

Disability, Independence and Dependency Situations Survey.

Disability Questionnaire

Persons aged 6 years old or over

2

A. Identification

1. Section identification data

Province _____ | | | |

Section order N° _ | | | | | | | |

Municipality _____
| | | |

District/Section _____ | | | | | | | |

Two-week
period _____ | |

DIGITISATION LABEL

2. Identification of the dwelling, household and person with disabilities

Order number of the dwelling _____
| | | |

Household number within the dwelling _____
| |

Name and order number of the person
..... | | | |

Age _____ | | | |

Identification of the informant:

3.1 Is the informant the person with disabilities?

Yes 1 → Question 5

No 6.

3.2 *Interviewer: Is the informant a household member?*

Yes 1 → order no. | | | | → P4.

No 6 → P3.3

3.3 Name of the informant.....

3.4 Age _____ | | | |

3.5 Relationship of the informant with the person with disabilities.

Spouse or partner 1 Other family members ____
5

Son/daughter _____ 2 Social services ____ 6

Father/Mother ____ 3 Volunteers ____ 7

Brother/sister _____ 4 Other
relationship ____ 8

4. Reason for the proxy information

1. Long-term absence _____ 1

2. Disability or serious illness which prevents him or her from
responding _ 2

3. Inability to speak the language _____ 3

4. Under 18 years old _____ 4

5. Contact telephone no.(s)

Landline/mobile phone _____ | | | | | | | | | | | | | | | | | |

Landline/mobile phone _____ | | | | | | | | | | | | | | | | | |

6. Time of start of interview _____ | | | | | | | |

Nature, characteristics and purpose

The Disability, Independence and Dependency Situations Survey is government-level research, designed with the objective of obtaining data on the characteristics and situation of persons with disabilities, residing in private households.

Legislation

Statistical Secrecy. The personal information obtained by the statistical services, both directly from the informants as well as from administrative sources, will be the object of protection and are covered by statistical secrecy (Art. 13.1 of the Law on the Public

Statistical Services, dated 9 May 1989, LFEP). All personnel will have the obligation of preserving statistical secrecy. 17.1 of the LFEP).

Obligation of providing data. This questionnaire is voluntary.

Statistical services may request data from individuals and legal entities, both national and foreign, resident in Spain (Art. 10.1 of the LFEP).

All individuals and legal entities that provide data, regardless of whether their collaboration is compulsory or voluntary, **must respond in a true, exact and comprehensive manner within the stipulated deadline** to the questions outlined in due form by the statistical services (Art. 10.2 of the LFEP) grants the INE sanctioning capacity.

Mod. EDAD-CD

Interviewer: *Before commencing the interview for this questionnaire, please copy from the Household Questionnaire the details requested in this Disability Questionnaire into the following sections:*

Section E, question 5. *Relationship with economic activity.*

Section E, question 6. *Have you ever worked?*

Section E, question 15. *Professional Status.*

Section F, question 1. *Level of studies completed.*

B. Information relating to disabilities, original impairments and illnesses diagnosed by a doctor.

Interviewer, *please read the following presentation to the informant:*

I am now going to ask some questions regarding possible difficulties or limitations carrying out everyday activities in order to detect whether you currently have them. These questions refer to difficulties or limitations fulfilling two requirements:

- They have lasted or are expected to last more than one year (for example, minor accidents such as slight injuries which are overcome in a matter of months are not considered) and;
- The cause of the limitation or difficulty is a health-related problem or disability.

In order to respond, you need to think about your possible disabilities or limitations when not using aids or receiving supervision. If someone overcomes their limitation through use of an aid or receiving supervision, they must still be considered to be facing the corresponding difficulty. For example, if someone can only eat when assisted by another person, then he or she does have a limitation. However, an exception is made in the case of visual impairment (myopia, astigmatism, ...): if the person has these difficulties and overcomes them with spectacles or contact lenses, he or she is regarded as not having the limitation.

By assistance we mean two types thereof: technical aids and personal aids.

*** Any technical product or instrument used or aimed at use by a disabled persons, which compensates or lessens the limitation. For example: earpieces, illuminated lenses, external prostheses, sticks, wheelchairs, hoists, oxygen, cutlery with adapted handles, access ramps, guide dogs, ...**

*** Personal assistance is regarded as all collaboration by another person, necessary for carrying out an activity.**

Supervision is regarded as the need for another person to be overseeing what someone else does, in the event that problems arise in an everyday activity.

1. Disability chart for the affected person, original impairments and age of onset of the disability.

Interviewer:

**Please refer in the Household Questionnaire, Table D1, to disabilities for this person and mark in the left-hand column of the following table, the disabilities noted in the Household Questionnaire*

** If the person with disabilities was the informant of the Household Questionnaire, please do not ask the first question for each disability indicated and complete it with option 1(Yes) .*

**Please bear in mind that you should only ask questions corresponding to disabilities already highlighted and those marked as a result of the flow followed within the same chart.*

** Next go to the question corresponding to the first disability indicated.*

| Column 1 | Disabilities |
|---|--|
| <p>Please mark with a X if you have indicated the disability in the Household Questionnaire</p> <p>1 <input type="checkbox"/></p> | <p style="text-align: center;">BLOCK A: SIGHT</p> <p>Interviewer , please read the following to the informant: Remember that I will only ask you about difficulties which have lasted or are expected to last more than one year, and which are due to a complaint or a disability.</p> <p>1.1 Are you blind or only able to differentiate between light and darkness?</p> <p>Yes ___ <input type="checkbox"/> 1 No ___ <input type="checkbox"/> 6 → Please mark with a X in column 1 all questions in block A. Sight and ask the corresponding questions following the flows</p> <p>What is the original impairment of your blindness or visual problem? Interviewer: Please make note of the literal and encode.</p> <p>Impairment:..... </p> <p>1.3 What are were you when your blindness began or when you started to distinguish only light and darkness?</p> <p>Age: _____ </p> <p>1.4 Do you use Braille?</p> <p>Yes ___ <input type="checkbox"/> 1 No ___ <input type="checkbox"/> 6 → Complete block A and go to the next disability marked with a X in column 1, starting with block B.</p> <p>1.5 From what age?</p> <p>Age: _____ → Complete block A and go to the next disability marked with a X in column 1, starting with block B</p> |
| <p>2 <input type="checkbox"/></p> | <p>Interviewer, please read the informant the introduction to question 1, if he or she has not already read it.</p> <p>2.1. Does any person in the household have a significant difficulty reading newspaper print, even wearing spectacles or contact lenses?</p> <p>Yes <input type="checkbox"/> ___ 1 No ___ <input type="checkbox"/> 6 → → Please mark with a X in column 1 all questions in block A. Sight and ask the corresponding questions following the flows</p> <p>2.2 What is the level of difficulty with which you are able to read newspaper print? If you use glasses or contact lenses, please evaluate the level of difficulty when using them.</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> |

| Column 1 | Disabilities |
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| | <p>2.3.a Do you use any type of technical aid, excluding glasses or contact lenses, in order to read newspaper print?</p> <p>Yes <input type="checkbox"/> ____ 1 No <input type="checkbox"/> 6 → P 2.4</p> <p>2.3.b What is the level of difficulty with which you are able to read newspaper print when using technical aids?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>2.4 What is the original impairment of your blindness or visual problem? Interviewer: Please make note of the literal and encode.</p> <p>Impairment:..... __ __ </p> <p>1.3 What age were you when your visual difficulty began?</p> <p>Age: _____ __ __ __ </p> <p><i>Interviewer: Please check whether you have already asked question 3.6 or 4.6, and if so, please go to the following disability marked with a X. If that is not the case, please continue with question 2.6.</i></p> <p>1.4 Do you use Braille?</p> <p>Yes <input type="checkbox"/> ____ 1 No <input type="checkbox"/> 6 → Please go the following disability marked with a X in column 1</p> <p>2.7 From what age?</p> <p>Age: _____ __ __ __ </p> <p><i>Interviewer: Please go the following disability marked with a X</i></p> |
| 3 <input type="checkbox"/> | <p><i>Interviewer, please read the informant the introduction to question 1, if he or she has not already read it.</i></p> <p>3.1. Do you have significant difficulty recognising someone across the street. (4 metres) even wearing glasses or contact lenses?. Answer Yes if you are blind in one eye even though you have no problems in the other.</p> <p>Yes <input type="checkbox"/> ____ 1 No <input type="checkbox"/> 6 → Mark with a X in column 1 all questions in block A. Sight and ask the corresponding questions following the flows</p> <p>3.2 What is the level of difficulty with which you are able to recognise someone across the street. If you use glasses or contact lenses, please evaluate the level of difficulty when using them.</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3</p> |

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| <p>Column 1</p> | <p>Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p style="text-align: center;">Disabilities</p> <hr/> <p>3.3.a Do you use any type of technical aid, excluding glasses or contact lenses, in order to recognise someone across the street?</p> <p>Yes <input type="checkbox"/> _____ 1 No <input type="checkbox"/> _____ <input type="checkbox"/> 6 → P 3.4</p> <p>3.3.b What is the level of difficulty with which you are able to recognise someone across the street when using technical aids?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>3.4. ¿2.4 What is the original impairment of your blindness or visual problem? Interviewer: Please make note of the literal and encode.</p> <p>Impairment: [][]</p> <p>3.5 What age were you when your visual difficulty began?</p> <p>Age: _____ [][][][]</p> <p>Interviewer: Please check whether you have already asked question 3.6 or 4.6, and if so, please go to the following disability marked with a X. If that is not the case, please continue with question 2.6.</p> <p>3.6 Do you use Braille?</p> <p>Yes <input type="checkbox"/> _____ 1 No <input type="checkbox"/> _____ <input type="checkbox"/> 6 → Please go the following disability marked with a X in column 1</p> <p>3.7 From what age?</p> <p>Age: _____ [][][][]</p> <p>Interviewer: Please go the following disability marked with a X</p> |
| <p>4 <input type="checkbox"/></p> | <p>Interviewer, please read the informant the introduction to question 1, if he or she has not already read it.</p> <p>4.1. Do you have any other significant visual difficulty even wearing glasses or contact lenses(differentiating colours, night vision, ...)?</p> <p>Yes _____ <input type="checkbox"/> 1 No _____ <input type="checkbox"/> 6 → Please mark with a X in column 1 all questions in block A. Sight and ask the corresponding questions following the flows</p> <p>4.2 What level of difficulty would you say that you have? If you use glasses or contact lenses, please evaluate the level of difficulty when using them.</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3</p> |

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| <p>Column 1</p> | <p>Cannot carry out the activity <input type="checkbox"/> ____ 4</p> <p style="text-align: center;">Disabilities</p> <hr/> <p>4.3.a Do you use any type of technical aid, excluding glasses or contact lenses, in order to overcome that difficulty?</p> <p>Yes <input type="checkbox"/> ____ 1</p> <p>No <input type="checkbox"/> ____ 6 → P 9.4</p> <p>4.3.b What would you say is the level of difficulty you have when using technical aids?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2</p> <p>With severe difficulty _____ <input type="checkbox"/> 3</p> <p>Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>2.4 What is the original impairment of your blindness or visual problem? Interviewer: Please make note of the literal and encode.</p> <p>Impairment: __ __ </p> <p>1.3 What age were you when your visual difficulty began?</p> <p>Age: _____ __ __ __ </p> |
| | <p>Interviewer: Please check whether you have already asked question 3.6 or 4.6, and if so, please go to the following disability marked with a X. If that is not the case, please continue with question 2.6.</p> <p>4.6 Do you use Braille?</p> <p>Yes <input type="checkbox"/> ____ 1</p> <p>No <input type="checkbox"/> ____ 6 → Please go to the following disability marked with a X in column 1</p> <p>4.7 From what age?</p> <p>Age: _____ __ __ __ </p> <p>Interviewer: Please go to the following disability marked with a X</p> |
| <p>5 <input type="checkbox"/></p> | <p>Block B: HEARING _____ <input type="checkbox"/></p> <p>Interviewer, please read the following to the informant: Remember that I will only ask you about difficulties which have lasted or are expected to last more than one year, and which are due to a complaint or a disability .</p> <p>5.1 Are you completely deaf?</p> <p>Yes <input type="checkbox"/> ____ 1</p> <p>No ____ <input type="checkbox"/> 6 → Please mark with a X in column 1 all questions in block B. Hearing and ask the corresponding questions following the flows</p> <p>5.2 What is the original impairment of your deafness?. Interviewer: Please make note of the literal and encode.</p> |

