

Introduction

XINT_R01

The Canadian Survey on Disability collects information about adults whose everyday activities are limited due to a condition or health-related problem. The data will be used to plan and evaluate services, programs and policies. It is conducted under the authority of the *Statistics Act* and is sponsored by Human Resources and Skills Development Canada. Although this survey is voluntary, I hope you will participate as the information could benefit Canadians with activity limitations to help ensure their full participation in society.

XINT_R02

Statistics Canada will combine information collected during the 2011 National Household Survey to the responses you provide in this interview. All information will be kept confidential and used for statistical purposes only.

FOR INFORMATION ONLY

Disability Screening Questions (XDSQ)

XDSQ_R01B

The following questions are about difficulties you may have doing certain activities. Please tell me only about difficulties or conditions that have lasted or are expected to last for six months or more.

XDSQ_Q01

Do you have any difficulty seeing or hearing?

- 1 **No**
 - 2 **Sometimes**
 - 3 **Often**
 - 4 **Always**
- DK, RF

XDSQ_Q02

Do you have any difficulty walking, using stairs, using your hands or fingers, or doing other physical activities?

- 1 **No**
 - 2 **Sometimes**
 - 3 **Often**
 - 4 **Always**
- DK, RF

XDSQ_R03

Again, please answer for difficulties or conditions that have lasted or are expected to last for six months or more.

XDSQ_Q03

Do you have any difficulty learning, remembering or concentrating?

- 1 **No**
 - 2 **Sometimes**
 - 3 **Often**
 - 4 **Always**
- DK, RF

XDSQ_Q04

Please remember that your answers will be kept strictly confidential.

Do you have any emotional, psychological or mental health conditions? These may include anxiety, depression, bipolar disorder, substance abuse, anorexia, as well as other conditions.

- 1 **No**
 - 2 **Sometimes**
 - 3 **Often**
 - 4 **Always**
- DK, RF

XDSQ_Q05

Do you have any other health problem or condition that has lasted or is expected to last for six months or more?

- 1 Yes – Specify
 - 2 No
- DK, RF

XDSQ_S05

(Do you have any other health problem or condition that has lasted or is expected to last for six months or more?)

DK, RF

XDSQ_Q06

How often does this health problem or condition limit your daily activities?

- 1 **Never**
 - 2 **Rarely**
 - 3 **Sometimes**
 - 4 **Often**
 - 5 **Always**
- DK, RF

XDSQ_Q07

Do you wear glasses or contact lenses to improve your vision?

- 1 Yes
 - 2 No
- DK, RF

XDSQ_Q08

**[With your glasses or contact lenses, which/Which] of the following best describes your ability to see:
You**

- 1 ... have no difficulty seeing
 - 2 ... have some difficulty (seeing)
 - 3 ... have a lot of difficulty (seeing)
 - 4 ... are blind or legally blind
- DK, RF

XDSQ_Q09

How often does this [difficulty/condition] limit your daily activities?

- 1 **Never**
 - 2 **Rarely**
 - 3 **Sometimes**
 - 4 **Often**
 - 5 **Always**
- DK, RF

XDSQ_Q10

Do you use a hearing aid or cochlear implant?

- 1 Yes
 - 2 No
- DK, RF

XDSQ_Q11

[With your hearing aid or cochlear implant, which/Which] of the following best describes your ability to hear: You

- 1 ... have no difficulty hearing
 - 2 ... have some difficulty (hearing)
 - 3 ... have a lot of difficulty (hearing)
 - 4 ... cannot hear at all
 - 5 ... are deaf
- DK, RF

XDSQ_Q12

How often does this [difficulty/condition] limit your daily activities?

- 1 **Never**
 - 2 **Rarely**
 - 3 **Sometimes**
 - 4 **Often**
 - 5 **Always**
- DK, RF

XDSQ_R13

The next questions are about your ability to move around, even when using an aid such as a cane. Again, please answer for any difficulties or conditions that have lasted or are expected to last for six months or more.

XDSQ_Q13

How much difficulty do you have walking on a flat surface for 15 minutes without resting?

- 1 No difficulty
- 2 Some (difficulty)
- 3 A lot (of difficulty)
- 4 You cannot do at all

DK, RF

XDSQ_Q14

How much difficulty do you have walking up or down a flight of stairs, about 12 steps without resting?

- 1 No difficulty
- 2 Some (difficulty)
- 3 A lot (of difficulty)
- 4 You cannot do at all

DK, RF

XDSQ_Q15

How often [does this difficulty walking limit/does this difficulty using stairs limit/do these difficulties limit] your daily activities?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

DK, RF

XDSQ_R16

The next questions deal with flexibility and dexterity. (Again, answer for difficulties or conditions that have lasted or are expected to last for 6 months or more.)

XDSQ_Q16

How much difficulty do you have bending down and picking up an object from the floor?

- 1 No difficulty
- 2 Some (difficulty)
- 3 A lot (of difficulty)
- 4 You cannot do at all

DK, RF

XDSQ_Q17

How much difficulty do you have reaching in any direction, for example, above your head?

- 1 **No difficulty**
- 2 **Some (difficulty)**
- 3 **A lot (of difficulty)**
- 4 **You cannot do at all**

DK, RF

XDSQ_Q18

How often [does this difficulty bending and picking up an object limit/does this difficulty reaching limit/do these difficulties limit] your daily activities?

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes**
- 4 **Often**
- 5 **Always**

DK, RF

XDSQ_Q19

How much difficulty do you have using your fingers to grasp small objects like a pencil or scissors?

- 1 **No difficulty**
- 2 **Some (difficulty)**
- 3 **A lot (of difficulty)**
- 4 **You cannot do at all**

DK, RF

XDSQ_Q20

How often does this difficulty using your fingers limit your daily activities?

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes**
- 4 **Often**
- 5 **Always**

DK, RF

XDSQ_R21

The next questions are about pain due to a condition that has lasted or is expected to last for 6 months or more.

XDSQ_Q21

Do you have pain that is **always** present?

- 1 Yes
- 2 No
- DK, RF

XDSQ_Q22

Do you have periods of pain that **reoccur** from time to time?

- 1 Yes
- 2 No
- DK, RF

XDSQ_Q23

How often does this pain limit your daily activities?

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes**
- 4 **Often**
- 5 **Always**
- DK, RF

XDSQ_Q24

When you are experiencing this pain, how much difficulty do you have with your daily activities?

- 1 **No difficulty**
- 2 **Some (difficulty)**
- 3 **A lot (of difficulty)**
- 4 **You cannot do most activities**
- DK, RF

XDSQ_Q25

Do you think you have a condition that makes it difficult in general for you to learn? This may include learning disabilities such as dyslexia, hyperactivity, attention problems, as well as other conditions.

- 1 Yes
- 2 No
- DK, RF

XDSQ_Q26

Has a teacher, doctor or other health care professional ever said that you had a learning disability?

- 1 Yes
- 2 No
- DK, RF

XDSQ_Q27

How often are your daily activities limited by this condition?

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes**
- 4 **Often**
- 5 **Always**

DK, RF

XDSQ_Q28

How much difficulty do you have with your daily activities because of this condition?

- 1 **No difficulty**
- 2 **Some (difficulty)**
- 3 **A lot (of difficulty)**
- 4 **You cannot do most activities**

DK, RF

XDSQ_Q29

Has a doctor, psychologist or other health care professional ever said that you had a developmental disability or disorder? This may include Down syndrome, autism, Asperger syndrome or mental impairment due to lack of oxygen at birth, etc.

- 1 **Yes**
- 2 **No**

DK, RF

XDSQ_Q30

How often are your daily activities limited by this condition?

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes**
- 4 **Often**
- 5 **Always**

DK, RF

XDSQ_Q31

How much difficulty do you have with your daily activities because of this condition?

