

Survey on Disabilities, Impairments and State of Health

Limitations and Impairments Questionnaire

| 3 |

Children aged under 6 years (0-5)

1. Identification of the section

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

2. Identification of dwelling and household

Dwelling order no. _____ |||

No. of the household within the dwelling. _____ |

3. Identification of the interviewee

Name and order number of the interviewee _____ |||

Age _____ |||

Sexo _____ |

4. Identification of the informant

Name and order number of the informant _____ |||

Class, characteristics and purpose

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

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

Legislation

Statistical secrecy. Any personal particulars obtained by the statistical services, either directly from informants or from administrative sources, shall be subject to protection and shall be safeguarded by statistical secrecy (Art. 13.1 of the Public Statistical Service Act (LFEP) of 9 May 1989). All personnel shall be under obligation to keep statistical secrecy (Art. 17.1. of the LFEP).

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

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

Children aged under 6 years

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

Interviewer, follow the instructions below to complete table 5.1:

1. Heading: Consult section 9, question 89.1 of the Household Questionnaire and **copy** the number of the question or questions (1 to 14) to which the response was yes, that is, the **child does** suffer from the **limitation or limitations**.

2. Column: Complete the particulars requested **for each limitation**, that is, from top to bottom.

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

Questions 1 to 4. For **each** of the limitations suffered by the child entered in the table heading, ask the informant the type of **aids received**, the type of **aids applied for and not received**, the **severity of the limitation** and the **evolution forecast** and, for each of these variables, enter the applicable code taken from Supplementary Code Table A for Table 5.1.

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

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

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

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

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

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

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

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

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

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

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

Supplementary code tables for Table 5.1

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

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

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

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

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

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

5.1. Limitations suffered by the child: severity, evolution forecast and underlying impairment of each limitation, and technical aids and special personal assistance aids received and/or applied for and not received

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

5.1. Limitations suffered by the child: severity, evolution forecast and underlying impairment of each limitation, and technical aids and special personal assistance aids received and/or applied for and not received

3 □□	4 □□	5 □□	6 □□
□ □ □ □ <hr/> □□	□ □ □ □ <hr/> □□	□ □ □ □ <hr/> □□	□ □ □ □ <hr/> □□
<input checked="" type="checkbox"/> □ □ □ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> □ □ □ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> □ □ □ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> □ □ □ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<input checked="" type="checkbox"/> □ □ □ □ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> □ □ □ □ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> □ □ □ □ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> □ □ □ □ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
□□	□□	□□	□□

5.1. Limitations suffered by the child: severity, evolution forecast and underlying impairment of each limitation, and technical aids and special personal assistance aids received and/or applied for and not received (continued)

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

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

5.1. Limitations suffered by the child: severity, evolution forecast and underlying impairment of each limitation, and technical aids and special personal assistance aids received and/or applied for and not received

9 □□	10 □□	11 □□	12 □□
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <hr/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <hr/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <hr/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <hr/> <input type="checkbox"/>
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
□□	□□	□□	□□

5.2. What do consider to be the principal impairment?

Principal impairment _____ □□

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

Interviewer, follow the instructions below to complete Table 5.3:

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

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

Impairments	1	2	3	4	5	6
Particulars	□□	□□	□□	□□	□□	□□
1. Problem that 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 at birth _____	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Road accident _____	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Accident in the home _____	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Leisure accident _____	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Other 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
Illness _____	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Other causes _____	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
2. Duration of the impairment						
Permanent _____	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Non-permanent _____	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
3. Age at the onset of the impairment	□□	□□	□□	□□	□□	□□

Impairments	7	8	9	10	11	12
Particulars	□□	□□	□□	□□	□□	□□
1. Problem that 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 at birth _____	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Road accident _____	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Accident in the home _____	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Leisure accident _____	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Other 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
Illness _____	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Other causes _____	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
2. Duration of the impairment						
Permanent _____	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Non-permanent _____	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
3. Age at the onset of the impairment	□□	□□	□□	□□	□□	□□

5.4. Has the child been diagnosed to have any of the following illnesses?

	YES	NO
1. Spina bifida/hydrocephalus _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
2. Down syndrome _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
3. Autism _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
4. Haemophilia _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
5. Cerebral palsy _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
6. Head injury _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
7. Mental illness _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
8. AIDS _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
9. Retinitis pigmentosa _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
10. Muscular dystrophy _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
11. Amyotrophic lateral or multiple sclerosis _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6

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

No. of children _____ | | |

5.6. How old was the mother when the child was born?

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

6. Information concerning special personal care

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

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

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

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

Order no.

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

Interviewer: Provided YES is entered for option 3, go to question 6.2. Otherwise go to question 6.3.
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6.2. Specify which persons not resident in the household provide the child with special care.

