

		RT 92 3-4																																													
ITEM X1	<p><i>Enter conditions reported in the Disability supplement in X1</i></p> <p><i>If insufficient space to enter multiple sources, continue in a footnote</i></p>	X1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="7" style="text-align: center;">PERSON 1</th> </tr> <tr> <td style="text-align: center;">A</td> <td style="text-align: center;">C</td> <td style="text-align: center;">D</td> <td style="text-align: center;">E</td> <td style="text-align: center;">F</td> <td style="text-align: center;">G</td> <td></td> </tr> <tr> <td style="text-align: center;">A</td> <td style="text-align: center;">C</td> <td style="text-align: center;">D</td> <td style="text-align: center;">E</td> <td style="text-align: center;">F</td> <td style="text-align: center;">G</td> <td></td> </tr> <tr> <td style="text-align: center;">A</td> <td style="text-align: center;">C</td> <td style="text-align: center;">D</td> <td style="text-align: center;">E</td> <td style="text-align: center;">F</td> <td style="text-align: center;">G</td> <td></td> </tr> <tr> <td style="text-align: center;">A</td> <td style="text-align: center;">C</td> <td style="text-align: center;">D</td> <td style="text-align: center;">E</td> <td style="text-align: center;">F</td> <td style="text-align: center;">G</td> <td></td> </tr> <tr> <td style="text-align: center;">A</td> <td style="text-align: center;">C</td> <td style="text-align: center;">D</td> <td style="text-align: center;">E</td> <td style="text-align: center;">F</td> <td style="text-align: center;">G</td> <td></td> </tr> </table>			PERSON 1							A	C	D	E	F	G		A	C	D	E	F	G		A	C	D	E	F	G		A	C	D	E	F	G		A	C	D	E	F	G	
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Section II - DISABILITY		RT 65
Part A - SENSORY, COMMUNICATION AND MOBILITY		3-4
<p>These next questions refer to everyone in the family, that is <i>(read names of all nondeleted family members)</i>.</p>		
<p>1a. Does anyone in the family have SERIOUS difficulty seeing, even when wearing glasses or contact lenses?</p>	<p>1a.</p> <p>1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No } (2 on page 14) 9 <input type="checkbox"/> DK }</p>	<p>5</p>
<p>b. Who is this? (Anyone else?) Mark (X) "Difficulty seeing" box in person's column. Ask 1c-f for each person with box marked in 1b.</p>	<p>b.</p> <p>1 <input type="checkbox"/> Difficulty seeing</p>	<p>6</p>
<p>c. What is the MAIN problem or condition which causes -- serious difficulty seeing?</p>	<p>c.</p> <p>(Enter condition on X1 and mark box) 1 <input type="checkbox"/> In C2 2 <input type="checkbox"/> Not in C2</p>	<p>7</p>
<p>d. Is -- legally blind?</p>	<p>d.</p> <p>1 <input type="checkbox"/> Yes (1f) 2 <input type="checkbox"/> No } (1e) 9 <input type="checkbox"/> DK }</p>	<p>8</p>
<p>e. [Do you expect/Is -- expected] to have SERIOUS difficulty seeing for at least the next 12 months?</p>	<p>e.</p> <p>1 <input type="checkbox"/> Yes (1f) 2 <input type="checkbox"/> No } (1c for NP in 1b, or 9 <input type="checkbox"/> DK } 2 on page 14)</p>	<p>9</p>
<p>f. Does -- NOW use telescopic lenses, braille, readers, a guide dog, white cane, or any other equipment for people with visual impairments? If "No", mark (X) box 0. If "Yes", ask - "Which?" Mark (X) all that apply.</p>	<p>f.</p> <p>0 <input type="checkbox"/> Does not use any 1 <input type="checkbox"/> Telescopic lenses 2 <input type="checkbox"/> Braille 3 <input type="checkbox"/> Readers 4 <input type="checkbox"/> Guide dog 5 <input type="checkbox"/> White cane 6 <input type="checkbox"/> Computer equipment 7 <input type="checkbox"/> Other</p> <p style="text-align: right;">(1c for NP in 1b, or 2 on page 14)</p>	<p>10 11 12 13 14 15 16 17</p>
<p>Notes</p>		

Section II - DISABILITY - Continued

Part A - SENSORY, COMMUNICATION AND MOBILITY - Continued

		PERSON 1	
<p>2a. Does anyone in the family now use a hearing aid?</p>	<p>2a.</p> <p>1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No } (2d) 9 <input type="checkbox"/> DK</p>	<p>18</p>	
<p>b. Who is this? Mark (X) "Hearing aid" box in person's column.</p>	<p>b.</p> <p>1 <input type="checkbox"/> Hearing aid</p>	<p>19</p>	
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No (2d)</p>			
<p>d. Does anyone in the family have any trouble hearing what is said in normal conversation (even when wearing a hearing aid)?</p>	<p>d.</p> <p>1 <input type="checkbox"/> Yes (2e) 2 <input type="checkbox"/> No } (4 on page 16) 9 <input type="checkbox"/> DK</p>	<p>20</p>	
<p>e. Who is this? (Anyone else?) Mark (X) "Trouble hearing" box in person's column. Ask 2f-h and 3 for each person with box marked in 2e.</p>	<p>e.</p> <p>1 <input type="checkbox"/> Trouble hearing</p>	<p>21</p>	
<p>f. What is the MAIN problem or condition which causes -- to have trouble hearing?</p>	<p>f.</p> <p>(Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 2 <input type="checkbox"/> Not In C2</p>	<p>22</p>	
<p>g. Is -- able to hear loud noises?</p>	<p>g.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>23</p>	
<p>h. [Do you expect/Is -- expected] to have this trouble hearing for at least the next 12 months?</p>	<p>h.</p> <p>1 <input type="checkbox"/> Yes (3) 2 <input type="checkbox"/> No } (2f for NP in 2e, or 9 <input type="checkbox"/> DK } 4 on page 16)</p>	<p>24</p>	
<p>3. (Besides a hearing aid,) Does -- NOW use an amplifier for the telephone, a TDD, TTY or teletype, closed caption TV, assistive listening or signaling devices, an interpreter, or any other equipment for people with hearing impairments?</p> <p><i>Read if necessary: Assistive listening devices include a loop, FM systems, and direct input devices that connect to a TV. Assistive signaling devices indicate that a door, telephone or fire bells are ringing.</i></p> <p><i>If "No", mark (X) box 0. If "Yes", ask "Which"? Mark (X) all that apply.</i></p>	<p>3.</p> <p>0 <input type="checkbox"/> Does not use any 25 1 <input type="checkbox"/> Amplifier for telephone 26 2 <input type="checkbox"/> TDD, TTY, or teletype 27 3 <input type="checkbox"/> Closed caption TV 28 4 <input type="checkbox"/> Assistive listening devices 29 5 <input type="checkbox"/> Assistive signaling devices 30 6 <input type="checkbox"/> Interpreter 31 7 <input type="checkbox"/> Other 32</p> <p>(2f for NP in 2e, or 4 on page 16)</p>		

Section II - DISABILITY - Continued		
Part A - SENSORY, COMMUNICATION AND MOBILITY - Continued		PERSON 1
<p>The next few questions refer only to family members who are 5 years old or older, that is (read names of family members 5 years old or older).</p>		33
<p>4a. Do (read names of persons 5+) have SERIOUS difficulty communicating so that PEOPLE OUTSIDE THE FAMILY understand?</p> <p><i>Read if necessary: Do not include language problems.</i></p>	<p>4a.</p> <p>1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (4f)</p>	34
<p>b. Who is this?</p> <p>Mark (X) "Difficulty communicating" box in person's column.</p>	<p>b.</p> <p>1 <input type="checkbox"/> Difficulty communicating</p>	35
<p>c. Anyone else?</p> <p><input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No</p> <p><i>Ask 4d-e for each person with "Difficulty communicating" marked in 4b.</i></p>		36
<p>d. Does -- have any difficulty communicating so that FAMILY MEMBERS understand?</p>	<p>d.</p> <p>1 <input type="checkbox"/> Yes (4e) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (NP in 4b, or 4f)</p>	37
<p>e. Does -- have difficulty communicating -- basic needs, such as hunger and thirst, to family members?</p>	<p>e.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (4d for NP in 4b, or 4f)</p>	38
<p>4f. Do (read names of persons 5+) have SERIOUS difficulty understanding other people when they talk or ask questions?</p> <p><i>Read if necessary: Do not include language problems.</i></p>		39
<p>g. Who is this?</p> <p>Mark (X) "Difficulty understanding" box in person's column.</p>	<p>g.</p> <p>1 <input type="checkbox"/> Difficulty understanding</p>	40
<p>h. Anyone else?</p> <p><input type="checkbox"/> Yes (Reask 4g and h) <input type="checkbox"/> No (A1)</p>		41
ITEM A1	<p>Refer to age or questions 4b and 4g for each person.</p>	<p>A1</p> <p>2 <input type="checkbox"/> Under 5 (NP, or 4n on page 18) 1 <input type="checkbox"/> "Difficulty communicating" in 4b and/or "Difficulty understanding" in 4g (4i on page 18) 2 <input type="checkbox"/> All others (NP, or 4n on page 18)</p>
<p>Notes</p>		

Section II - DISABILITY - Continued

Part A - SENSORY, COMMUNICATION AND MOBILITY - Continued

PERSON 1

<p>4i. How old was -- when -- first had difficulty [communicating with/(and) understanding] other people?</p>	<p>4i. _____ Years old (4i) 40-41 96 <input type="checkbox"/> At birth (4i) 99 <input type="checkbox"/> DK (4j)</p>
<p>j. Was it before -- was 18 years old?</p>	<p>j. 42 1 <input type="checkbox"/> Yes (4i) 2 <input type="checkbox"/> No (4k) 9 <input type="checkbox"/> DK (4l)</p>
<p>k. Was it before -- was 22 years old?</p>	<p>k. 43 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (4l) 9 <input type="checkbox"/> DK</p>
<p><i>If obvious, mark without asking; otherwise ask:</i></p>	
<p>l. Is -- expected to have this difficulty with [communication/(and) understanding other people] for at least 12 months longer?</p>	<p>l. 44 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (4m) 9 <input type="checkbox"/> DK</p>
<p>m. What condition causes -- difficulty [communicating with/(and) understanding] other people? Accept up to 2 conditions; then go to A1 on page 16 for next person, or 4n.</p>	<p>m. 45 (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 2 <input type="checkbox"/> Not in C2</p> <hr/> <p>46 (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 2 <input type="checkbox"/> Not in C2</p>
<p>4n. Do (read names of persons 5+) have SERIOUS difficulty learning how to do things that most people their age are able to learn?</p>	<p>4n. 47 1 <input type="checkbox"/> Yes (4o) 2 <input type="checkbox"/> No } (5 on page 20) 9 <input type="checkbox"/> DK</p>
<p>o. Who is this? Mark (X) "Difficulty learning" box in person's column.</p>	<p>o. 48 1 <input type="checkbox"/> Difficulty learning</p>
<p>p. Anyone else? <input type="checkbox"/> Yes (Reask 4o and p) <input type="checkbox"/> No (5 on page 20)</p>	

Notes

Section II - DISABILITY - Continued		PERSON 1
Part A - SENSORY, COMMUNICATION AND MOBILITY - Continued		49
<i>HAND CARD DA1. Read parenthetical if telephone interview.</i>		
5a. Does ANYONE in the family now use any of these aids to get around? (A cane, crutches, walker, medically prescribed shoes, a wheelchair, or a scooter?)	5a. 1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (6 on page 22)	50
b. Who is this? Mark (X) "Mobility aid" box in person's column.	b. 1 <input type="checkbox"/> Mobility aid	51
c. Anyone else? <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No Ask 5d and e for each person with "Mobility aid" in 5b.		
d. Which aids does -- use? Any others? Mark (X) all that apply. If "wheelchair", ask: Does -- use an electric or manual wheelchair?	d. 1 <input type="checkbox"/> Cane 2 <input type="checkbox"/> Crutches 3 <input type="checkbox"/> Walker 4 <input type="checkbox"/> Medically prescribed shoes 5 <input type="checkbox"/> Manual wheelchair 6 <input type="checkbox"/> Electric wheelchair 7 <input type="checkbox"/> Scooter	51 52 53 54 55 56 57
Ask only about each aid marked in 5d. Then 5d for next person with 5b; otherwise 6 on page 22.		58
e. Has -- used or is -- expected to use (aid in 5d) for 12 months or longer?	e. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	59
(1) A cane	(1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	60
(2) Crutches	(2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	61
(3) A walker	(3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	62
(4) Medically prescribed shoes	(4) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	63
(5) A manual wheelchair	(5) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	64
(6) An electric wheelchair	(6) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	64
(7) A scooter	(7) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	64
Notes		

Section II - DISABILITY - Continued

Part A - SENSORY, COMMUNICATION AND MOBILITY - Continued

PERSON 1

6a. Does anyone in the family now use a brace of any kind?

6a. Yes (6b)
 No } (7)
 DK

65

b. Who is this?

Ask if necessary: **On what part of the body is the brace worn? Is it worn on the back, neck, arm, hand, leg, foot or knee?**

Mark (X) appropriate box(es) in person's column.

b. Back
 Neck
 Arm
 Hand
 Leg
 Foot
 Knee
 Other

66
67
68
69
70
71
72
73

c. Does anyone else now use a brace?

Yes (Reask 6b and c) No

Ask 6d for each person with an entry in 6b.

d. Yes } (6d for NP with entry
 No } in 6b, or 7)
 DK

74

d. Has -- used or is -- expected to use [this brace/any of these braces] for 12 months or longer?

7a. (Does anyone in the family now use) an artificial leg, foot, arm or hand?

7a. Yes (7b)
 No } (A2 on page 24)
 DK

75

b. Who is this?

Ask if necessary: **Which does -- use - an artificial leg, foot, arm or hand?**

Mark (X) appropriate box(es) in person's column.

b. Artificial leg or foot
 Artificial arm or hand

76
77

c. Does anyone else now use an artificial limb?

Yes (Reask 7b and c) No (A2 on page 24)

Notes

Section II - DISABILITY - Continued			
Part A - SENSORY, COMMUNICATION AND MOBILITY - Continued		PERSON 1	
ITEM A2	<i>Refer to ages of ALL family members.</i>	A2	1 <input type="checkbox"/> All under 18 (Part B on page 28) 2 <input type="checkbox"/> Any 18+ (8)
8a. Do (names of persons 18+) now have any problem with dizziness that has lasted for at least three months?		8a.	1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No } (8d) 9 <input type="checkbox"/> DK
b. Who is this? <i>Mark (X) "Dizziness" box in person's column.</i>		b.	1 <input type="checkbox"/> Dizziness
c. Anyone else? <input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No (8d)			
d. Do (names of persons 18+) have any problem with balance that has lasted for at least three months?		d.	1 <input type="checkbox"/> Yes (8e) 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK
e. Who is this? <i>Mark (X) "Problem with balance" box in person's column.</i>		e.	1 <input type="checkbox"/> Problem with balance
f. Anyone else? <input type="checkbox"/> Yes (Reask 8e and f) <input type="checkbox"/> No			
<i>Ask 8g for each person with "Problem with balance" marked in 8e.</i>			
g. Does -- need support or touch walls when walking due to balance problems?		g.	1 <input type="checkbox"/> Yes } (NP in 8e, or 9) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
9a. Do (names of persons 18+) now have ringing, roaring, or buzzing in the ears that has lasted for at least three months?		9a.	1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No } (10 on page 26) 9 <input type="checkbox"/> DK
b. Who is this? <i>Mark (X) "Noise in ears" box in person's column.</i>		b.	1 <input type="checkbox"/> Noise in ears
c. Anyone else? <input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No (10 on page 26)			
Notes			

