INSTITUTO NACIONAL DE ESTADISTICA

Disabilities, Independence and Dependency Situations Survey (DIDSS)

Methodology

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Index

1 Introduction

The importance of the research on the number, characteristics and situation of persons with disabilities counts on a clear consensus in our society.

The demographic changes experienced in recent decades in Spain have brought with them a noticeable ageing and growth process that is increasingly accelerated. Medical advances and the evolution of the welfare state have translated into a strong increase in life expectancy. The increase in longevity has also coincided with important social changes, obligating social and political institutions to adjust their objectives to the new reality, which requires more social protection. This lengthening of life should not be associated merely with an increase in persons with disabilities, although this is one of the most influential factors.

To this end, the obtaining of adequate basic information regarding the situation of persons with disabilities, will allow the persons responsible for planning social policy to re-order the current social and health structures, through the development of programmes that adapt to the needs of fundamental services. It is essential to indicate the importance of the information for the development of the current Law on the Promotion of Personal Independence and Service to Persons in a Situation of Dependency (LAAD), which was passed in December 2006. The LAAD is prepared as a new social protection modality that expands and complements the protecting action of the State and of the Social Security System. It is also necessary to have a global vision of the needs for aid and support of persons in a dependency situation.

The Survey on Disabilities, Impairments and Health Status (SDIHS-99), which the INE conducted in cooperation with the IMSERSO and the ONCE Foundation in the year 1999, has contributed significantly to giving answers to these questions.

This growing interest in the integration of persons with disabilities in their own social environment also extends to the international scope. Already in the year 1982, the General Assembly of the United Nations, in its thirtieth period of sessions, adopted the World Programme of Action concerning Disabled Persons. Its fundamental objective was to promote efficient measures for the prevention of disabilities and for rehabilitation, and for achieving the objectives of the equality and full participation of those persons with disabilities in social life and development.

As a result, the National Statistics Institute (INE), the State Secretariat for Social Services, Families and Disability (through the Directorate General for the Coordination of Sectoral Policy for Persons with Disabilities and the IMSERSO), the ONCE Foundation, through the signing of a Partnership Agreement, have shared work, knowledge and experience, in order to carry out the new statistical operation regarding Disability, Independence and Dependency Situations.

This statistical operation is based on the experience of the former Survey on Disabilities, Impairments and State of Health, carried out in 1999, adapted to the

current social and demographic conditions and instilled with the philosophy of the new International Classification of Functioning, Disability and Health (ICF).

2 DIDSS Working Group

In June of 2006, the INE, the IMSERSO and the Directorate General for the Coordination of Sectoral Policy for Disabilities agreed on the need and usefulness of carrying out a new disability survey that would provide the data necessary for the planning of prevention policies and social services, and that would provide statistical support for the Information System of the National System for the Autonomy of and Support for Dependent Persons.

As a result, the INE began the preparatory work for the new statistical operation, whose first stage, targeting households, was carried out during the November 2007 - February 2008 period. The second stage, aimed at persons resident in certain collective establishments, was carried out during the May-July 2008 period.

For the purpose of the objectives and the content of the Survey reflecting the real needs of those persons with disabilities, a multidisciplinary Working Group was created, in which technicians from the Ministry of Labour and Social Affairs participated, specifically from the IMSERSO and from the Directorate General for the Coordination of Sectoral Policy for Disabilities, representatives of the ONCE Foundation and the INE.

Subsequently, at the request of the ONCE Foundation, representatives from the CERMI (Spanish Committee of Representatives of Disabled Persons) and from the FEAPS (Spanish Confederation for Persons with Mental Retardation) were included in the Group.

Specific agreements of the DIDSS working group

Beginning with the contributions of the experts who participated in the Seminar, the Working Group began a round of 12 working sessions, whose first stage ended in February 2007, with the writing of a first draft of questionnaires of the DIDSSh-08. This first version of questionnaires was tested in the Pretest stage, and the results were analysed by the Working Group in two meetings (April-May), leading to the final version of the questionnaires, whose content includes the agreements arrived at by the Group. These can be summarised as:

Target study variables

Before listing the target study variables, it is necessary to make some methodological points:

Disability, according to the DIDSSh: Although the ICF includes within the term *disability* all of the impairments, limitations of activity and restrictions of participation, in the DIDSSh-08, the concept of disability is identified with **important** limitations to carrying out everyday activities that have lasted, or are expected to last, more than one year, and whose origin is an impairment.

As was previously indicated, in the ICF, it is difficult to distinguish between "activities" and "participation", and therefore, the classification provides a single list of activities/participation, and leaves the decision to the user, depending on her/his own operative criteria, of differentiating between the two concepts. Along these lines, the decision made in the DIDSSh-08 has been to consider those activities relating to the first seven chapters of the nine in which the ICF groups the "Activities and Participation" component.

The two chapters that are not included correspond to "Main areas of life" (relating to activities necessary for participating in education, work, employment and economic activities) and "Community, social and civic life" (relating to activities for participating in the areas of free time and leisure, religious activities, political life and citizenship, etc.).

However, DIDSSh-08 has studied participation in these activities, through a group of questions targeting persons with disabilities, regarding their relationship with economic activity, education and social networks and contacts.

Once the importance limitations of activity are detected, it has verified, through the degree of severity of each one of the limitations indicated, whether said indications, for the purposes of DIDSSh, fulfilled the disability criterion (important limitations of activity), or did not due so due to being moderate or mild limitations. In this case, it is not considered disability.

As regards impairments, which the ICF includes under the umbrella term of disability, they are also a study target, but with one restriction: it only studies those impairments that have caused a limitation of the activity of the person.

Target study variables:

- Disabilities in persons 6 years of age and over, and limitations in children 0 to 5 years old.
- Characteristics of the disabilities and limitations: severity, technical aid and personal assistance, impairments, causes of impairments, age at beginning of disability / limitation and of impairment. Among the disabilities studied are those related to basic everyday activities, which are taken into consideration to recognise the right to assistance that the law foresees. In this way, the survey, though not providing the number of dependent persons according to the criterion of the law, does allow for establishing a bridge or nexus between the subjective perception and the objective measurement of the phenomenon.
- Relationship between persons with disabilities and the labour market and education; conditions of the dwelling and accessibility; characteristics of the carers; social, health and economic benefits; social networks and contacts; discrimination; private expenditure of households as a result of the disability and general health.

Classification variables

Age, sex, kinship relationships (with the household reference person and with the persons who have some disability), country of birth, nationality, marital status and cohabitation situation, level of studies completed, certificate of handicap (>=33%), relationship with economic activity, professional situation, occupation, activity in the company and province of residence.

Differences in the formulation of disabilities (persons aged 6 years old and over) in SDIHS-99 (based on the ICIDH) and in DIDSS-h 08 (based on the ICF)

Although the formulation of disabilities of the SDIHS-99 already bore in mind the draft of the ICF, there are some differences with regard to the formulation of DIDSSh-08. The main differences have been:

1. Detection of persons with disabilities. SDIHS-99 detected persons with some disability by asking directly "if they had some kind of disability". DIDSSh-08 asks about limitations of activity, as is proposed by the ICF, to measure the negative aspects of the "activities and participation" component. Subsequently, through the degree of severity indicated by the person interviewed for each one of the limitations s/he has marked, it has been possible to verify if said limitations, for the purposes of DIDSSh, fulfilled the disability criterion: important limitations in activity or they did not fulfil it, due to being moderate or mild limitations. In this case, it is not considered disability.

2. Structure

- The groups of disabilities (important limitations) considered practically coincide with those recognised in the SDIHS-99, although the DIDSSh-08 will use, as possible, the ICF terminology to name them.

- As regards the disabilities that comprise each of the groups, the coincidence with the SDIHS-99 is not so evident. Some SDIHS-99 disabilities have been split according to ICF criteria, and new ones have been included on considering them of interest.

- Remaining are those relating to vision and hearing, such as in the SDIHS-99, assuming that the ICF breaks with this, since in these cases, which is really asked is the impairment, and not the disability.

- The number of disabilities has risen from 36 to 44. The DIDSSh-08 disability groups have been the following:

DIDSSh-08	ICF Chapter (Activities and Participation)	SDIHS-99
1. Vision	Body function (visual functions)	1. Sight
2. Hearing	Body function (auditory functions)	2. Hear
3. Communication	3. *Communication*	3. Communicate
4. Learning and application of knowledge and development of tasks	Part of chapter 1. *Learning and application of knowledge* and part of chapter 2. *Tasks and general requests*	4. Learn, apply knowledge and develop tasks (only mental functions)
5. Mobility	4. *Mobility*	5. Get around 6. Use arms and hands 7. Get around outside the home
6. Self-care	5. *Self-care*	8. Care for oneself
7. Home life	6. *Home life*	9. Perform housework
8. Interactions and interpersonal relationships	7. *Interactions and interpersonal relationships*	10. Relate to other persons

Differences between limitations (children 0 to 5 years old) in SDIHS-99 and DIDSSh-08

After analysing the instrument for evaluating dependency from 0 to 3 years of age and the VINELAND questionnaire (scale that measures the social maturity of children), it was observed that both could serve as a complement, but they were not valid as a pattern for the objectives of DIDSSh-08. Therefore, the group agreed to continue with the scheme of the SDIHS-99, though it also decided to improve the wording of some of the questions, clarifying them according to the objectives, adding a reference age according to the criteria of the aforementioned instruments, and including or splitting up questions to complete the previous list of limitations.

Differences between impairments in DIDSSh-08 and the ICF

Some of the impairments considered in SDIHS-99 (paraplegia, tetraplegia, ...) correspond to illnesses, and therefore, do not appear in the ICF as a function or as a structure. Bearing in mind that the fundamental target study variable in this

survey is disability; that the associating movements need impairment data based on the previous classification, since the most common questions are of the following type: How many deaf persons are there in Spain?, How many blind persons?, How many persons have an amputated limb?, etc.; and finally, given the importance of continuing the series begun with the SDIHS-99, the Working Group considered that, in matters of impairments, they should not require the application of the ICF.

Gender focus

To consider the perspective of gender in policy design regarding disability is essential in advancing towards the equality of opportunity between men and women. This focus considers the different opportunities and needs that men and women have, not only due to their biological differences, but also because of the specific roles that they play in society, according to social and cultural patterns.

To this end, the Group has agreed to include in the survey a group of variables (relationship with economic activity, education, discrimination, social networks and contacts, social and health services, carers, etc.) that allow for adequately reflecting the situations of equality or inequality due to gender.

Regarding the relationship with economic activity of persons with disabilities, it has studied just what this relationship is, if due to the disability, they have had to modify it or have had to change occupation, if they have ever worked the type of working day, form of access to employment, type of contract, reason for stopping working, time unemployed, whether they are looking for a job, type of job search, main reason why they believe they will not find work, reason why they are not looking for work. If the persons are not incorporated in the labour market, but carry out or have carried out unpaid work, especially in the area of housework, it is studied whether, faced with disabilities, they have had to stop carrying out certain tasks-work important or necessary for the household economy and which affect their social role (hanging the laundry, doing the grocery shopping, cooking, sewing, etc.).

Regarding education, it has studied whether they were undertaking some type of studies, and what they were, as well as the degree of school integration.

It also includes a section regarding discrimination due to disability.

The information regarding social networks and contacts can determine gender differences through questions such as free time activities that they carry out and activities that they would like to participate in but cannot.

The questions regarding health and social services reflect potential gender inequalities in the access to said services.

Finally, it deals with the subject of carers, allowing for ascertaining the role of women as informal caregivers and the consequences of providing this care on aspects of their family life, work life, or free and leisure time. Some of these carers also have disabilities. This group has been asked about the number of hours they spend providing care, the consequences that this activity of

caregiving has on their health (for example, the persons feel depressed or tired, etc.),); they have also been asked about the consequences on professional aspects (they had to leave their work, problems with their work schedule, they had to reduce their working day, etc.)); or about the consequences on leisure, free time or family life (they have not been able to have children, or form a family, they have problems with their partner, cannot go on holiday, etc.).).

3 DIDSS-08 Pretest

Given that the DIDSSh-08 included numerous innovations in its content, it has been essential to carry out an assessment process of the initial questionnaires, consistent not only in traditional quantitative field studies, as a pilot study, but also in qualitative studies, such as those known as "in-depth tests". It is convenient to use both methodologies in carrying out the pretest of the questionnaires, since each of them offers different and important information for increasing the quality of the questionnaires.

Therefore, the Pretest of the DIDSSh-08 has incorporated two strategies (pilot study and in-depth tests). The objective has been to obtain the greatest quantity and variety of evidence regarding the foreseeable functioning of the compiled questionnaires.

Among the innovations incorporated in the DIDSSh-08, there were three facts that could effect, in an important way, the comparability with the previous SDIHS-99. The first was the change in the conceptual framework (ICF): in the DIDSSh-08, the disabilities have been adapted to the ICF (they have gone from 36 disabilities in the SDIHS-99 to 44 in DIDSSh-08), and the formulation of the questions has been modified.

