

Survey on Disabilities, Impairments and State of Health Household Questionnaire

1. Identification of the section

| 1 |

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

2. Identification of dwelling and household

Dwelling order no. _____ ||

No. of the household within the dwelling ____ |

3. Identification of the informant

Name and order number of the informant ____ ||

4. Identification supplement

No. of persons in the household aged 6 years and over _____ ||

No. of persons in the household aged under 6 years _____ ||

Questionnaires on Disabilities and Impairments, **theoretical**: no. of individuals in the household aged 6 years who suffer from a disability of some kind _____ ||

Questionnaires on Limitations and Impairments, **theoretical**: no. of individuals in the household aged under 6 years who suffer from a limitation of some kind _____ ||

Questionnaires on Disabilities and Impairments, **collected** _____ ||

Questionnaires on Limitations and Impairments, **collected** _____ ||

Health Questionnaire (1 collected, 6 not collected) _____ |

Class, characteristics and purpose

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

Legislation

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

Obligation to provide data. This survey is part of the National Statistical Plan and, hence, pursuant to Act 13/1996, this questionnaire is, with the exception of sections 7, 8 and 9, compulsory. The statistical services shall be entitled to ask all national and foreign individuals or bodies corporate resident in Spain to provide data (Art. 10.1 of the LFEP).

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

5. Household composition

Interviewer: A household is considered to be formed by the group of persons who **usually occupy** the family dwelling and consume and/or share food or other goods **paid for out of a common budget**.

Therefore, if the dwelling is occupied by two or more groups of human beings with **separate budgets** (housing that is sublet or shared by groups of persons with separate economies), consider that **each** of these groups constitutes a **household** and start a new Household Questionnaire for each one.

5.1. Identification of present or absent household members

- Ask which persons, present or absent, **occupy** the dwelling with this household and list them in **column 1**. **Do not include any** internal employees or guests.
- Complete the **other columns** in this table for all the persons listed to determine whether or not they are household members.
- Before completing column 5, consult the rules on household member identification printed at the bottom of the table.

Column 1	Column 2	Column 3	Column 4	Column 5
Name	Do you live (or intend to live) in the dwelling with this household for most of the year?	Do you live in: 1. Another family dwelling and intend to return to the household. 2. In a collective establishment and intend to return to the household within a year. 3. In a collective establishment and do not intend to return to the household for at least a year	Do you have a share in the household budget?	Are you a member of the household? Consult the rules printed at the bottom of the table (1)
_____	YES <input type="checkbox"/> 1→ go to column 4 NO <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END
_____	YES <input type="checkbox"/> 1→ go to column 4 NO <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END
_____	YES <input type="checkbox"/> 1→ go to column 4 NO <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END
_____	YES <input type="checkbox"/> 1→ go to column 4 NO <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END
_____	YES <input type="checkbox"/> 1→ go to column 4 NO <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END
_____	YES <input type="checkbox"/> 1→ go to column 4 NO <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END

5.1. Identification of present or absent household members (continued)

Column 1	Column 2	Column 3	Column 4	Column 5
Name	Do you live (or intend to live) in the dwelling with this household for most of the year?	Do you live in: 1. Another family dwelling and intend to return to the household. 2. In a collective establishment and intend to return to the household within a year. 3. In a collective establishment and do not intend to return to the household for at least a year	Do you have a share in the household budget?	Are you a member of the household? Consult the rules printed at the bottom of the table (1)
_____	YES <input type="checkbox"/> 1 → go to column 4 NO <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END
_____	YES <input type="checkbox"/> 1 → go to column 4 NO <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END
_____	YES <input type="checkbox"/> 1 → go to column 4 NO <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END
_____	YES <input type="checkbox"/> 1 → go to column 4 NO <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END
_____	YES <input type="checkbox"/> 1 → go to column 4 NO <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 6 → END

(1) Rules for identifying household members

Column 2	Column 3	Column 4	Column 5
YES		YES	Member of the household
YES		NO	Not a member of the household
NO	1 or 2	YES	Member of the household
NO	3	YES	Not a member of the household
NO		NO	Not a member of the household

Column 2 **YES** and column 4 **NO** includes any persons incorrectly classified by mistake, as they are either members of another household within the dwelling or they are internal employees or resident guests.