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| <p>Column 1</p> | <p>Impairment: </p> <p style="text-align: center;">Disabilities</p> <hr/> <p>5.3 What age were you when you ceased to be able to hear?</p> <p>Age: _____ </p> <p>5.4 Do you use sign language? Yes <input type="checkbox"/> ____ 1 No ____ <input type="checkbox"/> 6 → Please go to the following disability marked with a X in column 1, starting with block C.</p> <p>5.5 From what age?</p> <p>Age: _____ </p> <p>Interviewer: Complete block B and go to the next disability marked with a X, starting with block C.</p> |
| <p>6 <input type="checkbox"/></p> | <p>Interviewer, please read the informant the introduction to question 5, if he or she has not already read it.</p> <p>6.1 Do you have significant difficulties hearing an alarm, sirens or other loud noises without an earpiece or another type of technical hearing aid? Yes <input type="checkbox"/> ____ 1 No ____ <input type="checkbox"/> 6 → Mark with a X in column 1 all questions in block B. Hearing and ask the corresponding questions following the flows</p> <p>6.2 With what level of difficulty would you say that you can hear an alarm, sirens or other loud noises?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity <input type="checkbox"/> ____ 4</p> <p>6.3.a Do you have an earpiece or another type of technical aid for hearing loud noises? Yes <input type="checkbox"/> ____ 1 No ____ <input type="checkbox"/> 6 → P 6.4</p> <p>6.3.b With what level of difficulty would you say that you can hear an alarm, sirens or other loud noises when using the earpiece or another technical aid? Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>6.4 What is the original impairment of your hearing problem? Interviewer: Please make note of the literal and encode.</p> <p>Impairment: </p> <p>6.5 What age were you when your hearing difficulty began?</p> |

| | |
|-----------------------------------|---|
| <p>Column 1</p> | <p>Age _____ </p> <p style="text-align: center;">Disabilities</p> <hr/> <p>6.6 Do you use sign language?</p> <p>Yes <input type="checkbox"/> ____ 1 No <input type="checkbox"/> ____ 6 → Please go to the following disability marked with a X in column 1</p> <p>6.7 From what age?</p> <p>Age: _____ </p> <p style="background-color: #cccccc;">Interviewer: Please go to the following disability marked with a X</p> |
| <p>7 <input type="checkbox"/></p> | <p style="background-color: #cccccc;">Interviewer, please read the informant the introduction to question 5, if he or she has not already read it.</p> <p>7.1 Do you have a significant difficulty hearing what is being said in a conversation among several persons without an earpiece or another type of technical hearing aid? Answer Yes if you are deaf in one ear even though you have no problems in the other.</p> <p>Yes <input type="checkbox"/> ____ 1 No <input type="checkbox"/> ____ 6 → Please mark with a X in column 1 all questions in block B. Hearing and ask the corresponding questions following the flows</p> <p>7.2 With what level of difficulty would you say you can hear what is being said in a conversation among several persons?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>7.3.a Do you have an earpiece or another type of technical aid for hearing a conversation?</p> <p>Yes <input type="checkbox"/> ____ 1 No <input type="checkbox"/> ____ 6 → P 9.4</p> <p>7.3 With what level of difficulty would you say you can hear what is being said in a conversation among several persons when using the earpiece or another technical aid?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>6.4 What is the original impairment of your hearing problem? Interviewer: Please make note of the literal and encode.</p> <p>Impairment: </p> <p>7.5 What age were you when your hearing difficulty began?</p> <p>Age: _____ </p> <p style="background-color: #cccccc;">Interviewer: Please go to the following disability marked with a X</p> |

| Column 1 | Disabilities |
|----------------------------|--|
| 8 <input type="checkbox"/> | BLOCK C: COMMUNICATION |
| | <p>Interviewer, please read the following to the informant: Remember that I will only ask you about difficulties which have lasted or are expected to last more than one year, and which are due to a complaint or a disability.</p> <p>When we refer to mental problems, we refer to problems of a cognitive or intellectual nature. Also remember that when we talk about aids, we are considering both those received from other persons, and external technical aids, and that supervision is regarded as the need for another person to be overseeing what someone else does, in order to avoid problems in an everyday activity.</p> <p>8.1 Due to health problem or disability, do you have a significant difficulty speaking intelligibly or uttering coherent phrases without external technical aids? Yes <input type="checkbox"/> ____ 1 No <input type="checkbox"/> ____ 6 → Please mark with a X in column 1 all questions in block C. Communication and ask the corresponding questions following the flows</p> <p>8.2 With what level of difficulty would you say you are able to speak; intelligibly or utter coherent phrases without external technical aids?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity <input type="checkbox"/> ____ 4</p> <p>8.3.a Do you use a technical aid in order to speak intelligibly?</p> <p>Yes <input type="checkbox"/> ____ 1 No _____ <input type="checkbox"/> 6 → P8.4</p> <p>8.3.b With what level of difficulty would you say you are able to speak intelligibly or utter coherent phrases without external technical aids?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>8.4 What is the original impairment of your difficulty speaking? Interviewer: Please make note of the literal and encode. Impairment: __ __ </p> <p>8.5 What age were you when your speech difficulty began?</p> <p>Age: _____ __ __ __ </p> <p>Interviewer: Please go to the following disability marked with a X</p> |

| Column 1 | Disabilities |
|-----------------------------|---|
| 9 <input type="checkbox"/> | <p data-bbox="395 219 1471 286">Interviewer, please read the informant the introduction to question 8, if he or she has not already read it.</p> <p data-bbox="395 320 1471 387">9.1 Due to health problem or disability, do you have a significant difficulty understanding what other persons say to you without personal assistance?</p> <p data-bbox="395 414 1220 510">Yes <input type="checkbox"/> ____ 1 No <input type="checkbox"/> ____ 6 → Please mark with a X in column 1 all questions in the block C. Communication and ask the corresponding questions following the flows</p> <p data-bbox="395 566 1465 633">9.2 With what level of difficulty would you say you are able to understanding the meaning of what other persons say to them?</p> <p data-bbox="395 633 1021 730">With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p data-bbox="395 786 1471 853">9.3.a Do you receive personal assistance in order to understand the meaning of what other persons say to you?</p> <p data-bbox="395 880 635 947">Yes <input type="checkbox"/> ____ 1 No <input type="checkbox"/> ____ 6 → P 9.4</p> <p data-bbox="395 1003 1471 1070">9.3.b With what level of difficulty would you say you are able to understand the meaning of what other persons say to you?</p> <p data-bbox="395 1097 1109 1234">Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p data-bbox="395 1290 1471 1357">9.4 What is the original impairment of your difficulty understanding the meaning of what other persons say to you? Interviewer: Please make note of the literal and encode.</p> <p data-bbox="395 1357 1273 1384">Impairment: __ __ </p> <p data-bbox="395 1440 1471 1507">9.5. What age were you when difficulty understanding the meaning of what other persons say to you began?</p> <p data-bbox="395 1534 678 1568">Age: _____ __ __ __ </p> <p data-bbox="395 1597 1125 1630">Interviewer: Please go to the following disability marked with a X</p> |
| 10 <input type="checkbox"/> | <p data-bbox="395 1702 1471 1769">Interviewer, please read the informant the introduction to question 8, if he or she has not already read it.</p> <p data-bbox="395 1803 1471 1870">10.1 Due to health problems or disability, do you have a significant difficulty understanding a written text or expressing yourself in writing?</p> <p data-bbox="395 1870 1471 1937">Interviewer: If the target person of the interview is blind, please to reading and writing in Braille.</p> <p data-bbox="395 1960 1444 2056">Yes <input type="checkbox"/> ____ 1 No <input type="checkbox"/> → ____ 6 Mark with a X in column 1 all questions in block C. Communication and ask the corresponding questions following the flows</p> |

| Column 1 | Disabilities |
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| | <p>10.2 With what level of difficulty would you say you are able to understand and express yourself in writing?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>10.3 With what level of difficulty would you say you are able to understand and express yourself in writing?. Interviewer: Please make note of the literal and encode.</p> <p>Impairment: <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>10.3 What age were you when your difficulty understanding and expressing yourself in writing started?</p> <p>Age: _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Interviewer: Please go to the following disability marked with a X</p> |
| 11 <input type="checkbox"/> | <p>Interviewer, please read the informant the introduction to question 8, if he or she has not already read it.</p> <p>11.1 Due to health problems or disability, do you have a significant difficulty understanding gestures, symbols, illustrations, sounds or expressing yourself via these? For example, understanding that the sound of the alarm indicates that that there is a fire, shaking one's head to express disagreement, ...</p> <p>Yes <input type="checkbox"/> ____ 1 No ____ <input type="checkbox"/> 6 → Mark with a X in column 1 all questions in block C. Communication and ask the corresponding questions following the flows</p> <p>11.2 With what level of difficulty would you say you are able to understand and express yourself via gestures, symbols, illustrations or sounds?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>11.3 With what level of difficulty would you say you are able to understand and express yourself via gestures, symbols, illustrations or sounds? Interviewer: Please make note of the literal and encode.</p> <p>Impairment: <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>11.4 What age were you when your difficulty understanding and expressing yourself via gestures, symbols, illustrations or sounds?</p> <p>Age: _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Interviewer: Please go to the following disability marked with a X</p> |
| 12 <input type="checkbox"/> | <p>Interviewer, please read the informant the introduction to question 8, if he or she has not already read it.</p> <p>Due to a mental problem, does anyone in the household have a significant difficulty holding a conversation through speech, writing or another type of language?</p> |

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| <p>Column 1</p> | <p>Yes <input type="checkbox"/> ____ 1 No <input type="checkbox"/> → ____ 6 Mark with a X in column 1 all questions in block C. Communication and ask the corresponding questions following the flows</p> <p style="text-align: center;">Disabilities</p> <hr/> <p>12.2 With what level of difficulty would you say you are able to hold a dialogue and exchanging ideas with one or more persons?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>12.3 What is the original impairment of your difficulty holding a dialogue or exchanging ideas with one or more persons?. Interviewer: Please make note of the literal and encode.</p> <p>Impairment: __ __ </p> <p>12.4 What age were you when your difficulty holding a dialogue or exchanging ideas with one or more persons started?</p> <p>Age: _____ __ __ </p> <p>Interviewer: Please go to the following disability marked with a X</p> |
| <p>13 <input type="checkbox"/></p> | <p>Interviewer, please read the informant the introduction to question 8, if he or she has not already read it.</p> <p>13.1 Due to health problem or disability, does any person in the household have a significant difficulty using the telephone unaided and unsupervised?</p> <p>Yes <input type="checkbox"/> ____ 1 No ____ <input type="checkbox"/> 6 → Mark with a X in column 1 all questions in block C. Communication and ask the corresponding questions following the flows</p> <p>12.2 With what level of difficulty would you say you are able to use the telephone or other devices or communication techniques?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>13.3.a Do you receive supervision or personal assistance, or use other technical assistance for using the telephone or other devices or communication techniques?</p> <p>Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1 Yes, only technical assistance _____ <input type="checkbox"/> 2 Yes, both types of aid _____ <input type="checkbox"/> 3 No _____ <input type="checkbox"/> 4 → P13.4</p> <p>12.2 With what level of difficulty would you say you are able to use the telephone or other devices or communication techniques when receiving assistance?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3</p> |

| | |
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| <p>Column 1</p> | <p>Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p style="text-align: center;">Disabilities</p> <hr/> <p>13.4 What is the original impairment of your difficulty using the telephone or other devices or communication techniques? Interviewer: Please make note of the literal and encode.</p> <p>Impairment: __ __ </p> <p>13.5 What age were you when your difficulty using the telephone or other devices or communication techniques started?</p> <p>Age: _____ __ __ __ </p> <p>Interviewer: Please go to the following disability marked with a X</p> |
| <p>14 <input type="checkbox"/></p> | <p>BLOCK D: LEARNING AND APPLICATION OF KNOWLEDGE AND DEVELOPMENT OF TASKS.</p> <p>Interviewer , please read the following to the informant: The following questions refer to limitations due to mental problems, with those of a cognitive or intellectual nature considered as such.</p> <p>Remember that difficulties have lasted or are expected to last more than one year. Also remember that when we talk about aids, we are considering both those received from other persons, and external technical aids; and that supervision is regarded as the need for another person to be overseeing what someone else does, in order to avoid problems in an everyday activity.</p> <p>Due to a mental problem, does anyone in the household have a significant difficulty holding a gaze or paying attention when listening?</p> <p>Yes <input type="checkbox"/> ____ 1 No ____ <input type="checkbox"/> 6 → → Please mark with a X in column 1 all questions in block D. Learning and ask the corresponding questions following the flows</p> <p>14.2 With what level of difficulty are you able to hold a gaze or pay attention when listening?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>14.3 What is the original impairment of your difficulty holding a gaze or paying attention when listening?. Interviewer: Please make note of the literal and encode.</p> <p>Impairment: __ __ </p> <p>14.4 What age were you when your difficulty holding a gaze or paying attention when listening started?</p> <p>Age: _____ __ __ __ </p> <p>Interviewer: Please go to the following disability marked with a X</p> |
| <p>15 <input type="checkbox"/></p> | <p>Interviewer, please read the informant the introduction to question 14, if he or she has not already read it.</p> <p>15.1 Due to a mental problem, do you have a significant difficulty learning to perform simple tasks, such as copying, reading, writing, addition or subtraction, or learning to use everyday utensils?</p> <p>Yes <input type="checkbox"/> ____ 1</p> |

