes		
	2	No \Box > Go to X7		
	9	Don't know		
	8	Refusal		
X6.	Does	[Caregiver 1] work full-time or part-time?		
(a)				
	1	Full-time		
	2	Part-time		
		Don't know		
		Refus 1		
	,			
X7.	Is Ca	argiver 1] paid for providing assistance to you ()?		
(a)				
		Yes		
	2	No		
	9	Don't know		
	8	Refusal		

If X2 = 81 (Neighbour) then go to X8; Else proceed to X7A

X7a. Does [*Caregiver 1*] **live...**

(a)

(a)

1	in the same household as you ()?
2	in the same building as you ()?

	3	in the same neighbourhood or community
		as you ()? (30 minutes or less by foot or bus)
	4	in the surrounding area to your ('s) neighbour-
	_	hood or community? (less than an hour by car) \Box
	5	less than a half day's journey each way by land
	-	travel? (a round trip with a two hour visit) \Box
	6	more than a half day's journey each way by land
		Don't know
		Refusal
X8.	If [<i>C</i>	Caregiver 1] could not assist you (), would you (he/she) have difficulty
(a)		ng assistance from someone else?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
X2.	Wha	t is the relationship of [Caregiver 2] to y, u ()?
(b)	v v 11a	this the relationship of [curegiver 2], to you ().
(0)	11	Spouse/partner of respondent
	12	Ex-spouse/Ex-partner of respondent
	13	Son of respondent
	14	Daughter of respondent. $\Box > \mathbf{Go}$ to X4
	15	Father of responder t
	16	Mother of respondent. $\Box > \mathbf{Go}$ to X4
	17	Brother of repondent
	18	Sister of respondent
	20	Grandson of respondent. \Box > Go to X4
	21	C randda ighter of respondent $\Box > $ Go to X4
	22	Grandfather of respondent
	23	Grandmother of respondent \Box > Go to X4
	30	Son-in-law of respondent $\Box > $ Go to X4
	31	Daughter-in-law of respondent \Box > Go to X4
	32	Father-in-law of respondent \Box > Go to X4
	33	Mother-in-law of respondent \Box > Go to X4
	34	Brother-in-law of respondent \Box > Go to X4
	35	Sister-in-law of respondent \Box > Go to X4
	40	Nephew of respondent \Box > Go to X4
	41	Niece of respondent \Box > Go to X4
	42	Uncle of respondent \Box > Go to X4
	43	Aunt of respondent \Box > Go to X4
	44	Cousin of respondent
	70	Same sex partner of respondent \Box > Go to X4

	80 81 82 83 84 85	Close friend of respondent □ Neighbour of respondent □ Co-worker of respondent □ Non-Governmental Organization (Includes □ clients and patients of self-employed professionals) □> Go to X8 Paid employee/worker of respondent □ Other (Do not include organizations here) □
	86	Governmental (All levels and taxes) \Box > Go to X8 Don't know \Box > Go to X4
		$\square > Go to X4$ Refusal
X3. (b)	What	t is [Caregiver 2's] sex?
	1	Male
	2	Female
		Don't know 🗖
		Refusal
X4. (b)	What	t is [Caregiver 2's] age?
	01	Under 15
	02	15-24 🗆
	03	25-34
	04	35-44
	05	45-54
	06	55-64
	07	65-74
	08	75-84
	09	85+
	95	Person is deceased \Box > Skip to Y
		Pon't ki. ow
		Perusal
		The second se

Interviewer: If caregiver 1 was selected as 84 (Paid employee/worker of respondent) in X2 go to X7a; Else proceed to X5

Doe	s [Caregiver 2] work at a pa	id job or business?	
1	Yes		
2	No		> Go to 2
9	Don't know		
8	Refusal		

X6. **Does** [*Caregiver 2*] work full-time or part-time?

1	Full-time
	Part-time
	Don't know
	Refusal

X7. Is [*Caregiver 2*] paid for providing assistance to you (....)?(b)

 1
 Yes.....□

 2
 No....□

 9
 Don't know...□

 8
 Refusal...□

If X2 = 81 (Neighbour) then go to X8; Else proceed to X7A

X7a. Does [Caregiver 2] live...

(b)

(b)

(c)

1	in the same household as you ()?
2	in the same building as you ()2
3	in the same neighbourhood or community
	as you ()? (30 minutes or less by 1) ot or bus)
4	in the surrounding area to your ('s) neighbour-
	hood or community? (less that an hour by car) \Box
5	less than a half day's jour. ey each way by land
	travel? (a round tr_{1} vith a two hour visit)
6	more than a half day's journey each way by land
	travel?
	Don't know.
	Refusa!

X8. If [*Caregiver 2*] could not assist you (....), would you (he/she) have difficulty
(b) findin, a sistance from someone else?

1	Yes
2	No
9	Don't know
8	Refusal

X2.	What is the	relationship	of [Caregiver	3] to you (()?
-----	-------------	--------------	---------------	-------------	-----

 11
 Spouse/partner of respondent.....□

 12
 Ex-spouse/Ex-partner of respondent....□

 13
 Son of respondent....□

 14
 Daughter of respondent...□

15	Father of respondent \Box > Go to X4
16	Mother of respondent \Box > Go to X4
17	Brother of respondent \Box > Go to X4
18	Sister of respondent $\Box > $ Go to X4
20	Grandson of respondent \Box > Go to X4
21	Granddaughter of respondent \Box > Go to X4
22	Grandfather of respondent \Box > Go to X4
23	Grandmother of respondent \Box > Go to X4
30	Son-in-law of respondent $\Box > $ Go to X4
31	Daughter-in-law of respondent $\Box > \mathbf{Go}$ to X4
32	Father-in-law of respondent $\Box > $ Go to X4
33	Mother-in-law of respondent $\Box > Co$ to X4
34	Brother-in-law of respondent $\Box > $ Go to X4
35	Sister-in-law of respondent
40	Nephew of respondent $\Box > $ Go to X4
41	Nephew of respondent. $\Box > Go to X4$ Niece of respondent. $\Box > Go to X4$ Uncle of respondent. $\Box > Go to X4$
42	Uncle of respondent $\Box > $ Go to X4
43	Aunt of respondent \Box > Go to X4
44	Cousin of respondent
70	Same sex partner of respondent $\Box > $ Go to X4
80	Close friend of respondent
81	Neighbour of respondent
82	Co-worker of respondent
83	Non-Governmental Organization (Includes
	clients and patients of self employed professionals)
84	Paid employee/worker of respondent
85	Other (Do not include organizations here) \Box
86	Governmental All levels and taxes) $\Box > $ Go to X8
	Don't know \Box > Go to X4
	Refusal \Box > Go to X4

What 's [Caregiver 3's] sex? **X3**.

Male..... Female...... Don't know..... Refusal.....

- X4.
- **(c)**

(c)

What is [Caregiver 3's] age?

Under 15..... 01 02 15-24..... 25-34..... 03 04 35-44..... 05 45-54.....

06	55-64 🗆	
07	65-74	
08	75-84	
09	85+	
95	Person is deceased \Box > Skip to Y	
	Don't know	
	Refusal	

Interviewer: If caregiver 1 was selected as 84 (Paid employee/worker of respondent) in X2 go to X7a; Else proceed to X5

X5. (c)	Does [<i>Caregiver 3</i>] work at a paid job or business?		
	1	Yes	
	2	No	
	9	Don't know	
	8	Refusal	
X6.	Doe	s [Caregiver 3] work full-time or part-tim.?	
(c)			
	1	Full-time	
	2	Part-time	
	2		
		Don't know	
		Refusal	
X7.	Is [/	Caregiver 3] paid for providing assistance to you ()?	
(c)	19 [(curegiver 51 bally for providing assistance to you ().	
(C)	1	Yes	
	2	No	
	9	Don't know	
	8	Refusal	
	0		
/			
		If $X2 = 81$ (Neighbour) then go to X8; Else proceed to X7A	
X7a.	Doe	s [Caregiver 3] live	

X7a. (c)

1	in the same household as you ()?
2	in the same building as you ()?
3	in the same neighbourhood or community
	as you ()? (30 minutes or less by foot or bus)
4	in the surrounding area to your ('s) neighbour-
	hood or community? (less than an hour by car) \Box
5	less than a half day's journey each way by land

6	travel? (a round trip with a two hour visit)
	travel?
	Don't know
	Refusal

If [Caregiver 3] could not assist you (....), would you (he/she) have difficulty **X8.** finding assistance from someone else? (c)

1	Yes	4
2	No	
9	Don't know	
8	Refusal	

Section Y - Care Receiving Module

Interviewer: If help received was indicated on the Pr. file Sheet then proceed; Else skip to Section BB (p ?>?)

- Among everyday activities that you (....) received help with, with which **Y1.**
- **(a)** one(s) does (Caregiver 1) help (him/her)?

Mark all that apply

1		
I	preparing meais	Ш
2	housework	
3	heavy hous, hold chores	
4	appointments	
5	persenai finances	
6	childca. 9	
7	personal care	
8	nursing / treatment	
9	noving about	

Y2.

(a)

How often doe	s (Caregiver	(1) neip with	n (Selections i	n 11a):

1	Everyday 🗆
2	At least once a week
3	Less than once a week \Box
	Don't know
	Refusal

Y3i. On average, how many days a week does (*Caregiver 1*) help with your (....'s)

(a) personal care?

(a)

[] (1-7) Days	
Don't	know	
Refusa	ıl [

Y3ii. On average how many hours a day?

[] (0.5-24) Hours
Don't know 🛛
Refusal

Y4. How long ago did you (....) begin to receive assistance from *Caregiver 1*)

(a) with (Selections in Yla)?

1	Less than 1 month
2	1 month to less than 3 months
3	3 months to less than 6 months
4	6 months to less than 1 year
5	1 year to less than 2 years
6	2 years or more
	Don't know 🗆
	Refusal

Y1. Among everyday activities that you (....) received help with, with which

(b) one(s) does (*Caregive*: 2) help (him/her)? Mark all that apply

1	preparing meals
2	housew vrk
3	heavy household chores
4	appointments
5	Jersonal finances
5	childcare
7	personal care
8	nursing / treatment
9	moving about
	-

- Y2. <u>How often</u> does (Caregiver 2) help with (Selections in Y1b)?
- **(b)**

Everyday
At least once a week
Less than once a week
Don't know 🗆

Refusal.....

Y3i. On average, how many days a week does (*Caregiver 2*) help with your (....'s)(b) personal care?

[] (1-7) Days	
Don't k	know[
Refusa	1 [

Y3ii. On average how many hours a day?

(b)

[] (0.5-24) Hours Don't know..... Refusal.....

Y4. How long ago did you (....) begin to receive assistance from (Caregiver 2)

(b) with (Selections in Y1b)?

1	Less than 1 month
2	1 month to less than 3 months \Box
3	3 months to less than 6 months. \Box
4	6 months to less than 1 year \Box
5	1 year to less than 2 years
6	2 years or more
	Don't know
	Refusal

- Y1. Among everyday activities that you (....) received help with, with which
 (c) one(s) does (*Caregiver 3*) help (him/her)?
 - Mark all that apply preparing meals..... 2 3 housework..... heavy household chores..... \Box 4 appointments 5 personal finances..... childcare..... 6 7 personal care 8 nursing / treatment..... 9 moving about
- Y2. <u>How often</u> does (*Caregiver 3*) help with (*Selections in Y1c*)?

1 2 3	At least once a week
3	Less than once a week
	Refusal

Y3i. On average, how many days a week does (*Caregiver 3*) help with your (....'s)(c) personal care?

	[] (1-7) Days Don't know Refusal
Y3ii. (c)	On average how many hours a day?
	[] (0.5-24) Hours Don't know

Y4. How long ago did you (....) begin to acceive assistance from (*Caregiver 1*)

(c) with (Selections in Y1c)?

(c)

1	Less than 1 montheast and a second se
2	1 month to less $d_{12}n$ 3 months
3	3 months to le. s the n 6 months
4	6 months to less than 1 year
5	1 year to less than 2 years
6	2 years or more
	Don't k. ow
	Refusal

Section Z - Difficulty Module

Interviewer: If help received was indicated on the Profile Sheet then proceed; Else skip to Section BB (p 297)

- Z. Now, I would like you to think of all the help you (....) <u>receive(s)</u> with everyday activities.
- **Z1.** Was it difficult to make the arrangements for the help you (....) receive(s) with:

	(1) <u>Yes</u>	(2) <u>No</u>	(9) <u>DK</u>	(8) <u>R</u>
(a) preparing meals?	.□			
(b) housework?	.□			
(c) heavy household chores?				
(d) appointments?	. 🗆		J	
(e) personal finances?				
(f) childcare?				
(g) personal care?				
(h) nursing / treatment?				
(i) moving about?	ロ			
***Proceed to Z2 and ask for aids marked `yes" in Z1; els	e skip	o to AA	***	

Interviewer: Ask only for activities selected on Profile Sheet

Z2. What were the difficulties? I will read you a list.

(a)

Interviewer: Mark all that a_{I} ny - Help discussed is with preparing meals

1	Finding qualified help
2	Delay in obtaining assistance
3	Did not know where to look for help \Box
4	Too expensive
5	0. her
	Other, Please Specify:

Z2. What were the difficulties? I will read you a list.

(b)

Interviewer: Mark all that apply - Help discussed is with housework

1	Finding qualified help \Box
2	Delay in obtaining assistance \Box
3	Did not know where to look for help

4	Too expensive
2	Other
	Other, Please Specify:

Z2. What were the difficulties? I will read you a list.

(c)

Interviewer: Mark all that apply - Help discussed is with heavy house. d chores

- 1 Finding qualified help.....
- 2 Delay in obtaining assistance.....
- 3 Did not know where to look for help.....
- 4 Too expensive.....
- 5 **Other**.....

Other, Please Specify:

- **Z2.** What were the difficulties? I will read you a list.
- **(d)**

Interviewer: Mark all that $c \eta_r^{-1} v$ - Help discussed is with appointments

1	Finding qualified help 🗆
2	Delay in obtaining assistance
3	Did , ot know where to look for help \Box
4	Too ex _k ensive
5	O her
へ	Ciner, Please Specify:

Z2. What were the difficulties? I will read you a list.

(e)

Interviewer: Mark all that apply - Help discussed is with personal finances

1	Finding qualified help	
2	Delay in obtaining assistance	

3 Did not know where to look for help.....□
4 Too expensive...□
5 Other...□
↓
Other, Please Specify:

Z2. What were the difficulties? I will read you a list.

(f)

Interviewer: Mark all that apply - Help discussed is with childcare 🣥

- 1 Finding qualified help..... \Box
- 2 Delay in obtaining assistance.....
- 3 **Did not know where to look for help**.....
- 4 Too expensive.....
- 5 **Other**.....

Other, Please Specify:

- **Z2.** What were the difficulties? I will it ac you a list.
- **(g)**

Interviewer: Mark all that $c \eta_r^{-1} y$ - Help discussed is with personal care

1	Finding quality d belp 🗆
2	Delay in obvining assistance
3	Did not know where to look for help
4	Too expensive
5	Other
C	\downarrow
	Other, Please Specify:

Z2. What were the difficulties? I will read you a list.

(h)

Interviewer: Mark all that apply - Help discussed is with nursing / treatment)

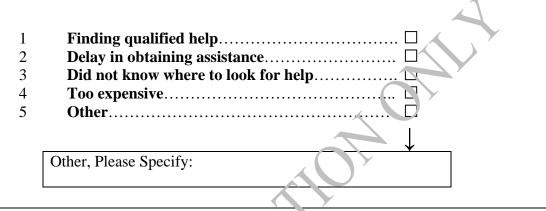
1	Finding qualified help
2	Delay in obtaining assistance
3	Did not know where to look for help
4	Too expensive

5	Other	
		\downarrow
	Other, Please Specify:	•

Z2. What were the difficulties? I will read you a list.

(i)

Interviewer: Mark all that apply - Help discussed is with moving about



Section AA - Cost Module

Interviewer: If help received valiation indicated on the Profile Sheet then proceed; Else skip to Section BB (p 297)

AA. The next few questions are about the cost of the help you (....) receive(s) with everyday activities.

Interviewer: Go through AA1-5 (a-i) for activities selected on Profile Sheet

AA1. Who pays for the help you (....) receive(s) with preparing meals? (a)

Merk all that apply

1	No one, it's free	>	Go to AA1 (b)
2	Yourself () or family living with		
	you (him/her)		
3	Family not living with you (him/her)	>	Go to AA1 (b)
4	Private health insurance, e.g., employer		
	insurance plan	>	Go to AA1 (b)
5	Home care program	>	Go to AA1 (b)
6	Voluntary organization	>	Go to AA1 (b)

7 8	Other private source Other public source, e.g., government	>	Go to AA1 (b)
	health insurance plan		
9	None selected	>	Go to AA1 (b)
	Don't know	>	Go to AA1 (b)
	Refusal	>	Go to AA1 (b)

AA2. Is the cost to you (...) or your (his/her) family living with you (him/her)... (a)

$\Box > \text{Go to A} $
🗆 > Ge w A5
🗆 > G. tt AA5
•

AA3. From what source does the reimbursement come?

(a) *Mark all that apply.*

1	Government tax credit
2	Direct government financial support
3	Private health insurance
4	Other source
5	None selected

Interviewer: If AA2 = 2 (part. ally) eimbursed) then proceed to AA5; Else skip to AA1(b).

AA5. Which of the following expense groups is the best estimate of the out-of

(a) <u>pocket or direct costs</u> to you (....), or your (his/her) family living with you (him/her), for the help you (he/she) received in the past 12 months?

Include amounts not covered by insurance such as exclusions, deductibles and expenses over limits. <u>Exclude</u> payments for which you (....) have (has) been or will be reimbursed by any insurance or government program.

1	Less than \$200
2	\$200 to less than \$500 □
3	\$500 to less than \$1,000
4	\$1,000 to less than \$2,000
5	\$2,000 to less than \$5,000
6	\$5,000 or more
	Don't know
	Refusal

AA1. Who pays for the help you (....) receive(s) with preparing meals?

(b)

Mark all that apply

1	No one, it's free \Box	> Go to AA1 (c)
2	Yourself () or family living with	
	you (him/her)	
3	Family not living with you (him/her) \Box	> Go to AA1 (c)
4	Private health insurance, e.g., employer	,
	insurance plan	> Go to AA1 (c)
5	Home care program	> Go to AA1 (?)
6	Voluntary organization	> Go to AA1 (c)
7	Other private source	> Go to A^1 (c)
8	Other public source, e.g., government	
	health insurance plan	> G) to AA1 (c)
9	None selected	> Co to AA1 (c)
	Don't know	> Go to AA1 (c)
	Refusal	> Go to AA1 (c)

AA2. Is the cost to you (...) or your (his/her) family living with you (him/her)...(b)

1	fully reimbursed
2	partially reimbursed 🗆
3	not reimbursed \Box > Go to AA5
	Don't know \Box > Go to AA5
	Refusal, \Box > Go to AA5

AA3. From what source does the reimbursement come?

(b) Mark cit that apply.

L (Government tax credit
2>>	Direct government financial support
3	Private health insurance
1	Other source
5	None selected

Interviewer: If AA2 = 2 (partially reimbursed) then proceed to AA5; Else skip to AA1 (c).

AA5. Which of the following expense groups is the best estimate of the out-of

(b) <u>pocket or direct costs to you (....), or your (his/her) family living with you</u> (him/her), for the help you (he/she) received in the past 12 months?

<u>Include</u> amounts not covered by insurance such as exclusions, deductibles and expenses over limits. <u>Exclude</u> payments for which you (....) have (has) been or will be reimbursed by any insurance or government program.

1	Less than \$200 \Box	
2	\$200 to less than \$500 \Box	
3	\$500 to less than \$1,000 🗆	
4	\$1,000 to less than \$2,000	
5	\$2,000 to less than \$5,000	
6	\$5,000 or more 🗆	
	Don't know	
	Refusal	

AA1. Who pays for the help you (....) receive(s) with preparing meals?

