Disability, Independence and Dependency Situations Survey.

Disability Questionnaire

Persons aged 6 years old or over

A. Identification

1. Section identification data

Province ___________________________ |___|___|
Section order Nº __ |___|___|___|___|  |___|
Municipality ______________________ |___|___|___|
District/Section __________ |___|___|  |___|___|___|
Two-week period _____________________ |___|

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

Order number of the dwelling __________________ |___|___|
Household number within the dwelling ___________ |___|

Name and order number of the person
................................................................................................. |___|___|
Age _________________________________________ |___|___|___|

Identification of the informant:

3.1 Is the informant the person with disabilities?
Yes □ 1 → Question 5
No □ 6.

3.2 Interviewer: Is the informant a household member?

Yes □ 1 → order no. _______ → P4.
No □ 6 → P3.3

3.3 Name of the informant..........................................

3.4 Age __________________________ ____________

3.5 Relationship of the informant with the person with disabilities.
Spouse or partner □ 1 Other family members □ 5
Son/daughter _______ □ 2 Social services □ 6
Father/Mother __________ □ 3 Volunteers □ 7
Brother/sister _______ □ 4 Other
relationship____ □ 8

1. Long-term absence □ 1
2. Disability or serious illness which prevents him or her from responding □ 2
3. Inability to speak the language □ 3
4. Under 18 years old □ 4

5. Contact telephone no.(s)
Landline/mobile phone ________ |___|___|___|___|___|___|___|___|___|
Landline/mobile phone ________ |___|___|___|___|___|___|___|___|___|

6. Time of start of interview |___|___|___|___|___|___|___|___|___|

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

Legislation
Statistical Secrecy. The personal information obtained by the statistical services, both directly from the informants as well as from administrative sources, will be the object of protection and are covered by statistical secrecy (Art. 13.1 of the Law on the Public
B. Information relating to disabilities, original impairments and illnesses diagnosed by a doctor.

Interviewer, please read the following presentation to the informant:

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

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

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

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

* Any technical product or instrument used or aimed at use by a disabled persons, which compensates or lessens the limitation. For example: earpieces, illuminated lenses, external prostheses, sticks, wheelchairs, hoists, oxygen, cutlery with adapted handles, access ramps, guide dogs, ...
* Personal assistance in regarded as all collaboration by another person, necessary for carrying out an activity. Supervision is regarded as the need for another person to be overseeing what someone else does, in the event that problems arise in an everyday activity.

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

Interviewer:
*Please refer in the Household Questionnaire, Table D1, to disabilities for this person and mark in the left-hand column of the following table, the disabilities noted in the Household Questionnaire
* If the person with disabilities was the informant of the Household Questionnaire, please do not ask the first question for each disability indicated and complete it with option 1(Yes).

*Please bear in mind that you should only ask questions corresponding to disabilities already highlighted and those marked as a result of the flow followed within the same chart.
* Next go to the question corresponding to the first disability indicated.
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please mark with a X if you have indicated the disability in the Household Questionnaire</td>
<td></td>
</tr>
</tbody>
</table>

### BLOCK A: SIGHT

**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.

1.1 Are you blind or only able to differentiate between light and darkness?

Yes □ 1  
No □ 6 → Please mark with a X in column 1 all questions in block A. Sight and ask the corresponding questions following the flows

What is the original impairment of your blindness or visual problem? Interviewer: Please make note of the literal and encode.

Impairment:............................................................................................................................................... [ ]

1.3 What were you when your blindness began or when you started to distinguish only light and darkness?

Age: ______ [ ] [ ] [ ]

1.4 Do you use Braille?

Yes □ 1  
No □ 6 → Please mark with a X in column 1 all questions in block A. Sight and ask the corresponding questions following the flows

1.5 From what age?

Age: ______ [ ] [ ] [ ] → Complete block A and go to the next disability marked with a X in column 1, starting with block B

### Interviewer, please read the informant the introduction to question 1, if he or she has not already read it.

2.1. Does any person in the household have a significant difficulty reading newspaper print, even wearing spectacles or contact lenses?

Yes□ □ 1  
No□ □ 6 → Please mark with a X in column 1 all questions in block A. Sight and ask the corresponding questions following the flows

2.2 What is the level of difficulty with which you are able to read newspaper print? If you use glasses or contact lenses, please evaluate the level of difficulty when using them.

With moderate difficulty □ 2  
With severe difficulty □ 3  
Cannot carry out the activity □ 4
2.3.a Do you use any type of technical aid, excluding glasses or contact lenses, in order to read newspaper print?

Yes □ 1
No □ 6 → P 2.4

2.3.b What is the level of difficulty with which you are able to read newspaper print when using technical aids?

Without difficulty or with little difficulty □ 1
With moderate difficulty □ 2
With severe difficulty □ 3
Cannot carry out the activity □ 4

2.4 What is the original impairment of your blindness or visual problem? Interviewer: Please make note of the literal and encode.

Impairment: ____________________________________________ | | | |

1.3 What age were you when your visual difficulty began?

Age: _______ | | | |

Interviewer: Please check whether you have already asked question 3.6 or 4.6, and if so, please go to the following disability marked with a X. If that is not the case, please continue with question 2.6.

1.4 Do you use Braille?

Yes □ 1
No □ 6 → Please go to the following disability marked with a X in column 1

2.7 From what age?

Age: _______ | | | |

Interviewer: Please go to the following disability marked with a X

3 □

Interviewer, please read the informant the introduction to question 1, if he or she has not already read it.

3.1. Do you have significant difficulty recognising someone across the street (4 metres) even wearing glasses or contact lenses? Answer Yes if you are blind in one eye even though you have no problems in the other.

Yes □ 1
No □ 6 → Mark with a X in column 1 all questions in block A. Sight and ask the corresponding questions following the flows

3.2. What is the level of difficulty with which you are able to recognise someone across the street. If you use glasses or contact lenses, please evaluate the level of difficulty when using them.

With moderate difficulty □ 2
With severe difficulty □ 3
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Cannot carry out the activity</th>
<th>4</th>
</tr>
</thead>
</table>

3.3.a Do you use any type of technical aid, excluding glasses or contact lenses, in order to recognise someone across the street?

Yes □ 1
No □ 6 → P 3.4

3.3.b What is the level of difficulty with which you are able to recognise someone across the street when using technical aids?

- Without difficulty or with little difficulty □ 1
- With moderate difficulty □ 2
- With severe difficulty □ 3
- Cannot carry out the activity □ 4

3.4.¿2.4 What is the original impairment of your blindness or visual problem? 

Interviewer: Please make note of the literal and encode.

Impairment: ................................................................. |__|__|

3.5 What age were you when your visual difficulty began?

Age: ______ |__|__|__|

Interviewer: Please check whether you have already asked question 3.6 or 4.6, and if so, please go to the following disability marked with a X. If that is not the case, please continue with question 2.6.

3.6 Do you use Braille?

Yes □ 1
No □ 6 → Please go the following disability marked with a X in column 1

3.7 From what age?

Age: ______ |__|__|__|

Interviewer: Please go the following disability marked with a X

4.1. Do you have any other significant visual difficulty even wearing glasses or contact lenses(differentiating colours, night vision, ...)?

Yes □ 1
No □ 6 → Please mark with a X in column 1 all questions in block A. Sight and ask the corresponding questions following the flows

4.2 What level of difficulty would you say that you have? If you use glasses or contact lenses, please evaluate the level of difficulty when using them.

- With moderate difficulty □ 2
- With severe difficulty □ 3
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Cannot carry out the activity ☐ ☐ 4</th>
</tr>
</thead>
</table>

**Disabilities**

4.3.a Do you use any type of technical aid, excluding glasses or contact lenses, in order to overcome that difficulty?

Yes ☐ ☐ 1

No ☐ ☐ 6 → P 9.4

4.3.b What would you say is the level of difficulty you have when using technical aids?

Without difficulty or with little difficulty ☐ ☐ 1

With moderate difficulty ☐ ☐ 2

With severe difficulty ☐ ☐ 3

Cannot carry out the activity ☐ ☐ 4

4.4 What is the original impairment of your blindness or visual problem? Interviewer: Please make note of the literal and encode.

Impairment: ................................................................. ☐ ☐

1.3 What age were you when your visual difficulty began?

Age: ________ ☐ ☐ ☐

**Interviewer:** Please check whether you have already asked question 3.6 or 4.6, and if so, please go to the following disability marked with a X. If that is not the case, please continue with question 2.6.

4.6 Do you use Braille?

Yes ☐ ☐ 1

No ☐ ☐ 6 → Please go to the following disability marked with a X in column 1

4.7 From what age?

Age: ________ ☐ ☐ ☐

**Interviewer:** Please go to the following disability marked with a X

<table>
<thead>
<tr>
<th>Block B: HEARING ☐ ☐ ☐</th>
</tr>
</thead>
</table>

**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.

5.1 Are you completely deaf?

Yes ☐ ☐ ☐ 1

No ☐ ☐ 6 → Please mark with a X in column 1 all questions in block B. Hearing and ask the corresponding questions following the flows

5.2 What is the original impairment of your deafness? Interviewer: Please make note of the literal and encode.
5.3 What age were you when you ceased to be able to hear?

Age: ________ |__|__|__|

5.4 Do you use sign language?

Yes□ ____ 1
No ___ □ 6 → Please go to the following disability marked with a X in column 1, starting with block C.

5.5 From what age?

Age: _____ |____|____|

**Interviewer:** Complete block B and go to the next disability marked with a X, starting with block C.

6.1 Do you have significant difficulties hearing an alarm, sirens or other loud noises without an earpiece or another type of technical hearing aid?

Yes□ ____ 1
No ___ □ 6 → Mark with a X in column 1 all questions in block B. Hearing and ask the corresponding questions following the flows

6.2 With what level of difficulty would you say that you can hear an alarm, sirens or other loud noises?

With moderate difficulty □ ____________ 2
With severe difficulty □ ____________ 3
Cannot carry out the activity □ ____ 4

6.3.a Do you have an earpiece or another type of technical aid for hearing loud noises?

Yes□ ____ 1
No ___ □ 6 → P 6.4

6.3.b With what level of difficulty would you say that you can hear an alarm, sirens or other loud noises when using the earpiece or another technical aid?

Without difficulty or with little difficulty □ ____________ 1
With moderate difficulty □ ____________ 2
With severe difficulty □ ____________ 3
Cannot carry out the activity □ ____________ 4

6.4 What is the original impairment of your hearing problem? **Interviewer:** Please make note of the literal and encode.

Impairment: .......................................................... [____] [____]

6.5 What age were you when your hearing difficulty began?
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

6.6 Do you use sign language?

Yes ☐  1
No ☐  6 → Please go to the following disability marked with a X in column 1

6.7 From what age?

Age: ______ |

**Interviewer:** Please go to the following disability marked with a X

7 □

**Interviewer, please read the informant the introduction to question 5, if he or she has not already read it.**

7.1 Do you have a significant difficulty hearing what is being said in a conversation among several persons without an earpiece or another type of technical hearing aid? Answer Yes if you are deaf in one ear even though you have no problems in the other.

Yes ☐  1
No ☐  6 → Please mark with a X in column 1 all questions in block B. Hearing and ask the corresponding questions following the flows

7.2 With what level of difficulty would you say you can hear what is being said in a conversation among several persons?

With moderate difficulty □ 2
With severe difficulty □ 3
Cannot carry out the activity □ 4

7.3.a Do you have an earpiece or another type of technical aid for hearing a conversation?

Yes ☐  1
No ☐  6 → P 9.4

7.3 With what level of difficulty would you say you can hear what is being said in a conversation among several persons when using the earpiece or another technical aid?

Without difficulty or with little difficulty □ 1
With moderate difficulty □ 2
With severe difficulty □ 3
Cannot carry out the activity □ 4

6.4 What is the original impairment of your hearing problem? **Interviewer:** Please make note of the literal and encode.