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| <p>Column 1</p> | <p>No <input type="checkbox"/> 6 → Mark with a X in column 1 all questions in block D. Learning and ask the corresponding questions following the flows</p> <p style="text-align: center;">Disabilities</p> <hr/> <p>15.2 With what level of difficulty are you able to learn to perform simple tasks?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>15.3 What is the original impairment of your learning difficulty? Interviewer: <i>Please make note of the literal and encode.</i></p> <p>Impairment: __ __ </p> <p>15.4 What age were you when your learning difficulty began?</p> <p>Age: _____ __ __ __ </p> <p>Interviewer: <i>Please go to the following disability marked with a X</i></p> |
| <p>16 <input type="checkbox"/></p> | <p>Interviewer, <i>please read the informant the introduction to question 14, if he or she has not already read it.</i></p> <p>Due to a mental problem, do you have a significant difficulty performing simple tasks unaided and unsupervised? For example, taking something out of cupboard, filling a glass of water, ...</p> <p>Yes <input type="checkbox"/> _____ 1 No <input type="checkbox"/> → _____ 6 Mark with a X in column 1 all questions in block D. Learning and ask the corresponding questions following the flows</p> <p>17.2 With what level of difficulty are you able to perform simple tasks?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>16.3.a Do you receive supervision or personal assistance, or use other technical assistance for performing simple tasks?</p> <p>Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1 Yes, only technical assistance _____ <input type="checkbox"/> 2 Yes, both types of aid _____ <input type="checkbox"/> 3 No _____ <input type="checkbox"/> 4 → P16.4</p> <p>16.3.b With what level of difficulty are you able to perform simple tasks when receiving aid or personal assistance?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>16.4 What is the original impairment of your learning difficulty perform simple tasks?. Interviewer: <i>Please make note of the literal and encode.</i></p> |

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| Column | Impairment: <input type="checkbox"/> <input type="checkbox"/> <p style="text-align: center;">Disabilities</p> |
| | <p>16.5 What age were you when your difficulty performing simple tasks began?</p> Age: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 17 <input type="checkbox"/> | <p>Interviewer: <i>Please go to the following disability marked with a X</i></p> <hr/> <p>Interviewer, <i>please read the informant the introduction to question 14, if he or she has not already read it.</i></p> <p>17.1 Due to a mental problem, do you have a significant difficulty performing complex tasks unaided and unsupervised? For example, passing on a message, attending an appointment, ...</p> Yes <input type="checkbox"/> ____ 1 No ____ <input type="checkbox"/> 6 → Mark with a X in column 1 all questions in block D. Learning and ask the corresponding questions following the flows <p>17.2 With what level of difficulty are you able to perform complex tasks?</p> With moderate difficulty <input type="checkbox"/> 2 With severe difficulty <input type="checkbox"/> 3 Cannot carry out the activity <input type="checkbox"/> 4 <p>17.3.a Do you receive supervision or personal assistance, or use other technical assistance for performing complex tasks?</p> Yes, only supervision or personal assistance <input type="checkbox"/> 1 Yes, only technical assistance <input type="checkbox"/> 2 Yes, both types of aid <input type="checkbox"/> 3 No <input type="checkbox"/> 4 → P17.4 <p>17.2 With what level of difficulty are you able to perform complex tasks when receiving aid or personal assistance?</p> Without difficulty or with little difficulty <input type="checkbox"/> 1 With moderate difficulty <input type="checkbox"/> 2 With severe difficulty <input type="checkbox"/> 3 Cannot carry out the activity <input type="checkbox"/> 4 <p>17.4 What is the original impairment of your difficulty performing complex tasks?. Interviewer: <i>Please make note of the literal and encode.</i></p> Impairment: <input type="checkbox"/> <input type="checkbox"/> |
| | <p>17.5 What age were you when your difficulty performing complex tasks began?</p> Age: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | <p>Interviewer: <i>Please go to the following disability marked with a X</i></p> |

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| 18 <input type="checkbox"/> | Block E: MOBILITY |
| | <p data-bbox="389 241 1477 465">Interviewer , please read the following to the informant: Remember that I will only ask you about difficulties which have lasted or are expected to last more than one year, and which are due to a complaint or a disability . Also remember that when we talk about aids, we are considering both those received from other persons, and external technical aids, and that supervision is regarded as the need for another person to be overseeing what someone else does, in order to avoid problems in an everyday activity.</p> <p data-bbox="389 521 1477 589">18.1 Do you have a significant difficulty changing posture unaided and unsupervised? For example, getting up, sitting down, lying down, ...</p> <p data-bbox="389 589 1477 689">Yes <input type="checkbox"/> ____ 1 No <input type="checkbox"/> 6 → → Please mark with a X in column 1 all questions in block E. Mobility and ask the corresponding questions following the flows</p> <p data-bbox="389 745 1477 779">18.2 With what level of difficulty are you able to change posture?</p> <p data-bbox="389 801 1477 902">With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p data-bbox="389 958 1477 1025">18.3.a Do you receive supervision or personal assistance, or use other technical assistance for changing posture?</p> <p data-bbox="389 1048 1477 1193">Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1 Yes, only technical assistance _____ <input type="checkbox"/> 2 Yes, both types of aid _____ <input type="checkbox"/> 3 No _____ <input type="checkbox"/> 4 → P18.4</p> <p data-bbox="389 1249 1477 1317">18.3.b With what level of difficulty are you able to change posture when receiving aid or personal assistance?</p> <p data-bbox="389 1317 1477 1440">Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p data-bbox="389 1496 1477 1563">18.4 What is the original impairment of your difficulty changing position?. Interviewer: Please make note of the literal and encode.</p> <p data-bbox="389 1585 1477 1630">Impairment: __ </p> <p data-bbox="389 1686 1477 1720">16.4 What age were you when your difficulty changing posture began?</p> <p data-bbox="389 1742 1477 1787">Age: _____ __ </p> <p data-bbox="389 1832 1477 1865">Interviewer: Please go to the following disability marked with a X</p> |

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| 19 <input type="checkbox"/> | <p data-bbox="400 219 1469 286">Interviewer, please read the informant the introduction to question 18, if he or she has not already read it.</p> <p data-bbox="400 320 1469 409">19.1 Due to health problems or disability, do you have a significant difficulty keeping the body in the same position for the necessary amount of time unaided and unsupervised? For example, standing or sitting for periods of time.</p> <p data-bbox="400 443 1469 544">Yes <input type="checkbox"/> ____ 1 No <input type="checkbox"/> 6 → → Please mark with a X in column 1 all questions in block E. Mobility and ask the corresponding questions following the flows</p> <p data-bbox="400 600 1469 633">19.3.b With what level of difficulty are you able to keep the body in the same position?</p> <p data-bbox="400 667 1469 768">With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p data-bbox="400 824 1469 880">9.3.a Do you receive supervision or personal assistance, or use other technical assistance keeping the body in the same position?</p> <p data-bbox="400 913 1469 1037">Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1 Yes, only technical assistance _____ <input type="checkbox"/> 2 Yes, both types of aid _____ <input type="checkbox"/> 3 No _____ <input type="checkbox"/> 4 → P19.4</p> <p data-bbox="400 1104 1469 1160">19.3.b With what level of difficulty are you able to keep the body in the same position when receiving aid or personal assistance?</p> <p data-bbox="400 1171 1469 1294">Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p data-bbox="400 1350 1469 1417">19.4 What is the original impairment of your difficulty keeping the body in the same position?. Interviewer: Please make note of the literal and encode.</p> <p data-bbox="400 1451 1469 1485">Impairment: </p> <p data-bbox="400 1518 1469 1552">19.5 What age were you when your difficulty keeping the body in the same position?</p> <p data-bbox="400 1585 1469 1619">Age: _____ </p> <p data-bbox="400 1641 1469 1675">Interviewer: Please go to the following disability marked with a X</p> |
| 20 <input type="checkbox"/> | <p data-bbox="400 1780 1469 1848">Interviewer, please read the informant the introduction to question 18, if he or she has not already read it.</p> <p data-bbox="400 1881 1469 1971">20.1 Does any person in the household have a significant difficulty walking and moving around the home unaided and unsupervised? For example, moving around a room or from one room to another.</p> <p data-bbox="400 2004 1469 2094">Yes <input type="checkbox"/> ____ 1 No <input type="checkbox"/> 6 → → Please mark with a X in column 1 all questions in block E. Mobility and ask the corresponding questions following the flows</p> |

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| | <p>20.2 With what level of difficulty would you say you are able to walk and move around the home unaided and unsupervised?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>20.3.a Do you receive supervision or personal assistance, or use other technical assistance walking and moving around the home unaided and unsupervised?</p> <p>Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1 Yes, only technical assistance _____ <input type="checkbox"/> 2 Yes, both types of aid _____ <input type="checkbox"/> 3 No _____ <input type="checkbox"/> 4 → P20.4</p> <p>20.3.b With what level of difficulty would you say you are able to walk and move around the home when receiving aid or personal assistance?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>20.4 What is the original impairment of your difficulty walking and moving around the home?. Interviewer: Please make note of the literal and encode.</p> <p>Impairment: <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>20.5 What age were you when your difficulty walking and moving around the home began?</p> <p>Age: _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Interviewer: Please go to the following disability marked with a X</p> |
| 21 <input type="checkbox"/> | <p>Interviewer, please read the informant the introduction to question 18, if he or she has not already read it.</p> <p>21.1 Due to health problems or disability, do you have a significant difficulty walking or moving outside their home unaided and unsupervised? For example, getting about on the street without modes of transport, within public or private buildings, ...</p> <p>Yes <input type="checkbox"/> ____ 1 No <input type="checkbox"/> → ____ 6 → Please mark with a X in column 1 all questions in block E. Mobility and ask the corresponding questions following the flows</p> <p>20.2 With what level of difficulty would you say you are able to walk and move around the home?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>21.3.a Do you receive supervision or personal assistance, or use other technical assistance walking and moving around the home?</p> <p>Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1 Yes, only technical assistance _____ <input type="checkbox"/> 2 Yes, both types of aid _____ <input type="checkbox"/> 3 No _____ <input type="checkbox"/> 4 → P21.4</p> |

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| | <p>21.3.b With what level of difficulty would you say you are able to walk and move around the home when receiving aid or personal assistance?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>21.4 What is the original impairment of your difficulty walking and moving around the home?. Interviewer: <i>Please make note of the literal and encode.</i></p> <p>Impairment: </p> <p>21.5 What age were you when your difficulty walking and moving around the home began?</p> <p>Age: _____ </p> <p>Interviewer: <i>Please go to the following disability marked with a X</i></p> |
| 22 <input type="checkbox"/> | <p>Interviewer, <i>please read the informant the introduction to question 18, if he or she has not already read it.</i></p> <p>22.1 Due to health problem or disability, does any person in the household have a significant difficulty using passenger transport unaided and unsupervised?. For example by car, bus, train, metro, tram, ...</p> <p>Yes <input type="checkbox"/> ____ 1 No <input type="checkbox"/> → ____ 6 → Please mark with a X in column 1 all questions in block E. Mobility and ask the corresponding questions following the flows</p> <p>22.2 With what level of difficulty would you say you are able to get around via passenger transport?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>22.3.a Do you receive supervision or personal assistance, or use other technical assistance to get around via passenger transport?</p> <p>Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1 Yes, only technical assistance _____ <input type="checkbox"/> 2 Yes, both types of aid _____ <input type="checkbox"/> 3 No _____ <input type="checkbox"/> 4 → P22.4</p> <p>22.3.b With what level of difficulty would you say you are able to getting around via passenger transport when receiving aid or personal assistance?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> |

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| 23 <input type="checkbox"/> | <p>22.4 What is the original impairment of your difficulty getting around via passenger transport?. Interviewer: Please make note of the literal and encode.</p> <p>Impairment: </p> <p>22.5 What age were you when your difficulty getting around via passenger transport began?</p> <p>Age: _____ </p> <p>Interviewer: Please go to the following disability marked with a X</p> <hr/> <p>Interviewer: Only persons aged 18 to 74 years old should be asked this question</p> <p>Interviewer, please read the informant the introduction to question 18, if he or she has not already read it.</p> <p>23.1 Due to health problem or disability, do you have a significant difficulty driving unadapted motor vehicles?</p> <p>Yes <input type="checkbox"/> ___ 1 No <input type="checkbox"/> → ___ 6 → Please mark with a X in column 1 all questions in block E. Mobility and ask the corresponding questions following the flows</p> <p>23.2 With what level of difficulty would you say you are able to drive vehicles?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>23.3.a Do you use any technical assistance driving vehicles?</p> <p>Yes <input type="checkbox"/> ___ 1 No _____ <input type="checkbox"/> 6 → P23.4</p> <p>18.3.b With what level of difficulty are you able to drive vehicles when receiving aid or personal assistance?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>23.4 What is the original impairment of your difficulty driving vehicles? Interviewer: Please make note of the literal and encode.</p> <p>Impairment: </p> <p>23.4 What age were you when your difficulty driving vehicles began?</p> <p>Age: _____ </p> <p>Interviewer: Please go to the following disability marked with a X</p> |