Section II - DISABILITY - Continued

Part A - SENSORY, COMMUNICATION AND MOBILITY - Continued

PERSON 1

<p>10a. Do (names of persons 18+) now have any problems with their sense of smell, such as not being able to smell things or things not smelling the way they are supposed to?</p>	<p>10a. <input type="checkbox"/> Yes (10b) <input type="checkbox"/> No } (11) <input type="checkbox"/> DK } 86</p>
<p>b. Who is this? Mark (X) "Problem with smell" box in person's column.</p>	<p>b. <input type="checkbox"/> Problem with smell 87</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No Ask 10d-f for each person with box marked in 10b.</p>	<p>88</p>
<p>d. Which problem does -- have, not being able to smell things or things not smelling the way they are supposed to?</p>	<p>d. <input type="checkbox"/> Loss of smell (10e) <input type="checkbox"/> Things don't smell right } (10f) <input type="checkbox"/> DK } 88</p>
<p>e. Is -- loss of smell complete or partial?</p>	<p>e. <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> DK 89</p>
<p>f. Has -- had problems with -- sense of smell for at least three months?</p>	<p>f. <input type="checkbox"/> Yes } (10d for NP in 10b, <input type="checkbox"/> No } or 11) <input type="checkbox"/> DK } 90</p>
<hr/>	
<p>11a. Do (names of persons 18+) have a problem with their sense of taste, such as not being able to taste salt or sugar or with tastes in the mouth that shouldn't be there, like bitter, salty, sour or sweet tastes?</p>	<p>11a. <input type="checkbox"/> Yes (11b) <input type="checkbox"/> No } (Part B on page 28) <input type="checkbox"/> DK } 91</p>
<p>b. Who is this? Mark (X) "Problem with taste" box in person's column.</p>	<p>b. <input type="checkbox"/> Problem with taste 92</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 11b and c) <input type="checkbox"/> No Ask 11d-e for each person with box marked in 11b.</p>	<p>93</p>
<p>d. Which problem does -- have, not being able to taste salt or sugar, tastes in the mouth that shouldn't be there, or some other problem? Mark (X) all that apply.</p>	<p>d. <input type="checkbox"/> Not tasting salt 93 <input type="checkbox"/> Not tasting sugar 94 <input type="checkbox"/> Tastes that shouldn't be there 95 <input type="checkbox"/> Other problem 96</p>
<p>e. Has -- had [any of these/this] problem(s) with taste for at least three months?</p>	<p>e. <input type="checkbox"/> Yes } (11d for NP in 11b, <input type="checkbox"/> No } or Part B on page 28) <input type="checkbox"/> DK } 97</p>

Section II – DISABILITY – Continued		RT 88
Part B – CONDITIONS		PERSON 1 3-4
<p>{I am going to read a list of medical conditions. Tell me if anyone in the family has any of these conditions, even if you have mentioned them before.}</p>		
<p>1a. Does anyone in the family, that is (read names) have –</p> <p>(1) A learning disability?</p> <p>-----</p> <p>(2) Cerebral palsy (cě Re' brāi pawl'zee)?</p> <p>-----</p> <p>(3) Cystic fibrosis (sis'tic fi brō'sis)?</p> <p>-----</p> <p>(4) Down syndrome?</p> <p>-----</p> <p>(5) Mental retardation?</p> <p>-----</p> <p>(6) Muscular dystrophy (dis' trō fee)?</p> <p>-----</p> <p>(7) Spina bifida (spīn' ah bif ī dah)?</p> <p>-----</p> <p>(8) Autism (aw'tism)?</p> <p>-----</p> <p>(9) Hydrocephalus (hī drō sef'ah lūs)?</p> <p>-----</p> <p>b. Who is this? <i>Mark (X) appropriate box in person's column.</i></p> <p>-----</p> <p>c. Anyone else? If "Yes" (Reask 1b and c) If "No" (1a for NC, or 2)</p>	<p>1a.</p>	<p style="text-align: right;">5</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">6</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">7</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">8</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">9</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">10</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">11</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">12</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">13</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No(2) 9 <input type="checkbox"/> DK(2)</p> <p>b.</p> <p>1 <input type="checkbox"/> Learning disability 14</p> <p>2 <input type="checkbox"/> Cerebral Palsy 15</p> <p>3 <input type="checkbox"/> Cystic Fibrosis 16</p> <p>4 <input type="checkbox"/> Down Syndrome 17</p> <p>5 <input type="checkbox"/> Mental Retardation 18</p> <p>6 <input type="checkbox"/> Muscular Dystrophy 19</p> <p>7 <input type="checkbox"/> Spina Bifida 20</p> <p>8 <input type="checkbox"/> Autism 21</p> <p>9 <input type="checkbox"/> Hydrocephalus 22</p>
<p>2a. Was anyone in the family EVER told by a doctor that they had polio, whether or not it resulted in physical disability?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) <i>Mark (X) "Polio" box in person's column.</i> Ask 2c for each person with "Polio" box marked in 2b.</p> <p>-----</p> <p>c. Did -- EVER have paralysis of any kind caused by polio?</p>	<p>2a.</p>	<p style="text-align: right;">23</p> <p>1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No } (Part C on page 30) 9 <input type="checkbox"/> DK }</p> <p style="text-align: right;">24</p> <p>1 <input type="checkbox"/> Polio</p> <p style="text-align: right;">25</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>

Section II – DISABILITY – Continued

Part C – ADL / IADL

RT 67

PERSON 1

3-4

HAND CARD DC1.

These next questions refer only to (read names of persons 5+).

1a. Because of a physical, mental, or emotional problem, do (read names of persons 5+) GET HELP FROM ANOTHER PERSON in —

(1) Bathing or showering?

1 Yes(1b) 2 No 9 DK

5

(2) Dressing?

1 Yes(1b) 2 No 9 DK

6

(3) Eating?

1 Yes(1b) 2 No 9 DK

7

(4) Getting in and out of bed or chairs?

1 Yes(1b) 2 No 9 DK

8

(5) Using the toilet, including getting to the toilet?

1 Yes(1b) 2 No 9 DK

9

(6) Getting around inside the home?

1 Yes(1b) 2 No(2) 9 DK(2)

10

b. Who is this? (Anyone else?)

Mark (X) appropriate box in person's column AND in "Help/Remind" column in X2, then continue with 1a for next activity, or 2.

- b.**
- 1 Bathing or showering 11
 - 2 Dressing 12
 - 3 Eating 13
 - 4 Getting in/out bed or chairs 14
 - 5 Using the toilet, including getting to the toilet 15
 - 6 Getting around inside the home 16
- (Mark (X) appropriate box(es) in X2)

Refer to Card DC1. Read all categories in 2c if telephone interview.

2a. Because of a physical, mental, or emotional problem, do (read names of persons 5+) need to be reminded to do [any of these/any of the following] activities, or need to have someone close by when they do them?

2a.

- 1 Yes (2b)
- 2 No } (3 on page 32)
- 9 DK }

17

b. Who is this? (Anyone else?)

Mark (X) "Remind/close" box in person's column.

Ask 2c for each person with "Remind/close" in 2b, then 3 on page 32.

Refer to Card DC1. Read each category if telephone interview.

c. For which activities does -- need to be reminded or to have someone close by? (Any others?)

Mark (X) all that apply in person's column AND in "Help/Remind" column in X2.

- b.**
- 1 Remind/close 18
- c.**
- 1 Bathing or showering 19
 - 2 Dressing 20
 - 3 Eating 21
 - 4 Getting in/out bed or chairs 22
 - 5 Using the toilet, including getting to the toilet 23
 - 6 Getting around inside the home 24
- (Mark (X) appropriate box(es) in X2)

Section II – DISABILITY – Continued			
Part C – ADL / IADL – Continued		PERSON 1	
Refer to Card DC1. Read all categories in 3c if telephone interview.			25
<p>3a. Do (read names of persons 5+) use any SPECIAL EQUIPMENT to do any of [these/the following] activities?</p> <hr style="border-top: 1px dashed black;"/> <p>b. Who is this? (Anyone else?) Mark (X) "Equipment" box in person's column. Ask 3c for each person with "Equipment" in 3b, then go to C1. Refer to Card DC1. Read each category if telephone interview.</p> <p>c. For which activities does -- use special equipment? (Any others?) Mark (X) all that apply in person's column AND in "Spec. Equip." column in X2.</p>	<p>3a.</p> <hr style="border-top: 1px dashed black;"/> <p>b.</p> <hr style="border-top: 1px dashed black;"/> <p>c.</p>	<p>1 <input type="checkbox"/> Yes (3b)</p> <p>2 <input type="checkbox"/> No } (Item C1)</p> <p>9 <input type="checkbox"/> DK }</p> <p>1 <input type="checkbox"/> Equipment</p> <p>1 <input type="checkbox"/> Bathing or showering</p> <p>2 <input type="checkbox"/> Dressing</p> <p>3 <input type="checkbox"/> Eating</p> <p>4 <input type="checkbox"/> Getting in/out bed or chairs</p> <p>5 <input type="checkbox"/> Using the toilet, including getting to the toilet</p> <p>6 <input type="checkbox"/> Getting around inside the home</p> <p>(Mark (X) appropriate box(es) in X2)</p>	<p>27</p> <p>28</p> <p>29</p> <p>30</p> <p>31</p> <p>32</p>
ITEM C1	Refer to age and Item X2. Mark (X) first appropriate box.	C1	33
Mark (X) box 0 or ask:			34
<p>4a. Does -- have any difficulty bathing? If doesn't do, Ask: Is this because of a physical, mental, or emotional problem? If "Yes", mark (X) box 3 "Doesn't do/health" If "No", mark (X) box 2 "No"</p> <hr style="border-top: 1px dashed black;"/> <p>b. How much difficulty does -- have bathing -- some, a lot, or is -- unable to do it?</p> <hr style="border-top: 1px dashed black;"/> <p>Mark (X) box 0 or ask:</p> <p>c. Does -- have any difficulty dressing? If doesn't do, Ask: Is this because of a physical, mental, or emotional problem? If "Yes", mark (X) box 3 "Doesn't do/health" If "No", mark (X) box 2 "No"</p>	<p>4a.</p> <hr style="border-top: 1px dashed black;"/> <p>b.</p> <hr style="border-top: 1px dashed black;"/> <p>c.</p>	<p>0 <input type="checkbox"/> Bathing in X2 (4c)</p> <p>1 <input type="checkbox"/> Yes (Mark X2 then 4b)</p> <p>2 <input type="checkbox"/> No (4c)</p> <p>3 <input type="checkbox"/> Doesn't do/health (Mark X2, then 4c)</p> <p>9 <input type="checkbox"/> DK (4c)</p> <p>1 <input type="checkbox"/> Some</p> <p>2 <input type="checkbox"/> A lot</p> <p>3 <input type="checkbox"/> Unable</p> <p>9 <input type="checkbox"/> DK</p> <p>0 <input type="checkbox"/> Dressing in X2 (4e on page 34)</p> <p>1 <input type="checkbox"/> Yes (Mark X2 then 4d on page 34)</p> <p>2 <input type="checkbox"/> No (4e on page 34)</p> <p>3 <input type="checkbox"/> Doesn't do/health (Mark X2, then 4e on page 34)</p> <p>9 <input type="checkbox"/> DK (4e on page 34)</p>	<p>35</p> <p>36</p>

Section II - DISABILITY - Continued

Part C - ADL / IADL-Continued

PERSON 1

4d. How much difficulty does -- have dressing -- some, a lot, or is -- unable to do it?

4d.

- 1 Some
- 2 A lot
- 3 Unable
- 9 DK

37

Mark (X) box 0 or ask:

e. Does -- have any difficulty eating?

If doesn't do, Ask: Is this because of a physical, mental, or emotional problem?

If "Yes", mark (X) box 3 "Doesn't do/health"
If "No", mark (X) box 2 "No"

e.

- 0 Eating in X2 (4g)
- 1 Yes (Mark X2 then 4f)
- 2 No (4g)
- 3 Doesn't do/health (Mark X2, then 4g)
- 9 DK (4g)

38

f. How much difficulty does -- have eating -- some, a lot, or is -- unable to do it?

f.

- 1 Some
- 2 A lot
- 3 Unable
- 9 DK

39

Mark (X) box 0 or ask:

g. Does -- have any difficulty getting in and out of bed or chairs?

If doesn't do, Ask: Is this because of a physical, mental, or emotional problem?

If "Yes", mark (X) box 3 "Doesn't do/health"
If "No", mark (X) box 2 "No"

g.

- 0 Bed/Chair in X2 (4i)
- 1 Yes (Mark X2 then 4h)
- 2 No (4i)
- 3 Doesn't do/health (Mark X2, then 4i)
- 9 DK (4i)

40

h. How much difficulty does -- have getting in and out of beds or chairs -- some, a lot, or is -- unable to do it?

h.

- 1 Some
- 2 A lot
- 3 Unable
- 9 DK

41

Mark (X) box 0 or ask:

i. Does -- have any difficulty using the toilet, including getting to the toilet?

If doesn't do, Ask: Is this because of a physical, mental, or emotional problem?

If "Yes", mark (X) box 3 "Doesn't do/health"
If "No", mark (X) box 2 "No"

i.

- 0 Toilet in X2 (4k on page 36)
- 1 Yes (Mark X2 then 4j)
- 2 No (4k on page 36)
- 3 Doesn't do/health (Mark X2, then 4k on page 36)
- 9 DK (4k on page 36)

42

j. How much difficulty does -- have using the toilet, including getting to the toilet -- some, a lot, or is -- unable to do it?

j.

- 1 Some
 - 2 A lot
 - 3 Unable
 - 9 DK
- (4k on page 36)

43

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

PERSON 1

<p>Mark (X) box 0 or ask:</p> <p>4k. Does -- have any difficulty getting around inside the home?</p> <p><i>If doesn't do, Ask: Is this because of a physical, mental, or emotional problem?</i></p> <p><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p> <hr/> <p>i. How much difficulty does -- have getting around inside the home -- some, a lot, or is -- unable to do it?</p>	<p>4k. 0 <input type="checkbox"/> Getting around in X2 44 <i>(C1 on page 32 for NP, or C2 on page 38)</i> 1 <input type="checkbox"/> Yes (Mark X2 then 41) 2 <input type="checkbox"/> No (C1 on page 32 for NP, or C2 on page 38) 3 <input type="checkbox"/> Doesn't do/health (Mark X2, then C1 on page 32 for NP, or C2 on page 38) 9 <input type="checkbox"/> DK (C1 on page 32 for NP, or C2 on page 38)</p> <hr/> <p>i. 1 <input type="checkbox"/> Some } 45 2 <input type="checkbox"/> A lot } <i>(C1 on page 32 for NP, or C2 on page 38)</i> 3 <input type="checkbox"/> Unable } 9 <input type="checkbox"/> DK }</p>
<p>HAND CARD DC1. Read categories if telephone interview.</p>	
<p>5a. Because of a physical, mental, or emotional problem, does -- have any difficulty with any of [these/the following] activities?</p> <p><i>If "Yes", ask "Which"? and mark the appropriate box(es) in person's column AND in "Difficulty/Doesn't do" column in X2.</i></p> <p><i>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</i></p> <p><i>If "Yes", mark (X) box for that activity</i> <i>If "No", do not mark the box for that activity</i></p> <p>Mark (X) box 0 only if no other boxes are marked.</p> <hr/> <p><i>Ask only if box 1 "Bathing" in 5a; otherwise, skip to 5c.</i></p>	<p>5a. 0 <input type="checkbox"/> No difficulty (C1 on page 32 for NP, or C2 on page 38) 46</p> <p>1 <input type="checkbox"/> Bathing or showering 47</p> <p>2 <input type="checkbox"/> Dressing 48</p> <p>3 <input type="checkbox"/> Eating 49</p> <p>4 <input type="checkbox"/> Getting in/out bed or chairs 50</p> <p>5 <input type="checkbox"/> Using the toilet, including getting to the toilet 51</p> <p>6 <input type="checkbox"/> Getting around inside the home 52</p> <p>Mark (X) appropriate box(es) in X2</p>
<p>b. How much difficulty does -- have bathing or showering -- some, a lot, or is -- unable to do it?</p> <hr/> <p><i>Ask only if box 2 "Dressing" in 5a; otherwise, skip to 5d.</i></p>	<p>b. 1 <input type="checkbox"/> Some 53 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK</p>
<p>c. How much difficulty does -- have dressing -- some, a lot, or is -- unable to do it?</p> <hr/> <p><i>Ask only if box 3 "Eating" in 5a; otherwise, skip to 5e.</i></p>	<p>c. 1 <input type="checkbox"/> Some 54 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK</p>
<p>d. How much difficulty does -- have eating -- some, a lot, or is -- unable to do it?</p> <hr/> <p><i>Ask only if box 4 "Getting in/out bed or chairs" in 5a; otherwise, skip to 5f on page 38.</i></p>	<p>d. 1 <input type="checkbox"/> Some 55 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK</p>
<p>e. How much difficulty does -- have getting in and out of bed or chairs -- some, a lot, or is -- unable to do it?</p>	<p>e. 1 <input type="checkbox"/> Some } 56 2 <input type="checkbox"/> A lot } <i>(5f on page 38)</i> 3 <input type="checkbox"/> Unable } 9 <input type="checkbox"/> DK }</p>

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

PERSON 1

Ask only if box 5 "Using the toilet" in 5a; otherwise, skip to 5g.