The second referred to the fact that the detection of the disabilities was done in the household questionnaire, and therefore, the person who provided the data regarding the persons who had some disability was an indirect informant or *proxy* (it was also done this way in the SDIHS-99), whereas in the disabilities questionnaire, this information was confirmed by the person with disabilities her/himself (in the SDISH-99, it was not confirmed, but rather, the answer of the *proxy* was accepted).

And the third responded to the recent passing of the LAAD. This had been in force for several months when the field work was performed, which could have led persons without disabilities to claim to have them, or persons with mild disabilities to claim a greater severity than the real severity, on being more sensitised by the media pressure accompanying the LAAD.

For these reasons, both the pilot study and the in-depth tests have been centred in the section on the detection of disabilities.

Pilot study

As a first strategy used in the test of the questionnaires, a pilot study has been carried out, aimed at a sample of approximately 2,000 persons, with the purpose of measuring whether the new formulation of the disabilities led to an excess of "false positives". For this, two alternative versions of the module on the detection of disabilities have been tested, one of the SDISH-99 formulation, and the other with the DIDSSh-08 (ICF) formulation.

The pilot study, carried out in April-May 2007, has also allowed us to adjust the times needed to carry out the work in each section, depending on the rate of "positive" answers obtained.

In-depth tests

The in-depth tests have been carried out in cooperation with the University of Granada, in March and April 2007, in Madrid and in the Behavioural Observation Laboratory of the University of Granada.

The objective of the cognitive pretest procedures is to provide evidence that optimises the quality of the information provided by the questionnaires. The recommendations and proposals come from the evidence regarding the "question-and-answer process" of the surveyed persons to the questions provided by said procedures. The content of this evidence refers both to the cognitive process and to those "elements" of social interaction that are characteristic of the interview situation. Therefore, this is not only a matter of controlling possible sources of errors in measurement due to defects in the phrasing of the questions, the design of the questionnaire, etc., plus the possible interactions among them, but also of obtaining information regarding the expectations of the surveyed persons, the role taken on during the interview, the anticipated consequences of the assessment, etc., that might introduce errors of measurement in the desired interpretation of the answers.

The cognitive pretest procedures have been applied to the section of the detection of disabilities.

The "cognitive pretest" label groups a whole set of specific procedures, which in the case of the DIDSSh-08 questionnaire, are:

I. Behavioural encoding: The behavioural indicators registered during the interaction between the interviewer and the interviewee allow for identifying "problematic" questions. This also allows for registered errors in the format of the task, instructions for the registration of the answers, time of execution, etc.

II. Cognitive interviews: These provide direct evidence regarding the development of the phases of the "question-and-answer" process implemented by the interviewees: errors of comprehension, recovery in the memory of the required information, mistakes in the compilation, and incongruencies in the communication, of the answer.

III. Discussion groups with "surveyable persons": Perspective and contents of the "role" of survey participants; knowledge and comprehension of the most

general concepts; attributes regarding the objective and purpose of it; attitudes and degree of implication, etc.

It was decided to use these three procedures, focusing on the objectives of the pretest and the administrative method of the final survey: personal interview with print questionnaires.

On the other hand, given the importance and complexity that the detection of the disabilities was for the Survey, special attention has been paid in the pretest of the design of said questions, the compilation of adequate introductions, and application procedure, etc. From there onwards, we have the need to obtain evidence regarding their functioning in the context of a survey study.

The total number of participants in the cognitive interviews has been 50 persons: 10 from the general population, 20 persons with disabilities and 20 relatives of the persons with disabilities.

The selection of the participants has been done with a profile defined by the variables of sex, age (between 16 and 70 years old) and level of studies. In addition to these criteria, all of the participants were selected in such a way that, by their situation, they could be "surveyed" in the DIDSSh-08 (functional level of Spanish, etc.).

The number of participants in the discussion groups has been 24, distributed in three groups with eight persons in each. The first group was made up of the main carers, the second of the persons without disabilities and the third of the persons with some disability.

4 The DIDSSh-08 survey

1 Objectives

The overall objective of the Survey is to fulfil the demand for information for the National System for the Autonomy of and Support for Dependent Persons (SAAD), providing a statistical base allowing for guiding the promotion of personal autonomy and the prevention of situations of dependency.

Specific objectives:

1. To estimate the number of persons with disabilities who resided in Spain in family dwellings, as well as their geographical distribution.

2. To ascertain the limitations of activity and the restrictions of participation in the everyday situations of the persons, as well as the severity of said limitations.

3. To ascertain the characteristics of persons with disabilities and in a situation of dependency.

4. To identify the different types of impairments that cause the limitations.

5. To ascertain the causes that have generated said impairments.

6. To evaluate the equality of opportunity / discrimination of persons with disabilities in the areas of labour, education, recreation, mobility, etc.

7. To identify the needs and demands for assistance, as well as the aid that they receive and its characteristics. To ascertain the use of technical help, special adaptations (in the household, the workplace, etc.), personal care, etc.

8. To carry out the analysis of the disability from the perspective of gender.

2 Study focus

The need for updated information on persons with disabilities is evident, not only because dependency has taken on the dimension of a first magnitude social problem, but also because the concept of disability has changed.

The ICIDH of 1980 has been reviewed in depth, and in the year 2001, the WHO published the second classification: **International Classification of Functioning, Disability and Health (ICF)**. *Disability* is considered to be an umbrella term encompassing impairments, disabilities (now limitations of activity) and handicaps (now restrictions of participation), and introduces another crucial difference regarding the previous ICIDH: the ICF expands the concept of health, by incorporating environmental factors (physical, social and attitudinal environment in which the persons live and carry out their lives).

The main objective of this classification is to provide a common and standardised language and a conceptual framework for the description of health and the states related to health. This is to say, the ICF has gone from a classification of the consequences of illness, to a classification of the components of health.

Among its applications is its use as a statistical tool in the collection of population survey data. In this sense, at the end of the year 2006, the Popular Parliamentary Group in the Congress presented a non-Law Proposition regarding the future Survey on Disability, Independence and Dependency Situations, for debate in the Non-Permanent Commission for Integral Policy on Disability. In the presentation of reasons, the need was expressed for the data collection system

of the new survey and its results to be as coherent as possible with the parameters of the ICF.

In turn, there are several international projects whose objective is the development of disability questionnaires, based on the ICF. For example, the Washington Group for the Measurement of Disability, promoted by the United Nations, has been working for years on the definition of a *general measurement of disability* to include in censuses or surveys, and will continue with the development of an *extended measurement of disability* for specific surveys.

The part of the ICF that deals with *functioning and disability* has two components:

- *Functions of the systems and structures of the body*

  The *functions of the body* are those physiological functions of the systems of the body. The *structures of the body* are those anatomical parts thereof.

  Impairments are problems with these functions or structures.

- *Activities and participation*

  Activity is the performance of a task on the part of an individual.

  Participation is the act of becoming involved in a vital situation.

  Limitation of activity is the difficulty that a person has, on an individual level, in the intent / carrying out of an activity.

  Restriction of participation is the difficulty that a person may have on becoming involved in a situation from a social perspective.

  The ICF includes, under the global concept of ***disability***, all of the impairments, limitations of activity and restrictions of participation. However, the Classification itself indicates that it is difficult to distinguish between "activities" and "participation", and likewise, between "individual" and "social". Because of this, it provides a single list of activities/participation, and leaves the decision to the user, depending on his/her own operative criteria, of differentiating between activities and participation.

Basic clarifications

1. Beginning with the basis that a disability is defined as any important limitation to carrying out an activity, which lasts or is expected to last more than one year, and whose origin is an impairment, it must be considered that persons, in general, are able to carry out endless activities, but for the purposes of this Survey, only a limited number of these activities were collected (the most basic and common activities).

Therefore, if a person did not have enough difficulty in carrying out any of the 44 activities appearing in the survey (without external technical assistance or personal help), s/he was considered to be a person without disabilities.

2. The purpose of this group of disabilities is to determine whether a person, due to a health problem or a disability, has difficulties in carrying out (even hypothetically) certain tasks, even if in practice, and due to other conditioning factors outside of the health field, s/he has never carried them out.

This would be the case, for example, of the Disability to carry out household chores, of certain elderly men. Sometimes, situations are presented in which the person her/himself, and even her/his relatives, does not consider the possibility of being able to have this disability, given that mainly due to cultural factors, the person has never carried out these tasks. Nonetheless, the concept of disability centres on the idea of impairment as the possible origin of disability, that is, it tries to analyse whether the person is able to carry out a certain activity, irregardless of whether s/he actually practices it or not.

3. It is also necessary to bear in mind that disabilities might not appear alone, but rather, an individual person may have two or more disabilities that may be independent of others (being caused by different impairments), or they may have their origin in a single impairment. For the purposes of this Survey, all of the disabilities occurring in each individual person were collected.

@ Each disability may only be caused by an impairment. The means of determining which impairment is the most adequate in each individual case was specified with objective and comprehensive norms.

4. Apparently important impairments, as could be the case of a very noticeable limp, might, in fact, not severely limit the behaviour of a person, and conversely, and therefore, the Survey clearly indicated that it only included the disability when the interviewee her/himself considered that the impairment was severely limiting some if her/his activities. It was thus based on the subjective perception of the person her/himself, of her/his situation.

@A disability was the target of study, depending on the time or permanence thereof, considering specifically those that had lasted or were expected to last more than one year. This Survey was therefore not interested in those passing limitations that could be due to a clearly resolvable situation, as could be the case of a limitation caused by a broken leg or the like.

In any case, we must point out that certain disabilities caused by certain disorders (for example: schizophrenia, depression, labyrinthine vertigo, etc.) usually appear repeatedly in the life of the individual, in determined periods known as crises. They were considered disabilities so long as the sum of these crisis periods was greater than one year, given that the duration requirement did not necessarily imply that the disability had to be continuous over time.

5. All of the disabilities of the persons were studied, even if they were overcome with the use of some type of technical aid. In this sense, it is important to point out that the study only considered to be disabilities those that were managed

through the use of external technical aid (crutches, wheelchairs, prostheses that substitute for an extremity, hearing aids, oxygen, catheters, etc.), excluding those others that had been managed through the use of internal technical aid (pacemakers, intra-ocular cataract lenses, articular knee prostheses, cardiac valves, cerebral decompression valves, nails, etc.).

Thus, for example, a person who, with the help of a pacemaker, did not have any type of difficulty in carrying out the everyday activities studied, that is, who had managed the disability with the use of the pacemaker (internal technical aid), was not considered to have a disability. Now, if this person, who had a pacemaker implanted, was limited in carrying out any of the activities, even with the use of this internal technical aid, then s/he was considered to have a disability.

Conversely, a person who, with the use of a wheelchair or an orthopaedic leg (external technical aid) did not have any type of difficulty in carrying out the activities studied, was considered to have a disability.

An exception was made in the case of visual disabilities: this only included the disabilities that remained with the use of glasses or lenses, and not those that had been managed with the use of these technical aids, even though they were external.

6. Regarding the differences based on age, two age groups were considered. The first group was comprised of persons 0 to 5 years old, and the second group was comprised of persons 6 years old and over.

For the first group, that is, for children under 6 years of age, the detailed study of disabilities was not used, given the difficulty of their detection. They did, however, study possible limitations that may have been detected in the children at this age.

• In conclusion, for each person interviewed, all of the disabilities that had lasted or were expected to last more than one year, and whose origin was an impairment, were included, determining a single impairment for each disability. It was also considered that a person had a disability, even if it was overcome with the use of external technical aid, only in the case of disability to see if there would be an exception, granted that the use of glasses or contact lenses is very generalised, recognising only the disabilities that subsisted with the use of glasses or contact lenses.

5.4 Survey stages

Having defined the concept of disability, which is the starting point of the research, we have proposed the carrying out of the DIDSSh-08 study in three phases, identified with the following questionnaires: one Household Questionnaire, two individual questionnaires (Disability Questionnaire for

persons 6 years old or over and Limitation Questionnaire for children 0 to 5 years old) and a Questionnaire aimed at those persons who are the main carers.

First phase. Household Questionnaire

In the first phase, we have tried to include all of the persons of the household interviewed who had some disability. To this end, we have gone to the reference person of the household, her/his spouse or partner, or another person who was in the household at the time, and who was sufficiently informed, to ask a series of questions aimed at determining the disabilities of each person resident in the household, where the disability was shown in terms that were comprehensible for persons of any cultural level.

In this first phase, information was also requested regarding the type of household and composition thereof, regarding the regularly monthly household income level and extraordinary social benefits.

Likewise, information was requested of all of the residents of the household regarding age, sex, kinship relationships - with the reference person of the household and with the persons who had some disability - , country of birth, nationality, marital status and cohabitation situation, level of studies completed, certificate of handicap (>=33%), relationship with economic activity, professional situation, occupation, activity of the company and province of residence.

