

# Survey on Disabilities, Impairments and State of Health

## Disabilities and Impairments Questionnaire

| 2 |

Persons aged 6 years and over

### 1. Identification of the section

|                         |        |
|-------------------------|--------|
| Province _____          | □□     |
| Section order no. _____ | □□□□ □ |
| Municipality _____      |        |
| District/section _____  |        |
| Group of weeks _____    |        |

### 2. Identification of dwelling and household

Dwelling order no. \_\_\_\_\_ □□

No. of the household within the dwelling \_\_\_\_\_ □

### 3. Identification of the interviewee

Name and order number of the interviewee

\_\_\_\_\_ □□

Age \_\_\_\_\_ □□

Sex \_\_\_\_\_ □

### 4. Identification of the informant

Name and order number of the informant \_\_\_\_\_ □□

### Class, characteristics and purpose

**The Survey on Disabilities, Impairments and State of Health** is a national statistical inquiry, designed for the purpose of gathering data on the characteristics and situation of persons with disabilities who live in private households.

The importance of these objectives and the fact that this investigation is a public service move us to ask you to voluntarily lend your vital and valuable co-operation.

### Legislation

**Statistical secrecy.** Any personal particulars obtained by the statistical services, either directly from informants or from administrative sources, shall be subject to protection and shall be safeguarded by statistical secrecy (Art. 13.1 of the Public Statistical Service Act (LFEP) of 9 May 1989). All personnel shall be under obligation to keep statistical secrecy (Art. 18.1. of the LFEP).

The statistical services shall be entitled to ask all national and foreign individuals or bodies corporate resident in Spain to provide data (Art. 10.1 of the LFEP).

Irrespective of whether they co-operate by compulsion or voluntarily, all individuals and bodies corporate who provide data **must respond** to the questions duly ordered by the statistical services **truthfully, accurately, fully and in due time** (Art. 10.2 of the LFEP).

## 5. Information related to the disabilities suffered, underlying impairments, aids received and aids applied for and not received

Interviewer, follow the instructions below to complete table 5.1:

- 1. Heading:** Consult section 8, question 8.1 of the Household Questionnaire and **copy** the code or codes of the **disability or disabilities** suffered by the **interviewee**.
- 2. Column:** Complete the particulars requested **for each disability**, that is, from top to bottom.

**A) Basic particulars: type of aids received, type of aids applied for and not received, and severity, evolution forecast and underlying impairment of each disability suffered.**

**Questions 1 to 4.** For **each** disability suffered by the interviewee and entered in the table heading, ask the informant the type of **aids received**, the type of **aids applied for and not received**, the **severity of the disability** and the **prognosis of its course** and, for each of these variables, enter the applicable code taken from Supplementary Code Table A for Table 5.1.

**Question 5.** Then explain to the informant that disabilities are caused by an impairment of some sort and ask what **underlying impairment** caused each disability, reading, if necessary, the list of impairments printed on **Card A**. Enter the letter and code for each impairment, bearing in mind that, if any one disability were to be caused by more than one impairment, you should enter the code of the impairment obtained by applying the impairment **allocation guidelines**.

Before completing sections B and/or C, bear in mind the following:

If codes **1** or **3** were entered for question 1 (Type of aids received) **or** question 2 (Type of aids applied for and not received) **or** both questions together (that is, the interviewee is in receipt of or has applied for and does not receive **technical aids**), put a cross in the grey box in Section B. If codes **2** or **3** were entered for these questions (that is, the interviewee is in receipt of or has applied for and does not receive **personal assistance aids**), put a cross in the grey box in Section C. If code **4** was entered in the above questions (that is, the interviewee **neither** receives **nor** has applied for any aids), go directly to Section D.

Bear in mind that any one disability can be overcome to a certain extent using various technical aids (for example, crutches and wheelchairs) and diverse personal aids (for example, from a relation and from the Public Administration) and that some of these aids may have been received, whereas others may have been applied for and not received, which means that questions 6, 7, 9 and 10 are **not mutually exclusive**, and that, additionally, there may be more than one response for method of financing and system of provision.

**B) Technical aids received and/or applied for and not received**

**Question 6.** For **any technical aids received**, whether or not they are considered sufficient, ask under what **system of provision** (public, profit-making private and other private system) the aids are supplied and, for **each** system, the **method of financing**, entering the applicable code or codes listed in Supplementary Code Table B for Table 5.1.

**Question 7.** For **any technical aids applied for and not received**, ask to which **system of provision** application was made for the aids that are not received and put a cross in the applicable box or boxes.

**C) Personal assistance aids received and/or applied for and not received**

**Questions 8 and 9.** For **any personal assistance aids received**, whether or not they are considered sufficient, ask **how often** they are received (question 8), as well as the **system of provision** (public, family or other private system) that supplies the aids and, for **each** system, the **method of financing** (question 9), entering the applicable code or codes listed in Supplementary Code Table C for Table 5.1.

**Question 10.** For **any personal assistance aids applied for and not received**, ask to which **system of provision** application was made for the aids that are not received and put a cross in the applicable box or boxes.

**D) Age of the interviewee at the onset of the disability.** Finally, ask, for each disability, how **old** the interviewee was at its onset. If the interviewee was aged under 1 year, enter **00**.