Column 2 **NO**, column 3 code **1 or 2** and column 4 **YES** includes all the household members absent on educational, occupational grounds, etc.

Special case: Individuals who live in more than one household but in none for most of the year are considered **members** of the household in which they are resident at the time of the survey.

5.2. Identification of the principal earner

Tell me the name of the **household member** who **regularly contributes most to the household budget**.

If the person who pays in most to the budget were not to be a household member, specify the name of the member of the household who is the recipient of the financial transfers forwarded by the person who contributes most earnings.

Mr/Mrs. _____

5.3. Identification of resident internal employees and permanent guests

- Ask whether there are any **persons employed** by the household (domestics, carers, chauffeurs, etc.) resident or otherwise in the dwelling or under 6 (**5 or under**) **guests** and, if so, list these persons in **column 1**. If there are more than 5 (**6 or over**) guests resident in the household, do **not** list them in column 1.
- Complete columns 2, 3 and 4 of this table for the persons listed in column 1 to determine whether or not they are resident in the household.

Column 1	Column 2	Column 3	Column 4
Name	Are you: 1. Employed in the home (resident or otherwise) 2. A guest	For guests only, do you have a share in the budget of another household? (students, for example)	Do you live (or intend to live) in the dwelling with this household for most of the year?
_____	<input type="checkbox"/> 1 → go to column 4	YES <input type="checkbox"/> 1 → END	YES <input type="checkbox"/> 1 → resident person
_____	<input type="checkbox"/> 2	NO <input type="checkbox"/> 6	NO <input type="checkbox"/> 6 → END
_____	<input type="checkbox"/> 1 → go to column 4	YES <input type="checkbox"/> 1 → END	YES <input type="checkbox"/> 1 → resident person
_____	<input type="checkbox"/> 2	NO <input type="checkbox"/> 6	NO <input type="checkbox"/> 6 → END
_____	<input type="checkbox"/> 1 → go to column 4	YES <input type="checkbox"/> 1 → END	YES <input type="checkbox"/> 1 → resident person
_____	<input type="checkbox"/> 2	NO <input type="checkbox"/> 6	NO <input type="checkbox"/> 6 → END
_____	<input type="checkbox"/> 1 → go to column 4	YES <input type="checkbox"/> 1 → END	YES <input type="checkbox"/> 1 → resident person
_____	<input type="checkbox"/> 2	NO <input type="checkbox"/> 6	NO <input type="checkbox"/> 6 → END
_____	<input type="checkbox"/> 1 → go to column 4	YES <input type="checkbox"/> 1 → END	YES <input type="checkbox"/> 1 → resident person
_____	<input type="checkbox"/> 2	NO <input type="checkbox"/> 6	NO <input type="checkbox"/> 6 → END
_____	<input type="checkbox"/> 1 → go to column 4	YES <input type="checkbox"/> 1 → END	YES <input type="checkbox"/> 1 → resident person
_____	<input type="checkbox"/> 2	NO <input type="checkbox"/> 6	NO <input type="checkbox"/> 6 → END

5.4. Overview of the household composition and list of the number of guests (6 or over)

- Household composed of household members only _____ 1
- Household composed of household members, internal employees and/or guests (5 or under) _____ 2
- Household composed of household members, internal employees and/or guests (6 or over) who do not have a share in the budget of another household _____ 3 → no. of guests |_|

6. Particulars of the persons in the household: household members and other persons resident in the household

Interviewer: Copy the name of the persons who turned out to be **household members** (Table 5.1) or of other **persons resident in the household** (Table 5.3) from Section 5, always entering the **principal earner** (who should be allocated the order number 01) of the household first. Enter the particulars in this table for all the above person by person, that is, from top to bottom.