- 1 **No difficulty**
- 2 **Some (difficulty)**
- 3 **A lot (of difficulty)**
- 4 **You cannot do most activities**

DK, RF

XDSQ_R32

Again, please answer for any conditions that have lasted or are expected to last for six months or more.

XDSQ_Q32

Do you have any emotional, psychological or mental health conditions? These may include anxiety disorder, depression, bipolar disorder, substance abuse, anorexia as well as other conditions.

- 1 Yes
- 2 No
- DK, RF

XDSQ_Q33

[You mentioned earlier that you have an emotional, psychological or mental health condition. How /How] often are your daily activities limited by this condition?

- 1 **Never**
- 2 **Rarely**
- 3 **Sometimes**
- 4 **Often**
- 5 **Always**
- DK, RF

XDSQ_Q34

When you are experiencing this condition, how much difficulty do you have with your daily activities?

- 1 **No difficulty**
- 2 **Some (difficulty)**
- 3 **A lot (of difficulty)**
- 4 **You cannot do most activities**
- DK, RF

XDSQ_Q35

Do you have any ongoing memory problems or periods of confusion? Exclude occasional forgetfulness such as not remembering where you put your keys.

- 1 Yes
- 2 No
- DK, RF

XDSQ_Q36

How often are your daily activities limited by this problem?

- 1 **Never**
 - 2 **Rarely**
 - 3 **Sometimes**
 - 4 **Often**
 - 5 **Always**
- DK, RF

XDSQ_Q37

How much difficulty do you have with your daily activities because of this problem?

- 1 **No difficulty**
 - 2 **Some (difficulty)**
 - 3 **A lot (of difficulty)**
 - 4 **You cannot do most activities**
- DK, RF

XDSQ_Q38

Do you have any other health problem or condition that has lasted or is expected to last for six months or more?

- 1 **Yes - Specify**
 - 2 **No**
- DK, RF

XDSQ_S38

(Do you have any other health problem or condition that has lasted or is expected to last for six months or more?)

DK, RF

XDSQ_Q39

How often does this health problem or condition limit your daily activities?

- 1 **Never**
 - 2 **Rarely**
 - 3 **Sometimes**
 - 4 **Often**
 - 5 **Always**
- DK, RF

Main Cause (XMAC)

XMAC_R01

You reported earlier that you have a condition or health problem that limits your daily activities.

XMAC_Q01

At what age did you first start having any difficulty or activity limitation?

(Difficulty or activity limitation(s) mentioned earlier: [each value collected from Disability Screening Questions [XDSQ])

__ _ Years

DK, RF

XMAC_R02

We've been discussing various limitations that people may face. Now, I'd like to ask you about the main condition that may contribute to the difficulties that you have mentioned.

XMAC_Q02

What is the main medical condition which causes you the most difficulty or limits your activities?

- Main condition #1:

- Main condition #2:

DK, RF

XMAC_Q03

Which of the following best describes the cause of [this condition, (which is (refers to XMAC_Q02 main condition #1 response)/the second condition you mentioned, (refers to XMAC_Q02 main condition #2 response)]?

- 1 Existed at birth
- 2 Disease or illness
- 3 Non-work related accident or injury
- 4 Work-related cause (e.g. accident, injury, exposure to toxins, high levels of stress)
- 5 Ageing
- 6 Undetermined cause
- 7 Another cause

DK, RF

XMAC_S03

(Which of the following best describes the cause of [this condition, (which is (refers to XMAC_Q02 main condition #1 response)/the second condition you mentioned, (refers to XMAC_Q02 main condition #2 response)]?)

DK, RF

Aids and Assistive Devices (XAAD)

XAAD_R01A

The next questions are about aids and assistive devices you may use for your condition(s). By assistive device, we mean any device or tool that is designed or adapted to help a person perform a particular task or activity.

XAAD_R01B

Now some questions about aids and assistive devices that you may use to help with a hearing condition.

XAAD_Q01A

Because of your condition, do you use: a TTY?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q01B

(Because of your condition, do you use:) other telephone related devices, such as volume controllers or flashers?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q01C

(Do you use:) a cell phone or smart phone with specialized features to help with a hearing condition?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q01D

(Do you use:) a computer or similar device to communicate, because of a hearing condition, for example via e-mail, chat service or instant messenger?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q01E

Because of your condition, do you use: closed captioning or subtitles for TV shows and movies?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q01F

(Because of your condition, do you use:) visual or vibrating alarms or alerts?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q01G

(Because of your condition, do you use:) amplifiers such as FM, loop systems or infra-red?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q01H

(Because of your condition, do you use:) a cochlear implant or other implant?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q01I

(Because of your condition, do you use:) a hearing aid?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q02

Do you use any other aid or assistive device for a hearing condition?

- 1 Yes
 - 2 No
- DK, RF

XAAD_S02

What is this?

DK, RF

XAAD_Q03

Are there any aids or assistive devices for a hearing condition that you think you need but do not have?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q04

Which aids or assistive devices do you need but do not have?

- 01 TTY
 - 02 Other telephone related devices, such as volume controllers or flashers
 - 03 Cell phone or smart phone with specialized features
 - 04 Computer or similar device to communicate (e-mail, chat service, I.M.)
 - 05 Closed captioning or subtitles for TV movies
 - 06 Visual or vibrating alarms or alerts
 - 07 Amplifiers (FM, loop systems, infra-red)
 - 08 Cochlear implant or other implant
 - 09 Hearing aid
 - 10 Other – Specify
- DK, RF

XAAD_S04

(Which aids or assistive devices do you need but do not have?)

DK, RF

XAAD_Q05A

Why do you not have (refers to XAAD_Q04 response(s))?

- 01 Cost (too expensive to purchase)
 - 02 Not covered by insurance
 - 03 Not able or willing to upgrade from current aid/device
 - 04 Don't know how/where to get aid/device
 - 05 Not available locally
 - 06 On a waiting list
 - 07 Available aids cannot be adapted for respondent's situation
 - 08 No reason stated
- DK, RF

XAAD_R05B

The next questions ask about ways you may communicate to help with a hearing condition.

XAAD_Q05B

Do you lip read?

- 1 Yes
 - 2 No
 - 3 Not applicable
- DK, RF

XAAD_Q05C

Do you use sign language such as ASL or LSC?

- 1 Yes
 - 2 No
 - 3 Not applicable
- DK, RF

XAAD_Q05D

How often do you use a sign language interpreter?

- 1 Every day
 - 2 At least once a week
 - 3 At least once a month
 - 4 At least once every six months
 - 5 Less than once every six months
 - 6 Never
 - 7 Not applicable
- DK, RF

XAAD_R06

Now some questions about aids and assistive devices that you may use to help with a seeing condition.

XAAD_Q06A

Because of your condition, do you use: magnifiers?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q06B

(Because of your condition, do you use:) closed circuit devices (e.g., CCTV's)?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q06C

Because of your condition, do you use: large print reading materials?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q06D

(Because of your condition, do you use:) dark lined paper or dark ink pens?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q06E

(Because of your condition, do you use:) Braille reading materials or a manual Brailier?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q06F

(Because of your condition, do you use:) a white cane or identification cane?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q06G

(Because of your condition, do you use:) a service animal?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q06H

Do you use: a talking GPS to help with a seeing condition?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q06I

Because of your condition, do you use: recording equipment or a portable note-taking device?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q06J

Because of your condition, do you use: a device for playing audio books or e-books?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q06K

(Do you use:) a cell phone or smart phone with specialized features to help with a seeing condition?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q06L

(Do you use:) a personal computer or laptop with specialized software or other adaptations to help with a seeing condition?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q07A

Because of your condition, does your personal computer or laptop have: speech to text, text to speech or voice recognition software?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q07B

(Because of your condition, does your personal computer or laptop have:) screen magnification software?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q07C

Because of your condition, does your personal computer or laptop have: a scanner?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q07D

(Because of your condition, does your personal computer or laptop have:) a Braille embosser or refreshable Braille display?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q07E

(Does your personal computer or laptop have:) any other software or adaptation to help with a seeing condition?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q08

Do you use any other aid or assistive device for a seeing condition?