**Supplementary code tables for Table 5.1**

**Code Table A: type of aids received, type of aids applied for and not received, severity and evolution forecast of the disability**

| <b>Type of aids received</b><br>(If the interviewee receives an aid, even if considered insufficient, enter YES it is received)   | <b>Type of aids applied for and not received</b>   | <b>Severity of the disability:</b><br>Difficulty in doing each activity <b>using</b> aids, if any are received | <b>Evolution forecast of the disability</b>  |
|---|--|--|--|
| 1. Technical aids only (adaptations, prostheses, wheelchairs, etc.)<br>2. Personal assistance aids only (physical help, supervision of tasks, etc.)<br>3. Technical aids and personal assistance<br>4. Receives no aid whatsoever | 1. Technical aids only (adaptations, prostheses, wheelchairs, etc.)<br>2. Personal assistance aids only (physical help, supervision of tasks, etc.)<br>3. Technical aids and personal assistance<br>4. Applied for no aids | 1. No difficulty<br>2. Moderate difficulty<br>3. Severe difficulty<br>4. Unable to carry out the activity      | 1. It is recoverable<br>2. It can get better but with restrictions<br>3. It is stable<br>4. It can get worse<br>5. Evolution forecast is unknown |

**Code Table B: Method of financing for the technical aids received**

| <b>Method of financing</b>  |
|---|
| 1. Free of charge<br>2. Direct payment (payment by the individual and/or private insurance schemes)<br>3. Combined payment (public and private) |

**Code Table C: Frequency of and method of financing for the personal assistance aids received**

| <b>Frequency with which personal assistance aids are received</b> | <b>Method of financing</b>  |
|---|---|
| 1. Permanently<br>2. Often<br>3. Occasionally<br>4. Seldom        | 1. Free of charge<br>2. Direct payment (payment by the individual and/or private insurance schemes)<br>3. Combined payment (public and private) |

**5.1. Disabilities suffered by the interviewee: severity, evolution forecast and underlying impairment each disability and technical aids and personal assistance aids received and/or applied for and not received**

| Disabilities   | 1                                   | 2                                   |
|--|-------------------------------------|-------------------------------------|
| <b>Particulars</b>   | _ _                                 | _ _                                 |
| <b>A) Basic particulars</b>  |                                     |                                     |
| 1. Type of aids received _____   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Type of aids applied for and not received _____   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Severity of the disability _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Evolution forecast of the disability _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. Underlying impairment (enter impairment and code) _____   | _____                               | _____                               |
|  | _                                   | _                                   |
| <b>B) Technical aids received and/or applied for and not received</b>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Method of financing for the technical aids <b>received</b> under each system of provision                       |                                     |                                     |
| 1. Public _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Profit-making private _____   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Other private system _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7. System of provision from which the technical aids applied for and <b>not received</b> were requested            |                                     |                                     |
| 1. Public _____  | <input type="checkbox"/> 1          | <input type="checkbox"/> 1          |
| 2. Profit-making private _____   | <input type="checkbox"/> 2          | <input type="checkbox"/> 2          |
| 3. Other private system _____  | <input type="checkbox"/> 3          | <input type="checkbox"/> 3          |
| <b>C) Personal assistance aids received and/or applied for and not received</b>                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Frequency of the personal assistance aids <b>received</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9. Method of financing for the personal assistance aids <b>received</b> under each system of provision             |                                     |                                     |
| 1. Public _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Family _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Other private system _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10. System of provision from which the personal assistance aids applied for and <b>not received</b> were requested |                                     |                                     |
| 1. Public _____  | <input type="checkbox"/> 1          | <input type="checkbox"/> 1          |
| 2. Family _____  | <input type="checkbox"/> 2          | <input type="checkbox"/> 2          |
| 3. Other private system _____  | <input type="checkbox"/> 3          | <input type="checkbox"/> 3          |
| <b>D) Age at the onset of the disability</b>   | _                                   | _                                   |



**5.1. Disabilities suffered by the interviewee: severity, evolution forecast and underlying impairment each disability and technical aids and personal assistance aids received and/or applied for and not received**  
(continued)

| <b>Disabilities</b>  | <b>7</b>                            | <b>8</b>                            |
|--|-------------------------------------|-------------------------------------|
| <b>Particulars</b>   | _ _                                 | _ _                                 |
| <b>A) Basic particulars</b>  |                                     |                                     |
| 1. Type of aids received _____   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Type of aids applied for and not received _____   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Severity of the disability _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Evolution forecast of the disability _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. Underlying impairment (enter impairment and code) _____   | _____                               | _____                               |
|  | _ _                                 | _ _                                 |
| <b>B) Technical aids received and/or applied for and not received</b>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Method of financing for the technical aids <b>received</b> under each system of provision                       |                                     |                                     |
| 1. Public _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Profit-making private _____   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Other private system _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7. System of provision from which the technical aids applied for and <b>not received</b> were requested            |                                     |                                     |
| 1. Public _____  | <input type="checkbox"/> 1          | <input type="checkbox"/> 1          |
| 2. Profit-making private _____   | <input type="checkbox"/> 2          | <input type="checkbox"/> 2          |
| 3. Other private system _____  | <input type="checkbox"/> 3          | <input type="checkbox"/> 3          |
| <b>C) Personal assistance aids received and/or applied for and not received</b>                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Frequency of the personal assistance aids <b>received</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9. Method of financing for the personal assistance aids <b>received</b> under each system of provision.            |                                     |                                     |
| 1. Public _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Family _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Other private system _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10. System of provision from which the personal assistance aids applied for and <b>not received</b> were requested |                                     |                                     |
| 1. Public _____  | <input type="checkbox"/> 1          | <input type="checkbox"/> 1          |
| 2. Family _____  | <input type="checkbox"/> 2          | <input type="checkbox"/> 2          |
| 3. Other private system _____  | <input type="checkbox"/> 3          | <input type="checkbox"/> 3          |
| <b>D) Age at the onset of the disability</b>   | _ _                                 | _ _                                 |

**5.1. Disabilities suffered by the interviewee: severity, evolution forecast and underlying impairment each disability and technical aids and personal assistance aids received and/or applied for and not received**