(c)

Mark all that apply

1	No one, it's free	> Go to AA1 (d)
2	Yourself () or family living with	
	you (him/her)	
3	Family not living with you (him/he.)	> Go to AA1 (d)
4	Private health insurance, e.g., cmployer	
	insurance plan	> Go to AA1 (d)
5	Home care program	> Go to AA1 (d)
6	Voluntary organization	> Go to AA1 (d)
7	Other private source	> Go to AA1 (d)
8	Other public scurce, e.g., government	
	health insurance plan	> Go to AA1 (d)
9	None selecter	> Go to AA1 (d)
	Don't know	> Go to AA1 (d)
	Refus. ¹	> Go to AA1 (d)

AA2. Is the cost to you (...) or your (his/her) family living with you (him/her)... (c)

\dots Go to AA5
\dots Go to AA5
$\Box > $ Go to AA5

AA3. From what source does the reimbursement come?

(c) *Mark all that apply.*

1	Government tax credit
2	Direct government financial support
3	Private health insurance
4	Other source
5	None selected

Interviewer: If AA2 = 2 (partially reimbursed) then proceed to AA5; Else skip to AA1 (d).

- AA5. Which of the following expense groups is the best estimate of the <u>out-of</u>
- (c) <u>pocket or direct costs</u> to you (....), or your (his/her) family living with you (him/her), for the help you (he/she) received in the past 12 months?

<u>Include</u> amounts not covered by insurance such as exclusions, a ductibles and expenses over limits. <u>Exclude</u> payments for which you (.... , have (has) been or will be reimbursed by any insurance or government program.

1	Less than \$200
2	\$200 to less than \$500
3	\$500 to less than \$1,000
4	\$1,000 to less than \$2,000
5	\$2,000 to less than \$5,000
6	\$5,000 or more 🗆
	Don't know \Box
	Refusal

AA1. Who pays for the bel, you (....) receive(s) with preparing meals? (d)

Mark all that apply

1	No one, it's free	> Go to AA1 (e)
2	Yourself () or family living with	
	yvu (him/her)	
3	Family not living with you (him/her)	> Go to AA1 (e)
1	Private health insurance, e.g., employer	
	insurance plan	> Go to AA1 (e)
5	Home care program	> Go to AA1 (e)
6	Voluntary organization	> Go to AA1 (e)
7	Other private source \Box	> Go to AA1 (e)
8	Other public source, e.g., government	
	health insurance plan	> Go to AA1 (e)
9	None selected	> Go to AA1 (e)
	Don't know \Box	> Go to AA1 (e)
	Refusal	> Go to AA1 (e)

AA2. Is the cost to you (...) or your (his/her) family living with you (him/her)... (d)

1	fully reimbursed
2	partially reimbursed
3	not reimbursed \Box > Go to AA5
	Don't know \Box > Go to AA5
	Refusal \Box > Go to AA5

AA3.	From	n what source does the reimbursement come?
(d)	Mark	all that apply.
	1	Government tax credit
	2	Direct government financial support 🛛 🛛 🔷
	3	Private health insurance
	4	Other source
	5	None selected

Interviewer: If AA2 = 2 (partially reimbursed) then proceed to AA5; Else skip to AA1 (e).

- AA5. Which of the following expense groups is the best estimate of the out-of
- (d) <u>pocket or direct costs</u> to you (...), or your (his/her) family living with you (him/her), for the help you (he/snc) received in the past 12 months?

<u>Include</u> amounts not cover the payments such as exclusions, deductibles and expenses over limits. Exclude payments for which you (\dots) have (has) been or will be reimbuled by any insurance or government program.

1	Less than \$20,7	
1		
2	\$206 to less than \$500	
3	\$500 to 'ess than \$1,000	
4	\$1,000 to less than \$2,000	
5	\$2,900 to less than \$5,000	
σ	\$5,000 or more	
\mathbf{N}	Don't know	
	Refusal	

AA1. Who pays for the help you (....) receive(s) with preparing meals?

(e)

Mark all that apply

- 1 No one, it's free..... \Box > **Go to AA1 (f)**
- 2 Yourself (....) or family living with you (him/her).....□

3	Family not living with you (him/her) \Box	>	Go to AA1 (f)
4	Private health insurance, e.g., employer		
	insurance plan	>	Go to AA1 (f)
5	Home care program	>	Go to AA1 (f)
6	Voluntary organization	>	Go to AA1 (f)
7	Other private source \Box	>	Go to AA1 (f)
8	Other public source, e.g., government		
	health insurance plan	>	Go to AA1 (f)
9	None selected	>	Go to AA1 (f)
	Don't know	>	Go to AA1 (f)
	Refusal	>	Go to AA1 (f)

AA2. Is the cost to you (...) or your (his/her) family living with you (bira/her)... (e)

1	fully roimburged
1	fully reimbursed 💭 🔍
2	partially reimbursed
3	not reimbursed Go to AA5
	Don't know \Box > Go to AA5
	Refusal \Box > Go to AA5

AA3. From what source does the reimbursement come?

(e) *Mark all that apply.*

1	Government tax creat
2	Direct government financial support
3	Private health insurance
4	Other syurce
5	None Selected

Interviewer. If A2 = 2 (partially reimbursed) then proceed to AA5; Else skip to BB.

AA5. Which of the following expense groups is the best estimate of the <u>out-of</u>

(e) <u>pocket or direct costs</u> to you (....), or your (his/her) family living with you (him/her), for the help you (he/she) received in the past 12 months?

<u>Include</u> amounts not covered by insurance such as exclusions, deductibles and expenses over limits. <u>Exclude</u> payments for which you (....) have (has) been or will be reimbursed by any insurance or government program.

1	Less than \$200	
2	\$200 to less than \$500	
3	\$500 to less than \$1,000	

4	\$1,000 to less than \$2,000
5	\$2,000 to less than \$5,000
6	\$5,000 or more
	Don't know
	Refusal

AA1. Who pays for the help you (\dots) receive(s) with preparing meals?

(f)

Mark all that apply

1	No one, it's free
2	Yourself () or family living with you (him/her)
3	Family not living with you (him/her) $\Box > 60$ to AA1 (g)
4	Private health insurance, e.g., employer
	insurance plan
5	Home care program \Box > Go to AA1 (g)
6	Voluntary organization
7	Other private source \Box > Go to AA1 (g)
8	Other public source, e.g., government
	health insurance plan \Box > Go to AA1 (g)
9	None selected \Box > Go to AA1 (g)
	Don't know \Box > Go to AA1 (g)
	Refusal \Box > Go to AA1 (g)

AA2. Is the cost to you (...) or your (his/her) family living with you (him/her)... (f)

1 fully reimbursed□ 2 parti. Uy reimbursed□ 3 rot rein bursed□	
3 rot rein bursed $\Box > Go to AA$	
	5
$D_{cr't}$ know \Box > Go to AA	5
$\Box > Go to AA$ Refusal $\Box > Go to AA$	5

AA3. From what source does the reimbursement come?

(f)	Mark all that apply.	
--------------	----------------------	--

1	Government tax credit
2	Direct government financial support \dots
3	Private health insurance
1	Other source
5	None selected

Interviewer: If AA2 = 2 (partially reimbursed) then proceed to AA5; Else skip to AA1 (g)

.

AA5. Which of the following expense groups is the best estimate of the <u>out-of</u>

(f) <u>pocket or direct costs</u> to you (....), or your (his/her) family living with you (him/her), for the help you (he/she) received in the past 12 months?

<u>Include</u> amounts not covered by insurance such as exclusions, deductibles and expenses over limits. <u>Exclude</u> payments for which you (....) have (has) been or will be reimbursed by any insurance or government program.

1	Less than \$200
2	\$200 to less than \$500 🗆
3	\$500 to less than \$1,000 🗆
4	\$1,000 to less than \$2,000
5	\$2,000 to less than \$5,000
6	\$5,000 or more 🗆
	Don't know
	Refusal 💭 💙

AA1. Who pays for the help you (....) receive(s) with preparing meals? (g)

Mark all that apply

1 2	No one, it's free $\Box > $ Go to AA1 (h) Yourself () or fam ^{:1} y lively with	
0	you (him/her)	
3	Family not living with jot (him/her) \Box > Go to AA1 (h)	
4	Private health insur. nce, e.g., employer	
	insurance r lan. \Box > Go to AA1 (h)	
5	Home care program	
6	Voluntary signification \Box > Go to AA1 (h)	
7	Other private source \Box > Go to AA1 (h)	
8	C her public source, e.g., government	
	\square h vanish insurance plan \square > Go to AA1 (h)	
9	None selected \Box > Go to AA1 (h)	
$\boldsymbol{\mathcal{S}}$	D on't know \Box > Go to AA1 (h)	
	Refusal \Box > Go to AA1 (h)	

AA2. Is the cost to you (...) or your (his/her) family living with you (him/her)... (g)

1	fully reimbursed
2	partially reimbursed
3	not reimbursed \Box > Go to AA5
	Don't know \Box > Go to AA5
	Refusal \Box > Go to AA5

AA3. From what source does the reimbursement come?

Mark all that apply.		
1	Government tax credit	
2	Direct government financial support \Box	
3	Private health insurance	
4	Other source	
5	None selected \Box	

Interviewer: If AA2 = 2 (partially reimbursed) then proceed to AA5; Else skip w AA(h).

- AA5. Which of the following expense groups is the best estimate of the out-of
- (h) <u>pocket or direct costs</u> to you (....), or your (his/her) family living with you (him/her), for the help you (he/she) received in the part 12 months?

<u>Include</u> amounts not covered by insurance such as exclusions, deductibles and expenses over limits. <u>Exclude</u> payments for which you (....) have (has) been or will be reimbursed by any insurance or government program.

1	Less than \$200
2	\$200 to less than \$500
3	\$500 to less than \$1,000
4	\$1,000 to less than \$2,000
5	\$2,000 to less than \$5.000
6	\$5,000 or more
	Don't know
	Refusal.

AA1. Who pays for 'he help you (....) receive(s) with preparing meals?

(i) Mark *c*⁻¹*l i* hat apply

(g)

1	No one, it's free \Box > Go to BB
2	Yourself () or family living with
	you (him/her) 🛛
3	Family not living with you (him/her) \Box > Go to BB
4	Private health insurance, e.g., employer
	insurance plan \Box > Go to BB
5	Home care program \Box > Go to BB
6	Voluntary organization \Box > Go to BB
7	Other private source \Box > Go to BB
8	Other public source, e.g., government
	health insurance plan \Box > Go to BB
9	None selected \Box > Go to BB

Don't know	> Go to BB
Refusal	> Go to BB

AA2. Is the cost to you (...) or your (his/her) family living with you (him/her)... (i)

	1 2 3	fully reimbursed □ partially reimbursed □ not reimbursed □ Don't know □ Refusal □ Go to AA5
AA3.	From	what source does the reimbursement come?
(i)	Mark	all that apply.
	1	Government tax credit
	2	Direct government financial support 💭
	3	Private health insurance
	4	Other source
	5	None selected

Interviewer: If AA2 = 2 (partially raimbused) then proceed to AA5; Else skip to BB.

- AA5. Which of the following expense groups is the best estimate of the out-of
- (i) <u>pocket or direct costs</u> o , ou (....), or your (his/her) family living with you (him/her) for .he help you (he/she) received in the past 12 months?

<u>Include</u> answer's not covered by insurance such as exclusions, deductibles and expenses over limits. <u>Exclude</u> payments for which you (....) have (has) been r will be reimbursed by any insurance or government program.

1	Vess than \$200 🗆
1 2 3 4	\$200 to less than \$500 🗆
3	\$500 to less than \$1,000
4	\$1,000 to less than \$2,000
5	\$2,000 to less than \$5,000
6	\$5,000 or more □
	Don't know
	Refusal

Section BB - Unmet Need Module

Interviewer: If help needed <u>and</u> received was indicated on the Profile Sheet then proceed; Skip to Section CC (p 302) if <u>only</u> help received was indicated on the Profile Sheet; Else skip to Section DD (p 302)

BB. Now, I would like you to think about all the help you (....) <u>need(s)</u> but do (does) not have.

Interviewer: Ask BB1 for each activity (a-i) where more help needed was indicated on Profile Sheet

			-
BB1.	Why do (does) you () not receive the help you (he/she)	<u>need</u> (s)	with
(a)	preparing meals?		

Mark all that apply.

1	You () applied for home care and were
	(was) turned down
2	You are (is) presently on a waiting list
3	It is not covered by insurance
4	It is too expensive
5	You do (does) not know when to obtain it 🗆
6	Help is not available in the z -ea
7	Informal help, e.g., from family or friends,
	is not available
8	Another reason
	Other, Please Specify:
9	None Sur d
9	None Selected

BB1. Why do (uses) you (....) not receive the help you (he/she) need(s) with
(b) hc uses or k?

A ark all that apply.

1	You () applied for home care and were
	(was) turned down
2	You are (is) presently on a waiting list \Box
3	It is not covered by insurance \Box
4	It is too expensive
5	You do (does) not know where to obtain it \Box
6	Help is not available in the area \Box
7	Informal help, e.g., from family or friends,
	is not available

8	Another reason	
	\downarrow	
	Other, Please Specify:	
9	None Selected	

BB1. Why do (does) you (....) not receive the help you (he/she) <u>need(s)</u> with(c) heavy household chores?

Mark all that apply.

1	You () applied for home care and were
	(was) turned down
2	You are (is) presently on a waiting list 🗅 🗡
3	It is not covered by insurance
4	It is too expensive
5	You do (does) not know where to obvin it \Box
6	Help is not available in the area. \ldots \ldots \Box
7	Informal help, e.g., from family or friends,
	is not available 🗆
8	Another reason
	Other, Please Specify:
9	None Selected

BB1. Why do (dc s) you (....) not receive the help you (he/she) <u>need(s)</u> with appointments?

Mark 7/1 +hat apply. You (....) applied for home care and were (was) turned down..... 2 You are $(\dots$ is) presently on a waiting list \dots It is not covered by insurance..... \Box 3 4 It is too expensive...... 5 You do (.... does) not know where to obtain it.... \Box 6 Help is not available in the area..... \Box 7 Informal help, e.g., from family or friends, is not available..... 8 Another reason..... Other, Please Specify:

9 None Selected \Box

BB1. Why do (does) you (....) not receive the help you (he/she) <u>need(s)</u> with (e) personal finances?

Mark all that apply.

1	You () applied for home care and were (was) turned down
2	You are (is) presently on a waiting list $\dots \square$
3	It is not covered by insurance
4	It is too expensive
5	You do (does) not know where to obtain it. 🚬 🗖
6	Help is not available in the area
7	Informal help, e.g., from family or friends,
8	is not available Another reason
	Other, Please Specify:
9	None Selected

BB1. Why do (does) you (. .) not receive the help you (he/she) <u>need(s)</u> with (f) childcare?

Mark all that apply.

1	Ven () applied for home care and were (w,s) turned down
2	You are (is) presently on a waiting list \Box
2	It is not covered by insurance
4	It is too expensive \Box
5	You do (does) not know where to obtain it \Box
6	Help is not available in the area \Box
7	Informal help, e.g., from family or friends,
	is not available 🗌
8	Another reason
	\downarrow
C	Other, Please Specify:

1

Why do (does) you (....) not receive the help you (he/she) need(s) with **BB1.** personal care? (**g**)

Mark all that apply.

1	You () applied for home care and were
	(was) turned down
2	You are (is) presently on a waiting list
3	It is not covered by insurance
4	It is too expensive
5	You do (does) not know where to obtain it
6	Help is not available in the area
7	Informal help, e.g., from family or friends,
	is not available
8	Another reason
	Other, Please Specify:
9	None Selected

Why do (does) you (....) we receive the help you (he/she) <u>need(s)</u> with **BB1.**

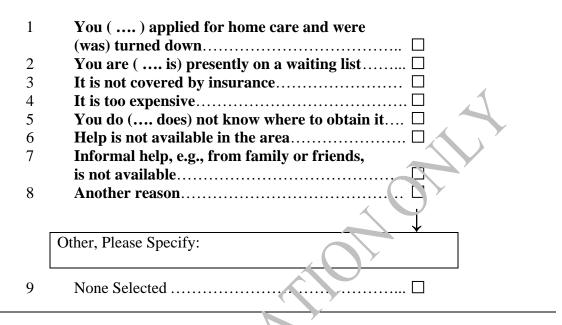
nursing / treatment? **(h)**

Mark all that apply.

1	You () applied for home care and were
	(was) tu med down
2	Ver are (is) presently on a waiting list \Box
3	It is not covered by insurance
4	It is too expensive
4	You do (does) not know where to obtain it \Box
6	Help is not available in the area \Box
7	Informal help, e.g., from family or friends,
	is not available 🛛
8	Another reason
	\downarrow
	Other, Please Specify:
9	None Selected

BB1. Why do (does) you (....) not receive the help you (he/she) <u>need(s)</u> with moving about?

Mark all that apply.



Section CC Control Module

Interviewer: If respondent is a proxy skip to section EE (p307). If respondent is non-proxy and help received was indicated on the Profile Sheet then proceed; Else skip to Section DD (p 302)

CC1. Which of the tonowing best describes the control you have (.... has) in making decisions:

1	1 nake all decisions about my everyday
	٤ ctivities 🗆
2	I make the majority of decisions about my
	everyday activities
3	I make some of the decisions about my
	everyday activities
4	I don't make any decisions about my
	everyday activities
	Don't know
	Refusal

Section DD - Health Care & Social Services Module

Interviewer: If disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section XX (p 414)

DD. The next few questions are about the contacts you have (.... has) with health care and social service providers because of your (his/her) condition.

<u>Exclude</u> any contacts <u>at home</u> with health professionals providing you (\dots) specialized nursing care or medical treatment.

DD1. (a)		<u>past 12 months</u> , how often have you (has) seen or talk. I sbout his/her) physical, emotional or mental condition, with .
	a phys	sician (including general practitioners and specialists)?
	1	At least once a week
	2	DD1a-g: Go to DD2 At least once a month
	3	$DD1a-g: Go to DD2$ Less than once a month $\Box > Once through loop$
	4	Never□ Don't Know□
		Refusal
DD1. (b)		<u>past 12 months</u> , how often have you (has) seen or talked about his/her) physical, emotional or mental condition, with

a physiothera ist or occupational therapist?

1	At least once a week	>	Once through loop DD1b-g: Go to DD2
2	At least once a month	>	Once through loop DD1b-g: Go to DD2
3	Less than once a month	>	Once through loop DD1b-g: Go to DD2
4	Never		-
	Don't Know		
	Refusal		

DD1. In the <u>past 12 months</u>, how often have you (has) seen or talked about
(c) your (his/her) physical, emotional or mental condition, with ...

	1	At least once a week \Box > Once through loop DD1c-g: Go to DD2
	2	At least once a month \Box > Once through loop DD1c-g: Go to DD2
	3	Less than once a month \Box > Once through loop DDic-g. Go to DD2
	4	Never Don't Know Refusal
DD1. (d)		<u>past 12 months</u> , how often have you (has) seen or talked about his/her) physical, emotional or mental condition, with
	a chii	ropractor?
	1	At least once a week \Box > Once through loop DD1d-g: Go to DD2
	2	At least once a month \Box > Once through loop DD1d-g: Go to DD2
	3	Less that once a month \Box > Once through loop DD1d-g: Go to DD2
	4	N ver

DD1. In the <u>past 12 months</u>, how often have you (has) seen or talked about (e) your (his/her) physical, emotional or mental condition, with ...

Rerusal.....

a massage therapist?

1	At least once a week	>	Once through loop DD1e-g: Go to DD2
2	At least once a month	>	Once through loop DD1e-g: Go to DD2

3	Less than once a month \Box > Once through loop	
	DDle-g: Go to DD2	2
4	Never	
	Don't Know	
	Refusal	

DD1. In the <u>past 12 months</u>, how often have you (has) seen or talked about (f) your (his/her) physical, emotional or mental condition, with ...

a psychologist, social worker or counsellor?