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Name and order no. of the household members and other persons resident in the household	Name _____ Order no. _ _	Name _____ Order no. _ _	Name _____ Order no. _ _	Name _____ Order no. _ _
1. Date of birth/age 1. Month _____ 2. Year _____ 3. Age _____	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
2. Sex 1. Male _____ 2. Female _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
3. Nationality 1. Spanish _____ 2. Foreign _____ Enter code (1)	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → _	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → _	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → _	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → _
4. Marital status 1. Single _____ 2. Married _____ 3. Widowed _____ 4. Legally separated _____ 5. Divorced _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 → go to 6 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 → go to 6 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 → go to 6 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 → go to 6 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
5. Are you living at present with a partner, although you are not married? 1. YES _____ 2. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
6. Relationship with the principal earner Enter code (2)	_ _	_ _	_ _	_ _
7. Interviewer: Is the person aged 10 years or over 1. YES _____ 2. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 6

(1) Foreign nationality codes

1. A European Union country
2. Another European country
3. Canada or the United States
4. Another American country
5. An Asian country
6. An African country
7. An Oceanian country

6. Particulars of the persons in the household: household members and other persons resident in the household

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Name _____ _____ Order no. [][]	Name _____ _____ Order no. [][]	Name _____ _____ Order no. [][]	Name _____ _____ Order no. [][]	Name _____ _____ Order no. [][]	Name _____ _____ Order no. [][]
[][] [][][][] [][]	[][] [][][][] [][]	[][] [][][][] [][]	[][] [][][][] [][]	[][] [][][][] [][]	[][] [][][][] [][]
<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
<input type="checkbox"/> 1 <input type="checkbox"/> 6 → []	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → []	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → []	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → []	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → []	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → []
<input type="checkbox"/> 1 <input type="checkbox"/> 2 → go to 6 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 → go to 6 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 → go to 6 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 → go to 6 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 → go to 6 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 → go to 6 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
[][]	[][]	[][]	[][]	[][]	[][]
<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 16	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 16	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 16	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 16	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 16	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 16

(2) Relationship codes

- | | |
|--|---|
| <ul style="list-style-type: none"> 01. Principal earner 02. Spouse or partner of the principal earner 03. Son/daughter of the principal earner and/or of his/her spouse or partner 04. Daughter-in-law/son-in-law of the principal earner and/or his/her spouse or partner 05. Mother or father of the principal earner 06. Mother or father of the spouse or partner of the principal earner 07. Brother/sister of the principal earner 08. Brother/sister of the spouse or partner of the principal earner | <ul style="list-style-type: none"> 09. Grandchild of the principal earner and/or his/her spouse or partner 10. Grandparent of the principal earner and/or his/her spouse or partner 11. Other relation of the principal earner 12. Other relation of the spouse or partner of the principal earner 13. Resident internal employees 14. Guests 15. Other relationship |
|--|---|

6. Particulars of the persons in the household: household members and other persons resident in the household (continued)

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Name and order no. of the household members and other persons resident in the household	Name _____ Order no. [][]	Name _____ Order no. [][]	Name _____ Order no. [][]	Name _____ Order no. [][]
<p>8. What is the highest level of general education and vocational training you have attained?</p> <p>1. Illiterate because of physical or mental problems _____ <input type="checkbox"/> 1] → go to</p> <p>2. Illiterate on other grounds_ <input type="checkbox"/> 2] 10</p> <p>3. Unschool ed _____ <input type="checkbox"/> 3</p> <p>4. Primary or equivalent education _____ <input type="checkbox"/> 4</p> <p>5. First stage of secondary level of General Education <input type="checkbox"/> 5</p> <p>6. Medium-grade vocational training cycle _____ <input type="checkbox"/> 6</p> <p>7. Second stage of secondary level of General Education <input type="checkbox"/> 7</p> <p>8. Higher grade vocational training cycle _____ <input type="checkbox"/> 8</p> <p>9. University education or equivalent _____ <input type="checkbox"/> 9</p>				
<p>9. At what type of institution were you schooled?</p> <p>1. Regular school without special help _____ <input type="checkbox"/> 1</p> <p>2. Regular school with special help _____ <input type="checkbox"/> 2</p> <p>3. Special education school _ <input type="checkbox"/> 3</p>				
<p>10. Interviewer: Is the person aged 16 or over?</p> <p>1. YES _____ <input type="checkbox"/> 1</p> <p>6. NO _____ <input type="checkbox"/> 6 → go to 16</p>				
<p>11. Have you ever taken an occupational training course?</p> <p>1. YES _____ <input type="checkbox"/> 1</p> <p>6. NO _____ <input type="checkbox"/> 6</p>				