5f. How much difficulty does -- have using the toilet, including getting to the toilet -- some, a lot, or is -- unable to do it?

- 5f.**
- 1 Some
 - 2 A lot
 - 3 Unable
 - 9 DK

57

Ask only if box 6 "Getting around inside" in 5a; otherwise, go to C1 on page 32 for NP, or C2.

g. How much difficulty does -- have getting around inside the home -- some, a lot, or is -- unable to do it?

- g.**
- 1 Some
 - 2 A lot
 - 3 Unable
 - 9 DK
- (C1 on page 32 for NP, or C2)*

58

ITEM C2

Refer to age and item X2. Mark (X) first appropriate box.

C2

- 0 Under 5 (NP, or 10 on page 56)
- 1 One or more activities marked in X2 (ADL table)
- 2 No activities in X2 (NP, or 10 on page 56)

59

If no more persons in family, skip to 10 on page 56.

Notes

Section II – DISABILITY – Continued

RT 68

Part C – ADL / IADL – Continued

ADL TABLE 1

ITEM C3	Enter person's number and name.	C3	Person number _____ Name _____	3-4								
ITEM C4	Refer to X2 for this person. Mark (X) first appropriate box.	C4	1 <input type="checkbox"/> "Help/Remind" (6) 2 <input type="checkbox"/> "Special equip." (7) 3 <input type="checkbox"/> "Difficulty/doesn't do" (8 on page 42)	5								
6a. You said that -- gets help, needs to be reminded, or needs someone close by when (activities with "help/remind" in X2). Who gives this help? Anyone else? Mark (X) all that apply. If ONLY help is from spouse/child(ren)/parent, mark (X) box 0; otherwise, ask:		6a. Household members <table style="display: inline-table; vertical-align: top; margin-right: 20px;"> <tr><td>1 <input type="checkbox"/> Relative(s)</td><td style="border: 1px solid black; width: 30px; text-align: center;">6</td></tr> <tr><td>2 <input type="checkbox"/> Nonrelative(s)</td><td style="border: 1px solid black; text-align: center;">7</td></tr> </table> Nonhousehold members <table style="display: inline-table; vertical-align: top;"> <tr><td>3 <input type="checkbox"/> Relative(s)</td><td style="border: 1px solid black; width: 30px; text-align: center;">8</td></tr> <tr><td>4 <input type="checkbox"/> Nonrelative(s)</td><td style="border: 1px solid black; text-align: center;">9</td></tr> </table>		1 <input type="checkbox"/> Relative(s)	6	2 <input type="checkbox"/> Nonrelative(s)	7	3 <input type="checkbox"/> Relative(s)	8	4 <input type="checkbox"/> Nonrelative(s)	9	10
1 <input type="checkbox"/> Relative(s)	6											
2 <input type="checkbox"/> Nonrelative(s)	7											
3 <input type="checkbox"/> Relative(s)	8											
4 <input type="checkbox"/> Nonrelative(s)	9											
b. Is any of this help paid for?		b. <table style="display: inline-table; vertical-align: top;"> <tr><td>0 <input type="checkbox"/> Spouse/child(ren)/parent only (7)</td><td style="border: 1px solid black; width: 30px; text-align: center;">10</td></tr> <tr><td>1 <input type="checkbox"/> Yes (6c)</td><td rowspan="3" style="border: none; padding-left: 10px;">} (7)</td></tr> <tr><td>2 <input type="checkbox"/> No</td></tr> <tr><td>9 <input type="checkbox"/> DK</td></tr> </table>		0 <input type="checkbox"/> Spouse/child(ren)/parent only (7)	10	1 <input type="checkbox"/> Yes (6c)	} (7)	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK	10		
0 <input type="checkbox"/> Spouse/child(ren)/parent only (7)	10											
1 <input type="checkbox"/> Yes (6c)	} (7)											
2 <input type="checkbox"/> No												
9 <input type="checkbox"/> DK												
c. Which helpers are paid? Anyone else? Mark (X) all the apply.		c. Household members <table style="display: inline-table; vertical-align: top; margin-right: 20px;"> <tr><td>1 <input type="checkbox"/> Relative(s)</td><td style="border: 1px solid black; width: 30px; text-align: center;">11</td></tr> <tr><td>2 <input type="checkbox"/> Nonrelative(s)</td><td style="border: 1px solid black; text-align: center;">12</td></tr> </table> Nonhousehold members <table style="display: inline-table; vertical-align: top;"> <tr><td>3 <input type="checkbox"/> Relative(s)</td><td style="border: 1px solid black; width: 30px; text-align: center;">13</td></tr> <tr><td>4 <input type="checkbox"/> Nonrelative(s)</td><td style="border: 1px solid black; text-align: center;">14</td></tr> </table>		1 <input type="checkbox"/> Relative(s)	11	2 <input type="checkbox"/> Nonrelative(s)	12	3 <input type="checkbox"/> Relative(s)	13	4 <input type="checkbox"/> Nonrelative(s)	14	17
1 <input type="checkbox"/> Relative(s)	11											
2 <input type="checkbox"/> Nonrelative(s)	12											
3 <input type="checkbox"/> Relative(s)	13											
4 <input type="checkbox"/> Nonrelative(s)	14											
Ask 7a and b only if "Help/remind" and/or "Special equip." for Bathing ; otherwise, skip to 7c.		Ask 7c and d only if "Help/remind" and/or "Special equip." for Dressing ; otherwise, skip to 7e.		15								
7a. If -- did not [get help from another person/(and) use special equipment], how much difficulty would -- have bathing -- some, a lot, or would -- be completely unable to do this? 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK		7c. If -- did not [get help from another person/(and) use special equipment], how much difficulty would -- have dressing -- some, a lot, or would -- be completely unable to do this? 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK		16								
b. WITH [help from another person/(and) special equipment], how much difficulty does -- have bathing -- some, a lot, or is -- completely unable to do this? 0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable		d. WITH [help from another person/(and) special equipment] how much difficulty does -- have dressing -- some, a lot, or is -- completely unable to do this? 0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable		18								

Notes

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

ADL TABLE 1 - Continued

<p><i>Ask 7e and f only if "Help/remind" and/or "Special equip." for Eating; otherwise, skip to 7g.</i> 19</p> <p>7e. If -- did not [get help from another person/(and) use special equipment], how much difficulty would -- have eating -- some, a lot, or would -- be completely unable to do this?</p> <p>1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p>f. WITH [help from another person/(and) special equipment] how much difficulty does -- have eating -- some, a lot, or is -- completely unable to do this? 20</p> <p>0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable</p> <hr style="border-top: 1px dashed black;"/> <p><i>Ask 7g and h only if "Help/remind" and/or "Special equip." for Bed or chair; otherwise, skip to 7i.</i> 21</p> <p>g. If -- did not [get help from another person/(and) use special equipment], how much difficulty would -- have getting in and out of bed or chairs -- some, a lot, or would -- be completely unable to do this?</p> <p>1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p>h. WITH [help from another person/(and) special equipment], how much difficulty does -- have getting in and out of bed or chairs -- some, a lot, or is -- completely unable to do this? 22</p> <p>0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable</p>	<p><i>Ask 7i and j only if "Help/remind" and/or "Special equip." for Toilet; otherwise, skip to 7k.</i> 23</p> <p>7i. If -- did not [get help from another person/(and) use special equipment], how much difficulty would -- have using the toilet, including getting to the toilet -- some, a lot, or would -- be completely unable to do this?</p> <p>1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p>j. WITH [help from another person/(and) special equipment] how much difficulty does -- have using the toilet, including getting to the toilet -- some, a lot, or would -- be completely unable to do this? 24</p> <p>0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable</p> <hr style="border-top: 1px dashed black;"/> <p><i>Ask 7k and l only if "Help/remind" and/or "Special equip." for Getting around; otherwise, skip to 8 on page 42.</i> 25</p> <p>k. If -- did not [get help from another person/(and) use special equipment], how much difficulty, would -- have getting around inside the home -- some, a lot, or would -- be completely unable to do this?</p> <p>1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p>l. WITH [help from another person/(and) special equipment] how much difficulty does -- have getting around inside the home -- some, a lot, or is -- completely unable to do this? 26</p> <p>0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable</p> <p style="text-align: right;"><i>(Go to 8 on page 42)</i></p>
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Notes

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

ADL TABLE 1 - Continued

<p>Ask only if "Bathing" marked in X2; otherwise, 8a for next activity. 27-28</p> <p>8a. How old was -- when -- first had a problem with bathing or showering?</p> <p>_____ Years old (8d)</p> <p>96 <input type="checkbox"/> At birth (8d) 99 <input type="checkbox"/> DK (8b)</p> <hr/> <p>b. Was it before -- was 18 years old? 29</p> <p>1 <input type="checkbox"/> Yes (8d) 2 <input type="checkbox"/> No (8c) 9 <input type="checkbox"/> DK (8d)</p> <hr/> <p>c. Was it before -- was 22 years old? 30</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr/> <p>If obvious, mark without asking; otherwise ask: 31</p> <p>d. Is -- expected to have this problem with bathing or showering for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } (8a for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p>	<p>Ask only if "Dressing" marked in X2; otherwise, 8a for next activity. 37-38</p> <p>8a. How old was -- when -- first had a problem with dressing?</p> <p>_____ Years old (8d)</p> <p>96 <input type="checkbox"/> At birth (8d) 99 <input type="checkbox"/> DK (8b)</p> <hr/> <p>b. Was it before -- was 18 years old? 39</p> <p>1 <input type="checkbox"/> Yes (8d) 2 <input type="checkbox"/> No (8c) 9 <input type="checkbox"/> DK (8d)</p> <hr/> <p>c. Was it before -- was 22 years old? 40</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr/> <p>If obvious, mark without asking; otherwise ask: 41</p> <p>d. Is -- expected to have this problem with dressing for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } (8a for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p>
<p>Ask only if "Eating" marked in X2; otherwise, 8a for next activity. 32-33</p> <p>8a. How old was -- when -- first had a problem with eating?</p> <p>_____ Years old (8d)</p> <p>96 <input type="checkbox"/> At birth (8d) 99 <input type="checkbox"/> DK (8b)</p> <hr/> <p>b. Was it before -- was 18 years old? 34</p> <p>1 <input type="checkbox"/> Yes (8d) 2 <input type="checkbox"/> No (8c) 9 <input type="checkbox"/> DK (8d)</p> <hr/> <p>c. Was it before -- was 22 years old? 35</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr/> <p>If obvious, mark without asking; otherwise ask: 36</p> <p>d. Is -- expected to have this problem with eating for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } (8a for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p>	<p>Ask only if "Bed or chairs" marked in X2; otherwise, 8a for next activity. 42-43</p> <p>8a. How old was -- when -- first had a problem with getting in and out of bed or chairs?</p> <p>_____ Years old (8d)</p> <p>96 <input type="checkbox"/> At birth (8d) 99 <input type="checkbox"/> DK (8b)</p> <hr/> <p>b. Was it before -- was 18 years old? 44</p> <p>1 <input type="checkbox"/> Yes (8d) 2 <input type="checkbox"/> No (8c) 9 <input type="checkbox"/> DK (8d)</p> <hr/> <p>c. Was it before -- was 22 years old? 45</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr/> <p>If obvious, mark without asking; otherwise ask: 46</p> <p>d. Is -- expected to have this problem with getting in and out of bed or chairs for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } (8a for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p>

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

ADL TABLE 1 - Continued

<p style="font-size: small;">Ask only if "Toilet" marked in X2; otherwise, 8a for next activity.</p> <p>8a. How old was -- when -- first had a problem with using the toilet?</p> <p>_____ Years old (8d)</p> <p>96 <input type="checkbox"/> At birth (8d) 99 <input type="checkbox"/> DK (8b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old?</p> <p>1 <input type="checkbox"/> Yes (8d) 2 <input type="checkbox"/> No (8c) 9 <input type="checkbox"/> DK (8d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p><i>If obvious, mark without asking; otherwise ask:</i></p> <p>d. Is -- expected to have this problem with using the toilet for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } (8a for next activity) 9 <input type="checkbox"/> DK }</p>	<p style="font-size: small;">Ask only if "Getting around" marked in X2; otherwise, 9 below.</p> <p>8a. How old was -- when -- first had a problem with getting around inside the home?</p> <p>_____ Years old (8d)</p> <p>96 <input type="checkbox"/> At birth (8d) 99 <input type="checkbox"/> DK (8b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old?</p> <p>1 <input type="checkbox"/> Yes (8d) 2 <input type="checkbox"/> No (8c) 9 <input type="checkbox"/> DK (8d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p><i>If obvious, mark without asking; otherwise ask:</i></p> <p>d. Is -- expected to have this problem with getting around inside the home for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK }</p>
<p>9. What is the MAIN problem or condition which causes -- trouble in (activities marked in X2)?</p>	<p>(Enter condition in X1 and mark box)</p> <p>1 <input type="checkbox"/> In C2 } 2 <input type="checkbox"/> Not in C2 } (C2 on page 38 for NP; or 10 on page 56)</p>

Notes

Section II – DISABILITY – Continued		RT 69
Part C – ADL / IADL		PERSON 1 3-4
<p><i>Skip to Part D, page 80 if no family members 18+ years old.</i> HAND CARD DC2. (Now I will ask about some other activities. These next few questions refer only to <u>(read names of persons 18+)</u>.)</p>		
<p>10a. Because of a physical, mental, or emotional problem, do (read names of persons 18+) GET HELP OR SUPERVISION FROM ANOTHER PERSON with —</p> <p>(1) Preparing their own meals? -----</p> <p>(2) Shopping for personal items, such as toilet items or medicine? -----</p> <p>(3) Managing money, such as keeping track of expenses or paying bills? -----</p> <p>(4) Using the telephone? -----</p> <p>(5) Doing heavy work around the house like scrubbing floors, washing windows, and doing heavy yard work? -----</p> <p>(6) Doing light work around the house like doing dishes, straightening up, light cleaning, or taking out the trash? -----</p> <p>b. Who is this? (Anyone else?)</p> <p><i>Mark (X) appropriate box in person's column AND in "Help/supv." column in X3, then continue with 10a, or go to C5.</i></p>	<p>10a.</p> <p style="text-align: right;">5</p> <p>1 <input type="checkbox"/> Yes(10b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">6</p> <p>1 <input type="checkbox"/> Yes(10b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">7</p> <p>1 <input type="checkbox"/> Yes(10b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">8</p> <p>1 <input type="checkbox"/> Yes(10b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">9</p> <p>1 <input type="checkbox"/> Yes(10b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">10</p> <p>1 <input type="checkbox"/> Yes(10b) 2 <input type="checkbox"/> No(C5) 9 <input type="checkbox"/> DK(C5)</p> <p>b.</p> <p>1 <input type="checkbox"/> Preparing meals 11</p> <p>2 <input type="checkbox"/> Shopping 12</p> <p>3 <input type="checkbox"/> Managing money 13</p> <p>4 <input type="checkbox"/> Using telephone 14</p> <p>5 <input type="checkbox"/> Heavy housework 15</p> <p>6 <input type="checkbox"/> Light housework 16</p> <p><i>(Mark (X) appropriate box(es) in X3)</i></p>	
ITEM C5	<p><i>Refer to age and item X3 for each person. Mark (X) first appropriate box.</i></p>	<p>C5</p> <p>0 <input type="checkbox"/> Under 18 (NP, or C6 on page 62) 17</p> <p>1 <input type="checkbox"/> One or more activities marked in X3 (11)</p> <p>2 <input type="checkbox"/> No activities in X3 (12 on page 60)</p>
<p><i>Mark (X) box 0 or ask:</i></p> <p>11a. Does -- have any difficulty preparing -- own meals?</p> <p><i>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</i></p> <p style="padding-left: 40px;"><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i></p> <p style="padding-left: 40px;"><i>If "No", mark (X) box 2 "No"</i></p> <p>-----</p> <p>b. How much difficulty does -- have preparing -- own meals -- some, a lot, or is -- unable to do it?</p>	<p>11a.</p> <p>0 <input type="checkbox"/> Preparing meals in X3 (11c on page 58) 18</p> <p>1 <input type="checkbox"/> Yes (Mark X3, then 11b)</p> <p>2 <input type="checkbox"/> No (11c on page 58)</p> <p>3 <input type="checkbox"/> Doesn't do/health (Mark X3, then 11c on page 58)</p> <p>9 <input type="checkbox"/> DK(11c on page 58)</p> <p>b.</p> <p>1 <input type="checkbox"/> Some } 19</p> <p>2 <input type="checkbox"/> A lot } (11c on page 58)</p> <p>3 <input type="checkbox"/> Unable }</p> <p>9 <input type="checkbox"/> DK }</p>	

