

**Section M — ASSISTIVE DEVICES**

**PERSON 1**

The next questions are about the use of devices to help people with physical disabilities or impairments.

**1A. Does anyone in the family NOW use a brace of any kind?**

- 1A.  Yes  
 No } (B)  
 DK

(1) Who is this?

Mark appropriate box(es) in person's column.  
 Ask if necessary: **On what part of the body is the brace worn? Is it worn on the leg or foot, arm or hand, the back, or somewhere else?**

- Brace   
 01  Leg 05  Neck  
 02  Foot 06  Back  
 03  Arm 07  Other —  
 04  Hand Specify

5  
6-7  
8-9  
10-11  
12-13  
14-15  
16-17  
18-19

(2) Does anyone else now use a brace?

Yes (Reask A(1) and (2))  No

- B.  Yes  
 No } (C)  
 DK

20

**B. (Does anyone in the family NOW use) Any special equipment for getting around, such as crutches, a cane, a walker, or a wheelchair?**

(1) Who is this?

Mark "Aids for getting around" box in person's column.

- (1)  Aids for getting around

21

(2) Anyone else?

Yes (Reask B(1) and (2))  No

Ask (3) (a)–(e) for each person with "Aids for getting around" in B(1).

22-23

(3) Does — now use —

(a) Crutches?

- (a) 08  Crutches

24-25

(b) A cane for support or a walking stick?

- (b) 09  Cane or walking stick

26-27

(c) A walker?

- (c) 10  Walker

28-29

(d) A wheelchair or scooter? Which one? If wheelchair, ask: Is it manual or electric?

Mark all that apply.

- (d) 11  Manual wheelchair  
 12  Electric wheelchair  
 13  Scooter

30-31  
32-33

(e) Any OTHER aid for getting around? (Specify)

- (e) 14  Other mobility aid — Specify

34-35

**C. (Does anyone in the family NOW use) Any special equipment for hearing problems, such as a hearing aid, a special telephone, or other special equipment for hearing problems?**

- C.  Yes  
 No } (D)  
 DK

36

(1) Who is this?

Mark "Hearing equipment" box in person's column.

- (1)  Hearing equipment

37

(2) Anyone else?

Yes (Reask C(1) and (2))  No

Ask (3) (a)–(d) for each person with "Hearing equipment" in C(1).

38-39

(3) Does — now use —

(a) A hearing aid?

- (a) 15  Hearing aid

40-41

(b) A TDD or TTY?

- (b) 16  TDD or TTY

42-43

(c) Special alarms for hearing impaired persons?

- (c) 17  Special alarms

44-45

(d) Any other special equipment for hearing problems? (Specify)

- (d) 18  Other special equipment — Specify

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<b>D. (Does anyone in the family NOW use)</b> <b>Any special equipment for vision problems, such as a white cane, excluding eyeglasses or contact lenses?</b>		<b>D.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (E) 9 <input type="checkbox"/> DK }	46
(1) Who is this? Mark "Vision aid" box in person's column.		(1) 1 <input type="checkbox"/> Vision aid	47
(2) Anyone else? <input type="checkbox"/> Yes (Reask D(1) and (2)) <input type="checkbox"/> No Ask (3) (a)–(b) for each person with "Vision problems" in D(1).			48–49
(3) Does — now use — (a) A white cane?		(a) 19 <input type="checkbox"/> A white cane	50–51
(b) Any other special equipment for vision problems, excluding eyeglasses or contact lenses? (Specify)		(b) 20 <input type="checkbox"/> Other vision equipment — Specify ↴	50–51
<b>E. (Does anyone in the family NOW use)</b> <b>An artificial leg, foot, arm, or hand?</b>		<b>E.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (F) 9 <input type="checkbox"/> DK }	52
(1) Who is this? Mark "Artificial limb" box in person's column.		(1) 1 <input type="checkbox"/> Artificial limb	53
(2) Anyone else? <input type="checkbox"/> Yes (Reask E(1) and (2)) <input type="checkbox"/> No Ask (3) (a)–(b) for each person with "Artificial limb" in E(1).			54–55
(3) Does — now use — (a) An artificial leg or foot?		(a) 21 <input type="checkbox"/> Artificial leg or foot	56–57
(b) An artificial arm or hand?		(b) 22 <input type="checkbox"/> Artificial arm or hand	56–57
<b>F. (Does anyone in the family NOW use)</b> <b>A communications aid for speech problems?</b>		<b>F.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (G) 9 <input type="checkbox"/> DK }	58
(1) Who is this? Mark "Speech problem aid" box in person's column.		(1) 23 <input type="checkbox"/> Speech problem aid	59–60
(2) Anyone else? <input type="checkbox"/> Yes (Reask F(1) and (2)) <input type="checkbox"/> No			
<b>G. (Does anyone in the family NOW use)</b> <b>A typewriter or computer specially adapted for disabled persons?</b>		<b>G.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (H) 9 <input type="checkbox"/> DK }	61
(1) Who is this? Mark "Typewriter/computer" box in person's column.		(1) 24 <input type="checkbox"/> Typewriter/computer	62–63
(2) Anyone else? <input type="checkbox"/> Yes (Reask G(1) and (2)) <input type="checkbox"/> No			
<b>H. (Does anyone in the family NOW use)</b> <b>Any other special equipment for persons with disabilities or impairments?</b>		<b>H.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (Item M1) 9 <input type="checkbox"/> DK }	64
(1) Who is this? Mark "Other equipment" box in person's column.		(1) 25 <input type="checkbox"/> Other equipment — Specify ↴	65–66
(2) Anyone else? <input type="checkbox"/> Yes (Reask H(1) and (2)) <input type="checkbox"/> No			
<b>ITEM M1</b>	Refer to 1A–H	<b>M1</b> 1 <input type="checkbox"/> No device (NP or 5) 2 <input type="checkbox"/> One or more devices in 1A–H (Complete 2–4 for each device, THEN M1 for NP)	67
Notes			