6. Particulars of the persons in the household: household members and other persons resident in the household(continued)

| 0 |

Name _____ _____ Order no. [][]	Name _____ _____ Order no. [][]	Name _____ _____ Order no. [][]	Name _____ _____ Order no. [][]	Name _____ _____ Order no. [][]	Name _____ _____ Order no. [][]
<input type="checkbox"/> 1] → go to <input type="checkbox"/> 2] 10 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1] → go to <input type="checkbox"/> 2] 10 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1] → go to <input type="checkbox"/> 2] 10 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1] → go to <input type="checkbox"/> 2] 10 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1] → go to <input type="checkbox"/> 2] 10 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1] → go to <input type="checkbox"/> 2] 10 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 16	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 16	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 16	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 16	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 16	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 16
<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6

6. Particulars of the persons in the household: household members and other persons resident in the household(continued)

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Name and order no. of the household members and other persons resident in the household	Name _____ Order no. [][]	Name _____ Order no. [][]	Name _____ Order no. [][]	Name _____ Order no. [][]
<p>12. With regard to employment, which of the following situations were you in last week? (you can cross more than one option)</p> <p>1. Working _____ <input type="checkbox"/> 1</p> <p>2. Employed but on temporary leave _____ <input type="checkbox"/> 2</p> <p>3. Unemployed, seeking 1st job <input type="checkbox"/> 3</p> <p>4. Unemployed, having worked before _____ <input type="checkbox"/> 4</p> <p>5. Disabled for work _____ <input type="checkbox"/> 5</p> <p>6. In receipt of a contributory disablement pension _____ <input type="checkbox"/> 6</p> <p>7. In receipt of a non-contributory disablement pension _____ <input type="checkbox"/> 7</p> <p>8. Old-age pensioner or in receipt of a contributory retirement pension _____ <input type="checkbox"/> 8</p> <p>9. In education _____ <input type="checkbox"/> 9</p> <p>10. Housekeeping (not as paid employment) _____ <input type="checkbox"/> 10</p> <p>11. Doing unpaid social work <input type="checkbox"/> 11</p> <p>12. Other situation _____ <input type="checkbox"/> 12</p>				
<p>Interviewer: If options 1 or 2 have been completed (on their own or with other options), continue with question 13. If one or more of options 3 to 12 only have been completed, go to question 16.</p>				
<p>13. With regard to your main job last week, what is your professional status?</p> <p>1. Employer _____ <input type="checkbox"/> 1</p> <p>2. Business owner without employees or own-account worker _____ <input type="checkbox"/> 2</p> <p>3. Unpaid family worker _____ <input type="checkbox"/> 3</p> <p>4. Public sector employee _____ <input type="checkbox"/> 4</p> <p>5. Private sector employee _____ <input type="checkbox"/> 5</p>				
<p>14. With regard to your main job last week, what is your occupation, profession or trade? (consult card 1 and enter the respective code)</p> <p>_____</p>	[]	[]	[]	[]
<p>15. With regard to your main job last week, what is the economic activity of the establishment you are employed? (consult card 2 and enter the respective code)</p> <p>_____</p>	[]	[]	[]	[]

6. Particulars of the persons in the household: household members and other persons resident in the household (continued)

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Name _____	Name _____	Name _____	Name _____	Name _____	Name _____
Order no.	Order no.	Order no.	Order no.	Order no.	Order no.
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Particulars of the persons in the household: household members and other persons resident in the household (continued)