It ended with a section regarding the conditions and accessibility of the dwelling, and other regarding private household expenditure due to the disability.

Second phase

A. Disability Questionnaire (Persons 6 years old or over).

This second phase aimed at interviewing persons 6 years old and over where were the target of study, that is, who presented some disability. Therefore, a questionnaire of Disabilities was given to each one of the persons 6 years old or over who had stated, in the household questionnaire, that they had some disability.

This questionnaire was to be answered, whenever possible, by the target person of the interview. In this case, the completion of the questionnaire was begun, verifying the disabilities that the informant of the household questionnaire had marked. Next, they were asked about the characteristics of the disabilities: degree of severity of each disability, age at the beginning of the disability, impairment that caused each one of them, and whether they received supervision or personal assistance, or used some external technical aid.

For each disability, only one impairment was considered. Therefore, when the same disability could be caused by more than one impairment, or when it was difficult to ascertain the true origin of the disability, at the time of collecting this information, certain guidelines, which will be explained later, were followed.

Once the disabilities caused by the same impairment were determined for each person, and starting from this point, they were asked about the problem that

caused said impairment, and the age at which it began. Likewise, information was requested regarding a set of diagnosed illnesses; whether the disabilities forced the person to observe bedrest; regarding the degree of satisfaction with the technical and/or personal aid received; personal care; changes of residence due to disabilities; belonging to non-governmental organisations; health and social benefits, if they had received or were receiving some type of economic benefit.

In order to analyse the degree of social integration of the group of persons with disabilities, a section was introduced regarding changes in economic activity as a result of the disability, and data regarding the current economic activity. Likewise, it was studied whether the persons who were not incorporated into the labour force had had to leave certain tasks-jobs that were important or necessary for their household economy, as a result of the disability. More specific information was also required regarding the level of studies completed, studies currently undertaken and school integration.

It also included sections regarding discrimination, social networks and contacts, accessibility and overall health.

B. Limitation Questionnaire (Children 0 to 5 years old).

This questionnaire was aimed at the population of children under 6 years of age who had some target limitation of study of the Survey.

A Limitation questionnaire was opened for each child under 6 years of age, who in the household questionnaire appeared as having some limitation of those studied, and this questionnaire was to be answered by the parents or guardians of the child.

As with the Disability Questionnaire, information was requested regarding limitations; the impairments that had caused them (in the case of children under 6 years of age, the list of impairments is not as comprehensive as those considered in persons 6 years old and over, due to reasons of statistical significance). They were also asked about the severity, the technical aid and personal assistance (received and not received), the age at the beginning of the limitation and of the impairment. This studied the main cause of the impairments, the age and the beginning of them and the diagnosed illnesses.

Lastly, it obtained information regarding changes of residence due to some limitation of the child; belonging to non-government organisations and regarding health, social and economic benefits.

Third phase. Main Carer Questionnaire

A specific questionnaire was introduced regarding the characteristics of the persons who were carers, and which was to be answered, whenever possible, by the main carer. The goal was to obtain information on the demographic and social characteristics of the main carers; on the degree of professionalisation, the time dedicated and the type of care, regarding the difficulties in providing the care, their state of health, and professional, family or leisure aspects that they had to dispense with in order to dedicate themselves to providing care.

4 Scope of investigation

Population scope

The research has targeted the set of persons who resided in main family dwellings. When a single dwelling was comprised of two or more households, the study included all of them, but independently for each household.

Geographical scope

The Survey has been carried out throughout the entire country.

Time scope

The information collection period has covered four months, from October 2007 to February 2008.

5 Sample design

Type of sampling

A stratified two-stage sampling has been used. The first-stage units are the census sections. The second-stage units are the main family dwellings. No sub-sampling at all has been performed within them, studying all of the households and persons with their regular residence therein.

The framework for the sample selection has been the framework of areas made of up the listing of census sections existing with reference to 1 April 2007. In the case of the second-stage units, we have used the listing of main family dwellings in each of the sections selected for the sample.

In each province, an independent sample has been designed to represent it, on one of the objectives of the survey being to provide data with this breakdown level.

Stratification

Two types of municipality have been considered in compiling the strata:

Self-represented municipalities Those municipalities that, given their category within the province, should always have sections in the sample.

Self-represented municipalities are:

-The provincial capital

-Municipalities with a noteworthy demographic situation within the province

Co-represented municipalities Those municipalities that, within the province, are a part of a group of demographically similar municipalities, and are represented in common.

In agreement with this classification, the **strata** considered are as follows:

Stratum 1. Provincial capital municipality

Stratum 2. Self-represented municipalities, important as compared with the capital.

Stratum 3. Other self-represented municipalities, important as compared with the capital or municipalities with more than 100,000 inhabitants.

Stratum 4. Municipalities with between 50,000 and 100,000 inhabitants.

Stratum 5. Municipalities with between 20,000 and 50,000 inhabitants.

Stratum 6. Municipalities with between 10,000 and 20,000 inhabitants.

Stratum 7. Municipalities with between 5,000 and 10,000 inhabitants.

Stratum 8. Municipalities with between 2,000 and 5,000 inhabitants.

Stratum 9. Municipalities with fewer than 2,000 inhabitants.

It must be considered that, given the different distribution of sizes of the municipalities in the provinces, it has not been possible to carry out a uniform stratification for all of them. For example, the province of Lugo has only 16 municipalities with fewer than 2,000 inhabitants, and therefore, theoretical strata 8 and 9 have been grouped into stratum 8, which contains those municipalities with fewer than 5,000 inhabitants. Nonetheless, whenever possible, we have tried to carry out a uniform stratification for all of the provinces belonging to the same Autonomous Community.

Sample size. Allocation and time distribution

In order to cover the objectives of the survey, to provide estimates with a given degree of reliability on national, Autonomous Community and provincial levels, and bearing in mind the precision of the results obtained in the previous disability questionnaire carried out in 1999, we have determined an initial sample size of 88,725 dwellings, distributed among 3,550 census sections, with **25** being the number of dwellings interviewed in each section.

Beginning with the previous size, and so as to meet the needs of some Autonomous Communities of obtaining more broken-down data, the size was increased to reach a final sample size of 96,075 dwellings, distributed among **3,843 sections**.

For the distribution of the sample of sections between provinces, we have considered the need of providing estimates with an acceptable precision in each and every one of them, regardless of their size, and at the same time maintaining the reliability of the estimates on a national level. In this sample distribution study, with the previously mentioned objectives, the information provided by the last disability survey of 1999 has proven extremely useful. Specifically, we have analysed the provincial estimates of the number of persons with disabilities, and the precision obtained in terms of variation coefficient, correcting on one direction or the other the sample allocation, depending on this information.

In this way, part of the sample has been assigned to each province, uniformly, and the rest proportional to its size, measured by the population residing therein.

The distribution by strata, within each province, has been carried out proportionally to the population size of the stratum.

The distribution of the sample of sections by province and stratum has been as follows:

Chart 1. Distribution by stratum of the sample of sections

Province	1	2	3	4	5	6	7	8	9	Total
01. Álava	37						9			49
02. Albacete	20				12		3	7	7	49
03. Alicante	19	13		21	24	13	9	3	3	105
04. Almería	24			19	6	11	6	11		77
05. Ávila	15						15		19	49
06. Badajoz	12			4	7	5	10	10	8	56
07. Baleares	29				23	13	6	6		77
08. Barcelona	67		47	34	31	20	15	7	3	224
09. Burgos	23				10		4		12	49
10. Cáceres	13				5	6	6	9	17	56
11. Cádiz	13	20	10	40	16	10	10			119
12. Castellón	17				21	4	5	4	5	56
13. Ciudad Real	8	6			10	13	8	5	6	56
14. Córdoba	36				21	8	11	12		91
15. La Coruña	17			12	15	10	16	7		77
16. Cuenca	12					11		6	20	49
17. Girona	7				17	8	9	8	7	56
18. Granada	28			6	8	19	11	11	8	91
19. Guadalajara	18				6		13		12	49
20. Guipúzcoa	15			5	9	15	6	6		56
21. Huelva	24				32		7	14		77
22. Huesca	14					17	5	27		63
23. Jaén	15	8			16	13	9	16		77
24. León	15	8			6		13		14	56
25. Lleida	18					7	8	8	15	56
26. La Rioja	27				9		6	7	7	56
27. Lugo	13					9	7	20		49
28. Madrid	129		45	32	17	8	14			245
29. Málaga	48			38	21	5	14			126

30. Murcia	30	15		10	23	14	6			98
31. Navarra	29				9	27		47		112
32. Ourense	16					6	6	11	10	49
33. Asturias	15	19		6	12	14	5	6		77
34. Palencia	23						8	18		49
35. Las Palmas	29			15	13	15	5			77
36. Pontevedra	6	22			13	16	7	6		70
37. Salamanca	22					6	6		15	49
38. Sª Cruz Tenerife	18	11		25		11	8	4		77
39. Cantabria	20	6			7	10	5	9	6	63
40. Segovia	17						7	7	18	49
41. Sevilla	58			15	30	17	13	7		140
42. Soria	20						12		17	49
43. Tarragona	10	8			12	7	6	7	6	56
44. Teruel	15					21			27	63
45. Toledo	7	8				9	7	16	9	56
46. Valencia	39			13	29	15	9	8	6	119
47. Valladolid	35				4		9		8	56
48. Vizcaya	24	6		6	19	8	7	7		77
49. Zamora	16					7		26		49
50. Zaragoza	50				5		8		7	70
51. Ceuta	21									21
52. Melilla	21									21
Total	1277	150	102	301	518	431	389	383	292	3843

Within each section, and for the purpose of attaining a greater representation of the children under six years of age with disabilities, we have encouraged, in the sample, the presence of dwellings in which, according to register data, there is a child, rather than being strictly proportional.

Sample of **3,843** sections	Dwellings with a child under 6 years of age	Dwellings without a child under 6 years of age	Total
Strictly proportional distribution	11,618	84,457	96,075
Sampling distribution encouraging the presence of children under 6 years of age in the sample	15,090	80,895	96,075

Due to this non-proportional distribution, the sample of dwellings is not self-weighted within each stratum, granted that those dwellings in which there is a

child will have a greater probability of belonging to the sample. This fact has been considered in the construction of the estimators.

The time distribution of the sample has been carried out as homogeneously as possible, bearing in mind the availability of interviewers in the different provinces. The summary of this distribution, by province and week, appears in the following table:

Chart II. Distribution, by week, of the sample of sections

Province/Week	1	2	3	4	5	6	7	8	Total
01. Álava	7	7	6	5	6	6	6	6	49
02. Albacete	7	6	6	5	6	6	7	6	49
03. Alicante	15	13	13	12	13	13	13	13	105
04. Almería	11	10	10	8	10	10	9	9	77
05. Ávila	7	7	6	5	6	6	6	6	49
06. Badajoz	8	7	7	6	7	7	7	7	56
07. Baleares	10	10	10	9	9	9	10	10	77
08. Barcelona	28	28	28	28	28	28	28	28	224
09. Burgos	7	7	6	5	6	6	6	6	49
10. Cáceres	8	7	7	6	7	7	7	7	56
11. Cádiz	17	14	16	13	15	14	15	15	119
12. Castellón	8	7	7	6	7	7	7	7	56
13. Ciudad Real	8	7	7	6	7	7	7	7	56
14. Córdoba	12	12	11	10	11	11	12	12	91
15. La Coruña	10	10	10	9	9	9	10	10	77
16. Cuenca	7	7	6	5	6	6	6	6	49
17. Girona	8	7	7	6	7	7	7	7	56
18. Granada	12	12	11	10	12	12	11	11	91
19. Guadalajara	7	6	7	5	6	6	6	6	49
20. Guipúzcoa	8	7	7	6	7	7	7	7	56
21. Huelva	12	10	10	8	9	9	9	10	77
22. Huesca	9	8	8	7	8	8	8	7	63
23. Jaén	10	10	9	8	10	10	10	10	77
24. León	8	7	7	6	7	7	7	7	56
25. Lleida	8	7	7	6	7	7	7	7	56
26. La Rioja	8	7	7	6	7	7	7	7	56
27. Lugo	7	6	6	5	6	7	6	6	49
28. Madrid	32	31	31	29	30	30	31	31	245
29. Málaga	17	15	16	15	16	15	16	16	126
30. Murcia	13	13	12	12	12	12	12	12	98
31. Navarra	15	14	14	13	14	14	14	14	112
32. Ourense	7	6	6	5	7	6	6	6	49
33. Asturias	11	10	10	8	9	9	10	10	77
34. Palencia	7	6	7	5	6	6	6	6	49
35. Las Palmas	11	10	10	9	10	9	9	9	77
36. Pontevedra	10	9	9	8	8	8	9	9	70
37. Salamanca	7	7	6	5	6	6	6	6	49
38. Sª Cruz Tenerife	11	10	9	8	9	10	10	10	77
39. Cantabria	9	8	8	7	7	8	8	8	63
40. Segovia	7	6	6	5	7	6	6	6	49

41. Sevilla	19	17	18	15	17	18	18	18	140
42. Soria	7	6	6	5	6	6	6	7	49
43. Tarragona	8	7	7	6	7	7	7	7	56
44. Teruel	9	7	8	7	8	8	8	8	63
45. Toledo	8	7	7	6	7	7	7	7	56
46. Valencia	15	15	15	14	15	15	15	15	119
47. Valladolid	8	7	7	6	7	7	7	7	56
48. Vizcaya	10	10	10	9	9	9	10	10	77
49. Zamora	7	6	6	5	6	6	7	6	49
50. Zaragoza	10	9	9	8	8	8	9	9	70
51. Ceuta	3	3	3	3	2	2	3	2	21
52. Melilla	3	2	3	3	2	2	3	3	21
Total	531	487	485	427	474	473	484	482	3843

Sample selection

The sections have been selected within each stratum with a probability proportional to their size. The dwellings, in each section, with the same probability via random start systematic sampling

Estimators

In order to estimate the main characteristics studied in the survey, we have used ratio estimators to which calibration techniques are applied.