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**DEVICE 1**

Enter person number, device number and type of device for the person, THEN ask 2 – 4 separately for each device

Pers No.	Dev. No.	Type	3-4
			5-6

**2. DURING THE PAST MONTH, did — use a (device) all or most of the time, some of the time, or only occasionally?**

**2.**

1 <input type="checkbox"/> All/Most of the time	7
2 <input type="checkbox"/> Some of the time	
3 <input type="checkbox"/> Only occasionally	

**ITEM M2**

Refer to age and device in question 2. Mark first appropriate box.

**M2**

1 <input type="checkbox"/> 65 +	} (3g)	8
2 <input type="checkbox"/> Brace, artificial limb, hearing aid, or white cane		
8 <input type="checkbox"/> Other (3a)		

**3a. Has — worked or attended school in the LAST SIX MONTHS?**

If "Yes," ask: Which?

**3a.**

1 <input type="checkbox"/> Work only	} (3b)	9
2 <input type="checkbox"/> Attend school only		
3 <input type="checkbox"/> Both		
4 <input type="checkbox"/> Neither (3g)		

**b. Does — use a (device) at [work/(or) school]?**

**b.**

1 <input type="checkbox"/> Yes (3c)	10
2 <input type="checkbox"/> No (3g)	
3 <input type="checkbox"/> No longer working/attending school (3g)	

Hand card M1. Read all answer categories if telephone interview.

**c. Who (else) paid for the (device) — uses at [work/(or) school]?**

Mark all that apply.

**c.**

01 <input type="checkbox"/> Already installed/ no payment	11-12
02 <input type="checkbox"/> Gift	13-14
03 <input type="checkbox"/> Self or family	15-16
04 <input type="checkbox"/> Private health insurance	17-18
05 <input type="checkbox"/> Medicare	19-20
06 <input type="checkbox"/> Medicaid	21-22
07 <input type="checkbox"/> Rehabilitation program	23-24
08 <input type="checkbox"/> Employer	25-26
09 <input type="checkbox"/> School system	27-28
10 <input type="checkbox"/> VA program	29-30
11 <input type="checkbox"/> Other private source	31-32
12 <input type="checkbox"/> Other public source	33-34
99 <input type="checkbox"/> DK	35-36

If ONLY box 01 marked in 3c, skip to 3e.

**d. Did (sources in 3c) cover the total cost of the (device)?**

**d.**

1 <input type="checkbox"/> Yes	37
2 <input type="checkbox"/> No (Reask 3c and d)	38
9 <input type="checkbox"/> DK	39

**e. Does — also use a (device) at home or somewhere else?**

**e.**

1 <input type="checkbox"/> Yes	40
2 <input type="checkbox"/> No (4)	

**f. Is it the same (device) that — uses at [work/(or) school]?**

**f.**

1 <input type="checkbox"/> Yes (4)	41
2 <input type="checkbox"/> No	

Hand card M1. Read all answer categories if telephone interview.

**g. Who (else) paid for the (device) that — uses (at home or elsewhere)?**

Mark all that apply.

**g.**

01 <input type="checkbox"/> Already installed/ no payment	42-43
02 <input type="checkbox"/> Gift	44-45
03 <input type="checkbox"/> Self or family	46-47
04 <input type="checkbox"/> Private health insurance	48-49
05 <input type="checkbox"/> Medicare	50-51
06 <input type="checkbox"/> Medicaid	52-53
07 <input type="checkbox"/> Rehabilitation program	54-55
08 <input type="checkbox"/> Employer	56-57
09 <input type="checkbox"/> School system	58-59
10 <input type="checkbox"/> VA program	60-61
11 <input type="checkbox"/> Other private source	62-63
12 <input type="checkbox"/> Other public source	64-65
99 <input type="checkbox"/> DK	66-67

If ONLY box 01 marked in 3g, skip to 4.