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Name and order no. of the household members and other persons resident in the household	Name		Name		Name		Name	
	Order no. [][]		Order no. [][]		Order no. [][]		Order no. [][]	
16. Of what type or types of health insurance are you a holder or beneficiary?	YES	NO	YES	NO	YES	NO	YES	NO
1. Social security scheme with health care provided by the National Health Service _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
2. Public mutual insurance company scheme (MUFACE, ISFAS, MUNPAL) with health care provided by the National Health Service _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
3. Public mutual insurance company (MUFACE, ISFAS, MUNPAL) with health care provided by the insurance company itself or under contract with private companies _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
4. Compulsory group membership mutual insurance company (ONCE, Telefónica, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
5. Private membership mutual insurance company or voluntary individual or group membership private health care institutions _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
6. Other forms of insurance based on the payment of regular fees giving entitlement to health care of some sort (regular fees, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
7. No contributory scheme whatsoever, with health care provided by the National Health Service _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
8. No contributory scheme whatsoever, with health care provided by a NGO _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
17. Do you regularly use health care services, payment of which is not covered by any medical insurance?								
1. YES _____	<input type="checkbox"/> 1		<input type="checkbox"/> 1		<input type="checkbox"/> 1		<input type="checkbox"/> 1	
6. NO _____	<input type="checkbox"/> 6		<input type="checkbox"/> 6		<input type="checkbox"/> 6		<input type="checkbox"/> 6	
18. Residential status								
1. Present _____	<input type="checkbox"/> 1		<input type="checkbox"/> 1		<input type="checkbox"/> 1		<input type="checkbox"/> 1	
6. Temporarily absent _____	<input type="checkbox"/> 6		<input type="checkbox"/> 6		<input type="checkbox"/> 6		<input type="checkbox"/> 6	
19. Does any person in the household have a handicap certificate issued by the National Social Services Institute or the respective Autonomous Community body as a result of suffering from a disability, problem or disease?								
1. YES _____	<input type="checkbox"/> 1		<input type="checkbox"/> 1		<input type="checkbox"/> 1		<input type="checkbox"/> 1	
6. NO _____	<input type="checkbox"/> 6		<input type="checkbox"/> 6		<input type="checkbox"/> 6		<input type="checkbox"/> 6	

6. Particulars of the persons in the household: household members and other persons resident in the household (continued)

0

Name _____		Name _____		Name _____		Name _____		Name _____		Name _____	
Order no.		Order no.		Order no.		Order no.		Order no.		Order no.	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6

7. Residence in particular collective establishments of persons in the household: household members and other persons resident in the household

Interviewer: This section is aimed at persons in the household, present or absent, who **have been** confined for at least 14 days in the last 12 months in any of the collective establishments listed at the bottom of the page or who **are confined at present** and the total confinement is expected to last at least 14 days.

7.1. Has any household member or other person resident in the household been confined to any of the listed collective establishments for at least 14 days in the last 12 months or is confined at present and the total confinement is expected to last at least 14 days?

Consult the list of collective establishments at the bottom of the page and read them to the informant.

YES _____ 1

NO _____ 6 → go to section 8

7.2. Characteristics of the confinements of household members and other persons resident in the household in particular collective establishments

- Consider each period of confinement separately and enter all the periods of confinement for each person, specifying the order number and other particulars requested.
- Complete column 4 for confinements that are over and column 5 for confinements that are not yet over

	1	2	3		4			5		
	Order no. of the person resident in the household	Establishment type (1)	Date of confinement		Total length of confinement (over) (2)			Expected length of the confinement (ongoing) (2)		
			year	month	years	months	days	years	months	days
1	□□	□	□□	□□	□□	□□	□□	□□	□□	□□
2	□□	□	□□	□□	□□	□□	□□	□□	□□	□□
3	□□	□	□□	□□	□□	□□	□□	□□	□□	□□
4	□□	□	□□	□□	□□	□□	□□	□□	□□	□□
5	□□	□	□□	□□	□□	□□	□□	□□	□□	□□

(1) Collective establishment type codes

1. Geriatric hospitals, hospitals for the chronically ill and other long-stay hospitals (except psychiatric hospitals)
2. Long-stay psychiatric hospitals
3. Institutions for the aged or elderly
4. Institutions for the persons with disabilities.
5. Other collective social assistance institutions: hostels for the destitute or for social outcasts; social assistance institutions for infants, children and adults, etc.

(2) Length of confinement

Complete the applicable boxes only: for confinements of over a month and under a year, complete the boxes for months only, and for confinements of under a month, fill in the boxes for days only.

8. Disabilities suffered at present by persons in the household aged 6 years and over: household members and other persons resident in the household

Interviewer: This section is aimed at identifying the disabilities suffered **at present** by persons in the household aged 6 years and over, provided that their **total duration** (time that the disability has been suffered and/or is expected to be suffered) is **over one year**. Also included are disabilities **overcome with the use of some sort of external aid** (hearing-aids, walking-sticks, crutches, oxygen, etc.), **except** sight disabilities (short-sightedness, astigmatism, etc.), which should not be included if they are overcome with the use of glasses or contact lenses.