The estimators have been calculated on a provincial level

The final estimator is obtained in several steps:

1.- Estimator based on the sample design

The probability of belonging to the sample of a dwelling i in section S of stratum h is given by:

$$P(V_{ish}^t) = \frac{n_h V_s}{V_h} \cdot \frac{m_s^t}{V_s^t}$$

where:

n_h: Number of sample sections in stratum h.

V_s: Dwellings in section S of stratum h

V_h: Dwellings in stratum h.

m_s^t: Theoretical dwellings of the sample in section S and that belong to group t. Super-index t refers to whether the dwellings has children or not. (t=1 indicates that it is a dwelling with children, and t=2 indicates without children)

V_s^t: Dwellings of group t in section S.

To achieve the objectives of the survey, we have increased the sample of dwellings with children by 30% with regard to the number of dwellings that would have corresponded in a proportional distribution. Therefore,

$$m_s^1 = 1{,}3 \cdot 25 \cdot \frac{V_s^1}{V_s} \text{ y } m_s^2 = 25 - 1{,}3 \cdot 25 \cdot \frac{V_s^1}{V_s}$$

Due to the above, the sample of dwellings is not self-weighted on a stratum level.

The elevation factor from the sampling design for dwelling i of group t has the following expression:

$$f_i^t = \frac{V_h \cdot V_s^t}{n_h \cdot V_s \cdot m_s^t}$$

All of the dwellings of group t in the stratum have the same elevation factor.

2.- Correction of non-response

The classes used in the correction of non-response have been, within each province, the crossing of stratum, group to which the dwelling belongs and size of the dwelling.

The sizes considered have been:
Dwellings from group t=1 (dwellings with children): 1, 2, 3 and more persons
Dwellings from group t=2 (dwellings without children): 3 persons or fewer, and more than 3 persons
The corrected elevation factor for a dwelling of class C has the following expression:

$$k_{i,c}^t = f_i^t \cdot \frac{\sum_c^{m_s^t} f_i^t}{\sum_c^{m_{(e)s}^t} f_i^t}$$

The sum of the numerator extends to all of the dwellings of the theoretical sample of class C, and the sum of the denominator extends to all of the dwellings of the effective sample of class C.

The estimator of characteristic X in province P shall be:

$$\hat{X}_P = \sum_t \sum_c \sum_i k_{i,c}^t \; x_{i,c}^t$$

In which $x_{i,c}^t$ the total persons in dwelling i of class C and of group t that has characteristic X

3.- Calibrated estimator.

The final estimator is obtained by adjusting the previous factor for balancing the sample to the population, by age group and sex, that is, finding a new weight $d_{i,c}^t$ in such a way that the following is checked:

$$\hat{P}_{(es)} = \sum_t \sum_c \sum_i d_{i,c}^t \cdot p_{i,c(es)}^t = P_{(es)}$$

where:

$\hat{P}_{(es)}$ =Estimated total persons who belong to age and sex group (s) in province P. Five-year age groups have been used.

$P_{(es)}$ = Demographic projection of the group (s) population in province P.

$p_{i,c(es)}^t$ =Total persons in the sample in dwelling i, class C and group t that belong to the age group and sex (es).

This calibration has been carried out by means of the CALMAR framework of the French National Statistics and Economic Studies Institute (INSEE).

Sample errors

For the estimating of sampling errors, the **Jackknife method** has been used, allowing for obtaining the estimate of the variance of the estimator of characteristic Y through the expression:

$$\hat{v}\left(\hat{X}\right) = \sum_h \frac{n_h - 1}{n_h} \sum_{i \in h} \left(\hat{X}_{(ih)} - \hat{X}\right)^2$$

where $\hat{X}_{(ih)}$ the estimation of characteristic X, obtained by removing section i from stratum h, and n_h is the number of sections assigned in stratum h.

To obtain the estimator, and for simplicity's sake, rather than recalculating the elevation factors, the stratum factors are multiplied where the sections have been removed by the factor: $\frac{n_h}{n_h - 1}$.

In accordance with the above:

$$\hat{X}_{(ih)} = \sum_{j \neq h} F_j x_j + \sum_{\substack{j \in h \\ j \neq ih}} F_j \frac{n_h}{n_h - 1} x_j$$

The relative sampling error is published in the tables as a percentage, variation coefficient, whose expression is:

$$C\hat{V}\left(\hat{X}\right) = \frac{\sqrt{\hat{V}\left(\hat{X}\right)}}{\hat{X}} \cdot 100$$

The sampling error facilitates obtaining the confidence interval, within which, the real value of the estimated characteristic is found with a certain probability.

Sampling theory determines that, in the interval between

$$\left(\hat{X} - 1{,}96\sqrt{\hat{V}\left(\hat{X}\right)} \quad , \quad \hat{X} + 1{,}96\sqrt{\hat{V}\left(\hat{X}\right)}\right)$$

there is 95 percent confidence in finding the real value of parameter X.

Thus, for example, the estimated total persons between 6 and 64 years old, with some disability caused by a mental impairment was 324,200, with a relative sampling error of 3.13 percent. This implies that there is a high degree of confidence, in terms of a probability of 95 percent, of which true total is between the values of 304,311 and 344,089.

6 Collection of the information

Collection system

The period of time during which the information was collected lasted 4 months (November 2007 - February 2008).

The information collection method has been the personal interview, which could be complemented, when necessary and in exceptional cases, via telephone interview.

The interviewers visited the dwellings in order to conduct the interviews and complete the questionnaires, according to the previously assigned work quota. In each centre, the visits necessary were made to obtain the required information, completing the interview with telephone calls in those cases in which it was necessary to complete omitted data or correct erroneous data.

Basic units

- *Family dwelling*

  A family dwelling is considered to be any room or set of rooms and their outbuildings which occupy a building or a structurally separated part of the same and that, by the way in which they have been constructed, reconstructed or transformed, are destined to be inhabited by one or several households, and on the date of the interview are not used totally for other purposes. This definition includes:

  Fixed dwellings: areas which do not respond totally to the definition of family dwelling, due to their being semi-permanent (huts or cabins), improvised with waste material such as tins and boxes (huts or shacks), or not having been conceived at the beginning for residential purposes, nor reformed to be used for these purposes (stables, mills, garages, storage units, caves, natural refuges), but which, nevertheless, constitute the main and habitual residence of one or more households.

  Dwellings of a family nature existing within collective dwellings, so long as they are for the managing, administrative or service personnel of the collective establishment.

- *Household.*

  A household is defined as a person or group of persons who habitually reside in a family dwelling, and share food or other goods paid for within the same budget. Also considered members of the household are those employed persons resident in the same, and fixed guests resident in the household. If two or more human groups with different budgets reside in the dwelling, each of them comprises a household.

Included in this definition are private households that take root in collective dwellings, as long as they have autonomy in spending with regard to the group household.

- *Members of the household.*

The conditions established to determine whether or not a person is a member of the household, try to avoid the possibility of the same person being classified in more than one household, or on the contrary, not being classified in any household.

A person is considered to be a *member of the household* when s/he resides or plans to reside habitually in the household during the reference period of the survey (between 1 November 2007 and 29 February 2008).

Also considered to be members of the household are those persons who:

- Do not reside habitually in the surveyed dwelling, residing in a collective establishment, but plan to return to the household to reside therein before the end of the reference period.

- Are guests and persons employed in the household who reside therein.

A person considered to be employed in the household is any person who renders domestic services to the household, in exchange for previously stipulated payment in cash or in kind (such as chauffeurs, maids, domestic staff, carers, etc.).

A guest is any person who shares food with the household and/or inhabits the dwelling, providing a previously stipulated monetary payment for the household, with the household seeking profitable aims as a result of her/his stay.

Two different situations must be distinguished as regards guests:

- If a household resides habitually in the dwelling, as well as five or a smaller number (5 or fewer) of guests, each of said guests should be included therein.

- If a household resides habitually in the dwelling, as well as more than five guests (6 or more), the latter should not be considered belonging to the interviewed household, and therefore, the survey should not be conducted for any of these guests.

If the employed person or guest does not habitually reside, nor plans to reside, in the household for most of the reference period, s/he should not be considered a part of the household for the purposes of this survey.

If the employed person or guest does habitually reside, or plans to reside, in the household for most of the reference period, then s/he is considered an employed person resident in the household or a fixed guest.

- Persons who reside in different dwellings successively, but during the residence period, have resided in the surveyed dwelling longer than in any other family dwelling, or plan to reside in the surveyed dwelling for all or the longest part of the period (in case they have constituted a new household due to marriage or emancipation).

In agreement with this definition, it should be observed that:

Members of the household are considered to be those persons, of any age, who meet the established conditions, including newborns.

Members of the household may be present in, or temporarily absent from, the surveyed dwelling.

- *Collective establishment*

A collective establishment is a dwelling or building designed to be inhabited by a group of persons who do not constitute a household, subjected to a common authority or scheme, or linked by personal objectives or interests (hospital establishments, boarding schools, institutions for the elderly or for persons with disabilities, military establishments, etc.). This also includes all types of accommodation establishments.

- *Household reference person.*

The household reference person is considered to be that person who, habitually residing in that household, is the person who periodically provides the most to the household budget.

If the household reference person who provides the greatest income is not a member of the same according to the aforementioned definition, s/he cannot be considered the reference person, and therefore, the reference person will be that member of the household in whose name the monetary transfers from the person providing the greatest interest are made. In the case that the person receiving the transfers is underage, the reference person will be the member of the household who is responsible for the minor.

Incidences in the sample and treatment

Incidences are considered to be the different situations that interviewers may come across during their work in a section selected for the survey.

There are three types:

1.- Incidences concerning dwellings

2.- Incidences concerning households

3.- Incidences concerning persons

- *Incidences concerning dwellings*

Every dwelling, in accordance with the situation in which it is found, is classified as:

- Surveyable dwelling

  That which is used all of most of the year as a regular residence. Considering a dwelling as surveyable is the step prior to conducting the interview.

- Empty dwelling

  The dwelling selected is uninhabited due to death or because the persons who lived there have changed addresses, it is in ruins or it is a temporary dwelling.

- Unlocatable dwelling

  The dwelling cannot be located at the address that appears on the list of selected dwellings, either because the address is wrong or because the dwelling no longer exists, or for other reasons.

- Dwelling intended for other purposes

  The dwelling selected is used completely for purposes other than a family residence, due to an error in the selection or because its purpose has changed, and therefore it does not form part of the population under study.

- Inaccessible dwelling

  That which cannot be accessed to conduct the interview, due to climate causes, floods, etc., or geographical causes, when there are no transitable routes to reach it.

- Previously selected dwelling

  This takes place when a dwelling that has previously been selected (less than five years prior) in any other survey is selected once again.

- *Incidences concerning households*

Once the selected dwelling has been located, and it has been confirmed that it is a family dwelling, that is, a surveyable dwelling, as a result of the first contact with the household, the following cases may occur:

- Household surveyed

  This is considered to be the household hat agrees to provide the information and from which the completed Household Questionnaire is obtained.

  In each household, one Household Questionnaire must be completed, and if possible, the corresponding Disability and Limitation questionnaires, in accordance with the number of persons 6 years old and over or under 6 years of age, respectively, who have some disability or limitation, and the corresponding Main carer questionnaires, in accordance with the number of

persons who, having disabilities or limitations, receive assistance from another person.

- Household not surveyed

The household does not participate in the survey due to one of the following circumstances:

Refusal: This occurs when an entire household, or the person(s) that can complete the Household Questionnaire refuse(s) to participate in the survey.

This incidence may take place at the time of the first contact with the household, or after the first contact, when for some reason, the household refuses to facilitate the Household Questionnaire.

