

Disability, Independence and Dependency Situations Survey.

Household Questionnaire

1

A. Identification

1. Section identification data

Province _____ | | | |

Section order N° _____ | | | | | | | |

Municipality _____
| | | |

District/section _____ | | | | | | | |

Two-week period _____ | |

DIGITISATION LABEL

Interviewer:
A household is defined as a person or group of persons who habitually reside in a family dwelling, and share food or other goods within the same budget. Employees residing in a household and permanent guests in the household are regarded as members thereof. If two or more human groups with different budgets reside in the dwelling, each of them comprises a household and must carry out the survey for all of them.

2. Identification of the dwelling and household

Dwelling order N° _____ | | | |

Household number within the dwelling _____ | |

3. Informant details

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

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

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

4. Other data

N° of members of the household 6 years old or more _____ | | | |

N° of members of the household between 0 and 5 years of age (minors) _____ | | | |

N° of members of the household 6 years old or more with a disability _____ | | | |

N° of members of the household between 0 and 5 years of age (minors), with a limitation _____ | | | |

Disability Questionnaires of members of the household 6 years old or more **collected** _____ | | | |

Limitation Questionnaires of members of the household between 0 and 5 years of age (minors), **collected** _____ | | | |

Main Carer Questionnaires, **collected** _____ | | | |

5. Time of start of interview _____ | | | |

Hour Minutes

Nature, characteristics and purpose

The Disability, Independence and Dependency Situations Survey (DIDSS) 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 to provide data This survey forms part of the National Statistical Plan and, therefore, in accordance with Law 12/1996 this questionnaire is compulsory, except for sections D and E.

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).

B. Composition of the household

1. Identification of the household members present or absent

Interviewer, please read the following presentation to the informant:

“In order to commence the interview, please provide me with the name of the person usually residing in this household and who regularly contributes most to the household budget. Please indicate to me below the name of other persons of the household currently living in this dwelling. Please include household employees and guests, where appropriate. Please also tell me names of the persons of the household not present at the moment, but who usually live in this dwelling. I will then ask questions about each of them”.

Interviewer: *First write the names of all the persons in Column 1, beginning with the person previously identified as the one contributing the most on a regular basis to the household budget (household reference person). Then ask the questions in the following column of the table for each of the persons notes, and assign numbers in order to those who are members of the household. Complete the table a row at a time, in other words, don't move on to the next row until you have completed all the questions for each person.*

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
First name	Does he or she usually reside or intend to reside in this household in the period between 1 November 2007 and 29 February 2008?	Is he or she an employee in the household?	Is he or she a guest in this household?	Sex	Date of birth?	How old is he or she?	Order of household members aged 6 years or more Number consecutively from 01	Order of household members aged 5 years or less Number consecutively from 51
_____ _____ _____	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6→next person	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 6	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	
_____ _____ _____	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6→next person	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 6	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
_____ _____ _____	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6→next person	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 6	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
_____ _____ _____	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6→next person	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 6	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
_____ _____ _____	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6→next person	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 6	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
_____ _____ _____	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6→next person	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 6	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
_____ _____ _____	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6→next person	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 6	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
_____ _____ _____	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6→next person	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 6	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

C. Details of members of the household

Interviewer:

* Please consult **Section B**, and write out the name and order of those persons who are **household members**, always starting with the household reference person. Please complete the data one person at a time for all of them, in other words, one row at a time. Bear in mind that the names also have to be written out on successive pages.

* Please read the following to the informant: **I am not going to ask a number of questions in reference to the members of this household.**

Number and order of household members.	First name _____ _____	First name _____ _____	First name _____ _____	First name _____ _____
	Order 0 1	Order no __	Order no __	Order no __
1. What is your country of birth? 1. Spain 2. Another Country. Please enter the code (1)	<input type="checkbox"/> 1 <input type="checkbox"/> 6→ __	<input type="checkbox"/> 1 <input type="checkbox"/> 6→ __	<input type="checkbox"/> 1 <input type="checkbox"/> 6→ __	<input type="checkbox"/> 1 <input type="checkbox"/> 6→ __
2. What is your nationality? 1. Spanish _____ 2. Women _____ 3. Spanish and another	<input type="checkbox"/> 1 → P4 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 → P4 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 → P4 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 → P4 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3. Of which country do you hold nationality?. Enter code (1) _____	__	__	__	__
4. What is your marital status? 1. Single _____ 2. Married _____ 3. Widowed _____ 4. Separated _____ 5. Divorced _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
5. Do you currently live with a partner? 1. Yes _____ 6. No _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6

(1) Codes of country of birth and foreign nationality

1. A European Union country other than Spain, Rumania and Bulgaria (EU-25)
2. Rumania or Bulgaria
3. Other European country
4. Canada or USA

5. Ecuador
6. Colombia
7. Other American country
8. An Asian country
9. Morocco
10. Another African country
11. An Oceanian country