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| 24 <input type="checkbox"/> | <p data-bbox="397 226 1469 293">Interviewer, please read the informant the introduction to question 18, if he or she has not already read it.</p> <p data-bbox="397 327 1469 394">24.1 Does any person in the household have a significant difficulty lifting or carrying objects with their hands or arms unaided and unsupervised? For example a glass, holding a baby, ...</p> <p data-bbox="397 421 1469 517">Yes <input type="checkbox"/> ____ 1 No <input type="checkbox"/> 6 → → Please mark with a X in column 1 all questions in block E. Mobility and ask the corresponding questions following the flows</p> <p data-bbox="397 573 1469 607">24.2 ;With what level of difficulty are you able to lift or carry objects?</p> <p data-bbox="397 640 1469 741">With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p data-bbox="397 790 1469 857">24.3.a Do you receive supervision or personal assistance, or use other technical assistance to lift or carry objects?</p> <p data-bbox="397 887 1469 1010">Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1 Yes, only technical assistance _____ <input type="checkbox"/> 2 Yes, both types of aid _____ <input type="checkbox"/> 3 No _____ <input type="checkbox"/> 4 → P24.4</p> <p data-bbox="397 1070 1469 1137">24.3.b With what level of difficulty are you able to lift or carry objects when receiving aid or personal assistance?</p> <p data-bbox="397 1167 1469 1290">Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p data-bbox="397 1346 1469 1402">24.4 hat is the original impairment of your difficulty lifting or carrying objects?. Interviewer: Please make note of the literal and encode.</p> <p data-bbox="397 1435 1469 1469">Impairment: __ __ </p> <p data-bbox="397 1514 1469 1547">24.5 ; What age were you when your difficulty lifting or carrying objects?</p> <p data-bbox="397 1581 1469 1615">Age: _____ __ __ __ </p> <p data-bbox="572 1666 1294 1700" style="border: 1px solid black; padding: 2px; text-align: center;">Interviewer: Please go to the following disability marked with a X</p> |

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| 25 <input type="checkbox"/> | <p data-bbox="400 219 1469 286">Interviewer, please read the informant the introduction to question 18, if he or she has not already read it.</p> <p data-bbox="400 320 1469 409">25.1 Does any person in the household have a significant difficulty handling and moving objects, using his or her hands and arms unaided and unsupervised? For example reaching an object, throwing a ball, sliding a chair.</p> <p data-bbox="400 443 1469 544">Yes <input type="checkbox"/> ___ 1 No <input type="checkbox"/> → ___ 6 → Please mark with a X in column 1 all questions in block E. Mobility and ask the corresponding questions following the flows</p> <p data-bbox="400 600 1469 633">25.2 With what level of difficulty would you say are you able to lift or carry objects</p> <p data-bbox="400 667 1469 768">With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p data-bbox="400 824 1469 880">25.3.a Do you receive supervision or personal assistance, or use other technical assistance to lift or carry objects?</p> <p data-bbox="400 913 1469 1037">Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1 Yes, only technical assistance _____ <input type="checkbox"/> 2 Yes, both types of aid _____ <input type="checkbox"/> 3 No _____ <input type="checkbox"/> 4 → P25.4</p> <p data-bbox="400 1093 1469 1149">25.3.b With what level of difficulty would you say are you able to lift or carry objects when receiving aid or personal assistance?</p> <p data-bbox="400 1182 1469 1305">Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p data-bbox="400 1361 1469 1417">25.4 What is the original impairment of your difficulty lifting or carrying objects?. Interviewer: <i>Please make note of the literal and encode.</i></p> <p data-bbox="400 1451 1469 1485">Impairment: __ __ </p> <p data-bbox="400 1518 1469 1552">25.5 What age were you when your difficulty lifting or carrying objects began?</p> <p data-bbox="400 1585 1469 1619">Age: _____ __ __ </p> <p data-bbox="400 1641 1469 1675">Interviewer: <i>Please go to the following disability marked with a X</i></p> |
| 26 <input type="checkbox"/> | <p data-bbox="400 1756 1469 1823">Interviewer, please read the informant the introduction to question 18, if he or she has not already read it.</p> <p data-bbox="400 1856 1469 1946">26. Do you have a significant difficulty handling and moving small objects unaided and unsupervised? For example, picking up and putting down coins, cutting with scissors, writing with a pen, ...</p> <p data-bbox="400 1980 1469 2080">Yes <input type="checkbox"/> ___ 1 No <input type="checkbox"/> → ___ 6 → Please mark with a X in column 1 all questions in block E. Mobility and ask the corresponding questions following the flows</p> |

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| | <p>26.2 With what level of difficulty would you say are you able to lift or carry small objects?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>26.3.a Do you receive supervision or personal assistance, or use other technical assistance to lift or carry small objects?</p> <p>Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1 Yes, only technical assistance _____ <input type="checkbox"/> 2 Yes, both types of aid _____ <input type="checkbox"/> 3 No _____ <input type="checkbox"/> 4 → P26.4</p> <p>26.3.b With what level of difficulty would you say are you able to lift or carry small objects when receiving aid or personal assistance?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>26.4 What is the original impairment of your difficulty lifting or carrying small objects?. Interviewer: <i>Please make note of the literal and encode.</i></p> <p>Impairment: <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>26.5 What age were you when your difficulty lifting or carrying small objects began?</p> <p>Age: _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Interviewer: <i>Please go to the following disability marked with a X</i></p> |
| 27 <input type="checkbox"/> | <p style="text-align: center;">BLOCK F: SELF CARE</p> <p>Interviewer , <i>please read the following to the informant:</i> Remember that I will only ask you about difficulties which have lasted or are expected to last more than one year. Also remember that when we talk about aids, we are considering both those received from other persons, and external technical aids, and that supervision is regarded as the need for another person to be overseeing what someone else does, in order to avoid problems in an everyday activity.</p> <p>27.1 Due to health problem or disability, do you have a significant difficulty washing or drying the different body parts unaided and unsupervised? For example, taking a shower, washing his or her hands, head, ...</p> <p>Yes <input type="checkbox"/> _____ 1 No _____ <input type="checkbox"/> 6 → Mark with a X in column 1 all questions in block F. Self care and ask the corresponding questions following the flows</p> |

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| | <p>27.2 With what level of difficulty would you say are you able to wash or dry different body parts</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>27.3.a Do you receive supervision or personal assistance, or use technical assistance washing or drying the different body parts?</p> <p>Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1 Yes, only technical assistance _____ <input type="checkbox"/> 2 Yes, both types of aid _____ <input type="checkbox"/> 3 No _____ <input type="checkbox"/> 4 → P27.4</p> <p>27.3.b With what level of difficulty would you say are you able to wash or dry different body parts when receiving aid or personal assistance?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>27.4 What is the original impairment of your difficulty washing or drying different body parts?. Interviewer: Please make note of the literal and encode.</p> <p>Impairment: __ __ </p> <p>27.5 What age were you when your difficulty washing or drying different body parts began?</p> <p>Age: _____ __ __ __ </p> <p>Interviewer: Please go to the following disability marked with a X</p> |
| 28 <input type="checkbox"/> | <p>Interviewer, please read the informant the introduction to question 27, if he or she has not already read it.</p> <p>28.1 Due to health problem or disability, do you have a significant difficulty with basic grooming unaided and unsupervised? For example combing his or her hair, cutting his or her nails, ...</p> <p>Yes <input type="checkbox"/> ____ 1 No ____ <input type="checkbox"/> 6→ → Please mark with a X in column 1 all questions in block F. Self care and ask the corresponding questions following the flows</p> <p>28.2 With what level of difficulty would you say are you able to perform basic grooming?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> |

| Column 1 | Disabilities |
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| | <p>28.3.a Do you receive supervision or personal assistance, or use technical assistance when performing basic grooming?</p> <p>Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1 Yes, only technical assistance _____ <input type="checkbox"/> 2 Yes, both types of aid _____ <input type="checkbox"/> 3 No _____ <input type="checkbox"/> 4 → P28.4</p> <p>28.3.b With what level of difficulty would you say are you able to perform basic grooming when receiving aid or personal assistance?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>28.4 What is the original impairment of your difficulty with basic grooming?. Interviewer: Please make note of the literal and encode.</p> <p>Impairment: <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>28.5 What age were you when your difficulty with basic grooming began? Age: _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Interviewer: Please go to the following disability marked with a X</p> |
| 29 <input type="checkbox"/> | <p>Interviewer, please read the informant the introduction to question 27, if he or she has not already read it.</p> <p>29.1 Due to health problem or disability, do you have a significant difficulty controlling your urge to urinate and related activities, such as making it to the toilet, dressing and undressing and cleaning yourself unaided and unsupervised?</p> <p>Yes <input type="checkbox"/> _____ 1 No _____ <input type="checkbox"/> 6→ → Please mark with a X in column 1 all questions in block F. Self care and ask the corresponding questions following the flows</p> <p>29.2 With what level of difficulty would you say are you able to carry out activities related to urination?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>29.3.a Do you receive supervision or personal assistance, or use technical assistance when performing activities related to urination?</p> <p>Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1 Yes, only technical assistance _____ <input type="checkbox"/> 2 Yes, both types of aid _____ <input type="checkbox"/> 3 No _____ <input type="checkbox"/> 4 → P29.4</p> |

| Column 1 | Disabilities |
|-----------------------------|--|
| | <p>29.3.b With what level of difficulty would you say are you able to carry out activities related to urination when receiving aid or personal assistance?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>29.4 What is the original impairment of your difficulty carrying out activities related to urination?. Interviewer: Please make note of the literal and encode.</p> <p>Impairment: </p> <p>29.5 What age were you when your difficulty performing activities related to urination began?</p> <p>Age: _____ </p> <p>Interviewer: Please go to the following disability marked with a X</p> |
| 30 <input type="checkbox"/> | <p>Interviewer, please read the informant the introduction to question 27, if he or she has not already read it.</p> <p>30.1 Due to health problem or disability, do you have a significant difficulty controlling your urge to defecate and related activities, such as making it to the toilet, dressing and undressing and cleaning yourself unaided and unsupervised?</p> <p>Yes <input type="checkbox"/> ____ 1 No <input type="checkbox"/> → ____ 6 → Please mark with a X in column 1 all questions in block F. Self care and ask the corresponding questions following the flows</p> <p>30.2 With what level of difficulty would you say are you able to carry out activities related to defecation?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>30.3.a Do you receive supervision or personal assistance, or use technical assistance when performing activities related to defecation?</p> <p>Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1 Yes, only technical assistance _____ <input type="checkbox"/> 2 Yes, both types of aid _____ <input type="checkbox"/> 3 No _____ <input type="checkbox"/> 4 → P30.4</p> <p>30.3.b With what level of difficulty would you say are you able to carry out activities related to defecation when receiving aid or personal assistance?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> |

| Column 1 | Disabilities |
|-----------------------------|---|
| 31 <input type="checkbox"/> | <p>30.4 What is the original impairment of your difficulty carrying out activities related to defecation? Interviewer: <i>Please make note of the literal and encode.</i></p> <p>Impairment: </p> <p>30.5 What age were you when your difficulty performing activities related to defecation began?</p> <p>Age: _____ </p> <p>Interviewer: <i>Please go to the following disability marked with a X</i></p> <hr/> <p>Interviewer: <i>Only women aged 11 to 55 years old should be asked this question.</i></p> <hr/> <p>Interviewer, <i>please read the informant the introduction to question 27, if he or she has not already read it.</i></p> <p>31.1 Due to health problem or disability, do you have a significant difficulty controlling his activities related to menstrual care, such as anticipating the start of menstruation or using sanitary towels, unaided and unsupervised?</p> <p>Yes <input type="checkbox"/> ____ 1 No _____ <input type="checkbox"/> 6 → Mark with a X in column 1 all questions in block F. Self care and ask the corresponding questions following the flows</p> <p>31.2 With what level of difficulty would you say are you able to carry out activities related to menstrual care?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>31.3.a Do you receive supervision or personal assistance, or use technical assistance when performing activities related to menstrual care?</p> <p>Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1 Yes, only technical assistance _____ <input type="checkbox"/> 2 Yes, both types of aid _____ <input type="checkbox"/> 3 No _____ <input type="checkbox"/> 4 → P31.4</p> <p>31.3.b With what level of difficulty would you say are you able to carry out activities related to menstrual care when receiving aid or personal assistance?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>31.4 What is the original impairment of your difficulty carrying out activities related to menstrual care?. Interviewer: <i>please make note of the literal and encode.</i></p> <p>Impairment: </p> |

