

# Disability, Independence and Dependency Situations Survey.

## Main Carer Questionnaire

### A. Identification

4

#### 1. Section identification data

Province _____	____	____
Section order N° _____	____	____
Municipality _____	____	____
District/section _____	____	____
Week _____	____	____

DIGITISATION LABEL
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#### 2. Identification of the dwelling and household and of the person aged 6 years old or over with some disability, or aged under 6 years old (0 to 5 years) with a limitation, receiving care

Dwelling order N° _____	____	____	Name and order number of the person receiving care.....	____	____
Household number within the dwelling _____	____	____	Age _____	____	____

#### 3. Identification of the main carer

**3.1. Is the informant for this questionnaire the main carer of the person with a disability (6 years old or over), or of the minor with a limitation (0 to 5 years old), identified in question 2?**

Yes 1 → P 3.2  
No 6 → P 3.3

##### 3.2 Type of interview:

In person 1 }  
Telephone 6 } P 3.4

##### 3.3 Reason for the information proxy:

Prolonged absence 1  
Night-time carer only 2  
Language difficulties 3

**3.4 Landline/mobile** \_\_\_\_\_

**Landline/mobile** \_\_\_\_\_

**3.5. Interviewer:** Please check in the questionnaire for the person receiving care the response given in the Disability Questionnaire, Section L, question 7 or in the Limitations Questionnaire, Section E, question 10 and write down the appropriate option.

- The main carer is a **person residing in the household, not employed in the household** → Order no. \_\_\_\_\_ → **Block 3**
- The main carer is a **person residing in the household, employed in the household** → Order no. \_\_\_\_\_ → **Block 2**
- The main carer is a **person not residing in the household, not employed in the household** → Code 9 \_\_\_\_\_ → **Block1**
- The main carer is a **person not residing in the household, employed in the household** → Code 9 \_\_\_\_\_ → **Block1**

**4. Time of start of interview** \_\_\_\_\_  
Hour Minutes

#### Nature, characteristics and purpose

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

#### Legislation

**Statistical Secrecy.** The personal information obtained by the statistical services, both directly from the informants as well as from administrative sources, will be the object of protection and are covered by statistical secrecy (Art. 13.1 of the Law on the Public Statistical Services, dated 9 May 1989, LFEP). All personnel will have the obligation of preserving statistical secrecy (Art. 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 question 16

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. Information relating to the main carers.

### Block 1. Carers not residing in the household

#### Interviewer:

*\* If you have already completed a main carers questionnaire in this household referring to the same carer, please transcribe the information already collected in the first questionnaire and skip to Block3.*

#### 1. Sex

Male \_\_\_\_\_  1

Female \_\_\_\_\_  6

#### 2. ¿How old is he or she ?

Age \_\_\_\_\_ | | | |

#### 3. What is your marital status?

Single \_\_\_\_\_  1

Married \_\_\_\_\_  2

Widowed \_\_\_\_\_  3

Separated \_\_\_\_\_  4

Divorced \_\_\_\_\_  5

#### 4. Do you currently live with a partner?

Yes \_\_\_\_\_  1

No \_\_\_\_\_  6

#### 5. What is the highest level of studies that you have completed?

Cannot read or write \_\_\_\_\_  2

Incomplete primary education \_\_\_\_\_  3

Primary education or equivalent \_\_\_\_\_  4

Secondary education, 1st stage \_\_\_\_\_  5

Upper-secondary education \_\_\_\_\_  6

Intermediate professional training or equivalent \_\_\_\_\_  7

Advanced professional training or equivalent \_\_\_\_\_  8

University studies or equivalent \_\_\_\_\_  9

Specify .....

#### 6. What is your nationality?

Spanish \_\_\_\_\_  1 → Please go to the interviewer's note after question 7

Foreign \_\_\_\_\_  2

Spanish and other 3

**7. Of which country do you hold nationality?**

- A European Union country except Rumania amd Bulgaria (EU-25) \_\_\_\_\_ 1
- Rumania or Bulgaria \_\_\_\_\_ 2
- Other European country \_\_\_\_\_ 3
- \_\_\_\_\_ 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 \_\_\_\_\_

**Interviewer:** Please consult the answer written to question 3.5 on the front cover of this questionnaire.  
\* If option 3 is filled out (the main carer is a person not residing in the household and is not employed in the household), please continue with Block 1.1.  
\* If option 4 is filled out (the main carer is a person not residing in the household and is employed in the household), please go to Block 2.