Impairment: ..................................................................................... |

6.5 What age were you when your hearing difficulty began?

Age: ______ |

**Interviewer:** Please go to the following disability marked with a X
8.1 Due to health problem or disability, do you have a significant difficulty speaking intelligibly or uttering coherent phrases without external technical aids?
Yes: ☐ 1
No: ☐ 6 → Please mark with a X in column 1 all questions in block C. Communication and ask the corresponding questions following the flows.

8.2 With what level of difficulty would you say you are able to speak intelligibly or utter coherent phrases without external technical aids?
With moderate difficulty ☐ 2
With severe difficulty ☐ 3
Cannot carry out the activity ☐ 4

8.3.a Do you use a technical aid in order to speak intelligibly?
Yes: ☐ 1
No: ☐ 6 → P8.4

8.3.b With what level of difficulty would you say you are able to speak intelligibly or utter coherent phrases without external technical aids?
Without difficulty or with little difficulty ☐ 1
With moderate difficulty ☐ 2
With severe difficulty ☐ 3
Cannot carry out the activity ☐ 4

8.4 What is the original impairment of your difficulty speaking? Interviewer: Please make note of the literal and encode.
Impairment: ........................................................................................................... ☐ ☐

8.5 What age were you when your speech difficulty began?
Age: ________ ☐ ☐ ☐ ☐

**Interviewer:** Please go to the following disability marked with a X.
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Disabilities</th>
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<tbody>
<tr>
<td>9 □</td>
<td></td>
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</table>

**Interviewer,** please read the informant the introduction to question 8, if he or she has not already read it.

**9.1** Due to health problem or disability, do you have a significant difficulty understanding what other persons say to you without personal assistance?

Yes □ [ ] 1
No [ ] □ 6 → Please mark with a X in column 1 all questions in the block C. Communication and ask the corresponding questions following the flows.

**9.2** With what level of difficulty would you say you are able to understanding the meaning of what other persons say to them?

- With moderate difficulty □ [ ] 2
- With severe difficulty □ [ ] 3
- Cannot carry out the activity □ [ ] 4

**9.3a** Do you receive personal assistance in order to understand the meaning of what other persons say to you?

Yes □ [ ] 1
No □ [ ] 6 → P 9.4

**9.3b** With what level of difficulty would you say you are able to understand the meaning of what other persons say to you?

- Without difficulty or with little difficulty □ [ ] 1
- With moderate difficulty □ [ ] 2
- With severe difficulty □ [ ] 3
- Cannot carry out the activity □ [ ] 4

**9.4** What is the original impairment of your difficulty understanding the meaning of what other persons say to you? **Interviewer:** Please make note of the literal and encode.

Impairment: ................................................. |__|__|

**9.5** What age were you when difficulty understanding the meaning of what other persons say to you began?

Age: _______ |__|__|__|

**Interviewer:** Please go to the following disability marked with a X.

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 □</td>
<td></td>
</tr>
</tbody>
</table>

**Interviewer,** please read the informant the introduction to question 8, if he or she has not already read it.

**10.1** Due to health problems or disability, do you have a significant difficulty understanding a written text or expressing yourself in writing? **Interviewer:** If the target person of the interview is blind, please to reading and writing in Braille.

Yes □ [ ] 1
No □ [ ] 6 → Mark with a X in column 1 all questions in block C. Communication and ask the corresponding questions following the flows.
10.2 With what level of difficulty would you say you are able to understand and express yourself in writing?

- With moderate difficulty □ 2
- With severe difficulty □ 3
- Cannot carry out the activity □ 4

10.3 With what level of difficulty would you say you are able to understand and express yourself in writing? Interviewer: Please make note of the literal and encode.

Impairment: ..........................[ ] [ ]

10.3 What age were you when your difficulty understanding and expressing yourself in writing started?

Age: [ ] [ ] [ ]

Interviewer: Please go to the following disability marked with a X

11□

Interviewer, please read the informant the introduction to question 8, if he or she has not already read it.

11.1 Due to health problems or disability, do you have a significant difficulty understanding gestures, symbols, illustrations, sounds or expressing yourself via these? For example, understanding that the sound of the alarm indicates that there is a fire, shaking one's head to express disagreement, ...

- Yes □ 1
- No □ 6 → Mark with a X in column 1 all questions in block C. Communication and ask the corresponding questions following the flows

11.2 With what level of difficulty would you say you are able to understand and express yourself via gestures, symbols, illustrations or sounds?

- With moderate difficulty □ 2
- With severe difficulty □ 3
- Cannot carry out the activity □ 4

11.3 With what level of difficulty would you say you are able to understand and express yourself via gestures, symbols, illustrations or sounds? Interviewer: Please make note of the literal and encode.

Impairment: ..........................[ ] [ ]

11.4 What age were you when your difficulty understanding and expressing yourself via gestures, symbols, illustrations or sounds?

Age: [ ] [ ] [ ]

Interviewer: Please go to the following disability marked with a X

12□

Interviewer, please read the informant the introduction to question 8, if he or she has not already read it.

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?
| Column 1 | Yes☐  ____ 1  
| | No☐ → ____ 6 Mark with a X in column 1 all questions in block C. Communication and ask the corresponding questions following the flows |
| | _______________ |

**Disabilities**

12.2 With what level of difficulty would you say you are able to hold a dialogue and exchanging ideas with one or more persons?

With moderate difficulty ☐ 2
With severe difficulty ☐ 3
Cannot carry out the activity ☐ 4

12.3 What is the original impairment of your difficulty holding a dialogue or exchanging ideas with one or more persons?. Interviewer: Please make note of the literal and encode.

Impairment: ................................................................. |__|__|

12.4 What age were you when your difficulty holding a dialogue or exchanging ideas with one or more persons started?

Age: _____________ |__|__|__|

**Interviewer:** Please go to the following disability marked with a X

| 13 ☐ |

**Interviewer, please read the informant the introduction to question 8, if he or she has not already read it.**

13.1 Due to health problem or disability, does any person in the household have a significant difficulty using the telephone unaided and unsupervised?

Yes☐  ____ 1
No ☐ 6 → Mark with a X in column 1 all questions in block C. Communication and ask the corresponding questions following the flows

12.2 With what level of difficulty would you say you are able to use the telephone or other devices or communication techniques?

With moderate difficulty ☐ 2
With severe difficulty ☐ 3
Cannot carry out the activity ☐ 4

13.3.a Do you receive supervision or personal assistance, or use other technical assistance for using the telephone or other devices or communication techniques?

Yes, only supervision or personal assistance ☐ 1
Yes, only technical assistance ☐ 2
Yes, both types of aid ☐ 3
No ☐ 4 → P13.4

12.2 With what level of difficulty would you say you are able to use the telephone or other devices or communication techniques when receiving assistance?

Without difficulty or with little difficulty ☐ 1
With moderate difficulty ☐ 2
With severe difficulty ☐ 3
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Cannot carry out the activity _________________ □ 4</th>
</tr>
</thead>
</table>

**Disabilities**

13.4 What is the original impairment of your difficulty using the telephone or other devices or communication techniques? Interviewer: Please make note of the literal and encode.

Impairment: __________________________________________________________ □ □

13.5 What age were you when your difficulty using the telephone or other devices or communication techniques started?

Age: ___________ □ □ □ □

**Interviewer:** Please go to the following disability marked with a X

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**BLOCK D: LEARNING AND APPLICATION OF KNOWLEDGE AND DEVELOPMENT OF TASKS.**

**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.

Remember that difficulties have lasted or are expected to last more than one year. Also remember that when we talk about aids, we are considering both those received from other persons, and external technical aids; and that supervision is regarded as the need for another person to be overseeing what someone else does, in order to avoid problems in an everyday activity.

Due to a mental problem, does anyone in the household have a significant difficulty holding a gaze or paying attention when listening?

Yes□ □ □ □ 1
No□ □□□□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ #2

14.2 With what level of difficulty are you able to hold a gaze or pay attention when listening?

With moderate difficulty □ 2
With severe difficulty □ 3
Cannot carry out the activity □ 4

14.3 What is the original impairment of your difficulty holding a gaze or paying attention when listening? Interviewer: Please make note of the literal and encode.

Impairment: __________________________________________________________ □ □

14.4 What age were you when your difficulty holding a gaze or paying attention when listening started?

Age: ___________ □ □ □ □

**Interviewer:** Please go to the following disability marked with a X

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15.1 Due to a mental problem, do you have a significant difficulty learning to perform simple tasks, such as copying, reading, writing, addition or subtraction, or learning to use everyday utensils?

Yes□ □ □ □ 1

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**Interviewer,** please read the informant the introduction to question 14, if he or she has not already read it.
<table>
<thead>
<tr>
<th>Column 1</th>
<th>No □ 6 → Mark with a X in column 1 all questions in block D. Learning and ask the corresponding questions following the flows</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.2 With what level of difficulty are you able to learn to perform simple tasks?</td>
<td></td>
</tr>
<tr>
<td>With moderate difficulty □ 2</td>
<td></td>
</tr>
<tr>
<td>With severe difficulty □ 3</td>
<td></td>
</tr>
<tr>
<td>Cannot carry out the activity □ 4</td>
<td></td>
</tr>
<tr>
<td>15.3 What is the original impairment of your learning difficulty?</td>
<td></td>
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<tr>
<td>Interviewer: Please make note of the literal and encode.</td>
<td></td>
</tr>
<tr>
<td>Impairment: ....................................................................................</td>
<td>__</td>
</tr>
<tr>
<td>15.4 What age were you when your learning difficulty began?</td>
<td></td>
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<tr>
<td>Age: _____________</td>
<td>__</td>
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<tr>
<td>Interviewer: Please go to the following disability marked with a X</td>
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<tr>
<td>16 □</td>
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</tr>
<tr>
<td>Interviewer, please read the informant the introduction to question 14, if he or she has not already read it.</td>
<td></td>
</tr>
<tr>
<td>Due to a mental problem, do you have a significant difficulty performing simple tasks unaided and unsupervised? For example, taking something out of cupboard, filling a glass of water, ...</td>
<td></td>
</tr>
<tr>
<td>Yes□ ______ 1</td>
<td></td>
</tr>
<tr>
<td>No □ 6 → Mark with a X in column 1 all questions in block D. Learning and ask the corresponding questions following the flows</td>
<td></td>
</tr>
<tr>
<td>17.2 With what level of difficulty are you able to perform simple tasks?</td>
<td></td>
</tr>
<tr>
<td>With moderate difficulty □ 2</td>
<td></td>
</tr>
<tr>
<td>With severe difficulty □ 3</td>
<td></td>
</tr>
<tr>
<td>Cannot carry out the activity □ 4</td>
<td></td>
</tr>
<tr>
<td>16.3.a Do you receive supervision or personal assistance, or use other technical assistance for performing simple tasks?</td>
<td></td>
</tr>
<tr>
<td>Yes, only supervision or personal assistance □ 1</td>
<td></td>
</tr>
<tr>
<td>Yes, only technical assistance □ 2</td>
<td></td>
</tr>
<tr>
<td>Yes, both types of aid □ 3</td>
<td></td>
</tr>
<tr>
<td>No □ 4 → P16.4</td>
<td></td>
</tr>
<tr>
<td>16.3.b With what level of difficulty are you able to perform simple tasks when receiving aid or personal assistance?</td>
<td></td>
</tr>
<tr>
<td>Without difficulty or with little difficulty □ 1</td>
<td></td>
</tr>
<tr>
<td>With moderate difficulty □ 2</td>
<td></td>
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<tr>
<td>With severe difficulty □ 3</td>
<td></td>
</tr>
<tr>
<td>Cannot carry out the activity □ 4</td>
<td></td>
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<tr>
<td>16.4 What is the original impairment of your learning difficulty perform simple tasks?.</td>
<td></td>
</tr>
<tr>
<td>Interviewer: Please make note of the literal and encode.</td>
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<tr>
<td>Column</td>
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<td>--------------------------------------------------</td>
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<tr>
<td>Disabilities</td>
<td>16.5 What age were you when your difficulty performing simple tasks began?</td>
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<tr>
<td></td>
<td>Age: ______________</td>
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<tr>
<td>Interviewer:</td>
<td>Please go to the following disability marked with a X</td>
</tr>
<tr>
<td>17</td>
<td>Interviewer, please read the informant the introduction to question 14, if he or she has not already read it.</td>
</tr>
<tr>
<td></td>
<td>17.1 Due to a mental problem, do you have a significant difficulty performing complex tasks unaided and unsupervised? For example, passing on a message, attending an appointment, ...</td>
</tr>
<tr>
<td></td>
<td>Yes □ 1</td>
</tr>
<tr>
<td></td>
<td>No □ 6 → Mark with a X in column 1 all questions in block D. Learning and ask the corresponding questions following the flows</td>
</tr>
<tr>
<td></td>
<td>17.2 With what level of difficulty are you able to perform complex tasks?</td>
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<td></td>
<td>With moderate difficulty □ 2</td>
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<tr>
<td></td>
<td>With severe difficulty □ 3</td>
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<tr>
<td></td>
<td>Cannot carry out the activity □ 4</td>
</tr>
<tr>
<td></td>
<td>17.3.a Do you receive supervision or personal assistance, or use other technical assistance for performing complex tasks?</td>
</tr>
<tr>
<td></td>
<td>Yes, only supervision or personal assistance □ 1</td>
</tr>
<tr>
<td></td>
<td>Yes, only technical assistance □ 2</td>
</tr>
<tr>
<td></td>
<td>Yes, both types of aid □ 3</td>
</tr>
<tr>
<td></td>
<td>No □ 4 → P17.4</td>
</tr>
<tr>
<td></td>
<td>17.2 With what level of difficulty are you able to perform complex tasks when receiving aid or personal assistance?</td>
</tr>
<tr>
<td></td>
<td>Without difficulty or with little difficulty □ 1</td>
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<tr>
<td></td>
<td>With moderate difficulty □ 2</td>
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<tr>
<td></td>
<td>With severe difficulty □ 3</td>
</tr>
<tr>
<td></td>
<td>Cannot carry out the activity □ 4</td>
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<tr>
<td></td>
<td>17.4 What is the original impairment of your difficulty performing complex tasks?</td>
</tr>
<tr>
<td></td>
<td>Interviewer: Please make note of the literal and encode.</td>
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<tr>
<td></td>
<td>Impairment: .................................................................</td>
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<tr>
<td></td>
<td>17.5 What age were you when your difficulty performing complex tasks began?</td>
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<td></td>
<td>Age: ______________</td>
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<tr>
<td>Interviewer:</td>
<td>Please go to the following disability marked with a X</td>
</tr>
</tbody>
</table>
### Block E: MOBILITY

