With this next set of questions, we want to learn about people who have physical, mental, or emotional conditions that cause serious difficulties with their daily activities. Though different, these questions may sound similar to ones I asked earlier.

Is {S.C. name} deaf or does {S.C. name} have serious difficulty hearing?

1. Yes
2. No
7. Refused
9. Don't know

Is {S.C. name} blind or does {S.C. name} have serious difficulty seeing even when wearing glasses?

1. Yes
2. No
7. Refused
9. Don't know

Because of a physical, mental, or emotional condition, does {S.C. name} have serious difficulty concentrating, remembering, or making decisions?

1. Yes
2. No
7. Refused
9. Don't know

Sample children 1-17 years and random number generator=1

<1,2,D,R> goto P2DCSEE

<1,2,D,R> if AGE GE 5 goto P2DCCON;
else if AGE LE 4 goto SCSSN4

<1,2,D,R> goto P2DCWALK

Sample children 5-17 years and random number generator=1
Question ID: CDB.080_00.000  Instrument Variable Name: P2DCWALK  QuestionnaireFileName: Sample Child

QuestionText: Does {S.C. name} have serious difficulty walking or climbing stairs?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 5-17 years and random number generator=1

SkipInstructions: <1,2,D,R> goto P2DCDRES

Question ID: CDB.100_00.000  Instrument Variable Name: P2DCDRES  QuestionnaireFileName: Sample Child

QuestionText: Does {S.C. name} have difficulty dressing or bathing?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 5-17 years and random number generator=1

SkipInstructions: <1,2,D,R> if AGE GE 15 goto P2DCERR,
else goto SCSSN4

Question ID: CDB.120_00.000  Instrument Variable Name: P2DCERR  QuestionnaireFileName: Sample Child

QuestionText: Because of a physical, mental, or emotional condition, does {S.C. name} have difficulty doing errands alone such as visiting a doctor's office or shopping?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample children 15-17 years and random number generator=1

SkipInstructions: <1,2,D,R> goto end of section