1	At least once a week $\Box > Once in rough loop$
	D.D g: Go to DD2
2	At least once a month $\square > Once through loop$
	DD g: Go to DD2
3	Less than once a month
	DD g: Go to DD2
4	Never
	Don't Know
	Refusal

DD1. In the <u>past 12 months</u>, how often have you (has) seen or talked about (g) your (his/her) physical, en otional or mental condition, with ...

another health care or social service provider?

1	At least once a week \ldots Go to DD2
	Othe., Please Specify:
2	At least once a month \Box > Go to DD2
	\downarrow
	Other, Please Specify:
3	Less than once a month \Box > Go to DD2
1	
	Other, Please Specify:

4	Never	>	<u>Unless otherwise</u> <u>specified:</u> Go to DD5
	Don't Know	>	Unless otherwise specified: Go to DD5
	Refusal	>	<u>Unless otherwise</u> <u>specified:</u> Go to DD5

DD2. In the past 12 months, did you (....) have any <u>out-of-pocket</u> or <u>direct</u> <u>expenses</u> for the health care and social services you (he/she) received?

<u>Include</u> amounts not covered by insurance such as exclusions, deductibles and expenses over limits. <u>Exclude</u> payments for which you have (. . . has) been or will be reimbursed by any insurance or government program.

1	Yes	
2	No	
9	Don't know Don't know	
8	Refusal	

DD4. Which of the following expense groups is the best estimate of the <u>direct costs</u> to you (....), for health care and social services you (he/she) received in the past 12 months?

1	Less than \$200
2	\$200 to less than \$:00 🗆
3	\$500 to les: than \$1,000 🗆
4	\$1,000 to less than \$2,000
5	\$2,000 to itse than \$5,000
6	\$5,000 or more 🗆
	Din't know
	Katusal

DD5. In the past 12 months, was there ever a time when you (....) felt that you (he/she) <u>needed</u> health care or social services because of your (his/her) condition, but you (he/she) did not receive them?

1	Yes		
2	No	>	Go to EE
9	Don't know	>	Go to EE
8	Refusal	>	Go to EE

DD6. Why did you (....) not get these services? I will read you a list of reasons.

Mark all that apply.

1	They are not covered by insurance \dots
2	They are too expensive
3	Your $(\ldots's)$ condition is not serious enough
4	You do (does) not know where or how
	to obtain them
5	They are not available in the area \Box
6	Another reason
	\downarrow \checkmark
	Other, Please Specify:
	Section EE - Education Module

**All respondents under the age of 75 enter this mod. le; Else skip to FF (p320) **

- EE. The next few questions are on education.
- **EE1.** In April 2006, were you (was ...) atten ling a school, college or university? *Interviewer: Include private schools, colleges or universities.*

1	Yes	> Go to EE3
2	No	
9	Don't know	
8	Refusal	

EE2. Did you (....) strend school in the past 5 years ?

1	Yes	> Go to EE15
2	No	> Go to EE22
2	Don't know	> Go to EE22
8	Refusal	> Go to EE22

EE3. Were you (was) enrolled as a:

1	Full-time student	> Go to EE5
2	Part-time	
	Don't know	> Go to EE5
	Refusal	> Go to EE5

EE4. Were you (was) studying part-time because of your (his/her) condition?

1	Var
	Yes
2	No
9	Don't know
8	Refusal

EE5. Were you (was) taking any courses by correspondence or home study in April 2006? Consider only courses which can be used as credits towards a certificate, diploma or degree

2 No□ 9 Don't know□ 8 Refusal□	1	Yes	
	2	No	
8 Refusal	9	Don't know	
	8	Refusal	V

EE6. In April 2006, in what kind of school were you (was) enrolled? I will read you a list. Please specify one only.

1	University \Box > Go to EE8
2	Private training institutes, for evample, business
	schools or trade or vocational sch. ols \Box
3	Community college, cegep or technical institute \Box > Go to EE8
4	Special education school
5	Regular primary or secondary school 🗆
6	Other

	Y IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
Other, Please Specity:		
Y		
Don't ku uw		> Go to EE9

EE7. In what grade were you (was) enrolled in April 2006?

Interviewer: If the respondent answer Non-graded enter 0

Grade (0-12)[] > Go to EE9
Don't know	> Go to EE9
Refusal	> Go to EE9

EE8. What type of certificate, diploma or degree were you (was) seeking?

	1	Trades certificate or diploma \Box
	2	Other non-university certificate or diploma (obtained
		at community college, cegep, technical institute, etc.) \Box
	3	University certificate or diploma <u>below</u> bachelor level \Box
	4	Bachelor's degree(s) (e.g., B.A., $\overline{B.Sc.}$, LL.B.)
	5	University certificate or diploma <u>above</u> bachelor level \Box
	6	Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)
	7	Degree in medicine, dentistry, veterinary medicine or
		optometry (e.g., M.D., D.D.S., D.M.D., D.V.M., O.D.)
	8	Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)
	9	None selected.
	-	Don't know
		Refusal
EE9.	Did	you () require modified building features or survices to attend
	sch	ool?
	1	Yes
	2	No \Box > Go to EE12
	9	Don't know \Box > Go to EE12
	8	Refusal \Box > Go to EE12
EE1 0). Did	l you () require
	Ма	ark all that apply.
1	(\cdot)	
1	(a)	accessible clas. vooms?
2 3	(b)	accessible washrooms?
3 4	(c) (d)	
4 5	(u) (e)	accessible buildings, excluding residences?
5		other feature or service?
0	(1)	
	\checkmark	
	Oth.	er, Please Specify:
7	No	ne selected
,		\square

Interviewer: Ask EE11 for all selections (a-f) in EE10

EE11. Was (were) accessible classrooms available to you (....)?

1	Yes
2	No
9	Don't know
8	Refusal
5	

EE11. Was (were) accessible washrooms available to you (....)?

EE11.	Was	(were) accessible residences available to you ():
	8	Refusal
	9	Don't know
	2	No
	1	Yes
(0)		

1	Yes	
2		
9	Don't know	
8		

EE11. Was (were) accessible buildings. excluding residences available to you (....)? **(d)**

1	Yes	
2	No	
9		
8		_

EE11. Was (were) accessible buildings, excluding residences available to you (....)? **(e)**

1	Y . s.	
2	N2	
9	No Don't know Refusal	
- 8)	Refusal	

EE11. Was (were) (*write-in*) available to you (....)?

4	F)
U	IJ

(a)

(b)

(c)

1	Yes
2	No
9	Don't know
8	Refusal

EE12. Did you (....) need any assistive devices or services to follow your (his/her) courses?

1	Yes	
2	No	> Go to EE23
9	Don't know	> Go to EE23
8	Refusal	> Go to EE23

EE13a. *Interviewer: Mark all that apply* **Did you** (....) **need** ... note takers or readers?..... **EE14a.** Were (was) note takers or readers made available to you (....)? Don't know \Box Yes \Box No Refusal **EE13b.** a tutor or teacher's aide?..... **EE14b.** Were (was) a tutor or teacher's did made available to you (....)? Der't now No Refusal Yes \Box **EE13c.** a computer with 2 taille, large print or speech access?... **EE14c.** Were (was) a computer with Braille, large print or speech access made w.ilable to you (....)? Yes 囗 No \Box Don't know \Box Refusal□ **EE13d.** talking books?..... **EE14d.** Were (was) talking books made available to you (....)?

Yes \Box No \Box Don't know \Box Refusal \Box

EE13e.

]	magnifiers	or CCT	'V's (Closed circu	uit television	
]	readers)?				
EE14e.					\downarrow
	Were (wa	s) magni	ifiers or CCTV's	made availa	able to you ()?
	Yes 🗆	No□	Don't know \Box	Refusal□	
EE13f.					
	Braille or 1	large pri	nt reading mater	ials?	
EE14f.		uige pii	in reading mater		
	Were (wa available		e or large print r)?	reading mate	rials mad
	Yes 🗆	No□	Don't know \Box	Refusal	
EE13g. EE14g.		guage int	terpreter?	<u>í</u>	
EE14 <u>6</u> .	Was a Sig	gn langua	age interpretor n	nede availab	↓ le to you()?
	Yes 🗆	No□	Don't know[]	Refusal□	
EE13h.			CR.		
]	recording	equipme	nt or portable no	ote-takers?	
EE14h.					↓
	Were (Ta availar 't	-	ding equipment o)?	or portable n	ote-takers made
l		No□	Don't know \Box	Refusal□	
EE13i.	Ş				
:	attendant	care serv	vices?		🗆
EE14i.					\downarrow
	Were (wa	s) attend	lant care services	s made avail	able to you ()?
	Yes 🗆	No□	Don't know \Box	Refusal□	

EE13j.

	a modified or adapted course curriculum? \Box
EE14j.	\downarrow
-	Was a modified or adapted course curriculum made available to you ()?
	Yes \Box No \Box Don't know \Box Refusal \Box
	other aid or service?
Other,	Please Specify:
	EE14k. Was this aid made available to you:
	Yes \Box No \Box Don't know \Box Refusal \Box
	12 None selected□ Don't know□ Refusal□
	Did you () have (his/her) cordition when you were (he/she was) attending school (in the past 5 years)?
	1 Yes
	2 No \Box > Go to EE23
_	9 Don't know $\Box > $ Go to EE23 8 Refusal $\Box > $ Go to EE23 > Go to EE23
	Did you () require modified building features or services to attend school?
	1 Yes
EE17a	
	Did you () require

EE18a.

Were (was) accessible classrooms available to you ()?			
Yes 🗆	No□	Don't know \Box	Refusal

EE17b.

	accessible	washroo	ms?		🗆
EE18b).				\downarrow
	Were (wa	s) access	ible washrooms	available to you (.)?
	Yes 🗆	No□	Don't know \Box	Refusal□	1
EE17c		residence	es?		
EE18c	•				
	Were (wa	s) access	ible residences a	vailable to you ().
	Yes 🗆	No□	Don't know \Box	Refusal	
EE17d	l .				
	accessible	building	s, excluding resid	lences ?	□
EE18d					
	Were (wa to you (e e e e e e e e e e e e e e e e e e e	cluding residences	s available
	Yes 🗆	No□	$Don k_{1} \Im w \square$	Refusal	
EE17e	•				
	accessible	tran_por	tation?		🗆
EE18e					\downarrow
	W [.] ere (wa	s) access	ible transportati	on available to you	L
	Yes 🗆	No□	Don't know \Box	Refusal□	
EE17f.					
	another ai	d or serv	ice?		□
Other	, Please Spe	cify:			¥

	EE18f. Was this aid available to you:				
	Yes \Box No \Box Don't know \Box Refusal \Box				
12	2 None selected□ Don't know□ Refusal□				
	EE19. Did you () need any assistive devices or services to follow your (his/her) courses?				
1	Yes				
2	No \Box > Go to EE23				
9	Don't know \Box > Go to E.23				
8	Refusal \Box > Go to EE23				
EE20a.	Interviewer: Mark all that apply				
	Did you () need				
	note takers or readers?				
EE21a.					
V	Were (was) note takers or reader. nade available to you ()?				
	Yes No Don' (k 10w Refusal				
EE20b.					
a	tutor or teacher's vide?				
EE21b.					
V	Were (Tas) a lator or teacher's aid made available to you ()?				
	Yes No Don't know Refusal				
EE20c.					
a	computer with Braille, large print or speech access? \Box				
EE21c.	\downarrow				
	Were (was) a computer with Braille, large print or speech access made available to you ()?				
	Yes \Box No \Box Don't know \Box Refusal \Box				

EE20d.

talking books?.....

EE21d.	·
	Were (was) talking books made available to you ()?
	Yes \Box No \Box Don't know \Box Refusal \Box
EE20e.	
EE20e.	
1	magnifiers or CCTV's (Closed circuit television
1	readers)?
EE21e.	
	Were (was) magnifiers or CCTV's made available to you ()?
	Yes \Box No \Box Don't know \Box Refusal \Box
EE20f.	
]	Braille or large print reading materials? \Box
EE21f.	¥
	Were (was) Braille or large print reading materials made available to you ()?
	Yes □ No□ Don't know□ ke fusal□
FF20a	
EE20g.	
ć	a Sign language interproter?
EE21g.	
	Was a Sign language interpreter made available to you()?
	Yes \Box No \Box Don't know \Box Refusal \Box
EE20h.	R'
	recording equipment or portable note-takers? \Box
EE21h.	
	Were (was) recording equipment or portable note-takers made available to you ()?
	Yes □ No□ Don't know□ Refusal□
L	

EE20i.

attendant care services?.....

EE21i.				\downarrow
Ī	Were (wa	ıs) attend	lant care services	s made available to you ()?
	Yes 🗆	No□	Don't know \Box	Refusal

EE20j.

EE21j. Was a modified or adapted course curriculum made available to you ()? Yes □ No□ Don't know □ Refusal □ EE20k. other aid or service?□ Other, Please Specify: EE21k. Was this aid made avail'\le to you: Yes □ No□ Don't knov □ Refusal □		
Was a modified or adapted course curriculum made available to you ()? Yes No Don't know Refusal EE20k. other aid or service? Other, Please Specify: EE21k. Was this aid made avail. '>e to you: Yes No Don't know Refusal		
EE20k. □ other aid or service? □ Other, Please Specify: □ EE21k. Was this aid made avail'e to you: □ Yes No Don't kno Refusal		
other aid or service? Image: Content of the service of the servic		
Other, Please Specify: EE21k. Was this aid made avail'e to you: Yes No Don't kno Refusal		
EE21k. Was this aid made avail'e to you: Yes No Don't kno Refusal		
Yes No Don't knov Refusal		
12 None selected \Box		
Don't know		
Refusal		
EE22. Did you () have your (his/her) condition before completing all your (his/her) forn.al education or training?		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
Don't know \Box > Go to FF		
Refusal \Box > Go to FF		

EE23. Did you (....) discontinue your (his/her) formal education or training because of your (his/her) condition?

1	Yes
2	No
9	Don't know \Box
8	Refusal

EE24 Because of your (....'s) condition ...

(a)

did you (he/she) begin school later than most other people your (his/her) age?

1	Yes
2	No
9	Don't know
8	Refusal

EE24	Because	of your	('s)	condition
-------------	---------	---------	------	-----------

(b)

Were your (was her/his) choice of courses or careers influenced?

- 8 Refusal......

EE24 Because of your (....'s) condition ...

(c)

did you (....) ever change school?

1	Yes	
2	No	
9	Don't know	
8	Refusal	

EE24 Because of your (....'s) condition ...

(**d**)

did you (....) ever change your (his/her) course of studies?

1	Yes No
2	No
9	Don't know
8	Refusal

EE24 Because of your (....'s) condition ...

(e)

did you (....) ever go back to school for re-training?

1	Yes
2	No
9	Don't know

EE24	Because	of your	('s)	condition	

(f) did you (....) have any additional expenses for your (his/her) schooling? Yes..... 1 2 No..... 9 Don't know..... 8 Refusal..... **EE24** Because of your (....'s) condition ... **(g)** was your (....) education interrupted for long periods of time? 1 Yes..... 2 No..... 9 Don't know..... 8 Refusal..... **EE24** Because of your (....'s) condition ... (h)

did you (....) ever attend a special education school or special education classes in a regular school?

1	Yes	□
2	No	
9	Don't know.	□
8	Refus ¹	□

EE24 Becaus o your (....'s) condition ...

dic. vou (....) take fewer courses or subjects than you (he/she) otherwise would have?

1	Yes
2	No
9	Don't know
8	Refusal

EE24 Because of your (....'s) condition ...

(j)

(i)

did you (....) take any courses by correspondence or home study?

1	Yes]
2	No]
9	Don't know]
8	Refusal]

EE24 Because of your (....'s) condition ...

(**k**)

did you (....) have to leave your (his/her) community to attend school?

1 2	Yes No	_	4
9	Don't know	□	
8	Refusal	□	AV I
EE24 Beca	use of your ('s) condition		3

(l)

did it take you (....) longer to achieve your (his/her) present level of education?

1	Yes	
	No	
9		 > Go to FF
8	Refusal	 > Go to FF

EE25.

ſ

How much longer?

Interviewer: Round vear to nearest whole number.

] (1-10) Years

Section FF - Employment Status Module

Interviewer: If disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section XX (p 414)

FF. The next few questions will help us establish your (....'s) employment status.

FF1. Last week, did you (....) work at a job or business?

Interviewer: If they answer permanently unable to work enter 3. Include as work:

• working for wages, salary, tips or commission;

- working in your (his/her) own business, farm or professional practice, alone or in partnership;
- working directly towards the operation of a family farm or business without formal pay (e.g. assisting in seeding, doing accounts).

	1 2 2	Yes \Box > Go to GG No \Box
	3	Completely prevented from working \Box > Go to GGRefusal \Box Don't know \Box
FF2.		<u>ast week</u> , did you () have a job or business from which you were (he/she as) absent? (For example, because of illness or vacation)?
	1	Yes
	2	No Go to FF4
	9	Don't know Don't know
	8	Refusal $\Box > $ Go to FF4
FF3.	W	'hat was the main reason you were (wa,) not at work last week?
1		emporary layoff from a job or business up which
-		\square > Go to FF6
2	Oı	n vacation, sick leave, on strike of locked out \Box > Go to GG
3	Ca	aring for own children $\Box > $ Go to GG
4	Ca	aring for elder relative \Box > Go to GG
5	Μ	aternity or parental leaves $\Box > Go to GG$
6	In	jury or health condition,
	(n	o longer p (id by employer) \Box > Go to FF4
7	Ot	ther reasons. Till has a job \Box > Go to GG
8	Ot	ther a ons-does not have a job
	(ir	nciules reasonal layoffs)
	Do	\Box > Go to FF4
/	R.	efusal So to FF4

FF4. <u>Last week</u>, did you (....) have definite arrangements to start a new job within the next four weeks?

1	Yes	>	Go to FF6
2	No		
9	Don't know		
8	Refusal		

FF5. Did you (....) look for paid work <u>during the past four weeks</u>? (For example, did you (....) contact an employment centre, check with employers or search internet job sites, etc.)

1 2	Yes, looked for full-time work \dots
3	(less than 30 hours per week)
5	Don't know

FF6. Could you (....) have started a job last week had one been available?

1	Yes, could have started a job 🗠 – Skip to HH
2	No, already had a job
3	No, because of temporary illness or disability \Box > Skip to HH
4	No, because of personal or family
	responsibilities
5	No, going to school
6	No, retired
7	No, other reasons No, other reasons
	Don't know \Box > Skip to HH
	Refusal \Box > Skip to HH

Section GG - Employment Details Module

Interviewer: If disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section XX (p 414)

GG1. How man y hours do you (does) usually work per week? Interviewer: Round to the nearest hour and include hours from all jobs.

(1.102) Hours	[]	>	If less than 30 hours proceed to GG2; Else skip to GG3
Don't know Refusal				

GG2. What is the main reason you (....) usually work(s) less than 30 hours per week?

01 Own illness, condition or disability..... \Box

	02	Caring for own children
	03	Caring for elder relative (60 years of age or older) \Box
	04	Other personal or family responsibilities
	05 06	Going to school
	00	Could not find work with 30 or more hours per week \Box
	07	Job is part-time/ contract, more hours not available
	00	Don't want to work more than 30 hours
	10	Other
		Other, Please Specify:
	_	
		t know
	Refus	sal □
GG3.	On w	hat date did you () start this job?
	-	
	Interv	viewer: If multiple jobs, ask about the job where they work the most hours.
	Date	format: DDMMYYYY [///]
GG4.		nat kind of business, industry or service is this job? For example, a t farm, department store, tish plant.
	ſ	
		t know
GG5.	Refus What	
GG5.	Refus What	t is vour ('s) work or occupation? For example, accountant,
GG5.	Refus What secon	sal □ t is vour ()'s) work or occupation? For example, accountant, hovry' school teacher, sales clerk.
GG5.	Refus What secon	t is vour ('s) work or occupation? For example, accountant,
GG5.	Refus What secon	sal □ t is vour ('s) work or occupation? For example, accountant, have y school teacher, sales clerk. 1 t know
A	Refus What secon Fon't Refus In th	sal □ t is vour ('s) work or occupation? For example, accountant, have y school teacher, sales clerk. 1 t know
A	Refus What secon Fon't Refus In th	sal □ t is vour ()'s) work or occupation? For example, accountant, have:'' school teacher, sales clerk. it know is work, what are your ('s) main activities? For example,
A	Refus What secon Fon't Rerus In thi admi	sal □ t is vour ()'s) work or occupation? For example, accountant, have:'' school teacher, sales clerk. it know is work, what are your ('s) main activities? For example,

GG7. In this job are you (is he/she) mainly ...