**h. Did (sources in 3g) cover the total cost of the (device)?**

**h.**

1 <input type="checkbox"/> Yes	68
2 <input type="checkbox"/> No (Reask 3g and h)	69
9 <input type="checkbox"/> DK	70

**4. What impairments or health conditions make it necessary for — to use the (device)?**

**4.**

<input type="checkbox"/> Same as device _____	} (Next device or M1 for NP)	71-74
_____		75-78
_____		79-82

AFTER COMPLETING M1 FOR ALL PERSONS AND 2-4 FOR ALL DEVICES, GO TO QUESTION 5 ON PAGE 8

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<p>Hand Card M2.</p> <p><b>5a. Does anyone in the family NEED any special equipment (of this kind) that they DON'T HAVE?</b></p> <hr/> <p><b>b. Who is this? Anyone else?</b> Mark "Needs equipment" box in person's column. Ask 5c and d for each person with "Needs equipment" in 5b.</p> <p><b>c. What equipment does --- need?</b> Anything else?</p> <hr/> <p><b>d. Why doesn't --- have (equipment in 5c)?</b> Mark all that apply.</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (6)</p> <p>1 <input type="checkbox"/> Needs equipment</p> <hr/> <p>1 <input type="checkbox"/> Can't afford it 2 <input type="checkbox"/> Doesn't know where to get it 3 <input type="checkbox"/> Not available locally 4 <input type="checkbox"/> Repair problems 5 <input type="checkbox"/> Lack of training to use equipment 6 <input type="checkbox"/> Can't use or install in present home 7 <input type="checkbox"/> Has equipment that is not satisfactory 8 <input type="checkbox"/> Other — Specify → 9 <input type="checkbox"/> DK</p>	<p>5</p> <p>6</p> <p>7-8</p> <p>9-10</p> <p>11-12</p> <p>13-14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p>
<p><b>6a. Does anyone in this family now have a car or van which is specially equipped for disabled drivers or passengers?</b></p> <hr/> <p><b>b. Who is the car or van equipped for?</b> Mark "Specially equipped car" box in person's column.</p> <hr/> <p><b>c. Anyone else?</b>      <input type="checkbox"/> Yes (Reask 6b and c)      <input type="checkbox"/> No (7)</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (7)</p> <p>0 <input type="checkbox"/> Only for non-family members 1 <input type="checkbox"/> Specially-equipped car</p>	<p>24</p> <p>25</p> <p>26</p>
<p>Hand Card M3. Read list if telephone interview.</p> <p><b>7. Please tell me if this home is equipped with any special features designed for disabled persons.</b></p> <p>Mark all that apply.</p>		<p>01 <input type="checkbox"/> Ramps 02 <input type="checkbox"/> Extra wide doors or passages 03 <input type="checkbox"/> Elevators or stairlifts (not counting public elevators) 04 <input type="checkbox"/> Handrails or grab bars other than normal handrails on staircases 05 <input type="checkbox"/> A raised toilet 06 <input type="checkbox"/> Levers, push bars, or SPECIAL knobs on doors 07 <input type="checkbox"/> Lowered counters 08 <input type="checkbox"/> Special slip-resistant floors 09 <input type="checkbox"/> Any other SPECIAL features designed for disabled persons — Specify →</p> <p>10 <input type="checkbox"/> No features } (Section N) 99 <input type="checkbox"/> DK</p>	<p>27-28</p> <p>29-30</p> <p>31-32</p> <p>33-34</p> <p>35-36</p> <p>37-38</p> <p>39-40</p> <p>41-42</p> <p>43-44</p> <p>45-46</p> <p>47-48</p>
<p>Hand Card M1. Read all answer categories if telephone interview.</p> <p><b>8a. Who (else) paid for the (items in 7)?</b></p> <p>Mark all that apply.</p> <hr/> <p>If ONLY box 01 in 8a, skip to Section N.</p> <p><b>b. Did (sources in 8a) cover the total cost of the (items in 7)?</b></p>		<p>01 <input type="checkbox"/> Already installed/no payment 02 <input type="checkbox"/> Gift 03 <input type="checkbox"/> Self or family 04 <input type="checkbox"/> Private health insurance 05 <input type="checkbox"/> Medicare 06 <input type="checkbox"/> Medicaid 07 <input type="checkbox"/> Rehabilitation program 08 <input type="checkbox"/> Employer 09 <input type="checkbox"/> School system 10 <input type="checkbox"/> VA program 11 <input type="checkbox"/> Other private source 12 <input type="checkbox"/> Other public source 99 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Reask 8a and b) 9 <input type="checkbox"/> DK</p>	<p>49-50</p> <p>51-52</p> <p>53-54</p> <p>55-56</p> <p>57-58</p> <p>59-60</p> <p>61-62</p> <p>63-64</p> <p>65-66</p> <p>67-68</p> <p>69-70</p> <p>71-72</p> <p>73-74</p> <p>75</p> <p>76</p> <p>77</p>