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

Remember that I will only ask you about difficulties which have lasted or are expected to last more than one year, and which are due to a complaint or a disability.

Also remember that when we talk about aids, we are considering both those received from other persons, and external technical aids, and that supervision is regarded as the need for another person to be overseeing what someone else does, in order to avoid problems in an everyday activity.

---

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.1 Do you have a significant difficulty changing posture unaided and unsupervised? For example, getting up, sitting down, lying down, ...</td>
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<tr>
<td>18.2 With what level of difficulty are you able to change posture?</td>
<td></td>
<td></td>
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<tr>
<td>With moderate difficulty</td>
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<td></td>
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<tr>
<td>With severe difficulty</td>
<td></td>
<td></td>
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<tr>
<td>Cannot carry out the activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.3.a Do you receive supervision or personal assistance, or use other technical assistance for changing posture?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, only supervision or personal assistance</td>
<td></td>
<td></td>
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<tr>
<td>Yes, only technical assistance</td>
<td></td>
<td></td>
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<tr>
<td>Yes, both types of aid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>18.3.b With what level of difficulty are you able to change posture when receiving aid or personal assistance?</td>
<td></td>
<td></td>
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<tr>
<td>Without difficulty or with little difficulty</td>
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<tr>
<td>With moderate difficulty</td>
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<td></td>
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<tr>
<td>With severe difficulty</td>
<td></td>
<td></td>
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<tr>
<td>Cannot carry out the activity</td>
<td></td>
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</tr>
<tr>
<td>18.4 What is the original impairment of your difficulty changing position?</td>
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<tr>
<td>Interviewer: Please make note of the literal and encode.</td>
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<tr>
<td>Impairment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.4 What age were you when your difficulty changing posture began?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age:</td>
<td></td>
<td></td>
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</tbody>
</table>

*Interviewer: Please go to the following disability marked with a X*
**Disabilities**

### 19.1 Due to health problems or disability, do you have a significant difficulty keeping the body in the same position for the necessary amount of time unaided and unsupervised? For example, standing or sitting for periods of time.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>☐ 1</td>
</tr>
<tr>
<td>No</td>
<td>☐ 6 →</td>
</tr>
</tbody>
</table>

Please mark with a X in column 1 all questions in block E. Mobility and ask the corresponding questions following the flows.

### 19.3.b With what level of difficulty are you able to keep the body in the same position?

- With moderate difficulty ☐ 2
- With severe difficulty ☐ 3
- Cannot carry out the activity ☐ 4

### 9.3.a Do you receive supervision or personal assistance, or use other technical assistance keeping the body in the same position?

- Yes, only supervision or personal assistance ☐ 1
- Yes, only technical assistance ☐ 2
- Yes, both types of aid ☐ 3
- No ☐ 4 → P19.4

### 19.3.b With what level of difficulty are you able to keep the body in the same position when receiving aid or personal assistance?

- Without difficulty or with little difficulty ☐ 1
- With moderate difficulty ☐ 2
- With severe difficulty ☐ 3
- Cannot carry out the activity ☐ 4

### 19.4 What is the original impairment of your difficulty keeping the body in the same position? interviewer: Please make note of the literal and encode.

Impairment: ................................................ |__|__|

### 19.5 What age were you when your difficulty keeping the body in the same position?

Age: _____________ |__|__|__|

**Interviewer:** Please go to the following disability marked with a X.
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.2 With what level of difficulty would you say you are able to walk and move around the home unaided and unsupervised?</td>
<td></td>
</tr>
<tr>
<td>With moderate difficulty _______ □ 2</td>
<td></td>
</tr>
<tr>
<td>With severe difficulty __________ □ 3</td>
<td></td>
</tr>
<tr>
<td>Cannot carry out the activity ______________ □ 4</td>
<td></td>
</tr>
<tr>
<td>20.3.a Do you receive supervision or personal assistance, or use other technical assistance walking and moving around the home unaided and unsupervised?</td>
<td></td>
</tr>
<tr>
<td>Yes, only supervision or personal assistance __________ □ 1</td>
<td></td>
</tr>
<tr>
<td>Yes, only technical assistance ______________________ □ 2</td>
<td></td>
</tr>
<tr>
<td>Yes, both types of aid ______________________ □ 3</td>
<td></td>
</tr>
<tr>
<td>No ______________________________________ □ 4 → P20.4</td>
<td></td>
</tr>
<tr>
<td>20.3.b With what level of difficulty would you say you are able to walk and move around the home when receiving aid or personal assistance?</td>
<td></td>
</tr>
<tr>
<td>Without difficulty or with little difficulty __________ □ 1</td>
<td></td>
</tr>
<tr>
<td>With moderate difficulty __________ □ 2</td>
<td></td>
</tr>
<tr>
<td>With severe difficulty __________ □ 3</td>
<td></td>
</tr>
<tr>
<td>Cannot carry out the activity ______________ □ 4</td>
<td></td>
</tr>
<tr>
<td>20.4 What is the original impairment of your difficulty walking and moving around the home?. Interviewer: Please make note of the literal and encode.</td>
<td></td>
</tr>
<tr>
<td>Impairment: .................................................................................... □□□</td>
<td></td>
</tr>
<tr>
<td>20.5 What age were you when your difficulty walking and moving around the home began?</td>
<td></td>
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<tr>
<td>Age: _____________ □□□</td>
<td></td>
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</tbody>
</table>

**Interviewer:** Please go to the following disability marked with a X

| 21 □ |

**Interviewer:** Please read the informant the introduction to question 18, if he or she has not already read it.

<p>| 21.1 Due to health problems or disability, do you have a significant difficulty walking or moving outside their home unaided and unsupervised? For example, getting about on the street without modes of transport, within public or private buildings, ... |
| Yes □ ______ 1 |
| No □ → ___ 6 → Please mark with a X in column 1 all questions in block E. Mobility and ask the corresponding questions following the flows |
| 20.2 With what level of difficulty would you say you are able to walk and move around the home? |
| With moderate difficulty _______ □ 2 |
| With severe difficulty __________ □ 3 |
| Cannot carry out the activity ______________ □ 4 |
| 21.3.a Do you receive supervision or personal assistance, or use other technical assistance walking and moving around the home? |
| Yes, only supervision or personal assistance __________ □ 1 |
| Yes, only technical assistance ______________________ □ 2 |
| Yes, both types of aid ______________________ □ 3 |
| No ______________________________________ □ 4 → P21.4 |</p>
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Disabilities</th>
</tr>
</thead>
</table>

21.3.b With what level of difficulty would you say you are able to walk and move around the home when receiving aid or personal assistance?

Without difficulty or with little difficulty □ 1
With moderate difficulty □ 2
With severe difficulty □ 3
Cannot carry out the activity □ 4

21.4 What is the original impairment of your difficulty walking and moving around the home?. **Interviewer**: Please make note of the literal and encode.

Impairment: .................................................................................... |__|__|

21.5 What age were you when your difficulty walking and moving around the home began?

Age: _____________ |__|__|__|

**Interviewer**: Please go to the following disability marked with a X

22.1 Due to health problem or disability, does any person in the household have a significant difficulty using passenger transport unaided and unsupervised?. For example by car, bus, train, metro, tram, ...

Yes □ ____ 1
No □ → ____ 6 → Please mark with a X in column 1 all questions in block E. Mobility and ask the corresponding questions following the flows

22.2 With what level of difficulty would you say you are able to get around via passenger transport?

With moderate difficulty □ 2
With severe difficulty □ 3
Cannot carry out the activity □ 4

22.3.a Do you receive supervision or personal assistance, or use other technical assistance to get around via passenger transport?

Yes, only supervision or personal assistance □ 1
Yes, only technical assistance □ 2
Yes, both types of aid □ 3
No □ 4 → P22.4

22.3.b With what level of difficulty would you say you are able to getting around via passenger transport when receiving aid or personal assistance?

Without difficulty or with little difficulty □ 1
With moderate difficulty □ 2
With severe difficulty □ 3
Cannot carry out the activity □ 4
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Disabilities</th>
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</thead>
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</table>

22.4 What is the original impairment of your difficulty getting around via passenger transport? Interviewer: Please make note of the literal and encode.

Impairment: ................................................................. | | |

22.5 What age were you when your difficulty getting around via passenger transport began?

Age: _____________ | | | |

Interviewer: Please go to the following disability marked with a X

23.1 Due to health problem or disability, do you have a significant difficulty driving unadapted motor vehicles?

Yes □ 1
No □ → 6 → Please mark with a X in column 1 all questions in block E. Mobility and ask the corresponding questions following the flows

23.2 With what level of difficulty would you say you are able to drive vehicles?

With moderate difficulty □ 2
With severe difficulty □ 3
Cannot carry out the activity □ 4

23.3.a Do you use any technical assistance driving vehicles?

Yes □ 1
No ................................................................. □ 6 → P23.4

18.3.b With what level of difficulty are you able to drive vehicles when receiving aid or personal assistance?

Without difficulty or with little difficulty □ 1
With moderate difficulty □ 2
With severe difficulty □ 3
Cannot carry out the activity □ 4

23.4 What is the original impairment of your difficulty driving vehicles? Interviewer: Please make note of the literal and encode.