	1	working for wages, salary, tips or commission? \Box
	2	working without pay for your (his/her) spouse or
	-	another relative in a family farm or business?
	3	self-employed alone or in partnership?
	5	Don't know
		Refusal
GG8.		In this job, are you (is) a union member?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
		<u>/</u>
GG9.	Aı	re you (Is) covered by a union contract or collective agreement?
	1	Yes
	2	No
	9	Don't know
	8	Refusal
GG10). A	about how many persons are employed at the location where you ()
0010		low work(s)?
	1	Less than 20
	1	
		$\overline{20}$ to $\overline{00}$
	1 2 3	20 to $\circ\circ$
	2	

GG11. Loes your (....'s) employer operate at more than one location?

1	Yes	> If GG10 = 4 then mark GG12 as 4 (over 500) and go to GG18
2	No	
9	Don't know	
8	Refusal	

GG18. Is your (....'s) job a permanent job?

1	Yes \Box > Go to GG20
2	No
9	Don't know \Box
8	Refusal

GG19. In what way is your (....'s) job not permanent?

1	It is seasonal
2	Temporary, term or contract (non-seasonal)
3	Casual job
4	Work done through a temporary help agency
5	Student
6	Other
	Other, Please Specify:
	Don't know
	Refusal

GG20. Have you (Has) had ar v periods of unemployment in the last twelve months, that is to say, poinds when you were (he/she was) unemployed or did not have a job?

1	Yes	
2	No	> Go to GG23
	Don't know	
8	Refusal	> Go to GG23
-		

GG21. How many different periods of unemployment did you (....) have?

/	
1	One
	Two
3	Three or more
	Don't know
	Refusal

GG22. What was the length of the longest period of unemployment?

1 Under three months..... \Box

4

2	Three to five months \Box
3	Six months or more
	Don't know
	Refusal

GG23. Because of your (....'s) condition, have you (has he/she) ever: Mark all that apply

1 2 3 4	changed the kind of work you do (does)? changed the amount of work you do (does)? changed your ('s) job? None selected Don't know. Refusal.	
	Does your ('s) condition limit the amount or ki	nd of work you ()
	can do at your (his/her) present job or business?	
1	Yes	
2	No	> If GG7 = 1 (working
		for wages then go to GG29; else go to HH
9	Don't know	
8	Refusal	
GG25.	Where were you (w.s) employed when you (he work limitations.	e/she) first experienced
1		
1	Present employer	
2	Enewhere	
3	1'or working	> If GG7 = 1 (working
		for wages then go to

Don't know.....

GG26. Are you (Is) now doing the same kind of work as you were (he/she was) doing at the time you (he/she) first experienced work limitations?

1 Yes	$\dots \square > $ Go to GG28
2 No	
9 Don't know	
8 Refusal	

GG29; else go to HH

GG27. Is you (....'s) condition the reason you are (he/she is) now doing a different kind of work?

1	Yes
2	No
9	Don't know
8	Refusal

GG28. Because of your (....'s) condition, would you say that you are (he/she is) now doing:

1	about the same amount of work? \Box
2	more work now?
3	less work now?
	Don't know 💭 🗸
	Refusal

GG29. Do you (Does) believe that your (his/hor) condition makes it difficult for you (him/her) to change jobs or to advance at your (his/her) present job?

1	Yes, very difficult	
2	Yes, difficult	
3	No, not difficult, \Box > Go to GG30a	ł
	Don't know	
	Refusal	

Interviewer: If a proceed to GG30 answering the survey skip to GG31; Else proceed to GG30

GG30. Why do you believe that your condition makes it difficult for you to change jobs or advance at your present job?

In terv. ?wer: Mark all that apply

1	Discrimination because of condition \Box
2	Condition limits number of hours that
	can be worked \Box
3	Condition limits ability to search for a job
4	Other
	\downarrow
Oth	er, Please Specify:
5	None selected
-	Refusal

GG30a. Is your employer aware of your activity limitation?

1	Yes
2	No
9	Don't know
8	Refusal

GG31. Does your (....'s) job give you (him/her) the opportunity to use all your (his/her) education, skills or work experience?

 1
 Yes.....□

 2
 No.....□

 9
 Don't know....□

 8
 Refusal....□

GG32. Does your (....'s) job require the level of clucation you have (he/she has)?

1	Yes	_	> G	o to HH
2	No			
9	Don't know		> G	o to HH
8	Refusal		> G	o to HH

GG33. Are you (Is) doing n. or z or less than your (his/her) level of education prepared you (h/m/h, r) to do?



Section HH - Employment Modification Questions

Interviewer: If disability was indicated on either Profile Sheet or in Section S (p 237) and GG1 = 1(p 322), or GG6 = 1 or 2 or 3 or 4 (p 323) and MM1(p 354) is not equal to 1 or GG6 = 5 or 7 and LL9a (p 351) is not equal to 2 or OO1 (p 362) = < 2001 and OO7 (p 364)= 2 (No), DK or RF then proceed; Else skip to II (p 333)

If EE1 =1 (working for wages) then go to HH1a; Else go to HH1b

HH1a. Because of your (his/her) condition, do you (does) require any of the

following to be able to work?

Mark all that apply

1	Job redesign (modified or different duties) \Box
2	Modified hours or days or reduced work hours \dots
3	Human support, such as a reader, Sign language
	interpreter, job coach or personal assistant \Box
4	Technical aids, such as a voice synthesizer, a TTY
	or TDD, an infrared system or portable note-takers \dots
5	A computer with Braille, large print, voice recognition,
	or a scanner
6	Communication aids, such as Braille or large print
	reading material or recording equipment
7	A modified or ergonomic workstation
8	A special chair/ back support
9	Handrails, ramps 🗆
10	Appropriate parking
11	An accessible elevator
12	Accessible washrooms
13	Accessible transportation
14	Other equipment, help or work a rangement \Box
Otl	por Plasso Specify
	ner, Please Specify:
L	
15	None selected

HH1b. Because of your (...,'s) condition, would you (he/she) require any of the following to be able to work?

Mark ell i'hat apply

1	Job redesign (modified or different duties)
2	Modified hours or days or reduced work hours \dots
3	Human support, such as a reader, Sign language
	interpreter, job coach or personal assistant
4	Technical aids, such as a voice synthesizer, a TTY
	or TDD, an infrared system or portable note-takers \Box
5	A computer with Braille, large print, voice recognition,
	or a scanner
6	Communication aids, such as Braille or large print
	reading material or recording equipment \Box
7	A modified or ergonomic workstation
8	A special chair/ back support

9	Handrails, ramps
10	Appropriate parking
11	An accessible elevator
12	Accessible washrooms
13	Accessible transportation \Box
14	Other equipment, help or work arrangement \Box
	\downarrow
Ot	ther, Please Specify:
15	None selected

If an aid(s) was/were selected in HH1a or HH1b then proceed to HH2(a-n as per the aids selected in HH1 a or b); Else go to II

HH2a. Has job redesign (modified or different duties) been nade available to you (him/her)?

 1
 Yes.....□

 2
 No....□

 9
 Don't know...□

 8
 Refusal...□

HH2b. Has modified hours or days or reduced work hours been made available to you (him/her)?

1	Yes	
2	No	
9	Don't kau.	
8	Refus.1[

HH2c. Has h un an support, such as a reader, Sign language in proveter, job coach or personal assistant been made available to you (him/her)?

1	Yes[
2	No	
9	Don't know	
8	Refusal	

HH2d. Has Technical aids, such as a voice synthesizer, a TTY or TDD, an infrared system or portable note-takers) been made available to you (him/her)?

HH2e. Has a computer with Braille, large print, voice recognition, or a scanner been made available to you (him/her)?

1	Yes	4
	No	
9	Don't know	
8	Refusal	

HH2f. Has communication aids, such as Braille or large print reading material or recording equipment been made available to you (him/her)?

1	Yes
2	No
9	Don't know
8	Refusal

HH2g. Has a special chair/ back support been made available to you (him/her)?

1	Yes	
2	No	_
9	Don't know.	
8	Refusal	

HH2h. Has handrain, ramps been made available to you (him/her)?

1	Yes	
Z	Yer No Don't know	
7	Don't know	
8	Refusal	

٦

HH2i. Has appropriate parking been made available to you (him/her)?

1	Yes
2	No
9	Don't know
8	Refusal

HH2j. Has an accessible elevator been made available to you (him/her)?

1	Yes
2	No
9	Don't know
	Refusal

HH2k. Has accessible washrooms been made available to you (him/her)?

1	Yes	4
2	No	
9	Don't know	
8	Refusal	

HH2l. Has accessible transportation been made available to you (him/her)?

2 No 9 Don't know	
9 Don't know	
	. 🗆
8 Refusal	

HH2m. Has (write-in) been made available to you (him/her)?

1	Yes
2	No
9	Don't know.
8	Refusal

If EF1 = 1 (vorking for wages) then go to HH3a; Else go to HH3b

HH3a. Why have you not received the workplace accommodation that you need?

Mark all that apply.

01	Too expensive (purchase or maintenance) \Box
02	Request was refused
03	Afraid to ask
04	Employer not aware of condition \Box
05	Have not asked for it – (not afraid to ask) \Box
06	Condition is not severe enough \Box
07	On a waiting list \Box
08	Not available locally
09	Other

	\downarrow	
Other, Please Specify:		
Don't know Refusal	_	-

**Skip	to	<i>II</i> **	k
Divip	vv		

HH3b. Why have you not received the workplace modification that you need?

01	Too expensive (purchase or maintenance)
02	Request was refused
03	Afraid to ask
04	Employer not aware of condition \Box
05	Have not asked for it – (not afraid to ask) \Box
06	Condition is not severe enough
07	On a waiting list
08	Not available locally
09	Other
	ther Diago Specify
	Other, Please Specify:
	Don't know
	Refusal

Section # - Workplace Training Module

**Int rviewer: If respondent is a proxy skip to section JJ (p342).
If respondent is non-proxy and GG1 = 1 (p 322) or GG6 (p 323)= 1 or 2 or 3 or 4 or 5
or 6 or 7 r if 001 (p 362)= < 2001 or if KK1 (p 346)= < 2001 then proceed; Else skip
to section JJ (p342)**</pre>

II. "The next few questions deal with job-related training provided or paid by your employer or company (or most recent employer or company)."

If GG01=1 then follow path a, if not currently employed GG1 = 2 or 3 or 4 or 5 or 6 then follow path b^{}

II1a. In the past twelve months, have you received any <u>classroom</u> training related to your job?

Interviewer: Classroom training includes: all training activities which have a predetermined format, including a pre-defined objective, specific content and progress may be monitored and/or evaluated.

1	Yes	>	Go to II2a
2	No	>	Go to II15a
9	Don't know	>	Go to II15a
8	Refusal	>	Go to II15a

II1b. During the last twelve months of your previous employment, did you receive any <u>classroom</u> training related to your job?

Interviewer: Classroom training includes: all training activities which have a predetermined format, including a pre-defined objective, specure content and progress may be monitored and/or evaluated.

1	Yes Co to II2b
2	No So to II15b
	Don't know \Box > Go to II15b
8	Refusal

II2a. How many different training courses have you taken in the last twelve months?

[] courses (range 1-c0)
Refusal
Don't know

II2b. How many different training courses did you take in your last twelve months?

[leourses (range 1-60) Reisal.....

II3. What were the main subjects of the courses you completed?

Mark all that apply.

01	Orientation for new employees \Box
02	Managerial/supervisory training
03	Professional training
04	Apprenticeship training
05	Sales and marketing training \Box

	06	Computer hardware
	07	Computer software
	08	Other office or non-office equipment
	09	Group decision-making or problem-solving
	10	Team building, leadership, communication
	11	Occupational health and safety,
	11	environmental protection
	12	Literacy or numeracy
	12	Other
	15	
		(
		Other, Please Specify:
		Refusal
		Don't know

II7.	Wh	no provided the training sessions?
	14	
	Ма	rk all that apply.
	1	Supervisor
	1 2	Supervisor
	3	In-house trainer
	4	Outside trainer
	5 6	Supplier
	0	
		Other, Please S ₁ ecify:
	7	None sclected
	/	Refusal.
		\Box
1	$\overline{\mathbf{x}}$	
II8a.	Т	o what extent are you using the skills or knowledge acquired in this
	tı	caining at work?
	1	To a great extent \Box > Go to II15a
	2	Somewhat $\Box > Go \text{ to II15a}$
	3	Very little $\Box > Go \text{ to II15a}$
	4	Not at all $\Box > Go to II15a$
	5	No chance to use it yet $\Box > Go$ to II15a
		Refusal $\Box > $ Go to II15a
		Don't know \Box > Go to II15a

II8b. To what extent did you use the skills or knowledge acquired in this training at work?

1	To a great extent D > Go to II15b			
2	Somewhat \Box > Go to II15b			
3	Very little D > Go to II15b			
4	Not at all \Box > Go to II15b			
5	No chance to use it yet \Box > Go to II15b			
	Refusal \Box > Go to II15b			
	Don't know \Box > Go to II15t			
	II15a. In the past twelve months, have you received any informal training related to your job (that is on-the-job training)?			
1	Yes Go to II16			
2	No D > Go to II20a			
9	Don't know Don't know			
8	Refusal \square > Go to II20a			
II15b. In the last twelve months of your previous employment, did you receive any informal training related to your job (that is on-the-job training)?				

1	Yes		
			> Go to II20b
9	Don't know		> Go to II20b
8	Refusal)	> Go to II20b

II16. What wer, the main subjects of the on-the-job training?

Mark all that apply.

61	Orientation for new employees
72	Managerial/supervisory training
03	Professional training
04	Apprenticeship training
05	Sales and marketing training \Box
06	Computer hardware
07	Computer software
08	Other office or non-office equipment \Box
09	Group decision-making or problem-solving
10	Team building, leadership, communication
11	Occupational health and safety,
	environmental protection

12 13	Literacy or numeracy	
	\downarrow	
	Other, Please Specify:	
	Refusal Don't know	

II18. Who provided the training sessions?

Mark all that apply.

1	Supervisor	
2	Fellow worker	
3	In-house trainer	
4	Outside trainer	
5	Supplier	
6	Other	
	Other, Please Specify:	
7	None selected	
	Refusal	
	Don't know	

II19a. To what extent a e you using the skills or knowledge acquired in this training at work?

1	1 a great extent	
2	Somewhat	
	Very little	
4	Not at all	
5	No chance to use it yet	
	Refusal	
	Don't know	

II19b. To what extent did you use the skills or knowledge acquired in this training at work?

1	To a great extent]
2	Somewhat]
3	Very little]

4	Not at all \Box
5	No chance to use it yet \Box
	Refusal
	Don't know 🗆

II20a. In the past twelve months, was there job-related training offered to you that you decided not to take?

1	Yes	> Go to II21
2	No	> Go to II22
9	Don't know	> Go to II_2
8	Refusal	> Go to II22a

II20b. In the last twelve months of your previous employment, was there jobrelated training offered to you that you decided not to take?

1 Yes	
2 No	$\square > \text{Go to II22b}$
9 Don't know	\Box > Go to II22b
8 Refusal	$\dots \square > $ Go to II22b

II21. What was the main reason you decided not to take that training?

Mark all that apply.

1	Too busy with ny duties on the job \Box
2	Courses no. suitable (I already have the skills,
	heard bad things about the course, etc.)
3	Course too afficult \Box
4	Health Pasons
5	Fa mily responsibilities
6	\Box loo late in career
7	Other
\sim	
	Other, Please Specify:
8	None selected
	Refusal
	Don't know 🗆

II22a. In terms of training, overall would you say your workplace:

1	Encourages you to take training	>	Go to II24
2	Discourages you from taking training	>	Go to II24
3	Is Neither for, nor against, training	>	Go to II24
4	Refuses your request for training	>	Go to II23
5	Your work doesn't involve/require training \Box	>	Go to II24
	Refusal	>	Go to II24
	Don't know	>	Go to II24

II22b. In terms of training, overall would you say that your last workplace:

1	Encourages you to take training
2	Discourages you from taking training D > Go to 1124
3	Is Neither for, nor against, training $\Box > Go$ to II24
4	Refuses your request for training C > Go to II23
5	Your work doesn't involve/require training > Go to II24
	Refusal \Box > Go to II24
	Don't know \Box > Go to II24

II23. Why was your training request refused?

Mark all that apply.

1 2 3	Too expensive
4	Course is too long, 'or much time away from work
5	Other
	Other, Please Specify:
6	Pone selected
	Rerusal
	Don't know
	7

II24. In the past twelve months, have you taken any <u>other</u> work-related training courses to either improve your skills or to learn new skills?

1	Yes	
2	No	or II15 = 2; Else
		Go to II29
9	Don't know	> Go to II28 if II1

		or II15 = 2; Else Go to II29
8	Refusal	> Go to II28 if II1 or II15 = 2; Else
		Go to II29

II25. What was the main reason you took the course? Was it ...

1	for your current or a future job?
2	because of your condition?
3	for personal interest?
4	to change careers?
5	for another reason?
	\downarrow
Oth	er, Please Specify:
	Don't know

II26. What was the main subject of the last course you completed?

01	Orientation for new employmes
02	Managerial/supervisory training
03	Professional traini. 9.
04	Apprenticeship training
05	Sales and marketing training \Box
06	Computer hard ware
07	Computer software
08	Other office or non-office equipment \Box
09	Group decision-making or problem-solving \Box
10	Term building, leadership, communication \Box
11	Occupational health and safety,
\mathbf{N}	environmental protection
12	Literacy or numeracy \Box
13	Other
	Other, Please Specify:
	Refusal Don't know

II27a. To what extent are you using the skills or knowledge acquired in this

training at work?

1	To a great extent
2	Somewhat
3	Very little
4	Not at all
5	No chance to use it yet
	Refusal
	Don't know

II27b. To what extent did you use the skills or knowledge acquired in this training at work?

To a great extent
Somewhat
Very little 🖵 🗸
Not at all
No chance to use it yet
Refusal
Don't know 🗆

II28. Did you want to take some work-relayed training courses?

1	Yes	
2		
9	Don't know.	
8		

II29. Did any of the following prevent you from taking work-related training courses?

Mc rk al' that apply.

2	Location was not physically accessible to you Courses were not adapted to the needs of your condition
3	You requested courses, but were denied them
	(by employer)
4	Your condition
5	Inadequate transportation
6	Too costly
7	Too busy
8	Other reason

		7
	Other, Please Specify:	
9	None selected Don't know Refusal	J

Section JJ - Labour Force Discrimination Module

Interviewer: If disability was indicated on either Profile Sheet <u>or</u> in Section 5 (p 237) proceed; Else skip to Section XX (p 414)

JJ1. In the past five years, do you believe that because of your (....'s) condition, have you (has) been ...

refused a job interview?

Interviewer: If answer categories are not applicable, enter 'No'.

1	Yes			
2				Go to JJ2
9				
8	Refusal	,	>	Go to JJ2

JJ1a. How many times?

2 2 to 4 times	П
	_
3 in ore than 4 times	
Lon Know	
Rerused	

JJ2. In the past five years, do you believe that because of your (....'s) condition, have you (has) been ...

refused a job?

Interviewer: If answer categories are not applicable, enter 'No'.

1	Yes	
2	No	> Go to JJ3
9	Don't know	> Go to JJ3

JJ2a. How many times?