C. Details of members of the household

First name _____ _____	First name _____ _____	First name _____ _____	First name _____ _____	First name _____ _____	First name _____ _____
Order no _ _	Order no _ _	Order no _ _	Order no _ _	Order no _ _	Order no _ _
<input type="checkbox"/> 1 <input type="checkbox"/> 6→ _ _	<input type="checkbox"/> 1 <input type="checkbox"/> 6→ _ _	<input type="checkbox"/> 1 <input type="checkbox"/> 6→ _ _	<input type="checkbox"/> 1 <input type="checkbox"/> 6→ _ _	<input type="checkbox"/> 1 <input type="checkbox"/> 6→ _ _	<input type="checkbox"/> 1 <input type="checkbox"/> 6→ _ _
<input type="checkbox"/> 1 → P4 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 → P4 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 → P4 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 → P4 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 → P4 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 → P4 <input type="checkbox"/> 2 <input type="checkbox"/> 3
_ _	_ _	_ _	_ _	_ _	_ _
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6

C. Details of members of the household(Continuation)

Interviewer: Please be sure to correctly enter the name and order of household members.

Number and order of household members.	First name _____ _____ Order 0 1	First name _____ _____ Order no _ _	First name _____ _____ Order no _ _	First name _____ _____ Order no _ _
<p>6 What is the highest level of studies that you have completed?</p> <p>1. Not applicable, he or she is under 10 years old _____</p> <p>2. Cannot read or write _____</p> <p>3. Incomplete primary education _____</p> <p>4. Primary education or equivalent _____</p> <p>5. Secondary education , 1st stage _____</p> <p>6. Upper-secondary education _____</p> <p>7. Intermediate professional training or equivalent____</p> <p>8. Advanced professional training or equivalent____</p> <p>9. University studies or equivalent _____</p> <p>Specify _____</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>7. Has he or she felt limited regarding carrying out activities people normally carry out, due to a health problem or disability?. Only reply YES if this limitation has lasted or is expected to last more than 1 year.</p> <p>1. Yes, Severely limited</p> <p>2. Yes, limited but not severely</p> <p>3. No</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p>
<p>8. As a result of a disability, health problem or illness, do you hold a disability certificate with a degree of disability equal to or greater than 33%?</p> <p>1. Yes _____</p> <p>6. No _____</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 6</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 6</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 6</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 6</p>

C. Details of members of the household(Continuation)

Interviewer: Please be sure to correctly enter the name and order of household members.

First name _____ _____	First name _____ _____	First name _____ _____	First name _____ _____	First name _____ _____	First name _____ _____
Order no	Order no	Order no	Order no	Order no	Order no
<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 _____ _____ _____	<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 _____ _____ _____	<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 _____ _____ _____	<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 _____ _____ _____	<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 _____ _____ _____	<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 _____ _____ _____
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6

C. Details of members of the household(Continuation)

Interviewer: Please be sure to correctly enter the name and order of household members.

Number and order of household members.	First name _____ _____ Order 0 1	First name _____ _____ Order no	First name _____ _____ Order no	First name _____ _____ Order no
9. How is his or her health in general? 1. Very good _____ 2. Good _____ 3. Fair _____ 4. Poor _____ 5. Very poor _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
10 Does he or she have a chronic illness or complaint? 1. Yes _____ 6. No _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
11. Interviewer: Is the person 16 20 years old or more? 1. Yes _____ 6. No _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → Section D	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → Section D	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → Section D	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → Section D
12. In relation with the economic activity, in which of the following situations did you find yourself last week? If you consider yourself to have been in a number of situations, only indicate the main one. 1. Working _____ 2. Unemployed _____ 3. Receiving a contributory retirement or permanent disability pension _____ 4. Receiving another type of pension _____ 5. Incapacitated to work _____ 6. Studying _____ 7. Mainly dedicated to household chores _____ 8. Voluntarily carried out social work or charity activities _____ 9. Another situation _____	<input type="checkbox"/> 1 → P14 <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	<input type="checkbox"/> 1 → P14 <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	<input type="checkbox"/> 1 → P14 <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	<input type="checkbox"/> 1 → P14 <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

C. Details of members of the household(Continuation)

Interviewer: Please be sure to correctly enter the name and order of household members.

First name _____	First name _____	First name _____	First name _____	First name _____	First name _____
Order no __ __	Order no __ __	Order no __ __	Order no __ __	Order no __ __	Order no __ __
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
<input type="checkbox"/> 1 <input type="checkbox"/> 6 → Section D	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → Section D	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → Section D	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → Section D	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → Section D	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → Section D
<input type="checkbox"/> 1 → P14 <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	<input type="checkbox"/> 1 → P14 <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	<input type="checkbox"/> 1 → P14 <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	<input type="checkbox"/> 1 → P14 <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	<input type="checkbox"/> 1 → P14 <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	<input type="checkbox"/> 1 → P14 <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
<input type="checkbox"/> 1 <input type="checkbox"/> 6 → Section D	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → Section D	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → Section D	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → Section D	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → Section D	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → Section D

C. Details of members of the household(Continued)

Interviewer: Please be sure to correctly enter the name and order of household members.