Impairment: ................................................................. | | |

23.4 What age were you when your difficulty driving vehicles began?

Age: _____________ | | | |

Interviewer: Please go to the following disability marked with a X
Interviewer, please read the informant the introduction to question 18, if he or she has not already read it.

24.1 Does any person in the household have a significant difficulty lifting or carrying objects with their hands or arms unaided and unsupervised? For example a glass, holding a baby, ...

Yes ☐ 1
No ☐ 6 → → Please mark with a X in column 1 all questions in block E. Mobility and ask the corresponding questions following the flows

24.2 ¿With what level of difficulty are you able to lift or carry objects?

With moderate difficulty ☐ 2
With severe difficulty ☐ 3
Cannot carry out the activity ☐ 4

24.3.a Do you receive supervision or personal assistance, or use other technical assistance to lift or carry objects?

Yes, only supervision or personal assistance ☐ 1
Yes, only technical assistance ☐ 2
Yes, both types of aid ☐ 3
No ☐ 4 → P24.4

24.3.b With what level of difficulty are you able to lift or carry objects when receiving aid or personal assistance?

Without difficulty or with little difficulty ☐ 1
With moderate difficulty ☐ 2
With severe difficulty ☐ 3
Cannot carry out the activity ☐ 4

24.4 hat is the original impairment of your difficult lifting or carrying objects?. Interviewer: Please make note of the literal and encode.

Impairment: .......................................................... [ ]

24.5 ¿ What age were you when your difficulty lifting or carrying objects?

Age: .................... [ ]

Interviewer: Please go to the following disability marked with a X
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Disabilities</th>
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<tbody>
<tr>
<td>25 □</td>
<td>Interviewer, please read the informant the introduction to question 18, if he or she has not already read it.</td>
</tr>
</tbody>
</table>

25.1 Does any person in the household have a significant difficulty handling and moving objects, using his or her hands and arms unaided and unsupervised? For example reaching an object, throwing a ball, sliding a chair.

Yes □ ___ 1
No □ → ___ 6 → Please mark with a X in column 1 all questions in block E. Mobility and ask the corresponding questions following the flows

25.2 With what level of difficulty would you say are you able to lift or carry objects

With moderate difficulty □ 2
With severe difficulty □ 3
Cannot carry out the activity □ 4

25.3.a Do you receive supervision or personal assistance, or use other technical assistance to lift or carry objects?

Yes, only supervision or personal assistance □ 1
Yes, only technical assistance □ 2
Yes, both types of aid □ 3
No □ 4 → P25.4

25.3.b With what level of difficulty would you say are you able to lift or carry objects when receiving aid or personal assistance?

Without difficulty or with little difficulty □ 1
With moderate difficulty □ 2
With severe difficulty □ 3
Cannot carry out the activity □ 4

25.4 What is the original impairment of your difficulty lifting or carrying objects?.

Interviewer: Please make note of the literal and encode.

Impairment: ................................................................. |__|__|

25.5 What age were you when your difficulty lifting or carrying objects began?

Age: ___________ |__|__|__|

Interviewer: Please go to the following disability marked with a X

26 □

Interviewer, please read the informant the introduction to question 18, if he or she has not already read it.

26. Do you have a significant difficulty handling and moving small objects unaided and unsupervised? For example, picking up and putting down coins, cutting with scissors, writing with a pen, ...
26.2 With what level of difficulty would you say are you able to lift or carry small objects?

With moderate difficulty □ 2
With severe difficulty □ 3
Cannot carry out the activity □ 4

26.3.a Do you receive supervision or personal assistance, or use other technical assistance to lift or carry small objects?

Yes, only supervision or personal assistance □ 1
Yes, only technical assistance □ 2
Yes, both types of aid □ 3
No □ 4 → P26.4

26.3.b With what level of difficulty would you say are you able to lift or carry small objects when receiving aid or personal assistance?

Without difficulty or with little difficulty □ 1
With moderate difficulty □ 2
With severe difficulty □ 3
Cannot carry out the activity □ 4

26.4 What is the original impairment of your difficulty lifting or carrying small objects?.

Interviewer: Please make note of the literal and encode.

Impairment: .................................................................................... |__|__|

26.5 What age were you when your difficulty lifting or carrying small objects began?

Age: _____________ |__|__|__|

Interviewer: Please go to the following disability marked with a X

27.1 Due to health problem or disability, do you have a significant difficulty washing or drying the different body parts unaided and unsupervised? For example, taking a shower, washing his or her hands, head, ...

Yes □ 1
No □ 6 → Mark with a X in column 1 all questions in block F. Self care and ask the corresponding questions following the flows
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Disabilities</th>
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<tbody>
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</table>

### 27.2 With what level of difficulty would you say are you able to wash or dry different body parts

- With moderate difficulty [ ] 2
- With severe difficulty [ ] 3
- Cannot carry out the activity [ ] 4

### 27.3.a Do you receive supervision or personal assistance, or use technical assistance washing or drying the different body parts?

- Yes, only supervision or personal assistance [ ] 1
- Yes, only technical assistance [ ] 2
- Yes, both types of aid [ ] 3
- No [ ] 4 → P27.4

### 27.3.b With what level of difficulty would you say are you able to wash or dry different body parts when receiving aid or personal assistance?

- Without difficulty or with little difficulty [ ] 1
- With moderate difficulty [ ] 2
- With severe difficulty [ ] 3
- Cannot carry out the activity [ ] 4

### 27.4 What is the original impairment of your difficulty washing or drying different body parts?. Interviewer: Please make note of the literal and encode.

Impairment: .......................................................... [ ] [ ]

### 27.5 What age were you when your difficulty washing or drying different body parts began?

Age: [ ] [ ] [ ] [ ]

**Interviewer**: Please go to the following disability marked with a X

### 28 Due to health problem or disability, do you have a significant difficulty with basic grooming unaided and unsupervised? For example combing his or her hair, cutting his or her nails, ...

- Yes [ ] 1
- No [ ] 6 → Please mark with a X in column 1 all questions in block F. Self care and ask the corresponding questions following the flows

### 28.2 With what level of difficulty would you say are you able to perform basic grooming?

- With moderate difficulty [ ] 2
- With severe difficulty [ ] 3
- Cannot carry out the activity [ ] 4
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Disabilities</th>
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<tbody>
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<td>______________</td>
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</table>

28.3.a Do you receive supervision or personal assistance, or use technical assistance when performing basic grooming?

Yes, only supervision or personal assistance □ 1  
Yes, only technical assistance ________________________ □ 2  
Yes, both types of aid ________________________ □ 3  
No ________________________________________ □ 4 → P28.4

28.3.b With what level of difficulty would you say are you able to perform basic grooming when receiving aid or personal assistance?

Without difficulty or with little difficulty □ 1  
With moderate difficulty □ 2  
With severe difficulty □ 3  
Cannot carry out the activity □ 4

28.4 What is the original impairment of your difficulty with basic grooming?. Interviewer: Please make note of the literal and encode.

Impairment: ................................................................. || |

28.5 What age were you when your difficulty with basic grooming began?

Age: _____________ || |

**Interviewer:** Please go to the following disability marked with a X

---

29 □

**Interviewer, please read the informant the introduction to question 27, if he or she has not already read it.**

29.1 Due to health problem or disability, do you have a significant difficulty controlling your urge to urinate and related activities, such as making it to the toilet, dressing and undressing and cleaning yourself unaided and unsupervised?

Yes □ 1  
No □ 6 →  Please mark with a X in column 1 all questions in block F. Self care and ask the corresponding questions following the flows

29.2 With what level of difficulty would you say are you able to carry out activities related to urination?

With moderate difficulty □ 2  
With severe difficulty □ 3  
Cannot carry out the activity □ 4

29.3.a Do you receive supervision or personal assistance, or use technical assistance when performing activities related to urination?

Yes, only supervision or personal assistance □ 1  
Yes, only technical assistance ________________________ □ 2  
Yes, both types of aid ________________________ □ 3  
No ________________________________________ □ 4 → P29.4
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.3.b With what level of difficulty would you say are you able to carry out activities related to urination when receiving aid or personal assistance?</td>
<td></td>
</tr>
<tr>
<td>Without difficulty or with little difficulty □ 1</td>
<td></td>
</tr>
<tr>
<td>With moderate difficulty □ 2</td>
<td></td>
</tr>
<tr>
<td>With severe difficulty □ 3</td>
<td></td>
</tr>
<tr>
<td>Cannot carry out the activity □ 4</td>
<td></td>
</tr>
<tr>
<td>29.4 What is the original impairment of your difficulty carrying out activities related to urination?. Interviewer: Please make note of the literal and encode.</td>
<td></td>
</tr>
<tr>
<td>Impairment: .................................................................................................................................. △ △</td>
<td></td>
</tr>
<tr>
<td>29.5 What age were you when your difficulty performing activities related to urination began?</td>
<td></td>
</tr>
<tr>
<td>Age: □ □ □ □</td>
<td></td>
</tr>
<tr>
<td>[Interviewer: Please go to the following disability marked with a X]</td>
<td></td>
</tr>
<tr>
<td>30□ Interviewer, please read the informant the introduction to question 27, if he or she has not already read it.</td>
<td></td>
</tr>
<tr>
<td>30.1 Due to health problem or disability, do you have a significant difficulty controlling your urge to defecate and related activities, such as making it to the toilet, dressing and undressing and cleaning yourself unaided and unsupervised?</td>
<td></td>
</tr>
<tr>
<td>Yes □ 1</td>
<td></td>
</tr>
<tr>
<td>No □ 6 → Please mark with a X in column 1 all questions in block F. Self care and ask the corresponding questions following the flows</td>
<td></td>
</tr>
<tr>
<td>30.2 With what level of difficulty would you say are you able to carry out activities related to defecation?</td>
<td></td>
</tr>
<tr>
<td>With moderate difficulty □ 2</td>
<td></td>
</tr>
<tr>
<td>With severe difficulty □ 3</td>
<td></td>
</tr>
<tr>
<td>Cannot carry out the activity □ 4</td>
<td></td>
</tr>
<tr>
<td>30.3.a Do you receive supervision or personal assistance, or use technical assistance when performing activities related to defecation?</td>
<td></td>
</tr>
<tr>
<td>Yes, only supervision or personal assistance □ 1</td>
<td></td>
</tr>
<tr>
<td>Yes, only technical assistance □ 2</td>
<td></td>
</tr>
<tr>
<td>Yes, both types of aid □ 3</td>
<td></td>
</tr>
<tr>
<td>No □ 4 → P30.4</td>
<td></td>
</tr>
<tr>
<td>30.3.b With what level of difficulty would you say are you able to carry out activities related to defecation when receiving aid or personal assistance?</td>
<td></td>
</tr>
<tr>
<td>Without difficulty or with little difficulty □ 1</td>
<td></td>
</tr>
<tr>
<td>With moderate difficulty □ 2</td>
<td></td>
</tr>
<tr>
<td>With severe difficulty □ 3</td>
<td></td>
</tr>
<tr>
<td>Cannot carry out the activity □ 4</td>
<td></td>
</tr>
<tr>
<td>Column 1</td>
<td>Disabilities</td>
</tr>
<tr>
<td>----------</td>
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</tr>
<tr>
<td>30.4 What is the original impairment of your difficulty carrying out activities related to defecation? Interviewer: Please make note of the literal and encode.</td>
<td></td>
</tr>
<tr>
<td>Impairment: ............................................................</td>
<td>] ] ]</td>
</tr>
<tr>
<td>30.5 What age were you when your difficulty performing activities related to defecation began?</td>
<td></td>
</tr>
<tr>
<td>Age: _____________</td>
<td>] ]</td>
</tr>
<tr>
<td>Interviewer: Please go to the following disability marked with a X</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Interviewer: Only women aged 11 to 55 years old should be asked this question.</td>
<td></td>
</tr>
<tr>
<td>Interviewer, please read the informant the introduction to question 27, if he or she has not already read it.</td>
<td></td>
</tr>
<tr>
<td>31.1 Due to health problem or disability, do you have a significant difficulty controlling his activities related to menstrual care, such as anticipating the start of menstruation or using sanitary towels, unaided and unsupervised?</td>
<td></td>
</tr>
<tr>
<td>Yes □ ___ 1</td>
<td></td>
</tr>
<tr>
<td>No □ ___ 6 → Mark with a X in column 1 all questions in block F. Self care and ask the corresponding questions following the flows</td>
<td></td>
</tr>
<tr>
<td>31.2 With what level of difficulty would you say are you able to carry out activities related to menstrual care?</td>
<td></td>
</tr>
<tr>
<td>With moderate difficulty □ 2</td>
<td></td>
</tr>
<tr>
<td>With severe difficulty □ 3</td>
<td></td>
</tr>
<tr>
<td>Cannot carry out the activity □ 4</td>
<td></td>
</tr>
<tr>
<td>31.3.a Do you receive supervision or personal assistance, or use technical assistance when performing activities related to menstrual care?</td>
<td></td>
</tr>
<tr>
<td>Yes, only supervision or personal assistance □ 1</td>
<td></td>
</tr>
<tr>
<td>Yes, only technical assistance □ 2</td>
<td></td>
</tr>
<tr>
<td>Yes, both types of aid □ 3</td>
<td></td>
</tr>
<tr>
<td>No □ 4 → P31.4</td>
<td></td>
</tr>
<tr>
<td>31.3.b With what level of difficulty would you say are you able to carry out activities related to menstrual care when receiving aid or personal assistance?</td>
<td></td>
</tr>
<tr>
<td>Without difficulty or with little difficulty □ 1</td>
<td></td>
</tr>
<tr>
<td>With moderate difficulty □ 2</td>
<td></td>
</tr>
<tr>
<td>With severe difficulty □ 3</td>
<td></td>
</tr>
<tr>
<td>Cannot carry out the activity □ 4</td>
<td></td>
</tr>
<tr>
<td>31.4 What is the original impairment of your difficulty carrying out activities related to menstrual care?. Interviewer: please make note of the literal and encode.</td>
<td></td>
</tr>
<tr>
<td>Impairment: ............................................................</td>
<td>] ]</td>
</tr>
<tr>
<td>Column 1</td>
<td>Disabilties</td>
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<tr>
<td>----------</td>
<td>-------------</td>
</tr>
<tr>
<td>31.5 What age were you when your difficulty performing activities related to menstrual care began?</td>
<td></td>
</tr>
<tr>
<td>Age: _____________</td>
<td>__</td>
</tr>
<tr>
<td><strong>Interviewer:</strong> Please go to the following disability marked with a X</td>
<td></td>
</tr>
</tbody>
</table>