1	Once
2	2 to 4 times \Box
3	More than 4 times \Box
	Don't Know
	Refused

JJ3. In the past five years, do you believe that because of your (....'s) condition, have you (has) been ...

refused a job promotion?

Interviewer: If answer categories are not applicable, enter 'No'.

	Yes	
2	No	> Go to JJ4
9	Don't know	> Go to JJ4
	Refusal	

JJ3a. How many times?

1	Once	
2	2 to 4 times,	
3	More than 4 times	
	Don't Know	
	Refured	

JJ4. In the part five years, do you believe that because of your (....'s) condition, have you (has) been ...

given less responsibility than your (....'s) co-workers?

Interviewer: If answer categories are not applicable, enter 'No'.

1	Yes		
2	No	>	Go to JJ4
9	Don't know	>	Go to JJ4
8	Refusal	>	Go to JJ4

JJ4a. How many times?

1	Once]
2	2 to 4 times]
3	More than 4 times]
	Don't Know]
	Refused]

JJ5. In the past five years, do you believe that because of your (....'s) condition, have you (has) been ...

	denied	a workplace accommodation?
	Intervi	ewer: If answer categories are not applicable, enter 'No'.
	1 2	Yes Go to JJ6
	9	Don't know D > Go to JJ6
	8	Refusal > Go to JJ6
JJ5a.	How	many times?
	1	Once
	2	2 to 4 times
	3	More than 4 times
		Don't Know
		Refused

JJ6. In the past five years, 'o you believe that because of your (....'s) condition, have you (h.s) been ...

paid kss than other workers in similar jobs?

Interviewer: If answer categories are not applicable, enter 'No'.

1	Yes	
2	No	> Go to JJ7
-	Don't know	
8	Refusal	> Go to JJ7

JJ6a. How many times?

1	Once
2	2 to 4 times \Box
3	More than 4 times

Don't Know]
Refused]

JJ7. In the past five years, do you believe that because of your (....'s) condition, have you (has) been ...

denied other work-related benefits?

Interviewer: If answer categories are not applicable, enter 'No'.

1	Yes	
	No	
	Don't know	
8	Refusal	> 69 to JJ8

JJ7a. How many times?

- **JJ8.** In the past five years, do you believe that because of your (....'s) condition, have you (has) been ...

exposed to some other kind of discrimination?

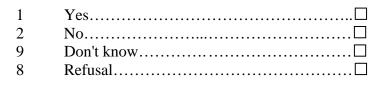
Interviewer: If answer categories are not applicable, enter 'No'.



JJ8a. How many times?

1	Once
2	2 to 4 times \Box
3	More than 4 times \Box
	Don't Know
	Refused

JJ9. Do you consider yourself to be disadvantaged in employment because of your condition?



JJ10. Do you believe that your current employer or any potential employer r would be likely to consider you disadvantaged in employment because of your condition?

 1
 Yes.....□

 2
 No.....□

 9
 Don't know....□

 8
 Refusal....□

Section KK - Unempioyment Module

Interviewer: If disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) and GG6 (p 323) = 1 or 2 or 3 or 4 the. proceed; Else skip to section NN (p 357)

KK1. When did you (....) 'ast vo.k, even for a few days? Include as work, working without pay ... ' a 'amily farm or business. Do not include volunteer work, housework, maintenance or repairs for your (.... 's) own home.

Interviewer: Inter a year by using 4 digits (e.g.: 1990). If the respondent never worked order 1.

 [] Year (range from 0001 to 2006)

 Don't know

 N°fusal.

 □

 > Got to KK10

 > Got to KK10

If KK1 = 1 or < 2001 then go to KK10

KK2. When you (....) last worked, how many hours did you (he/she) usually work per week?

Interviewer: Round to the nearest hour.

[](1-168) Hours	
Don't kno	ow [
Refusal	[

KK3. What kind of business, industry or service was this? For example, a wheat farm, department store, fish plant.

[]
Don't know	
Refusal	

KK4. What was your (....'s) work or occupation? For example, accountent, secondary school teacher, sales clerk.

Don't know	
Refusal	

KK5. In this work, what were your (....'s) main activities. For example: administering accounts, teaching mathematics, .elving men's clothing.

r	п
Don't know	
Refusal	

KK6. In that job, were you (was . ..) mainly ...

1	working for wages, salary, tips or commission? \Box
2	working withou, pay for spouse or another
	relative in a Comily farm or business?
3	self-employed alone or in partnership?
	Rt fusal

If KK1 > 2004 then go to KK7; Else go to KK10

KK7. Have you (Has) had any periods of employment in the last twelve months; that is to say, periods when you (....) had a job?

1	Yes	
2	No	> Go to KK10
9	Don't know	> Go to KK10
8	Refusal	> Go to KK10

KK8. How many different periods of employment did you (....) have?

2	One Two Three or more Don't know Refusal	
	Refusal	

KK9. What was the length of the longest period of employment?

1	Under three months	A
2	Three to five months \Box	
3	Six months or more	
	Don't know	
	Refusal	

KK10. Does your (....'s) condition limit the amount or kind of work you (he/she) can do at a job or business?

1	Yes	> If KK1 = 1go to KK12; Else go to KK11
2	No	> Go to KK12
9	Don't know	> Go to KK12
8	Refusal	> Go to KK12

KK11. Were you (Was) working at a job or business at the time you (he/she) became limited in the kind or amount of work you (he/she) can do?

1	Yes	
2	N	
9	Dor't know	
8	Refusal	

KK12. Does your (....'s) condition affect your (his/her) ability to look for work?

1	Yes
2	No
9	Don't know
8	Refusal

KK13. Would you (....) prefer to work ...

1	either full-time or part-time?
2	full-time only?
3	part-time only?
	Don't know.
	Refusal

KK14. Because of your (....'s) condition, are you (is he/she) limited in your (his/her) ability to:

Mark all that apply.

1	work at a full-time job? \Box	
2	work at a part-time job?	
3	None selected	
	Don't know	
	Refusal 🖵	

Interviewer: If JJ1 = 1 (never worked) go to KK; Else proceed to JJ15

KK15. Was your (....'s) previous employer a vare of your (his/her) activity limitation?

1	Yes	
2	No	
9	Don't know	
8	Refusal	

Section LL - Not In Labour Force Module

Interviewer: 1) disability was indicated on either Profile Sheet or in Section S (p 237) and GC6 = 6 (p 323) then proceed; Else skip to section NN (p 357)

LL1. When did you (....) last work, even for a few days? Include as work, working without pay at a family farm or business. Do not include volunteer work, housework, maintenance or repairs for your own home.

INTERVIEWER: Enter a year by using 4 digits (e.g.: 1990). If the respondent never worked enter 1.

[] Year (Range 0001-2006)	> If value entered is 1 then go to LL9; Else proceed to LL2
Don't know	

4

LL2. Are you (Is) permanently retired?

Interviewer: If the respondent was retired in September, 2006 and did not work at any time between January 1, 2005 and September, 2006, mark "Yes". Some retired persons may have returned to the workforce following official retirement. If the respondent returned to the work force between January 1, 2005 and September, 2006, mark "No".

 1
 Yes.....□
 > Go to LL3

 2
 No....□
 □

 9
 Don't know...□
 □

 8
 Refusal...□
 □

**If LL1 < 2001 then go to LL9; Else go to LL4.

LL3. Is that because of your (....'s) condition?

- 1 Yes, completely
- 2 Yes, partially.....
- 9 Don't know.....
- 8 Refusal.....

LL3a. Did you (....) retire from a job or business or did you (he/she) stop looking for work?

1	Retired from jo. or business	> Go to MM
2	Stopped looking for work	
	Don't row	

LL4. When yo. (....) last worked, how many hours did you (he/she) usually work pe. wetk?

TERVIEWER: Round to the nearest hour.

Y	
[] (1 – 168) Hours	
Don't know	
Refusal]

LL5. In what kind of business, industry or service was this job? For example, a wheat farm, department store, fish plant.

[

Don't know Refusal		
LL6.	What was your ('s) work or occupation? For example, accountant, secondary school teacher, sales clerk.	
	[] Don't know Refusal	
LL7.	In this work, what were your ('s) main activities? For example, administering accounts, teaching mathematics, selling mon's clocking.	
	[Don't know	
LL8.	In that job, were you (was) mainly	
	 working for wages, salary, the or commission? working without pay for pouse or another relative in a family for a conscience? 	
	3 self-employed alore or in partnership? 3 self-employed alore or in partnership? Con't know Refusal	
LL9.	Does your (;) andition completely prevent you (him/her) from working	

at a job or business?

2 No
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
8 Refusal \Box > Go to LL10

LL9a. Is there some type of workplace arrangement or modification that would enable you (him/her) to work at a paid job or business, such as modified or different duties or technical aids?

1	Yes	> Go to LL14
2	No	> Go to MM
9	Don't know	> Go to LL14
8	Refusal	> Go to LL14

LL10. Does your ('s) condition limit the amount or kind of wor could do at a job or business?		your ('s) condition limit the amount or kind of work you (he/she) d do at a job or business?	
	1	Yes If KK1 = 1 (never worked) then go to LL12; Else continue	
	2	No	
	9	Don't know	
	8	Refusal	
LL11.	1. Were you (Was) working at a job or business at the time you (he/she) became limited in the amount or kind of work you (he/she) can do?		
	1	Yes	
	2	No	
	9	Don't know	
	8	Refusal	
LL12.	2. Does your ('s) condition affect your () is/her) ability to look for work?		
	1	Yes	
	2	No	
	9	Don't know	
	8	Refusal	
LL13.	Have 1 2 9 8	e you (Has) looked for work in the past two years? V(c	
	>		

Interviewer: If LL1 = 1 LL10 = 2 then go to MM; Else continue

LL14. Some people have encountered barriers which have discouraged them from looking for work. Could you think about your (his/her) own situation and indicate which of the following situations might apply to you (....)?

Mark all that apply.

1	You () would lose some or all of your (his/her)
	current income if you (he/she) went to work
2	You () would lose some or all of your (his/her)
	current additional supports such as your (his/her)
	drug plan or housing if you (he/she) went to work
3	Your ('s) family or friends have discouraged you
	(him/her) going to work
4	Family responsibilities prevent you (him/her)
5	Information about jobs is not adapted to your (`s)
	needs
6	You worry (worries) about being isolated by other
	workers on the job
7	You have (has) been a victim of discrimination
8	You () feel(s) your (his/her) troining is not adequate
9	Lack of accessible transportatic 1
10	No jobs available
11	Other reason
Othe	r, Please Specify:
12	None selected

LL15. If you (....) were to find employment, would you (he/she) prefer to work:

$\frac{1}{2}$	ciux: full-time or part-time	> Go to KK17> Go to KK17
3	interview only	

LL16. Is this because of your (his/her) condition?

Yes]
No]
Don't know]
Refusal]
	Yes

LL17. Do you (Does) think that you (he/she) will look for work at any time in the next twelve months?

1	Yes	
	No	
	Don't know	
8	Refusal	> Go to LL

LL18. Is this:

3.	Is thi	s:
1	Mark a	all that apply.
	1	because you (he/she) expect(s) your (his/her) condition to improve?
	2	because there will be changes or improvements in the workplace?
	3	because you () will be taking training?
	4	because of another reason?
	Oth	er, Please Specify:
	5	None selected

KK1 = 1 (n. ever worked) go to LL; Else continue

LL19. Was your (....,) previous employer aware of your (his/her) activity limitation?

1	Ye [~]	□
2	No	□
9	Don't know	□
8	Refusal	□

Section MM - Retirement Module

Interviewer: If disability was indicated on either Profile Sheet or in Section S (p 237) and GG6 = 6 (p 323) and respondent is >75 then proceed; Else skip to section NN(p 357)

MM1. When did you (\dots) retire for the first time?

Interviewer: Enter a year by using 4 digits (e.g.: 1990). If the respondent never worked enter 1

	[] Year (range from 0001 to 2006)		If > 2001 skip to NN; If 1 (never worked go to MM9; Else continue
	9 8	Don't know□ Refusal□		Go to NN Go to N™
MM2.	When per w	you () last worked, how many hours did yeek?	ou (i	incishe) usually work
	Interv	iewer: Round to the nearest hour.		
	[9 8] (1 – 168) Hours Don't know		
MM3.		kind of business, industry or service was this? department store, fish prart.	For	r example, a wheat
	[9 8	Don't know Refusal.		
MM4.		was you" ('s) work or occupation? For example dary school teacher, sales clerk.	mple	e, accountant,
4	[2 8	Don't know Refusal] □
MM5.		s work, what were your ('s) main activities? nistering accounts, teaching mathematics, sellin		

L	
9	Don't know
8	Refusal

MM6. In that job, were you (was) mainly ...

1	working for wages, salary, tips or commission? \Box
2	working without pay for spouse or another
	relative in a family farm or business? \Box
3	self-employed alone or in partnership? \Box
	Don't know
	Refusal

MM7. Was this retirement voluntary?

Was	this retirement voluntary?	1
1	Yes	
2	No	
9	Don't know	
8	Refusal	\bigcirc

Interviewer: If respondent is proxy then skip to MM9

MM8. How would you describe your health at the time you retired? Compared to others your age, would you say that your health was...

1	Excellent?	
2	Very good?	
3	Good?	
4	Fair?	
5	Poor?	
	Don't know	
	Refusal	

MM9. Does your (....'s) condition completely prevent you (him/her) from working?

skip to HH No..... Don't know..... 8 Refusal.....

MM10. Does your (....'s) condition limit the amount or kind of work you (he/she) could do?

1	Yes
2	No
9	Don't know
8	Refusal

MM11. Some people have encountered barriers which have discouraged them from looking for work. Could you think about your (his/her) own situation and indicate which of the following situations might apply to you (him/her)?

Mark all that apply.

1	You () would lose some or all of your (his/her)
	current income if you (he/she) went to work 🗆 🧹
2	You () would lose some or all of your (his/her)
	current additional supports such as your (his/her)
	drug plan or housing if you (he/she) went to work
3	Your ('s) family or friends have discouraged you
	(him/her) going to work
4	Family responsibilities prevent you (him/her) 🗌
5	Information about jobs is not adapted to your
	(his/her) needs
6	You worry (worries) about being isola ted by
	other workers on the job
7	You have (has) been a victum of discrimination 🗌
8	You () feel(s) your (his/l.cr) training is not
	adequate
9	Lack of accessible transportation
10	No jobs available \Box
11	Other reason
12	Not applicable
	Don't know
	Refused

Section NN - Leisure and Recreation Module

Interview **cr: If disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section XX (p 414)**

NN. This section will collect information on day to day activities such as leisure and recreation, unpaid voluntary activities, local and long distance transportation and housing facilities.

I'll start with a question concerning health in general.

NN1. In general, would you say your (....'s) health is:

1	Excellent?
2	Very good?
3	Good?
4	Fair?
5	Poor?
	Don't know
	Refusal

NN2. Now I will ask you some questions about activities you do (.... does) in (his/her) spare time.

In the past 12 months, did you (....) do any of the following cctivities within your (his/her) home?

Mark all that apply.

1	Exercise
2	Watch TV or videos, listen to radio or CD's
3	Read
4	Talk on the telephone with family or triends \Box
5	None selected

If an activity was selected in NN2 (NN2 = 1 or 2 or 3 or 4 then go to NN3; Ei. 2 go to NN4

NN3a. How often do you (upe.) exercise?

1	Everydøy
2	At least mee a week
3	At Kast once a month
4	Less than once a month
5	Less than once a month
	Dən't know 🗆
	Refusal
	~

NN3b. How often do you (does) watch TV or videos, listen to radio or CD's?

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

NN3c. How often do you (does) read?

1	Everyday	
	At least once a week	
3	At least once a month	
4	Less than once a month	
5	Never	
	Don't know 🛛	
	Refusal	

NN3d. How often do you (does) talk on the telephone with family or friends?

1	Everyday
	At least once a week
3	At least once a month
4	Less than once a month
5	Never
	Don't know
	Refusal

NN4. In the past 12 months, did you (....) participate in any of the following activities <u>outside your (his/her) hume?</u>

Mark all that apply.

1	Visit family or friends
2	Do physical activities such as exercise,
	walk caplay sports
3	Attend sporting or cultural events, such as
	r ¹ ays of movies
4	Visit museums, libraries or national or
	vryvincial parks
5	None selected
	Don't know
Y	Refusal

If an activity was selected in NN4 (NN4 = 1 or 2 or 3 or 4 then go to NN5; Else go to NN6

NN5a. How often do you (does) visit family or friends?

1	Everyday	
	At least once a week	

3	At least once a month	
4	Less than once a month	
5	Never	
	Don't know	
	Refusal	

NN5b. How often do you (does) do physical activities such as exercise, walk or play sports?

1	Everyday		4
2	At least once a week		
3	At least once a month		
4	Less than once a month		
5	Never		
	Don't know		
	Refusal		
		\sim	

NN5c. How often do you (does) attend sporting or cultural events, such as plays or movies?

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	

NN5d. How ofter do you (does) visit museums, libraries or national or provincial parks?

1	Everyday	
1	At least once a week	
3	At least once a month	
¥.	Less than once a month	
5	Never	
	Don't know	
	Refusal	

NN6. Would you (....) like to do more activities during your (his/her) spare time?

1	Yes	
2	No	> Go to NN8

9	Don't know	>	Go to NN8
8	Refusal	>	Go to NN8

NN7. What prevents you (....) from doing more leisure activities?

Mark all that apply.

1	Your ('s) condition prevents you (him/her)
	from doing more
2	You (need(s) specialized aid(s) or
	equipment that you don't (doesn't) have 🗆 🛛 🛶
3	You () need(s) someone's assistance
4	Your ('s) transportation services are
	inadequate or not accessible
5	Your ('s) community has no facilities
	or programs available
6	The facilities, equipment or programs are
	not accessible
7	It is too expensive
8	Other
9	None selected

NN8. Does the design and layout of buildings and places in your (....'s) community make it <u>difficult</u> for you (him/her) to participate in leisure activities?

1	Yes	
2	No	> Go to OO
9	Don't know	> Go to OO
8	Refusar	> Go to OO

NN9. In general, how often has the design and layout of buildings and places in your (...)s) community made it <u>difficult</u> for you (him/her) to participate in leisure activities in the past 12 months?

1	Daily
2	Weekly
3	Monthly
4	Less than once per month
5	Never
6	Not applicable
	Don't know

NN10. In general, when this problem made it difficult to participate in leisure

activities did you (....) experience:

1	Some difficulty
2	A lot of difficulty
3	You were completely unable
4	Your ('s) participation was not affected \Box
8	Refusal
9	Don't Know

Section OO - Internet Module **Interviewer: If disability was indicated on either Profile Sheet or in Section S (p 237) proceed; Else skip to Section XX (p 414)** OO1. In the past 12 months, have you (has) used a computer? Yes..... > Go to OO3 1 2 No..... 🖸 9 Don't know..... Refusal..... 8 OO2. Have you (Has) ever used a computer? 1 Yes..... 2 Don't know 9 8 Refusal..... **OO3.** In the past 12 months, did you (....) use the Internet? Y . s. 1 No..... > If non-proxy go to OO6; Else go to 007 Don't know..... 9 8 Refusal.....

OO4. Have you (Has) ever used the Internet?

1 Yes.....□ > If non-proxy go to OO6; Else go to OO7

2	No	> If non-proxy go to OO5; Else go to OO7
9 8	Don't know□ Refusal□	

005. Why have you not accessed the Internet?

Mark all that apply.

Mai	rk all that apply.
01	Lack of interest $\Box > Go t_0 OO7$
02	Cost of buying own computer $\Box > $ Go to OO7
03	Difficulty in obtaining advice/information
	on special aids/equipment that I need
04	Cost of buying special aids/equipment that I need $\therefore \square >$ Go to OO7
05	Lack of availability of aids/equipment that I need
	in many locations \Box > Go to OO7
06	Don't know how to use the Internet-accessing
	software
07	Lack of knowledge of how to install Internet
	access at home
08	Cost of online access at home \Box > Go to OO7
09	Cost of online access at locations outside home \Box > Go to OO7
10	Other
10	Other \Box > Go to OO7
Oth	er, Please Specify.
11	
11	None selected \Box > Go to OO7

Where have you accessed the Internet for your personal or private use? 006.