Number and order of household members.	First name _____ _____ Order <u>0</u> <u>1</u>	First name _____ _____ Order no <u> </u> <u> </u>	First name _____ _____ Order no <u> </u> <u> </u>	First name _____ _____ Order N° <u> </u> <u> </u>
13. Have you worked at some point as an employee or freelance worker, ...? 1. Yes _____ 6. No _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → Section D	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → Section D	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → Section D	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → Section D
14. What is/was the professional situation in the occupation that he or she carries out or carried out in his or her last employment? 1. Businessperson or freelance worker with employees _ <input type="checkbox"/> 1 2. Businessperson or freelance worker without employees _ <input type="checkbox"/> 2 3. Family Assistance _____ <input type="checkbox"/> 3 _____ <input type="checkbox"/> 4 4. Employee/ _____ <input type="checkbox"/> 5 5. Member of a cooperative _____ <input type="checkbox"/> 6 6. Another situation _____ <input type="checkbox"/> 6				
15. What is/was the occupation, profession or trade that you carry or carried out in your last employment?				
Interviewer: Enter literal and code (CNO-94) _____	<input type="checkbox"/> or <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	_____ _____	_____ _____	_____ _____	_____ _____
Interviewer: Please encode the occupation using 3 digits for household members with a disability (where appropriate) and 1 digit for household members with no disability.				
16. How much is/was the activity of establishment in which he or she works or worked in his or her latest job?				
Interviewer: Enter literal and code (NCEA-93) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

C. Details of members of the household(Continued)

Interviewer: Please be sure to correctly enter the name and order of household members.

First name _____ _____	First name _____ _____	First name _____ _____	First name _____ _____	First name _____ _____	First name _____ _____
Order N° __ __	Order no __ __	Order no __ __	Order no __ __	Order N° __ __	Order no __ __
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
__ or __ __ __ _____ _____	__ or __ __ __ _____ _____	__ or __ __ __ _____ _____	__ or __ __ __ _____ _____	__ or __ __ __ _____ _____	__ or __ __ __ _____ _____
__ __ _____ _____ _____	__ __ _____ _____ _____	__ __ _____ _____ _____	__ __ _____ _____ _____	__ __ _____ _____ _____	__ __ _____ _____ _____

D. Disabilities currently suffered by household members 6 years old or more.

Interviewer, please read the following presentation to the informant:

I shall ask you a few questions regarding possible difficulties or limitation with carrying out everyday activities. It is intended to detect persons in the household 6 years old and over currently facing 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) .

- The cause of the limitation or difficulty is a health-related problem or disability.

In order to respond, one should keep in mind persons when they are not using aids or 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 (miopia, 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, guidedogs, ...

* 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.

Interviewer: Then ask the informant the questions from this table, reading them too him or her one by one. So long as the response to a question is affirmative, please consult Section C and enter the order of the person(s) who does/do have a disability.

Table of Disabilities currently suffered by members of the household 6 year old or over, which have lasted or are expected to last more than one year.

Disabilities	Order
<p>Block A: Sight</p> <p><i>Interviewer, 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, and which are due to a complaint or a disability .</p>	
<p>1. Is any person in the household blind or only able to differentiate between light and darkness? _____</p>	<p>YES <input type="checkbox"/> 1 → __ __ __ __ __ NO <input type="checkbox"/> 6</p>
<p>2. 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</p>
<p>3. Does any person in the household have significant difficulty recognising someone across the street (4 metres), even wearing spectacles or contact lenses? Please also include persons blind in one eye, even if they have no problems with the other eye _____</p>	<p>YES <input type="checkbox"/> 1 → __ __ __ __ __ NO <input type="checkbox"/> 6</p>
<p>4. Does any person in the household have any other significant difficulty with their sight, even wearing spectacles or contact lenses (distinguishing between colours, night vision, ...)? _____</p>	<p>YES <input type="checkbox"/> 1 → __ __ __ __ __ NO <input type="checkbox"/> 6</p>

Table of Disabilities currently suffered by members of the household 6 year old or over, which have lasted or are expected to last more than one year.(Continuation)