| <p style="text-align: center;"><b>9</b></p> <p style="text-align: center;">□□□</p>  | <p style="text-align: center;"><b>10</b></p> <p style="text-align: center;">□□□</p>   | <p style="text-align: center;"><b>11</b></p> <p style="text-align: center;">□□□</p>   | <p style="text-align: center;"><b>12</b></p> <p style="text-align: center;">□□□</p>   |
|---|---|---|---|
| <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <hr style="width: 80%; margin: auto;"/> <p style="text-align: center;">□□□</p>  | <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <hr style="width: 80%; margin: auto;"/> <p style="text-align: center;">□□□</p>  | <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <hr style="width: 80%; margin: auto;"/> <p style="text-align: center;">□□□</p>  | <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <hr style="width: 80%; margin: auto;"/> <p style="text-align: center;">□□□</p>  |
| <p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□ 1</p> <p style="text-align: center;">□ 2</p> <p style="text-align: center;">□ 3</p>                                      | <p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□ 1</p> <p style="text-align: center;">□ 2</p> <p style="text-align: center;">□ 3</p>                                      | <p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□ 1</p> <p style="text-align: center;">□ 2</p> <p style="text-align: center;">□ 3</p>                                      | <p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□ 1</p> <p style="text-align: center;">□ 2</p> <p style="text-align: center;">□ 3</p>                                      |
| <p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□ 1</p> <p style="text-align: center;">□ 2</p> <p style="text-align: center;">□ 3</p> | <p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□ 1</p> <p style="text-align: center;">□ 2</p> <p style="text-align: center;">□ 3</p> | <p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□ 1</p> <p style="text-align: center;">□ 2</p> <p style="text-align: center;">□ 3</p> | <p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□</p> <p style="text-align: center;">□ 1</p> <p style="text-align: center;">□ 2</p> <p style="text-align: center;">□ 3</p> |
| <p style="text-align: center;">□□□</p>  | <p style="text-align: center;">□□□</p>  | <p style="text-align: center;">□□□</p>  | <p style="text-align: center;">□□□</p>  |

**5.1. Disabilities suffered by the interviewee: severity, evolution forecast and underlying impairment each disability and technical aids and personal assistance aids received and/or applied for and not received**  
(continued)

| <b>Disabilities</b>  | <b>13</b>                           | <b>14</b>                           |
|--|-------------------------------------|-------------------------------------|
| <b>Particulars</b>   | _ _                                 | _ _                                 |
| <b>A) Basic particulars</b>  |                                     |                                     |
| 1. Type of aids received _____   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Type of aids applied for and not received _____   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Severity of the disability _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Evolution forecast of the disability _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. Underlying impairment (enter impairment and code) _____   | _____                               | _____                               |
|  | _ _                                 | _ _                                 |
| <b>B) Technical aids received and/or applied for and not received</b>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Method of financing for the technical aids <b>received</b> under each system of provision                       |                                     |                                     |
| 1. Public _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Profit-making private _____   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Other private system _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7. System of provision from which the technical aids applied for and <b>not received</b> were requested            |                                     |                                     |
| 1. Public _____  | <input type="checkbox"/> 1          | <input type="checkbox"/> 1          |
| 2. Profit-making private _____   | <input type="checkbox"/> 2          | <input type="checkbox"/> 2          |
| 3. Other private system _____  | <input type="checkbox"/> 3          | <input type="checkbox"/> 3          |
| <b>C) Personal assistance aids received and/or applied for and not received</b>                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Frequency of the personal assistance aids <b>received</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9. Method of financing for the personal assistance aids <b>received</b> under each system of provision.            |                                     |                                     |
| 1. Public _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Family _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Other private system _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10. System of provision from which the personal assistance aids applied for and <b>not received</b> were requested |                                     |                                     |
| 1. Public _____  | <input type="checkbox"/> 1          | <input type="checkbox"/> 1          |
| 2. Family _____  | <input type="checkbox"/> 2          | <input type="checkbox"/> 2          |
| 3. Other private system _____  | <input type="checkbox"/> 3          | <input type="checkbox"/> 3          |
| <b>D) Age at the onset of the disability</b>   | _ _                                 | _ _                                 |

**Interviewer:** Complete **question 5.2** only if **more than one impairment** was entered in Table 5.1, question 5. Underlying impairment. Otherwise, go to question 5.3.





**5.3. Underlying impairments of the disabilities: cause, duration and age at the onset of the impairments**

**Interviewer, follow the instructions below to complete Table 5.3:**

**Heading:** Consult Table 5.1 and **copy** the code or codes of the **underlying impairment or impairments** specified under question 5 in the same order. When any one impairment appears more than once, enter it **once only** and, therefore, do not repeat the **same impairment code** in the heading of this table.

**Column:** Then, for each impairment, **ask** the particulars printed in the column. For question 3, if the individual was **aged** under 1 year at the onset of the impairment, enter **00**.

| <b>Impairments</b>                           | <b>1</b>                    | <b>2</b>                    | <b>3</b>                    | <b>4</b>                    | <b>5</b>                    | <b>6</b>                    |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <b>Particulars</b>                           | □□                          | □□                          | □□                          | □□                          | □□                          | □□                          |
| <b>1. Problem that caused the impairment</b> |                             |                             |                             |                             |                             |                             |
| Congenital _____                             | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  |
| Problems at birth _____                      | <input type="checkbox"/> 2  | <input type="checkbox"/> 2  | <input type="checkbox"/> 2  | <input type="checkbox"/> 2  | <input type="checkbox"/> 2  | <input type="checkbox"/> 2  |
| Road accident _____                          | <input type="checkbox"/> 3  | <input type="checkbox"/> 3  | <input type="checkbox"/> 3  | <input type="checkbox"/> 3  | <input type="checkbox"/> 3  | <input type="checkbox"/> 3  |
| Accident in the home _____                   | <input type="checkbox"/> 4  | <input type="checkbox"/> 4  | <input type="checkbox"/> 4  | <input type="checkbox"/> 4  | <input type="checkbox"/> 4  | <input type="checkbox"/> 4  |
| Leisure accident _____                       | <input type="checkbox"/> 5  | <input type="checkbox"/> 5  | <input type="checkbox"/> 5  | <input type="checkbox"/> 5  | <input type="checkbox"/> 5  | <input type="checkbox"/> 5  |
| Work-related accident _____                  | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  |
| Other accident _____                         | <input type="checkbox"/> 7  | <input type="checkbox"/> 7  | <input type="checkbox"/> 7  | <input type="checkbox"/> 7  | <input type="checkbox"/> 7  | <input type="checkbox"/> 7  |
| Sickness not arising from work _____         | <input type="checkbox"/> 8  | <input type="checkbox"/> 8  | <input type="checkbox"/> 8  | <input type="checkbox"/> 8  | <input type="checkbox"/> 8  | <input type="checkbox"/> 8  |
| Occupational disease _____                   | <input type="checkbox"/> 9  | <input type="checkbox"/> 9  | <input type="checkbox"/> 9  | <input type="checkbox"/> 9  | <input type="checkbox"/> 9  | <input type="checkbox"/> 9  |
| Other causes _____                           | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 |
| <b>2. Duration of the impairment</b>         |                             |                             |                             |                             |                             |                             |
| Permanent _____                              | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  |
| Non-permanent _____                          | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  |
| <b>3. Age at the onset of the impairment</b> | □□                          | □□                          | □□                          | □□                          | □□                          | □□                          |