| Column 1 | Disabilities |
|-----------------------------|--|
| 32 <input type="checkbox"/> | <p>31.5 What age were you when your difficulty performing activities related to menstrual care began?</p> <p>Age: _____ </p> <p>Interviewer: <i>Please go to the following disability marked with a X</i></p> <hr/> <p>Interviewer, <i>please read the informant the introduction to question 27, if he or she has not already read it.</i></p> <p>32.1 Due to health problem or disability, do you have a significant difficulty dressing or undressing unaided and unsupervised? For example putting on and removing clothes and footwear, choosing suitable clothes for the weather conditions, ...</p> <p>Yes <input type="checkbox"/> ____ 1 No <input type="checkbox"/> → ____ 6 → Please mark with a X in column 1 all questions in block F. Self care and ask the corresponding questions following the flows</p> <p>32.2 With what level of difficulty would you say are you able to dress or undress?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>32.3.a Do you receive supervision or personal assistance, or use other technical assistance for dressing or undressing?</p> <p>Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1 Yes, only technical assistance _____ <input type="checkbox"/> 2 Yes, both types of aid _____ <input type="checkbox"/> 3 No _____ <input type="checkbox"/> 4 → P32.4</p> <p>32.3.b With what level of difficulty are you able to dress or undress when receiving aid or personal assistance?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>32.4 What is the original impairment of your difficulty dressing or undressing?. Interviewer: <i>Please make note of the literal and encode.</i></p> <p>Impairment: </p> <p>32.5 What age were you when your difficulty dressing or undressing?</p> <p>Age: _____ </p> <p>Interviewer: <i>Please go to the following disability marked with a X</i></p> |

| Column 1 | Disabilities |
|-----------------------------|---|
| 33 <input type="checkbox"/> | <p>Interviewer, please read the informant the introduction to question 27, if he or she has not already read it.</p> <p>33.1 Due to health problem or disability, do you have a significant difficulty performing tasks such as eating and drinking unaided and unsupervised? For example, keeping food in the mouth, swallowing food, using cutlery, serving liquids, drinking without spillage, ...</p> <p>Yes <input type="checkbox"/> ___ 1 No <input type="checkbox"/> → ___ 6 → Please mark with a X in column 1 all questions in block F. Self care and ask the corresponding questions following the flows</p> <p>33.2 With what level of difficulty are you able to eat and drink?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>33.3.a Do you receive supervision or personal assistance, or use other technical assistance for eating or drinking?</p> <p>Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1 Yes, only technical assistance _____ <input type="checkbox"/> 2 Yes, both types of aid _____ <input type="checkbox"/> 3 No _____ <input type="checkbox"/> 4 → P33.4</p> <p>33.3.b With what level of difficulty are you able to eat and drink when receiving aid or personal assistance?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>33.4 What is the original impairment of your difficulty speaking? Interviewer: Please make note of the literal and encode.</p> <p>Impairment: __ __ </p> <p>33.5 What age were you when your difficulty eating or drinking started?</p> <p>Age: _____ __ __ </p> <p>Interviewer: Please go to the following disability marked with a X</p> |
| 34 <input type="checkbox"/> | <p>Interviewer, please read the informant the introduction to question 27, if he or she has not already read it.</p> <p>34.1 Due to health problem or disability, do you have a significant difficulty following medical prescriptions unaided and unsupervised? For example, taking medication correctly, following specific diets, attending doctor's appointments, ...</p> <p>Yes <input type="checkbox"/> ___ 1 No <input type="checkbox"/> → ___ 6 → Please mark with a X in column 1 all questions in block F. Self care and ask the corresponding questions following the flows</p> |

| Column 1 | Disabilities |
|-----------------------------|--|
| | <p>34.2 With what level of difficulty would you say that you are able to follow medical prescriptions?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>18.3.a Do you receive supervision or personal assistance, or use other technical assistance for following medical prescriptions?</p> <p>Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1 Yes, only technical assistance _____ <input type="checkbox"/> 2 Yes, both types of aid _____ <input type="checkbox"/> 3 No _____ <input type="checkbox"/> 4 → P34.4</p> <p>34.3.b With what level of difficulty are you able to follow medical prescriptions when receiving aid or personal assistance?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>34.4 What is the original impairment of your difficulty following medical prescriptions? Interviewer: <i>Please make note of the literal and encode.</i> Impairment: [][]</p> <p>34.5 What age were you when your difficulty following medical prescriptions began? Age: _____ [][][]</p> <p>Interviewer: <i>Please go to the following disability marked with a X</i></p> |
| 35 <input type="checkbox"/> | <p>Interviewer, <i>please read the informant the introduction to question 27, if he or she has not already read it.</i></p> <p>35.1 Due to health problem or disability, do you have a significant difficulty avoiding dangerous situations in your daily life unaided and unsupervised? For example turning off gas, observing traffic lights, ...</p> <p>Yes <input type="checkbox"/> ____ 1 No <input type="checkbox"/> → ____ 6 → Please mark with a X in column 1 all questions in block F. Self care and ask the corresponding questions following the flows</p> <p>18.2 With what level of difficulty are you able to avoid dangerous situations?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>35.3.a Do you receive supervision or personal assistance, or use other technical assistance for avoiding dangerous situations?</p> <p>Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1 Yes, only technical assistance _____ <input type="checkbox"/> 2 Yes, both types of aid _____ <input type="checkbox"/> 3 No _____ <input type="checkbox"/> 4 → P35.4</p> |

| Column 1 | Disabilities |
|-----------------------------|---|
| | <p>35.3.b With what level of difficulty are you able to avoid dangerous situations when receiving aid or personal assistance?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>35.4 What is the original impairment of your difficulty avoiding dangerous situations?. Interviewer: <i>Please make note of the literal and encode.</i></p> <p>Impairment: __ __ </p> <p>35.5 What age were you when your difficulty avoiding dangerous situations began?</p> <p>Age: _____ __ __ __ </p> <p>Interviewer: <i>Please go to the following disability marked with a X</i></p> |
| 36 <input type="checkbox"/> | <p style="text-align: center;">Block G: HOME LIFE</p> <p>Interviewer: <i>The questions in this block should only be asked if the person being interviewed is aged 10 years old or more.</i></p> <p>Interviewer , <i>please read the following to the informant:</i> Remember that I will only ask you about difficulties which have lasted or are expected to last more than one year. Also remember that when we talk about aids, we are considering both those received from other persons, and external technical aids, and that supervision is regarded as the need for another person to be overseeing what someone else does, in order to avoid problems in an everyday activity.</p> <p>36.1 Due to health problem or disability, do you have a significant difficulty organising, buying and carrying everyday shopping unaided and unsupervised? For example buying clothes, food, household items, ...</p> <p>Yes <input type="checkbox"/> _____ 1 No _____ <input type="checkbox"/> 6 → Mark with a X in column 1 all questions in block G. Sight and ask the corresponding questions following the flows</p> <p>36.2 With what level of difficulty would you say that you are able to do shopping?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>36.3.a Do you receive supervision or personal assistance, or use other technical assistance for changing posture?</p> <p>Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1 Yes, only technical assistance _____ <input type="checkbox"/> 2 Yes, both types of aid _____ <input type="checkbox"/> 3 No _____ <input type="checkbox"/> 4 → P36.4</p> |

| Column | Disabilities |
|-----------------------------|---|
| | <p>36.3.b With what level of difficulty would you say that you able to do shopping when receiving aid or personal assistance?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>36.4 What is the original impairment of your difficulty doing shopping? Interviewer: Please make note of the literal and encode.</p> <p>Impairment: </p> <p>36.5 What age were you when your difficulty doing shopping began?</p> <p>Age: _____ </p> <p>Interviewer: Please go to the following disability marked with a X</p> |
| 37 <input type="checkbox"/> | <p>Interviewer: The questions in this block should only be asked if the person being interviewed is aged 10 years old or more.</p> <p>Interviewer, please read the informant the introduction to question 36, if he or she has not already read it.</p> <p>37.1 Due to health problem or disability, do you have a significant difficulty preparing meals unaided and unsupervised?</p> <p>Yes <input type="checkbox"/> _____ 1 No _____ <input type="checkbox"/> 6 → Mark with a X in column 1 all questions in block G. Sight and ask the corresponding questions following the flows</p> <p>37.2 With what level of difficulty would you say you are able to prepare meals?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>37.3.a Do you receive supervision or personal assistance, or use other technical assistance for preparing meals?</p> <p>Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1 Yes, only technical assistance _____ <input type="checkbox"/> 2 Yes, both types of aid _____ <input type="checkbox"/> 3 No _____ <input type="checkbox"/> 4 → P37.4</p> <p>37.3.b With what level of difficulty are you able to prepare meals when receiving aid or personal assistance?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1 With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> |

| Column 1 | Disabilities |
|-----------------------------|---|
| | <p>37.4 What is the original impairment of your difficulty preparing meals? Interviewer: Please make note of the literal and encode.</p> <p>Impairment: </p> <p>37.5 What age were you when your difficulty preparing meals began?</p> <p>Age: _____ </p> <p>Interviewer: Please go to the following disability marked with a X</p> |
| 38 <input type="checkbox"/> | <p>Interviewer: The questions in this block should only be asked if the person being interviewed is aged 10 years old or more.</p> <p>Interviewer, please read the informant the introduction to question 36, if he or she has not already read it.</p> <p>38.1 Due to health problem or disability, do you have a significant difficulty carrying out housework unaided and unsupervised? For example cleaning, washing clothes, using household appliances, ...</p> <p>Yes <input type="checkbox"/> _____ 1</p> <p>No _____ <input type="checkbox"/> 6 → Mark with a X in column 1 all questions in block G. Sight and ask the corresponding questions following the flows</p> <p>38.2 With what level of difficulty would you say that you are able to carry out housework?</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2</p> <p>With severe difficulty _____ <input type="checkbox"/> 3</p> <p>Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>38.3.a Do you receive supervision or personal assistance, or use other technical assistance for carrying out housework?</p> <p>Yes, only supervision or personal assistance _____ <input type="checkbox"/> 1</p> <p>Yes, only technical assistance _____ <input type="checkbox"/> 2</p> <p>Yes, both types of aid _____ <input type="checkbox"/> 3</p> <p>No _____ <input type="checkbox"/> 4 → P38.4</p> <p>38.3.b With what level of difficulty would you say that you are able to carry out housework when receiving aid or personal assistance?</p> <p>Without difficulty or with little difficulty _____ <input type="checkbox"/> 1</p> <p>With moderate difficulty _____ <input type="checkbox"/> 2</p> <p>With severe difficulty _____ <input type="checkbox"/> 3</p> <p>Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>38.4 What is the original impairment of your difficulty carrying out housework?. Interviewer: Please make note of the literal and encode.</p> <p>Impairment: </p> <p>38.5 What age were you when your difficulty carrying out housework? began?</p> <p>Age: _____ </p> <p>Interviewer: Please go to the following disability marked with a X</p> |

| Column 1 | Disabilities |
|-----------------------------|---|
| 39 <input type="checkbox"/> | <p style="text-align: center;">BLOCK H: INTERACTIONS AND INTERPERSONAL RELATIONS</p> <p>Interviewer , please read the following to the informant: Remember that I will only ask you about difficulties which have lasted or are expected to last more than one year.</p> <p>39.1 Due to health problems or disability, does any person in the household have a significant difficulty properly showing other persons affection, respect or transmitting feelings, including physical contact, such as kisses, caresses, ...? Yes <input type="checkbox"/> ___ 1 No ___ <input type="checkbox"/> 6→ → Please mark with a X in column 1 all questions in block H. Interactions and interpersonal relations and ask the corresponding questions following the flows</p> <p>39.2 With what level of difficulty are you able to show other persons affection, respect or transmit feelings? With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>39.3 What is the original impairment of your difficulty showing other persons affection, respect or transmitting feelings?. Interviewer: Please make note of the literal and encode. Impairment: __ __ </p> <p>39.4 What age were you when your difficulty showing other persons affection, respect or transmitting feelings began? Age: _____ __ __ </p> <p>Interviewer: Please go to the following disability marked with a X</p> |
| 40 <input type="checkbox"/> | <p>Interviewer, please read the informant the introduction to question 39, if he or she has not already read it.</p> <p>40.1 Due to health problems or disability, do you have a significant difficulty relating to strangers? For example, when asking for directions, making purchases, ... Yes <input type="checkbox"/> ___ 1 No ___ <input type="checkbox"/> 6→ → Please mark with a X in column 1 all questions in block H. Interactions and interpersonal relations and ask the corresponding questions following the flows</p> <p>40.2 With what level of difficulty are you able to relate to strangers? With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p>40.3 What is the original impairment of your difficulty showing other persons affection, respect or transmitting feelings? Interviewer: Please make note of the literal and encode. Impairment: __ __ </p> <p>40.4 What age were you when your difficulty relating to strangers began? Age: _____ __ __ </p> <p>Interviewer: Please go to the following disability marked with a X</p> |