Disabilities	
Block B: Hearing	
<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>–</p>
<p>5. Is any person in the household completely deaf? _____</p>	<p>YES <input type="checkbox"/> 1 → NO <input type="checkbox"/> 6</p>
<p>6. Is there any person in the household with significant difficulties hearing an alarm, sirens or other loud noises without an earpiece or another type of technical hearing aid? _____</p>	<p>YES <input type="checkbox"/> 1 → NO <input type="checkbox"/> 6</p>
<p>7. Does any person in the household 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? Please also include persons deaf in one ear, even if they have no problems with the other ear. _____</p>	<p>YES <input type="checkbox"/> 1 → NO <input type="checkbox"/> 6</p>
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. 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. Does any person in the household have any other significant difficulty speaking intelligibly or uttering coherent phrases without external technical aids? _____</p>	
<p>9. Due to health problem or disability, does any person in the household have a significant difficulty understanding the meaning of what other persons say to them, without personal assistance? _____</p>	<p>YES <input type="checkbox"/> 1 → NO <input type="checkbox"/> 6</p>
<p>10. Due to health problem or disability, does any person in the household have a significant difficulty understanding a written text or expressing themselves in writing? _____</p>	<p>YES <input type="checkbox"/> 1 → NO <input type="checkbox"/> 6</p>
<p>11. Due to health problem or disability, does any person in the household have a significant difficulty understanding gestures, symbols, illustrations, sounds or expressing themselves via these? For example, understanding that the sound of an alarm means that there is a fire, shaking one's head to express disagreement, ... _____</p>	<p>YES <input type="checkbox"/> 1 → NO <input type="checkbox"/> 6</p>
<p>12. 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>	<p>YES <input type="checkbox"/> 1 → NO <input type="checkbox"/> 6</p>
<p>13. 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</p>

	YES <input type="checkbox"/> 1 → <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO <input type="checkbox"/> 6
--	--

Table of Disabilities currently suffered by members of the household 6 year old or over, which have lasted or are expected to last more than one year. (Continuation)

Disabilities	
Block D: Learning and application of knowledge and development of tasks.	
<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.</p> <p>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>14. Due to a mental problem, does anyone in the household have a significant difficulty holding a gaze or paying attention when listening? _____</p>	YES <input type="checkbox"/> 1 → <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO <input type="checkbox"/> 6
<p>15. Due to a mental problem, does anyone in the household have a significant difficulty learning to perform simple tasks, such as copying, reading, writing, addition or subtraction, or learning to use everyday utensils? _____</p>	YES <input type="checkbox"/> 1 → <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO <input type="checkbox"/> 6
<p>16. Due to a mental problem, does anyone in the household have a significant difficulty performing simple tasks unaided and unsupervised? For example, taking something out of cupboard, filling a glass of water, ... _____</p>	YES <input type="checkbox"/> 1 → <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO <input type="checkbox"/> 6
<p>17. Due to a mental problem, does anyone in the household 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 → <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO <input type="checkbox"/> 6
Block E: Mobility	
<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>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>	YES <input type="checkbox"/> 1 → <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO <input type="checkbox"/> 6
<p>18. Does any person in the household have a significant difficulty using the telephone unaided and unsupervised? For example, getting up, sitting down, lying down, ... _____</p>	
<p>19 Due to health problem or disability, does any person in the household 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 _____</p>	YES <input type="checkbox"/> 1 → <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<p>unsupervised? For example, standing or sitting for periods of time. _____</p> <p>20. 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><input type="checkbox"/><input type="checkbox"/> NO <input type="checkbox"/> 6</p> <p>YES <input type="checkbox"/> 1 → <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> NO <input type="checkbox"/> 6</p> <p>YES <input type="checkbox"/> 1 → <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> NO <input type="checkbox"/> 6</p>
---	---

Table of Disabilities currently suffered by members of the household 6 year old or over, which have lasted or are expected to last more than one year. (Continuation)

Disabilities	
<p>Block E: Mobility (continuation)</p> <p>21. Due to health problem or disability, does any person in the household 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>22. 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>23. Due to health problem or disability, does any person in the household aged between 18 and 74 years old have a significant difficulty driving unadapted motor vehicles? _____</p> <p>24. 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>25. 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>26. Does any person in the household have a significant difficulty handling and moving small objects, using his or her hands and arms unaided and unsupervised? For example, picking up and putting down coins, cutting with scissors, writing with a pen, ... _____</p> <p>Block F: Self care</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. Also remember that when we talk about aids, we are considering both those received from other persons, and external technical aids; 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>YES <input type="checkbox"/> 1 → <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> NO <input type="checkbox"/> 6</p> <p>YES <input type="checkbox"/> 1 → <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> NO <input type="checkbox"/> 6</p> <p>YES <input type="checkbox"/> → <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> 1 → <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> NO <input type="checkbox"/> 6</p> <p>YES <input type="checkbox"/> 1 → <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> NO <input type="checkbox"/> 6</p> <p>YES <input type="checkbox"/> 1 → <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> NO <input type="checkbox"/> 6</p>
<p>27. Due to health problem or disability, does any person in the</p>	