For this purpose, explain to the informant that some people have limitations or severe or major difficulties (disabilities) in doing everyday activities, such as seeing, hearing, getting around, looking after themselves, etc., and **read the disabilities listed in the table below to him/her one by one and ask whether the persons in the household suffer from any of them.**

- Remember, when you complete the table, that a person should only be entered in the table if the total period of disablement (time that the disability has been suffered and/or is expected to be suffered) is **over 1 year**.
- Also remember that persons who, because they use an external technical aid, do not have difficulties or problems (for example, persons who are not hard of hearing when they carry a hearing-aid) but would have serious difficulties, if they did not have the use of the technical aid in question, **are considered to suffer from the disability** in question.
- If you find that one or more persons in the household suffer from a disability or disabilities (for example, 5.2, stand up, lie down, stay in a standing or sitting position), consult Card B and add the information required related to the identified problem (in this case, read the entire list of disabilities related to the **Mobility** problem) and, for each **disability suffered**, put a cross against **YES** and enter the **order number** of the person or persons who suffer from the disability in question. Otherwise, put a cross against **NO**.

Table of disabilities suffered at present by the persons in the household aged 6 years and over, whose total duration (time that the disability has been suffered and/or is expected to be suffered) is over 1 year.

Disabilities	Do you suffer from the disability?	
SEEING	Order number	
1.1. Blidness in both eyes _____	YES <input type="checkbox"/>	→ __ __ __ __ __
	NO <input type="checkbox"/>	
1.2. Disability for seeing in the far distance _____	YES <input type="checkbox"/>	→ __ __ __ __ __
	NO <input type="checkbox"/>	
1.3. Disability for seeing in the near distance and/or in detail _____	YES <input type="checkbox"/>	→ __ __ __ __ __
	NO <input type="checkbox"/>	
1.4. Another disabilities on seeing _____	YES <input type="checkbox"/>	→ __ __ __ __ __
	NO <input type="checkbox"/>	
HEARING		
2.1. Deaf persons _____	YES <input type="checkbox"/>	→ __ __ __ __ __
	NO <input type="checkbox"/>	
2.2. Disability for hearing strong sounds _____	YES <input type="checkbox"/>	→ __ __ __ __ __
	NO <input type="checkbox"/>	
2.3. Disability for hearing low sounds (like two persons speaking) _____	YES <input type="checkbox"/>	→ __ __ __ __ __
	NO <input type="checkbox"/>	
COMMUNICATION ACTIVITIES		
3.1. Communication on speech _____	YES <input type="checkbox"/>	→ __ __ __ __ __
	NO <input type="checkbox"/>	
3.2. Communication on alternative languages _____	YES <input type="checkbox"/>	→ __ __ __ __ __
	NO <input type="checkbox"/>	
3.3. Communication on non-verbal messages other than formal sign language _____	YES <input type="checkbox"/>	→ __ __ __ __ __
	NO <input type="checkbox"/>	
3.4. Communication on conventional written/reading _____	YES <input type="checkbox"/>	→ __ __ __ __ __
	NO <input type="checkbox"/>	

Table of disabilities suffered at present by the persons in the household aged 6 years and over, whose total duration (time that the disability has been suffered and/or is expected to be suffered) is over 1 year.
(Continued)

Disabilities	Do you suffer from the disability?	
LEARNING, APPLYING KNOWLEDGE, AND PERFORMING TASK		
4.1. Recognising persons, objects, and relationships in space and time _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	Order number → <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.2. Remembering recently/past acquired information and/or events _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.3. Comprehending and carrying out simple tasks _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.4. Comprehending and carrying out complex tasks _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MOVEMENT ACTIVITIES		
5.1. Mainting and changing body position (on lying down position) _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.2. Getting up, sitting down, and maintaining a standing or seated position _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.3. Moving around your own home _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MANIPULATING AND MOVING OBJECTS WITH ARMS AND HANDS		
6.1. Moving-transporting no heavy objects _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6.2. Using tools _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6.3. Manipulating small objects _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MOVING AROUND (EXCEPT IN OWN HOME) 7.1.		
7.1. Moving around without using transport _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7.2. Moving around using public transport _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7.3. Driving own car _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DAILY LIFE ACTIVITIES		
8.1. Washing oneself and care of body parts _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.2. Activities related to excretion _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.3. Dressing _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.4. Eating and drinking _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Table of disabilities suffered at present by the persons in the household aged 6 years and over, whose total duration (time that the disability has been suffered and/or is expected to be suffered) is over 1 year.
(Continued)