**Block 1.1 Only for main carers not residing in the household and not employed in the household**

**8. 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

- Working \_\_\_\_\_ 1 → P 9
  - Unemployed \_\_\_\_\_ 2
  - Receiving a contributory retirement or permanent disability pension 3
  - Receiving another type of pension \_\_\_\_\_ 4
  - Incapacitated to work \_\_\_\_\_ 5
  - Student \_\_\_\_\_ 6
  - Mainly dedicated to household chores \_\_\_\_\_ 7
  - Voluntarily carried out social work or charity activities \_\_\_\_\_ 8
  - Another situation \_\_\_\_\_ 9
- } → Block 3

**9. What was your professional situation in the occupation you carried out last week?**

- Businessperson or freelance worker with employees  1
  - Businessperson or freelance worker without employees  2
  - Family Assistance  3
  - \_\_\_\_\_  4
  - Employee \_\_\_\_\_  5
  - Member of a cooperative \_\_\_\_\_  6
  - Another situation \_\_\_\_\_
- } → Block 3

**Block 2. Main carers employed in the household**

**Interviewer:**

*\* The questions in this section must be answered by the **main carer** of the person with a disability (6 years old or over), or of the minor with a limitation (0 to 5 years old), identified in question.*

*\* If you have already completed a main carers questionnaire in this household referring to the **same carer**, please transcribe the information already collected in the first questionnaire and skip to Block3*

**10 Could you please indicate to me the sector in which you previously worked?**

- Social and/or health sector \_\_\_\_\_  1
- Another sector \_\_\_\_\_  2
- This is my first job \_\_\_\_\_  3

**11. If you were to change jobs in the future, would you continue in this type of work (providing care) or would you specialise in another field?**

- I would continue in this type of work \_\_\_\_\_  1
- He or she would specialise in other type of work \_\_\_\_\_  6

**Block 3. All main carers**

**12. How many days a week and how many hours a day on average do you provide this care for this person?**

- Less than 1 day \_\_\_\_\_  1
  - 1 day \_\_\_\_\_  2
  - 2-3 days \_\_\_\_\_  3
  - 4-5 days \_\_\_\_\_  4
  - 6-7 days \_\_\_\_\_  5
- } → No. of hours/day \_\_\_\_\_ |\_\_|\_\_|

**13. How long have you been providing care for .....?**

- Less than 1 year \_\_\_\_\_  1  
Over 1 years and less than 2 years \_\_\_\_\_  2  
Over 2 years and less than 4 years \_\_\_\_\_  3  
Over 4 years and less than 8 years \_\_\_\_\_  4  
8 years or more \_\_\_\_\_  5

**Interviewer:** *Whether the person receiving care is:*

*A person aged 6 years old or more with a disabilities or disabilites → P 14.*

*A minor aged 0 to 5 years old with a limitation or limitations → box appearing before question 16.*

**14. Please could you indicate to me from the following list what tasks you mostly carry out when assisting or providing care for this person?**

**Interviewer:** *Please show Card TCI to the interviewee and instruct to hom or her to select a maximum of 5 tasks.*

- Eating \_\_\_\_\_  1  
Dressing / undressing \_\_\_\_\_  2  
Washing / getting ready \_\_\_\_\_  3  
Walking or getting around the home \_\_\_\_\_  4  
Going up and down stairs \_\_\_\_\_  5  
Changing nappies due to incontinence \_\_\_\_\_  6  
Changing nappies due to lack of control over bowel movements \_\_\_\_\_  7  
Going to bed / getting up \_\_\_\_\_  8  
Bathing / getting showered \_\_\_\_\_  9  
Making it to the toilet in time \_\_\_\_\_  10  
Shopping \_\_\_\_\_  11  
Preparing meals \_\_\_\_\_  12  
Performing other household chores \_\_\_\_\_  13  
Taking medication (monitoring) \_\_\_\_\_  14  
Using the telephone \_\_\_\_\_  15  
Going out / getting out and about \_\_\_\_\_  16  
Using public transport \_\_\_\_\_  17  
Managing money \_\_\_\_\_  18  
Dealing with paperwork \_\_\_\_\_  19  
Visiting the doctor \_\_\_\_\_  20  
Tying shoelaces \_\_\_\_\_  21