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

PERSON 1

<p><i>Mark (X) box 0 or ask:</i></p> <p>11c. Does -- have any difficulty shopping for personal items?</p> <p><i>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</i></p> <p><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p>	<p>11c.</p> <p><input type="checkbox"/> Shopping in X3 (11e) 20</p> <p><input type="checkbox"/> Yes (Mark X3, then 11d)</p> <p><input type="checkbox"/> No (11e)</p> <p><input type="checkbox"/> Doesn't do/health (Mark X3, then 11e)</p> <p><input type="checkbox"/> DK(11e)</p>
<p>d. How much difficulty does -- have shopping for personal items -- some, a lot, or is -- unable to do it?</p>	<p>d.</p> <p><input type="checkbox"/> Some 21</p> <p><input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Unable</p> <p><input type="checkbox"/> DK</p>
<p><i>Mark (X) box 0 or ask:</i></p> <p>e. Does -- have any difficulty managing money?</p> <p><i>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</i></p> <p><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p>	<p>e.</p> <p><input type="checkbox"/> Managing money in X3 (11g) 22</p> <p><input type="checkbox"/> Yes (Mark X3, then 11f)</p> <p><input type="checkbox"/> No (11g)</p> <p><input type="checkbox"/> Doesn't do/health (Mark X3, then 11g)</p> <p><input type="checkbox"/> DK(11g)</p>
<p>f. How much difficulty does -- have managing money -- some, a lot, or is -- unable to do it?</p>	<p>f.</p> <p><input type="checkbox"/> Some 23</p> <p><input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Unable</p> <p><input type="checkbox"/> DK</p>
<p><i>Mark (X) box 0 or ask:</i></p> <p>g. Does -- have any difficulty using the telephone?</p> <p><i>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</i></p> <p><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p>	<p>g.</p> <p><input type="checkbox"/> Telephone in X3 (11i) 24</p> <p><input type="checkbox"/> Yes (Mark X3, then 11h)</p> <p><input type="checkbox"/> No (11i)</p> <p><input type="checkbox"/> Doesn't do/health (Mark X3, then 11i)</p> <p><input type="checkbox"/> DK(11i)</p>
<p>h. How much difficulty does -- have using the telephone -- some, a lot, or is -- unable to do it?</p>	<p>h.</p> <p><input type="checkbox"/> Some 25</p> <p><input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Unable</p> <p><input type="checkbox"/> DK</p>
<p><i>Mark (X) box 0 or ask:</i></p> <p>i. Does -- have any difficulty doing heavy work around the house?</p> <p><i>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</i></p> <p><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p>	<p>i.</p> <p><input type="checkbox"/> Heavy work in X3 (11k on page 60) 26</p> <p><input type="checkbox"/> Yes (Mark X3, then 11j)</p> <p><input type="checkbox"/> No (11k on page 60)</p> <p><input type="checkbox"/> Doesn't do/health (Mark X3, then 11k on page 60)</p> <p><input type="checkbox"/> DK (11k on page 60)</p>
<p>j. How much difficulty does -- have doing heavy work around the house -- some, a lot, or is -- unable to do it?</p>	<p>j.</p> <p><input type="checkbox"/> Some } 27</p> <p><input type="checkbox"/> A lot } (11k on page 60)</p> <p><input type="checkbox"/> Unable }</p> <p><input type="checkbox"/> DK }</p>

Section II – DISABILITY – Continued		PERSON 1
Part C – ADL / IADL – Continued		28
<p>Mark (X) box 0 or ask:</p> <p>11k. Does -- have any difficulty doing light work around the house?</p> <p><i>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</i></p> <p style="margin-left: 40px;"><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p> <hr style="border-top: 1px dashed black;"/> <p>l. How much difficulty does -- have doing light work around the house -- some, a lot, or is -- unable to do it?</p>	11k.	<p><input type="checkbox"/> Light work in X3 <i>(C5 on page 56 for NP, or C6 on page 62)</i></p> <p><input type="checkbox"/> Yes (Mark X3, then 11l)</p> <p><input type="checkbox"/> No (C5 on page 56 for NP, or C6 on page 62)</p> <p><input type="checkbox"/> Doesn't do/health (Mark X3, then C5 on page 56 for NP, or C6 on page 62)</p> <p><input type="checkbox"/> DK (C5 on page 56 for NP, or C6 on page 62)</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Some } <input type="checkbox"/> A lot } <i>(C5 on page 56 for NP, or C6 on page 62)</i> <input type="checkbox"/> Unable } <input type="checkbox"/> DK }</p>
Hand Card DC2.		
<p>12a. Because of a physical, mental, or emotional problem does -- have any difficulty with any of [these/the following] activities? Read categories if telephone interview.</p> <p><i>If "Yes", ask "Which?" and mark the appropriate box(es), in person's column AND in "Difficulty/doesn't do" column in X3.</i></p> <p><i>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</i></p> <p style="margin-left: 40px;"><i>If "Yes", mark the box for that activity</i> <i>If "No", do not make any entries</i></p> <p><i>Mark (X) box 0 only if no other box(es) are marked.</i></p> <p><i>Ask only if box 1 "Preparing meals" in 12a; otherwise, skip to 12c.</i></p> <hr style="border-top: 1px dashed black;"/> <p>b. How much difficulty does -- have preparing -- own meals -- some, a lot, or is -- unable to do it?</p> <p><i>Ask only if box 2 "Shopping" in 12a; otherwise, skip to 12d.</i></p> <hr style="border-top: 1px dashed black;"/> <p>c. How much difficulty does -- have shopping for personal items -- some, a lot, or is -- unable to do it?</p> <p><i>Ask only if box 3 "Managing money" in 12a; otherwise, skip to 12e.</i></p> <hr style="border-top: 1px dashed black;"/> <p>d. How much difficulty does -- have managing money -- some, a lot, or is -- unable to do it?</p> <p><i>Ask only if box 4 "Using the telephone" in 12a; otherwise, skip to 12f on page 62.</i></p> <hr style="border-top: 1px dashed black;"/> <p>e. How much difficulty does -- have using the telephone -- some, a lot, or is -- unable to do it?</p>	12a.	<p><input type="checkbox"/> No difficulty (C5 on page 56 for NP, or C6 on page 62) 30</p> <p><input type="checkbox"/> Preparing meals 31</p> <p><input type="checkbox"/> Shopping 32</p> <p><input type="checkbox"/> Managing money 33</p> <p><input type="checkbox"/> Using the telephone 34</p> <p><input type="checkbox"/> Heavy housework 35</p> <p><input type="checkbox"/> Light housework 36</p> <p><i>(Mark (X) appropriate box(es) in X3)</i></p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Some } 37 <input type="checkbox"/> A lot } <input type="checkbox"/> Unable } <input type="checkbox"/> DK }</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Some } 38 <input type="checkbox"/> A lot } <input type="checkbox"/> Unable } <input type="checkbox"/> DK }</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Some } 39 <input type="checkbox"/> A lot } <input type="checkbox"/> Unable } <input type="checkbox"/> DK }</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Some } 40 <input type="checkbox"/> A lot } <i>(12f on page 62)</i> <input type="checkbox"/> Unable } <input type="checkbox"/> DK }</p>

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

PERSON 1

Ask only if box 5 "Heavy housework" in 12a; otherwise, skip to 12g.

12f. How much difficulty does -- have doing heavy work around the house -- some, a lot, or is -- unable to do it?

- 12f.**
- 1 Some
 - 2 A lot
 - 3 Unable
 - 9 DK

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Ask only if box 6 "Light housework" in 12a; otherwise, go to C5 on page 56 for NP, or C6.

g. How much difficulty does -- have doing light work around the house -- some, a lot, or is -- unable to do it?

- g.**
- 1 Some
 - 2 A lot
 - 3 Unable
 - 9 DK
- (C5 on page 56 for NP, or C6)*

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ITEM C6

Refer to age and item X3. Mark (X) first appropriate box.

C6

- 0 Under 18 (NP, or Part D on page 80)
- 1 One or more activities marked in X3 (IADL table)
- 2 No activities in X3 (NP, or Part D on page 80)

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If no more persons in family, skip to Part D on page 80.

Notes

Section II - DISABILITY - Continued

RT 70

Part C - ADL / IADL - Continued

IADL TABLE 1

ITEM C7	Enter person's number and name.	C7	Person number _____ Name _____	3-4
ITEM C8	Refer to X3 for this person. Mark (X) first appropriate box.	C8	1 <input type="checkbox"/> "Help/supv." (13) 2 <input type="checkbox"/> "Difficulty/doesn't do" (15 on page 66)	5
13a.	You said that -- gets help or supervision with (activities with "help/supv." in X3). Who gives this help? Anyone else? Mark (X) all that apply. <i>If ONLY help is from spouse/child(ren)/parent, mark (X) box 0; otherwise, ask:</i>	13a.	Household members 1 <input type="checkbox"/> Relative(s) 6 2 <input type="checkbox"/> Nonrelative(s) 7 Nonhousehold members 3 <input type="checkbox"/> Relative(s) 8 4 <input type="checkbox"/> Nonrelative(s) 9	10
b.	Is any of this help paid for?	b.	0 <input type="checkbox"/> Spouse/child(ren)/parent only (14) 1 <input type="checkbox"/> Yes (13c) 2 <input type="checkbox"/> No } (14) 9 <input type="checkbox"/> DK }	10
c.	Which helpers are paid? Anyone else? Mark (X) all the apply.	c.	Household members 1 <input type="checkbox"/> Relative(s) 11 2 <input type="checkbox"/> Nonrelative(s) 12 Nonhousehold members 3 <input type="checkbox"/> Relative(s) 13 4 <input type="checkbox"/> Nonrelative(s) 14	14
<i>Ask 14a and b only if "Help/supv." for Preparing meals; otherwise, skip to 14c.</i>		15	<i>Ask 14c and d only if "Help or supv." for Shopping; otherwise, skip to 14e.</i>	
14a.	If -- did not get help or supervision from another person, how much difficulty would -- have preparing -- meals on -- own -- some, a lot, or would -- be completely unable to do this? 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK	14c.	If -- did not get help or supervision from another person, how much difficulty would -- have shopping for personal items on -- own -- some, a lot, or would -- be completely unable to do this? 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK	17
b.	WITH help or supervision, how much difficulty does -- have preparing -- meals -- some, a lot, or is -- completely unable to do this? 0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable	16	d.	WITH help or supervision, how much difficulty does -- have shopping for personal items -- some, a lot, or is -- completely unable to do this? 0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable
Notes				

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

IADL TABLE 1 - Continued

<p style="text-align: right; margin-bottom: 0;">19</p> <p><i>Ask 14e and f only if "Help/supv." for Managing money; otherwise, skip to 14g.</i></p> <p>14e. If -- did not get help or supervision from another person, how much difficulty would -- managing money on -- own -- some, a lot, or is -- be completely unable to do this?</p> <p>1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right; margin-bottom: 0;">20</p> <p>f. WITH help or supervision, how much difficulty does -- have managing money -- some, a lot, or is -- completely unable to do this?</p> <p>0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right; margin-bottom: 0;">21</p> <p><i>Ask 14g and h only if "Help/supv. for Telephone"; otherwise, skip to 14i.</i></p> <p>g. If -- did not get help or supervision from another person, how much difficulty would -- have using the telephone -- some, a lot, or would -- be completely unable to do this?</p> <p>1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right; margin-bottom: 0;">22</p> <p>h. WITH help or supervision, how much difficulty does -- have using the telephone -- some, a lot, or is -- completely unable to do this?</p> <p>0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable</p>	<p style="text-align: right; margin-bottom: 0;">23</p> <p><i>Ask 14i and j only if "Help/supv." for Heavy housework; otherwise, skip to 14k.</i></p> <p>14i. If -- did not get help or supervision from another person, how much difficulty would -- have doing heavy work around the house -- some, a lot, or would -- be completely unable to do this?</p> <p>1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right; margin-bottom: 0;">24</p> <p>j. WITH help or supervision, how much difficulty does -- have doing heavy work around the house -- some, a lot, or is -- completely unable to do this?</p> <p>0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right; margin-bottom: 0;">25</p> <p><i>Ask 14k and l only if "Help/supv." for Light housework; otherwise, skip to 15 on page 66.</i></p> <p>k. If -- did not get help or supervision from another person, how much difficulty would -- have doing light work around the house -- some, a lot, or would -- be completely unable to do this?</p> <p>1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right; margin-bottom: 0;">26</p> <p>l. WITH help or supervision, how much difficulty does -- have doing light work around the house -- some, a lot, or is -- completely unable to do this?</p> <p>0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable</p> <p style="text-align: right; margin-top: 10px;"><i>(Go to 15 on page 66)</i></p>
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Notes

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

IADL TABLE 1 - Continued

<p style="text-align: right; margin-bottom: 0;">27-28</p> <p><i>Ask only if "Preparing meals" marked in X3; otherwise, 15a for next activity.</i></p> <p>15a. How old was -- when -- first had a problem with preparing -- own meals?</p> <p style="margin-left: 20px;">_____ Years old (15d)</p> <p>96 <input type="checkbox"/> At birth (15d)</p> <p>99 <input type="checkbox"/> DK (15b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old? 29</p> <p>1 <input type="checkbox"/> Yes (15d)</p> <p>2 <input type="checkbox"/> No (15c)</p> <p>9 <input type="checkbox"/> DK (15d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old? 30</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p><i>If obvious, mark without asking; otherwise ask:</i> 31</p> <hr style="border-top: 1px dashed black;"/> <p>d. Is -- expected to have this problem with preparing -- own meals for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } (15a for next activity)</p> <p>2 <input type="checkbox"/> No }</p> <p>9 <input type="checkbox"/> DK }</p>	<p style="text-align: right; margin-bottom: 0;">37-38</p> <p><i>Ask only if "Shopping" marked in X3; otherwise, 15a for next activity.</i></p> <p>15a. How old was -- when -- first had a problem with shopping for personal items?</p> <p style="margin-left: 20px;">_____ Years old (15d)</p> <p>96 <input type="checkbox"/> At birth (15d)</p> <p>99 <input type="checkbox"/> DK (15b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old? 39</p> <p>1 <input type="checkbox"/> Yes (15d)</p> <p>2 <input type="checkbox"/> No (15c)</p> <p>9 <input type="checkbox"/> DK (15d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old? 40</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p><i>If obvious, mark without asking; otherwise ask:</i> 41</p> <hr style="border-top: 1px dashed black;"/> <p>d. Is -- expected to have this problem with shopping for personal items for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } (15a for next activity)</p> <p>2 <input type="checkbox"/> No }</p> <p>9 <input type="checkbox"/> DK }</p>
<p style="text-align: right; margin-bottom: 0;">32-33</p> <p><i>Ask only if "Managing money" marked in X3; otherwise, 15a for next activity.</i></p> <p>15a. How old was -- when -- first had a problem with managing money?</p> <p style="margin-left: 20px;">_____ Years old (15d)</p> <p>96 <input type="checkbox"/> At birth (15d)</p> <p>99 <input type="checkbox"/> DK (15b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old? 34</p> <p>1 <input type="checkbox"/> Yes (15d)</p> <p>2 <input type="checkbox"/> No (15c)</p> <p>9 <input type="checkbox"/> DK (15d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old? 35</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p><i>If obvious, mark without asking; otherwise ask:</i> 36</p> <hr style="border-top: 1px dashed black;"/> <p>d. Is -- expected to have this problem managing money for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } (15a for next activity)</p> <p>2 <input type="checkbox"/> No }</p> <p>9 <input type="checkbox"/> DK }</p>	<p style="text-align: right; margin-bottom: 0;">42-43</p> <p><i>Ask only if "Telephone" marked in X3; otherwise, 15a, for next activity.</i></p> <p>15a. How old was -- when -- first had a problem with using the telephone?</p> <p style="margin-left: 20px;">_____ Years old (15d)</p> <p>96 <input type="checkbox"/> At birth (15d)</p> <p>99 <input type="checkbox"/> DK (15b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old? 44</p> <p>1 <input type="checkbox"/> Yes (15d)</p> <p>2 <input type="checkbox"/> No (15c)</p> <p>9 <input type="checkbox"/> DK (15d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old? 45</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p><i>If obvious, mark without asking; otherwise ask:</i> 46</p> <hr style="border-top: 1px dashed black;"/> <p>d. Is -- expected to have this problem using the telephone for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } (15a for next activity)</p> <p>2 <input type="checkbox"/> No }</p> <p>9 <input type="checkbox"/> DK }</p>