| Column 1 | Disabilities |
|-----------------------------|--|
| 41 <input type="checkbox"/> | <p data-bbox="400 219 1469 286">Interviewer, please read the informant the introduction to question 39, if he or she has not already read it.</p> <p data-bbox="400 320 1469 387">41.1 Due to health problems or disability, does any person in the household have a significant difficulty initiating and maintaining relations with subordinates, peers or superiors?</p> <p data-bbox="400 416 600 443">Yes <input type="checkbox"/> ____ 1</p> <p data-bbox="400 448 1420 510">No ____ <input type="checkbox"/> 6 → → Please mark with a X in column 1 all questions in block H. Interactions and interpersonal relations and ask the corresponding questions following the flows</p> <p data-bbox="400 539 1469 607">41.2 With what level of difficulty would you say that you are able to initiate and maintain with subordinates, peers or superiors?</p> <p data-bbox="400 633 831 660">With moderate difficulty _____ <input type="checkbox"/> 2</p> <p data-bbox="400 665 839 692">With severe difficulty _____ <input type="checkbox"/> 3</p> <p data-bbox="400 696 1018 723">Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p data-bbox="400 757 1469 846">41.3 What is the original impairment of your difficulty initiating and maintaining relations with subordinates, peers or superiors?. Interviewer: Please make note of the literal and encode.</p> <p data-bbox="400 882 1177 909">Impairment: __ __ </p> <p data-bbox="400 943 1461 969">41.4 What age were you when your difficulty initiate and maintain with subordinates, peers?</p> <p data-bbox="400 1003 743 1030">Age: _____ __ __ </p> <p data-bbox="400 1064 1121 1090">Interviewer: Please go to the following disability marked with a X</p> |
| 42 <input type="checkbox"/> | <p data-bbox="400 1176 1469 1243">Interviewer, please read the informant the introduction to question 39, if he or she has not already read it.</p> <p data-bbox="400 1276 1469 1344">42.1 Due to health problems or disability, do you have a significant difficulty initiating and maintaining relations with subordinates, peers or superiors?</p> <p data-bbox="400 1370 600 1397">Yes <input type="checkbox"/> ____ 1</p> <p data-bbox="400 1402 1420 1464">No ____ <input type="checkbox"/> 6 → → Mark with a X in column 1 all questions in block H. Sight and ask the corresponding questions following the flows</p> <p data-bbox="400 1494 1469 1561">42.2 With what level of difficulty would you say that you are able to initiate and maintain relations with friends, neighbours, acquaintances or colleagues?</p> <p data-bbox="400 1588 831 1615">With moderate difficulty _____ <input type="checkbox"/> 2</p> <p data-bbox="400 1619 839 1646">With severe difficulty _____ <input type="checkbox"/> 3</p> <p data-bbox="400 1650 1018 1677">Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p data-bbox="400 1711 1469 1800">42.3 What is the original impairment of your difficulty initiating and maintaining relations with friends, neighbours, acquaintances or colleagues?. Interviewer: Please make note of the literal and encode.</p> <p data-bbox="400 1805 1177 1832">Impairment: __ __ </p> <p data-bbox="400 1865 1469 1933">42.4 What age were you when your difficulty initiating relations with friends, neighbours, acquaintances or colleagues?</p> <p data-bbox="400 1960 743 1986">Age: _____ __ __ </p> <p data-bbox="400 2020 1121 2047">Interviewer: Please go to the following disability marked with a X</p> |

| Column 1 | Disabilities |
|-----------------------------|---|
| 43 <input type="checkbox"/> | <p data-bbox="400 185 1469 248">Interviewer, please read the informant the introduction to question 39, if he or she has not already read it.</p> <p data-bbox="400 282 1469 344">43.1 Due to health problems or disability, does any person in the household have a significant difficulty starting a family and maintaining family relations?</p> <p data-bbox="400 378 1469 472">Yes <input type="checkbox"/> ____ 1 No <input type="checkbox"/> → ____ 6 → Please mark with a X in column 1 all questions in block F. Interactions and interpersonal relations and ask the corresponding questions following the flows</p> <p data-bbox="400 533 1469 595">43.2 With what level of difficulty would you say that you are able to initiate and maintain family relations?</p> <p data-bbox="400 629 1469 723">With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p data-bbox="400 784 1469 846">43.3 What is the original impairment of your difficulty initiating and maintaining family relationships?. Interviewer: Please make note of the literal and encode.</p> <p data-bbox="400 880 1469 907">Impairment: __ __ </p> <p data-bbox="400 967 1469 994">43.4 What age were you when your difficulty initiating and maintaining family relationships?</p> <p data-bbox="400 1028 1469 1055">Age: _____ __ __ </p> <p data-bbox="400 1088 1469 1122">Interviewer: Please go to the following disability marked with a X</p> |
| 44 <input type="checkbox"/> | <p data-bbox="400 1200 1469 1263">Interviewer, please read the informant the introduction to question 39, if he or she has not already read it.</p> <p data-bbox="400 1301 1469 1364">44.1 Due to health problems or disability, do you have a significant difficulty initiating or maintaining intimate or sexual relationships?</p> <p data-bbox="400 1397 1469 1491">Yes <input type="checkbox"/> ____ 1 No ____ <input type="checkbox"/> 6 → Mark with a X in column 1 all questions in block H. Sight and ask the corresponding questions following the flows</p> <p data-bbox="400 1525 1469 1588">44.2 With what level of difficulty would you say that you are able to initiate and maintain intimate or sexual relations?</p> <p data-bbox="400 1621 1469 1715">With moderate difficulty _____ <input type="checkbox"/> 2 With severe difficulty _____ <input type="checkbox"/> 3 Cannot carry out the activity _____ <input type="checkbox"/> 4</p> <p data-bbox="400 1749 1469 1812">44.3 What is the original impairment of your difficulty initiating and maintaining intimate or sexual relationships?. Interviewer: Please make note of the literal and encode.</p> <p data-bbox="400 1845 1469 1872">Impairment: __ __ </p> <p data-bbox="400 1933 1469 1995">44.4 What age were you when your difficulty initiating and maintaining intimate or sexual relationships?</p> <p data-bbox="400 2029 1469 2056">Age: _____ __ __ </p> |

Interviewer:

Please consult the disabilities marked with X in column 1 of the preceding table. If ALL of them have been marked NO in the first question of each disability, (they do not have the corresponding difficulty), please go to question 45. Otherwise, please complete table 2.

45.- Do you have a significant difficulty carrying out any daily activity due to a long-term health problem or disability?

Yes 1 → P46

No 6 → MODULE M.

46. Do you have a difficulty?:

YES NO

A. Sight _____ 1 6

B. Hearing _____ 1

C. Communication _____ 1

D. Learning and applying knowledge and developing tasks _____ 1 6

E. Mobility _____ 1 6

F. Self-care _____ 1 6

G. Household chores _____ 1 6

H. Interpersonal relations _____ 1 6

Interviewer: For those blocks marked YES, mark with a X in column 1, all disabilities that are not already marked, and ask the corresponding questions following the flows.

2. Table of original impairments of disabilities: cause and age of onset of impairments.

Interviewer, in order to complete this table, you should adhere to the following instructions:

Header: Please consult the previous table and **transcribe** the codes of the **original impairment(s)** of each disability indicated, following the same order. When an impairment is repeated a number of times, only make note of it **once**, and therefore do not repeat the **same impairment** code in the header of this table.

Margin: Next ask for each impairment, the features shown in the margin. With regard to question 2, if at the onset of the impairment the subject was **aged** under 1 year old, please note 00.

Interviewer, please read the following to the informant.:

Next, I am going to ask you a number of questions regarding the causes of your difficulties or limitations carrying out daily activities.

| Impairments Features | 1 | 2 | 3 | 4 | 5 | 6 |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1. What problem caused the impairment? | | | | | | |
| 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 during childbirth _____ | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| Traffic 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 |
| Recreational 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 type of 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 |
| Professional illness _____ | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| Illness (non-work-related) _____ | <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 |
| 2. What was your age at the onset of the impairment? | | | | | | |

| Impairments Features | 7 | 8 | 9 | 10 | 11 | 12 |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1. What problem caused the impairment? | | | | | | |
| 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 during childbirth _____ | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| Traffic 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 |
| Recreational 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 type of 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 |
| Professional illness _____ | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| Illness (non-work-related) | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |
| | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 |

| | | | | | | |
|---|-----|-----|-----|-----|-----|-----|
| Other causes _____ | | | | | | |
| 2. What was your age at the onset of the impairment? | □□□ | □□□ | □□□ | □□□ | □□□ | □□□ |

34. Have you been diagnosed with any of the following illnesses?

- | | YES | NO |
|--|----------------------------|----------------------------|
| 1. Spinal cord injury _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. Parkinson's _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. Lateral sclerosis _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. Multiple sclerosis _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 5. Agenesis / Amputation _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 6. Laryngectomy _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 7. Arthritis / Arthritis _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 8. Rheumatoid arthritis. Ankylosing spondylitis __ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 9. Muscular dystrophy _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 10. Spina bifida/hydrocephaly _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 11. Myocardial infarction. Ischaemic cardiopathy ____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 12. Cerebrovascular accidents _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 13. Down's Syndrome _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 14. Autism and other disorders associated with autism __ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 15. Cerebral paralysis _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 16. Acquired brain damage _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 17. Senile Dementia of the Alzheimer Type _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 18. Other types of dementia _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

19. Schizophrenia _____ 1 6
20. Depression _____ 1 6
21. Bipolar disorder _____ 1 6
22. Pigmentary retinosis _____ 1 6
23. Myopia magna _____ 1 6
24. Senile macular degeneration _____ 1 6
25. Diabetic retinopathy _____ 1 6
26. Glaucoma _____ 1 6
27. Cataract _____ 1 6
28. HIV/AIDS _____ 1 6
29. Rare illnesses _____ 1 6
30. Renal failure _____

Interviewer, please read the following to the informant: I am now going to ask you about the consequences of your limitation(s) and help you may be receiving.

4. Are you permanently bed-ridden as a result of your disability?

- Yes ____ 1
- No _____ 6

5 Do you regard the technical assistance you receive or use as currently meeting your needs?

- Yes ____ 1
- No, they are insufficient _____ 2
- I do not receive or use technical assistance __ 3
- I do not need technical assistance _____ 4

6. How many children did your mother have before you were born? Pleas add up the total number of children by the mother of the interviewee before he or she was born, both those currently living and those who have since died.

N° of Children _____ |__|__|

7. What age was your mother when you were born?

Age _____ |__|__|

C. Information relating to membership of Non-Government Organisations as a consequence of a disability

Interviewer, please read the following to the informant: Next, some questions over possible relationship. organisations ASSOCIATIONS.

1. Due a disability, do you or your relatives belong to a non-government organisation or association (NGO) dedicated to persons with disabilities?

Yes _____ 1

No _____ 6 → Section D

2. Please indicate the original impairment leading to your membership of one or more of these organisations. Interviewer: Enter literal and code.

Original impairment.....

3. What NGO do you belong to on the grounds of your disability?.

Interviewer: Please note literals and codes.

1.

2.

D. Information relating to health, social and economic benefits

Interviewer , please read the following to the informant:

This section refers exclusively to those services received due to one or more disabilities suffered by the interviewee, and not to services received due to other health problems.

1. Sue to a disability, did you permanently finish or suspend rehabilitation prior to the last 14 days?

Yes _____ 1

No _____ 6 → Please complete table 3

2. In relation to rehabilitation ending prior to the last 14 days, please indicate why this came to an end.

Interviewer: If any treatment ended and other rehabilitation was suspended indefinitely, please mark Yes to both questions.

Ended some rehabilitation treatment? _____ Yes 1

No 6

2. Have you indefinitely suspended rehabilitation ?_ Yes 1

No _____ 6

4. As a result of a disability, have you received any type of economic benefit or compensation in the last 12 months?

Yes 1

No 6 → P11

5. Of the following periodic monetary benefits for persons with a disability, which ones have you received in the last 12 months?

YES NO

1. Contributory disability pensions (permanent disability, special retirement scheme for civil servants, OODI, ...) 1 6
2. Non-contributory pensions as a result of the disability 1 6
3. Allowances per dependent child with a disability 1 6
4. Other benefits (LISMI benefits, care pensions, economic dependency pensions, social insertion salary, family assistance, Autonomous Community benefit programmes, ...) 1 6
5. Life and disability insurance 1 6
6. Other regular income due to disability 1 6

Interviewer: *If any of the answers to question 5 is Yes, continue to question 6. If all the responses are NO go to question 7.*

6. How much was the net amount, in other words, how much you have received of these economic benefits in the last 12 months? (If you are unsure of the exact amount, give an approximate amount)

Net amount

Periodic economic benefits _____|_|_|_|_|_|_|_|

7. Of the following non-periodic monetary benefits for persons with a disability, which ones have you received in the last 12 months?