<p>household have a significant difficulty using washing or drying different parts of their body unaided and unsupervised? For example, taking a shower, washing his or her hands, head, ... _____</p> <p>28. Due to health problem or disability, does any person in the household have a significant difficulty with basic grooming unaided and unsupervised? For example combing his or her hair, cutting his or her nails, ... _____</p> <p>29. Due to health problem or disability, does any person in the household have a significant difficulty controlling his or her urge to urinate and related activities, making it to the toilet, dressing and undressing and cleaning himself or herself unaided and unsupervised?</p>	<p>YES <input type="checkbox"/> 1 → </p> <p>NO <input type="checkbox"/> 6</p> <p>YES <input type="checkbox"/> 1 → </p> <p>NO <input type="checkbox"/> 6</p> <p>YES <input type="checkbox"/> 1 → </p> <p>NO <input type="checkbox"/> 6</p>
---	--

Table of Disabilities currently suffered by members of the household 6 yearS old or over, which have lasted or are expected to last more than one year)(Continuación)

Disabilities	
<p>Block F: Self-care (continuation)</p> <p>30. Due to health problem or disability, does any person in the household have a significant difficulty controlling his or her urge to defecate and related activities, making it to the toilet, dressing and undressing and cleaning himself or herself unaided and unsupervised? _____</p> <p>31. Due to health problem or disability, does any woman in the household 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>32. Due to health problem or disability, does any person in the household have a significant difficulty dressing and undressing unaided and unsupervised? For example putting on and removing clothes and footwear, choosing suitable clothes for the weather conditions, ... _____</p> <p>33. Due to health problem or disability, does any person in the household 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>34. Due to health problem or disability, does any person in the household have a significant difficulty adhering to unaided and unsupervised? For example, taking medication correctly, following specific diets, attending doctor's appointments, ... _____</p> <p>35. Due to health problem or disability, does any person in the household have a significant difficulty avoiding dangerous situations in his or her daily life unaided and unsupervised? For example turning off gas, observing traffic lights, ... _____</p>	<p>YES <input type="checkbox"/> 1 → </p> <p>NO <input type="checkbox"/> 6</p> <p>YES <input type="checkbox"/> 1 → </p> <p>NO <input type="checkbox"/> 6</p> <p>YES <input type="checkbox"/> 1 → </p> <p>NO <input type="checkbox"/> 6</p> <p>YES <input type="checkbox"/> 1 → </p> <p>NO <input type="checkbox"/> 6</p> <p>YES <input type="checkbox"/> 1 → </p> <p>NO <input type="checkbox"/> 6</p>

Block G: Home life	
<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. 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>YES <input type="checkbox"/> 1 → NO <input type="checkbox"/> 6</p>
<p>Interviewer: <i>The following three questions only refer to persons 10 years old or over.</i></p>	
<p>36. Due to health problem or disability, does any person in the household have a significant difficulty organising, buying and carrying everyday shopping unaided and unsupervised? For example buying clothes, food, household items, ... __</p>	
<p>37. Due to health problems or disability, does any person in the household have a significant difficulty preparing meals unaided and unsupervised? _____</p>	
<p>38. Due to health problem or disability, does any person in the household have a significant difficulty performing tasks such as eating and drinking unaided and unsupervised? For example cleaning, washing clothes, using household appliances, ... _____</p>	<p>YES <input type="checkbox"/> 1 → NO <input type="checkbox"/> 6</p>
	<p>YES <input type="checkbox"/> 1 → NO <input type="checkbox"/> 6</p> <p>YES <input type="checkbox"/> 1 → NO <input type="checkbox"/> 6</p>

Table of disabilities currently suffered by members of the household 6 year old or over, which have lasted or are expected to last more than one year)(Continuation)

Disabilities	
Block H: Interactions and interpersonal relations	
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.	
39. 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
40. Due to health problems or disability, does any person in the household 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
41. Due to health problems or disability, does any person in the household have a significant difficulty initiating and maintaining relations with subordinates, peers and superiors? _____	YES <input type="checkbox"/> 1 → __ __ __ __ __ NO <input type="checkbox"/> 6
42. Due to health problems or disability, does any person in the household have a significant difficulty initiating and maintaining relations with neighbours, acquaintances or colleagues? _____	YES <input type="checkbox"/> 1 → __ __ __ __ __ NO <input type="checkbox"/> 6
43. Due to health problems or disability, does any person in the household have a significant difficulty starting a family and maintain family relations? _____	YES <input type="checkbox"/> 1 → __ __ __ __ __ NO <input type="checkbox"/> 6
44. Due to health problems or disability, does any person in the household have a significant difficulty initiating or maintaining intimate or sexual relationships? _____	YES <input type="checkbox"/> 1 → __ __ __ __ __ NO <input type="checkbox"/> 6 YES <input type="checkbox"/> 1 → __ __ __ __ __ NO <input type="checkbox"/> 6

D1. Table Summary of disabilities currently suffered by members of the household 6 years old or over.