32. **Interviewer, please read the informant the introduction to question 27, if he or she has not already read it.**

32.1 Due to health problem or disability, do you have a significant difficulty dressing or undressing unaided and unsupervised? For example putting on and removing clothes and footwear, choosing suitable clothes for the weather conditions, ...

Yes ☐ 1
No ☐ → 6 Please mark with a X in column 1 all questions in block F. Self care and ask the corresponding questions following the flows

32.2 With what level of difficulty would you say are you able to dress or undress?

With moderate difficulty ☐ 2
With severe difficulty ☐ 3
Cannot carry out the activity ☐ 4

32.3.a Do you receive supervision or personal assistance, or use other technical assistance for dressing or undressing?

Yes, only supervision or personal assistance ☐ 1
Yes, only technical assistance ☐ 2
Yes, both types of aid ☐ 3
No ☐ 4 → P32.4

32.3.b With what level of difficulty are you able to dress or undress when receiving aid or personal assistance?

Without difficulty or with little difficulty ☐ 1
With moderate difficulty ☐ 2
With severe difficulty ☐ 3
Cannot carry out the activity ☐ 4

32.4 What is the original impairment of your difficulty dressing or undressing?. **Interviewer:** Please make note of the literal and encode.

Impairment: ................................................................. |__|__|

32.5 What age were you when your difficulty dressing or undressing?

Age: _____________ |__|__|__|
Disabilities

33.1 Due to health problem or disability, do you have a significant difficulty performing tasks such as eating and drinking unaided and unsupervised? For example, keeping food in the mouth, swallowing food, using cutlery, serving liquids, drinking without spillage, ...

Yes □ ____ 1
No □ → ___ 6 → Please mark with a X in column 1 all questions in block F. Self care and ask the corresponding questions following the flows

33.2 With what level of difficulty are you able to eat and drink?

With moderate difficulty □ 2
With severe difficulty □ 3
Cannot carry out the activity □ 4

33.3.a Do you receive supervision or personal assistance, or use other technical assistance for eating or drinking?

Yes, only supervision or personal assistance □ 1
Yes, only technical assistance □ 2
Yes, both types of aid □ 3
No □ 4 → P33.4

33.3.b With what level of difficulty are you able to eat and drink when receiving aid or personal assistance?

Without difficulty or with little difficulty □ 1
With moderate difficulty □ 2
With severe difficulty □ 3
Cannot carry out the activity □ 4

33.4 What is the original impairment of your difficulty speaking?

Interviewer: Please make note of the literal and encode.

Impairment: ................................................................. □ □ □

33.5 What age were you when your difficulty eating or drinking started?

Age: _____________ □ □ □ □

Interviewer: Please go to the following disability marked with a X

34.1 Due to health problem or disability, do you have a significant difficulty following medical prescriptions unaided and unsupervised? For example, taking medication correctly, following specific diets, attending doctor's appointments, ...

Yes □ ____ 1
No □ → ___ 6 → Please mark with a X in column 1 all questions in block F. Self care and ask the corresponding questions following the flows
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Disabiliies</th>
</tr>
</thead>
<tbody>
<tr>
<td>34.2 With what level of difficulty would you say that you are able to follow medical prescriptions?</td>
<td></td>
</tr>
<tr>
<td>With moderate difficulty □ 2</td>
<td></td>
</tr>
<tr>
<td>With severe difficulty □ 3</td>
<td></td>
</tr>
<tr>
<td>Cannot carry out the activity □ 4</td>
<td></td>
</tr>
<tr>
<td>18.3.a Do you receive supervision or personal assistance, or use other technical assistance for following medical prescriptions?</td>
<td></td>
</tr>
<tr>
<td>Yes, only supervision or personal assistance □ 1</td>
<td></td>
</tr>
<tr>
<td>Yes, only technical assistance □ 2</td>
<td></td>
</tr>
<tr>
<td>Yes, both types of aid □ 3</td>
<td></td>
</tr>
<tr>
<td>No □ 4 → P34.4</td>
<td></td>
</tr>
<tr>
<td>34.3.b With what level of difficulty are you able to follow medical prescriptions when receiving aid or personal assistance?</td>
<td></td>
</tr>
<tr>
<td>Without difficulty or with little difficulty □ 1</td>
<td></td>
</tr>
<tr>
<td>With moderate difficulty □ 2</td>
<td></td>
</tr>
<tr>
<td>With severe difficulty □ 3</td>
<td></td>
</tr>
<tr>
<td>Cannot carry out the activity □ 4</td>
<td></td>
</tr>
<tr>
<td>34.4 What is the original impairment of your difficulty following medical prescriptions?</td>
<td></td>
</tr>
<tr>
<td>Interviewer: Please make note of the literal and encode.</td>
<td></td>
</tr>
<tr>
<td>Impairment: ....................................................................................</td>
<td>__</td>
</tr>
<tr>
<td>34.5 What age were you when your difficulty following medical prescriptions began?</td>
<td></td>
</tr>
<tr>
<td>Age: _____________</td>
<td>__</td>
</tr>
<tr>
<td>Interviewer: Please go to the following disability marked with a X</td>
<td></td>
</tr>
<tr>
<td>35.1 Due to health problem or disability, do you have a significant difficulty avoiding dangerous situations in your daily life unaided and unsupervised? For example turning off gas, observing traffic lights, ...</td>
<td></td>
</tr>
<tr>
<td>Yes □ 1</td>
<td></td>
</tr>
<tr>
<td>No □ 6 → Please mark with a X in column 1 all questions in block F. Self care and ask the corresponding questions following the flows</td>
<td></td>
</tr>
<tr>
<td>18.2 With what level of difficulty are you able to avoid dangerous situations?</td>
<td></td>
</tr>
<tr>
<td>With moderate difficulty □ 2</td>
<td></td>
</tr>
<tr>
<td>With severe difficulty □ 3</td>
<td></td>
</tr>
<tr>
<td>Cannot carry out the activity □ 4</td>
<td></td>
</tr>
<tr>
<td>35.3.a Do you receive supervision or personal assistance, or use other technical assistance for avoiding dangerous situations?</td>
<td></td>
</tr>
<tr>
<td>Yes, only supervision or personal assistance □ 1</td>
<td></td>
</tr>
<tr>
<td>Yes, only technical assistance □ 2</td>
<td></td>
</tr>
<tr>
<td>Yes, both types of aid □ 3</td>
<td></td>
</tr>
<tr>
<td>No □ 4 → P35.4</td>
<td></td>
</tr>
</tbody>
</table>
### Column 1

<table>
<thead>
<tr>
<th>Disabilities</th>
</tr>
</thead>
</table>

35.3.b With what level of difficulty are you able to avoid dangerous situations when receiving aid or personal assistance?

- Without difficulty or with little difficulty \(\square\) 1
- With moderate difficulty \(\square\) 2
- With severe difficulty \(\square\) 3
- Cannot carry out the activity \(\square\) 4

35.4 What is the original impairment of your difficulty avoiding dangerous situations?  
**Interviewer:** Please make note of the literal and encode.

Impairment: .................................................................................... \[\square\]\

35.5 What age were you when your difficulty avoiding dangerous situations began?

Age: \[\square\]\

**Interviewer:** Please go to the following disability marked with a X

### Block G: HOME LIFE

**Interviewer:** The questions in this block should only be asked if the person being interviewed is aged 10 years old or more.

- **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.

36.1 Due to health problem or disability, do you have a significant difficulty organising, buying and carrying everyday shopping unaided and unsupervised? For example buying clothes, food, household items, ...

- Yes \(\square\) 1
- No \(\square\) 6 → Mark with a X in column 1 all questions in block G. Sight and ask the corresponding questions following the flows

36.2 With what level of difficulty would you say that you are able to do shopping?

- With moderate difficulty \(\square\) 2
- With severe difficulty \(\square\) 3
- Cannot carry out the activity \(\square\) 4

36.3.a Do you receive supervision or personal assistance, or use other technical assistance for changing posture?

- Yes, only supervision or personal assistance \(\square\) 1
- Yes, only technical assistance \(\square\) 2
- Yes, both types of aid \(\square\) 3
- No \(\square\) 4 → P36.4
### Disabilities

<table>
<thead>
<tr>
<th>Column</th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>36.3.b</strong> With what level of difficulty would you say that you able to do shopping when receiving aid or personal assistance?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without difficulty or with little difficulty ☐ 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With moderate difficulty ☐ 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With severe difficulty ☐ 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cannot carry out the activity ☐ 4</td>
<td></td>
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</tr>
</tbody>
</table>

**36.4 What is the original impairment of your difficulty doing shopping? Interviewer:** Please make note of the literal and encode.