Mark all that apply.

01	My own home
02	Another person's home \Box
03	My workplace
04	School
05	College, university or other educational or
	training institution \Box
06	Public library
07	Government office
08	Internet café or shop
09	Community or voluntary organization
09	Community of voluntary organization

10	Somewhere else \Box	
	\downarrow	
	Other, Please Specify:	
11	None selected	

OO7. Do you (Does) need special aids/equipment or adaptations to enable you (him/her) to use a computer generally or the Internet?

1	Yes >	If non-proxy go to
2	No >	OOS • If not proxy and CO3 or OO4 = 1
		(bas used internet) proceed; Else skip to PP
9	Don't know >	OO3 or OO4 = 1 (has used internet) proceed; Else skip to
8	Refusal	PP If non-proxy and OO3 or OO4 = 1 (has used internet) proceed; Else skip to PP

OO8. Have you had any problems about lack of availability of the special aids, equipment or adaptation that you need to use a computer or the Internet?

Î 2	Yes	> If OO3 or OO4 = 1 (has used internet) proceed; Else skip to PP
9	Don't know	<pre>> If OO3 or OO4 = 1 (has used internet) proceed; Else skip to PP</pre>
8	Refusal	<pre>> If OO3 or OO4 = 1 (has used internet)</pre>

OO9. Please indicate at which of the following locations these have occurred.

Mark all that apply.

01	Your own home
02	Another person's home
03	Your workplace
04	School
05	College, university or other educational or
	training institution
06	Public library
07	Government office
08	Internet café or shop
09	Community or voluntary organization.
10	Somewhere else
Oth	ner, Please Specify:
11	None selected
OO10. Wou	ld you like to use the Antornet more than you do at present?
1	
1	
2	No \Box > Go to OO12
9	Don't know \Box > Go to OO12

8 Refuse $1 \dots \square >$ Go to OO12

OO11. What are the main reasons preventing you from using the Internet more?

Mark all that apply.

01	Cost of buying own computer
02	Difficulty in obtaining advice/information
	on special aids/equipment that I need
03	Cost of buying special aids/equipment that
	I need
04	Lack of availability of aids/equipment that
	I need in many locations \Box
05	Lack of knowledge of how to install Internet
	access at home

06	Cost of online access at home	🗆
07	Cost of online access at locations outside home	🗆
08	Lack of time	🗆
09	Other	🗆
10	None selected	🗆

OO12. Has the Internet increased your ability to reach out to people who have similar interests and/or experiences?

1	Yes	
2	No	
9	Don't know \Box	
8	Refusal	

OO13. Has the Internet helped you be better informed about the world?

1	Yes	
2		
9	Don't know	
8	Refusal	

OO14. Would you say that using the internet has improved your quality of life?

1	Yes	-
2	No	
9	Don't know	
8	Refusal	

Section PP - Unpaid Work Questions

Interviewer: If respondent is a proxy skip to section QQ (p 368). If respondent is non-proxy and a disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section QQ (p 368)

PP. The next questions are about <u>unpaid volunteer</u> activities which you may have participated in.

PP1a. In the past 12 months, did you participate in unpaid volunteer activities?

1	Yes	
2	No	> Go to QQ

9	Don't know	> Go to QQ
8	Refusal	> Go to QQ

PP1b. In the past 12 months, did you:

help to organize or supervise activities or events for an organization?

	1	Yes	
	2	No	
	9	Don't know	
	8	Refusal	
PP2.	PP2. In the past 12 months, did you: canvass, campaign or fund raise as an unpaid volunte r?		
	1	Yes	
	2	No	
	9	Don't know	
	8	Refusal	
PP3.	PP3. In the past 12 months, did you: sit as an unpaid member of a board or committee?		
	1	Yes	
	2	No	
	9	Don't know	
	8	Refutal	
	т. (1		
PP4.	In the	part 12 months, did you:	

do any consulting, executive, office or administrative work as a volunteer?

1	Yes
2	No
9	Don't know
8	Refusal

PP5. In the past 12 months, did you:

provide information, help to educate, lobby or influence public opinion on behalf of an organization?

1	Yes	
2	No	
9	Don't know	
8	Refusal	

PP6. In the past 12 months, did you:

teach, coach, provide care or friendly visits through an organization?

1	Yes
2	No
9	Don't know
8	Refusal

In the past 12 months, did you: **PP7.**

> collect, serve or deliver food or other goods as a volunteer through an organization?

- 1 Yes.....
- 2 No.....
- 9 Don't know..... \square
- Refusal..... 8

PP8. In the past 12 months, dia you

do any other unpaid volunteer activities (including help given to schools, religious organizations and community organizations)?

1	Ves	
2	N	_
9	Dor't know	
8	Refusal	
	<u> </u>	

Section QQ - Social Contacts Module

Interviewer: If disability was indicated on either Profile Sheet or in Section S (p 237) proceed; Else skip to Section XX (p 414)

The following questions are about your (....'s) family. Include all persons 00. related by blood, marriage, adoption or common-law.

QQ1. How many brothers do you (does) have who are still living?

] Range: 0-20

[

- 9 Don't know.....
- 8 Refusal.....

QQ2. How many sisters do you (does) have who are still living?

- [] Range: 0-20
- 9 Don't know.....
- 8 Refusal.....
- QQ3. How many daughters have you (has) ever raised who are still living? Include birth, step and adopted daughters.
 - [] Range: 0-20 9 Don't know...... 8 Refusal.....
- QQ4. How many sons have you (has) ever raised who are still living? Include birth, step and adopted wughters.
 - [] Range: 0-20 9 Don't know....□ 8 Refusal....□

Interviewer: If respondent age < than 50 skip to QQ7

QQ5. How many granddaughters do you (does) have who are still living?

[] Range: 0-20 9 Don't know.....□ 8 Refusal....□

QQ6. How many grandsons do you (does) have who are still living?

[] Range: 0-20 9 Don't know.....□ 8 Refusal.....□

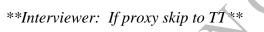
Interviewer: If respondent age > than 85 skip to $QQ9^{}$

QQ7. Is your (....'s) mother still living?

1	Yes
2	No
9	Don't know
8	Refusal

QQ8. Is your (....'s) father still living?

1	Yes	4
2	No	
9	Don't know	
8	Refusal	



QQ9. How many close friends do you have, that is, people who are not relatives, but who you feel at ease with, can talk to about what is on your mind, or call on for help?

1 None	
2 1 or 2	
3 3 to 5	
4 6 to 10	
5 11 to 20	🗆
6 More than 20	🗆
9 Don't know	🗆
8 Refusal	🗆

Section RR - Satisfaction With Life Module

Interviewer: If respondent is a proxy skip to section TT (p 372). If respondent is non-proxy and a disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section TT (p 372)

- **RR.** I am going to ask you to rate certain areas of your life.
- **RR1.** Please rate your feelings about them using a scale of 1 to 10 where 1 means "Very dissatisfied" and 10 means "Very satisfied". What about:

...with your relationships with family members?

Interviewer: Range 1-11; 1 = Very dissatisfied; 10= Very satisfied; 11 = No opinion.

- [] Range: 1-11
- **RR2.** Please rate your feelings about them using a scale of 1 to 10 where 1 means "Very dissatisfied" and 10 means "Very satisfied". What about:

... with your relationships with friends?

Interviewer: Range 1-11; 1 = Very dissatisfied; 10= Very satisfied; 11 = No opinion.

] Range: 1-11

RR3. Please rate your feelings about them using a scale of 1 to 10 where 1 means "Very dissatisfied" and 10 means "Very satisfied". What bout:

...your health?

ſ

Interviewer: Range 1-11; 1 = Very dissuisfied; 10= Very satisfied; 11 = No opinion.

[] Range: 1-11

RR4. Please rate your fe lings about them using a scale of 1 to 10 where 1 means "Very dissatisfied" and 10 h eans "Very satisfied". What about:

... your job on main activity?

Interviewer: Range 1-11; 1 = Very dissatisfied; 10= Very satisfied; 11 = No op.nion.
[] Range: 1-11

RR5. Please rate your feelings about them using a scale of 1 to 10 where 1 means "Very dissatisfied" and 10 means "Very satisfied". What about:

... the way you spend your time?

Interviewer: Range 1-11; 1 = Very dissatisfied; 10= Very satisfied; 11 = No opinion.

Section SS - Stress Module

**Interviewer: If respondent is a proxy skip to section TT (p 372).
If respondent is non-proxy and a disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section TT ù9p 372) **

SS1. Thinking about the amount of stress in your life, would you say that most days are...

1	not at all stressful?
2	not very stressful? \Box > Go to TT
3	a bit stressful?
4	quite a bit stressful?
5	extremely stressful?
	Don't know 🛛 > Go เอ TT
	Refusal \Box > Go to TT

SS2. What is your main source of stress?

- 1 Work......
- 2 Financial concerns.....□ 3 Family....□
- 4 School work.....
- 5 Health......
- 6 Other.....

Other, Please Specify:

Don't know.....

Section TT - Local Transportation Module

Interviewer: If disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section XX (p 414)

TT. I am now going to ask you some questions about your (....'s) local travel for personal or business reasons, by which I mean trips of less than 80 km or 50 miles.

TT1. In the past 12 months, did you (....) use any of the following modes of transportation for travelling locally for personal or business reasons?

Mark all that apply.

1	Car
2	Specialized bus services
3	Bus
4	Subway
5	Taxi
6	Other
_	\downarrow \checkmark \checkmark
C	Other, Please Specify:
7	None selected
	Don't know
	Refusal

Interviewer: If no aids were selected in TT1 then skip to TT16; Else go through TT2 a-f for the aids selected in TT1

TT2a. Do you (Does) require an ... transformed at the to accompany you (him/her) for local travelling by car?

1	Yes	□
2	No	□
9	Don't know	…□
8	Refusal	

TT2b. Do yot (1)oes) require an attendant to accompany you (him/her) for local traveling by specialized bus services?

1	Yes
2	No
9	Don't know
8	Refusal

TT2c. Do you (Does) require an attendant to accompany you (him/her) for local travelling by bus?

1	Yes
2	No
9	Don't know

- 8 Refusal.....
- TT2d. Do you (Does) require an attendant to accompany you (him/her) for local travelling by subway?

1	Yes
2	No
9	Don't know
8	Refusal

TT2e. Do you (Does) require an attendant to accompany you (him/her) for local travelling by taxi?

- 1
 Yes.....□

 2
 No.....□

 9
 Don't know....□

 8
 Refusal....□
- TT2f. Do you (Does) require an attendar: to a company you (him/her) for local travelling by (*write-in*)?

1 Y	es[
2 N	o[
9 D	on't know[
8 R	efusall	

Interviewer: If specialized i us services <u>or</u> bus <u>or</u> subway were not selected in TT1 then go to TT3 a-c for each relevant (unselected)category; Else go TT3d for aids selected in TT1; If no transportation selected in TT1 then skip to TT16.

TT3a. Were specialized bus services available in your (....'s) area?

1	Yes	> Go to TT3i
	No	
9	Don't know	> Go to TT3i
8	Refusal	> Go to TT3i

TT3i. Were you (Was) <u>prevented</u> from travelling locally by specialized bus services?

1	Yes	
2	No	
9	Don't know	

TT3b. Was the bus available in your (....'s) area?

1	Yes	>	Go to TT3ii
2	No	>	Go to TT3c
9	Don't know	>	Go to TT3ii
8	Refusal	>	Go to TT3ii

TT3ii. Were you (Was) <u>prevented</u> from travelling locally by bus?

 1
 Yes.....□

 2
 No....□

 9
 Don't know...□

 8
 Refusal...□

TT3c. Was the subway available in your (....'s) area?

1	Yes	> Go to TT3iii
2	No	> Go to TT3d
9	Don't know	> Go to TT3iii
8	Refusal	> Go to TT3iii

TT3iii. Were you (Was) prevented from travelling locally by subway?

 1
 Yes.....□

 2
 No.....□

 9
 Don't know...□

 8
 Refusa'...□

TT3d Were you (Was) prevented from travelling locally by (write-in)?

1	Yes	l
2	Yes□	
9	Don't know	
8	Refusal	l

TT3e. Were you (Was) prevented from travelling locally by car?

1	Yes	. [
	No	
9	Don't know	

Interviewer: If in TT1 #1 (car) was not selected as a traveling method and TT3e =1 (prevented from traveling by car) then go to TT4; Else go to TT5

TT4. What prevented you (....) from travelling locally by car?

Mark all that apply.

1	The lack of proper equipment in your ('s) car (e.g., hand or brake controls, power steering, etc.)
2	You (\dots) need(s) an attendant to help you (him/her) \dots
3	The lack of space for wheelchairs or other specialized equipment.
4	Your ('s) condition is aggravated when you go
	(he/she goes) out
5	You don't () have a car
6	Other reason
	Other, Please Specify:
7	None selected

Interviewer: $vsk \ 1 \ T5a-d$ for aids a-d selected in TT3 = 1

TT5a. What <u>prevents</u> you (...) from travelling locally by specialized bus services? *Mark all that apply.*

1	A ailability of service	> Go to TT6
2	Booking rules don't allow for last minute arrangements	> Go to next transit mode applicable; Else skip to TT7
3	Getting to or locating the terminal or stops	> Go to next transit mode applicable; Else skip to TT7
4	Getting on or off vehicles \Box	> Go to next

		transit mode applicable; Else skip to TT7
5	Seeing signs or notices□ >	Go to next transit mode applicable; Else skip to TT7
6	You () need(s) an attendant to help you (him/her) □ >	Co to next trans,? mode applicable; Else skip to TT7
7	Your ('s) condition or health problem is aggravated when you go (he/she goes) out□ >	Go to next transit mode applicable; Else skip to TT7
8	Too expensive >	Go to next transit mode applicable; Else skip to TT7
9	Other	Go to next transit mode applicable; Else skip to TT7
Ot	hei, Please Specify:	
10	None selected >	Go to next transit mode applicable; Else skip to TT7
	Don't know $\Box >$	• Go to next transit mode applicable;

	Else skip to TT7
Refusal 🗆	 > Go to next transit mode applicable; Else skip to TT7

TT6a. You just mentioned the "availability of service" as a reason for being <u>prevented</u>. Could you specify if that's because the service is available but not when you (....) need(s) it, <u>or</u> because it's not available at all where you (he/she) live(s)?

Available but not when you (....) need(s) it.....
 Not available at all where you (....) live(s).....
 Don't know....
 Refusal....

TT5b. What prevents you (....) from travelling '9cally by bus?

Mark all that apply.

1	Availability of service	>	Go to TT6
2	Booking rules don t allow for last minute		
	arrangements	>	Go to next transit mode applicable; Else skip to TT7
3	Getting to or locating the terminal or stops	>	Go to next transit mode applicable; Else skip to TT7
4	Getting on or off vehicles	>	Go to next transit mode applicable; Else skip to TT7
5	Seeing signs or notices	>	Go to next

6	You () need(s) an attendant to help you	transit mode applicable; Else skip to TT7
0		Go to next transit mode applicable; Else skip to TT7
7	Your ('s) condition or health problem is aggravated when you go (he/she goes) out	Gownext transit mode ayplicable; Else skip to TT7
8	Too expensive >	Go to next transit mode applicable; Else skip to TT7
9	Other	Go to next transit mode applicable; Else skip to TT7
	Other, Plea. • Specify:	
	None selected	Go to next transit mode applicable; Else skip to TT7
F	Don't know \Box >	Go to next transit mode applicable; Else skip to TT7
	Refusal \Box >	Go to next transit mode applicable;

TT6b. You just mentioned the "availability of service" as a reason for being prevented. Could you specify if that's because the service is available but not when you (....) need(s) it, or because it's not available at all where you (he/she) live(s)? Available but not when you (\dots) need(s) it..... 1 Not available at all where you (\dots) live(s)..... 2 Don't know..... Refusal..... TT5c. What prevents you (....) from travelling locally by subway? Mark all that apply. Availability of service..... 1 $\dots \square > \text{Go to TT6}$ 2 Booking rules don't allow for last minute arrangements..... \dots > Go to next transit mode applicable; Else skip to TT7 Getting to or localing the terminal or stops...... \Box > Go to next 3 transit mode applicable; Else skip to **TT7** 4 G tting on or off vehicles..... \Box > Go to next transit mode applicable; Else skip to TT7 Seeing signs or notices..... \Box > Go to next 5 transit mode applicable; Else skip to TT7 6 You (....) need(s) an attendant to help you (him/her)..... \Box > Go to next transit mode applicable;

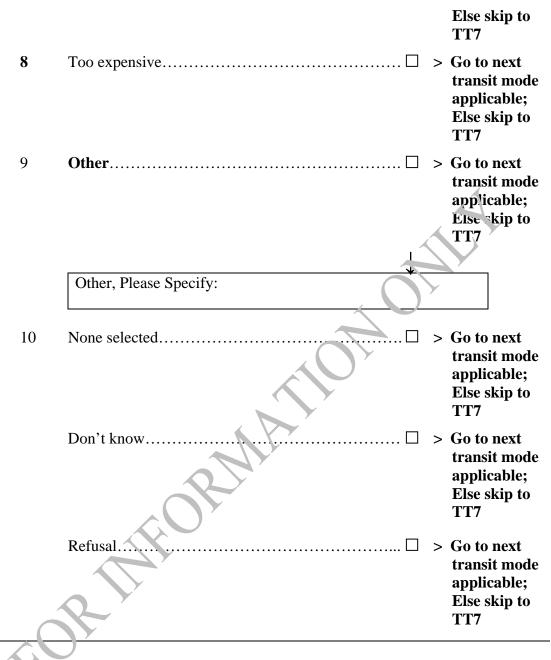
7	Your ('s) condition or health problem is	Else skip to TT7
,	_	Go to next transit mode applicable; Else skip to TT7
8	Too expensive >	Go to next transit mode 2 policable; Else skip to TT7
9	Other	Go to next transit mode applicable; Else skip to TT7
	Other, Please Specify:	
10	None selected	Go to next transit mode applicable; Else skip to TT7
Ċ	Don't know □ >	Go to next transit mode applicable; Else skip to TT7
÷,	Refusal □ >	Go to next transit mode applicable; Else skip to TT7

TT6c. You just mentioned the "availability of service" as a reason for being <u>prevented</u>. Could you specify if that's because the service is available but not when you (....) need(s) it, <u>or</u> because it's not available at all where you (he/she) live(s)?

	Available but not when you () need(s) it Not available at all where you () live(s)	
_	Don't know Refusal	🗆
		—

TT5d. What prevents you (....) from travelling locally by taxi?

Mark all that apply. × Go to IT6 1 Availability of service...... 2 Booking rules don't allow for last minute arrangements..... > Go to next transit mode applicable; Else skip to **TT7** 3 Getting to or locating the terminal or sups...... > Go to next transit mode applicable; Else skip to **TT7** 4 Getting on or off vehicles... $\dots \square$ > Go to next transit mode applicable; Else skip to TT7 Seeing signs or notices...... 5 > Go to next transit mode applicable; Else skip to TT7 You (....) need(s) an attendant to help you (him/her)..... > Go to next transit mode applicable; Else skip to TT7 7 Your (....'s) condition or health problem is transit mode applicable;



TT6d. You just mentioned the "availability of service" as a reason for being <u>prevented</u>. Could you specify if that's because the service is available but not when you (....) need(s) it, <u>or</u> because it's not available at all where you (he/she) live(s)?

1	Available but not when you () need(s) it	🗆
	Not available at all where you () live(s)	
	Don't know	
	Refusal	

TT5e. What prevents you (....) from travelling locally by (write-in)?

Mark all that apply.