Interviewer:
In no person in the household 6 years old or over has one or more disabilities (all responses in the preceding table are NO), go to section E.
If any person(s) in the household 6 years old or over, has or have one or more disabilities, please write out from the preceding table these disabilities, entering each person's order and their disability code(s), on the right-hand side. For example, if a person has responded that he or she has a significant difficulty getting around on passenger transport, he or she must enter code 22 in one of the two brackets on the right 2/2

1 Order of household members	2 Code of disabilities suffered by the person
1 <input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>
4 <input type="text"/>	<input type="text"/>
5 <input type="text"/>	<input type="text"/>
6 <input type="text"/>	<input type="text"/>
7 <input type="text"/>	<input type="text"/>
8 <input type="text"/>	<input type="text"/>
9 <input type="text"/>	<input type="text"/>
10 <input type="text"/>	<input type="text"/>
11 <input type="text"/>	<input type="text"/>
12 <input type="text"/>	<input type="text"/>
13 <input type="text"/>	<input type="text"/>
14 <input type="text"/>	<input type="text"/>
15 <input type="text"/>	<input type="text"/>
16 <input type="text"/>	<input type="text"/>
17 <input type="text"/>	<input type="text"/>
18 <input type="text"/>	<input type="text"/>

E. Serious or significant limitations or difficulties currently faced by household members under 6 years old (0-5).

Limitations or difficulties currently faced by children under 6 years old

Interviewer:

* Please consult **Section C** and write out the name and order of household members under 6 years old, where appropriate, please ask for their ages in months and note them down in the table heading. Please ask the informant the following questions, reading them to him or her one at a time, line by line. Bear in mind that the names also have to be written out on successive pages.

* If there are no children under 6 years old in the household, please go straight to Section F.

Interviewer, please read the following to the informant: I shall ask you a few questions regarding possible difficulties or limitation with carrying out everyday activities experienced by children under 6 years old in the household, due to a health problem lasting longer than one year, or to a disability.

Name and order of the child	First name _____ _____ Order no. <u>5</u> ____ Age months ____ ____	First name _____ _____ Order no. <u>5</u> ____ Age months ____ ____	First name _____ _____ Order no <u>5</u> ____ Age months ____ ____	First name _____ _____ Order no <u>5</u> ____ Age months ____ ____
Interviewer: Only for children 9 months old and over.				
1. Does and child experience difficulty remaining seated without aid? 1. YES _____ <input type="checkbox"/> 1 6. NO _____ <input type="checkbox"/> 6 8. Not applicable (aged under 9 months) _____ <input type="checkbox"/> 8 -				
Interviewer: Only for children 15 months old and over.				
2. Does and child experience difficulty remaining standing without aid? 1. YES _____ <input type="checkbox"/> 1 6. NO _____ <input type="checkbox"/> 6 8. Not applicable (aged under 15 months) _____ <input type="checkbox"/> 8 -				
Interviewer: Only for children 18 months old and over.				
3. Does and child experience difficulty walking unaided? 1. YES _____ <input type="checkbox"/> 1 6. NO _____ <input type="checkbox"/> 6 8. Not applicable (aged under 18 months) _____ <input type="checkbox"/> 8 -				

4. Is any child blind? 1. YES _____ 6. NO _____	<input type="checkbox"/> 1→ P6 <input type="checkbox"/> 6	<input type="checkbox"/> 1→ P6 <input type="checkbox"/> 6	<input type="checkbox"/> 1→ P6 <input type="checkbox"/> 6	<input type="checkbox"/> 1→ P6 <input type="checkbox"/> 6
--	--	--	--	--

Limitations or difficulties currently suffered by children 6 years old or over (continuation)

Name and order of the child	First name _____ _____	First name _____ _____	First name _____ _____	First name _____ _____
	Order no <u>5</u> <u> </u>	Order no <u>5</u> <u> </u>	Order <u>5</u> <u> </u>	Order <u>5</u> <u> </u>
5. Does and child experience difficulty seeing? If this is overcome with spectacles or contact lenses, please answer NO 1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
6. Is any child completely deaf? 1. YES _____ 6. NO _____	<input type="checkbox"/> 1→ P8 <input type="checkbox"/> 6	<input type="checkbox"/> 1→ P8 <input type="checkbox"/> 6	<input type="checkbox"/> 1→ P8 <input type="checkbox"/> 6	<input type="checkbox"/> 1→ P8 <input type="checkbox"/> 6
7. Do you have the impression that a child has difficulty hearing? 1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
8. Does any child experience difficulty moving his or her arms due to weakness or rigidity in his or her arms? 1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
9. Does any child experience difficulty moving his or her legs due to weakness or rigidity in his or her legs? 1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
10. Does any child sometimes suffer seizures, does his or her body go rigid or does he or she lose consciousness? 1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
11. Does any child have difficulty doing things like other children his or her age? 1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
Is any child frequently sad or depressed? 1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
13. Compared with other children of his or her age, is any child frequently absent, isolated or does he or she have difficulty mixing with other children, playing or showing affection? 1. YES _____	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1

6 NO _____	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Interviewer: <i>Only for children 2 years old and over.</i>				
14. If a child is told to do something, does he or she have difficulty understanding simple commands? 1. YES _____ 6. NO _____ 8. Not applicable (aged under 2 years)	<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8