Assistance to persons with disabilities: YES NO

1. Public aid for rehabilitation or specialised care 1 6
2. Public aid for education 1 6
3. Public aid for relatives who are carers 1 6
4. Public aid for enabling personal independence 1 6
(technical assistance and for accessibility and adaptation in the home)
5. Public or private assistance in the work area (social action assistance) 1 6
6. Other public assistance 1 6
7. Assistance from other entities (NGOs, foundations, professional bodies, ...) 1 6

Interviewer: *If any of the answers to question 7 is Yes, continue to question 8. If all the responses are NO go to question 9.*

8. How much was the net amount of these economic benefits in the last 12 months? (If you are unsure of the exact amount, give an approximate amount)

Periodic non-economic benefits _____ Net amount
 | | | | | | | |

9. Of the following indemnities, which ones have you received in the last 12 months?

Indemnities:

YES NO

- 1. Indemnities for bodily injury _____ 1 6
- 2. Indemnities for civil or criminal responsibility _____ 1 6

Interviewer: *If any of the answers to question 9 is Yes, continue to question 10. If the answer to both is No, please go to question 11.*

10. How much was the net amount of these indemnities received in the last 12 months? (If you are unsure of the exact amount, give an approximate amount)

Indemnities _____ Net amount
 | | | | | | | |

11. As a result of a disability, have you any type of tax benefit or compensation in the last 12 months?. For example, on income tax, registration tax, on inheritance tax ...

- Yes _____ 1
- No _____ 6 → Go to section E

12. Which of the following tax benefits have you received in the last 12 months?

- | | YES | NO |
|--|----------------------------|----------------------------|
| 1. Income tax benefits (for a taxpayer with a disability or for assisting a parent or child with a disability) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. Registration tax (exemption of tax for the 1st registration, VAT reduction)- _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. Tax on mechanised vehicles (road tax) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. Inheritance tax _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 5. Other tax benefits (protected capital gains, right to assessment fees, ...) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

E. Information relating to changes in economic activity and data on current economic activity.

Interviewer: *If the interviewee is aged 6 to 15 years old, please go to section G.*

Persons aged 16 years old and over

Interviewer, please read the following to the informant: Next we come to a block of questions relating to your employment situation and with the changes which may have come about therein due to your limitations.

1. Due to the onset or worsening of your disability, have you had to amend your relationship with economic activity or your occupation?

Interviewer: *Please remind the interviewee of the alternatives for relationship with economic activity shown in question 3 of this block.*

Yes _____ 1
 No _____ 6 → P5

Interviewer, please read the following to the informant: If you have had to amend your relationship with economic activity or your occupation several times, please refer in the following questions to the first change made.

2. What was the first kind of change made?

You only changed your relation to the activity _____ 1 → P3
 You only changed your occupation or profession _____ 2 → P4
 You changed your relation with activity and your occupation _____ 3 → P3

3. What was your relation to the activity before and after the first change made as a result of your disability?.

| Relationship with economic activity | Before the first change | After the first change |
|--|----------------------------|----------------------------|
| 1. Working _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| 2. Unemployed _____ | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| 3. Receiving a contributory retirement or permanent disability pension _____ | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| 4. Receiving another type of pension _____ | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| 5. Incapacitated to work _____ | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| 6. Studying _____ | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| 7. Mainly dedicated to household chores _____ | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| 8. Carried out unpaid social work or charity activities _____ | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| 9. Another situation _____ | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |

Interviewer: *Please consult the option completed at question 2. If you have ticked 1, go to question 5. If you have ticked 3, go to question 4.*

4. What was your occupation before and after the first change made as a result of your disability?. Interviewer: *Please make note of the literal and encode.*

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

Interviewer: *Transcribe from Household Questionnaire, Section C. Data on members of the household, information shown in questions 12 and 13, referring to the interviewee.*

5. Relation with economic activity in the past week.

Code noted in question 12, Section C of the Household Questionnaire ____ |__|

6. Have you worked at some point as an employee or freelance worker, ...? (If the answer is blank in the Household Questionnaire, leave it blank in this box)

Code (where applicable) noted in question 13, Section C of the Household Questionnaire ____ |__|

Interviewer:

If question 5 (Relationship with Economic Activity)=1 or question 6 (Have you ever worked) = 1 → go to question 7. Otherwise go to question 22.

Do you work or have you worked before

7. Do you remember at what age you were when you received your first job?

Age _____ |__|__|__|

8 What type of working day do you have or did you have in your last job?

- Split shift _____ 1
Intensive working day without break in the morning _____ 2
Intensive working day without break in the afternoon _____ 3
Intensive working day without break at night _____ 4
Reduced working day _____ 5
Shifts _____ 6
Irregular or variable working day depending on the day ____ 7
Another type _____ 8

9 Do you currently work or did you work in your last job in a Special Employment Centre?

Yes _____ 1

No _____ 6

10. Do you currently work or did you work in your last job in a Non-profit-making institution linked to the disability sector (Association, NGO, Foundation, ...)?.

Yes _____ 1

No _____ 6

11. Approximately, how many salaried workers are/were there in the company where you work(ed)?

- Fewer than 10 _____ 1
 From 10 to 19 _____ 2
 From 20 to 49 _____ 3
 From 50 a 99 _____ 4
 100 or more _____ 5

12. Have you benefited from any of the following measures in order to secure any of your jobs?

YES NO

1. Reservation quota for persons with disabilities, in the public sector _____ 1 6
 2. Reservation quota for persons with disabilities, in the private sector _____ 1 6
 3. Specific contract for persons with disabilities _____ 1 6
 4. Incentives for hiring, bonuses in Social Security quotas _____ 1 6
 5. Others (work enclaves, jobs with support, etc.) _____ 1 6

13. How did you become aware of your current job or the last one you had?

- Via a public employment service (INEM) _____ 1
 You wrote directly to the company _____ 2
 The company where you work contacted you _____ 3
 Via employment websites _____ 4
 Through a friend or relative _____ 5
 Via a specialised labour insertion service _____ 6
 Via an institution or association for persons with disabilities s _____ 7
 Other _____ 8

14. Has any change been made in any of the jobs you have performed due to your disability?. For example, modifications to facilities, telephones, computers, ...

- Yes _____ 1
 No _____ 6
 You have not worked during the disability 8

Interviewer: *Transcribe from Household Questionnaire, Section C. Data on members of the household, information shown in questions 14, referring to the interviewee. If the box is blank in the Household Questionnaire, leave it blank in this box*

15. Professional Situation.

Code (where applicable) noted in question 14, Section C of the Household Questionnaire _____ | _____

Interviewer: *If question 15 = 4 (employee) → please go to question 16.
 Otherwise go to question 18.*

16 What type of contract or labour relationship do you have in your current job or did you have in your last job?

- Civil servant _____ 1
 Permanent _____ 2
 Temporary _____ 3
 Verbal agreement or without a contract _____ 4
 Others _____ 5

17 What is the duration of your current contract, or rather, what was the duration of your last contract?

- Less than six months _____ 1
- From 6 months to 1 year _____ 2
- From more than 1 year to 3 years _____ 3
- From 3 years old and over _____ 4
- No definite duration _____ 5

Interviewer: *If question 6 = 1 (employee) → please go to question 20*

18. How long have you had your current job?

- Less than 1 year _____ 1
- Between 1 and 2 years _____ 2
- Between 2 and 4 years _____ 3
- Over 4 years _____ 4

19 .Are you currently seeking another type of job?

- Yes _____ 1 → P23
- No _____ 6 → Go to section F.

You are not working but have worked before

20. Why did you stop working?

- Having reached the age of retirement _____ 1
- _____ 2
- Health reasons _____ 3
- Pre-retirement or for early retirement or forced early retirement _____ 4
- _____ 5
- Voluntary early retirement _____ 6
- Early retirement as a result of disability _____ 7
- Work could not be reconciled with family responsibilities ___ 8
- The desire to dedicate oneself solely to family _____ 9
- Became unemployed after the contract ended _____ 10
- Was made redundant _____ 11
- Own free will _____
- Other reasons _____

21. How long have you been out of work?

- Less than 3 months 1
- _____ 2
- Between 3 and 6 months 3
- _____ 4
- Between 6 months and one year 5
- _____ 6
- Between one and two years
- _____
- Between two and five years
- _____
- More than five years
- _____

22 .Are you currently seeking work?

Yes ___ 1

No _____ 6→ go to question 26

23. What have you done to seek work in the last four weeks?. Please mark a maximum of five answers

- They are registered with a public employment service 1
- _____ 2
- They are registered with a private employment office 3
- _____ 4
- They have contacted businesspersons 5
- _____
- They are using personal relations _____ 6
- Through the Press _____ 7
- Have you made efforts to set yourself up as a freelancer? 8
- (land search, administration of licenses, ...) _____ 9
- Preparing for or taking public exams 10
- _____ 11
- They are waiting on the results of previous applications
- _____
- They are waiting for a call from the Public Employment Office ___
- Other methods _____
- They have not used any method _____

24. What do you believe is the main reason why you have not found work or another type of work other the one you have currently?

- Due to my disability _____ 1
- I lack experience _____ 2

- The studies they have do not help them find work _ 3
- Finding work is very difficult for everyone _____ 4
- I am uneducated _____ 5
- Other reasons _____ 6

7 _____

Interviewer: *If question 5=2 (unemployed) → please go to question 25. In Other case section*

25 Are you receiving any unemployment benefit?

- Yes ____ 1
- No _____ 6
- } → Section F

26. What is your reason for not seeking employment? Please mark a maximum of 3 answers.

- You have disabilities and believe that it will be very difficult to find work _____ 1
- You cannot work _____ 2
- You cannot work _____ 3
- They believe that they will not find work, not ever having sought it before _____ 4
- They believe that they will not find work, having sought it before _____ 5
- _____ 6
- _____ 7
- They do not believe that there will be any work available _____ 8
- _____ 9
- They are affected by an employment regulation process _____ 10
- _____ 11
- They do not know where to look to find work _____ 12
- _____ 13
- They are waiting for a season with more activity _____ 14
- _____ 15
- They are waiting on the results of previous applications _____ 16
- _____
- They are waiting to begin their freelance activity again _____
- _____
- Due to family or personal reasons _____
- They are undertaking studies or receiving training _____
- _____
- They receive economic benefits _____
- Due to retirement _____
- They do not need to work _____
- _____
- Other causes _____

F. Information relating to the level of studies completed and in progress.

Interviewer: *please read the following to the informant:* The following section includes some questions in order to ascertain studies undertaken.

1. Interviewer: *Transcribe the code for the highest level of studies completed for the person being interviewed, shown in question 6, Section C, of the Household Questionnaire.*

Level of studies completed _____ |

Interviewer: *If level of studies completed, code 9 → please go to 2.
If level of studies completed, code 1 to 8 → please go to 3*

2. In relation to your finished studies, what is your diploma degree or graduate degree?. Interviewer: *Enter literal and code.*

Diploma degree or Graduate degree
..... |

3. In the last five years, have you done any course Vocational Training?

Yes _____ 1
No _____ 6 → P5

4. Of these courses completed in the last five years, have any of them helped you find work?

Yes _____ 1
No _____ 6

5 Are you currently on a course?

Yes _____ 1
No 6 → Section H

6. Please indicate whether you are studying any of the following types of regulated studies

Specific special education _____ 1
Compulsory secondary education _____ 2
Social Guarantee Programme _____ 3
Intermediate cycles of professional training and the equivalent 4
Post-Secondary Education _____ 5
Advanced cycles of professional training and the equivalent 6
University education _____ 7
None of the above _____ 8

7. Are you undertaking any of the following studies, excluding the aforementioned?

| | YES | NO |
|---|----------------------------|----------------------------|
| 1. Occupational Professional Training Studies _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. Other non-regulated studies lasting more than six months _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. Other non-regulated studies lasting six months or less _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

Interviewer: *Section..*

G. Information relating to education and schooling

Persons aged 6 to 15 years old

Interviewer, please read the following to the informant: I am now going to ask you a series of questions related to education and schooling.

1. In relation to education and school integration, what was your situation last week?

- Unschoolled _____ 1 → P4
Educated in a special education centre or classroom _____ 2
Educated in centre Ordinary in system % of
and support specials. _____ 3
Educated in an ordinary centre, without any type of personalised aid __ 4

2. What type of educational centre do you attend?

- Public centre _____ 1 → P4
Subsidised private centre ____ 2
Non-subsidised private centre __ 3

3. What is the ownership of the private centre you attend?

- Religious institution _____ 1
Disability sector association _____ 2
Other institutions (co-operatives, private company institutions) _____ 3

4. in relation to the 2006/7 academic year, how often did you miss school due to a disability? Add together all the missed days throughout the course, even if they were in different periods

- Unschoolled _____ 1
Less than one week _____ 2
One or more weeks, but less than a month ____ 3
Between one and three months _____ 4
Between three and six months _____ 5
Six months or more _____ 6

H. Information relating to discrimination

Interviewer, please read the following to the informant: Below, I am going to ask you a series of questions regarding whether or not you have felt discriminated against on the basis of your disability and how you react in those situations.

1. In the last 12 months, have you felt discriminated against on the basis of your disability? (Some, already; lower).

- Never _____ 1 → Section I .