1	Availability of service \Box > Go to TT6
2	Booking rules don't allow for last minute
	arrangements \Box > Skip to TT7
3	Getting to or locating the terminal or stops \Box > Skip to TT7
4	Getting on or off vehicles \Box > Skip to TT7
5	Seeing signs or notices \Box > Skip to TT7
6	You () need(s) an attendant to help you
	(him/her) Skip to TT7
7	Your ('s) condition or health problem is
	aggravated when you go (he/she goes) out [] > Skip to TT7
8	Too expensive \Box > Skip to TT7
9	Other
	Other, Please Specify:
10	None selected \Box > Skip to TT7
	Don't know \Box > Skip to TT7
	Refusal \Box > Skip to TT7

TT6e. You just mentioned the "availability of service" as a reason for being <u>prevented</u>. Could you specify if that's because the service is available but not when you (....) peed(a) it, <u>or</u> because it's not available at all where you (he/she) live(s)?

1	Available 'but not when you (\ldots) need(s) it
2	Not a 'ailable at all where you () live(s)
	Retu sai

TT7. You mentioned earlier that you were (.... was) using (*input modes of transportation selected in TT1*)

In the past 12 months, because of your (....'s) condition did you (he/she) have any <u>difficulty</u> travelling locally using...

INTERVIEWER: Read modes of transportation selected in TT1 and mark all that apply. If 1 and another category is selected, go through loop TT8- TT12; then proceed to TT13A.

2 3 4 5 6	a car?	 > Go to TT13A
	(write-in)?□ None selected□ Don't know□ Refusal□	> Go to TT13A> Go to TT13A

TT8. Does this <u>difficulty</u> occur when you are (.... is) the driver of the car?

1	Yes	
2	No	> 69 w TT12
9	Don't know	> 60 to TT12
8	Refusal	Go to TT12

TT9. Does this <u>difficulty</u> occur...

Mark all that apply.

1	because you () lack(s) the prop.r equipment in your
	(his/her) car (e.g.,hand or brake controls, power steering)?
2	because you () need(s) a. attendant to help you (him/her)? 🗌
3	due to the lack of space for wheelchairs or other specialized
	equipment?
4	because your ('s) condition or health problem is aggravated
	when you go (A-/she goes) out?
5	due to another reason?
	C.he . Please Specify:
(
6	None selected
X	Don't know
7	Refusal

TT10. In general, how often was this difficulty a problem for you (\dots)?

1	Daily
2	Weekly
3	Monthly or less often
4	Never
	Don't know

Refusal.....

TT11.	In general, when this problem made it difficult to paractivities, did you () experience:	rtic	ipate in everyday
1	Some difficulty		
2	A lot of difficulty		
3	You were (was) completely unable		
4	Your $(\dots$'s) participation was not affected		
9	Don't know		
8	Refusal		
TT12.	Does this <u>difficulty</u> occur when you are (is) a pas	sen	£?
	1 Yes		If TT7 =1 then go to 13A; Else go to TT13B
	2 No	>	Go to TT13B
	9 Don't know		Go to TT13B
	8 Refusal		Go to TT13B
		-	001011150
TT13A	A. Does this <u>difficulty</u> occur Mark all that apply		
1	because you (, need(s) an attendant		C 4 TT 14
2	to help you (him/her)?	>	Go to TT14
2	because there is no space for wheelchairs		C - 4- TT14
3	or other specialized equipment?	>	Go to TT14
3	because your ('s) condition or health problem		Go to TT14
4	is aggravated when you go (he/she goes) out? due to another reason?		Go to TT14
4		/	00101114
	Other, Please Specify:		
5	None selected		Go to TT14
5	None selected	-	00001111
	Don't know		Go to TT14 Go to TT14
		>	60101114

TT13B. What type of difficulty did you (....) have when you (he/she) travelled locally (transportation selected in TT1)?

Mark all that apply.

1	Availability of service \Box
2	Booking rules don't allow for last minute
	arrangements
3	Getting to or locating the terminal or stops \dots
4	Getting on or off vehicles
5	Seeing signs or notices
6	You () need(s) an attendant to help you
	(him/her)
7	Your ('s) condition or health problem is
	aggravated when you go (he/she goes) out
8	Too expensive
9	Other
	Other, Please Specify:
10	None selected
	Don't know
	Refusal

TT14. In general, how often was this 'ifficulty a problem for you (....)?

1	Daily
2	Weekly
3	Monthly or less of an
4	Never
	Don't know.
	Refusar

TT15. In general when this problem made it difficult to participate in everyday activities, did you (....) experience:

2	Some difficulty
2	A lot of difficulty
3	You were (was) completely unable
4	Your ('s) participation was not affected \Box
9	Don't know
8	Refusal

Interviewer: If proxy then go to UU; Else continue

TT16. Do you consider yourself housebound?

1	Yes	
2	No	> Go to UU
9	Don't know	> Go to UU
8	Refusal	> Go to UU

TT17. Why do you consider yourself housebound?

Mark all that apply.

1	Accessible transportation is not available to you
2	Dependent on non-portable aids
3	Do not feel safe when you leave your home 🗆 🗸 🗸
4	No attendant or companion available to go with you
5	Need assistance once you get to where you are going 🗋 🔪
6	Your condition or health problem is aggravated 🖌 🔍
	when you go out
7	You do not want to go out
8	Other
	Other, Please Specify:
9	None selected
	Don't know
	Refusal

Section CU - Long Distance Travel Module

Interviewer: If disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section XX (p 414)

- UU. I an now going to ask you some questions about your (....'s) long distance travel for personal or business reasons, by which I mean trips of 80 km or 50 miles or more.
- UU1. Because of your (....'s) condition do you (does he/she) require an attendant to accompany you (him/her) on long distance trips?

1	Yes
2	No
9	Don't know \Box
8	Refusal

UU2. In the past 12 months, did you (....) take any long distance trips for personal or business reasons?

1	Yes	
2	No	> Go to UU4
9	Don't know	> Go to UU4
8	Refusal	> Go to UU4

UU3. Which mode of transportation did you (....) use to travel long d'stances?

003.	5. Which mode of transportation did you () use to travel long (stances:				
	Mark	k all that apply.			
	1	Car?			
	2	Inter-city bus?			
	3	Train? \Box > Go to UU7			
	4	Airplane? $\Box > 60.00$ UU7			
	5	Other			
	0	ther, Please Specify:			
	6	None selected Solution > Go to UU4A			
	0	Don't know			
		Refusal \Box > Go to UU4A			
UU4.	Wer	e you (Was (<u>prevented</u> from travelling long distance?			
	1	Yes			
	2	No			
	9	Den't know.			
	8	Refusal			
UU4A	tra	e there any mode(s) of transportation that <u>prevented</u> you () from velling long distance?			
	1				

1	Yes	
2	No	> Go to UU7
9	Don't know \Box	> Go to UU7
8	Refusal	> Go to UU7

UU5. Which mode(s) of transportation were you (was) prevented from using?

Mark all that apply.

1 2 3 4 5	Car?□ Inter-city bus?□ Train?□ Airplane?□ Other□	> > >	Go to UU6A Go to UU6 Go to UU6 Go to UU6 Go to UU6
		-	
	Other, Please Specify:		1
6	None selected	>	If UU2 =2 er UU3 = 6 (none selected) then yo to UUR13
	Don't know 🗆	>	If UU2 = 2 or UU3 = 6 (none selected) then go to UUR13
	Refusal		If UU2 =2 or UU3 = 6 (none selected) then go to UUR13

UU6. What prevents you (....) from traveling long distance by (transportation methods 1-5 selected in UU5)?

Mark all that apply.

1	Ride aggravates y v: ('s) condition	>	Go to UU7
2	Lack of appropriate 'ransportation to		
	and from terminal or station \Box	>	Go to UU7
3	Moving aroun ¹ terminal or station	>	Go to UU7
4	Boarding or disembarking	>	Go to UU7
5	Seamy or board	>	Go to UU7
6	Seeing signs or notices	>	Go to UU7
7	Vearing announcements	>	Go to UU7
8	W _* shroom facilities	>	Go to UU7
9	Unsupportive staff	>	Go to UU7
10	Transporting wheelchair or other specialized aids \Box	>	Go to UU7
11	Too costly	>	Go to UU7
12	You () need(s) an attendant to help you (him/her) \Box	>	Go to UU7
13	Other	>	Go to UU7
	Other, Please Specify:]	

14	None selected	> Go to UU7
	Don't know	
	Refusal	> Go to UU7

UU6A. What prevents you (....) from travelling long distance by car?

Mark all that apply.

1	Ride aggravates your ('s) condition
2	Lack of appropriate transportation to
	and from terminal or station
3	Moving around terminal or station
4	Boarding or disembarking
5	Seating on board
6	Seeing signs or notices
7	Hearing announcements
8	Washroom facilities
9	Unsupportive staff
10	Transporting wheelchair or other specialize, aids
11	Too costly
12	You () need(s) an attendant to help y \mathbf{v} u (him/her) \Box
13	Other
	Other, Please Specify:
14	None selected
	Don't know 🗆
	Refusal

Interviewer: If UU2 = 2 or UU3 = 6 (none selected) then go to UUR13

UU7. **1**• the past 12 months, did you (....) have any <u>difficulty</u> travelling by (*wrue-in*), car, inter-city bus, train or airplane because of your (his/her) condition?

1	Yes	
2	No	> Go to UUR13
9	Don't know	> Go to UUR13
8	Refusal	> Go to UUR13

UU7A. With which long distance transportation did you (....) have difficulties? Interviewer: Ask only for modes of transportation selected in UU3 and mark all that apply.

1	Car? \Box > Go to UU8
2	Inter-city bus? □ > Go to UU9
3	Train? \Box > Go to UU9
4	Airplane? \Box > Go to UU9
5	(write-in) \Box > Go to UU9
6	None selected \Box > Go to UUR13
	Don't know \Box > Go to UUR13
	Refusal \Box > Go to UUR13

UU8. Does this <u>difficulty</u> occur when you are (.... is) the driver of the car the passenger or both?

2	Driver	> > >	Go to UN18 Go to UU10 Go to UU10
	Refusal	~	Go to UU10

UU9. What kind of <u>difficulty</u> did you (....) is ve to aveiling by (modes of transportation selected in UU5)? I will read you a list.

Mark all that apply.

1	Ride aggravates your ('s) condition \Box	> Go to UU11
2	Lack of appropriate transportation to	
	and from terminal or station	> Go to UU11
3	Moving around terminal or station \Box	> Go to UU11
4	Boarding or disembacking	> Go to UU11
5	Seating on b vard	> Go to UU11
6	Seeing signs or notices	> Go to UU11
7	Hearing announcements	> Go to UU11
8	Wishr of facilities	> Go to UU11
9	Unsupportive staff	> Go to UU11
10	Transporting wheelchair or other specialized aids \Box	> Go to UU11
11	Too costly	> Go to UU11
12	You () need(s) an attendant to help you (him/her) \Box	> Go to UU11
13	Other	> Go to UU11
	\downarrow	
	Other, Please Specify:	
		J
14	None selected	> Go to UU11
	Don't know	> Go to UU11
	Refusal.	> Go to UU11
		> 00000011

UU10. What kind of <u>difficulty</u> did you (....) have travelling by car? I will read you a list.

Mark all that apply.

1	Ride aggravates your ('s) condition
2	Lack of appropriate transportation to
	and from terminal or station \Box
3	Moving around terminal or station
4	Boarding or disembarking
5	Seating on board
6	Seeing signs or notices
7	Hearing announcements
8	Washroom facilities
9	Unsupportive staff
10	Transporting wheelchair or other specialized aids \Box
11	Too costly
12	You () need(s) an attendant to help you (hin /her) 🗆
13	Other
	Other, Please Specify:
14	None selected
	Refusal

UU11. In general, how often was this a problem for you (....)?

Erily
Veckly
Never
Don't know
Refusal

UU12. In general, when this problem made it difficult to participate in everyday activities, did you (....) experience:

1	Some difficulty
2	A lot of difficulty
3	You were (was) completely unable
4	Your $(\dots$'s) participation was not affected

9	Don't know]
8	Refusal]

- **UUR13.** The last few questions in this section are asked about <u>both</u> local transportation and long distance travel.
- UU13. In the past 12 months, did you (....) have any <u>out-of-pocket</u> or <u>direct</u> <u>expenses</u> for transportation, for example, travel to and from treatment, therapy or other medical or rehabilitation services; or extra expenses due to the need for more expensive transportation?

<u>Include</u> amounts not covered by insurance such as exclusions, 'eductibles and expenses over limits. <u>Exclude</u> payments for which you have (.... has) been or will be reimbursed by any insurance or government program.

1	Yes
2	No > If respondent uses an adapted vehicle then go to UU16; Else skip to VV.
9	Don't know Since the set of
8	Refusal□ > If respondent uses an adapted vehicle then go to UU16; Else skip to VV.

UU15. Which one of the following groups is the best estimate of the <u>out-of-pocket</u> or <u>direct</u> costs to you (....), for these expenses?

1	Less than \$100
2	\$100 to less than \$200
3	\$200 to less than \$500
4	\$500 to less than \$1,000
5	\$1,000 to less than \$2,000
6	\$2,000 to less than \$5,000
7	\$5,000 or more
	Don't know
	Refusal

Interviewer: If respondent uses an adapted vehicle then go to UU16; Else skip to VV

UU16. You mentioned earlier that you (....) <u>had</u> or <u>used</u> an adapted vehicle. Did you include <u>out-of-pocket</u> cost for extra expenses that you (he/she)incurred by this more expensive mode of transportation

1	Yes	> Go to VV
	No	,
9	Don't know	> Go to VV
8	Refusal	> Go to VV

UU18. For the past 12 months, which one of the following groups is the best estimate of the <u>out-of-pocket</u> or <u>direct</u> cost for extra expanses that you (....) incurred by this more expensive mode of transportation?

<u>Include</u> amounts not covered by insurance such as exclusions, deductibles and expenses over limits. <u>Exclude</u> payments for which you have (.... has) been or will be reimbursed by any insurance or government program.

1	Less than \$100
2	\$100 to less than \$200
3	\$200 to less than \$500
4	\$500 to less than \$1,900
5	\$1,000 to less than \$2,009
6	\$2,000 to less (han \$5,000
7	\$5,000 or riore.
	Don't know
	Refusar

Section VV - Housing Module

Inter. iewer: If disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section XX (p 414)

VV1. I am now going to ask you some questions about your (....'s) residence and any accessibility features you (he/she) may have.

Because of your (his/her) condition, do you (does) use any accessibility features to enter or leave your (his/her) residence, or inside your (his/her) residence, for example, ramps or an elevator?

1 Yes.....

	2 9 8	Don't know \Box >	Go to Go to Go to	VV5		
VV2.	Do yo	ou (Does) now <u>use</u> :	(1) <u>Yes</u>	(2) <u>No</u>	(9) <u>DK</u>	(8) <u>R</u>
(a) ra	mps?					
(b) st	reet lev	el entrances?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(c) au	itomati	c doors?				
(d) ea	sy to o	pen doors (includes lever handles)?				
(e) wi	dened	doorways or hallways?				
(f) ele	evator o	or lift device?				
(g) vi	sual ala	arms or audio warning devices?	.□			
(h) gr	ab bar	rs (in the bathroom)?	.□			
(i) a b	oath lift	t (in the bathroom)?	.□			
(j) lov	wered c	counters in the kitcher	.□			
(j) otl	her acc	essibility features	.□			
5.			↓			
Other	r, Please	e Specify:	•			
L						

*** Interviewer: Only read questions in section VV3 for the aids (a-j) selected in VV2***

VV3. Did you (....) receive any funding assistance to obtain ramps? (a)

1	Yes		
2	No	>	Skip to VV3b
9	Don't know	>	Skip to VV3b
8	Refusal	>	Skip to VV3b
			•

VV4. Who paid the most for acquiring this accessibility feature? (a)

1 2 3 4 5	You ()
6	Non-profit organization \Box
7	It does not belong to you () (i.e. belongs to employers, friends / family,
	public property, etc.)
8	Other
	Other, Please Specify:
9	Not applicable
	Don't know
	Refusal

VV4a. Are you (Is) making any kind of payment for your (his/her)ramps, for (a) example to rent or finance this item?

1	Yes	
2	No	
9	Don't know	
8	Refusal	

VV3. Did you (....) receive any funding assistance to obtain street level entrances? (b) 1 Yes.....

1	Yes		
2	No	>	Skip to VV3c
8	Dun't know. Hefusal.	>	Skip to VV3c
			-

VV4. Who paid the most for acquiring this accessibility feature? (b)

1	You ()
2	Your ('s) family \Box
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization \Box

7	,	It does not belong to you () (i.e. belongs to employers, friends / family,
8	5	public property, etc.)
_		
	(Other, Please Specify:
9		Not applicable Don't know Refusal
VV4a (b)		e you (Is) making any kind of payment for your (his/he.·) street level rances, for example to rent or finance this item?
	1	Yes
	2 9	No Don't know
	8	Refusal
	0	
VV3. (c)	Did	you () receive any funding assistance to obtain automatic doors?
(0)	1	Yes
	2	No Skip to VV3b
	9	Don't know \Box > Skip to VV3b
	8	Refusal \square > Skip to VV3b
VV4.	Wh	o paid the most for acquiring this accessibility feature?
(c)		
1		Усч (
2		Y vur ('s) family
3		h sath care system
4		Government program
5		Insurance company
6	у 1	Non-profit organization
7		It does not belong to you () (i.e. belongs to employers, friends / family,
		public property, etc.)
8	5	Other \Box
	6	→ Dther, Please Specify:
		Julei, i lease specify.
9)	Not applicable

390

Don't know	🗆
Refusal	□

VV4a. Are you (Is) making any kind of payment for your (his/her) automatic doors, for example to rent or finance this item? (c) Yes..... 1 2 No..... 9 Don't know..... 8 Refusal..... VV3. Did you (....) receive any funding assistance to obtain easy to open doors (includes lever handles)? (**d**) 1 Yes..... 2 9 Don't know..... Skip to VV3e 8 VV4. Who paid the most for acquiring this accessibility feature? (**d**) 1 2 Your (....'s) family. ... \Box Health care system 3 4 Government program 5 Insurance company 6 Non-profit organization. It does not belong to you (....) (i.e. belongs to employers, friends / family, 7 public property, etc.)..... 8 Other, Please Specify:

Not a	pplicable	
	t know	
Refus	sal	

9

VV4a. Are you (Is) making any kind of payment for your (his/her) easy to open(d) doors (includes lever handles), for example to rent or finance this item?

1 Yes.....

2	No
9	Don't know
8	Refusal

VV3. Did you (....) receive any funding assistance to obtain widened doorways or hallways? **(e)**

	1 Yes	
	2 No	
	9 Don't know	
	8 Refusal \Box > Skip to ∇V if	
VV4. (e)	Who paid the most for acquiring this accessibility feature?	
1	You ()	
2	Your ('s) family	
3	Health care system	
4	Government program	
5	Insurance company	
6	Non-profit organization	
7	It does not belong to you () (i.e. belongs to employers, friends / family	΄,
	public property, etc.)	
8	Other	
	Other, Please Speciny:	
9	Not applicable	
	Don't know	
	Tet isal	

VV4a. Are you (Is) making any kind of payment for your (his/her) widened doorways or hallways, for example to rent or finance this item? **(e)**

1	Yes
2	No
9	Don't know
8	Refusal

VV3. Did you (....) receive any funding assistance to obtain an elevator or lift device? **(f)**

1	Yes	
2	No	> Skip to VV3g
	Don't know	
	Refusal	

VV4. Who paid the most for acquiring this accessibility feature?

(f)

1	You ()
2	Your ('s) family \Box
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization
7	It does not belong to you () (i.e. belongs to employers, friends / family, public property, etc.)
8	Other
	Other, Please Specify:
9	Not applicable Don't know Refusal
	Are you (Is) making . ny kind of payment for your (his/her) elevator or ft device, for example to rent or finance this item?

1	Yes.
2	No
9	Don't know
8	Refural
Ŭ	

VV3. Pid you (....) receive any funding assistance to obtain visual alarms or audio (g) warning devices?