- 1 Yes
- 2 No
- DK, RF

XAAD_S08

What is this?

DK, RF

XAAD_Q09

Are there any aids or assistive devices for a seeing condition that you think you need but do not have?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q10

Which aids or assistive devices do you need but do not have?

- 01 Magnifiers
 - 02 CCTV
 - 03 Large print reading materials
 - 04 Dark lined paper or dark ink pens
 - 05 Braille reading materials or manual Braille
 - 06 White cane or identification cane
 - 07 Service animal
 - 08 Talking GPS
 - 09 Recording equipment or portable note-taking device
 - 10 Device for playing audio books or e-books
 - 11 Cell phone or smart phone with specialized features
 - 12 Personal computer or laptop with specialized software or other adaptations
 - 13 Speech to text, text to speech or voice recognition software
 - 14 Screen magnification software
 - 15 Scanner
 - 16 Braille embosser or refreshable Braille display
 - 17 Other – Specify
- DK, RF

XAAD_S10

(Which aids or assistive devices do you need but do not have?)

DK, RF

XAAD_Q11

Why do you not have (refers to XAAD_Q10 response(s))?

- 01 Cost (too expensive to purchase)
 - 02 Not covered by insurance
 - 03 Not able or willing to upgrade from current aid/device
 - 04 Don't know how/where to get aid/device
 - 05 Not available locally
 - 06 On a waiting list
 - 07 Available aids cannot be adapted for respondent's situation
 - 08 No reason stated
- DK, RF

XAAD_R12

Now some questions about aids and assistive devices that you may use for moving around, to help with bending or reaching or to help with fine motor skills.

XAAD_Q12A

Because of your condition, do you use: a cane, walking stick or crutches?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q12B

(Because of your condition, do you use:) a walker?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q12C

(Because of your condition, do you use:) a scooter?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q12D

(Because of your condition, do you use:) a manual wheelchair?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q12E

(Because of your condition, do you use:) a motorized wheelchair?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q12F

(Because of your condition, do you use:) orthopaedic footwear?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q12G

(Because of your condition, do you use:) an orthotic or brace?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q12H

(Because of your condition, do you use:) a prosthetic device or artificial limb?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q12I

(Because of your condition, do you use:) a grasping tool or reach extender?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q12J

(Because of your condition, do you use:) adapted tools, utensils or special grips?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q12K

Because of your condition, do you use: a device with oversized buttons, such as a remote control or telephone?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q12L

(Because of your condition, do you use:) a device for dressing, such as a button hook, zipper pull, or long-handled shoe horn?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q12M

(Do you use:) a cell phone or smart phone with specialized features to help with your condition?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q12N

(Do you use:) a personal computer or laptop with specialized software or other adaptations to help with your condition?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q13A

Does your personal computer or laptop have: speech to text, text to speech or voice recognition software to help with your condition?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q13B

Does your personal computer or laptop have: a specialized keyboard or trackball to help with your condition?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q13C

(Does your personal computer or laptop have:) a head mouse or Jouse to help with your condition?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q13D

(Does your personal computer or laptop have:) other software or adaptation to help with your condition?

- 1 Yes
- 2 No
- DK, RF

XAAD_R14

The next questions ask about aids, assistive devices and accessibility features you may have at your residence to help with moving around, to help with bending or reaching or to help with fine motor skills.

XAAD_Q14A

Because of your condition, at your residence, do you have: bathroom aids such as a raised toilet seat or grab bars?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q14B

(Because of your condition, at your residence, do you have:) a walk-in bath or shower?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q14C

(Because of your condition, at your residence, do you have:) an access ramp or a ground-level entrance?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q14D

(Because of your condition, at your residence, do you have:) widened doorways or hallways?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q14E

Because of your condition, at your residence, do you have: a lift device or elevator?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q14F

(Because of your condition, at your residence, do you have:) automatic or easy to open doors, including lever handles?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q14G

(Because of your condition, at your residence, do you have:) lowered counters in the kitchen or bathroom?

- 1 Yes
- 2 No
- DK, RF

XAAD_Q15

Do you use any other aid, assistive device or accessibility feature for moving around, to help with bending or reaching or to help with fine motor skills?

- 1 Yes
- 2 No
- DK, RF

XAAD_S15

What is this?

DK, RF

XAAD_Q16

Are there any aids or assistive devices for moving around, to help with bending or reaching, or to help with fine motor skills that you think you need, but do not have?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q17

Which aids or assistive devices do you need, but do not have?

- 01 Cane, walking stick or crutches
 - 02 Walker
 - 03 Scooter
 - 04 Manual wheelchair
 - 05 Motorized wheelchair
 - 06 Orthopaedic footwear
 - 07 Orthotic or brace
 - 08 Prosthetic device or artificial limb
 - 09 Grasping tool or reach extender
 - 10 Adapted tools, utensils or special grips
 - 11 Device with oversized buttons, such as a remote control or telephone
 - 12 Device for dressing (e.g. button hook, zipper pull, long-handled shoe horn)
 - 13 Cell phone or smart phone with specialized features
 - 14 Personal computer or laptop with specialized software or other adaptations
 - 15 Speech to text, text to speech or voice recognition software
 - 16 Specialized keyboard or trackball
 - 17 Head mouse or Jouse
 - 18 Bathroom aids (e.g. raised toilet seat or grab bars)
 - 19 Walk-in bath or shower
 - 20 Access ramp or a ground-level entrance
 - 21 Widened doorways or hallways
 - 22 Lift device or elevator
 - 23 Automatic or easy to open doors
 - 24 Lowered counters in kitchen or bathroom
 - 25 Other – Specify
- DK, RF

XAAD_S17

(Which aids or assistive devices do you need, but do not have?)

DK, RF

XAAD_Q18

Why do you not have (refers to XAAD_Q17 response(s))?

- 01 Cost (too expensive to purchase)
 - 02 Not covered by insurance
 - 03 Not able or willing to upgrade from current aid/device
 - 04 Don't know how/where to get aid/device
 - 05 Not available locally
 - 06 On a waiting list
 - 07 Available aids cannot be adapted for respondent's situation
 - 08 No reason stated
- DK, RF

XAAD_R19

Now some questions about aids and assistive devices that you may use to help with learning difficulties.

XAAD_Q19A

Do you use: recording equipment or a portable note-taking device to help with learning difficulties?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q19B

Do you use: a device for playing audio books or e-books to help with learning difficulties?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q19C

(Because of your condition, do you use:) a portable spell checker, not including a cell phone?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q19D

(Because of your condition, do you use:) a personal digital assistant (PDA), not including a cell phone?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q19E

(Do you use:) a cell phone or smart phone with specialized features to help with learning difficulties?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q19F

(Do you use:) a personal computer or laptop with specialized software or other adaptations to help with learning difficulties?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q20A

Does your personal computer or laptop have: speech to text, text to speech or voice recognition software to help with learning difficulties?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q20B

Does your personal computer or laptop have: a scanner to help with learning difficulties?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q20C

Does your personal computer or laptop have: graphic organizational tools or mind-mapping tools to help with learning difficulties?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q20D

(Does your personal computer or laptop have:) other software or adaptation to help with learning difficulties?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q21

Do you use any other aid or assistive device to help with learning difficulties?

- 1 Yes
 - 2 No
- DK, RF

XAAD_S21

What is this?

DK, RF

XAAD_Q22

Are there any aids or assistive devices for learning that you think you need, but do not have?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q23

Which aids or devices do you need, but do not have?