Disabilities	Do you suffer from the disability?
CARE OF NECESSITIES AND DOMESTIC ACTIVITIES	Order number
9.1. Procuring and taking care of daily necessities (including shopping and supervision of supplies and services) _____	YES <input type="checkbox"/> → NO <input type="checkbox"/>
9.2. Taking care of meals _____	YES <input type="checkbox"/> → NO <input type="checkbox"/>
9.3. Laundry and caring for clothes and footwear _____	YES <input type="checkbox"/> → NO <input type="checkbox"/>
9.4. Taking care of dwelling _____	YES <input type="checkbox"/> → NO <input type="checkbox"/>
9.5. Taking care of well-being of household members _____	YES <input type="checkbox"/> → NO <input type="checkbox"/>
INTERPERSONAL BEHAVIORS	
10.1. Mainting family relationships _____	YES <input type="checkbox"/> → NO <input type="checkbox"/>
10.2. Making new friends and maintaining relationships with friends _____	YES <input type="checkbox"/> → NO <input type="checkbox"/>
10.3. Interacting with persons in formal settings _____	YES <input type="checkbox"/> → NO <input type="checkbox"/>

8.1. Disabilities suffered at present by the persons in the household aged 6 years and over, whose total duration (time that the disability has been suffered and/or is expected to be suffered) is over 1 year.

Interviewer:

If **nobody** in the household suffers from any disability whatsoever (all the responses in the above table are NO), **go to section 9.**

If **one** or **more** persons in the household **DO** suffer from one or more disabilities, **copy** these disabilities **from the above table**, entering, for **each person** in the household, their order no. and the code or codes of the disability or disabilities suffered from right to left. For example, if a person suffers from the inability to travel on public transport, enter code 72 in the right-hand spaces. |_|Z|

1	2
Order no. of the person in the household	Codes of the disabilities from which you suffer
1 _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
2 _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
3 _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
4 _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
5 _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
6 _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
7 _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
8 _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
9 _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
10 _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

8.1. Disabilities suffered at present by the persons in the household aged 6 years and over, whose total duration (time that the disability has been suffered and/or is expected to be suffered) is over 1 year.

2 Codes of the disabilities from which you suffer								

9. Limitations or severe or major difficulties suffered at present by children in the household aged under 6 years

Interviewer: This section is aimed at identifying limitations or severe or major difficulties suffered by young children.

For this purpose, consult **Section 6. Particulars of the persons in the household: household members and other persons resident in the household**, and check whether there are any children aged under 6 years (0-5). If so, complete this section for each child. If there are no children aged under 6 years in the household, go to section 10.

9.1 Limitations or severe or major difficulties suffered at present by children aged under 6 years

Interviewer: Copy the name and order no. of the children in the household aged under 6 years (0-5) from **Section 6. Particulars of the persons in the household: household members and other persons resident in the household**. Consult Card C and complete the data in this table person by person, that is, from top to bottom, for all the above.

Minor's name and order no.	Name _____ Order no. [][]	Name _____ Order no. [][]	Name _____ Order no. [][]	Name _____ Order no. [][]
1. Compared with other children of the same age, is the child very behind in sitting, standing or starting to walk? (consult note 1) 1. YES _____ 2. NO _____ 3. Not applicable (1) _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2. Compared with other children, does the child have serious difficulties in seeing? 1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 4	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 4	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 4	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 4
3. Is the child blind? 1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
4. Do you have the impression that the child has difficulties in hearing? 1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6 → go to 6
5. Is the child deaf? 1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
6. Does the child have difficulties in moving his/her arms or have weak or stiff arms? 1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6

(1) Not applicable: This option is to be filled in when the child is under the usual age for doing the activity in question. Therefore, ask how old the child is and bear in mind that the ages considered normal for the listed activities are as follows:

- Sitting: 9 months
- Standing: 12 months
- Walking: 18 months

9.1 Limitations or severe or major difficulties suffered at present by children aged under 6 years
(continued)

Minor's name and order no.	Name _____ Order no. [][]	Name _____ Order no. [][]	Name _____ Order no. [][]	Name _____ Order no. [][]
7. Does the child have difficulties in walking or have weak or stiff legs? 1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
8. Does the child have occasional fits, his/her body stiffens or he/she losses consciousness? 1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
9. Does the child have difficulties in doing things like other children of the same age? 1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
10. Compared with other children of the same age, does the child give the impression of being slow or weak? 1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
11. For children aged over 2 years only. If you tell the child to do something, does the child have difficulty in understanding simple orders? 1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
12. For children aged from 2 to 3 years only. Does the child have difficulty in naming at least one object (for example, an animal, toy, cup, etc.)? 1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
13. For children aged from 3 to 5 years. Does the way the child speaks appear to differ from other children of the same age? (he/she does not speak clearly enough to be understood by strangers) 1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
14. Has the child been diagnosed by a physician (or psychologist) to suffer a serious problem or disease lasting over a year, for which he/she needs special care or services? 1. YES _____ 6. NO _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
Interviewer: Consider the minor surveyable , if the response to one or more of questions 1 to 14 was YES and not surveyable otherwise				
15. Is the child: Surveyable _____ Not surveyable _____	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6

10. Financial income of household members

Interviewer: This section is concerned **exclusively** with the regular income of **household members**. Do not, therefore, include the income of resident internal employees or permanent guests.

10.1. Are the household members at present in receipt of regular financial income from the listed sources?

	YES	NO
1. Self-employment _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
2. Employment _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
3. Contributory pensions (retirement, disablement, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
4. Non-contributory pensions (retirement, disablement, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
5. Unemployment allowances and benefits _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
6. Child benefits _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
7. Other regular social allowances and benefits (social adjustment wage, family allowances, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
8. Income from property and capital (rents, dividends, interests, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
9. Other regular income _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6

Interviewer: consult the responses to question 10.1

If all the responses are NO → go to section 11

If one response is YES → go to section 10.3

If more than one response is YES → go to section 10.2

10.2. Which is the principal source of the household's regular financial income?

Write the principal source of household income in the space reserved for the purpose and enter the number allocated to the aforesaid principal source under question 10.1. in the following box.

Principal source _____ |

10.3 What does total household income amount to per month, after totalling all the sources (if there are more than one) and deducting withholdings at source, social security contributions and other similar payments? Specify the income bracket.

- Enter the bracket for the **sum total** of all the net monthly incomes listed in question 10.1. You should calculate the **sum** of the regular income received at present by all the **household members**, irrespective of whether or not all or part of the income goes towards defraying household expenses.

- When you calculate the amount of these monthly incomes, bear in mind that:

- For income from **employment**, you must total the amount per month, the percentage of regular income that is **not paid on a monthly basis** (bonus pay, regular social benefits and other extraordinary income that is received on a regular basis).

- For income from **self-employment**, you must subtract deductible expenses from the monthly income.

Up to 44,000 Ptas. _____ 1

From 44,001 to 65,000 Ptas . _____ 2

From 65,001 to 130,000 Ptas. _____ 3

From 130,001 to 195,000 Ptas. _____ 4

From 195,001 to 260,000 Ptas. _____ 5

From 260,001 to 325,000 Ptas . _____ 6

From 325,001 to 390,000 Ptas . _____ 7

From 390,001 to 650,000 Ptas . _____ 8

Over 650,000 Ptas. _____ 9

11. Net extraordinary social benefits received by household members and allowances from the public social welfare system

Interviewer: This section is concerned with financial income from **extraordinary annual social benefits**, that is, income that is received by the household on a regular basis (birth and marriage allowances, indemnities, health care benefits, educational support other than grants, etc.) and also **financial allowances from the public social welfare system** paid to the household (assistance benefits for destitute or homeless families, emigrants, refugees, etc.)

Include **exclusively** net extraordinary benefits and allowances paid to **household members**, that is, do not include any received by resident internal employees or permanent guests.

11.1. Did the household receive any extraordinary annual social benefit or any allowance from the public social welfare system in 1998?

YES _____ 1

NO _____ 6 → END

11.2. What was the net annual amount of this income? (*if you do not know the exact amount, give an approximate figure*)

Interviewer: You should enter the **sum** of all the extraordinary social benefits received individually by each household member and allowances paid to the household.

Net annual amount _____ | | | | | | | |

Interviewer: When you have completed **all the questionnaires** on this household, do not forget that you have to enter the particulars printed in Section 4. **Identification supplement** on the cover of **this questionnaire**.

Observations

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