1	Yes	
2	No	> Skip to VV3h
	Don't know	
8	Refusal	> Skip to VV3h

VV4. Who paid the most for acquiring this accessibility feature? (g)

1 2 3 4 5	You ()
6	Non-profit organization
7	It does not belong to you () (i.e. belongs to employers, friends / family,
0	public property, etc.)
8	Other
	Other, Please Specify:
9	Not applicable Don't know Refusal

VV4a. Are you (Is) making any kind of payment for your (his/her) visual alarms (g) or audio warning devices, for example to rent or finance this item?

1	Yes	
2	No	
9	Don't know	
8	Refusal	

VV3. Did you (....) receive any funding assistance to obtain grab bars (in the bathroom)?

1	Yes	
2	Nc	> Skip to VV3i
9	Dun't know	> Skip to VV3i
8	Den't know	> Skip to VV3i
		-

VV4. Who paid the most for acquiring this accessibility feature? (h)

1	You ()
2	Your ('s) family \Box
3	Health care system
4	Government program
5	Insurance company
6	Non-profit organization \Box

7		It does not belong to you (\ldots) (i.e. belongs to employers, friends / family, public property, etc.)
8		Other
	[Other, Please Specify:
9		Not applicable
VV4a. (h)		e you (Is) making any kind of payment for your (his/he.) grab bars (in bathroom) , for example to rent or finance this item?
	1 2 9 8	Yes No Don't know Refusal
VV3. (i)		l you () receive any funding assistance to obtain a bath lift (in the hroom)? Yes
	9 8	Don't know \Box > Skip to VV3jRefusal \Box > Skip to VV3j
VV4. (i) 1 2 3 4 5 6 7	Wh	ho paid the most for acquiring this accessibility feature? You (). You () You () Health care system. Government program. Insurance company. Non-profit organization. It does not belong to you () (i.e. belongs to employers, friends / family, public property, etc.).
8	[Other, Please Specify:

Not applicable \Box
Don't know
Refusal

VV4a. Are you (Is) making any kind of payment for your (his/her) a bath lift (in (i) the bathroom), for example to rent or finance this item?

1	Yes	
2	No	
9	Don't know	4
8	Refusal	

VV3. Did you (\dots) receive any funding assistance to obtain $le_{n,n}$ counters in

(j) the kitchen?

1	Yes	
2	No	> Skip to VV3k
9	Don't know	> Skip to VV3k
8	Refusal	> Skip to VV3k

VV4. Who paid the most for acquiring this ... cessibility feature?

1	<u>۱</u>
	11
.	"

1	You ()
2	Your ('s) family
3	Health care syst m
4	Government program
5	Insurance company
6	Non-p. of norganization
7	It does not belong to you () (i.e. belongs to employers, friends / family,
	public property, etc.)
8	C thur
	Other, Please Specify:
9	Not applicable

VV4a. Are you (Is) making any kind of payment for your (his/her) lowered

(j) counters in the kitchen, for example to rent or finance this item?

1	Yes
2	No
9	Don't know
8	Refusal

VV3. Did you (....) receive any funding assistance to obtain (*write-in*)?

	1	Yes
	2	No
	9	Don't know
	8	Refusal
VV4. (k)	Who	paid the most for acquiring this accessibility feature?
1		You ()
2		Your ('s) family
3		Health care system
4		Government program
5		Insurance company
6		Non-profit organization
7		It does not belong to you () (i.e. belongs to employers, friends / family,
		public property, etc.)
8		Other
	Ot	ther, Please Specify:
9		Not a _r plicable
		Don't know
		Tet isal

VV4a. Are you (Is) making any kind of payment for your (his/her) (*write-in*), for (k) example to rent or finance this item?

1	Yes
2	No
9	Don't know
8	Refusal

VV5. Are there any accessibility features that you (....)<u>need(s)</u> but do (does) not have?

	Yes	
2	No	> Go to VV8
9	Don't know	> Go to VV8
8	Refusal	> Go to VV8

VV6. Which accessibility features do you (Does) need, but do (does) not have? <u>INTERVIEWER:</u> Mark all that apply.

1	Ramps?
2	Street level entrances?
3	Automatic doors?
4	Easy to open doors (includes lever handles)?
5	Widened doorways or hallways?
6	Elevator or lift device?
7	Visual alarms or audio warning devices?
8	Grab bars (in the bathroom)? \Box
9	A bath lift (in the bathroom) ?
10	Lowered counters in the kitchen? \Box
11	Other?
Oth	ner, Please Specify:
12	None selected
	Refused \Box > Go to VV8
	Don't know \Box > Go to VV8

*** Interviewer: Only read questions in section VV3 for the aids (a-j) selected in VV6; If no aids were selected then skip to VV8***

VV7. Why don't you (doesn't) have ramps?

(a) Mark ϵ 'l i hat apply.

1	Not covered by insurance \Box
2	Too expensive
3	Accessibility features not approved or
	recommended by health professional
4	Currently on a waiting list for aids (features) \Box
5	Other reason
	Other, Please Specify:
6	None selected
	Refused
	Don't know

VV7. Why don't you (doesn't) have street level entrances?

(**b**) *Mark all that apply.*

1 2 3 4 5		Not covered by insurance
	Oth	er, Please Specify:
6		None selected
V (c	V7.	Why don't you (doesn't) have automate doors? Mark all that apply.
1 2 3		Not covered by insurance
4 5		recommended by health professional
	Oth	er, Please Specify:
6		None scheded Image: Construction of the set of the se
V (d	V7. l)	Way don't you (doesn't) have easy to open doors (includes lever handles)? Mark all that apply.
1 2 3		Not covered by insurance
4 5		Currently on a waiting list for aids (features) Other reason

	↓ Other, Please Specify:
6	None selected

VV7. Why don't you (doesn't) have widened doorways or hallways?

T

(e) Mark all that apply.

(e) Mark all that apply.
1	Not covered by insurance
2	Too expensive
3	Accessibility features not approved or
	recommended by health professional \Box
4	Currently on a waiting list for aids (features)
5	Other reason
	Other, Please Specify:
6	None selected
	Refused
	Don't know

VV7. Why don't you (doesn't ...) have an elevator or lift device?

Mark all that apply. (**f**)

1 2	Not covered by inst rance
3	Accessibility features not approved or recommy nded by health professional
4	Currently on a waiting list for aids (features) \Box
5	Other reason
	Other, Please Specify:
6	None selected Refused

VV7. Why don't you (doesn't) have alarms or audio warning devices?

Mark all that apply. **(g)**

Not covered by insurance..... \Box 1

2	Too expensive
3	Accessibility features not approved or
	recommended by health professional
4	Currently on a waiting list for aids (features)
5	Other reason
Γ	er, Please Specify:
6	None selected
	Refused
	Don't know
V	Why don't you (doesn't) have grab bars (in the bathroom)?
(h)	Mark all that apply.
1	Not covered by insurance
2	Too expensive
3	Accessibility features not approved or
	recommended by health professional \Box
4	Currently on a waiting list for aids (fea 'ures, \dots
5	Other reason
_	
	er, Please Specify:
6	None selected
	Refused
	Don't know
V	Why don't you (doesn't) have a bath lift (in the bathroom)?

(i) Mark all that apply.

1 2	Not covered by insurance
3	Accessibility features not approved or
	recommended by health professional \Box
4	Currently on a waiting list for aids (features)
5	Other reason
	Other, Please Specify:
6	None selected
	Refused
	Don't know

VV7. Why don't you (doesn't) have a bath lift (in the bathroom)?
(j) Mark all that apply.

1 2 3 4 5	Not covered by insurance. Too expensive. Accessibility features not approved or recommended by health professional. Currently on a waiting list for aids (features). Other reason
6	None selected Don't know
VV7 (k)	Why don't you (doesn't) have lowered counter; in the kitchen? Mark all that apply.
1 2 3 4	Not covered by insurance
5	Other reason
6	None selected
VV7 (l)	 V'hy don't you (doesn't) have a (write-in)? Mark all that apply.
1 2 3 4 5	Not covered by insurance

Other, Please Specify:

- 6 None selected□ Refused....□ Don't know□
- VV8. Has the design and layout of your (....'s) home, including entrance and exits, made it difficult to participate in the activities you (he/she) want(s) or need(s) to do?

Interviewer: Include all activities of daily living, not just leisure or recrectional activities.

1	Yes
2	Yes \Box So to VV12
9	Don't know Go to VV12
8	Refusal Go to VV12

VV9. In the past 12 months, how often has the design and layout of your (....'s) home, including entrance and exits, made it difficult to participate in the activities you (he/she) want(s) or need(s) to do?

Interviewer: Include all activities of axily living, not just leisure or recreational activities.

1	Daily
2	Weekly
3	Monthly or less often
	Don't איז די Don't איז איז די געראיז די
	Refusal

VV10. Does the design or layout of your (....'s) home make it difficult for you (her/him) to participate in any of the following activities?

Mark all that apply.

1	Accessing the house through the front door \Box
2	Accessing the backyard or balcony
3	Moving from room to room
4	Moving from floor to floor \Box
5	Using the toilet \Box
6	Taking a shower
7	Taking a bath

8	Preparing meals				
9	Answering the door				
10	Exiting in case of fire or other emergency				
11	Other activity				
0	ther, Please Specify:				
12	None selected				
	Don't know \Box > Go to VV12				
	Refusal				
VV11. When the design or layout of your ('s) home made it difficult to participate in these activities did you (he/she) experience:					
part	icipate in these activities did you (he/she) experience:				
part 1	icipate in these activities did you (he/she) experience: Some difficulty				
part 1 2	icipate in these activities did you (he/she) experience: Some difficulty A lot of difficulty				
part 1	icipate in these activities did you (he/she) experience: Some difficulty A lot of difficulty You were (was) completely unable to				
part 1 2 3	icipate in these activities did you (he/she) experience: Some difficulty A lot of difficulty You were (was) completely unable to participate				
part 1 2	icipate in these activities did you (he/she) experience: Some difficulty□ A lot of difficulty□ You were (was) completely unable tc participate□ Your ('s) participation was not affected□				
part 1 2 3	icipate in these activities did you (he/she) experience: Some difficulty A lot of difficulty You were (was) completely unable to participate Your ('s) participation was not affected Don't know				
part 1 2 3	icipate in these activities did you (he/she) experience: Some difficulty□ A lot of difficulty□ You were (was) completely unable tc participate□ Your ('s) participation was not affected□				

VV12. In the past 12 months, did you (...) or your (his/her) family living with you (him/her), have any <u>out-of-pocket</u> or <u>direct expenses</u> for modifications to your (his/her) residence by cause of your (his/her) condition?

<u>Include</u> amounts vot covered by insurance such as exclusions, deductibles and expenses over contract in the second payments for which you have (he/she has) been or will be combursed by any insurance or government program.

1 X s	
2 10	
9 Don't know	> Go to WW
8 Refusal	> Go to WW

VV14. Which one of the following groups is your best estimate of the <u>out-of-pocket</u> or <u>direct costs</u> to you (....), or your (his/her) family living with you (him/her), for these expenses?

1	Less than 500
2	\$500 to less than \$1,000
3	\$1,000 to less than \$2,000
4	\$2,000 to less than \$5,000
5	\$5,000 to less than \$10,000 \Box

6	\$10,000 to less than \$20,000 \Box
7	\$20,000 or more
	Don't know
	Refusal

Section WW - Discrimination Module

Interviewer: If respondent is a proxy skip to section XX (p 414). If respondent is non-proxy and a disability was indicated on either Profile Sheet <u>or</u> in Section S (p 237) proceed; Else skip to Section XX (p 414)

WW1. Discrimination may occur when people are treated unfairly because they are seen as being different from others. Do you feel that that you have experienced discrimination or been treated unfairly by others because of your condition?
1 Yes......

2	No.	>	Go to WW3
	Don't know		
8	Refusal	>	Go to WW3

WW2. In which places or situations, do you test that you have experienced discrimination or been treated up fairly?

1	On the street
2	In a store, bark o. r. staurant
3	At work or when applying for a
	job or pron.scion
4	Or somewher, else
	Other, Please Specify:
5	None selected
	Don't know \Box
	Refusal

WW3. In the past 5 years, do you believe that attitudes and behaviours towards people with disabilities have improved, gotten worse or stayed the same?

1	Improved	
2	Gotten worse	
3	Stayed the same	

Don't know	
Refusal	

Section XX - Health Utility Index Module

All respondents enter this module

- XX. 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
- XX1. Are you (Is) <u>usually</u> able to see well enough to read ordinary newsprint <u>without</u> glasses or contact lenses?

Yes	> Go to XX4
Don't know	

XX2. Are you (Is) <u>usually</u> for to see well enough to read ordinary newsprint with glasses or contact lenses?

1	Yes \Box > Go to XX4
2	No
9	Don'* know
8	Refusai

XX3. Are you (15) able to see at all?					
1	Yes				
2	No				
9	Don't know	> Go to XX6			
8	Refusal	> Go to XX6			

XX4. Are you (Is) able to see well enough to recognize a friend on the other side of the street <u>without</u> glasses or contact lenses?

1	Yes	> Go to XX6
2	No	

	9 8	Don't know□ > Go to XX6 Refusal□ > Go to XX6		
XX5.	Are you (Is) <u>usually</u> able to see well enough to recognize a friend on the other side of the street <u>with</u> glasses or contact lenses?			
	1 2 9 8	Yes		
XX6.	Are you (Is) <u>usually</u> able to hear what is said in a group conversation with at least 3 other people <u>without</u> a hearing aid?			
	1	Yes		
	2	No		
	9	Don't know> Go to XX10		
	8	Refusal		
XX7.		ou (Is) <u>usually</u> able to hear wh.t is said in a group rsation with at least 3 other pople with a hearing aid? Yes		
	0			
XX7a	. Are y	ou (Is) able to hear at all?		
	1 2 9 8	Yes □ Nc □ > Go to XX10 Don't know □ > Go to XX10 Hefusal □ > Go to XX10		
XX8.	-	ou (Is) <u>usually</u> able to hear what is said in a conversation with one person in a quiet room <u>without</u> a hearing aid ?		
	1	Yes \Box > Go to XX10		
	2	No		
	9	Don't know		
	8	Refusal \Box > Go to XX10		

XX9.	Are you (Is) usually 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....□

 9
 Don't know...□

 8
 Refusal...□

XX10. Are you (Is) <u>usually</u> able to be understood <u>completely</u> when speaking with strangers in ^YOUR1 own language?

1Yes. \Box > Go to XXI-2No. \Box \Box 9Don't know. \Box >8Refusal. \Box > Go to XX14

XX11. Are you (Is) able to be understood <u>partially</u> when speaking with strangers?

- 1 Yes.....□ 2 No.....□
- 9 Don't know......
- 8 Refusal......

XX12. Are you (Is) able to be anderstood <u>completely</u> when speaking with those who know you (<u>kim/a er</u>) well?

1	Yes	> Go to XX14
2	No	
9	Don't k	
	Refus. 1	> Go to XX14

XX13. Are you (Is) able to be understood <u>partially</u> when speaking with those who know you (him/her) well?

1 Yes 2 No	
2 No	
9 Don't know	
8 Refusal	

XX14. Are you (Is) <u>usually</u> able to walk around the neighbourhood <u>without</u> difficulty and <u>without</u> mechanical support such as braces, a cane or crutches?

1 Yes..... \Box > Go to XX21

2	No		
	Don't know		
8	Refusal	>	Go to XX21

XX15. Are you (Is) able to walk at all?

1	Yes	
2	No	> Go to XX18
9	Don't know	> Go to XX18
8	Refusal	> Go to XX13

XX16. Do you (does) require mechanical support such as braces, . case or crutches to be able to walk around the neighbourhood?

1	Yes	
2	No	
9		
8	Refusal	🖸

XX17. Do you (does) require the help of worker person to be able to walk?

1	Yes]
2		
9	Don't know	
8		

XX18. Do you (does) require a wheelchair to get around?

1	Yes,	
	No	
9	Den't know	> Go to XX21
8	krtusal	> Go to XX21

XX19. Kow often do you (does) use a wheelchair?

Always
Often
Sometimes
Never
Don't know
Refusal

XX20. Do you (does) need the help of another person to get around in the

wheelchair?

1	Yes	□
	No	
9	Don't know	. 🗆
	Refusal	

XX21. Are you (Is) <u>usually</u> able to grasp and handle small objects such as a pencil or scissors?

1	Yes	> Go to XX25
2	No	
9	Don't know	> Go to XX25
8	Refusal	> Co to X \$25

XX22. Do you (does) require the help of another person because of limitations in the use of hands or fingers?

1	Yes	
2	No	> Go to XX24
9	Don't know	 > Go to XX24
8	Refusal	 > Go to XX24

XX23. Do you (does) require the help of another person with:

1	some tasks?	. 🗆
2	most tasks?	
3	almost all tasks?	
4	all tosks?	
	Don know	
	Refusal	

XX24. Do vou (does) require special equipment, for example, devices to assist in dressing, because of limitations in the use of hands or fingers?

1	Yes
2	No
9	Don't know
8	Refusal

XX25. Would you describe yourself (....) as being <u>usually</u>:

1	happy and interested in life?	
2	somewhat happy?	

3 4	… somewhat unhappy?□ … unhappy with little interest in life?□
5	so unhappy that life is not worthwhile?
	Don't know□ Refusal□

XX26. How would you describe your (....'s) usual ability to remember things?

1	Able to remember most things	
2	Somewhat forgetful	
3	Very forgetful	
4	Unable to remember anything at all \Box	
	Don't know	
	Refusal	

XX27. How would you describe your (....'s) <u>usual</u> ability to think and solve day-today problems?

1	Able to think clearly and solve problems \Box
2	Having a little difficulty
3	Having some difficulty.
4	Having a great deal of difficulty \Box
5	Unable to think or solve problems
	Don't Know
	Refusal

XX28. Are you (Is) usu.!!y free of pain or discomfort?

1	Yes	>	Go to XX31
2	No		
9	Den't know	>	Go to XX31
8	Lefusal	>	Go to XX31

XX29. How would you describe the <u>usual</u> intensity of your (....'s) pain or discomfort?

 1
 Mild.....□

 2
 Moderate....□

 3
 Severe□

 □
 Don't know...□

 Refusal...□
 □

XX30. How many activities does your (....'s) pain or discomfort prevent?

1	None
2	A few
3	Some
4	Most
	Don't know 🗆
	Refusal

XX31. Thinking back to the Census held in May 2006, can you tell me who completed your (....'s) household's Census questionnaire?

11	(Respondent)
12	Spouse/common law partner
13	Mother/father (birth, adoptive, step or foster)
14	Brother/sister (biological, half, adoptive, step or foster)
15	Child (birth, adopted, step or foster).
16	Other relative – mother's side
17	Other relative – father's site
18	Other relative – side $ur k no v_1 \dots \square$
19	Relative of spouse / common-law partne:
20	Roommate/ren er/b. ar Jer
21	Other
0	ther, Pierse Specify:

XX32a. The last question is about personal income sources. In 2005, did you (....) receive income from the following sources?

	(1)	(2)	(9)	(8)
	Yes	No	DK	<u>R</u>
(a) Workers' Compensation				
(b) Canada or Quebec Pension Plan Disability Benefit	. 🗆			

D	Disability Insurance Benefit	🗆		
Ve	ehicle Accident Insurance Disability Benefit	🗆		
IS	Affairs disability pension benefit	🗆		
ia	al or municipal social assistance	🗆		
	•			

Thank You

<text> Thank you for your time. That is all the information I need right now.

Case Identification Number:_____

Activity Limitations

Activity Lir	nitations			1
<u>Section</u>	Activity / Condition	Limitation	Use Aid	<u>Need Aid</u>
А	General		\sim	
B & C	Hearing		₽ O ́	
D & E	Seeing		Q	
F & G	Communicating			
H & I	Mobility			
J & K	Agility	á		
L & M	Pain			
N & O	Learning			
P & Q	Confusion / Memory			
R & S	Developmental			
T & U	Emotional / Psychological			
/	Other			

Help With Everyday Activities

Section	Activity	Receive Help	<u>Need Help</u>
	Meals		