**15. Regarding any task deriving from caring for that person, please indicate whether:**

**Interviewer:** *Please show card TC2 to the interviewee and mark all answers mentioned.*

He or she experiences particular difficulty due to lack of physical strength \_\_\_\_\_

1

He or she has doubts as to the best way to approach it \_\_\_\_\_  2

He or she thinks that the person cared for does not cooperate or resists when helped with that task\_  3

He or she has other difficulties \_\_\_\_\_  4

He or she thinks that in order to provide the care you give, you would need more specialist training than you have \_\_\_\_\_  5

He or she has no difficulties \_\_\_\_\_  6

No response \_\_\_\_\_  7

**Interviewer, please read the following to the informant: Having to take on responsibility for caring for a person with disabilities may have a degree of impact on the person leading a normal life. In these cards there is a series of repercussions in which this type of situation may result. I would like you to indicate those which affect you as a result of having to care for that person.**

**16. Regarding aspects relating to his or her health, please indicate whether:**

**Interviewer:** *Please show Card TC3 to the interviewee and mark all the responses he or she mentions.*

His or her health has deteriorated \_\_\_\_\_  1

He or she has had to undergo treatment in order to deal with the situation (treatment with antidepressants, for anxiety/distress, nerves, ...) \_\_\_\_\_  2

He or she is tired \_\_\_\_\_  3

He or she feels depressed \_\_\_\_\_  4

Other problems, but not the previous ones \_\_\_\_\_  5

He or she doesn't have a problem \_\_\_\_\_  6

No response \_\_\_\_\_  7

**Interviewer:** *Please consult the answer written to question 3.5 on the front cover of this questionnaire. If you are completing option 1, please continue with question 17. Otherwise please skip to Section C.*

**Block 3. Only for main carers residing in the household and not employed in the household.**

**17. Regarding professional or economic aspects, please indicate whether:**

**Interviewer:** Please show Card TC4 to the interviewee and mark all the answers he or she gives.

- He or she cannot work away from home \_\_\_\_\_ 1
- He or she has had to give up work \_\_\_\_\_ 2
- He or she has had to reduce his or her working day \_\_\_\_\_ 3
- His or her career has suffered (promotion, ...) \_\_\_\_\_ 4
- He or she has problems with his or her work schedule \_\_\_\_\_ 5
- He or she has financial problems \_\_\_\_\_ 6
- He or she doesn't have a problem \_\_\_\_\_ 7
- No response \_\_\_\_\_ 8

**18. Regarding leisure, free time or family life, please indicate whether:**

**Interviewer:** Please show Card TC5 to the interviewee and mark all the answers given.

- He or she has had to cut back on his or her leisure time \_\_\_\_\_ 1
- He or she is unable to go on holiday \_\_\_\_\_ 2
- He or she has no time available to care for other persons as he or she would like (for example children) \_\_\_\_\_ 3
- He or she has problems with his or her partner \_\_\_\_\_ 4
- He or she does not have any time to spend with friends \_\_\_\_\_ 5
- He or she does not have any time for him or herself \_\_\_\_\_ 6
- He or she has been unable to start a family \_\_\_\_\_ 7
- He or she has been unable to have children \_\_\_\_\_ 8
- He or she doesn't have a problem \_\_\_\_\_ 9
- No response \_\_\_\_\_ 10

**Thank you very much for your collaboration**

**C. Time the interview ended and date of completion of this questionnaire**

1. Time the interview ended	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Hour Minutes
2. Date of completion of this questionnaire	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Day Month Year