| <b>Impairments</b>                           | <b>1</b>                    | <b>2</b>                    | <b>3</b>                    | <b>4</b>                    | <b>5</b>                    | <b>6</b>                    |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <b>Particulars</b>                           | □□                          | □□                          | □□                          | □□                          | □□                          | □□                          |
| <b>1. Problem that caused the impairment</b> |                             |                             |                             |                             |                             |                             |
| Congenital _____                             | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  |
| Problems at birth _____                      | <input type="checkbox"/> 2  | <input type="checkbox"/> 2  | <input type="checkbox"/> 2  | <input type="checkbox"/> 2  | <input type="checkbox"/> 2  | <input type="checkbox"/> 2  |
| Road accident _____                          | <input type="checkbox"/> 3  | <input type="checkbox"/> 3  | <input type="checkbox"/> 3  | <input type="checkbox"/> 3  | <input type="checkbox"/> 3  | <input type="checkbox"/> 3  |
| Accident in the home _____                   | <input type="checkbox"/> 4  | <input type="checkbox"/> 4  | <input type="checkbox"/> 4  | <input type="checkbox"/> 4  | <input type="checkbox"/> 4  | <input type="checkbox"/> 4  |
| Leisure accident _____                       | <input type="checkbox"/> 5  | <input type="checkbox"/> 5  | <input type="checkbox"/> 5  | <input type="checkbox"/> 5  | <input type="checkbox"/> 5  | <input type="checkbox"/> 5  |
| Work-related accident _____                  | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  |
| Other accident _____                         | <input type="checkbox"/> 7  | <input type="checkbox"/> 7  | <input type="checkbox"/> 7  | <input type="checkbox"/> 7  | <input type="checkbox"/> 7  | <input type="checkbox"/> 7  |
| Sickness not arising from work _____         | <input type="checkbox"/> 8  | <input type="checkbox"/> 8  | <input type="checkbox"/> 8  | <input type="checkbox"/> 8  | <input type="checkbox"/> 8  | <input type="checkbox"/> 8  |
| Occupational disease _____                   | <input type="checkbox"/> 9  | <input type="checkbox"/> 9  | <input type="checkbox"/> 9  | <input type="checkbox"/> 9  | <input type="checkbox"/> 9  | <input type="checkbox"/> 9  |
| Other causes _____                           | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 |
| <b>2. Duration of the impairment</b>         |                             |                             |                             |                             |                             |                             |
| Permanent _____                              | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  |
| Non-permanent _____                          | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  | <input type="checkbox"/> 6  |
| <b>3. Age at the onset of the impairment</b> | □□                          | □□                          | □□                          | □□                          | □□                          | □□                          |

**5.4. Have you been diagnosed to have any of the following illnesses?**

|  | <b>YES</b>                 | <b>NO</b>                  |
|--|----------------------------|----------------------------|
| 1. Spina bifida/hydrocephalus _____                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. Down syndrome _____                                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. Autism _____  | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. Haemophilia _____                                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 5. Cerebral palsy _____                                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 6. Head injury _____                                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 7. Mental illness _____                                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 8. AIDS _____  | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 9. Retinitis pigmentosa _____                            | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 10. Rheumatoid arthritis. Ankylosing spondylitis _____   | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 11. Muscular dystrophy _____                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 12. Amyotrophic lateral or multiple sclerosis _____      | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 13. Myocardial infarction. Ischaemic heart disease _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 14. Stroke _____   | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 15. Dementia/Alzheimer's disease _____                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 16. Parkinsonism _____                                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

**5.5. How many children did your mother have before you were born?** Count all the children that the interviewee's mother had before the interviewee was born, both those now living and any who have died.

No. of children \_\_\_\_\_

**5.6. How old was your mother when you were born?**

- Under 20 years \_\_\_\_\_  1
- From 20 to 29 years \_\_\_\_\_  2
- From 30 to 34 years \_\_\_\_\_  3
- From 35 to 39 years \_\_\_\_\_  4
- 40 years and over \_\_\_\_\_  5

**Interviewer:** If the interviewee is a woman and aged over 15 years (16 or over), continue with questions 5.7 and 5.8. Otherwise, go to section 6.

**5.7. How many children and miscarriages at over 6 months of pregnancy have you had?** Count all the living or dead children that the interviewee has had, as well as all the pregnancies aborted at over 6 months of gestation.

No. of children and miscarriages at over 6 months of pregnancy.

No. of children and miscarriages at over 6 months of pregnancy \_\_\_\_\_

**5.8. Considering all the children and/or miscarriages at over 6 months of pregnancy that you have had, how old were you when your first child was born or your first aborted at over 6 months of pregnancy?**

Age \_\_\_\_\_

## 6. Information concerning personal care

**Interviewer:** Consult the type of aids **received** by the interviewee in Table 5.1, question 1.

If the individual **receives** personal assistance aids (codes 2 or 3), complete the questions in this section.

If the individual **does not receive** personal assistance aids (codes 1 or 4), go to section 7.

**6.1. Specify where the persons who provide you with personal care live.** If they are resident in the household (YES for options 1 and/or 2), consult section 6. **Particulars of the persons in the household** of the **Household Questionnaire**, and copy the order number of the person who **spends most time** caring for the interviewee for each option.

Order no.