Nevertheless, those households that, without having refused to participate, do not provide, in the Household Questionnaire, the data corresponding to sections B (except column 6: date of birth), D and/or E (Disabilities and/or Limitations), are also considered to be refusals.

Absence: This incidence occurs when all of the members of the household are absent, and will continue to be so during the period of time in which the fieldwork in the section is to last.

Inability to respond: This incidence takes place when all of the members of the household are unable to respond to the household questionnaire, due to disability or illness, lack of knowledge of the language or some other circumstance.

- *Incidences concerning persons*

These may occur in persons who must complete the *Disability Questionnaire*, the *Limitation Questionnaire* and the Main carer *questionnaire*.

This type of incidence does not cause the household to be considered not surveyed. For a household to be considered surveyed, it is enough to have filled out the *Household Questionnaire* completely.

Incidences concerning persons occur when, due to any of the aforementioned causes in the households, that is, refusal, absence or inability to respond, the corresponding questionnaire is not completed.

Given that the last two are a reason for a proxy interview, they should only be considered an incidence covering persons when a *proxy* response is not obtained during the time that the work in the section *elapses.* The Disability and/or Limitation questionnaires may be answered by another person in only four exceptional cases. When it is the Main carer questionnaire, the information may be provided by another, well-informed person, in only three exceptional cases.

Treatment of the incidences

- Incidences concerning dwellings

Empty or unlocatable dwellings or dwellings intended for other purposes are replaced by other dwellings in the same section.

Unavailable or inaccessible dwellings may only be replaced if the cause of the inaccessibility disappears during the time in which the work in the municipality lasts.

In the case of the dwellings previously selected in another Population Survey, when this situation is detected before the fieldwork, the dwelling will be replaced by the first available valid reserve dwelling without having to be visited, assigning it the incidence of PS (previously selected).

In case the previous collaboration is not detected prior to the fieldwork, but rather, during the visit itself to the dwelling, there will be two possible treatments:

- If the human group that inhabits the dwelling accepts participating in the survey, the interview will be conducted normally, considering, in this case, that the dwelling is surveyable and the household is surveyed.
- If the human group does not accept participating, the dwelling is replaced by the first available valid reserve dwelling, assigned it the PS incidence.

- Incidences concerning households

Those households that have refused to participate are subject to replacement, following the same norms as in the case of incidences concerning dwellings.

Once this situation of absence has been checked, the dwelling should be replaced following the rules given in the section on incidents concerning dwellings.

If the household is unable to respond, there is also a case for replacement.

These treatments are applicable to both original dwellings and replacement dwellings. The number of replacement dwellings per section is 20.

- Incidences concerning persons

Incidences concerning persons, as they are not a reason for replacing the household, are accepted as such and receive no treatment at all.

Questionnaires

- *Household Questionnaire*

The Household Questionnaire is a document designed for the purpose of recording those persons in the household who have some type of disability, as well as collecting information on socio-demographic characteristics of all of the members of the household, and of certain aspects regarding the surveyed household, with the household therefore being the observation unit.

The information collection method for this questionnaire is the personal interview, completed where necessary by means of a telephone interview.

As a general rule, the informant of the Household Questionnaire should be a person who is sufficiently informed, as s/he must provide different data on the members of the household. Given that the questionnaire requests information on all members of the household regarding fundamental socio-demographic variables, as a general rule, the informant should be the household reference person, or failing this, her/his spouse or partner, father or mother, brother/sister or son/daughter (depending on age), another relative or another member of the household not linked to the reference person by kinship bonds, in this last case, choosing that person who has resided the longest therein.

- *Disability Questionnaire (Persons 6 years old and over).*

The questionnaire is designed for the purpose of collecting information on the disabilities of the persons resident in the household aged 6 years old and over, the characteristics of these disabilities, the aid that they have requested, as well as other relevant data in the study of persons with disabilities.

A Disability Questionnaire is completed for each one of the persons aged 6 years old and over who have stated, in the Household Questionnaire, that they have some kind of disability.

The method of information collection is the personal interview for the target person of study. The person who should answer is the target person of the interview. However, the response of another person (spouse or partner, mother, father, son, daughter, carer, etc.) is admitted in the following cases: inability to respond due to illness, absence during the entire time in which the work in the section is carried out, or language difficulties. If the person is under 18 years of age, this questionnaire should be answered by the father, mother, guardian or another person in the household who is sufficiently informed.

- *Limitation Questionnaire (Persons 0 to 5 years of age).*

This questionnaire is designed for the purpose of collecting information similar to the former, in this case referring to the limitations of children under 6 years of age.

The information collection method is the personal interview of parents or guardians.

- *Main Carer Questionnaire*

This questionnaire is designed for the purpose of collecting information regarding the characteristics of the main carers. The goal is to obtain information on the demographic and social characteristics of carers, and

another series of data relevant to the study, regarding the situations of both persons with disabilities and carers.

A *Main carer* questionnaire is filled out for each of the persons who have stated that they have some type of disability (aged 6 years old and over) or some limitation (0 to 5 years of age) and who receive aid from another person.

The information collection method is the personal interview of the target person of study - the main carer - . In exceptional cases, the information may be collected by telephone.

The person who should answer is the target person of the interview. However, a response from another person who is sufficiently informed is admitted, in the following cases: long-term absence, night-time carer or language difficulties.

7 Fundamental characteristics under study; disabilities, impairments and limitations

7.1 *Disability (persons aged 6 years old and over)*

For the purposes of the Survey, disability is understood to be any important limitation to carrying out everyday activities, that has lasted or is expected to last more than one year, and that is caused by an impairment. A person is considered to be disabled, even if the disability is overcome with the use of external technical assistance or with the assistance or supervision of another person.

The following disability categories are considered (the names of the disabilities listed below correspond to ICF language, whereas the wording used in the questionnaires is adapted to colloquial language, in such a way that it is comprehensible to any person):

1.- Vision
- 1.1.- Perceiving any image
- 1.2.- Detail visual tasks
- 1.3.- Overall visual tasks
- 1.4.- Other vision problems

2.- Hearing
- 2.1.- Receiving any sound
- 2.2.- Hearing loud sounds
- 2.3.- Hearing speech

3.- Communication
- 3.1.- Producing spoken messages

3.2.- Receiving spoken messages
3.3.- Communication of written messages
3.4.- Communication of messages through gestures, signs or symbols
3.5.- Holding a conversation (only cognitive or intellectual problems)
3.6.- Communication through devices and communication techniques

4.- Learning and application of knowledge and development of tasks(only problems of a cognitive or intellectual nature)
4.1.- Intentional use of the senses (watching, listening, etc.)
4.2.- Basic learning (reading, writing, counting, etc.)
4.3.- Undertaking simple tasks
4.4.- Undertaking complex tasks

5.- Mobility
5.1.- Changing basic body postures
5.2.- Maintaining the position of the body
5.3- Getting around inside the home
5.4.- Getting around outside the home
5.5.- Getting around via passenger transport
5.6.- Driving vehicles
5.7.- Picking up and carrying objects
5.8.- Moving objects with the upper limbs
5.9.- Fine hand use

6.- Self-care
6.1.- Washing oneself
6.2.- Caring for body parts
6.3.- Toileting related to urination
6.4.- Toileting related to defecation
6.5.- Toileting related to menstruation
6.6.- Dressing and undressing
6.7.- Eating and drinking
6.8.- Looking after one's health: following medical prescriptions
6.9.- Looking after one's health: avoiding dangerous situations

7.- Home life
7.1.- Acquisition of goods and services
7.2.- Preparation of meals
7.3.- Doing housework

8.- Interpersonal interactions and relationships
8.1.- Basic interpersonal interactions
8.2.- Relating with strangers
8.3.- Formal relationships
8.4.- Informal social relationships
8.5.- Family relationships

8.6.- Intimate relationships

7.2- *Limitations (children under 6 years of age)*

In the group aged zero to five years old, the detailed study of disabilities is not used, given the difficulty of their detection. We have studied possible limitations that might have been detected in boys and girls this age. The following limitations have been considered:

1. Difficulty in remaining seated without aid (only for children 9 months old or over)
2. Difficulty in remaining standing without aid (only for children 15 months old or over)
3. Difficulty in walking alone (only for children 18 months old or over).
4. Total blindness
5. Severe difficulty in seeing
6. Total deafness
7. Severe difficulty in hearing
8. Difficulty in moving arms or weakness / stiffness in the arms
9. Weakness or stiffness in the legs
10. Seizures, the body becomes rigid or the person loses consciousness
11. Difficulty in doing things like other children her/his age
12. Frequently sad or depressed
13. In comparison with other children her/his age, s/he has difficulty in relating with other children (playing, expressing affection, etc.) or is frequently absent
14. Difficulty in understanding simple commands (only for children 2 years old or over)
15. Difficulty in recognising and naming at least one object (an animal, a toy, a cup, etc.) (only for children 2 or 3 years old).
16. Notices a difference in the way of speaking from other children her/his age (only for children 3, 4 or 5 years old).
17. Participates in an early learning programme or receives some kind of stimulation, speech-therapy service, etc.

18. A doctor (or psychologist) has diagnosed some other illness (or problem) with a total expected duration longer than one year, by which s/he needs special care or attention.

7.3 *Impairments*

An **impairment** is understood to be any loss or anomaly of an organ, or of the function of that organ. For example, the absence of a hand, paraplegia, mental retardation, language disorders, etc.

IMPAIRMENT ASSIGNATION GUIDELINES:

There are certain assignment guidelines for the cases in which a disability may have been produced by different impairments, or when it is difficult for the informant to ascertain the true origin of her/his disability. These guidelines are described below:

I) When the disability is from an illness that has already been cured, or that is not evolving but has left some sort of after-effect, the impairment will be that of the organ, system or tract in which said after-effect has been produced. For example, a disability to hear, produced by a meningitis that has already been cured, is from an auditory impairment. Likewise, a disability to get around produced by a poliomielitis that has already been cured, is due to an impairment in the lower limbs.

When the disability is the result of a degenerative and progressive illness, and therefore, one that has not been cured, the impairment considered will be that of the ill tract or system, independently of the after-effects that it is producing in another organ. For example, a disability to see caused by diabetes, is due to an endocrine-metabolic impairment, and a disability to get around caused by Parkinson's, is considered to be due to a nervous system impairment.

There is a third case, in which a disability may be produced by a long-term, but curable illness, such that, at the same time that the illness is directly affecting an organ, tract or system, the after-effects of said illness are already becoming evident. In general, these after-effects affect the same organ as the illness, and therefore, both paths lead to the same impairment. For example, the disability to get around produced by a pulmonary tuberculosis is due to a respiratory system impairment, in both the case of a person who has the disease and the case of a person who is already cured of it, and has pulmonary fibrosis as an after-effect.

IV) Aside from the previously explained methodological issues, two exceptions are established in the matter of the assignation of the impairment of origin, due to the growing demand for information that is arising form the differentiated study of these impairments:

IV.1. Mental impairments (this includes headings 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7 and 1.8 regarding mental retardation, dementia and other mental disorders).

This same section encompasses all mental disorders, independently of the type of illness that causes them (unchanging or in evolution) or the after-effects that they cause to other organs or systems.

For example, an unchanging illness such as Down's Syndrome or Autism is always considered to be a mental impairment, even in the case of having left after-effects on any other organ or system (for example, in the system of language, speech and voice).

IV.2. Nervous system impairments (this includes headings 6.1 to 6.6, regarding the paralysis of extremities, paraplegia, tetraplegia, disorders in the coordination of movements and/or muscle tone and other nervous system impairments). An exception is established in the application of guideline I (referring to unchanging illnesses): any Nervous System illness that generates, applying guideline I, an Osteoarticular Impairment, is classified as a Nervous System Impairment.

For example, a secondary medular section to a traffic accident, which would generate, on applying guideline I, an impairment of the lower extremities within the osteoarticular impairments, should be assigned the Paraplegia impairment as one of the Nervous System impairments.

In the cases in which the origin of the impairment is a degenerative illness that is in evolution (guideline II), such as the case of a paraplegia caused by amyotrophic lateral sclerosis, the inclusion in this heading of Nervous System Impairments does not imply any problem, as applying the general guidelines, one would reach the same conclusion.

V) When the disabilities involve the degenerative processes of several systems or tracts in which, either the age of the person has a determining influence or they are due to polymalformative syndromes of a congenital origin, the resulting original impairment of each disability, for each one if these two cases, is that which is known as Multiple Impairments.

These Multiple Impairments solely refer to persons with impairments caused by only two types of disorder:

V.1. Multiple Impairments of a congenital origin. This refers to persons with impairments that affect several organs and/or organic systems, and that are due to congenital polymalformations.

We can conclude from this definition that, if a congenital syndrome only affects one organ and/or system, the impairment assigned to it is that of the organ and/or system in which the after-effects have occurred.