- 01 Recording equipment or portable note-taking device
 - 02 Device for playing audio books or e-books
 - 03 Portable spell checker, not including cell phone
 - 04 Personal digital assistant (PDA), not including a cell phone
 - 05 Cell phone/smart phone with specialized features
 - 06 Personal computer or laptop with specialized software or other adaptations
 - 07 Speech to text, text to speech, or voice recognition software
 - 08 Scanner
 - 09 Graphic organizational tools or mind-mapping tools
 - 10 Other – Specify
- DK, RF

XAAD_S23

(Which aids or devices do you need, but do not have?)

DK, RF

XAAD_Q24

Why do you not have (refers to XAAD_Q23 response(s))?

- 01 Cost (too expensive to purchase)
 - 02 Not covered by insurance
 - 03 Not able or willing to upgrade from current aid/device
 - 04 Don't know how/where to get aid/device
 - 05 Not available locally
 - 06 On a waiting list
 - 07 Available aids cannot be adapted for respondent's situation
 - 08 No reason stated
- DK, RF

XAAD_R25

[Now, I would like you to think about all other aids, devices and specialized equipment you use for your condition(s).] You may feel that some of these questions do not apply to you or may seem similar to questions already asked, but it is important that we ask the same questions of everyone.

Please do not include medication taken for your condition(s), as we will be asking about this in a later section.

XAAD_Q25A

Because of your condition(s), do you use: orthopaedic footwear?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q25B

Because of your condition(s), do you use: an orthotic or brace?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q25C

Because of your condition(s), do you use: supportive devices, such as therapeutic cushions or pillows, special chairs or an adjustable bed?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q25D

(Because of your condition(s), do you use:) an electrotherapy device for pain, such as a TENS machine?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q25E

Because of your condition(s), do you use: a voice amplifier?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q25F

(Because of your condition(s), do you use:) diabetic aids, such as a blood glucose monitor or needles?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q25G

(Because of your condition(s), do you use:) oxygen supplies?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q25H

(Because of your condition(s), do you use:) ostomy supplies?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q25I

(Because of your condition(s), do you use:) any other aid or device?

- 1 Yes
 - 2 No
- DK, RF

XAAD_S25I

What is this?

DK, RF

XAAD_Q26

Are there any aids, devices or specialized equipment that you think you need but do not have?

- 1 Yes
 - 2 No
- DK, RF

XAAD_Q27

Which aids, devices or specialized equipment do you need, but do not have?

- 01 Orthopaedic footwear
 - 02 Orthotic or brace
 - 03 Supportive devices, such as therapeutic cushions or pillows, special chairs or an adjustable bed
 - 04 Electrotherapy device for pain, such as a TENS machine
 - 05 Voice amplifier
 - 06 Diabetic aids, such as a blood glucose monitor or needles
 - 07 Oxygen supplies
 - 08 Ostomy supplies
 - 09 Other – Specify
 - 10 None
- DK, RF

XAAD_S27

(Which aids, devices or specialized equipment do you need, but do not have?)

DK, RF

XAAD_Q28

Why do you not have (refers to XAAD_Q27 response(s))?

- 01 Cost (too expensive to purchase)
 - 02 Not covered by insurance
 - 03 Not able or willing to upgrade from current aid/device
 - 04 Don't know how/where to get aid/device
 - 05 Not available locally
 - 06 On a waiting list
 - 07 Available aids cannot be adapted for respondent's situation
 - 08 No reason stated
- DK, RF

XAAD_Q29

Thinking about all the aids, assistive devices and specialized equipment you use for your condition(s), in the past 12 months, did you have any out-of-pocket or direct expenses for the purchase, repair or maintenance of these aids?

Please exclude amounts for which you have been or will be reimbursed.

- 1 Yes
- 2 No
- DK, RF

XAAD_Q30

How much did you have to pay out-of-pocket in the past 12 months for aids, devices 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 \$2,000
- 6 \$2,000 to less than \$5,000
- 7 \$5,000 or more
- DK, RF

Medication Use (XMDD)

XMDD_R01

The next questions are about your use of prescription medications taken for your condition.

XMDD_Q01

Because of your condition, do you take any prescription medications at least once a week?

- 1 Yes
- 2 No
- DK, RF

XMDD_Q02

In the past 12 months, were you ever unable to get prescription medications you were supposed to take because of the cost?

- 1 Yes
- 2 No
- DK, RF

XMDD_Q03

In the past twelve months, did you ever take prescription medication less often than you were supposed to, because of the cost?

- 1 Yes
- 2 No
- DK, RF

Help Received for Everyday Activities (XHRE)

XHRE_R01

Now, some questions on help you may receive with everyday activities because of your condition. Include help received from family, friends, neighbours, and from organizations, whether paid or unpaid.

XHRE_Q01

Because of your condition, do you usually receive help preparing meals?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q02

Do you need additional help preparing meals?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q03

Do you think you need help preparing meals?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q04

Because of your condition, do you usually receive help with everyday housework, such as dusting and tidying up?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q05

Do you need additional help with everyday housework?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q06

Do you think you need help with everyday housework?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q07

Because of your condition, do you usually receive help with heavy household chores, such as yard work, snow removal or spring cleaning?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q08

Do you need additional help with heavy household chores?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q09

Do you think you need help with heavy household chores?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q10

Because of your condition, do you usually receive help with getting to appointments and running errands, such as shopping for groceries?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q11

Do you need additional help with getting to appointments and running errands?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q12

Do you think you need help with getting to appointments and running errands?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q13

Because of your condition, do you usually receive help with looking after your personal finances, such as making bank transactions or paying bills?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q14

Do you need additional help with looking after your personal finances?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q15

Do you think you need help with looking after your personal finances?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q16

Because of your condition, do you usually receive help with personal care, such as washing, dressing or taking medication?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q17

Do you **need** additional help with personal care?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q18

Do you think you **need** help with personal care?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q19A

Because of your condition, do you usually **receive** basic medical care **at home**?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q19B

From whom do you usually **receive** basic medical care **at home**?

- 1 Family member living with you
- 2 Family member not living with you
- 3 Friend or neighbour
- 4 Organization or individual you pay
- 5 Organization or individual you do not pay
- 6 Other
- DK, RF

XHRE_Q20

Do you **need** additional basic medical care at home?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q21

Do you think you **need** basic medical care at home?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q22

Because of your condition, do you usually receive help with moving around inside your residence?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q23

Do you need additional help with moving around inside your residence?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q24

Do you think you need help with moving around inside your residence?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q25

Because of your condition, do you usually receive help with childcare?

- 1 Yes
- 2 No
- 3 Not applicable
- DK, RF

XHRE_Q26

Do you need additional help with childcare?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q27

Do you think you need help with childcare?

- 1 Yes
- 2 No
- DK, RF

XHRE_Q28

Now, I would like you to think about all the help you receive with everyday activities because of your condition. How often do you usually receive help? Is it... ?

- 1 Daily
 - 2 At least once a week
 - 3 At least once a month
 - 4 Less than once a month
- DK, RF

XHRE_Q29

Thinking of all the help you receive, who helps you with your everyday activities?

- 1 Family member living with you
 - 2 Family member not living with you
 - 3 Friend or neighbour
 - 4 Organization or individual you pay
 - 5 Organization or individual you do not pay
 - 6 Other
- DK, RF

XHRE_Q30

Of those who help you with your everyday activities, who provides the most help?

- 1 Family member living with you
 - 2 Family member not living with you
 - 3 Friend or neighbour
 - 4 Organization or individual you pay
 - 5 Organization or individual you do not pay
 - 6 Other
- DK, RF

XHRE_Q31

Thinking about all the help you receive with your everyday activities because of your condition, in the past 12 months, did you have any out-of-pocket or direct expenses for help received?

Please exclude amounts for which you have been or will be reimbursed.

- 1 Yes
 - 2 No
- DK, RF

XHRE_Q32

How much did you have to pay out-of-pocket in the past 12 months for the help you received?