- |  |                                  |
|--|----------------------------------|
| 1. In the household and are household members _____                      | YES <input type="checkbox"/> 1 → |
|  | NO <input type="checkbox"/> 6    |
| 2. In the household and are internal employees or permanent guests _____ | YES <input type="checkbox"/> 1 → |
|  | NO <input type="checkbox"/> 6    |
| 3. Outside the household _____   | YES <input type="checkbox"/> 1 → |
|  | NO <input type="checkbox"/> 6    |

**Interviewer:** Provided YES is entered for option 3, go to question 6.2. Otherwise go to question 6.3.

**6.2. Specify which persons not resident in the household provide you with care.**

- |                               | YES                        | NO                         |   | YES                        | NO                         |
|-------------------------------|----------------------------|----------------------------|---|----------------------------|----------------------------|
| 1. Your daughter/s _____      | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | 8. Non-resident internal employees _____          | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. Your son/s _____           | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | 9. Friends _____                                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. Your father _____          | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | 10. Neighbours _____                              | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. Your mother _____          | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | 11. Public Administration social services _____   | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 5. Your daughter-in-law _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | 12. Non-public social services institutions _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 6. Your son-in-law _____      | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |   |                            |                            |
| 7. Other relations _____      | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |   |                            |                            |

**6.3. If more than one person provides you with care, who is it that spends most time caring for you?**

- If this person lives in the household, enter his/her order number \_\_\_\_\_ | | |
- If this person is not resident in the household, enter the code allocated under question 6.2. \_\_\_\_\_ | | |

**Interviewer:** The remainder of the questions in this section refer to the **person who spends most time** caring for the interviewee, identified by his/her order number.

**6.4. How many hours per week do you spend on average providing this care?**

- Under 7 hours \_\_\_\_\_  1  
From 7 to 14 hours \_\_\_\_\_  2  
From 15 to 30 hours \_\_\_\_\_  3  
From 31 to 40 hours \_\_\_\_\_  4  
From 41 to 60 hours \_\_\_\_\_  5  
Over 60 hours \_\_\_\_\_  6

**6.5. How long have you been providing this care?**

- Under 1 year \_\_\_\_\_  1  
From 1 to 2 years \_\_\_\_\_  2  
From 2 to 4 years \_\_\_\_\_  3  
From 4 to 8 years \_\_\_\_\_  4  
8 years and over \_\_\_\_\_  5

**6.6. What activities or relationships have you had to cut back substantially or quit in order to be able to provide this care?** This question refers to the **carer who is resident in the household** only and the information must be provided by the carer himself/herself. Otherwise, do not complete this question.

- |   | <b>YES</b>                 | <b>NO</b>                  |
|---|----------------------------|----------------------------|
| 1. None because it is your job _____        | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. Paid employment or education _____       | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. Housework _____                          | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. Family life _____                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 5. Leisure activities and social life _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 6. Other regular activities _____           | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 7. None in particular _____                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

**6.7. Do you receive any financial payment in return for providing this care?**

- Yes, regularly \_\_\_\_\_  1  
Yes, occasionally \_\_\_\_\_  2  
No, never \_\_\_\_\_  3

## 7. Information concerning changes of abode and membership of non-governmental organisations as a result of suffering from a disability

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### 7.1. Have you ever had to change your abode and/or place of residence as a result of suffering from a disability?

- YES \_\_\_\_\_  1
- NO \_\_\_\_\_  6 → go to 7.6

**Interviewer:** If the person has changed his/her abode and/or place of residence more than once as a result of suffering from a disability or disabilities, refer in the next question to the **first change made**.

### 7.2. Of what type was your first change you made?

- Change of abode within the same municipality \_\_\_\_\_  1 → go to 7.5
- Change of municipality within the same province \_\_\_\_\_  2 province [ ][ ] → go to 7.4
- Change of province \_\_\_\_\_  3 → go to 7.3

### 7.3. Specify the province of residence before and after the first change you made as a result of a disability. Enter letters and code.

1. Province of residence before the first change \_\_\_\_\_ [ ][ ]
2. Province of residence after the first change \_\_\_\_\_ [ ][ ]

### 7.4. Specify the municipality of residence before and after the first change you made as a result of a disability. Enter letters and code.

1. Municipality of residence before the first change \_\_\_\_\_ [ ][ ][ ]
2. Municipality of residence after the first change \_\_\_\_\_ [ ][ ][ ]

### 7.5. What was the main reason behind your change of residence?

- Admission to a collective establishment for a period of over six months \_\_\_\_\_  1
- Greater availability of health care and social resources \_\_\_\_\_  2
- Environmental reasons \_\_\_\_\_  3
- Receipt of family care \_\_\_\_\_  4
- Other reasons \_\_\_\_\_  5

**7.6 As a result of suffering from a disability, are you or your relations members of any non-governmental organisations working with the disabled?**

YES \_\_\_\_\_  1  
NO \_\_\_\_\_  6 → go to section 8

**7.7. Specify the underlying impairment of the disability which led to your membership of one or more of these organisations.** Enter letters and code.

Underlying impairment \_\_\_\_\_

**7.8. Specify the non-governmental organisation or organisations of which you or your relations are members.** Enter letters and code.

1. \_\_\_\_\_   
2. \_\_\_\_\_

**8. Information concerning health care, social and financial benefits**

---

**Interviewer:** Remember that this entire section refers **exclusively** to services due to any of the **disabilities suffered** by the interviewee and not services due to other health-related problems, information about which is gathered in the respective section of the Health Questionnaire (4).

**8.1. As a result of suffering from a disability, have you ever received rehabilitation treatment that concluded earlier than a fortnight ago?**

YES \_\_\_\_\_  1  
NO \_\_\_\_\_  6 → go to 8.3

**8.2. With regard to rehabilitation treatment concluded earlier than a fortnight ago, specify whether:**

1. You terminated any rehabilitation treatment \_\_\_\_\_ YES  1  
NO  6  
2. You discontinued any rehabilitation treatment indefinitely \_\_\_\_\_ YES  1  
NO  6

**8.3. As a result of suffering from a disability, have you ever needed to receive one or more of the following health and/or social services in the specified periods?**

**Interviewer:** Read the classes of services and periods of time listed under question 8.4. to the informant. Then enter the responses, bearing in mind that the first two options are not exclusive.