This guideline has one exception, already states as Guideline IV.1 regarding Mental Impairments. That is, if these congenital syndromes produce mental disorders, the impairment assigned to the disability due to these mental disorders is Mental Impairments, and not Multiple Impairments.

For example, supposing the case of a person who, due to a congenital syndrome, has the following disabilities:

- No. 3 "Significant difficulty in seeing the face of someone on the other side of the street", caused by a deformation of the eyeball.

- No. 17 Significant difficulty in carry out complex tasks, caused by a moderate mental retardation.

- No. 21 Significant difficulty in walking or moving outside of the dwelling, caused by problems in the respiratory tract.

The Impairment of origin assigned to Disabilities 3 and 21 is 8.2 Multiple Impairments. Nevertheless, Disability 17 is assigned Impairment 1.3 Moderate mental retardation.

However, if the congenital syndrome had only generated a sight disability (3), it would be assigned Impairment 2.2 Poor vision, since it is a single organ or system that is affected.

V.2. Multiple Impairments due to degenerative processes derived from age. This includes persons who have several impairments in a not very serious state, mainly caused by their old age, by which each one of them, separately, would not be the direct cause of any disability, but the effect of all of them as a whole does cause disabilities. However, in the case that the surveyed person had arthrosis (even if it is a degenerative process due to age), this illness has its own entity, that is, by itself it produces a disability, and therefore, an Osteoarticular impairment corresponds to it.

Examples of Disabilities and Impairments

The following shows several examples of disabilities with some of their possible causes, for the purpose of clarifying how the impairments should be assigned, since at times, different impairments can be attached to the same disability, depending on the illness that has caused it:

1. Significant difficulty in getting around using means of transport as a passenger (22). This disability may have been caused by:

- Alzheimer's. It is assigned, applying guideline IV.1, to Disorders within the Mental Impairments.

- Lack of a lower limb. It is assigned, applying guideline I, to Lower Extremities within the Osteoarticular Impairments.

- Parkinson's Disease. It is assigned, applying guideline II, to Motor Coordination and/or Muscle Tone Disorders, within the Nervous System Impairments.

- Tetraplegia due a cerebral paralysis. It is assigned, applying guideline IV.2, to Tetraplegia Impairment within the Nervous System Impairments.

Justification: Applying guideline I would lead us to an Osteoarticular Impairment. However, precisely guideline IV.2 establishes an exception in the cases in which an illness of the Nervous System causes an Osteoarticular Impairment, leading it

to Nervous System Impairments. Therefore, the disability is assigned to the Tetraplegia Impairment within the Nervous System Impairments.

- Mainly due to age. Even if the person does not have any illness that could affect her/him in a significant way in travelling on public transport, the set of health problems that affect her/him, mainly caused by old age, limit her/him in the carrying out of this activity. The disability is assigned, applying guideline V, to Multiple Impairments.

2. Blind or only distinguishes between light and darkness (1). This disability may have been caused by:

- Defects in the sight organs, for example, cataracts in both eyes. The disability is assigned, applying guideline II, to Total Blindness within the Visual Impairments.

- Severed Optic Nerve. The disability is assigned, applying guideline I, to Total Blindness within the Visual Impairments.

- Cerebral Tumour affecting cerebral vision centres. The disability is assigned, applying guideline II, to Other Nervous System Impairments within the Nervous System Impairments.

3. Significant difficulty in speaking comprehensively or saying sentences that make sense (8). This disability may have been caused by:

- Mental Disorders affecting the cerebral centre for language, speech and voice, for example, Autism. The disability is assigned, applying guideline IV.1, to Mental Impairments.

Justification: Even though this is an unchanging mental illness whose after affects have a repercussion on the System of Language, Speech and Voice, it is assigned a Mental Impairment, given that guideline IV.1 encompasses all of the mental disorders in Mental Impairments.

- Problems in the Vocal Apparatus, for example, absence of a jaw, laringectomy, etc. These two illnesses are unchanging, and therefore, applying guideline I, the disability is assigned, in the first case, to Head Impairments within the Osteoarticular impairments, and in the second case, to Respiratory Apparatus Impairments within the Visceral Impairments.

- Degenerative Disorders affecting the Nervous System (except mental), for example, Parkinson's Disease or Cerebral Tumour. These two illnesses are degenerative, and therefore, applying guideline II, they are assigned to Nervous System Impairments. In the first case, it is assigned to the Impairment of Motor Coordination and/or Muscle Tone Disorders, and in the second case, to other Nervous System Impairments.

- Disorders that do not evolve affecting the Nervous System and that affect the cerebral language centre or nerves in the production of speech and voice (except mental), for example, Intercranial Injury, Cerebral Paralysis, Severed Medula. These illnesses are unchanging, and therefore, applying guideline I, the disability is assigned to the Impairments of Language, Speech and Voice.

CLASSIFICATION OF IMPAIRMENTS:

The following categories of impairment are considered:

PERSONS AGED 6 YEARS OLD AND OVER:

1.- Mental impairments

1.1.- Developmental delay

This refers to children up to the age of 14 years old, whose mental development is below normal. Due to their level of maturity, these children may display behavioural and learning problems.

1.2.- Profound and severe intellectual impairment

This refers to persons with an intelligence quotient between 0 and 34, with certain characteristics according to age, in: the areas of psychomotor and language development, in social and occupational abilities, in personal and social autonomy, in the educational and behavioural process. These persons are unable to care for themselves in feeding, excretion, hygiene, and dress, and constantly require the aid of a third person for assistance and protection.

1.3.- Moderate intellectual impairment

This refers to persons with an I.Q. between 35 and 49. These persons can learn social and occupational abilities, though they do not pass the second grade of Primary education or GBE. They can contribute to their own maintenance through protected workshops, under strict supervision.

1.4.- Mild intellectual impairment

This refers to persons with an I.Q. between 50 and 69. Adolescents can acquire practical abilities and academic knowledge up to the level of sixth grade of Primary education or GBE, though as of second or third grade, they need special support. Adults with a mild intellectual impairment develop social and communicative abilities similar to those of their unimpaired colleagues; many are not recognised as retarded outside of school or after finishing their education. They achieve a minimum level of autonomy and become integrated in special employment centres or in ordinary employment with support.

1.5.- Borderline intelligence

This refers to persons with an I.Q. between 70 and 85, with difficulties in adapting to the demands of the environment and to competitive environments. Up until adolescence, they present the same interests as the rest of the children their age, and afterwards, they present social adaptation problems. Adolescents can acquire practical abilities and academic knowledge until the level of sixth

grade of Primary education or GBE, and in secondary education, they require special support. Persons with borderline intelligence are capable of acquiring a minimum independence with their almost total social and/or labour abilities, though they require support occasionally. They do not usually have the legal recognition of disability (Disability Certificate).

1.6.- Dementia

This is a progressive loss of the cerebral functions that affects memory, and can also be accompanied by alterations in behaviour, learning and communication. It refers to all types of dementia, including Alzheimer's and those impairments that follow degenerative processes that eventually cause dementia, and on which the age of the person has a decisive influence.

1.7.- Mental illness

This refers to severe mental alterations with a duration longer than two years. Their consequences hamper or prevent the development of their functional abilities, in basic aspects of life, affecting the family, social and labour areas. These persons therefore require psychiatric and social attention. These include: schizophrenia and other schizoid disorders, paranoid-type disorders and affective disorders (maniacal disorder, bipolar disorder, chronic depression with/without psychotic symptoms).

1.8.- Other mental and behavioural disorders

This refers to persons with impairments of the general and specific mental functions, which have their origin in: Organic mental disorders (for example, an alcoholic psychosis), autistic-spectrum disorders, generalised development disorders, phobias, obsessions, somatic disorders, hypochondrias, mood disorders, anxiety disorders, adaptive and somatoform disorders, personality disorder, etc.

2.- Visual impairments

This refers to persons with functional impairments of the visual organ and of the associated structures and functions, including the eyelids.

2.1.- Total blindness

This refers to persons who have no perception of light in either eye.

2.2.- Poor eyesight

This refers to persons with moderate (<0.3) or severe (<0.12) visual impairments, or with moderate (60º diameter or less) or severe (20º or less) impairments in their visual field.

3.- Hearing impairments

This refers to persons with impairments of functions structures associated with the hearing apparatus.

3.1.- Prelocution deafness

This refers to persons with deafness, which manifests itself prior to language acquisition (children). This includes deaf-muteness where muteness is a consequence of prelocution deafness.

3.2.- Postlocution deafness

This refers to persons with deafness that manifests itself after language acquisition (adults), with total hearing loss, and who cannot benefit from the use of hearing aids.

3.3.- Hard of hearing

This refers to persons with different degrees of hearing loss: moderate (45-50 dB), severe (71-91 dB), profound (>91 dB). They can benefit from the use of hearing aids.

3.4.- Balance disorders

This refers to persons with labyrinthine vertigo (Meniere's disease being the most common type), dizziness and locomotion defects due to vestibular disorders.

4.- Language, speech and voice impairments

This refers to persons with language comprehension and/or production impairments, speech production and/or articulation impairments, and voice disorders.

4.1.- Muteness (not through deafness)

This refers to persons whose sound production organs are normal, but are mute as a result of brain damage to the speech centres, mental disorders, certain types of autism, etc.

4.2.- Difficult or incomprehensible speech

This refers to persons with severe language after-effects, such as aphasia, dysphasia, dysarthria, dysphonia, dysphemia, etc., caused by injuries in the cerebral language region, for example, CVA (cerebral vascular accident), craneocerebral accident, language disorders associated with dementia, mental retardation, etc.

CVA is the generic name given to a group of cerebral diseases of a vascular origin. These include brain haemorrhage, cerebral thrombosis and cerebral embolism.

Aphasia: Loss or impairment of the ability to express oneself through speech, writing or signs, or to understand written or spoken language, as a result of injury or illness affecting brain centres. There are many different types of

aphasia. Dysarthria: An imperfect articulation of speech, due to an impaired muscle control, caused by damage to the nervous system. Dysphonia: A deviance in voice intensity, tone and pitch. Dysphemia: Stuttering.

5.- Osteoarticular impairments

This refers to persons with mechanical and motor alterations of the face, head, neck and limbs, as well as the absence of limbs, resulting from damage to the support elements of the body (mainly the skeletal system).

5.1.- Head

This refers to persons with structural defects, malformations and/or functional defects of the bones and articulations of the head and/or face (anomalies affecting the mouth, teeth, cleft lip, etc.).

5.2.- Spinal column

This refers to persons with impairments due to congenital malformations (e.g. spina bifida), acquired deformities (kyphosis: an excessive backward curvature; Scoliosis: an excessive lateral curvature; Lordosis: an excessive curvature towards the front; Combinations thereof: kyphoscoliosis, lordoscholiosis, etc.); alterations of the vertebrae (intervertebral hernia, collapsed vertebrae due to osteoporosis, for example), after-effects of injuries, infections, rheumatism (osteoarthrosis: a form of degenerative rheumatism caused by age, that involves no articular deformation; arthritis: a form of rheumatism consisting of the inflammation of the articulations with articular deformation, etc, ...).

5.3.- Upper limbs

This refers to persons with congenital and/or acquired anomalies of the shoulder, arms, hands (absence thereof, defects affecting bone length or width), articular defects (ankylosis, function impairments, etc.).

5.4.- Lower limbs

This refers to persons with congenital and/or acquired anomalies of the bones, articular defects, etc.; defects in the pelvis, the knees (varus () or valgus X), ankles and feet (flat, hollow, varus, valgus, club, etc.).

6.- Nervous system impairments

This refers to persons with severe anomalies in the structures and/or functions of their central and peripheral nervous systems (regardless of the cause: malformations, infections, tumours, etc.) affecting the musculoskeletal system and the articulations.

6.1.- Paralysis of an upper limb

This refers to persons with a total loss of mobility of an upper limb (monoplegia). If the paralysis is partial or incomplete, the condition is called monoparesis.

6.2.- Paralysis of a lower limb

This refers to persons with a total loss of mobility of a lower limb (monoplegia) or a partial or incomplete paralysis (monoparesis).

6.3.- Paraplegia

This refers to persons with a total loss of mobility of both lower limbs, regardless of the cause (injury, infection, degeneration, tumour, etc.). Partial or incomplete loss (paraparesis) is also considered.

6.4.- Tetraplegia

This refers to persons with a total loss of mobility of all four limbs. Partial loss (tetraparesis) is also considered

6.5.- Motor control and/or muscular tone disorders

This refers to persons with impairments of the CNS (central nervous system), causing movement lack of coordination, involuntary movements, tremors, tics, stereotypy (persistent repetition of acts, movements, words or phrases linked to different conditions, particularly mental illness), balance alterations, non-labyrinthine vertigo (including essential vertigo, hysterical vertigo, vertigo caused by cerebral arteriosclerosis, diseases of the central nervous system, cardiopathy) and impairments due to an increase or decrease in muscle tone. Also included are disorders of the CNS, such as Parkinson's disease, cerebral palsy, epilepsy, multiple sclerosis, amyotrophic lateral sclerosis, etc.