Sometimes _____ 2

Often _____ 3

Constantly _____ 4

2. In the last 12 months, have you felt discriminated against on the basis of your disability in any of the following situations?

| Scopes/Situations | YES | N0 |
|---|----------------------------|----------------------------|
| 1. In health care | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. In specialised support services (associations, rehabilitation, early treatment, ...) | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. In the school area or in training activities | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. In seeking employment | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 5. In the workplace | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 6. Transport and commutes | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 7. Public Administration | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 8. In deciding on their wealth | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 9. In hiring insurance | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 10. In participating in cultural, recreational or leisure activities: museums, concerts, theatre, bars, discotheques, cinemas, tourism... | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 11. In social participation | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 12. In social relations | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 13. In another situation | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

3. Have you ever reported discrimination on the basis of disability to any institution?

Yes _____ 1

No _____ 6

I. Information relating to social networks and contacts

Interviewer, please read the following to the informant: Let us now discuss your personal and social relationships.

1. Tell me where the following persons live with regard to your place of abode.

Interviewer, please read the following to the informant: If more than one person has the same relationship with the disabled person (for example his or her siblings), when answering this question you should refer to the person living closest.

| | In the same domicile | In the same building | In the same neighbourhood or village | In the same city | Not in the same village or city, but in the same province | In a different province | In another country | Does not have any | NS |
|------------------------------|----------------------------|----------------------------|--------------------------------------|----------------------------|---|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. A parent | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |
| 2. A son/daughter | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |
| 3. A sibling | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |
| 4. A grandchild | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |
| 5. A parent-in-law | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |
| 6. Another relative | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |
| 7. A friend, not a neighbour | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |

2. In the last twelve months, how often have you seen this series of persons?

Interviewer, please read the following to the informant: If more than one person has the same relationship with the disabled person, when answering this question you should refer to the person living closest.

| | Every day or almost every day | Once or twice per week | Once or twice per month | Less frequently | Does not have any |
|------------------------------|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. A parent | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 2. A son/daughter | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 3. A sibling | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 4. A grandchild | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 5. A parent-in-law | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 6. Another relative | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 7. A friend, not a neighbour | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

3. In the last 12 months, with what frequency have you had contact with the following persons by telephone or post? (Including for example email or mobile text messages).

Interviewer, please read the following to the informant: If more than one person has the same relationship with the disabled person, when answering this question you should refer to the person living closest.

| | Every day or almost every day | Once or twice per week | Once or twice per month | Less frequently | Does not have any |
|------------------------------|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. A parent | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 2. A son/daughter | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 3. A sibling | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 4. A grandchild | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 5. A parent-in-law | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 6. Another relative | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 7. A friend, not a neighbour | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

4. Have you had any opportunities in the last 12 months?

| | None | Few | Many | Cannot do it |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Speak to persons you do not know | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 2. Relating with friends or persons who are close | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 3. Make new friends | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Interviewer, please read the following to the informant: We will now continue with some questions regarding activities that you carry out or enjoy carrying out in your spare time.

5. What activities do you spend most of your spare time on, and which would you like to carry out for enjoyment or recreation that you do not already do due to your disability?. Please select the three main activities in both columns.

Interviewer: Please show the TCD1 card to the interviewee and mark all his or her responses.

| | 1 Activities to which you mostly dedicate your spare time | 2 Activities that you would like to carry out for enjoyment or recreation that you do not already do due to your disability |
|---------------------------------------|--|--|
| 1. Watch TV or DVD | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| 2. Listening to the radio or to music | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| 3. Read | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |

- | | | |
|--|-----------------------------|-----------------------------|
| 4. Talk on the telephone with relatives or friends | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| 5. Physical exercise (sports, walks...) | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| 6. Surfing the Net | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| 7. Chat or send emails | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| 8. Attending classes or courses | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| 9. Hobbies, craftwork, handicrafts | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |
| 10. Visit relatives and friends | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 |
| 11. Going shopping | <input type="checkbox"/> 11 | <input type="checkbox"/> 11 |
| 12. Attending sporting or cultural events | <input type="checkbox"/> 12 | <input type="checkbox"/> 12 |
| 13. Travelling | <input type="checkbox"/> 13 | <input type="checkbox"/> 13 |
| 14. Visit libraries or museums | <input type="checkbox"/> 14 | <input type="checkbox"/> 14 |
| 15. Other (please specify)..... | <input type="checkbox"/> 15 | <input type="checkbox"/> 15 |

6. Due to a disability, have you ever had to move dwelling and/or place of residence?.

Yes _____ 1
 No _____ 6 → Section J

7. What was the main reason for the change of residence and/or dwelling?

- To go into a collective establishment for a period upwards of six months _____ 1
 To have better access to health and social resources _____ 2
 Environmental reasons _____ 3
 to receive family care 4 _____ 4
 Due to obstacles on entering and leaving home _____ 5
 Due to obstacles within the home _____ 6
 Other reasons _____ 7

J. Information Relative service accessibility

Interviewer, please read the following to the informant: 1. Let us now continue with some questions related to accessibility.

1. As a result of your disability, do you currently have difficulty coping in different parts of your dwelling or building?.

| | YES | NO | Not applicable |
|---|----------------------------|----------------------------|----------------------------|
| 1. In the entrance to their home _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 |
| _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 |
| 2. In the lift _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 |
| 3. On the stairs _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 |
| 4. In the bathroom _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 |
| 5. In the kitchen _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 |
| _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 |
| 6. In other rooms of the dwelling _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 |
| 7. In the terrace or patios _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 |
| _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 |
| 8. In other places in their dwelling or building (garage, storage rooms, ...) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 |

2. What type of transport do you use to get around town or the local area?.

- | | | |
|--|----------------------------|----------------------------|
| 1. Own adapted vehicle _____ | YES | NO |
| 2. Private, non-adapted vehicle _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. Public transport (metro, bus, tram, commuter trains or taxi) ____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. Special transport (ambulances, coaches, minibuses) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 5. Another type of transport _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

3. Do you have any of the problems using public or private transport due to your disability?.

Interviewer: Please refer to responses to the previous question.
 If the informant has selected YES in option 3 (Public transport) → please ask the options in section a)
 If the informant has selected YES in any of the options 1,2,4 or 5 → please ask the options in section b)

a) Public transport:

- | | YES | NO |
|--|----------------------------|----------------------------|
| 1. In accessing stations, stops, platforms, interchanges _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. In getting to the vehicle _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. In getting into or out of the vehicle _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. Getting in the seat _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 5. In paying for or making use of the transport pass (ticket, season ticket, ...) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 6. In finding their bearings in stations, airports or ports _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 7. In reading, interpreting or understanding the maps and signals _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 8. In deciding the itinerary (choosing interchanges, getting off at the right stop, ...) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 9. Other problems _____ | | |

b) Private transport:

- | | YES | NO |
|--|----------------------------|----------------------------|
| 10. In getting to the vehicle _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 11. In getting into or out of the vehicle, or accessing the seat _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

4. Please indicate whether you regularly have difficulty in each of the following situations when getting about on the street

- | | YES | NO | Not applicable |
|--|----------------------------|----------------------------|----------------------------|
| 1. In going up to or down from the sidewalk _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 |
| 2. In crossing the street _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 |
| 3. Overcoming obstacles on the pavement (wastepaper baskets, lampposts, bollards, narrowing of pavements, ...) or paving problems (slippery floor, potholes,, ...) | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 |
| 4. In identifying streets, intersections and signals _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 |
| 5. Other problems _____ | | | <input type="checkbox"/> 8 |

K. Information relating to health

Interviewer, please read the following to the informant: Let us turn to some questions related to health in general.

1 How is your health in general?

- Very good _____ 1
- Good _____ 2
- Fair _____ 3
- Poor _____ 4
- Very poor _____ 5

2. Do you have a chronic illness or complaint?

- Yes _____ 1
- No _____ 6 → P4

3. Do you chronically suffer from any of the following illnesses or health problems?

Interviewer, please read the informant the illnesses listed one by one, noting the appropriate responses.

YES

NO

- 1.Asthma, chronic bronchitis or emphysema (including allergic asthma) _____ 1 6
- 2. Myocardial infarction or other heart disease _____ 1 6
- 3. Hypertension _____ 1 6
- 4. High cholesterol _____ 1 6
- 5.Cerebrovascular accident _____ 1 6
- 6.Arthrosis, arthritis or rheumatic problems _____ 1 6
- 7.Back or neck pain (≠ option 6) _____ 1 6
- 8.Diabetes _____ 1 6
- 9.Allergy (except allergic asthma) _____ 1 6
- 10.Stomach ulcer _____ 1 6
- 11.Cirrhosis or other liver disease _____ 1 6
- 12.Cancer _____ 1 6
- 13.Migraines or frequent headaches _____ 1 6
- 14.Urinary incontinence _____ 1 6
- 15.Chronic anxiety _____ 1 6
- 16.Chronic depression _____ 1 6
- 17.Another mental illness _____ 1 6
- 18.Permanent injury following an accident _____ 1 6
- 19.Another Chronic illness _____ 1 6

4. During the last twelve months have you suffered any type of a accident, including assaults, intoxication or burns?

- Yes _____ 1
- Does not _____ 6

5. And specifically referring to the last accident that you have suffered (if you have suffered various during the last twelve months), where did it occur?

- At home, stairs or foyer, ... _____ 1
- In the street or road and it was a traffic accident _____ 2
- In the street, but it was not a traffic accident _____ 3
- At work _____ 4
- In the place of study _____ 5
- At a sports facility _____ 6
- In a recreational or leisure area _____ 7
- Elsewhere _____ 8

6. In the last four weeks, have you made a doctor's appointment(in person or over the telephone) due to a problem, complaint or illness that you are suffering? Please do not include stomatology or dental consultations, or the performing of diagnostic tests (X-rays, analyses, ...), or checks carried out during hospital stays.

- Yes _____ 1
- No _____ 6

7. Do you regularly do physical activity in your spare time such as walking, practising a sport, gymnastics, ...?

- Yes _____ 1
- No _____ 6

8. Could you please tell me how many hours you regularly sleep each day, including naps?

No. of hours per day _____ |__|__|

9. What is your approximate weight, without shoes or clothes? Interviewer: If the subject of the interview is a pregnant woman, she must indicate her weight prior to the beginning of the pregnancy.

Weight in kilos.: _____ |__|__|__|

10. What is your approximate height, without shoes?

Height in cm: _____ |__|__|__|

L. Information relating to personal care received by persons with disabilities.

1. Do you receive personal assistance or care due to your disabilities?

- YES _____ 1 → P2
- No _____ 6 → P8.b

2. Does any person residing in the household and not employed within the household provide you with special care? Interviewer: Please note your order number(s).

- Yes _____ 1 → Order no. |__|__| |__|__| |__|__| |__|__|
- No _____ 6

3. Does any person residing in the household and not employed within the household provide special care to?.

Yes _____ 1 → Order N° 1 |__|__| → 1 Is he or she a social or health professional? Yes Does not
2 |__|__| Is he or she a social or health professional? Yes Does
not
3 |__|__| Is he or she a social or health professional? Yes Does
not
No _____ 6

4. Does any person not residing in the household provide special care to?.

Yes _____ 1
No _____ 6 → P6

5. Please state how many persons who do not reside in the household provide you with care

Your daughter(s) _____ 1
Your son(s) _____ 2
Your mother _____ 3
Your father _____ 4
Your spouse or partner _____ 5
Your sister(s) _____ 6
Your brother(s) _____ 7
Your grandmother(s) _____ 8
Your grandfather(s) _____ 9
Your granddaughter(s) _____ 10
Your grandson(s) _____ 11
Your daughter-in-law(s) _____ 12
Your son-in-law(s) _____ 13
Other relatives _____ 14
Non-resident employees who are social or health professionals _____ 15
Other household employees _____ 16
Friends or neighbours _____ 17
Public Administrations Social Services _____ 18
Social services from non-public institutions (NGO, associations) _____ 19
Private companies _____ 20
Others _____ 21

6. How many hours per day, on average, do you receive help from other persons?. Please exclude care and services received at day centres and other professional services

No. of hours _____ |__|__|

7. If more than one person provides care, who is mainly dedicated to doing so?

1. A person residing in the household and not employed in the household → please note his or her name and order number

..... |__|__|

2. A person residing in the household and employed in the household→ please note his or her name and order number

..... | | | |

3. A person residing in the household and not employed in the household→ please note his or her name and code from question 5

..... 9 | | |

4. A person residing in the household and employed in the household→ please note his or her name and code from question 5 (only options 15 or 16)

..... 9 | | |

8.a. Do you consider the help received from other person to satisfy your needs?

Yes _____ 1 }
No, it is insufficient _____ 6 } → P9

help from other persons 8 → Section

8.b. Do you consider yourself to need assistance or personal care due to your disabilities?

Yes 1
No 6 → Section M

9. Who do you believe should provide this assistance?

Social or health professional 1 _____ 1
Another person (family member, non-social or health staff) _____ 2
Both _____ 3

Thank you very much for your collaboration

M. Time the interview ended and date of completion of this questionnaire

1. Time the interview ended | | | | | | | | Hour Minutes
2. Date of completion of this questionnaire | | | | | | | | | | Day Month
Year

Interviewer: Please remember that if you answered yes to question 1 in Section L, you need to answer a Main carer(s) questionnaire, referring to the main carer of this disabled person.