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

IADL TABLE 1 - Continued

<p style="text-align: right; margin: 0;">47-48</p> <p>Ask only if "Heavy work" marked in X3; otherwise, 15a for next activity.</p> <p>15a. How old was -- when -- first had a problem with doing heavy work around the house?</p> <p>_____ Years old (15d)</p> <p>96 <input type="checkbox"/> At birth (15d) 99 <input type="checkbox"/> DK (15b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old?</p> <p>1 <input type="checkbox"/> Yes (15d) 2 <input type="checkbox"/> No (15c) 9 <input type="checkbox"/> DK (15d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p>If obvious, mark without asking; otherwise ask:</p> <p>d. Is -- expected to have this problem doing heavy work around the house for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } (15a for next activity) 9 <input type="checkbox"/> DK }</p>	<p style="text-align: right; margin: 0;">52-53</p> <p>Ask only if "Light work" marked in X3; otherwise, 16, below.</p> <p>15a. How old was -- when -- first had a problem with doing light work around the house?</p> <p>_____ Years old (15d)</p> <p>96 <input type="checkbox"/> At birth (15d) 99 <input type="checkbox"/> DK (15b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old?</p> <p>1 <input type="checkbox"/> Yes (15d) 2 <input type="checkbox"/> No (15c) 9 <input type="checkbox"/> DK (15d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p>If obvious, mark without asking; otherwise ask:</p> <p>d. Is -- expected to have this problem doing light work around the house for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } (16) 9 <input type="checkbox"/> DK }</p>
<p>16. What is the MAIN problem or condition which causes -- trouble in (activities marked in X3)?</p>	<p style="text-align: right; margin: 0;">57</p> <p>(Enter condition in X1 and mark box)</p> <p>1 <input type="checkbox"/> In C2 } 2 <input type="checkbox"/> Not in C2 } (C6 on page 62 for NP, or Part D on page 80)</p>

Notes

Section II - DISABILITY - Continued		RT 71
Part D - FUNCTIONAL LIMITATION		PERSON 1
ITEM D1	<i>Refer to ages of all family members.</i>	3-4 5
<p>These next few questions also refer to family members who are 18 years old or older, that is (read names of nondeleted persons 18+).</p> <p>1a. Do (names of persons 18+) have ANY difficulty lifting something as heavy as 10 pounds, such as a full bag of groceries?</p>		<p>D1</p> <p>1 <input type="checkbox"/> All under 18 (Section G on page 114) 2 <input type="checkbox"/> Any 18+ (1)</p> <p style="text-align: right;">5</p>
<p>1a. Do (names of persons 18+) have ANY difficulty lifting something as heavy as 10 pounds, such as a full bag of groceries?</p>		<p>1a.</p> <p>1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (2 on page 82)</p> <p style="text-align: right;">6</p>
<p>b. Who is this?</p> <p><i>Mark (X) "Difficulty lifting" box in person's column.</i></p>		<p>b.</p> <p>1 <input type="checkbox"/> Difficulty lifting</p> <p style="text-align: right;">7</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No</p> <p><i>Ask 1d-g for each person with "Difficulty lifting" marked in 1b.</i></p>		<p style="text-align: right;">8</p>
<p>d. How much difficulty does -- have lifting 10 pounds, some, a lot, or is -- completely unable to do this?</p>		<p>d.</p> <p>1 <input type="checkbox"/> Some difficulty 2 <input type="checkbox"/> A lot of difficulty 3 <input type="checkbox"/> Completely unable 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">9</p>
<p>e. At what age did -- first have difficulty doing this?</p> <p>_____ Years old</p> <p style="text-align: center;">OR</p> <p>96 <input type="checkbox"/> Always had difficulty 97 <input type="checkbox"/> Never able 99 <input type="checkbox"/> DK</p> <p><i>Ask only if "Completely unable" in 1d; otherwise, skip to 1g.</i></p>		<p>e.</p> <p style="text-align: right;">9-10</p>
<p>f. [Do you expect/ls -- expected] to remain unable to do this for at least 12 months longer?</p>		<p>f.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">11</p>
<p>g. Did this difficulty result from a motor vehicle accident?</p>		<p>g.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (1d for NP in 1b, or 2 on page 82)</p> <p style="text-align: right;">12</p>
<p>Notes</p>		

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

PERSON 1

2a. Do (names of persons 18+) have any difficulty walking up 10 steps without resting?

2a.

13

- 1 Yes (2b)
 - 2 No
 - 9 DK
- (3 on page 84)

b. Who is this?

b.

14

Mark (X) "Difficulty walking up steps" box in person's column.

- 1 Difficulty walking up steps

c. Anyone else?

- Yes (Reask 2b and c)
- No

Ask 2d-g for each person with "Difficulty walking up steps" marked in 2b.

d. How much difficulty does -- have walking up 10 steps without rest, some, a lot, or is -- completely unable to do this?

d.

15

- 1 Some difficulty
- 2 A lot of difficulty
- 3 Completely unable
- 9 DK

e. At what age did -- first have difficulty doing this?

e.

16-17

- ____ Years old
- OR
- 96 Always had difficulty
- 97 Never able
- 99 DK

Ask only if "Completely unable" in 2d; otherwise, skip to 2g.

f. [Do you expect/ls -- expected] to remain unable to do this for at least 12 months longer?

f.

18

- 1 Yes
- 2 No
- 9 DK

g. Did this difficulty result from a motor vehicle accident?

g.

19

- 1 Yes
 - 2 No
 - 9 DK
- (2d for NP in 2b, or 3 on page 84)

Notes

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

PERSON 1

3a. Do (names of persons 18+) have any difficulty walking a quarter of a mile - about 3 city blocks?

3a. 20
 1 Yes (3b)
 2 No
 9 DK } (4 on page 86)

b. Who is this?

Mark (X) "Difficulty walking" box in person's column.

b. 21
 1 Difficulty walking

c. Anyone else?

Yes (Reask 3b and c) No

Ask 3d-g for each person with "Difficulty walking" marked in 3b.

d. 22
 1 Some difficulty
 2 A lot of difficulty
 3 Completely unable
 9 DK

d. How much difficulty does -- have walking a quarter of a mile, some, a lot, or is -- completely unable to do this?

e. At what age did -- first have difficulty doing this?

23-24
 _____ Years old
 OR
 96 Always had difficulty
 97 Never able
 99 DK

Ask only if "Completely unable" in 3d; otherwise, skip to 3g.

f. [Do you expect/ls -- expected] to remain unable to do this for at least 12 months longer?

f. 25
 1 Yes
 2 No
 9 DK

g. Did this difficulty result from a motor vehicle accident?

g. 26
 1 Yes } (3d for NP in 3b,
 2 No } or 4 on page 86)
 9 DK }

Notes

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

PERSON 1

4a. Do (names of persons 18+) have any difficulty standing for about 20 minutes?

4a. Yes (4b)
 No
 DK } (5 on page 88) 27

b. Who is this?

Mark (X) "Difficulty standing" box in person's column.

b. Difficulty standing 28

c. Anyone else?

Yes (Reask 4b and c) No

Ask 4d-g for each person with "Difficulty standing" marked in 4b.

d. Some difficulty
 A lot of difficulty
 Completely unable
 DK 29

d. How much difficulty does -- have standing for about 20 minutes, some, a lot, or is -- completely unable to do this?

e. At what age did -- first have difficulty doing this?

Ask only if "Completely unable" in 4d; otherwise, skip to 4g.

e. _____ Years old 30-31
 OR
 Always had difficulty
 Never able
 DK

f. [Do you expect/ls -- expected] to remain unable to do this for at least 12 months longer?

f. Yes
 No
 DK 32

g. Did this difficulty result from a motor vehicle accident?

g. Yes
 No
 DK } (4d for NP in 4b, or 5 on page 88) 33

Notes

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

PERSON 1

<p>5a. Do (names of persons 18+) have any difficulty bending down from a standing position to pick up an object from the floor, for example, a shoe?</p>	<p>5a. 34 1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (6 on page 90)</p>
<p>b. Who is this? Mark (X) "Difficulty bending" box in person's column.</p>	<p>b. 35 1 <input type="checkbox"/> Difficulty bending</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No</p>	
<p>Ask 5d-g for each person with "Difficulty bending" marked in 5b.</p> <p>d. How much difficulty does -- have bending down from a standing position, some, a lot, or is - completely unable to do this?</p>	<p>d. 36 1 <input type="checkbox"/> Some difficulty 2 <input type="checkbox"/> A lot of difficulty 3 <input type="checkbox"/> Completely unable 9 <input type="checkbox"/> DK</p>
<p>e. At what age did -- first have difficulty doing this?</p>	<p>e. 37-38 _____ Years old OR 96 <input type="checkbox"/> Always had difficulty 97 <input type="checkbox"/> Never able 99 <input type="checkbox"/> DK</p>
<p>Ask only if "Completely unable" in 5d; otherwise, skip to 5g.</p> <p>f. [Do you expect/Is -- expected] to remain unable to do this for at least 12 months longer?</p>	<p>f. 39 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>g. Did this difficulty result from a motor vehicle accident?</p>	<p>g. 40 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (5d for NP in 5b, or 6 on page 90)</p>

Notes

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

PERSON 1

6a. Do (names of persons 18+) have any difficulty reaching up over the head or reaching out as if to shake someone's hand?

6a. 41
 1 Yes (6b)
 2 No } (7 on page 92)
 9 DK }

b. Who is this?

Mark (X) "Difficulty reaching" box in person's column.

b. 42
 1 Difficulty reaching

c. Anyone else? Yes (Reask 6b and c) No

Ask 6d-g for each person with "Difficulty reaching" marked in 6b.

d. 43
 1 Some difficulty
 2 A lot of difficulty
 3 Completely unable
 9 DK

e. At what age did -- first have difficulty doing this?

Ask only if "Completely unable" in 6d; otherwise, skip to 6g.

e. 44-45
 _____ Years old
 OR
 96 Always had difficulty
 97 Never able
 99 DK

f. [Do you expect/Is -- expected] to remain unable to do this for at least 12 months longer?

f. 46
 1 Yes
 2 No
 9 DK

g. Did this difficulty result from a motor vehicle accident?

g. 47
 1 Yes } (6d for NP in 6b,
 2 No } or 7 on page 92)
 9 DK }

Notes

Section II - DISABILITY - Continued		PERSON 1
Part D - FUNCTIONAL LIMITATION - Continued		
<p>7a. Do (names of persons 18+) have any difficulty using fingers to grasp or handle something such as picking up a glass from a table?</p>	7a.	<div style="text-align: right; border: 1px solid black; padding: 2px;">48</div> <p>1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No } (8 on page 94) 9 <input type="checkbox"/> DK</p>
<p>b. Who is this? Mark (X) "Difficulty using fingers" box in person's column.</p>	b.	<div style="text-align: right; border: 1px solid black; padding: 2px;">49</div> <p>1 <input type="checkbox"/> Difficulty using fingers</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 7b and c) <input type="checkbox"/> No</p> <p><i>Ask 7d-g for each person with "Difficulty using fingers" marked in 7b.</i></p>		<div style="text-align: right; border: 1px solid black; padding: 2px;">50</div>
<p>d. How much difficulty does -- have using the fingers to grasp or handle something, some, a lot, or is -- completely unable to do this?</p>	d.	<div style="text-align: right; border: 1px solid black; padding: 2px;">50</div> <p>1 <input type="checkbox"/> Some difficulty 2 <input type="checkbox"/> A lot of difficulty 3 <input type="checkbox"/> Completely unable 9 <input type="checkbox"/> DK</p>
<p>e. At what age did -- first have difficulty doing this?</p> <p><i>Ask only if "Completely unable" in 7d; otherwise, skip to 7g.</i></p>	e.	<div style="text-align: right; border: 1px solid black; padding: 2px;">51-52</div> <p>_____ Years old OR 96 <input type="checkbox"/> Always had difficulty 97 <input type="checkbox"/> Never able 99 <input type="checkbox"/> DK</p>
<p>f. [Do you expect/Is -- expected] to remain unable to do this for at least 12 months longer?</p>	f.	<div style="text-align: right; border: 1px solid black; padding: 2px;">53</div> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>g. Did this difficulty result from a motor vehicle accident?</p>	g.	<div style="text-align: right; border: 1px solid black; padding: 2px;">54</div> <p>1 <input type="checkbox"/> Yes } (7d for NP in 7b, 2 <input type="checkbox"/> No } or 8 on page 94) 9 <input type="checkbox"/> DK</p>

Notes

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

		PERSON 1	
8a. Do (names of persons 18+) have any difficulty holding a pen or pencil?		8a.	55
		1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No } (D2) 9 <input type="checkbox"/> DK }	
b. Who is this? <i>Mark (X) "Difficulty holding a pen or pencil" box in person's column.</i>		b.	56
		1 <input type="checkbox"/> Difficulty holding a pen or pencil	
c. Anyone else? <input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No			
<i>Ask 8d-g for each person with "Difficulty holding a pen or pencil" marked in 8b.</i>			
d. How much difficulty -- have holding a pen or pencil, some, a lot, or is -- completely unable to do this?		d.	57
		1 <input type="checkbox"/> Some difficulty 2 <input type="checkbox"/> A lot of difficulty 3 <input type="checkbox"/> Completely unable 9 <input type="checkbox"/> DK	
e. At what age did -- first have difficulty doing this?		e.	58-59
		_____ Years old OR 96 <input type="checkbox"/> Always had difficulty 97 <input type="checkbox"/> Never able 99 <input type="checkbox"/> DK	
<i>Ask only if "Completely unable" in 8d; otherwise, skip to 8g.</i>			
f. Is -- expected to remain unable to do this for at least 12 months longer?		f.	60
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
g. Did this difficulty result from a motor vehicle accident?		g.	61
		1 <input type="checkbox"/> Yes } (8d for NP in 8b, or D2) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	
ITEM D2	<i>Refer to questions 1b, 2b, 3b, 4b, 5b, 6b, 7b, and 8b on pages 80-95 in this HIS-2.</i>	D2	62
		1 <input type="checkbox"/> Any limitations marked (9) 2 <input type="checkbox"/> No limitations marked (NP)	
9. What is the MAIN problem or condition which causes -- trouble in (limitations marked in Part D, Q1-8)?		9.	63
		(Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 } (D2 for NP, or D3 on page 96) 2 <input type="checkbox"/> Not in C2 }	

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

PERSON 1

**ITEM
D3**

Refer to age or HIS-1, Part B, Questions 2a/b and 5a/b (pages 6-7).

D3

- 64**
- 2 Under 18 (NP, or Part E on page 98)
 - 1 Yes in 2a/b or 5a/b (10)
 - 2 Other (NP, or Part E on page 98)

10. Earlier, I was told that -- was unable to work or was limited in the kind or amount of work -- could do because of an impairment or health problem. About how long has -- been unable to work or limited in the kind or amount of work -- can do?

If less than one month, enter 1 month.

10.