You have **needed** and you **received** one or more services in the period \_\_\_\_\_  1 → go to 8.4, column 1  
You have **needed** and you have **not received** one or more services in the period \_\_\_\_\_  1 → go to 8.4, column 2  
You have **not needed** any service in the period \_\_\_\_\_  6 → go to 8.6

**8.4. Particulars of the health and social services you have received and the method of financing, and particulars concerning the grounds on which you have not received the health and social services you require.** For each service you **have received** in the specified period, enter in the respective boxes the **number of days** during which you received the service under each method of financing. For each service you **needed** and did **not receive** in the period, enter the code of the main ground on which you did not receive the service, taking into account the order of priority of the grounds. Then, if you have received a service, go to 8.5 and if you have not received any service whatsoever, go to 8.6.

| Method of financing  | 1                          |       |       | 2  |
|--|----------------------------|-------|-------|--|
|  | You have received services |       |       | Grounds for not having received the services you require |
| Classes of health and social services                                  | 1.Pf                       | 2. Pd | 3. Pc |  |
| <b>In the last fortnight</b>   |                            |       |       |  |
| 1. Medical and/or nursing care (except chiropody services) _____       | □□                         | □□    | □□    | □  |
| 2. Diagnostic tests _____  | □□                         | □□    | □□    | □  |
| 3. Chiropody services _____  | □□                         | □□    | □□    | □  |
| 4. Medical/functional rehabilitation _____                             | □□                         | □□    | □□    | □  |
| 5. Speech therapy _____  | □□                         | □□    | □□    | □  |
| 6. Orthoprosthetic rehabilitation _____                                | □□                         | □□    | □□    | □  |
| 7. Occupational therapy and/or training in aspects of daily life _____ | □□                         | □□    | □□    | □  |
| 8. Mental health and psychiatric care _____                            | □□                         | □□    | □□    | □  |
| 9. Home help _____   | □□                         | □□    | □□    | □  |
| 10. Health and social telecare _____                                   | □□                         | □□    | □□    | □  |
| 11. Respite services: hour- and day-long stays                         | □□                         | □□    | □□    | □  |
| 12. Cultural, recreational, leisure and spare time activities _____    | □□                         | □□    | □□    | □  |
| <b>In the last year</b>  |                            |       |       |  |
| 13. Information/advice/appraisal _____                                 | □□                         | □□    | □□    | □  |
| 14. Health care provided by hospital staff _____                       | □□□                        | □□□   | □□□   | □  |
| 15. Psychological and social care for relations                        | □□                         | □□    | □□    | □  |
| 16. Transplants/implants _____   | □□                         | □□    | □□    | □  |
| 17. Surgery _____  | □□                         | □□    | □□    | □  |
| 18. Respite services: temporary stays _____                            | □□                         | □□    | □□    | □  |
| 19. Stays with relations _____   | □□□                        | □□□   | □□□   | □  |
| 20. Ambulance and/or adapted transport _____                           | □□□                        | □□□   | □□□   | □  |

**Method of financing**

1. Pf = free of charge
2. Pd = direct payment (payment by the individual and/or private insurance schemes)
3. Pc = combined payment (public and private)

**Grounds**

1. Waiting list
2. Not available in the community
3. Insufficient financial resources
4. Other grounds



**8.5. Specify the type of institution(s) at which you have received health care and social services**

|  | <b>YES</b>                 | <b>NO</b>                  |
|--|----------------------------|----------------------------|
| 1. Hospitals _____   | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. Day hospitals _____   | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. Primary or specialised care institutions and doctor's surgeries _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. Patient's home _____  | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 5. Residential homes _____   | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 6. Day centres _____   | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 7. Social centres _____  | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

**8.6. Do you receive or have you received any kind of financial benefit or tax allowance as a result of suffering from a disability?**

|           |                            |  |
|-----------|----------------------------|--|
| YES _____ | <input type="checkbox"/> 1 | → go to 8.7  |
| NO _____  | <input type="checkbox"/> 6 | → go to <b>Interviewer</b> box at the bottom of the page |

**8.7. Which of the following financial benefits and tax allowances have you received?**

| <b>Regular benefits</b>  | <b>YES</b>                 | <b>NO</b>                  |
|--|----------------------------|----------------------------|
| <b>Disablement or sickness pensions</b>  |                            |                            |
| 1. Contributory _____  | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. Non-contributory _____  | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. Family benefit for a dependent disabled or invalid child _____  | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. Life and disablement assurance schemes _____  | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| <b>Allowances</b>  |                            |                            |
| 5. Third party allowance _____   | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 6. Mobility and transport expenses _____   | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| <b>Irregular benefits</b>  |                            |                            |
| <b>Allowances for the disabled</b>   |                            |                            |
| 7. Official IMSERSO <sup>1</sup> /Autonomous Community allowances for rehabilitation or specialised care _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 8. Official MEC <sup>2</sup> /Autonomous Community allowances for education _____                              | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 9. Allowances from other public administrations (MUFACE) _____   | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 10. Employer social assistance allowances _____  | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| <b>Indemnities</b>   |                            |                            |
| 11. Indemnities for civil liability _____  | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 12. Indemnities for bodily injury _____  | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 13. Personal income tax allowances _____   | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

**Interviewer:** If the interviewee is aged **16 years or over**, go to section 9  
 If the interviewee is aged **6 to 15 years**, go to section 11

<sup>1</sup> Migrations and Social Services Office

<sup>2</sup> Ministry of Education and Culture

## Persons aged 16 years and over

### 9. Information concerning any changes that have taken place in employment and particulars of present employment

#### 9.1. Situation of employment, professional status and occupation at the present time

**Interviewer:** Copy, from Section 6. **Particulars of persons in the household** of the Household Questionnaire, the information stated under questions 12, 13 and 14 concerning the interviewee. If questions 13 and 14 were left blank (persons who are not working at present), leave boxes 2 and 3 blank.