Impairment: .................................................................................... |__|__|

**36.5 What age were you when your difficulty doing shopping began?**

Age: _____________ |__|__|__|

**Interviewer:** Please go to the following disability marked with a X

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<table>
<thead>
<tr>
<th>Column</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>37</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Interviewer:</strong> The questions in this block should only be asked if the person being interviewed is aged 10 years old or more.</td>
<td></td>
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</tbody>
</table>

**Interviewer, please read the informant the introduction to question 36, if he or she has not already read it.**

**37.1 Due to health problem or disability, do you have a significant difficulty preparing meals unaided and unsupervised?**

Yes ☐ ___ 1

No ☐ ____ 6 → Mark with a X in column 1 all questions in block G. Sight and ask the corresponding questions following the flows

**37.2 With what level of difficulty would you say you are able to prepare meals?**

With moderate difficulty ☐ 2

With severe difficulty ☐ 3

Cannot carry out the activity ☐ 4

**37.3.a Do you receive supervision or personal assistance, or use other technical assistance for preparing meals?**

Yes, only supervision or personal assistance ☐ 1

Yes, only technical assistance ☐ 2

Yes, both types of aid ☐ 3

No ☐ ........................................... ☐ 4 → P37.4

**37.3.b With what level of difficulty are you able to prepare meals when receiving aid or personal assistance?**

Without difficulty or with little difficulty ☐ 1

With moderate difficulty ☐ 2

With severe difficulty ☐ 3

Cannot carry out the activity ☐ 4
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>37.4 What is the original impairment of your difficulty preparing meals? Interviewer: Please make note of the literal and encode.</td>
<td>Impairment: .................................................................</td>
</tr>
<tr>
<td>37.5 What age were you when your difficulty preparing meals began?</td>
<td>Age: _____________</td>
</tr>
</tbody>
</table>

**Interviewer:** Please go to the following disability marked with a X

### 38

**Interviewer:** The questions in this block should only be asked if the person being interviewed is aged 10 years old or more.

**Interviewer**, please read the informant the introduction to question 36, if he or she has not already read it.

38.1 Due to health problem or disability, do you have a significant difficulty carrying out housework unaided and unsupervised? For example cleaning, washing clothes, using household appliances, ...

- Yes [ ] 1
- No [ ] 6 → Mark with a X in column 1 all questions in block G. Sight and ask the corresponding questions following the flows

38.2 With what level of difficulty would you say that you are able to carry out housework?

- With moderate difficulty [ ] 2
- With severe difficulty [ ] 3
- Cannot carry out the activity [ ] 4

38.3.a Do you receive supervision or personal assistance, or use other technical assistance for carrying out housework?

- Yes, only supervision or personal assistance [ ] 1
- Yes, only technical assistance [ ] 2
- Yes, both types of aid [ ] 3
- No [ ] 4 → P38.4

38.3.b With what level of difficulty would you say that you are able to carry out housework when receiving aid or personal assistance?

- Without difficulty or with little difficulty [ ] 1
- With moderate difficulty [ ] 2
- With severe difficulty [ ] 3
- Cannot carry out the activity [ ] 4

38.4 What is the original impairment of your difficulty carrying out housework?.

**Interviewer:** Please make note of the literal and encode.

Impairment: ................................................................. |□□|

38.5 What age were you when your difficulty carrying out housework? began?

Age: _____________ |□□□|

**Interviewer:** Please go to the following disability marked with a X
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>39 □</td>
<td>BLOCK H: INTERACTIONS AND INTERPERSONAL RELATIONS</td>
</tr>
<tr>
<td><strong>Interviewer</strong> , please read the following to the informant:</td>
<td><strong>39.1</strong> 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, ...?</td>
</tr>
<tr>
<td>Remember that I will only ask you about difficulties which have lasted or are expected to last more than one year.</td>
<td>Yes □ 1</td>
</tr>
<tr>
<td></td>
<td>No □ 6→ → Please mark with a X in column 1 all questions in block H. Interactions and interpersonal relations and ask the corresponding questions following the flows</td>
</tr>
<tr>
<td>39.2 With what level of difficulty are you able to show other persons affection, respect or transmit feelings?</td>
<td>With moderate difficulty □ 2</td>
</tr>
<tr>
<td></td>
<td>With severe difficulty □ 3</td>
</tr>
<tr>
<td></td>
<td>Cannot carry out the activity □ 4</td>
</tr>
<tr>
<td><strong>39.3</strong> What is the original impairment of your difficulty showing other persons affection, respect or transmitting feelings?</td>
<td>Interviewer: Please make note of the literal and encode.</td>
</tr>
<tr>
<td></td>
<td>Impairment: ....................................................................................</td>
</tr>
<tr>
<td>39.4 What age were you when your difficulty showing other persons affection, respect or transmitting feelings began?</td>
<td>Age: _____________</td>
</tr>
<tr>
<td><strong>Interviewer</strong>: Please go to the following disability marked with a X</td>
<td></td>
</tr>
<tr>
<td>40 □</td>
<td><strong>40.1</strong> Due to health problems or disability, do you have a significant difficulty relating to strangers? For example, when asking for directions, making purchases, ...</td>
</tr>
<tr>
<td><strong>Interviewer</strong>, please read the informant the introduction to question 39, if he or she has not already read it.</td>
<td>Yes □ 1</td>
</tr>
<tr>
<td></td>
<td>No □ 6→ → Please mark with a X in column 1 all questions in block H. Interactions and interpersonal relations and ask the corresponding questions following the flows</td>
</tr>
<tr>
<td>40.2 With what level of difficulty are you able to relate to strangers?</td>
<td>With moderate difficulty □ 2</td>
</tr>
<tr>
<td></td>
<td>With severe difficulty □ 3</td>
</tr>
<tr>
<td></td>
<td>Cannot carry out the activity □ 4</td>
</tr>
<tr>
<td><strong>40.3</strong> What is the original impairment of your difficulty showing other persons affection, respect or transmitting feelings? Interviewer: Please make note of the literal and encode.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Impairment: ....................................................................................</td>
</tr>
<tr>
<td>40.4 What age were you when your difficulty relating to strangers began?</td>
<td>Age: _____________</td>
</tr>
<tr>
<td><strong>Interviewer</strong>: Please go to the following disability marked with a X</td>
<td></td>
</tr>
</tbody>
</table>
### 41

**Interviewer, please read the informant the introduction to question 39, if he or she has not already read it.**

41.1 Due to health problems or disability, does any person in the household have a significant difficulty initiating and maintaining relations with subordinates, peers or superiors?

Yes □ 1
No □ 6 → Mark with a X in column 1 all questions in block H. Interactions and interpersonal relations and ask the corresponding questions following the flows

41.2 With what level of difficulty would you say that you are able to initiate and maintain with subordinates, peers or superiors?

With moderate difficulty □ 2
With severe difficulty □ 3
Cannot carry out the activity □ 4

41.3 What is the original impairment of your difficulty initiating and maintaining relations with subordinates, peers or superiors? **Interviewer:** Please make note of the literal and encode.

Impairment: .................................................................................... |__|__|

41.4 What age were you when your difficulty initiate and maintain with subordinates, peers?

Age: _____________ |__|__|__|

**Interviewer:** Please go to the following disability marked with a X

### 42

**Interviewer, please read the informant the introduction to question 39, if he or she has not already read it.**

42.1 Due to health problems or disability, do you have a significant difficulty initiating and maintaining relations with subordinates, peers or superiors?

Yes □ 1
No □ 6 → Mark with a X in column 1 all questions in block H. Sight and ask the corresponding questions following the flows

42.2 With what level of difficulty would you say that you are able to initiate and maintain relations with friends, neighbours, acquaintances or colleagues?

With moderate difficulty □ 2
With severe difficulty □ 3
Cannot carry out the activity □ 4

42.3 What is the original impairment of your difficulty initiating and maintaining relations with friends, neighbours, acquaintances or colleagues? **Interviewer:** Please make note of the literal and encode.

Impairment: .................................................................................... |__|__|

42.4 What age were you when your difficulty initiating relations with friends, neighbours, acquaintances or colleagues?

Age: _____________ |__|__|__|

**Interviewer:** Please go to the following disability marked with a X
### Disabilities

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>43 □</td>
<td><strong>Interviewer, please read the informant the introduction to question 39, if he or she has not already read it.</strong></td>
</tr>
</tbody>
</table>

43.1 Due to health problems or disability, does any person in the household have a significant difficulty starting a family and maintaining family relations?

Yes □ 1
No □ 6 → Please mark with a X in column 1 all questions in block F. Interactions and interpersonal relations and ask the corresponding questions following the flows.

43.2 With what level of difficulty would you say that you are able to initiate and maintain family relations?

With moderate difficulty □ 2
With severe difficulty □ 3
Cannot carry out the activity □ 4

43.3 What is the original impairment of your difficulty initiating and maintaining family relationships?: **Interviewer: Please make note of the literal and encode.**

Impairment: ................................................................. □□

43.4 What age were you when your difficulty initiating and maintaining family relationships?

Age: ____________ □ □ □

**Interviewer: Please go to the following disability marked with a X**

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>44 □</td>
<td><strong>Interviewer, please read the informant the introduction to question 39, if he or she has not already read it.</strong></td>
</tr>
</tbody>
</table>

44.1 Due to health problems or disability, do you have a significant difficulty initiating or maintaining intimate or sexual relationships?

Yes □ 1
No □ 6 → Mark with a X in column 1 all questions in block H. Sight and ask the corresponding questions following the flows.

44.2 With what level of difficulty would you say that you are able to initiate and maintain intimate or sexual relations?

With moderate difficulty □ 2
With severe difficulty □ 3
Cannot carry out the activity □ 4

44.3 What is the original impairment of your difficulty initiating and maintaining intimate or sexual relationships?: **Interviewer: Please make note of the literal and encode.**

Impairment: ................................................................. □□

44.4 What age were you when your difficulty initiating and maintaining intimate or sexual relationships?

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

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

Yes □ 1→ P46

No □ 6 → MODULE M.

46. Do you have a difficulty?:

YES  NO

A. Sight ______________________________________________________ □1 □6

B. Hearing __________________________________________________ □1

C. Communication _____________________________________________ □1

D. Learning and applying knowledge and developing tasks ________ □1 □6

E. Mobility __________________________________________________ □1 □6

F. Self-care _________________________________________________ □1 □6

G. Household chores _____________________________________ □1 □6

H. Interpersonal relations ______________________________________ □1 □6

Interviewer: For those blocks marked YES, mark with a X in column 1, all disabilities that are not already marked, and ask the corresponding questions following the flows.
2. Table of original impairments of disabilities: cause and age of onset of impairments.

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

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

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

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

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

<table>
<thead>
<tr>
<th>Impairments</th>
<th>Features</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What problem caused the impairment?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congenital</td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Problems during childbirth</td>
<td></td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Traffic accident</td>
<td></td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Accident in the home</td>
<td></td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Recreational accident</td>
<td></td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Work-related accident</td>
<td></td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Other type of accident</td>
<td></td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Professional illness</td>
<td></td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Illness (non-work-related)</td>
<td></td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Other causes</td>
<td></td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Impairments</th>
<th>Features</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What problem caused the impairment?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congenital</td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Problems during childbirth</td>
<td></td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Traffic accident</td>
<td></td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Accident in the home</td>
<td></td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Recreational accident</td>
<td></td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
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<tr>
<td>Work-related accident</td>
<td></td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Other type of accident</td>
<td></td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Professional illness</td>
<td></td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Illness (non-work-related)</td>
<td></td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Other causes</td>
<td></td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>
2. What was your age at the onset of the impairment?