- 65-67**
- Number { 1 Months
 2 Years
- OR
- 3 Never able
- (D3 for NP, or Part E on page 98)*

Notes

Section II - DISABILITY - Continued		RT 72
Part E - MENTAL HEALTH		PERSON 1
These next questions are about mental and emotional health. They refer again only to (names of nondeleted persons age 18+).		3-4
<p>1a. Are (read names of persons 18+) FREQUENTLY depressed or anxious?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Depressed or anxious" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No (2)</p>	<p>1a. 5</p> <p>1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No } (2) 9 <input type="checkbox"/> DK }</p> <p>-----</p> <p>b. 6</p> <p>1 <input type="checkbox"/> Depressed or anxious</p>	
<p>2a. Do (any of/either of) you have a lot of trouble making or keeping friendships?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Trouble with friendships" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No (3)</p>	<p>2a. 7</p> <p>1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No } (3) 9 <input type="checkbox"/> DK }</p> <p>-----</p> <p>b. 8</p> <p>1 <input type="checkbox"/> Trouble with friendships</p>	
<p>3a. Do (any of/either of) you have a lot of trouble getting along with other people in social or recreational settings?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Trouble in social settings" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No (4)</p>	<p>3a. 9</p> <p>1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No } (4) 9 <input type="checkbox"/> DK }</p> <p>-----</p> <p>b. 10</p> <p>1 <input type="checkbox"/> Trouble in social settings</p>	
<p>4a. Do (any of/either of) you have a lot of trouble concentrating long enough to complete everyday tasks?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Trouble concentrating" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No (5 on page 100)</p>	<p>4a. 11</p> <p>1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No } (5 on page 100) 9 <input type="checkbox"/> DK }</p> <p>-----</p> <p>b. 12</p> <p>1 <input type="checkbox"/> Trouble concentrating</p>	

Section II - DISABILITY - Continued			
Part E - MENTAL HEALTH - Continued		PERSON 1	
5a. Do (any of/either of) you have SERIOUS difficulty coping with day-to-day stresses?		5a.	13
		1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (6)	
b. Who is this?		b.	14
Mark (X) "Trouble coping with stress" box in person's column.		1 <input type="checkbox"/> Trouble coping with stress	
c. Anyone else?			
<input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No (6)			
6a. Are (any of/either of) you FREQUENTLY confused, disoriented or forgetful?		6a.	15
		1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (7)	
b. Who is this?		b.	16
Mark (X) "Confused" box in person's column.		1 <input type="checkbox"/> Confused	
c. Anyone else?			
<input type="checkbox"/> Yes (Reask 6b and c) <input type="checkbox"/> No (7)			
7a. Do (any of/either of) you have phobias or UNREASONABLY strong fears, that is, a fear of something or some situation where most people would not be afraid?		7a.	17
		1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Check Item E1)	
b. Who is this?		b.	18
Mark (X) "Phobia" box in person's column.		1 <input type="checkbox"/> Phobia	
c. Anyone else?			
<input type="checkbox"/> Yes (Reask 7b and c) <input type="checkbox"/> No (Check Item E1)			
ITEM E1	Refer to age or questions 1b, 2b, 3b, 4b, 5b, 6b, and 7b on pages 98-101 for each person.	E1	19
		2 <input type="checkbox"/> Under 18 (NP, or 9 on page 102) 1 <input type="checkbox"/> Any box marked (8) 2 <input type="checkbox"/> No box marked (NP, or 9 on page 102)	
8. During the past 12 months, did any of these problems SERIOUSLY interfere with -- ability to work or attend school or to manage -- day-to-day activities?		8.	20
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (E1 for NP, or 9 on page 102)	

Section II – DISABILITY – Continued

Part E – MENTAL HEALTH – Continued

PERSON 1

These next questions are about specific mental and emotional disorders. Again, I will only ask about *(names of persons 18 years of age and older)*.

9a. During the past 12 months, did *(names of persons 18+)* have –

- | | | |
|------------|---|-----------|
| 9a. | | 21 |
| (1) | 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 22 |
| (2) | 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 23 |
| (3) | 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 24 |
| (4) | 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 25 |
| (5) | 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 26 |
| (6) | 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 27 |
| (7) | 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 28 |
| (8) | 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No (10) 9 <input type="checkbox"/> DK (10) | |

b. Who is this?

Mark (X) appropriate box in person's column and enter condition in X1.

- | | | |
|-----------|---|-----------|
| b. | 1 <input type="checkbox"/> Schizophrenia | 29 |
| | 2 <input type="checkbox"/> Paranoid disorder | 30 |
| | 3 <input type="checkbox"/> Bipolar disorder | 31 |
| | 4 <input type="checkbox"/> Major depression | 32 |
| | 5 <input type="checkbox"/> Personality disorder | 33 |
| | 6 <input type="checkbox"/> Senility | 34 |
| | 7 <input type="checkbox"/> Alcohol abuse | 35 |
| | 8 <input type="checkbox"/> Drug abuse disorder | 36 |

(Enter condition in X1, then 9c)

c. Anyone else?

If "Yes" (Reask 9b and c)

If "No" (9a for next disorder, or 10 on page 104)

Notes

Section II – DISABILITY – Continued		
Part E – MENTAL HEALTH – Continued		PERSON 1
<p>10a. DURING THE PAST 12 MONTHS, did (any of/either of) you have any OTHER mental or emotional disorders? Include only those disorders which SERIOUSLY interfered with [their/your] ability to work or attend school or to manage [their/your] day-to-day activities.</p> <p>b. Who is this? <i>Mark (X) "Other disorder" box in person's column.</i></p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No</p> <p><i>Ask for each person with "Other disorder" marked in 10b.</i></p> <p>d. What would you call the disorder -- has? <i>If more than one other disorder, probe for the "Main" one causing difficulty.</i></p>	<p>10a. <input type="checkbox"/> Yes (10b) <input type="checkbox"/> No <input type="checkbox"/> DK } (11)</p> <p>b. <input type="checkbox"/> Other disorder</p> <p>d. (Enter condition in X1 and mark box) <input type="checkbox"/> In C2 <input type="checkbox"/> Not in C2 } (10d for NP with 10b, or 11)</p>	<p>37</p> <p>38</p> <p>39</p>
<p>11a. DURING THE PAST 12 MONTHS, did (any of/either of) you take any prescription medication for any ongoing mental or emotional condition?</p> <p>b. Who is this? <i>Mark (X) "Medication" box in person's column.</i></p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 11b and c) <input type="checkbox"/> No (Item E2)</p>	<p>11a. <input type="checkbox"/> Yes (11b) <input type="checkbox"/> No <input type="checkbox"/> DK } (Item E2)</p> <p>b. <input type="checkbox"/> Medication</p>	<p>40</p> <p>41</p>
<p>ITEM E2</p> <p><i>Refer to age or questions 1b, 2b, 3b, 4b, 5b, 6b, 7b, 9b, 10b, and 11b on pages 98–105 for each person.</i></p>	<p>E2</p> <p><input type="checkbox"/> Under 18 (NP, or Part F on page 106) <input type="checkbox"/> Any box marked (12) <input type="checkbox"/> No box marked (NP, or Part F on page 106)</p>	<p>42</p>
<p>12a. Because of [this/any of these] mental or emotional problem(s), is -- UNABLE TO WORK OR LIMITED IN THE KIND OR AMOUNT OF WORK -- CAN DO?</p> <p>b. Because of [this/any of these] mental or emotional problem(s), does -- have trouble FINDING OR KEEPING A JOB OR DOING JOB TASKS?</p>	<p>12a. <input type="checkbox"/> Yes (13) <input type="checkbox"/> No <input type="checkbox"/> DK } (12b)</p> <p>b. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p>43</p> <p>44</p>
<p>13. Because of [this/any of these] mental or emotional problem(s), during the past 12 months, has -- received any services from a mental health community support program?</p> <p><i>Read if necessary: A community support program for clients with mental or emotional problems is a program that makes available mental health, health, social and support services based on individual need.</i></p>	<p>13. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (E2 for NP, or Part F on page 106)</p>	<p>45</p>

Section II - DISABILITY - Continued

Part F - SERVICES AND BENEFITS

		RT 73
PERSON 1		3-4
1a. Some programs help people with disabilities to develop skills and opportunities for paid employment. During the past 12 months, did (read names of persons 18+) participate in a sheltered workshop, transitional work training, or supported employment?	1a. 1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No } (1d) 9 <input type="checkbox"/> DK }	5
b. Who is this? <i>Ask if necessary: In which programs did -- participate during the past 12 months, sheltered workshop, transitional work training, or supported employment?</i> <i>Mark (X) appropriate box(es) in person's column.</i>	b. 1 <input type="checkbox"/> Sheltered workshop 2 <input type="checkbox"/> Transitional work training 3 <input type="checkbox"/> Supported employment	6 7 8
c. Did anyone else participate in any of these programs during the past 12 months? <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No (1d)		
d. Are (names of persons 18+) now on a waiting list for any of these programs?	d. 1 <input type="checkbox"/> Yes (1e) 2 <input type="checkbox"/> No } (2 on page 108) 9 <input type="checkbox"/> DK }	9
e. Who is this?	e. 1 <input type="checkbox"/> Waiting list	10
f. Anyone else? <input type="checkbox"/> Yes (Reask 1e and f) <input type="checkbox"/> No (2 on page 108)		

Notes

Section II - DISABILITY - Continued		PERSON 1
Part F - SERVICES AND BENEFITS - Continued		
<p>2a. During the past 12 months, did <i>(read names of persons 18+)</i> go to a day activity center for persons with disabilities which provides social, recreational and developmental activities during normal working hours?</p>	<p>2a. 1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (2d)</p>	<p>11</p>
<p>b. Who is this? Mark (X) "Day activity center" box in person's column.</p>	<p>b. 1 <input type="checkbox"/> Day activity center</p>	<p>12</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No (2d)</p>		
<p>d. Are <i>(names of persons 18+)</i> now on a waiting list for a day activity center?</p>	<p>d. 1 <input type="checkbox"/> Yes (2e) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (3 on page 110)</p>	<p>13</p>
<p>e. Who is this? Mark (X) "Waiting list" box in person's column.</p>	<p>e. 1 <input type="checkbox"/> Waiting list</p>	<p>14</p>
<p>f. Anyone else? <input type="checkbox"/> Yes (Reask 2e and f) <input type="checkbox"/> No (3 on page 110)</p>		
<p>Notes</p>		

Section II - DISABILITY - Continued

Part F - SERVICES AND BENEFITS - Continued

PERSON 1

3a. During the past 12 months, have (names of persons 18+) received any physical therapy?

3a. Yes (3b)
 No } (4a)
 DK }
15

b. Who is this?
 (Anyone else?)
 Mark (X) "Physical therapy" box in person's column.
 Ask 3c-d for each person with box marked in 3b.

b. Physical therapy
16

c. Has the condition for which -- gets physical therapy been going on or is it expected to go on for at least 12 months?

c. Yes (3d)
 No } (NP with 3b, or 4)
 DK }
17

d. What is the main condition for which -- gets physical therapy?

d.
 (Enter condition in X1 and mark box)
 In C2 } (3c for NP with 3b, or 4)
 Not in C2 }
18

4a. During the past 12 months, have (names of persons 18+) received any occupational therapy?

4a. Yes (4b)
 No } (5 on page 112)
 DK }
19

b. Who is this?
 (Anyone else?)
 Mark (X) "Occupational therapy" box in person's column.
 Ask 4c-d for each person with box marked in 4b.

b. Occupational therapy
20

c. Has the condition for which -- gets occupational therapy been going on or is it expected to go on for at least 12 months?

c. Yes (4d)
 No } (NP with 4b, or 5 on page 112)
 DK }
21

d. What is the main condition for which -- gets occupational therapy?

d.
 (Enter condition in X1 and mark box)
 In C2 } (4c for NP with 4b, or 5 on page 112)
 Not in C2 }
22

Notes

Section II - DISABILITY - Continued

Part F - SERVICES AND BENEFITS - Continued

PERSON 1

<p>Vocational rehabilitation provides equipment and services to people with disabilities to improve their ability to work or live independently.</p> <p>5a. Have (read names of persons 18+) EVER received any equipment or services through vocational rehabilitation?</p> <hr/> <p>b. Who is this?</p> <p><i>Mark (X) "Vocational rehabilitation" box in person's column.</i></p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No (6)</p>	<p>5a. <input type="checkbox"/> Yes (5b) <input type="checkbox"/> No } (6) <input type="checkbox"/> DK } (6)</p> <p style="text-align: right;">23</p> <hr/> <p>b. <input type="checkbox"/> Vocational rehabilitation</p> <p style="text-align: right;">24</p>
<p>A case manager coordinates personal care, and social or medical services for persons with special needs.</p> <p>6a. During the past 12 months, did (read names of persons 18+) have a case manager?</p> <hr/> <p>b. Who is this?</p> <p><i>Mark (X) "Case manager" box in person's column.</i></p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 6b and c) <input type="checkbox"/> No (7)</p>	<p>6a. <input type="checkbox"/> Yes (6b) <input type="checkbox"/> No } (7) <input type="checkbox"/> DK } (7)</p> <p style="text-align: right;">25</p> <hr/> <p>b. <input type="checkbox"/> Case manager</p> <p style="text-align: right;">26</p>
<p><i>Ask only for persons 18+ without 6b marked; otherwise, go to 8.</i></p> <p>7a. During the past 12 months, did (persons 18+ without 6b marked) NEED a case manager to coordinate personal care or social or medical services?</p> <hr/> <p>b. Who is this?</p> <p><i>Mark (X) "Needs case manager" box in person's column.</i></p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 7b and c) <input type="checkbox"/> No (8)</p>	<p>7a. <input type="checkbox"/> Yes (7b) <input type="checkbox"/> No } (8) <input type="checkbox"/> DK } (8)</p> <p style="text-align: right;">27</p> <hr/> <p>b. <input type="checkbox"/> Needs case manager</p> <p style="text-align: right;">28</p>
<p>8a. Do (read names of persons 18+) have a court-appointed legal guardian?</p> <hr/> <p>b. Who has a legal guardian?</p> <p><i>Mark (X) "Legal guardian" box in person's column.</i></p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No (Part G on page 114)</p>	<p>8a. <input type="checkbox"/> Yes (8b) <input type="checkbox"/> No } (Part G on page 114) <input type="checkbox"/> DK } (Part G on page 114)</p> <p style="text-align: right;">29</p> <hr/> <p>b. <input type="checkbox"/> Legal guardian</p> <p style="text-align: right;">30</p>

Section II - DISABILITY - Continued		RT 74
Part G - SPECIAL HEALTH NEEDS OF CHILDREN		PERSON 1
ITEM G1	<i>Refer to family composition.</i>	3-4 5
<p>The next questions refer to family members who are under 18 years old, that is <i>(read names of nondeleted persons under 18)</i>.</p> <p>1a. Do <i>(names of persons under 18)</i> NOW go to a medical doctor or specialist on a regular basis for anything other than routine physical exams?</p>		6 1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No } (2) 9 <input type="checkbox"/> DK
<p>b. Who is this? (Anyone else?) Mark (X) "Regular visits" box in person's column. Ask 1c-d for each person with box marked in 1b.</p>		7 1 <input type="checkbox"/> Regular visits
<p>c. Has any problem or condition for which -- sees a doctor regularly been going on or is it expected to go on for at least 12 months?</p> <p>Ask only if "Yes" in 1c.</p>		8 1 <input type="checkbox"/> Yes (1d) 2 <input type="checkbox"/> No } (NP with 1b, or 2) 9 <input type="checkbox"/> DK
<p>d. What is the main problem or condition for which -- goes to a doctor regularly?</p>		9 d. (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 } (1c for NP with 1b, or 2) 2 <input type="checkbox"/> Not in C2
<p>2a. Do you think that <i>(names of persons under 18)</i> have any significant problems or delays in physical development?</p>		10 1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No } (3 on page 116) 9 <input type="checkbox"/> DK
<p>b. Who is this? (Anyone else?) Mark (X) "Problem or delay" box in person's column. Ask 2c for each person with box marked in 2b.</p>		11 1 <input type="checkbox"/> Problem or delay
<p>c. Have any doctors or health care professionals discussed or mentioned -- problem or delay in physical development?</p>		12 1 <input type="checkbox"/> Yes } (NP with 2b, or 3 on page 116) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
Notes		

Section II – DISABILITY – Continued

Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued

PERSON 1

<p>3a. Do (names of persons under 18) NOW have a physical, mental, or emotional problem for which they regularly take prescription medication?</p>	<p>3a. 13 1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (4)</p>
<p>b. Who is this? (Anyone else?) Mark (X) "Prescription medication" box in person's column. Ask 3c-d for each person with box marked in 3b.</p>	<p>b. 14 1 <input type="checkbox"/> Prescription medication</p>
<p>c. Has the problem or condition for which -- regularly takes prescription medication been going on or is it expected to go on for at least 12 months?</p>	<p>c. 15 1 <input type="checkbox"/> Yes (3d) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (NP with 3b, or 4)</p>
<p>d. What is the main problem or condition for which -- regularly takes prescription medication?</p>	<p>d. 16 (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 2 <input type="checkbox"/> Not in C2 } (3c for NP with 3b, or 4)</p>
<p>4a. Has (names of persons under 18) ever been a patient in a hospital overnight for a physical, mental, or emotional condition that they STILL HAVE or GET FROM TIME TO TIME?</p>	<p>4a. 17 1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (5)</p>
<p>b. Who is this? (Anyone else?) Mark (X) "Hospital overnight" box in person's column. Ask 4c-d for each person with box marked in 4b.</p>	<p>b. 18 1 <input type="checkbox"/> Hospital overnight</p>
<p>c. Has the problem or condition for which -- was hospitalized been going on or is it expected to go on for at least 12 months?</p>	<p>c. 19 1 <input type="checkbox"/> Yes (4d) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (NP with 4b, or 5)</p>
<p>d. What is the main condition which caused -- hospitalization(s)?</p>	<p>d. 20 (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 2 <input type="checkbox"/> Not in C2 } (4c for NP with 4b, or 5)</p>
<p>5a. Do (names of persons under 18) NOW have any life-threatening allergic reactions to any foods?</p>	<p>5a. 21 1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (6 on page 118)</p>
<p>b. Who is this? (Anyone else?) Mark (X) "Allergic reaction" box in person's column.</p>	<p>b. 22 1 <input type="checkbox"/> Allergic reaction</p>