6.6.- Other impairments of the nervous system

This refers to persons with muscular distrophy (degeneration of the muscle with progressive atrophy, without observable injury of the spinal cord), partial atrophy, hemiplegia, etc.

7.- Visceral impairments

7.1.- Respiratory system

This refers to persons with a severe impairment of their respiratory functions, with regard to their frequency, intensity, rhythm, presence of structural defects in some part of the respiratory tract, etc. It includes persons who depend on artificial devices to maintain their respiration, tracheotomised persons, etc.

7.2.- Cardiovascular system

This refers to persons with severe impairments of their cardiac functions (frequency, rhythm, cardiac output volume, etc.), as well as the functions of the blood vessels (arterial system, venous system, capillary system, etc.). It also includes severe malformations of the heart, heart valves, etc. This group includes persons who are dependent on any device or apparatus acting on the heart or the valve system, to maintain their functions, such as artificial valves, pacemakers, transplants, etc.

7.3.- Digestive system

This refers to persons with severe impairments in the functions and/or structures of the different sections of the digestive tract (mouth, tongue, aesophagus, intestine), causing difficulty in chewing, swallowing, digesting, etc. It also considers malformations, obstructions, severe disorders involving vomiting, diarrhoea, excessive weight loss, etc. , in addition to severe functional and/or structural disorders of the glands attached to the digestive tract, including the gall bladder, liver and pancreas, as well as any after-effects of surgery (stomas, fistulas, etc.).

7.4.- Genitourinary system

This refers to persons with severe impairments affecting the functions of the kidneys, ureters, bladder, urethra, sphincters, etc. (severe renal insufficiency, retention, urinary incontinence, etc.) and malformations of said organs, as well as the dependence on special devices such as catheters, artificial kidneys, etc. Regarding the genital system (internal, external, male or female), severe anatomical and/or functional defects are considered, including severe disorders in the fulfilment of the sexual functions, sterility, etc.

7.5.- Endocrine-metabolic system

This refers to persons with severe impairments due to disorders of the endocrine glands (dwarfism, gigantism, hyper/hypothyroidism, disorders of the adrenal glands, diabetes, obesity, etc.). Likewise, this includes severe impairments due to congenital metabolic errors (of proteins: Phenylketonuria, Tyrosinemia, etc.; of fats: Hypercholesterolemia, Lipid storage disorders, Hypertriglicerinemia, etc.; of sugars: Galactosemia, Fructose intolerance, etc.)

7.6.- Haematopoietic system and immune system

This refers to persons with severe impairments due to disorders of the haematopoeitic organs (bone marrow, spleen, ganglia, etc.) and/or of the blood components (cells, plasma), alterations of coagulation and/or haemostasis (haemophilia). Regarding the immune system, severe disorders are considered, be they congenital or acquired (repeated infections, immune-based diseases, severe allergies, etc.)

8.- Other impairments

8.1.- Skin

This refers to persons with severe impairments due to functional/structural skin disorders (regulation, moisture, temperature, pain, pigmentation, allergic reactions, itches, regeneration defects, etc.) and severe disorders of parts attached to the skin (nails, hair, glands)

8.2.- Multiple impairments

This refers to persons with impairments that affect several organs and/or organic systems, and that are due to congenital disorders. Among the former are congenital poly-malformations due to chromosomopathies, embriopathies

(rubella, toxoplasmosis), fetopathies (for example, cleft lip and palate and polydactylism), and any congenital or acquired poly-malformative syndrome

8.3.- Impairments not classified elsewhere

CHILDREN BETWEEN THE AGES OF 0 AND 5 YEARS OLD:

1.- Mental impairments

Developmental delay

This refers to children up to the age of 14 years old, whose mental development is below normal. Due to their level of maturity, these children may display behavioural and learning problems

Profound and severe intellectual impairment

This refers to children with delays in the areas of psychomotor and language development, and in their educational and behavioural process (for example, children who at the age of 3 are unable to walk or speak, and are hardly able to communicate through gestures or articulated sounds. They only know their close relatives, do not respond to simple orders and have hardly developed any self-care habits).

Moderate, mild or borderline intellectual impairment

This refers to children with deficiencies in the areas of development described in the preceding paragraph (for example, speech deficiencies in children above the age of 3).

Other mental and behavioural disorders

This refers to children with autism, phobias, schizophrenia, neuroses, hyperactivity, etc.

2.- Visual impairments

This refers to children with functional impairments of the visual organ and of the associated structures and functions, including the eyelids

Total blindness

This refers to children with no perception of light in either eye

Poor eyesight

This refers to children with moderate (<0.3) or severe (<0.12) visual impairments, or with moderate (60º diameter or less) or severe (20º or less) impairments in their visual field

3.- Hearing impairments

This refers to children with impairments of function and associated hearing apparatus structures

Prelocution deafness

This refers to children with deafness that manifests itself prior to language acquisition. This includes deaf-muteness, where muteness is a consequence of prelocution deafness

Postlocution deafness

This refers to children with deafness that manifests itself after language acquisition, where loss of hearing is total. These children cannot benefit from the use of hearing aids

Hard of hearing

This refers to children with different levels of hearing loss: moderate (45-50 dB), severe (71-91 dB), profound (>91 dB). They can benefit from the use of hearing aids

Balance disorders

This refers to children with labyrinthine vertigo (Meniere's disease being the most common type), dizziness and locomotion defects due to vestibular disorders

4.- Language, speech and voice impairments

This refers to children with language comprehension and/or production impairments, speech production and/or articulation, and voice disorders

Muteness (not through deafness)

This refers to children whose sound production organs are normal, but are mute as a result of brain damage to the speech centres, mental disorders, certain types of autism, etc.

Difficult or incomprehensible speech

This refers to persons with severe language after-effects, such as aphasia, dysphasia, dysarthria, dysphonia, dysphemia, etc., caused by injuries in the cerebral language region, for example, CVA (cerebral vascular accident), craneocerebral accident, language disorders associated with dementia, mental retardation, etc.

CVA is the generic name given to a group of cerebral diseases of a vascular origin. These include brain haemorrhage, cerebral thrombosis and cerebral embolism.

Aphasia: Loss or impairment of the ability to express oneself through speech, writing or signs, or to understand written or spoken language, as a result of disease or damage affecting brain centres. There are many different types of aphasia. Dysarthria: An imperfect articulation of speech due to an impaired

muscle control caused by damage to the nervous system. Dysphonia: A deviance in voice intensity, tone and pitch. Dysphemia: Stuttering

Osteoarticular impairments

This refers to children with mechanical and motor alterations of the face, head, neck and limbs, as well as the absence of limbs, resulting from damage to the support elements of the body (principally the skeletal system)

5.3.- Upper limbs

This refers to children with congenital and/or acquired anomalies of the shoulder, arms, hands (absence thereof, defects affecting bone length or width), articular defects (ankylosis, function impairments, etc, ...)

5.4.- Lower limbs

This refers to children with congenital and/or acquired anomalies of the bones, articular defects, etc.; defects in the pelvis, the knees (varus () or valgus X), ankles and feet (flat, hollow, varus, valgus, club, etc.).

5.9.- Other osteoarticular impairments

This refers to children with structural defects, malformations and/or functional defects of the bones and articulations of the head and/or face (anomalies affecting the mouth, teeth, cleft lip, etc.)

This refers to persons with impairments due to congenital malformations (e.g. spina bifida), acquired deformities (Kyphosis: an excessive backward curvature; Scoliosis: an excessive lateral curvature; Lordosis: an excessive curvature towards the front; Combinations thereof: kyphoscoliosis, lordoscholiosis, etc.); alterations of the vertebrae (intervertebral hernia, collapsed vertebrae due to osteoporosis, for example) after-effects of injuries, infections, rheumatism (osteoarthrosis: a form of degenerative rheumatism caused by age, that involves no articular deformation; arthritis: a form of rheumatism consisting of the inflammation of the articulations with articular deformation, etc.).

6.- Nervous system impairments

This refers to children with severe anomalies in the structures and/or functions of their central and peripheral nervous systems (regardless of the cause: malformation, infection, tumours, etc.) affecting the musculoskeletal system and the articulations.

Paralysis of an upper limb

This refers to children with a total loss of mobility of an upper limb (monoplegia). If the paralysis is partial or incomplete, the condition is called monoparesis

Paralysis of a lower limb

This refers to children with a total loss of mobility of a lower limb (monoplegia) or a partial or incomplete paralysis (monoparesis)

Paraplegia

This refers to children with a total loss of mobility of both lower limbs, regardless of the cause (injury, infection, degeneration, tumour, etc.). Partial or incomplete loss (paraparesis) is also considered.

Tetraplegia

This refers to children with a total loss of mobility of all four limbs. Partial loss (tetraparesis) is also considered.

Motor coordination and/or muscle tone disorders

This refers to children with impairments of the CNS (central nervous system), causing movement lack of coordination, involuntary movements, tremors, tics, stereotypy (persistent repetition of acts, movements, words or phrases linked to different conditions, particularly mental illness), balance alterations, non-labyrinthine vertigo (including essential vertigo, hysterical vertigo, vertigo caused by cerebral arteriosclerosis, diseases of the central nervous system, cardiopathy) and impairments due to an increase or decrease in muscle tone. Also included are disorders of the CNS, such as cerebral palsy, epilepsy, multiple sclerosis, amyotrophic lateral sclerosis, etc.

7.- Visceral impairments

Respiratory system

This refers to children with a severe impairment of their respiratory functions, with regard to their frequency, intensity, rhythm, presence of structural defects in some part of the respiratory tract, etc.

Cardiovascular system

This refers to children with severe impairments of their cardiac functions (frequency, rhythm, cardiac output volume, etc.), as well as the functions of the blood vessels (arterial system, venous system, capillary system, etc.). It also includes severe malformations of the heart, heart valves, etc. This group includes persons who are dependent on any device or apparatus acting on the heart or the valve system, to maintain their functions, such as artificial valves, pacemakers, transplants, etc.

Digestive system

This refers to children with severe impairments in the functions and/or structures of the different sections of the digestive tract (mouth, tongue, aesophagus, intestine), causing difficulty in chewing, swallowing, digesting, etc. It also considers malformations, obstructions, severe disorders involving vomiting, diarrhoea, excessive weight loss, etc., in addition to severe functional and/or structural disorders of the glands attached to the digestive tract, including the gall bladder, liver and pancreas, as well as any after-effects of surgery (stomas, fistulas, etc.).

Genitourinary system

This refers to children with serious impairments affecting the functions of the kidneys, ureters, bladder, urethra, sphincters, etc. (severe renal insufficiency, retention, urinary incontinence, etc.) and malformations of said organs, as well as the dependence on special devices such as catheters, artificial kidneys, etc.

Regarding the genital system (internal, external, male or female), severe anatomical defects are considered

Endocrine-metabolic system

This refers to children with severe impairments due to disorders of the endocrine glands (dwarfism, gigantism, hyper/hypothyroidism, disorders of the adrenal glands, diabetes, obesity, etc.).

Likewise, this includes severe impairments due to congenital metabolic errors (of proteins: Phenylketonuria, Tyrosinemia, etc.; of fats: Hypercholesterolemia, Lipid storage disorders, Hypertriglicerinemia, etc.; of sugars: Galactosemia, Fructose intolerance, etc.)

Haematopoietic system and immune system

This refers to children with severe impairments due to disorders of the haematopoeitic organs (bone marrow, spleen, ganglia, etc.) and/or of the blood components (cells, plasma), alterations of coagulation and/or haemostasis (haemophilia). Regarding the immune system, severe disorders are considered, be they congenital or acquired (repeated infections, immune-based diseases, severe allergies, etc.)

8.- Other impairments

This refers to children with severe impairments due to functional/structural skin disorders (regulation, moisture, temperature, pain, pigmentation, allergic reactions, itches, regeneration defects, etc.) and severe disorders of parts attached to the skin (nails, hair, glands)

Multiple impairments

This refers to children with impairments that affect several organs and/or organic systems, and that are due to congenital disorders. It includes congenital poly-malformations due to chromosomopathies, embriopathies (rubella, toxoplasmosis), fetopathies (for example, cleft lip and palate and polydactylism), and any congenital poly-malformative syndrome

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7.4 *Characteristics related to disabilities and limitations*

TECHNICAL AND PERSONAL ASSISTANCE AID

Technical aid

Technical aid is considered to be any product, instrument, equipment or technical system used by or intended for a person with disabilities, produced specifically for her/him or available for any other person, which compensates, relieves, neutralises the disability (hearing aids, external prostheses, wheelchairs, lifts or any elevating device, coverings with handle adaptations, illuminated magnifying glasses, tape recorders, computers, access ramps, guide dogs, etc.).