Please exclude amounts for which you have been or will be reimbursed

- 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 \$7,500
- 6 \$7,500 to less than \$10,000
- 7 \$10,000 or more

DK, RF

Education (XEDU)

XEDU_R01

The next few questions are on education.

XEDU_Q01

Are you currently attending school, college, CEGEP or university?

- 1 Yes
- 2 No

DK, RF

XEDU_Q02

Did you attend school, college, CEGEP or university at any time since September 2011?

- 1 Yes
- 2 No

DK, RF

XEDU_Q03

What type of educational institution [are you attending/did you attend]?

- 1 Elementary, junior high school or high school
- 2 Trade school, college, CEGEP or other non-university institution
- 3 University

DK, RF

XEDU_Q04

[Are/Were] you enrolled as... ?

- 1 a full-time student
 - 2 a part-time student
 - 3 both full-time and part-time student
- DK, RF

XEDU_Q05

[Are/Were] you studying part-time because of your condition?

- 1 Yes
 - 2 No
- DK, RF

XEDU_Q06

Because of your condition, [do/did] you require adapted or modified building features to attend school?

- 1 Yes
 - 2 No
- DK, RF

XEDU_Q07

[Do/Did] you require... ?

- 1 accessible classrooms
 - 2 adapted washrooms
 - 3 accessible residences
 - 4 accessible buildings, excluding residences
 - 5 other feature
 - 6 none of the above
- DK, RF

XEDU_S07

[(Do/Did] you require...? other feature)

DK, RF

XEDU_Q08

[Are/Is/Were/Was] (refers to XEDU_Q07 response(s)) available to you?

- 1 Yes
 - 2 No
- DK, RF

XEDU_Q09

[Do/Did] you require specialized transportation to attend school?

- 1 Yes
- 2 No
- DK, RF

XEDU_Q10

[Is/Was] specialized transportation available to you?

- 1 Yes
- 2 No
- DK, RF

XEDU_Q11

[Do/Did] you need any assistive devices, support services, modification of curriculum or additional time for testing to follow your courses?

- 1 Yes
- 2 No
- DK, RF

XEDU_Q12

[Do/Did] you need...?

- 01 recording equipment or a portable note-taking device
- 02 a computer or laptop with specialized software or other adaptations to help with your condition
- 03 a device for playing audio books or e-books
- 04 magnifiers
- 05 CCTV's (Closed circuit television readers)
- 06 large print reading materials
- 07 Braille reading materials or manual braille
- 08 a cell phone or smart phone with specialized features to help with your condition
- 09 a teacher, aide or tutor
- 10 a sign language interpreter
- 11 attendant care services
- 12 a modified or adapted course curriculum
- 13 extended time to take tests and exams
- 14 other aid or service
- 15 none of the above
- DK, RF

XEDU_S12

[(Do/Did] you need...? other aid or service)

DK, RF

XEDU_Q13

[Are/Is/Were/Was] (refers to XEDU_Q12 response(s)) made available to you?

- 1 Yes
- 2 No
- DK, RF

Past School Attendance (XEDP)

XEDP_Q01

Did you attend school, college, CEGEP or university at any time since September 2007?

- 1 Yes
- 2 No
- DK, RF

XEDP_Q02

Did you have your condition when you were attending school (in the past 5 years)?

- 1 Yes
- 2 No
- DK, RF

XEDP_Q03

Because of your condition, did you require adapted or modified building features to attend school?

- 1 Yes
- 2 No
- DK, RF

XEDP_Q04

Did you require... ?

- 1 accessible classrooms
- 2 adapted washrooms
- 3 accessible residences
- 4 accessible buildings, excluding residences
- 5 other feature
- 6 none of the above
- DK, RF

XEDP_S04

(Did you require...? other feature)

DK, RF

XEDP_Q05

[Were/Was] (refers to XEDP_Q04 response(s)) available to you?

- 1 Yes
 - 2 No
- DK, RF

XEDP_Q06

Did you require specialized transportation to attend school?

- 1 Yes
 - 2 No
- DK, RF

XEDP_Q07

Was specialized transportation available to you?

- 1 Yes
 - 2 No
- DK, RF

XEDP_Q08

Did you need any assistive devices, support services, modification to curriculum or additional time for testing to follow your courses?

- 1 Yes
 - 2 No
- DK, RF

XEDP_Q09

Did you need...?

- 01 recording equipment or a portable note-taking device
 - 02 a computer or laptop with specialized software or other adaptations to help with your condition
 - 03 a device for playing audio books or e-books
 - 04 magnifiers
 - 05 CCTV's (Closed circuit television readers)
 - 06 large print reading materials
 - 07 Braille reading materials or manual braille
 - 08 a cell phone or smart phone with specialized features to help with your condition
 - 09 a teacher's aide or tutor
 - 10 a sign language interpreter
 - 11 attendant care services
 - 12 a modified or adapted course curriculum
 - 13 extended time to take tests and exams
 - 14 other aid or service
 - 15 none of the above
- DK, RF

XEDP_S09

(Did you need...? other aid or service)

DK, RF

XEDP_Q10

[Were/Was] (refers to XEDP_Q09 response(s)) made available to you?

- 1 Yes
 - 2 No
- DK, RF

Educational Experiences (XEEX)

XEEX_R01

Now, think of the time when you completed all your education or training.

XEEX_Q01

Did you have your condition before completing all your formal education or training?

- 1 Yes
 - 2 No
 - 3 Not applicable
- DK, RF

XEEX_Q02

[Have you ever discontinued/Did you discontinue] your formal education or training because of your condition?

- 1 Yes
- 2 No
- DK, RF

XEEX_Q03A

Because of your condition: did you begin school later than most other people your age?

- 1 Yes
- 2 No
- DK, RF

XEEX_Q03B

(Because of your condition:) did you ever change your course of studies?

- 1 Yes
- 2 No
- DK, RF

XEEX_Q03C

(Because of your condition:) was your choice of courses or careers influenced?

- 1 Yes
- 2 No
- DK, RF

XEEX_Q03D

(Because of your condition:) did you take fewer courses or subjects than you otherwise would have?

- 1 Yes
- 2 No
- DK, RF

XEEX_Q03E

Because of your condition: did you take any courses by correspondence or home study?

- 1 Yes
- 2 No
- DK, RF

XEEX_Q03F

Because of your condition: did you ever change schools?

- 1 Yes
- 2 No
- DK, RF

XEEX_Q03G

Because of your condition: did you have to leave your community to attend school?

- 1 Yes
- 2 No
- DK, RF

XEEX_Q03H

(Because of your condition:) did you ever attend a special education school or special education classes in a regular school?

- 1 Yes
- 2 No
- DK, RF

XEEX_Q03I

(Because of your condition:) was your education interrupted for long periods of time?

- 1 Yes
- 2 No
- DK, RF

XEEX_Q03J

Because of your condition: did you ever go back to school for retraining?

- 1 Yes
- 2 No
- DK, RF

XEEX_Q03K

(Because of your condition:) did you have any additional expenses for your schooling?

- 1 Yes
- 2 No
- DK, RF

XEEX_Q03L

(Because of your condition:) did it take you longer to achieve your present level of education?

- 1 Yes
- 2 No
- DK, RF

XEEX_Q04

How much longer?

__ Years
DK, RF

XEEX_R05

Now some questions about your experience at school.

XEEX_Q05

Because of your condition: did some people avoid you or did you feel left out of things at school?

- 1 Yes
- 2 No
- DK, RF

XEEX_Q06

Because of your condition: did you experience bullying at school?

- 1 Yes
- 2 No
- DK, RF

Educational Background (XEEDB)

XEEDB_Q01

What is the highest certificate, diploma or degree that you have completed?