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Illness</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Spinal cord injury</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Parkinson's</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Lateral sclerosis</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Multiple sclerosis</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Agenesis / Amputation</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Laryngectomy</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Arthritis / Arthritis</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Rheumatoid arthritis. Ankylosing spondylitis</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Muscular dystrophy</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Spina bifida/hydrocephaly</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Myocardial infarction. Ischaemic cardiopathy</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. Cerebrovascular accidents</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. Down's Syndrome</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. Autism and other disorders associated with autism</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. Cerebral paralysis</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>16. Acquired brain damage</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>17. Senile Dementia of the Alzheimer Type</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>18. Other types of dementia</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
19. Schizophrenia _____________________________ □ 1 □ 6
20. Depression ________________________________ □ 1 □ 6
21. Bipolar disorder __________________________ □ 1 □ 6
22. Pigmentary retinosis _______________________ □ 1 □ 6
23. Myopia magna ______________________________ □ 1 □ 6
24. Senile macular degeneration __________________ □ 1 □ 6
25. Diabetic retinopathy ________________________ □ 1 □ 6
26. Glaucoma _________________________________ □ 1 □ 6
27. Cataract _________________________________ □ 1 □ 6
28. HIV/AIDS _________________________________ □ 1 □ 6
29. Rare illnesses _____________________________ □ 1 □ 6
30. Renal failure _______________________________

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

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

Yes ☐ ___ 1
No ___ ☐ 6

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

Yes ☐ ____ 1
No, they are insufficient ____________________________ ☐ 2
I do not receive or use technical assistance ___ ☐ 3
I do not need technical assistance ____________________ ☐ 4

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

Nº of Children ______ |__|__|

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

Age ___________ |__|__|
C. Information relating to membership of Non-Government Organisations as a consequence of a disability

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

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

Yes □ 1
No □ 6 → Section D

2. Please indicate the original impairment leading to your membership of one or more of these organisations.

Interviewer: Enter literal and code.

Original impairment.................................................................................................................................................. □ □

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

Interviewer: Please note literals and codes.

1. ......................................................................................................................................................................... □ □
2. ......................................................................................................................................................................... □ □

D. Information relating to health, social and economic benefits

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

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

Yes □ 1
No □ 6 → Please complete table 3

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

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

Ended some rehabilitation treatment? _________________ Yes □ 1
No □ 6

2. Have you indefinitely suspended rehabilitation? Yes □ 1
No □ 6
3. Table of data on health and social services you have needed and have received and your economic regime, as well as details of reasons why you have not received the health and social services that you need.

**Interviewer:** Please begin by completing column 1. For each service you have needed and have received in the period indicated, please indicate in the corresponding boxes in column 2 the number of days during which you have received this during each economic regime. For each service you have needed but not received during the period, please note the code for the main reason why you have not received this in column 3, taking into account the order of priority of reasons.

<table>
<thead>
<tr>
<th>Types of health and social services</th>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due a disability, have you needed to receive one or more of the following health and/or social services in the periods shown?</td>
<td>(1)</td>
<td>Days of service received according to economic regime.</td>
<td>Reason for not receiving the service.</td>
</tr>
<tr>
<td>Interviewer: Please note the response service by service</td>
<td></td>
<td>(2)</td>
<td>(3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Pg</td>
<td>2. Pd</td>
</tr>
</tbody>
</table>

**In the last 14 days...**

1. Medical and/or nursing care
2. Diagnostic tests
3. Chiropody services
4. Medical-functional rehabilitation
5. Rehabilitation/Speech therapy
6. Orthodox and prosthetic rehabilitation
7. Psychological assistance and/or mental health care
8. Telephone assistance
9. Programmed home care
10. Home help of a social nature
11. Day centre
12. Occupational centres
13. Cultural and leisure or free time activities

**In the last 12 months.....**

14. occupational therapy and/or training in AVD
15. Information/Consultancy/Evaluation
16. Health care provided by hospital personnel
17. Psychosocial care for relatives
18. Resting services: temporary stays
19. Sign language interpreter services
20. Other alternative communication systems
21. Health and/or adapted transport
22. Residential centres
23. Tourism and spas for persons with disabilities
24. Orientation / work preparation

**(1) Health and/or social services**

1. You have noticed some service(s) and you have received it/tem in the period → Please note 1 in box → Go to Column 2
2. You have noticed some service(s) and you have received it/tem in the period → Please note 2 in box
3. No → Please note 3 in box → Next ask about the following service

**(2) Economic regime**

1. Pg = Free of charge
2. Pd = Direct payment (payment by the individual and/or private insurance)
3. Pm = Mixed payment (public and private)

**(3) Reasons:**

1. Waiting list
2. Not available in the environment
3. They cannot pay for it
4. They do not fulfil at least one of the requirements
5. Other reasons
4. As a result of a disability, have you received any type of economic benefit or compensation in the last 12 months?

Yes ☐ 1
No ☐ 6 → P11

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

YES NO
1. Contributory disability pensions (permanent disability, special retirement scheme for civil servants, OODI, ...) ☐ 1
☐ 6
2. Non-contributory pensions as a result of the disability ☐ 1 ☐ 6
3. Allowances per dependent child with a disability ☐ 1 ☐ 6
4. Other benefits (LISMI benefits, care pensions, economic dependency pensions, social insertion salary, family assistance, Autonomous Community benefit programmes, ...) ☐ 1 ☐ 6
5. Life and disability insurance ☐ 1 ☐ 6
6. Other regular income due to disability ☐ 1 ☐ 6

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

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

Net amount
Periodic economic benefits ☐ ☐ ☐ ☐ ☐ ☐

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

Assistance to persons with disabilities: YES NO
1. Public aid for rehabilitation or specialised care ☐ 1 ☐ 6
2. Public aid for education ☐ 1 ☐ 6
3. Public aid for relatives who are carers ☐ 1 ☐ 6
4. Public aid for enabling personal independence ☐ 16
(technical assistance and for accessibility and adaptation in the home) ☐ 1 ☐ 6
5. Public or private assistance in the work area (social action assistance) ☐ 1 ☐ 6
6. Other public assistance ☐ 1 ☐ 6
7. Assistance from other entities (NGOs, foundations, professional bodies, ...) ☐ 1 ☐ 6

Interviewer: If any of the answers to question 7 is Yes, continue to question 8. If all the responses are NO go to question 9.
8. How much was the net amount of these economic benefits in the last 12 months? (If you are unsure of the exact amount, give an approximate amount)

Periodic non-economic benefits ____________________|__|__|__|__|__|__|

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

Indemnities:
YES  NO

1. Indemnities for bodily injury ________________ ☐ 1 ☐ 6
2. Indemnities for civil or criminal responsibility _________ ☐ 1 ☐ 6

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

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

Indemnities ______________|__|__|__|__|__|__|

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

Yes ____ ☐ 1
No _____ ☐ 6 → Go to section E

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

YES  NO

1. Income tax benefits (for a taxpayer with a disability or for assisting a parent or child with a disability) ____________ ☐ 1 ☐ 6
2. Registration tax (exemption of tax for the 1st registration, VAT reduction)- ☐ 1 ☐ 6
3. Tax on mechanised vehicles (road tax) ______________ ☐ 1 ☐ 6
4. Inheritance tax ________________________________ ☐ 1 ☐ 6
5. Other tax benefits (protected capital gains, right to assessment fees, ...) _______ ☐ 1 ☐ 6
E. Information relating to changes in economic activity and data on current economic activity.

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

**Persons aged 16 years old and over**

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

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

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

Yes _____  1
No _________ □ 6 → P5

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

2. What was the first kind of change made?

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

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

<table>
<thead>
<tr>
<th>Relationship with economic activity</th>
<th>Before the first change</th>
<th>After the first change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Working _________________________________________________________</td>
<td>□ 1</td>
<td>□ 1</td>
</tr>
<tr>
<td>2. Unemployed ______________________________________________________</td>
<td>□ 2</td>
<td>□ 2</td>
</tr>
<tr>
<td>3. Receiving a contributory retirement or permanent disability pension ____</td>
<td>□ 3</td>
<td>□ 3</td>
</tr>
<tr>
<td>4. Receiving another type of pension ____________________________________</td>
<td>□ 4</td>
<td>□ 4</td>
</tr>
<tr>
<td>5. Incapacitated to work ______________________________________________</td>
<td>□ 5</td>
<td>□ 5</td>
</tr>
<tr>
<td>6. Studying _________________________________________________________</td>
<td>□ 6</td>
<td>□ 6</td>
</tr>
<tr>
<td>7. Mainly dedicated to household chores ________________________________</td>
<td>□ 7</td>
<td>□ 7</td>
</tr>
<tr>
<td>8. Carried out unpaid social work or charity activities____________________</td>
<td>□ 8</td>
<td>□ 8</td>
</tr>
<tr>
<td>9. Another situation _________________________________________________</td>
<td>□ 9</td>
<td>□ 9</td>
</tr>
</tbody>
</table>

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

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

1. Occupation before the first change ........................................................................................................................................................................
2. Occupation after the first change..........................................................................................................................................................................
5. Relation with economic activity in the past week.

Code noted in question 12, Section C of the Household Questionnaire.

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

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

Interviewer:

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

Do you work or have you worked before

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

Age ______________  □ □ □ □

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

Split shift ________________________ □ 1
Intensive working day without break in the morning _____________ □ 2
Intensive working day without break in the afternoon _____________ □ 3
Intensive working day without break at night _____________ □ 4
Reduced working day _____________________ □ 5
Shifts ________________________________ □ 6
Irregular or variable working day depending on the day__ □ 7
Another type ___________________________ □ 8

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

Yes ______ □ 1
No ______ □ 6

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

Yes ______ □ 1
No _____ □ 6

11. Approximately, how many salaried workers are/were there in the company where you work(ed)?
12. Have you benefited from any of the following measures in order to secure any of your jobs?

<table>
<thead>
<tr>
<th>Measure</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reservation quota for persons with disabilities, in the public sector</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>2. Reservation quota for persons with disabilities, in the private sector</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>3. Specific contract for persons with disabilities</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>4. Incentives for hiring, bonuses in Social Security quotas</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>5. Others (work enclaves, jobs with support, etc.)</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>

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

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

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

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

15. Professional Situation.

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

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

Civil servant 1
Permanent 2
Temporary 3
Verbal agreement or without a contract 4
Others 5
17. What is the duration of your current contract, or rather, what was the duration of your last contract?

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

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

18. How long have you had your current job?

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

19. Are you currently seeking another type of job?

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

---

You are not working but have worked before

20. Why did you stop working?

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

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

22. Are you currently seeking work?

- Yes ___ 1
- No □ 6 → go to question 26

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

- They are registered with a public employment service □ 1
- They are registered with a private employment office □ 2
- They have contacted businesspersons □ 3
- They are using personal relations □ 4
- Through the Press □ 5
- Have you made efforts to set yourself up as a freelancer? □ 6
- (land search, administration of licenses, ...) □ 7
- Preparing for or taking public exams □ 8
- They are waiting on the results of previous applications □ 9
- They are waiting for a call from the Public Employment Office □ 10
- Other methods □ 11
- They have not used any method □ 12

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

- Due to my disability □ 1
- I lack experience □ 2
The studies they have do not help them find work _ □ 3
Finding work is very difficult for everyone __________ □ 4
I am uneducated ________________________________ □ 5
Other reasons □ 6

_______________________________________________________________

7 ________________________________________

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

25 Are you receiving any unemployment benefit?
Yes ____ 1 } → Section F
No ______ □ 6

26. What is your reason for not seeking employment? Please mark a maximum of 3 answers.
You have disabilities and believe that it will be very difficult to find work ________ □ 1
You cannot work________________________________________ □ 2
They believe that they will not find work, not ever having sought it ______ □ 3
before __________ □ 4
They believe that they will not find work, having sought it before ______ □ 5
They do not believe that there will be any work available ______ □ 6
They are affected by an employment regulation process ________ □ 7
They do not know where to look to find work ________ □ 8
They are waiting for a season with more activity ________ □ 9
They are waiting on the results of previous applications ________ □ 10
They are waiting to begin their freelance activity again ________ □ 11
Due to family or personal reasons ___________________________ □ 12
They are undertaking studies or receiving training ____________________________ □ 13
They receive economic benefits ___________________________ □ 14
Due to retirement ___________________________ □ 15
They do not need to work ___________________________ □ 16
Other causes ___________________________ □ 17
F. Information relating to the level of studies completed and in progress.