1. Situation of employment at the present time (if more than one option was checked, enter **the one** allocated the code with the lowest order number) \_\_\_\_\_
2. Professional status at the present time \_\_\_\_\_
3. Occupation or profession that is your main job at the present time. \_\_\_\_\_

#### 9.2. Have you ever had to modify your situation of employment or your occupation as a result of suffering from a disability?

- YES \_\_\_\_\_  1  
NO \_\_\_\_\_  6 → go to 9.6

**Interviewer:** If the person has changed his/her situation of employment or occupation more than once as a result of suffering one or more disabilities, refer in the next question to the **first change**.

#### 9.3. Of what type was the first change?

- You changed your situation of employment only \_\_\_\_\_  1 → go to 9.4  
You changed your occupation or profession only \_\_\_\_\_  2 → go to 9.5  
You changed your situation of employment and your occupation \_\_\_\_  3 → go to 9.4

**9.4. Specify your situation of employment before and after the first change made as a result of a disability.** Enter letters and codes.

1. Situation of employment before the first change \_\_\_\_\_
2. Situation of employment after the first change \_\_\_\_\_

**Interviewer:** Consult the option filled in under question 9.3

If there is a cross in **1**, go to question 9.6. If there is a cross in **3**, continue with question 9.5

**9.5. Specify your occupation before and after the first change made as a result of a disability.** Enter letters and codes.

1. Occupation before the first change \_\_\_\_\_
2. Occupation after the first change \_\_\_\_\_

**9.6. Interviewer:** Consult the code of the situation of employment entered under question 9.1

- If situation of employment is **code 1 or 2** → go to 9.7  
If situation of employment is **code 3 or 4** → go to 9.12  
If situation of employment is **code 5 to 12** → go to 9.16

**9.7. Have you benefited from any of the following job creation measures in your present occupation?**

- | <b>Employment in the ordinary working environment</b>                                 | <b>YES</b>                 | <b>NO</b>                  |
|---|----------------------------|----------------------------|
| 1. Disabled training and apprenticeship contract _____                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. Employment incentives _____  | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. Percentage of jobs reserved for the disabled in the public sector _                | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. Percentage of jobs reserved for the disabled in the private sector                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 5. Selective employment (reinstatement of disabled employees) ____                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 6. Grants _____   | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| <b>Employment in sheltered workshops</b>  |                            |                            |
| 7. Employment in sheltered workshops (excluding occupational therapy workshops) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

**9.8. Did you get your present job by means of any intermediary service specialised in disabled employees and/or vocational guidance?**

- YES \_\_\_\_\_  1
- NO \_\_\_\_\_  6

**Interviewer:** Consult the professional status code entered under question 9.1: If professional status is **code 4 or 5**, go to 9.9. If professional status is **code 1 to 3**, go to 9.10

**9.9. What sort of contract do you have in your main job?**

- Public servant (except temporary) \_\_\_\_\_  1
- Unlimited-term or continuous permanent \_\_\_\_\_  2
- Discontinuous permanent \_\_\_\_\_  3
- Apprenticeship \_\_\_\_\_  4
- Work experience or training \_\_\_\_\_  5
- Casual \_\_\_\_\_  6
- For a specific project or service \_\_\_\_\_  7
- Seasonal \_\_\_\_\_  8
- Temporary public servant \_\_\_\_\_  9
- Other contract type \_\_\_\_\_  10
- Not under contract \_\_\_\_\_  11

**9.10. How many employees and family workers does the company at which you work have, apart from yourself?**

- None \_\_\_\_\_  1
- Under 10 \_\_\_\_\_  2
- From 10 to 19 \_\_\_\_\_  3
- From 20 to 49 \_\_\_\_\_  4
- From 50 to 100 \_\_\_\_\_  5
- From 101 to 250 \_\_\_\_\_  6
- From 251 to 500 \_\_\_\_\_  7
- Over 500 \_\_\_\_\_  8

**9.11. Are you looking for another job?**

- YES \_\_\_\_\_  1
- NO \_\_\_\_\_  6 → go to section 10

**9.12. When did you start to look for work?**

- 1. Month \_\_\_\_\_
- 2. Year \_\_\_\_\_

**9.13. Specify the main reason why you think that you cannot find work or another job**

- I am disabled \_\_\_\_\_  1
- I am inexperienced \_\_\_\_\_  2
- My education is of no use for finding work \_\_\_\_\_  3
- It is very difficult for anyone to find work \_\_\_\_\_  4
- I am uneducated \_\_\_\_\_  5
- Other reasons \_\_\_\_\_  6

**9.14. In what sort of job would you prefer to work?**

- Related to manual work \_\_\_\_\_  1
- Related to clerical work \_\_\_\_\_  2
- Related to technician work \_\_\_\_\_  3
- Related to management work \_\_\_\_\_  4
- Any job \_\_\_\_\_  5

**9.15. What method of job seeking have you used in the last four weeks? Specify no more than three responses.**

- You are registered at the Public Administration's Employment Agency  1
  - You are registered at a private employment agency \_\_\_\_\_  2
  - You have approached employers \_\_\_\_\_  3
  - You are using personal relations \_\_\_\_\_  4
  - Through the press \_\_\_\_\_  5
  - You have taken steps to set up your own business (looking for land, licensing formalities, etc.) \_\_\_\_\_  6
  - You are studying for or taking competitive examinations \_\_\_\_\_  7
  - You are waiting for the outcome of earlier applications \_\_\_\_\_  8
  - You are waiting for a public employment agency to call you \_\_\_\_\_  9
  - Other methods \_\_\_\_\_  10
  - You have not used any method \_\_\_\_\_  11
- go to section 10

**9.16. Why are you not looking for work?** Specify no more than 3 responses

- You are disabled and think it would be very difficult for you to find a job \_\_\_\_\_  1
- You are unable to work \_\_\_\_\_  2
- You do not think you will find a job, although you have never looked \_\_\_\_\_  3
- You do not think you will find a job and have looked before \_\_\_\_\_  4
- You do not think that there are any vacancies \_\_\_\_\_  5
- You are involved in redundancy proceedings \_\_\_\_\_  6
- You do not know where to go to find a job \_\_\_\_\_  7
- You are waiting for the busy season \_\_\_\_\_  8
- You are waiting for the outcome of earlier applications \_\_\_\_\_  9
- You intend to return to work as a self-employed person \_\_\_\_\_  10
- On personal or family grounds \_\_\_\_\_  11
- Because you are in education or training \_\_\_\_\_  12
- Because you are retired \_\_\_\_\_  13
- You do not need to work \_\_\_\_\_  14
- Other reasons \_\_\_\_\_  15

**10. Information concerning the level of education completed and in progress**

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**10.1. Interviewer:** Copy from Section 6. **Particulars of persons in the household** of the Household Questionnaire, the information stated under question 8. Level of education completed concerning the interviewee.