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued

		PERSON 1
<p>6a. Are (names of persons under 18) following a special diet ordered by a doctor because of a serious ongoing medical condition?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) Mark (X) "Special diet" box in person's column. Ask 6c-d for each person with box marked in 6b.</p> <p>c. Would going off this diet cause -- to have a serious life-threatening reaction or illness?</p> <p>-----</p> <p>Ask only if "Yes" in 6c.</p> <p>d. What is the main problem or condition for which -- follows a special diet?</p>	<p>6a.</p> <p>1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK</p>	23
	<p>b.</p> <p>1 <input type="checkbox"/> Special diet</p>	24
	<p>c.</p> <p>1 <input type="checkbox"/> Yes (6d) 2 <input type="checkbox"/> No } (NP with 6b, or 7) 9 <input type="checkbox"/> DK</p>	25
	<p>d.</p> <p>(Enter condition in X1 and mark box)</p> <p>1 <input type="checkbox"/> In C2 } (6c for NP with 2 <input type="checkbox"/> Not in C2 } 6b, or 7)</p>	26
<p>7a. Do (names of persons under 18) NOW need special medical equipment in order to breathe?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) Mark (X) "Special equipment" box in person's column. Ask 7c-d for each person with box marked in 7b.</p> <p>c. Has the problem or condition for which -- needs this equipment been going on or is it expected to go on for at least 12 months?</p> <p>-----</p> <p>Ask only if "Yes" in 7c.</p> <p>d. What is the main problem or condition for which -- needs medical equipment in order to breathe?</p>	<p>7a.</p> <p>1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No } (8 on page 120) 9 <input type="checkbox"/> DK</p>	27
	<p>b.</p> <p>1 <input type="checkbox"/> Special equipment</p>	28
	<p>c.</p> <p>1 <input type="checkbox"/> Yes (7d) 2 <input type="checkbox"/> No } (NP with 7b, or 8 9 <input type="checkbox"/> DK } on page 120)</p>	29
	<p>d.</p> <p>(Enter condition in X1 and mark box)</p> <p>1 <input type="checkbox"/> In C2 } (7c for NP with 2 <input type="checkbox"/> Not in C2 } 7b, or 8 on page 120)</p>	30

Notes

Section II - DISABILITY - Continued	
Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued	
PERSON 1	
<p>8a. Do (names of persons under 18) NOW go to a counselor, psychiatrist, psychologist, or social worker on a regular basis?</p> <hr style="border-top: 1px dashed black;"/> <p>b. Who is this? (Anyone else?) Mark (X) "Counselor" box in person's column. Ask 8c for each person with box marked in 8b.</p> <p>c. Has -- counseling gone on or is it expected to go on for at least 12 months?</p>	<p>8a. 31 1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK } <hr style="border-top: 1px dashed black;"/> <p>b. 32 1 <input type="checkbox"/> Counselor <hr style="border-top: 1px dashed black;"/> <p>c. 33 1 <input type="checkbox"/> Yes } (NP with 8b, or 9) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p> </p></p>
<p>9a. During the past 12 months, have (names of persons under 18) received any physical therapy?</p> <hr style="border-top: 1px dashed black;"/> <p>b. Who is this? (Anyone else?) Mark (X) "Physical therapy" box in person's column. Ask 9c-d for each person with box marked in 9b.</p> <p>c. Has the problem or condition for which -- gets physical therapy been going on or is it expected to go on for at least 12 months?</p> <p>Ask only if "Yes" in 9c.</p> <p>d. What is the main problem or condition for which -- gets physical therapy?</p>	<p>9a. 34 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No } (10 on page 122) 9 <input type="checkbox"/> DK } <hr style="border-top: 1px dashed black;"/> <p>b. 35 1 <input type="checkbox"/> Physical therapy <hr style="border-top: 1px dashed black;"/> <p>c. 36 1 <input type="checkbox"/> Yes (9d) 2 <input type="checkbox"/> No } (NP with 9b, or 10 9 <input type="checkbox"/> DK } on page 122) <hr style="border-top: 1px dashed black;"/> <p>d. 37 (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 } (9c for NP with 2 <input type="checkbox"/> Not in C2 } 9b, or 10 on page 122)</p> </p></p></p>
<p>Notes</p>	

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued

PERSON 1

10a. During the past 12 months, have (names of persons under 18) received any occupational therapy?

10a. Yes (10b) 38
 No } (Item G2)
 DK }

b. Who is this? (Anyone else?)

Mark (X) "Occupational therapy" box in person's column.
 Ask 10c-d for each person with box marked in 10b.

b. Occupational therapy 39

c. Has the problem or condition for which -- gets occupational therapy been going on or is it expected to go on for at least 12 months?

Ask only if "Yes" in 10c.

c. Yes (10d) 40
 No } (NP with 10b, or G2)
 DK }

d. What is the main problem or condition for which -- gets occupational therapy?

d. (Enter condition in X1 and mark box)
 In C2 } (10c for NP with 10b, or G2)
 Not in C2 }

ITEM G2

Refer to age or 9c and 10c on pages 120-123 for each person.

G2 18+ (NP, or 14 on page 132) 42
 Yes in 9c or 10c (11)
 Other (NP, or 14 on page 132)

11a. Does -- NOW receive any physical or occupational therapy AT HOME? THIS INCLUDES THERAPY GIVEN BY YOU, OTHER FAMILY MEMBERS, FRIENDS, VOLUNTEERS, OR PAID PROFESSIONALS.

11a. Yes (11b) 43
 No } (12 on page 128)
 DK }

b. What are the names of all persons who give -- therapy at home?

Ask 11c and d only if 4 names were entered in Table T for this person; otherwise, go to 11e in Table T.

b. (Record up to 4 names in Table T on page 124, then return to 11c)

c. Are there any other persons who give -- physical or occupational therapy at home?

c. Yes (11d) 44
 No } (11e in Table T on page 124)
 DK }

d. How many others?

d. _____ Therapist(s) (Number) (11e in Table T on page 124) 45-46

Notes

Section II - DISABILITY - Continued		RT 75
Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued		THERAPIST AT HOME
TABLE T		
	Child's name	
	Child's number	3-4
	Therapist name	5-6
11e. Does (therapist) do physical or occupational therapy with --?	11e.	7
	<input type="checkbox"/> 1 Physical <input type="checkbox"/> 2 Occupational <input type="checkbox"/> 3 Both <input type="checkbox"/> 9 DK	
<i>HAND CARD DG1. Read categories if telephone interview.</i>		8
f. What is (therapist) relationship to --? Mark (X) only one.	f.	
	<input type="checkbox"/> 0 Parent (11k) <input type="checkbox"/> 1 Other relative who lives here <input type="checkbox"/> 2 Other relative who does not live here <input type="checkbox"/> 3 Non-relative who lives here <input type="checkbox"/> 4 Friend/neighbor <input type="checkbox"/> 5 Unpaid volunteer from an organization or business (11j) <input type="checkbox"/> 6 Paid employee of an organization or business <input type="checkbox"/> 7 Paid employee of yours <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 DK	(11g) (11h) (11g)
g. Is this therapy paid for?	g.	9
	<input type="checkbox"/> 1 Yes (11h on page 126) <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	(11j on page 126)
Notes		

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued

THERAPIST AT HOME

TABLE T - Continued

HAND CARD DG2. Read categories if telephone interview.

11h. Who pays for this therapy?

(Anyone else?)

Mark (X) all that apply.

11h.

- 00 Parent 10-11
- 01 Other relative who lives here 12-13
- 02 Other relatives who do not live here 14-15
- 03 Private insurance 16-17
- 04 Rehabilitation program 18-19
- 05 Medicaid 20-21
- 06 Public school system 22-23
- 07 Other public source 24-25
- 08 Other private source 26-27
- 09 Other 28-29
- 99 DK or Refused 30-31

Ask 11i only if box 00 or 01 is marked in 11h; otherwise, skip to 11j.

i. How much did [you/the family] pay for this therapy during the past 2 weeks? Do not count money that will be reimbursed by insurance, an HMO, or other source.

If none, enter 0; otherwise, enter amount in whole dollars.

i.

\$ _____
(Dollars) 32-35

j. How satisfied are you with this therapy? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

If respondent is not a parent or guardian, explain, if necessary, that "you" refers to the family in general.

j.

- 1 Very satisfied 36
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- 9 DK

k. How many days during the past 2 weeks did (therapist) work with -- ?

k.

00 None in past 2 weeks 37-38

_____ Days
(Number)

l. Please estimate the hours per day that (therapist) did therapy with -- . Include therapy that is part of another activity such as play.

l.

_____ Hours/Day 39-40

00 Less than 1 hour/day

If another therapist in Table T for this person, ask 11e on page 124 for the next therapist; otherwise, continue with 12a on page 128 for this person.

Notes

Section II - DISABILITY - Continued		RT 76
Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued		PERSON 1
<p>12a. Does -- receive any physical or occupational therapy at any other place, that is, OTHER THAN AT HOME?</p> <p>-----</p> <p>b. Does -- receive this therapy at school, at a location other than school or both places? <i>Mark (X) only one.</i></p> <p>-----</p> <p>c. Is the therapy -- receives at school physical therapy, occupational therapy or both? <i>Mark (X) only one.</i></p>	<p>12a.</p> <p>1 <input type="checkbox"/> Yes (12b) 2 <input type="checkbox"/> No } (G2 on page 122 for NP, 3 <input type="checkbox"/> DK } or 14 on page 132)</p> <p>-----</p> <p>b.</p> <p>1 <input type="checkbox"/> School (12c) 2 <input type="checkbox"/> Location other than school (13 on page 130) 3 <input type="checkbox"/> Both (12c)</p> <p>-----</p> <p>c.</p> <p>1 <input type="checkbox"/> Physical therapy 2 <input type="checkbox"/> Occupational therapy 3 <input type="checkbox"/> Both</p>	<p>5</p> <p>6</p> <p>7</p>
<p>ITEM G3</p>	<p><i>Refer to 12b for this person.</i></p>	<p>G3</p> <p>1 <input type="checkbox"/> School only (G2 on page 122 for NP, or 14 on page 132) 2 <input type="checkbox"/> All others (13 on page 130)</p>
<p>Notes</p>		

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued

PERSON 1

9

These questions are about therapy that -- receives OTHER THAN AT HOME AND AT SCHOOL.

13a. Is this physical therapy, occupational therapy, or both?

13a.

- 1 Physical therapy
- 2 Occupational therapy
- 3 Both

Mark (X) only one.

b. During the past 2 weeks how often did -- receive [physical/(and)occupational] therapy NOT COUNTING THERAPY AT HOME OR SCHOOL?

b.

- 00 None 10-11
- _____ Times
(Number)

SHOW CARD DG2. Read categories if telephone interview.

c. Who pays for this therapy?

c.

- 00 Parent 12-13
- 01 Other family member in HH 14-15
- 02 Other family member not in HH 16-17
- 03 Private insurance 18-19
- 04 Rehabilitation program 20-21
- 05 Medicaid 22-23
- 06 Public school system 24-25
- 07 Other public source 26-27
- 08 Other private source 28-29
- 09 Other 30-31
- 99 DK or Refused 32-33

Mark (X) all that apply.

Ask 13d only if box 00 or 01 is marked in 13c; otherwise, skip to 13e.

d. How much did [you/the family] pay for this therapy during the past 2 weeks. Do not count money that will be reimbursed by insurance, an HMO, or other source.

d.

\$ _____
(Dollars)

If none, enter 0; otherwise enter amount in whole dollars.

e. How satisfied are you with this therapy? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

e.

- 1 Very satisfied
 - 2 Somewhat satisfied
 - 3 Somewhat dissatisfied
 - 4 Very dissatisfied
- (G2 on page 122 for NP, or 14 on page 132)

If respondent is not a parent or guardian, explain, if necessary, that "you" refers to the family in general.

Notes

Section II - DISABILITY - Continued			
Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued		PERSON 1	
14a. (Besides physical or occupational therapy) do (names of persons under 18) NOW have any (other) medical or health procedures done AT HOME?		14a.	<input type="checkbox"/> Yes (14b) <input checked="" type="checkbox"/> No <input type="checkbox"/> DK } (Item G4)
----- b. Who is this? (Anyone else?) Mark (X) "Medical Procedures" box in person's column. Ask 14c - d for each person with box marked in 14b.		b.	<input type="checkbox"/> Medical procedures
c. Has the problem or condition for which -- has (other) medical procedures done AT HOME been going on or is it expected to go on for at least 12 months?		c.	<input type="checkbox"/> Yes (14d) <input checked="" type="checkbox"/> No <input type="checkbox"/> DK } (NP with 14b, or G4)
----- d. What is the main problem or condition for which -- gets medical procedures done AT HOME?		d.	(Enter condition in X1 and mark box) <input type="checkbox"/> In C2 <input type="checkbox"/> Not in C2 } (14c for NP with 14b, or G4)
ITEM G4	Refer to ages of all family members.	G4	<input type="checkbox"/> Any 1-17 years (15) <input checked="" type="checkbox"/> All others (Item G6 on page 136)
15a. Do you think that (names of persons 1-17 years old) NOW have any problems or delays in understanding things, that is, delays in cognitive or mental development?		15a.	<input type="checkbox"/> Yes (15b) <input checked="" type="checkbox"/> No <input type="checkbox"/> DK } (16)
----- b. Who is this? (Anyone else?) Mark (X) "Mental development" box in person's column. Ask 15c for each person with box marked in 15b.		b.	<input type="checkbox"/> Mental development
c. Have any doctors or health care professionals discussed or mentioned -- problem or delay in understanding things?		c.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DK } (NP with 15b, or 16)
16a. Do you think that (names of persons 1-17 years old) NOW have any problems or delays in speech or language development?		16a.	<input type="checkbox"/> Yes (16b) <input checked="" type="checkbox"/> No <input type="checkbox"/> DK } (17 on page 134)
----- b. Who is this? (Anyone else?) Mark (X) "Speech" box for each appropriate person. Ask 16c for each person with box marked in 16b.		b.	<input type="checkbox"/> Speech
c. Have any doctors or health care professionals discussed or mentioned -- problem or delay in speech or language development?		c.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DK } (NP with 16b, or 17 on page 134)

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued

PERSON 1

<p>17a. Do you think that (names of persons 1-17 years old) NOW have any problems or delays in emotional or behavioral development?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) Mark (X) "Behavior" box in person's column. Ask 17c for each person with box marked in 17b.</p> <p>-----</p> <p>c. Have any doctors or health care professionals discussed or mentioned -- problem or delay in emotional or behavioral development?</p>	<p>17a. 50</p> <p>1 <input type="checkbox"/> Yes (17b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Item G5)</p> <hr/> <p>b. 51</p> <p>1 <input type="checkbox"/> Behavior</p> <hr/> <p>c. 52</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (NP with 17b, or G5)</p>
---	--