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

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

   Level of studies completed _________ □

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

If level of studies completed, code 1 to 8 → please go to 3

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

   Diploma degree or Graduate degree 
   ............................................................................................................................................. □

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

   Yes _____ □ 1  
   No _____ □ 6 → P5

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

   Yes□ _____ 1  
   No _____ □ 6

5 Are you currently on a course?

   Yes □ _____ 1  
   No □ 6 → Section H

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

   Specific special education____________________________________________________________ □ 1  
   Compulsory secondary education________________________________________________________ □ 2  
   Social Guarantee Programme __________________________________________________________ □ 3  
   Intermediate cycles of professional training and the equivalent □ 4  
   Post-Secondary Education_____________________________________________________________ □ 5  
   Advanced cycles of professional training and the equivalent □ 6  
   University education______________________________________________________________ □ 7  
   None of the above _________________________________________________________________ □ 8

7. Are you undertaking any of the following studies, excluding the aforementioned?  
   **YES**  **NO**

   1. Occupational Professional Training Studies________________________________________ □ 1  □ 6  
   2. Other non-regulated studies lasting more than six months __________________________ □ 1  □ 6  
   3. Other non-regulated studies lasting six months or less ___________________________ □ 1  □ 6

**Interviewer:** Section..
G. Information relating to education and schooling

Persons aged 6 to 15 years old

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

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

Unschooled __________________________________________________ □ 1 → P4
Educated in a special education centre or classroom _______________ □ 2
Educated in centre Ordinary in system % of
and support specials. ______________________________________□ 3
Educated in an ordinary centre, without any type of personalised aid __ □ 4

2. What type of educational centre do you attend?

Public centre ______________ □ 1 → P4
Subsidised private centre ___ □ 2
Non-subsidised private centre ___ □ 3

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

Religious institution __________________________________________ □ 1
Disability sector association _________________________________ □ 2
Other institutions (co-operatives, private company institutions) ______ □ 3

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

Unschooled __________________________ □ 1
Less than one week _____________________ □ 2
One or more weeks, but less than a month _____ □ 3
Between one and three months __________________________ □ 4
Between three and six months __________________________ □ 5
Six months or more ______________________ □ 6

H. Information relating to discrimination

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

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

Never ______________ □ 1 → Section I.
Sometimes _____ □ 2
Often _____ □ 3
Constantly _____ □ 4

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

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

<table>
<thead>
<tr>
<th>Scopes/Situations</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In health care</td>
<td>□ 1</td>
<td>□ 6</td>
</tr>
<tr>
<td>2. In specialised support services</td>
<td>□ 1</td>
<td>□ 6</td>
</tr>
<tr>
<td>(associations, rehabilitation, early treatment, ...)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. In the school area or in training activities</td>
<td>□ 1</td>
<td>□ 6</td>
</tr>
<tr>
<td>4. In seeking employment</td>
<td>□ 1</td>
<td>□ 6</td>
</tr>
<tr>
<td>5. In the workplace</td>
<td>□ 1</td>
<td>□ 6</td>
</tr>
<tr>
<td>6. Transport and commutes</td>
<td>□ 1</td>
<td>□ 6</td>
</tr>
<tr>
<td>7. Public Administration</td>
<td>□ 1</td>
<td>□ 6</td>
</tr>
<tr>
<td>8. In deciding on their wealth</td>
<td>□ 1</td>
<td>□ 6</td>
</tr>
<tr>
<td>9. In hiring insurance</td>
<td>□ 1</td>
<td>□ 6</td>
</tr>
<tr>
<td>10. In participating in cultural, recreational</td>
<td>□ 1</td>
<td>□ 6</td>
</tr>
<tr>
<td>or leisure activities: museums, concerts,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>theatre, bars, discotheques, cinemas, tourism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. In social participation</td>
<td>□ 1</td>
<td>□ 6</td>
</tr>
<tr>
<td>12. In social relations</td>
<td>□ 1</td>
<td>□ 6</td>
</tr>
<tr>
<td>13. In another situation</td>
<td>□ 1</td>
<td>□ 6</td>
</tr>
</tbody>
</table>

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

Yes _______ □ 1
No _______ 6

I. Information relating to social networks and contacts

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

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

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

<table>
<thead>
<tr>
<th>Relationship</th>
<th>In the same domicile</th>
<th>In the same building</th>
<th>In the same neighbourhood or village</th>
<th>In the same city</th>
<th>Not in the same village or city, but in the same province</th>
<th>In a different province</th>
<th>In another country</th>
<th>Does not have any</th>
<th>NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A parent</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
<td>□ 8</td>
<td>□ 9</td>
</tr>
<tr>
<td>2. A son/daughter</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
<td>□ 8</td>
<td>□ 9</td>
</tr>
<tr>
<td>3. A sibling</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
<td>□ 8</td>
<td>□ 9</td>
</tr>
<tr>
<td>4. A grandchild</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
<td>□ 8</td>
<td>□ 9</td>
</tr>
<tr>
<td>5. A parent-in-law</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
<td>□ 8</td>
<td>□ 9</td>
</tr>
<tr>
<td>6. Another relative</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
<td>□ 8</td>
<td>□ 9</td>
</tr>
<tr>
<td>7. A friend, not a neighbour</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
<td>□ 8</td>
<td>□ 9</td>
</tr>
</tbody>
</table>
2. In the last twelve months, how often have you seen this series of persons?

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

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Every day or almost every day</th>
<th>Once or twice per week</th>
<th>Once or twice per month</th>
<th>Less frequently</th>
<th>Does not have any</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A parent</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>2. A son/daughter</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>3. A sibling</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>4. A grandchild</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>5. A parent-in-law</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>6. Another relative</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>7. A friend, not a neighbour</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Every day or almost every day</th>
<th>Once or twice per week</th>
<th>Once or twice per month</th>
<th>Less frequently</th>
<th>Does not have any</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A parent</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>2. A son/daughter</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>3. A sibling</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>4. A grandchild</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>5. A parent-in-law</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>6. Another relative</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>7. A friend, not a neighbour</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>None</th>
<th>Few</th>
<th>Many</th>
<th>Cannot do it</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Speak to persons you do not know</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
<tr>
<td>2. Relating with friends or persons who are close</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
<tr>
<td>3. Make new friends</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Activities to which you mostly dedicate your spare time</th>
<th>Activities that you would like to carry out for enjoyment or recreation that you do not already due to your disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Watch TV or DVD</td>
<td>☐ 1</td>
</tr>
<tr>
<td>2. Listening to the radio or to music</td>
<td>☐ 2</td>
</tr>
<tr>
<td>3. Read</td>
<td>☐ 3</td>
</tr>
</tbody>
</table>
4. Talk on the telephone with relatives or friends □4 □4
5. Physical exercise (sports, walks...) □5 □5
6. Surfing the Net □6 □6
7. Chat or send emails □7 □7
8. Attending classes or courses □8 □8
9. Hobbies, craftwork, handicrafts □9 □9
10. Visit relatives and friends □10 □10
11. Going shopping □11 □11
12. Attending sporting or cultural events □12 □12
13. Travelling □13 □13
14. Visit libraries or museums □14 □14
15. Other (please specify) □15 □15

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

Yes  □1
No  □6 → Section J

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

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

J. Information Relative service accessibility

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

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>□1</td>
<td>□6</td>
<td>□8</td>
</tr>
<tr>
<td>□1</td>
<td>□6</td>
<td>□8</td>
</tr>
<tr>
<td>□1</td>
<td>□6</td>
<td>□8</td>
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<td>□8</td>
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<td>□6</td>
<td>□8</td>
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<tr>
<td>□1</td>
<td>□6</td>
<td>□8</td>
</tr>
<tr>
<td>□1</td>
<td>□6</td>
<td>□8</td>
</tr>
</tbody>
</table>

8. In other places in their dwelling or building (garage, storage rooms, ...)
2. What type of transport do you use to get around town or the local area?.

1. Own adapted vehicle ___________________________ YES NO □ ☐ □ ☐
2. Private, non-adapted vehicle ___________________ □ ☐ □ ☐
3. Public transport (metro, bus, tram, commuter trains or taxi) __________ □ ☐ □ ☐
4. Special transport (ambulances, coaches, minibuses ) ___________ □ ☐ □ ☐
5. Another type of transport ________________________ □ ☐ □ ☐

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

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

a) Public transport:

1. In accessing stations, stops, platforms, interchanges ___________________________ YES NO □ ☐ □ ☐
2. In getting to the vehicle _____________________________________________________ □ ☐ □ ☐
3. In getting into or out of the vehicle ____________________________________________ □ ☐ □ ☐
4. Getting in the seat ___________________________________________________________ □ ☐ □ ☐
5. In paying for or making use of the transport pass (ticket, season ticket, ...) __________ □ ☐ □ ☐
6. In finding their bearings in stations, airports or ports ___________________________ □ ☐ □ ☐
7. In reading, interpreting or understanding the maps and signals _____________________ □ ☐ □ ☐
8. In deciding the itinerary (choosing interchanges, getting off at the right stop, ...) ___________________________ □ ☐ □ ☐

9. Other problems ____________________________________________________________

b) Private transport:

10. In getting to the vehicle ______________________________________________________ □ ☐ □ ☐
11. In getting into or out of the vehicle, or accessing the seat ________________________ □ ☐ □ ☐

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

1. In going up to or down from the sidewalk ________________________________________ YES NO □ ☐ □ ☐
2. In crossing the street _________________________________________________________ □ ☐ □ ☐
3. Overcoming obstacles on the pavement (wastepaper baskets, lampposts, bollards, narrowing of pavements, ...) or paving problems (slippery floor, potholes, ...) □ ☐ □ ☐
4. In identifying streets, intersections and signals ____________________________________ □ ☐ □ ☐
5. Other problems _____________________________________________________________

K. Information relating to health
1. How is your health in general?

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
<td>1</td>
</tr>
<tr>
<td>Good</td>
<td>2</td>
</tr>
<tr>
<td>Fair</td>
<td>3</td>
</tr>
<tr>
<td>Poor</td>
<td>4</td>
</tr>
<tr>
<td>Very poor</td>
<td>5</td>
</tr>
</tbody>
</table>

2. Do you have a chronic illness or complaint?

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Illness</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Asthma, chronic bronchitis or emphysema</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Myocardial infarction or other heart disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. High cholesterol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Cerebrovascular accident</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Arthritis, arthritis or rheumatic problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Back or neck pain (≠ option 6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Allergy (except allergic asthma)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Stomach ulcer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Cirrhosis or other liver disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Migraines or frequent headaches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Urinary incontinence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Chronic anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Chronic depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Another mental illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Permanent injury following an accident</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Another Chronic illness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>Does not</td>
<td>6</td>
</tr>
</tbody>
</table>

5. And specifically referring to the last accident that you have suffered (if you have suffered various during the last twelve months), where did it occur?
At home, stairs or foyer, ... □ 1
In the street or road and it was a traffic accident □ 2
In the street, but it was not a traffic accident □ 3
At work □ 4
In the place of study □ 5
At a sports facility □ 6
In a recreational or leisure area □ 7
Elsewhere □ 8

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

Yes □ 1
No □ 6

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

Yes □ 1
No □ 6

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

No. of hours per day □□□

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

Weight in kilos.: □□□

10. What is your approximate height, without shoes?

Height in cm: □□□

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

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

YES □ 1 → P2
No □ 6 → P8.b

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

Yes □ 1 → Order no. □□□ □□□ □□□ □□□
No □ 6
3. Does any person residing in the household and not employed within the household provide special care to?.

Yes _____  □ 1→ Order Nº  1 [ ] □ 2 Is he or she a social or health professional?  Yes □  Does not □  
not □  
3 □ □ Is he or she a social or health professional?  Yes □  Does not □  
No ______  □ 6

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

Yes __________ □ 1
No __________ □ 6 → P6

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

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

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

No. of hours_____ |___|___|

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

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

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

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

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

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

Yes __________________________ □ 1
No, it is insufficient ______________ □ 6

help from other persons □ 8 → Section

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

Yes □ 1
No □ 6 → Section M

9. Who do you believe should provide this assistance?

Social or health professional ________________________________ □ 1
Another person (family member, non-social or health staff) __________________________ □ 2
Both _____________________________________________________ □ 3

Thank you very much for your collaboration

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

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

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