- 1 Less than high school diploma or its equivalent
- 2 High school diploma or a high school equivalency certificate
- 3 Trade certificate or diploma
- 4 College, CEGEP or other non-university certificate or diploma (other than trades certificates or diplomas)
- 5 University certificate or diploma below the bachelor's level
- 6 Bachelor's degree (e.g. B.A., B.Sc., LL.B.)
- 7 University certificate, diploma or degree above the bachelor's level
- DK, RF

XEDB_Q02

In what year did you complete your highest certificate, diploma or degree?

____ Year

DK, RF

XEDB_Q03

In what country was the institution that granted your highest certificate, diploma or degree located?

- 1 Canada
- 2 Outside Canada

DK, RF

XEDB_Q04

In what province or territory?

- 10 Newfoundland and Labrador
 - 11 Prince Edward Island
 - 12 Nova Scotia
 - 13 New Brunswick
 - 24 Quebec
 - 35 Ontario
 - 46 Manitoba
 - 47 Saskatchewan
 - 48 Alberta
 - 59 British Columbia
 - 60 Yukon
 - 61 Northwest Territories
 - 62 Nunavut
- DK, RF

XEDB_Q05

What was the major field of study of the highest certificate, diploma or degree you completed?
(Specify - Major field of study or area of specialization)

DK, RF

Labour Force Status (XLFS)

XLFS_R01

The next few questions will help us establish your employment status.

XLFS_Q01

Last week, did you work at a job or business? (regardless of the number of hours)

- 1 Yes
 - 2 No
 - 3 Completely prevented from working
- DK, RF

XLFS_Q02

Last week, did you have a job or business from which you were absent?

- 1 Yes
 - 2 No
- DK, RF

XLFS_Q03

What was the main reason you were absent from work last week?

- 01 Temporary layoff from a job or business to which you expect to return
 - 02 On vacation, sick leave, on strike or locked out
 - 03 Caring for own children
 - 04 Caring for a (adult) family member
 - 05 Maternity or parental leave
 - 06 Injury or health condition (no longer paid by employer)
 - 07 Other reasons-still has a job
 - 08 Other reasons-does not have a job (includes seasonal layoffs)
- DK, RF

XLFS_Q04

Last week, did you have definite arrangements to start a new job within the next four weeks?

- 1 Yes
 - 2 No
- DK, RF

XLFS_Q05

Did you look for work during the past four weeks? (For example, did you contact an employment centre, check with employers or search internet job sites, etc.)

- 1 **Yes, looked for full-time work**
 - 2 **Yes, looked for part-time work (less than 30 hours per week)**
 - 3 **No**
- DK, RF

XLFS_Q06

Could you have started a job last week had one been available?

- 01 Yes, could have started a job
 - 02 No, already had a job
 - 03 No, because of temporary illness
 - 04 No, because of disability
 - 05 No, because of personal or family responsibilities
 - 06 No, going to school
 - 07 No, retired
 - 08 No, other reasons
- DK, RF

Employment Details (XEDE)

XEDE_Q01

How many hours do you usually work per week?

__ _ Hours
DK, RF

XEDE_Q02

What is the main reason you usually work less than 30 hours per week?

- 01 Temporary illness
 - 02 Disability or health condition
 - 03 Caring for own children
 - 04 Caring for a (adult) family member
 - 05 Other personal or family responsibilities
 - 06 Going to school
 - 07 Economic conditions
 - 08 Could not find work with 30 or more hours per week
 - 09 Job is part-time/ contract, more hours not available
 - 10 Don't want to work more than 30 hours
 - 11 Other
- DK, RF

XEDE_S02

(What is the main reason you usually work less than 30 hours per week?)

DK, RF

XEDE_Q03A

On what date did you start this job?

__ _ Day
DK, RF

XEDE_Q03B

On what date did you start this job?

__ Month
DK, RF

XEDE_Q03C

On what date did you start this job?

___ Year
DK, RF

XEDE_Q04

Are you an employee or self-employed?

- 1 Employee
 - 2 Self-employed
 - 3 Working in a family business without pay
- DK, RF

XEDE_Q05

What is the name of your business?

DK, RF

XEDE_Q06

For whom do you work?

DK, RF

XEDE_Q07

What kind of business, industry or service is this?

DK, RF

XEDE_Q08

What is your work or occupation?

DK, RF

XEDE_Q09

In this work, what are your main activities?

DK, RF

XEDE_Q10

In this job, are you a union member or covered by a union contract or collective agreement?

- 1 Yes
 - 2 No
- DK, RF

XEDE_Q11

About how many persons are employed at the location where you now work?

- 1 Less than 20
 - 2 20 to 99
 - 3 100 to 500
 - 4 Over 500
- DK, RF

XEDE_Q12

Is your job a permanent job?

- 1 Yes
 - 2 No
- DK, RF

XEDE_Q13

In what way is your 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 Apprenticeship, internship or articling position
 - 7 Other – Specify
- DK, RF

XEDE_S13

(In what way is your job not permanent?)

(DK, RF not allowed)

XEDE_Q14

Because of your condition, have you ever:

- 1 **changed the kind of work you do?**
- 2 **changed the amount of work you do?**
- 3 **changed your job?**
- 4 **began telework or working from home?**
- 5 None selected

DK, RF

XEDE_Q15

Does your condition limit the amount or kind of work you can do at your present job or business?

- 1 Yes
- 2 No

DK, RF

XEDE_Q16

Where were you employed when you first experienced work limitations?

- 1 Present employer
- 2 Elsewhere
- 3 Not working

DK, RF

XEDE_Q17

Are you now doing the same kind of work as you were doing at the time you first experienced work limitations?

- 1 Yes
- 2 No

DK, RF

XEDE_Q18

Is your condition the reason you are now doing a different kind of work?

- 1 Yes
- 2 No

DK, RF

XEDE_Q19

Do you believe that your condition makes it difficult for you to change jobs or to advance at your present job?

- 1 Yes, very difficult
 - 2 Yes, difficult
 - 3 No, not difficult
- DK, RF

XEDE_Q20

Why do you believe that your condition makes it difficult for you to change jobs or advance at your present job?

- 1 Discrimination or stigma because of condition
 - 2 Condition limits number of hours that can be worked
 - 3 Condition limits ability to search for a job
 - 4 Cannot obtain required supports or accommodations
 - 5 Adapting to a new work environment would be difficult
 - 6 Other
 - 7 None selected
- DK, RF

XEDE_Q21

Is your employer aware of your work limitation?

- 1 Yes
 - 2 No
- DK, RF

Unemployed People (XUDE)

XUDE_Q01

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.

____ Year
DK, RF

XUDE_Q02

When you last worked, how many hours did you usually work per week?

____ Hours
DK, RF

XUDE_Q03

Were you an employee or self-employed?

- 1 Employee
 - 2 Self-employed
 - 3 Working in a family business without pay
- DK, RF

XUDE_Q04

What was the name of your business?

DK, RF

XUDE_Q05

For whom did you work?

DK, RF

XUDE_Q06

What kind of business, industry or service was this?

DK, RF

XUDE_Q07

What was your work or occupation?

DK, RF

XUDE_Q08

In this work, what were your main activities?

DK, RF

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XUDE_Q09

Have you had any periods of employment in the last twelve months; that is to say, periods when you had a job?

- 1 Yes
- 2 No
- DK, RF

XUDE_Q10

How many different periods of employment did you have?

- 1 One
- 2 Two
- 3 Three or more
- DK, RF

XUDE_Q11

What was the length of the longest period of employment?

- 1 Under three months
- 2 Three to five months
- 3 Six months or more
- DK, RF

XUDE_Q12

Does your condition limit the amount or kind of work you can do at a job or business?

- 1 Yes
- 2 No
- DK, RF

XUDE_Q13

Were you working at a job or business at the time you became limited in the kind or amount of work you can do?

- 1 Yes
- 2 No
- DK, RF

XUDE_Q14

Does your condition affect your ability to look for work?