Limitations or difficulties currently faced by members of the household 6 year old or over
(continuation)

Name and order of the child	First name _____ _____	First name _____ _____	First name _____ _____	First name _____ _____
	Order no <u>5</u>	Order <u>5</u>	Order <u>5</u>	Order <u>5</u>
Interviewer: <i>Only for children 2 to 3 years old.</i>				
15. Does and child experience difficulty recognising and naming everyday objects? For example: an animal, a toy, a cup, ... 1. YES _____ 6. NO _____ 8. Not applicable (aged under 2 years old or over 3 years old)	<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8
Interviewer: <i>Only for children 3, 4 or 5 years old.</i>				
16. Do you notice any child showing differences in the way he or she speaks with regard to other children his or her age? For example, he or she does not speak clearly enough for people not part of his or her surroundings to understand him or her 1. YES _____ 6. NO _____ 8. Not applicable (aged under 3 years old)	<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 8
17. Does the child participate in an early learning programme or receive some kind of stimulation, speech-therapy, ...? 1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
18. Has the doctor diagnosed a child with any other illness or has the psychologist diagnosed any problem expected to last in total over a year, and requiring				

special care or assistance?				
1. YES _____	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
6.NO _____	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Interviewer: Consider the child to be surveyable, if he or she has answered YES to any of questions 1 to 18, and otherwise not surveyable.				
19. It is:				
Surveyable _____	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Not surveyable _____	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6

F. Income of the household members

Interviewer, please read the following presentation to the informant:
This section deals with the employment situation and regular income presently received by all the household members, who are not resident employees or resident guests, where appropriate.

1. Do the household members currently receive regular financial income from any of the following sources?

	YES	NO
1. Freelance or employed by others _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
2. Contributory pensions (retirement or permanent disability, widowhood, orphanhood, in favour of families, OODI) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
3. Non-contributory pensions (pensions, disability) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
4. Subsidies and unemployment benefits _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
5. Family allowance per dependent child _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
6. Other subsidies and regular social benefits (social insertion salary, family benefit, Autonomous Community benefit programmes, LISMI benefits, care pensions, economic benefits by dependence, ...) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
7. Income from property and capital (rents, dividends, interests, ...)___	<input type="checkbox"/> 1	<input type="checkbox"/> 6
8. Other monetary income _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
9. No source of income _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6

Interviewer: check the responses given to question 1.
 If there is one YES response (except category 9) → go directly to question 3.
 If there is more than one YES response (from categories 1 to 8) → go to question 2
 If there is only one YES response and it corresponds to category 9 → go to Module G

2. Which of the previous is the source from which they receive the greatest monetary income?

Main source _____ |

3. What is the monthly amount of this total income for this household?. Please tell me your net income, in other words the amount you take home.

Less than 500 euros _____ 1

- 500 and over and less than 1000 euros _____ 2
- and over and less than 1500 euros _____ 3
- and over and less than 1500 euros _____ 4
- and over and less than 1500 euros _____ 5
- and over and less than 1500 euros _____ 6
- and over and less than 1500 euros _____ 7
- and over and less than 1500 euros _____ 8
- and over and less than 1500 euros _____ 9
- From 9000 euros and over _____ 10

G. Net extraordinary social benefits received by household members and assistance from the social protection system

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

*** I shall now ask you about extraordinary social benefits which members of this household who are not live-in employees or guests may have received in the last 12 months.**

*** Social benefits are taken to mean: birth assistance, marriage assistance, assistance for persons with disabilities (for rehabilitation, education, care...), public or private social action assistance in the area of labour, compensation, assistance with medical bills, study assistance other than grants, (association assistance, NGOs, ...) and also financial assistance from the social protection public system received in the context of the household (assistance subsidies to families disadvantaged or homeless families, migrants, refugees, ...).**

1. Has the household received an extraordinary social benefit or any assistance from the social protection public system or from private institutions in the last twelve months?

- Yes _____ 1
- No _____ 6 → Section H

2. What was the net amount of this income in the last twelve months? If you are unsure of the exact amount, give an approximate amount

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

Please consider the sum of all net extraordinary social benefits received individually by persons, and assistance received by the household as a whole, not taking to account those awaiting payment.

Net amount _____ | | | | | | | |

H. Expenditure due to disabilities

Interviewer: Please confirm whether any member of this household, of any age, has a disability or limitation. If that is the case, please continue with question 1, otherwise go to Section I.

Interviewer, please read the following presentation to the informant:

* I shall now ask you about expenditure in the last 12 months which has restricted or caused difficulty to the household in household members who are not live-in employees or live-in guests, where applicable, carrying out everyday activities. Of this expenditure, all reductions, exemptions or deduction of fees, taxes etc. must be discounted

* Please do not include money forwarded by your household but subsequently reimbursed, in full or in part.

1.- Please tell me how much money your household has spent in the last 12 months of its own money (in other words, without financial assistance), due to disabilities or limitations of household members?