Level of education completed \_\_\_\_\_

If level of education completed is **code 8 or 9** → go to 10.2

If level of education completed is **code 1 to 7** → go to 10.3

**10.2. Concerning the education you have completed, specify the branch of knowledge, diploma or degree .** Enter letters and code.

\_\_\_\_\_

**10.3. Have you taken any occupational training course in the last five years?**

YES \_\_\_\_\_  1

NO \_\_\_\_\_  6 → go to 10.6

**10.4. Have any of the occupational courses you have taken in the last five years been any use for finding work?**

- YES \_\_\_\_\_  1  
NO \_\_\_\_\_  6 → go to 10.6

**10.5. Which courses have been of use to you?** Enter the name of the course or courses

1. \_\_\_\_\_     
2. \_\_\_\_\_     
3. \_\_\_\_\_     
4. \_\_\_\_\_

**10.6. Interviewer:** Consult the information stated under question 12 of Household Questionnaire Section 6. **Particulars of the persons in the household** concerning the interviewee.

If the situation of employment is **code 9, in education** (on its own or with other options) → go to 10.7.

If the situation of employment is **any code other than 9, in education** → END

**10.7. Specify whether you are taking any of the following types of official education**

- Special education: special or adapted vocational training, programmes of preparation for adult and working life, special-purpose social assurance programmes, etc. \_\_\_\_\_  1  
General social assurance programmes \_\_\_\_\_  2  
Second stage of secondary level of General Education (LOGSE, REM, BUP) \_\_\_\_\_  3  
Intermediate-grade vocational training cycle (or FP1) and vocational modules II \_\_\_\_\_  4  
Higher-grade vocational training cycle (or FP2) and vocational modules III \_\_\_\_\_  5  
Short university education (diplomas, technical colleges, etc.) and postgraduate studies \_\_\_\_\_  6  
Long university education (bachelor's, engineering and architectural degrees) and postgraduate studies \_\_\_\_\_  7  
You are not taking any official education \_\_\_\_\_  8

**10.8 Are you taking any of the following unofficial education?**

- |  | <b>YES</b>                 | <b>NO</b>                  |
|--|----------------------------|----------------------------|
| 1. Occupational training courses _____                                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. Other unofficial courses lasting over six months _____                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. Other unofficial courses lasting less than or equal to six months _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

## Persons aged from 6 to 15 years

### 11. Information concerning education and educational integration

#### 11.1. With regard to your education and educational integration, what was your situation last week?

- Receiving no schooling \_\_\_\_\_  1 → go to 11.2
- Schooled at a special education school or class \_\_\_\_\_  2 → go to 11.3
- Schooled at a regular school under an integration scheme and in receipt of special help \_\_\_\_\_  3 → go to 11.4
- Schooled at a regular school without any sort of personalised help \_\_  4 → go to 11.5

#### 11.2. For persons with disabilities aged from 6 to 15 years receiving no educational provision only

- You have never been to a school because of your disability \_\_\_\_\_  1
- You stopped attending because of your disability \_\_\_\_\_  2 → go to 11.8
- You have never attended or do not attend because there is no school suited to your needs in your community \_\_\_\_\_  3

#### 11.3. For persons with disabilities aged from 6 to 15 years receiving educational provision at special education schools or classes only

- At special education schools taking compulsory basic or primary education\_  1
- At special education classes taking primary or compulsory secondary education \_\_\_\_  2 → 11.6
- In combined education (special and regular) taking primary or compulsory secondary education \_\_\_\_\_  3

#### 11.4. For persons with disabilities aged from 6 to 15 years receiving educational provision at regular schools under an integration scheme and in receipt of special help only

- At infant education schools \_\_\_\_\_  1
- Taking primary education \_\_\_\_\_  2 → 11.6
- Taking compulsory secondary education \_\_\_\_\_  3

#### 11.5. For persons with disabilities aged from 6 to 15 years receiving educational provision at regular schools without any sort of personalised help only

- Primary education \_\_\_\_\_  1
- Compulsory secondary education \_\_\_\_\_  2

**11.6 How often did you miss school during the last school year as a result of suffering from a disability?** Total all the days that you were absent throughout the school year, even if they fell in different periods.

- One or several days, but less than a week \_\_\_\_\_  1
- One or several weeks, but less than a month \_\_\_\_\_  2
- From one to three months \_\_\_\_\_  3
- From three to six months \_\_\_\_\_  4
- Six months or over \_\_\_\_\_  5
- Never absent \_\_\_\_\_  6

**11.7. What type of school do you attend?**

- State school \_\_\_\_\_  1
- School run by a NGO \_\_\_\_\_  2
- State-subsidised private school \_\_\_\_\_  3
- Private school \_\_\_\_\_  4

**11.8. As a result of suffering from a disability, whether or not you are receiving educational provision at the present time, would you need to be schooled in any of the following types of school and you are not?**

- YES  Special education school \_\_\_\_\_  1
- Regular school under an integration scheme with special help \_\_\_\_\_  2
- Regular school with no sort of help \_\_\_\_\_  3
- NO \_\_\_\_\_  4 → END

**11.9. What school system would you like to attend but are unable to on any of the grounds listed below? Enter the code of the ground.**

1. State school \_\_\_\_\_
2. School run by an NGO \_\_\_\_\_
3. State-subsidised private school \_\_\_\_\_
4. Private school \_\_\_\_\_

**Grounds:**

1. Waiting list
2. Not available in your community
3. Financial reasons
4. Other grounds