- 1 Yes
- 2 No
- DK, RF

XUDE_Q15

Because of your condition, are you limited in your ability to:

- 1 **work at a full-time job?**
 - 2 **work at a part-time job?**
 - 3 None of the above
- DK, RF

XUDE_Q16

Was your previous employer aware of your activity limitation?

- 1 Yes
 - 2 No
- DK, RF

Not in Labour Force (XNDE)

XNDE_Q01

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.

____ Year
DK, RF

XNDE_Q02

Are you permanently retired?

- 1 Yes
 - 2 No
- DK, RF

XNDE_Q03A

Is that because of your condition?

- 1 Yes, completely
 - 2 Yes, partially
 - 3 No
- DK, RF

XNDE_Q03B

Did you retire from a job or business or did you stop looking for work?

- 1 Retired from job or business
 - 2 Stopped looking for work
- DK, RF

XNDE_Q04

When you last worked, how many hours did you usually work per week?

___ Hours
DK, RF

XNDE_Q05

Were you an employee or self-employed?

- 1 Employee
 - 2 Self-employed
 - 3 Working in a family business without pay
- DK, RF

XNDE_Q06

What was the name of your business?

DK, RF

XNDE_Q07

For whom did you work?

DK, RF

XNDE_Q08

What kind of business, industry or service was this?

DK, RF

XNDE_Q09

What was your work or occupation?

DK, RF

XNDE_Q10

In this work, what were your main activities?

DK, RF

XNDE_11

Does your condition completely prevent you from working at a job or business?

- 1 Yes
- 2 No
- DK, RF

XNDE_Q12

Is there some type of workplace arrangement or modification that would enable you to work at a paid job or business, such as modified or different duties or technical aids?

- 1 Yes
- 2 No
- DK, RF

XNDE_Q13

Does your condition limit the amount or kind of work you could do at a job or business?

- 1 Yes
- 2 No
- DK, RF

XNDE_Q14A

Were you working at a job or business at the time you became limited in the amount or kind of work you can do?

- 1 Yes
- 2 No
- DK, RF

XNDE_Q14B

Were you working at a job or business at the time you became completely unable to work?

- 1 Yes
- 2 No
- DK, RF

XNDE_Q15

Does your condition affect your ability to look for work?

- 1 Yes
- 2 No
- DK, RF

XNDE_Q16

Have you looked for work in the past two years?

- 1 Yes
- 2 No
- DK, RF

XNDE_Q17

Some people have encountered barriers which have discouraged them from looking for work. Please think about your own experience and indicate which of the following situations apply to you.

- 01 Your expected employment income would be less than your current income
- 02 You would lose additional supports such as drug plan or housing
- 03 Lack of specialized transportation
- 04 Your family responsibilities prevent you from working
- 05 Your past attempts to find work have been unsuccessful
- 06 Your family or friends discourage you from working
- 07 You have experienced discrimination in the past
- 08 You feel your training or experience is not adequate for the current job market
- 09 There are few jobs available in your local area
- 10 You experienced accessibility issues when applying for work
- 11 Other reason
- 12 None selected
- DK, RF

XNDE_Q18

Do you think that you will look for work at any time in the next twelve months?

- 1 Yes
- 2 No
- DK, RF

XNDE_Q19

Is this because...?

- 1 You expect your condition to improve
- 2 There will be changes or improvements in the workplace
- 3 You will be taking training
- 4 Another reason
- 5 None selected
- DK, RF

XNDE_Q20

Was your previous employer aware of your activity limitation?

- 1 Yes
- 2 No
- DK, RF

Retirement (XRET)

XRET_Q01

When did you retire for the first time?

____ Year
DK, RF

XRET_Q02

When you last worked, how many hours did you usually work per week?

____ Hours
DK, RF

XRET_Q03

Was this retirement voluntary?

- 1 Yes
 - 2 No
- DK, RF

XRET_Q04

Does your condition completely prevent you from working?

- 1 Yes
 - 2 No
- DK, RF

XRET_Q05

Does your condition limit the amount or kind of work you could do?

- 1 Yes
 - 2 No
- DK, RF

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XRET_Q06

Some people have encountered barriers which have discouraged them from looking for work. Could you think about your own situation and indicate which of the following situations might apply to you?

- 01 Your expected employment income would be less than your current income
 - 02 You would lose additional supports such as drug plan or housing
 - 03 Lack of specialized transportation
 - 04 Your family responsibilities prevent you from working
 - 05 Your past attempts to find work have been unsuccessful
 - 06 Your family or friends discourage you from working
 - 07 You have experienced discrimination in the past
 - 08 You feel your training or experience is not adequate for the current job market
 - 09 There are few jobs available in your local area
 - 10 You experienced accessibility issues when applying for work
 - 11 Other reason
 - 12 None selected
- DK, RF

Workplace Training (XETR)

XETR_R01

[The next few questions deal with job-related training paid for or provided by your employer or company./The next few questions deal with job-related training paid for or provided by your most recent employer or company.]

XETR_Q01A

In the past twelve months, have you received any classroom training related to your job?

- 1 Yes
 - 2 No
- DK, RF

XETR_Q01B

During the last twelve months of your previous employment, did you receive any classroom training related to your job?

- 1 Yes
 - 2 No
- DK, RF

XETR_Q02

In the past twelve months, have you received any on-the-job training?

- 1 Yes
 - 2 No
- DK, RF

XETR_Q03

In the last twelve months of your previous employment, did you receive any on-the-job training?

- 1 Yes
- 2 No
- DK, RF

XETR_Q04

In the past twelve months, did you participate in any work-related training that was not paid for or provided by an employer?

- 1 Yes
- 2 No
- DK, RF

XETR_Q05

Who paid for this training?

- 1 You paid for it yourself
- 2 Provided by government program
- 3 Provided by non-profit organization or other agency for free
- 4 Other
- DK, RF

XETR_Q06

In the past twelve months, did you want to take some work-related training courses?

- 1 Yes
- 2 No
- DK, RF

XETR_Q07

Did any of the following prevent you from taking work-related training courses?

- 01 Location was not physically accessible to you
- 02 Courses were not adapted to the needs of your condition
- 03 You requested courses, but were denied them (by employer)
- 04 Your condition
- 05 Inadequate transportation
- 06 Too costly
- 07 Too busy
- 08 Other reason
- 09 None selected
- DK, RF

Employment Modifications (XEMO)

XEMO_Q01A

Because of your condition, do you require any of the following to be able to work?

- 01 **Job redesign (modified or different duties)**
 - 02 **Telework**
 - 03 **Modified hours or days or reduced work hours**
 - 04 **Human support, such as a reader, Sign language interpreter, jobcoach or personal assistant**
 - 05 **Technical aids, such as a voice synthesizer, a TTY, an infrared system or portable note-taker**
 - 06 **A computer or laptop with specialized software or other adaptations such as Braille, screen magnification software, voice recognition software or a scanner**
 - 07 **Communication aids, such as Braille or large print reading material or recording equipment**
 - 08 **A modified or ergonomic workstation**
 - 09 **A special chair/ back support**
 - 10 **Handrails, ramps or widened doorways or hallways**
 - 11 **Adapted or accessible parking**
 - 12 **An accessible elevator**
 - 13 **Adapted washrooms**
 - 14 **Specialized transportation**
 - 15 **Other equipment, help or work arrangement**
 - 16 **None of the above**
- DK, RF

XEMO_S01A

(Because of your condition, do you require any of the following to be able to work? Other equipment, help or work arrangement)

DK, RF

XEMO_Q01B

Because of your condition, would you require any of the following to be able to work?