Total expenditure _____ | |_|_|_|_|_|_|_|_|

2. From the following list of expenses, on which three have you spent the most in the last 12 months due to these disabilities or limitations?

- Technical assistance _____ 1
- Adaptations _____ 2
- Personal assistance _____ 3
- Medical and therapeutic treatment, habilitators, rehabilitators 4
- Pharmaceuticals _____ 5
- Transport and getting around _____ 6
- Schooling, training, education _____ 7
- Housing _____ 8
- Household equipment and supplies _____ 9
- Clothing, everyday items _____ 10
- Upholding of rights, legal protection _____ 11
- Financial protection (forecasting) _____ 12
- Paperwork, management, administration _____ 13

Other expenses _____ 14

I.1 Dwelling conditions and accessibility

1. Interviewer: *Is there more than one household in the dwelling?*

Yes _____ 1 → No. of households |__|

No _____ 6

2 How many bedrooms does your household have?

Interviewer: *Where there is more than one household in the dwelling, please write solely the no. of bedrooms used by this household.*

No. of bedrooms _____ |__|__|

3 How many useful m² approximately does your household have?

Interviewer: *Where there is more than one household in the dwelling, please include the surface of areas shared with other households.*

m² _____ |__|__|__|

4 Inside the dwelling, is there a staircase with no ramp or adapted banister, or other automatic system for going up and downstairs?

Yes _____ 1

No _____ 6

5. For each of the goods listed below, tell me whether the household or any of its members has such a good, regardless of whether it is owned, rented or made available in another way.

	YES	NO
1. Shower _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
2. Bath _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
3. Kitchen _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
4. Fridge _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
5. Microwave _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
6. Washing machine _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
7. Television _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6

8. Radio _____ 1 6
9. Mobile phone _____ 1 6
10. Landline _____ 1 6
11. Personal computer _____ 1 6
12. Internet access _____ 1 6
13. Heating or another system for keeping the house warm,
except braziers and gas heaters _____ 1 6
14. Air-conditioning _____ 1 6

6. Does your dwelling have any of the following problems?

- | | YES | NO |
|---|----------------------------|----------------------------|
| 1. Drips, damp patches on walls, floors, ceilings or foundations,
or rot in floors, or window or door frames _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. Noise _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. Odours _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. Poor quality water for consumption _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 5. Air pollution from nearby industry,
dump, incinerator or other causes _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 6. Presence of animals causing a significance nuisance _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

J. Degree of relatedness of household members

Interviewer: *In the Table header, please write the reference person (RP), followed by household members with a disability or disabilities, where appropriate.*

In the margin, please write all household members (except the RP), starting with those with a disability or disabilities, where appropriate.

If the RP is a disabled person, please write that person in the margin, then highlight his or her condition as RP

In the individual spaces of each table cell, please write the appropriate relatedness code as shown in the following list:

Relatedness code.

- | | |
|---|--|
| 1. Spouse / partner | 8. Grandfather / grandmother |
| 2. Son / daughter (of the main person or of his or her spouse or partner) | 9. Grandchild |
| 3. Son-in-law / daughter-in-law (of the main person or of his or her spouse or partner) | 10. Another relative |
| 4. Father / Mother | 11. Another relative of the spouse or partner of the main person |
| 5. Father / Mother of the spouse or partner of the main person | 12. Resident person employed in the household |
| 6. Brother / sister | 13. Guest |
| 7. Brother-in-law / sister-in-law | 14. Other relationship |

J. Degree of relatedness of household members

Household members of the Reference person Name and order no.	Reference person Name and order no.	Person with a disability or limitation Name and order no.	Person with a disability or limitation Name and order no.	Person with a disability or limitation Name and order no.	Person with a disability or limitation Name and order no.	Person with a disability or limitation Name and order no.	Person with a disability or limitation Name and order no.	Person with a disability or limitation Name and order no.	Person with a disability or limitation Name and order no.	Person with a disability or limitation Name and order no.
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

I.1 Dwelling conditions and accessibility

To be completed by the interviewer only.

7. Interviewer: Please write the type of building in which the dwelling is located.

Single-family dwelling (detached, semi-detached or terraced) _____ 1

Block of flats with a lift _____ 2 floor no. on which the dwelling is located →

Block of flats with no lift _____ 3 floor no. on which the dwelling is located [][] →

8. Interviewer: Are there steps up to the door to the building, without a ramp, adapted banister, or another automatic system for going up or down them?

Yes _____ 1

No _____ 6

9. Interviewer: Are there steps between the main door and the lift, or between the lift and the door to the dwelling, without a ramp, adapted banister, or another automatic system for going up or down them?

Yes _____ 1

No _____ 6

Thank you very much for your collaboration

K. 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 bear in mind the following:

* When you complete all questionnaires for this household, you need to fill out on the front of this questionnaire, Section A, box 4 "Other details".

* Please write any observations you feel to be appropriate at the end of this questionnaire