ITEM G5	Refer to ages of all family members.	<p>G5 53</p> <p>1 <input type="checkbox"/> Any 2-17 (18) 2 <input type="checkbox"/> Others (Item G6 on page 136)</p>
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<p>18a. Because of a physical, mental, or emotional problem, do (names of persons 2-17 years old) NOW have any difficulty participating in strenuous activity, such as running or swimming, compared to other children their age?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) Mark (X) "Activity" box in person's column. Ask 18c-d for each person with box marked in 18b.</p> <p>-----</p> <p>c. Has the problem or condition which causes -- to have difficulty participating in strenuous activity been going on or is it expected to go on for at least 12 months?</p> <p>-----</p> <p>Ask only if "Yes" in 18c.</p> <p>d. What is the main problem or condition which causes -- to have difficulty participating in strenuous activity?</p>	<p>18a. 54</p> <p>1 <input type="checkbox"/> Yes (18b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (19 on page 136)</p> <hr/> <p>b. 55</p> <p>1 <input type="checkbox"/> Activity</p> <hr/> <p>c. 56</p> <p>1 <input type="checkbox"/> Yes (18d) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (NP with 18b, or 19 on page 136)</p> <hr/> <p>d. 57</p> <p>(Enter condition in X1 and mark box)</p> <p>1 <input type="checkbox"/> In C2 2 <input type="checkbox"/> Not in C2 } (18c for NP with 18b, or 19 on page 136)</p>
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Notes	
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Section II - DISABILITY - Continued		PERSON 1
Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued		
<p>19a. Because of a physical, mental, or emotional problem, do (names of persons 2-17 years old) NOW have any difficulty playing or getting along with others their age?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) <i>Mark (X) "Getting along" box in person's column.</i> <i>Ask 19c-d for each person with box marked in 19b.</i></p> <p>c. Has the problem or condition which causes -- to have difficulty getting along with others been going on or is it expected to go on for at least 12 months?</p> <p>-----</p> <p><i>Ask only if "Yes" in 19c.</i></p> <p>d. What is the main problem or condition which causes -- to have difficulty getting along with others?</p> <p>-----</p>	<p>19a. <input type="checkbox"/> Yes (19b) <input type="checkbox"/> No } (Item G6) <input type="checkbox"/> DK } 58</p> <hr/> <p>b. <input type="checkbox"/> Getting along 59</p> <hr/> <p>c. <input type="checkbox"/> Yes (19d) <input type="checkbox"/> No } (NP with 19b, or G6) <input type="checkbox"/> DK } 60</p> <hr/> <p>d. (Enter condition in X1 and mark box) <input type="checkbox"/> In C2 } (19c for NP with <input type="checkbox"/> Not in C2 } 19b, or G6) 61</p>	
<p>ITEM G6 <i>Refer to ages of all family members.</i></p>	<p>G6 <input type="checkbox"/> Any persons under 5 (20) <input type="checkbox"/> None under 5 (Part J on page 146) 62</p>	
<p>20a. Do (names of persons under 5) NOW have any physical, mental, or emotional problems which makes it difficult to chew, swallow, or digest?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) <i>Mark (X) "Digest" box in person's column.</i> <i>Ask 20c-d for each person with box marked in 20b.</i></p> <p>c. Has the problem or condition which causes -- to have difficulty chewing, swallowing, or digesting been going on or is it expected to go on for at least 12 months?</p> <p>-----</p> <p><i>Ask only if "Yes" in 20c.</i></p> <p>d. What is the main problem or condition which causes -- to have difficulty chewing, swallowing, or digesting?</p> <p>-----</p>	<p>20a. <input type="checkbox"/> Yes (20b) <input type="checkbox"/> No } (21 on page 138) <input type="checkbox"/> DK } 63</p> <hr/> <p>b. <input type="checkbox"/> Digest 64</p> <hr/> <p>c. <input type="checkbox"/> Yes (20d) <input type="checkbox"/> No } (NP with 20b, or 21 <input type="checkbox"/> DK } on page 138) 65</p> <hr/> <p>d. (Enter condition in X1 and mark box) <input type="checkbox"/> In C2 } (20c for NP with <input type="checkbox"/> Not in C2 } 20b, or 21 on page 138) 66</p>	
Notes		

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued

PERSON 1

21a. Do (names of persons under age 5) NOW need special medical equipment to assist with eating or toileting?

21a. Yes (21b)
 No } (Part H on page 140)
 DK }
67

b. Who is this?
 (Anyone else?)

Mark (X) "Eating or toileting" box in person's column.

Ask 21c-d for each person with box marked in 21b.

b.
 Eating or toileting
68

c. Has the problem or condition which causes -- to need special medical equipment been going on or is it expected to go on for at least 12 months?

Ask only if "Yes" in 21c.

c. Yes (21d)
 No } (NP with 21b, or Part H
 DK } on page 140)
69

d. What is the main problem or condition which causes -- to need special medical equipment to assist with eating or toileting?

d. (Enter condition in X1 and mark box)
 In C2 } (21c for NP with
 Not in C2 } 21b, or Part H
 on page 140)
70

Notes

Section II - DISABILITY - Continued		RT 77	
Part H - EARLY CHILD DEVELOPMENT		PERSON 1	
ITEM H1	<i>Refer to age for each family member.</i>	H1	5 1 <input type="checkbox"/> 5+ (NP, or Part J on page 146) 2 <input type="checkbox"/> Under 5 (H2)
ITEM H2	<i>Refer to child's date of birth and date of interview. Calculate age in months or convert with card MC in HIS-501.1 Information Booklet.</i>	H2	6-7 ____ Months <input type="checkbox"/> Birthdate unknown (1)
ITEM H3	<i>Refer to H2.</i>	H3	8 1 <input type="checkbox"/> Under 4 months (H1 for NP, or Part J on page 146) 2 <input type="checkbox"/> 4-8 months (2) 3 <input type="checkbox"/> 9-15 months (5) 4 <input type="checkbox"/> 16-29 months (11 on page 142) 5 <input type="checkbox"/> 30-59 months (18 on page 142)
<i>HAND CARD DH1. Read categories if telephone interview.</i>			9
1. Which age group do you think -- belongs in?		1.	9 1 <input type="checkbox"/> Under 4 months (H1 for NP, or Part J on page 146) 2 <input type="checkbox"/> 4-8 months (2) 3 <input type="checkbox"/> 9-15 months (5) 4 <input type="checkbox"/> 16-29 months (11 on page 142) 5 <input type="checkbox"/> 30-59 months (18 on page 142)
2. Does -- usually show an interest in things around -- by looking at sights or by turning toward sounds?		2.	10 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. Does -- usually seem happy or pleased when -- sees -- favorite people?		3.	11 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
4. Can -- hold -- head up without support?		4.	12 1 <input type="checkbox"/> Yes } (H1 for NP, or Part J on page 146) 2 <input type="checkbox"/> No }
5. Does -- usually show an interest in things around -- by looking at sights or by turning toward sounds?		5.	13 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6. Does -- usually seem happy or pleased when -- sees -- favorite people?		6.	14 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7. Can -- sit upright without leaning against anything?		7.	15 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
8. Has -- ever crawled or crept on hands or stomach?		8.	16 1 <input type="checkbox"/> Yes } (9 on page 142) 2 <input type="checkbox"/> No }

Section II - DISABILITY - Continued		
Part H - EARLY CHILD DEVELOPMENT - Continued		PERSON 1
9. Is -- able to show what -- wants by pointing at something, reaching out to be picked up, making special noises, or saying words?	9.	17 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
10. Does -- ever respond to people talking or playing with -- by making sounds, faces, or saying words?	10.	18 1 <input type="checkbox"/> Yes } (H1 on page 140 for NP, 2 <input type="checkbox"/> No } or Part J on page 146)
11. Does -- usually pay attention to things that interest -- such as toys, picture books, or a person -- likes for as long as a minute?	11.	19 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
12. Does -- usually seem happy or pleased when -- sees -- favorite people?	12.	20 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
13. Can -- sit upright without leaning against anything?	13.	21 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
14. Is -- able to show what -- wants by pointing at things, reaching out to be picked up, making special noises, or saying words?	14.	22 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
15a. Does -- walk without holding on to anything?	15a.	23 1 <input type="checkbox"/> Yes (16) 2 <input type="checkbox"/> No (15b)
----- b. Has -- ever crawled or crept on hands or stomach?	b.	24 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
16. Is -- able to show what -- wants or needs by using actions or words, such as leading you by the hand to open a door or saying words like "juice" or "that"?	16.	25 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
17. Does -- ever respond to people talking or playing with -- by making sounds or faces or by saying words?	17.	26 1 <input type="checkbox"/> Yes } (H1 on page 140 for NP, 2 <input type="checkbox"/> No } or Part J on page 146)
18. Does -- usually pay attention for as long as a minute to things that interest --, such as toys, picture books, or a person -- likes?	18.	27 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
19. Does -- usually seem happy or pleased when -- sees -- favorite people?	19.	28 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
20. Does -- walk rapidly or run?	20.	29 1 <input type="checkbox"/> Yes (22 on page 144) 2 <input type="checkbox"/> No (21 on page 144)

Section II - DISABILITY - Continued		
Part H - EARLY CHILD DEVELOPMENT - Continued		PERSON 1
21a. Does -- walk without holding on to anything?	21a. 1 <input type="checkbox"/> Yes (22) 2 <input type="checkbox"/> No (21b)	30
b. Has -- ever crawled or crept on hands or stomach?	b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	31
c. Can -- sit upright without leaning against anything?	c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	32
22. Is -- able to show what -- wants or needs by using actions, or words, such as leading you by the hand to open a door or saying words like "juice" or "that" or talking?	22. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	33
23a. Does -- talk in phrases or sentences most of the time?	23a. 1 <input type="checkbox"/> Yes (25) 2 <input type="checkbox"/> No (24) 3 <input type="checkbox"/> Child is deaf (23b)	34
b. Is -- able to show that -- likes or dislikes something by actions such as shaking -- head or using gestures?	b. 1 <input type="checkbox"/> Yes } (25) 2 <input type="checkbox"/> No }	35
24. Is -- able to use words to show what -- likes or dislikes, such as "want that" or "no want"?	24. 1 <input type="checkbox"/> Yes } (25) 2 <input type="checkbox"/> No }	36
25. Does -- ever play "make believe," such as feeding a doll, playing house, or pretending to be a TV or movie superstar?	25. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	37
26. Can -- play with another person? For example, can -- help another person build with blocks or feed a baby doll?	26. 1 <input type="checkbox"/> Yes } (H1 on page 140 for NP, 2 <input type="checkbox"/> No } or Part J on page 146)	38
Notes		

Section II - DISABILITY - Continued		RT 78
Part J - EDUCATION		PERSON 1
ITEM J1	<i>Refer to age for each family member.</i>	5 1 <input type="checkbox"/> Under 3 (6 on page 150) 2 <input type="checkbox"/> 3-17 (1) 3 <input type="checkbox"/> 18+ (NP, or Part K on page 152)
1a. Is -- now going to school or on vacation from school?		6 1 <input type="checkbox"/> Yes (2 on page 146) 2 <input type="checkbox"/> No (1b)
<i>Hand Card DJ1. Read categories if telephone interview.</i>		7
b. Why isn't -- going to school? <i>Mark (X) only one.</i>		b. 1 <input type="checkbox"/> Not old enough yet } (3 on page 148) 2 <input type="checkbox"/> Illness } 3 <input type="checkbox"/> Receiving home teaching by parents or others (1c) 4 <input type="checkbox"/> Permanently expelled/suspended from school } 5 <input type="checkbox"/> Quit school to get a job } (J1 for NP, or Part K on page 152) 6 <input type="checkbox"/> Quit school for other reason } 7 <input type="checkbox"/> Graduated 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK
c. Is this because of a physical, mental, or emotional problem?		8 1 <input type="checkbox"/> Yes (1d) 2 <input type="checkbox"/> No (J1 for NP, or Part K on page 152)
d. Has -- had this problem for at least 12 months or is -- expected to have it for 12 months?		9 1 <input type="checkbox"/> Yes (3 on page 148) 2 <input type="checkbox"/> No (J1 for NP, or Part K on page 152)
Notes		

Section II - DISABILITY - Continued		
Part J - EDUCATION - Continued		PERSON 1
<i>Hand Card DJ2.</i>		10
2. Does -- have significant problems at school with -		
a. Understanding instructional materials?	a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Can't do or does not apply because of limitation	11
b. Paying attention in class?	b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Can't do or does not apply because of limitation	12
c. Following rules or controlling [his/her] behavior?	c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Can't do or does not apply because of limitation	13
d. Communicating with teachers and other students?	d. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Can't do or does not apply because of limitation	14
{Special education is teaching designed to meet the individual needs of a child with special needs. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.}		15
3. Is -- now receiving special education services? Do not include gifted or talented programs.		3. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
{An IEP, or Individual Education Plan, is a written plan for a child with special needs, describing what that child will learn.}		16
4. Does -- now have an Individual Education Plan or IEP?		4. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
5. Does -- attend a special school or day camp for children with special needs?		5. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
		16
Notes		16

(J1 on page 146 for NP, or Part K on page 152)

Section II - DISABILITY - Continued		
Part J - EDUCATION - Continued		PERSON 1
<p>{Early Intervention Services are services designed to meet the needs of very young children with special needs. They are provided by the State or school system at no cost to the parent.}</p> <p>6. Does -- now receive Early Intervention Services?</p>		<div style="border: 1px solid black; width: 20px; float: right; text-align: center;">17</div> <p>6. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>{An Individual Family Service Plan (IFSP) is a written plan of goals and services for young children with special needs and their families.}</p> <p>7. Does -- now have an Individual Family Service Plan or IFSP?</p>		<div style="border: 1px solid black; width: 20px; float: right; text-align: center;">18</div> <p>7. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
ITEM J2	<i>Refer to this child's age.</i>	<div style="border: 1px solid black; width: 20px; float: right; text-align: center;">19</div> <p>J2 1 <input type="checkbox"/> 1-2 years (8) 2 <input type="checkbox"/> Other (J1 on page 148 for NP, or Part K on page 152)</p>
<p>8. Does -- now attend a special school or day camp for children with special needs?</p>		<div style="border: 1px solid black; width: 20px; float: right; text-align: center;">20</div> <p>8. 1 <input type="checkbox"/> Yes } (J1 on page 148 for NP, 2 <input type="checkbox"/> No } or Part K on page 152)</p>
<p>Notes</p>		

Section II - DISABILITY - Continued		RT 79
Part K - RELATIONSHIPS TO RESPONDENT		PERSON 1
ITEM K1	Enter person number of respondent for each family member.	3-4 5-6
ITEM K2	Refer to each person's age.	7
Verify or ask: 1a. How are you related to --? Mark (X) only one.		K1 Person number _____ K2 1 <input type="checkbox"/> 18+ (NP) 2 <input type="checkbox"/> Under 18 (1) 1a. 1 <input type="checkbox"/> Mother } (1b) 2 <input type="checkbox"/> Father } 3 <input type="checkbox"/> Brother/Sister (1d) 4 <input type="checkbox"/> Grandparent } (2 on page 154) 5 <input type="checkbox"/> Other relative } 6 <input type="checkbox"/> Nonrelative } (K1 for NP, or Part L on page 156) 7 <input type="checkbox"/> Self } 8 <input type="checkbox"/> Spouse }
b. Are you -- biological or natural, adoptive, step, or foster parent? Mark (X) only one.		b. 1 <input type="checkbox"/> Biological/Natural (2 on page 154) 2 <input type="checkbox"/> Adoptive } (1c) 3 <input type="checkbox"/> Step } 4 <input type="checkbox"/> Foster }
c. How old was -- when -- first started living with you?		c. _____ { 1 <input type="checkbox"/> Months } { 2 <input type="checkbox"/> Years } (2 on page 154) 000 <input type="checkbox"/> Since birth 999 <input type="checkbox"/> DK
d. Are you -- full, half, step, adoptive, or foster [brother/sister]? Mark (X) only one.		d. 1 <input type="checkbox"/> Full } (2 on page 154) 2 <input type="checkbox"/> Half } 3 <input type="checkbox"/> Step } 4 <input type="checkbox"/> Adoptive } 5 <input type="checkbox"/> Foster }
Notes		

Section II – DISABILITY – Continued

Part K – RELATIONSHIPS TO RESPONDENT – Continued

PERSON 1

2a. Are you the person in the household who knows the MOST about -- health?

2a.

14

- 1 Yes (K1 on page 152 for NP, or Part L on page 156)
 2 No (2b)

b. Who in the household knows the MOST about -- health?

Enter name and person number, or mark (X) box.

b.

15-16

⁹⁹ No one in household or DK

Person number _____

First name _____ **17-36**

Last name _____ **37-56**

(K1 on page 152 for NP, or Part L on page 156)

Notes

Section II - DISABILITY - Continued		RT 80
Part L - PERCEIVED DISABILITY		3-4
<p>1a. Do you consider yourself (or anyone in your family) to have a disability?</p> <p>-----</p> <p>b. Who is this? <i>Mark (X) "Respondent-perceived disability" box in person's column.</i></p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (<i>Reask 1b and c</i>) <input type="checkbox"/> No (2)</p>	<p>1a.</p> <p>b.</p>	<p style="text-align: right;">5</p> <p style="text-align: right;">6</p>
<p>2a. Would other people consider you (or anyone in the family) to have a disability?</p> <p>-----</p> <p>b. Who would others consider to have a disability? <i>Mark (X) "Others perceived disability" box in person's column.</i></p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (<i>Reask 2b and c</i>) <input type="checkbox"/> No (L1)</p>	<p>2a.</p> <p>b.</p>	<p style="text-align: right;">7</p> <p style="text-align: right;">8</p>
<p>ITEM L1</p>	<p><i>Enter person number(s) of respondent(s) for Section II, Disability.</i></p>	<p style="text-align: right;">9-10 11-12</p> <p>L1 Person number(s) of respondents</p>
<p>Review X1 for each person. If a condition is also in C2 on the HIS-1, enter the condition NUMBER in the triangular space. If it is not in C2, complete a Disability Condition Page in Part M for it and enter the condition LETTER in the triangular space.</p>		
<p>Notes</p>		