- 01 Job redesign (modified or different duties)
 - 02 Telework
 - 03 Modified hours or days or reduced work hours
 - 04 Human support, such as a reader, Sign language interpreter, jobcoach or personal assistant
 - 05 Technical aids, such as a voice synthesizer, a TTY, an infrared system or portable note-taker
 - 06 A computer or laptop with specialized software or other adaptations such as Braille, screen magnification software, voice recognition software or a scanner
 - 07 Communication aids, such as Braille or large print reading material or recording equipment
 - 08 A modified or ergonomic workstation
 - 09 A special chair/ back support
 - 10 Handrails, ramps or widened doorways or hallways
 - 11 Adapted or accessible parking
 - 12 Accessible elevator
 - 13 Adapted washrooms
 - 14 Specialized transportation
 - 15 Other equipment, help or work arrangement
 - 16 None of the above
- DK, RF

XEMO_S01B

(Because of your condition, would you require any of the following to be able to work? Other equipment, help or work arrangement)

DK, RF

XEMO_Q02

[Have/Has] (refers to XEMO_Q01A or XEMO_Q01B response(s)) been made available to you?

- 1 Yes
 - 2 No
- DK, RF

XEMO_Q03

Did you ask your employer for the work place accommodation[s] that [have/has] not been made available to you?

- 1 Yes
 - 2 No
- DK, RF

XEMO_Q04

Why have you not received the workplace accommodation[s] that you need?

- 1 Too expensive (purchase or maintenance)
 - 2 Employer or supervisor refused request
 - 3 On a waiting list
 - 4 Not available locally
 - 5 Other
- DK, RF

XEMO_Q05

Is your employer aware that you need the workplace accommodation[s]?

- 1 Yes
 - 2 No
- DK, RF

XEMO_Q06

Why have you not asked for the workplace accommodation[s] that you need?

- 01 Uncomfortable asking
 - 02 Do not want to cause difficulty for my employer
 - 03 Don't think my employer could afford or find proper accommodations
 - 04 Do not want to disclose that I have a disability or need accommodations
 - 05 Concerned about reaction of co-workers
 - 06 Fear of negative outcomes
 - 07 Condition is not severe enough
 - 08 Lack of awareness or understanding by employer with respect to accommodation requests
 - 09 Other
- DK, RF

XEMO_Q07

Did you ask your previous employer for the work place accommodation[s] that [have/has] not been made available to you?

- 1 Yes
 - 2 No
- DK, RF

XEMO_Q08

Why did you not receive the workplace accommodation[s] that you needed?

- 1 Too expensive (purchase or maintenance)
 - 2 Employer or supervisor refused request
 - 3 On a waiting list
 - 4 Not available locally
 - 5 Other
- DK, RF

XEMO_Q09

Is your previous employer aware that you needed the workplace accommodation[s]?

- 1 Yes
- 2 No
- DK, RF

XEMO_Q10

Why did you not ask for the workplace accommodation[s] that you needed?

- 01 Uncomfortable asking
- 02 Do not want to cause difficulty for my employer
- 03 Don't think my employer could afford or find proper accommodations
- 04 Do not want to disclose that I have a disability or need accommodations
- 05 Concerned about reaction of co-workers
- 06 Fear of negative outcomes
- 07 Condition is not severe enough
- 08 Lack of awareness or understanding by employer with respect to accommodation requests
- 09 Other
- DK, RF

Labour Force Discrimination (XEDI)

XEDI_Q01

In the past five years, do you believe that because of your condition, you have been: refused a job interview?

- 1 Yes
- 2 No
- DK, RF

XEDI_Q02

(In the past five years, do you believe that because of your condition, you have been:) refused a job?

- 1 Yes
- 2 No
- DK, RF

XEDI_Q03

(In the past five years, do you believe that because of your condition, you have been:) refused a job promotion?

- 1 Yes
- 2 No
- DK, RF

XEDI_Q04

Do you consider yourself to be disadvantaged in employment because of your condition?

- 1 Yes
- 2 No
- DK, RF

XEDI_Q05

Do you believe that your current employer or any potential employer would be likely to consider you disadvantaged in employment because of your condition?

- 1 Yes
- 2 No
- DK, RF

Getting Around the Community (XDRV)

XDRV_R01

The next questions are about getting around the city or local community.

XDRV_Q01

Do you regularly use public transit, such as a public bus, subway, Sky Train, metro, street car, or light rail transit?

- 1 Yes
- 2 No
- DK, RF

XDRV_Q02

Is regular public transit available in your city or local community?

- 1 Yes
- 2 No
- DK, RF

XDRV_Q03

Do you regularly use specialized transit service, such as a special bus, van or subsidized accessible taxi service?

- 1 Yes
- 2 No
- DK, RF

XDRV_Q04

Is specialized transit service available in your city or local community?

- 1 Yes
- 2 No
- DK, RF

XDRV_Q05

Because of your condition, do you experience any difficulty using public transit or specialized transit service?

- 1 **No difficulty**
- 2 **Some difficulty**
- 3 **A lot of difficulty**
- DK, RF

XDRV_Q06

What are the reasons you have difficulty using public transit or specialized transit service?

- 01 **Service is not available when you need it**
- 02 **Booking rules don't allow for last minute arrangements**
- 03 **Difficulty getting to or locating bus stops**
- 04 **Difficulty getting on or off the vehicle**
- 05 **Difficulty seeing signs or notices, stops or hearing announcements**
- 06 **Overcrowding**
- 07 **Difficulty requesting service**
- 08 **Difficulty interpreting schedules**
- 09 **Difficulty transferring or completing complicated transfers**
- 10 **Your condition or health problem is aggravated when you go out**
- 11 **Too expensive**
- 12 **Other reason**
- DK, RF

Source of Income (XSNC)

XSNC_R01

The next questions are about personal income sources.

You may feel that some of these questions do not apply to you, but it is important that we ask the same questions of everyone.

XSNC_Q01A

In 2011, did you receive income from the following sources: Wages and salaries?

- 1 Yes
- 2 No
- DK, RF

XSNC_Q01B

(In 2011, did you receive income from the following sources:) Income from self-employment?

- 1 Yes
- 2 No
- DK, RF

XSNC_Q01C

(In 2011, did you receive income from the following sources:) Workers' Compensation?

- 1 Yes
- 2 No
- DK, RF

XSNC_Q01D

(In 2011, did you receive income from the following sources:) Canada Pension Plan Disability Benefit?

- 1 Yes
- 2 No
- DK, RF

XSNC_Q01E

(In 2011, did you receive income from the following sources:) Quebec Pension Plan Disability Benefit?

- 1 Yes
- 2 No
- DK, RF

XSNC_Q01F

In 2011, did you receive income from the following sources: Benefits from Canada Pension Plan excluding disability benefits?

- 1 Yes
- 2 No
- DK, RF

XSNC_Q01G

(In 2011, did you receive income from the following sources:) Benefits from Quebec Pension Plan excluding disability benefits?

- 1 Yes
- 2 No
- DK, RF

XSNC_Q01H

(In 2011, did you receive income from the following sources:) Long Term Disability (private plan)?

- 1 Yes
- 2 No
- DK, RF

XSNC_Q01I

(In 2011, did you receive income from the following sources:) Motor Vehicle Accident Insurance Disability Benefit?

- 1 Yes
- 2 No
- DK, RF

XSNC_Q01J

(In 2011, did you receive income from the following sources:) Veterans Affairs disability pension benefit?

- 1 Yes
- 2 No
- DK, RF

XSNC_Q01K

(In 2011, did you receive income from the following sources:) Provincial, Territorial or Municipal Social Assistance or Welfare?

- 1 Yes
- 2 No
- DK, RF

XSNC_Q01L

In 2011, did you receive income from the following sources: Employment insurance (or Quebec Parental Insurance Plan)?

- 1 Yes
- 2 No
- DK, RF

XSNC_Q02

Was this for short term disability (sickness benefit)?

- 1 Yes
- 2 No
- DK, RF

Record Linkage (XRL)

XRL_R01

In order to reduce the number of questions in this interview, Statistics Canada may add information from other surveys or administrative data sources such as tax and pension systems to the responses you provided today.

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