- | | YES | NO | | YES | NO |
|--------------------------------------|----------------------------|----------------------------|---|----------------------------|----------------------------|
| 1. Its mother _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | 5. Non-resident internal employees _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. Its father _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | 6. Friends of the family _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. Its grandmother/grandfather _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | 7. Neighbours _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. Other relations _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | 8. Public Administration social services ____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| | | | 9. Non-public social services institutions __ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

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

1. If this person lives in the household, enter his/her order number _____
2. If this person is not resident in the household, enter the code allocated under question 6.2. _____

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

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

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

6.5. How long have you been providing this care?

- Under 1 year _____ 1
From 1 to 2 years _____ 2
From 2 to 4 years _____ 3
From 4 to 6 years _____ 4

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

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

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

- Yes, regularly _____ 1
Yes, occasionally _____ 2
No, never _____ 3

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

7.1. Has the child ever had to change abode and/or place of residence as a result of suffering from a limitation?

YES _____ 1

NO _____ 2 → go to 7.6

Interviewer: If the child has changed its abode and/or place of residence more than once as a result of suffering from a limitation or limitations, refer in the next question to the **first change made**.

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

Change of abode within the same municipality _____ 1 → go to 7.5

Change of municipality within the same province _____ 2 → province [][] → go to 7.4

Change of province _____ 3 → go to 7.3

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

1. Province of residence before the first change _____ [][]

2. Province of residence after the first change _____ [][]

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

1. Municipality of residence before the first change _____ [][][]

2. Municipality of residence after the first change _____ [][][]

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

Admission to a collective establishment for a period of over six months _____ 1

Greater availability of health care and social resources _____ 2

Environmental reasons _____ 3

Receipt of family care _____ 4

Other reasons _____ 5

7.6 As a result of suffering from a limitation, is the child or are its relations members of any non-governmental organisations working with the disabled?

YES _____ 1

NO _____ 6 → go to section 8

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

Underlying impairment _____ [][]

7.8. Specify the non-governmental organisation or organisations of which the child or its relations are members. Enter letters and code.

1. _____ [][]

2. _____ [][]

8. Information concerning health care, social and financial benefits

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

8.1. As a result of suffering from a limitation, has the child ever received rehabilitation treatment that concluded earlier than a fortnight ago?

YES _____ 1

NO _____ 6 → go to 8.3

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

1. It terminated any rehabilitation treatment _____ YES 1

NO 6

2. It discontinued any rehabilitation treatment indefinitely _____ YES 1

NO 6

8.3. As a result of suffering from a limitation, has the child ever needed to receive one or more of the following health and/or social services in the specified periods?

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

You have **needed** and you **received** one or more services in the period _____ 1 → go to 8.4, column 1

You have **needed** and you have **not received** one or more services in the period _____ 1 → go to 8.4, column 2

You have **not needed** any service in the period _____ 6 → go to 8.6

8.4. Particulars of the health and social services that the child has received and their method of financing, and particulars concerning the grounds on which the child has not received the health and social services it requires.

For each service the child **has received** in the specified period, enter in the respective boxes the **number of days** during which the child received the service under each method of financing. For each service the child **needed** and did **not receive** in the period, enter the code of the main ground on which the child did not receive the service, taking into account the order of priority of the grounds. Then, if the child has received a service, go to 8.5 and if the child has not received any service whatsoever, go to 8.6.

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

Method of financing

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

Grounds

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

8.5. Specify the type of institution(s) at which the child has received health care and social services

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

8.6. Does the child receive or has it received any kind of financial benefit or tax allowance as a result of suffering from a limitation?

YES _____ 1
NO _____ 6 → END

8.7. Which of the following financial benefits and tax allowances has the child received?

Regular benefits YES NO

Disablement or sickness pensions

1. Non-contributory _____ 1 6
2. Family benefit for a dependent child with limitation or handicap _____ 1 6
3. Life and disablement assurance schemes _____ 1 6

Allowances

4. Third party allowance _____ 1 6
5. Mobility and transport expenses _____ 1 6

Irregular benefits

Allowances for the disabled

6. Official IMSERSO¹/Autonomous Community allowances for rehabilitation or specialised care _____ 1 6
7. Official MEC²/Autonomous Community allowances for education _____ 1 6
8. Allowances from other public administrations (MUFACE) _____ 1 6
9. Employer social assistance allowances _____ 1 6

Indemnities

10. Indemnities for civil liability _____ 1 6
11. Indemnities for bodily injury _____ 1 6
12. Personal income tax allowances _____ 1 6

¹ Migrations and Social Services Office

² Ministry of Education and Culture

Observations

Interviewer: Make a note of any observations you like about this questionnaire.