Different types of technical aid are detailed:

- Aid for therapy and training: antidecubitus aid.

- Aid for personal protection and care: protective aid carried on the body, aid for dressing and undressing, aid for toileting functions, urine channelling devices, urine collection systems, aid for washing, bathing and showering, aid for manicures and pedicures, aid for hair care, aid for dental care, aid for facial and skin care.

- Aid for personal mobility: external prostheses, aid for walking, used with an arm, aid for walking used with both arms, special cars, adaptations for cars, motorcycles and cycles, wheelchairs, accessories for wheelchairs, vehicles, transfer aid, aid for lifting and transport.

- Aid for housework: aid for preparing food and beverages, aid for doing the washing up, aid for eating and drinking, aid for cleaning the dwelling, aid for marking and maintaining textiles.

- Furniture and adaptations for dwellings and other buildings: tables, lighting devices, furniture for sitting, beds, aid for adjusting the height of furniture, support devices, opening/closing devices for doors and windows, construction elements in the home, devices for changing levels, security equipment for dwellings and other buildings, storage furniture.

- Aid for communication, information and signalling: technical aid for writing and manual drawing, for enabling reading, for hearing, sound transmission systems, for enabling signalling and/or pulsing, aid for communication (including face-to-face communication), typewriters and word processors, calculators, technical aid based on a computer, telephone communication, telephones and aid for telephoning, information systems (alarms, warnings and/or indicators), environment control, adapted toys.

- Aid for manipulating products and goods: aid for operating packaging, for helping/substituting hand and/or finger functions, for reaching at a distance, for fixing, for transport by body action and by wheels (for personal use)

- Aid for recreation: games.

Personal assistance aid

Personal assistance aid is considered to be any direct assistance offered by another person to a person with disabilities in order to carry out everyday activities.

The main personal assistance aid may be referred to as:

- Aid in personal care: dressing, bathing, eating or drinking, using the bathroom, etc.

- Aid in carrying out housework: cooking, washing, ironing, doing the grocery shopping, etc.

- Aid for strolling and getting around: old "guide" persons, for lifting and laying down, for pushing the chair, etc.

- Supervision aid for persons with severe mental problems or severe behavioural problems.

- Other aid: for making requests, sign language interpreter, etc.

Personal assistance should not be confused with professional support, such as, for example, psychotherapy, rehabilitation, education, etc. The latter, must be carried out by qualified personnel, and do not directly seek the performance of everyday activities.

SEVERITY

With this study, we obtain a broader qualitative perspective of the conditions of the population with disabilities. As expressed previously, the continuous decreasing trend of the mortality rates has caused not only an increase in life expectancy, but also an elevation in the impairment and disability rates that reflect a change in the mortality-morbidity relationship: a duality is observed between this increase in years lived and the quality of these extra years. Therefore, the issue is to ascertain the health conditions in which the surviving population with disabilities lives.

Likewise, it provides the information necessary for the calculation of indices such as the Life Expectancy Free from Disabilities, according to degrees of severity, as is proposed in the International Recommendations in terms of Disability, as well as in the Health Programmes of the WHO.

The severity of the disability refers to the degree of difficulty in carrying out each activity with aid (in the case that the person receives aid) or without aid.

@Without any difficulty

@With moderate difficulty

@With severe difficulty

@Cannot carry out the activity

AGE AT START OF THE DISABILITY

Actual age at the time at which the disability appeared.

7.5 *Characteristics relating to impairments*

PROBLEM THAT CAUSED THE IMPAIRMENT

The study of this variable is essential to preparing social policies aimed at the reduction of those impairments that can be prevented.

They are classified as:

Congenital.

This includes all those impairments that are due to genetic-type problems, such as Down's Syndrome, hydrocephaly, etc., and those that are produced during the gestational period as a result of pregnancy toxemias, pregnancy infections, chronic illness of the mother, RH factor, etc.

Problems during childbirth.

This includes all those impairments that are due to traumas that the baby was subjected to at the time of childbirth, such as the use of forceps or ventouse, prolonged childbirth, etc.

Traffic accidents.

This includes those impairments caused by traffic accidents. It also includes those traffic accidents occurring during commutes to/from work, even if they are considered by labour legislation as work-related accidents.

Accident in the home.

This includes those impairments caused by accident occurring within the home, or in the outside area that is the property of the estate.

Recreational accident

Work-related accident.

This does not include as work-related accidents those occurring in traffic accidents, during commutes to and from work, though it does include those occurring while one is carrying out a task as a driver, delivery person, traveller, etc.

Another type of accident

Professional illness.

This concept is understood in a broad sense, without considering that which is set out in the labour legislation. This includes both those cases in which the

profession has been the cause of the impairment, and those cases in which it has caused an impairment to worsen.

Illness (non-work-related)

Other causes.

This includes all those causes not mentioned in the above sections, such as iatrogenesis (alteration of the state of the patient caused by the doctor), food intoxications, etc.

It is important to indicate the fact that, in the group of persons over 64 years old, this heading has a special incidence, since it constitutes the origin of the Multiple Impairments due to degenerative processes derived from age.

AGE AT START OF THE IMPAIRMENT

Actual age at the time at which the disability appeared.

8 Characteristics relating to persons with disabilities

8.1 *Chronic illnesses*

This includes solely diagnosed illnesses. It does not include those that the subject believes or considers her/himself to have, and that do not have a medical certification.

The following illnesses are included:

- Spinal cord injury
- Parkinson's
- Lateral sclerosis
- Multiple sclerosis
- Agenesis / Amputation
- Laryngectomy
- Arthritis / Arthrosis
- Rheumatoid arthritis. Ankylosing spondylitis
- Muscular dystrophy
- Spina bifida / hydrocephaly
- Myocardial infarction. Ischaemic cardiopathy
- Cerebrovascular accidents
- Down's syndrome

- Autism and other disorders associated with autism
- Cerebral paralysis
- Acquired brain damage
- Senile Dementia of the Alzheimer Type
- Other types of dementia
- Schizophrenia
- Depression
- Bipolar disorder
- Pigmentary retinosis
- Myopia magna
- Senile macular degeneration
- Diabetic retinopathy
- Glaucoma
- Cataracts
- HIV/AIDS
- Rare illnesses
- Renal failure

8.2 *Permanently bed-ridden*

The person must remain bed-ridden at all times, except very exceptional causes requiring her/his transfer, such as to the hospital or health centres.

8.3 *Satisfaction with the technical aid*

This variable measures the degree of satisfaction with the technical aid received, or not received, by the person.

The following possibilities are considered:

- Yes.
- No, they are insufficient.
- I do not receive technical aid, even though I need it.

- I do not need technical aid.

8.4 *Birth range*

Birth range is defined as the number of pregnancies with more than 6 months of gestation (whether or not they reach the due date) that the mother of the person surveyed has had, not including the pregnancy leading to her/his birth.

In the case of identical or fraternal twins, that which is born first is the younger of the siblings.

8.5 *Belonging to non-governmental organisations*

This studies whether s/he belongs to any NGOs, and which the main impairment has been, and due to which s/he joined said Organisation, this information allowing for determining, on the one hand, the impairments with the highest degree of associationism and the best service infrastructure, and on the other hand, the advantages that remaining in these organisations implies for persons with disabilities, as compared with the rest of the persons with disabilities.

Belonging to an NGO, by a person with disabilities or her/his relatives, should be directly motivated by the disabilities of the person who at that time is filling out the Disability Questionnaire, and not by the disabilities of another person resident in the household (information which is collected in its respective questionnaire).

An NGO is considered to be those non-profit non-governmental organisations that are dedicated to the assistance, integration and development of those person with disabilities and whose partners are the persons with disabilities themselves and/or their relatives and friends.

Main non-governmental organisations of or for persons with disabilities:

• ALCER. federation National % of ASSOCIATIONS for Wrestling against diseases

• ASPACE. Spanish Federation of Associations for Assistance to Persons with

Cerebral Paralysis

• ASPAYM. Federation of Associations of persons with spinal injuries and great physical disabilities

• COCEMFE. State Coordinating Confederation of Physically Disabled Persons in Spain

• FEAPS. Spanish Confederation of Organisations in support of Persons with Intellectual Disabilities

• FIAPAS. Spanish Confederation of Families of Deaf Persons

• ONCE. Spanish National Organisation for the Blind

• DOWN'S SYNDROME. Spanish Federation of Institutions for Down's Syndrome

• RED CROSS.

• FEDER. Spanish Federation of Rare Illnesses

• FEDACE. Spanish Federation for Brain Damage

• AECC. Spanish Cancer Association

• SPANISH ALZHEIMER'S FOUNDATION.

• FELEM. Spanish Federation for the Fight against Multiple Sclerosis

• SPANISH PARKINSON'S FEDERATION.

• Other NGOs for persons with disabilities

8.6 *Measurement of the use of the health and social services as a result of some disability*

This studies the use, by the person with disabilities, of the different socio-health services, analysing a series of factors, such as:

1. Services actually received: by type of service, number of days on which they have been received during the reference periods, and the economic scheme of the benefit.

2. Services needed but not received: by type of service that the reasons why the person could not access them.

The study of this variable has been focused for those health problems that cause disabilities.

This Section only includes those services whose origin is a disability, and not the results of other health problems. For example, a person may have a disability to use utensils and tools caused by an impairment of the upper limbs, and also have recently suffered a temporary limitation due to a sprained ankle, having required rehabilitation services and medical care for both problems. In this case, the Disability Questionnaire shall only include the services relating to the disability to use utensils and tools.

Rehabilitation treatments finished

This refers to treatments received prior to the last 14 days from the time of the interview that have already concluded, specifying the cause of this conclusion; whether it is because they have finished or because they have been interrupted indefinitely.

Treatment ended. A rehabilitation treatment is considered to be ended when all of the prescriptions made, in terms of the time and form of doing them, have

been fulfilled, according to an expert in the matter, regardless of whether the person may need to repeat them due to the disability or impairment continuing.

Treatment interrupted. This considers that a treatment has been indefinitely interrupted when not all of the prescriptions made by an expert on the rehabilitation treatment, and that should have been done during the indicated time, have been fulfilled, and the patient does not know if s/he is going to continue or not.

TYPE OF SERVICE

In the last 14 days:

• **Medical and/or nursing care** (except Chiropody Services). This considers those acts of health care for the treatment or monitoring of a given health problem, carried out by health professionals and received on an outpatient basis (including those appointments in hospitals), and those received in the home of the patient.

It includes minor outpatient surgery, which consists of small surgical interventions carried out on an outpatient basis in the hospital operating theatres with local or regional anaesthesia (removal of moles, small warts, ophthalmological laser surgery, etc.). It excludes rehabilitation and psychiatric care. It also excludes requests for prescriptions.

• **Diagnostic tests**. This considers those acts of health care for the diagnosis of a given health problem, carried out by health professionals and received on an outpatient basis (including appointments in hospitals).

• **Chiropody services**. This considers those acts of health care carried out by health personnel, for the treatment of foot afflictions. It includes that medical care received in the outpatient speciality offices of a hospital.

• **Medical-functional rehabilitation**. This considers those treatments aimed at avoiding a degenerative process, or at achieving the physical or sensorial recovery of the person. It includes physiotherapy, which consists of therapeutic methods using natural agents, such as water, heat or light, or mechanical measures, such as massages, exercise, etc. (kinesitherapy, hydrotherapy, thermotherapy, electrotherapy) and psychomotricity.

• **Language rehabilitation/speech therapy**. This considers all those therapeutic measures aimed at restoring the ability to communicate, to the greatest extent possible, in persons with language, speech and/or voice problems.

• **Orthotic and prosthetic rehabilitation**. This considers those measures that have the objective of applying therapies intended for achieving the physical recovery of persons with some health problem. It includes permanent and temporary orthopaedic prostheses and their renewal, special prostheses and orthotics. The latter are apparatus that partially or totally replace the lost functions of a limb that has not been amputated, and they are grouped under the generic names of

canes, crutches, orthopaedic chairs, apparatus for limbs, corsets, etc. This includes orthopaedic surgery.

• **Psychological assistance and/or mental health care.** This comprises those health actions, with or without hospitalisation, for the evaluation, treatment or monitoring of patients with mental illnesses, as well as the care for those psycho-social problems that accompany the loss of health in general.

• **Telephone assistance**. This considers the service intended for those persons who, for reasons of disability, old age, illness or social isolation, require continuous care, whether permanently or transitorily, by specialised personnel. This is a new technology resource, which applied to the telephone network, allows, by pressing a button, for contacting the central switchboard 24 hours a day and 365 days a year.

• **Programmed home care.** This considers that care that is carried out for patients who are chronically unable to visit a health centre.

• **Home help of a social nature.** This comprises social services, received at home, in assisting with household chores, paperwork, external laundry, meals delivered to the home, maintenance of the dwelling, surveillance and supervision in personal care and/or household chores, etc.

• **Day centre**. This is a centre that offers complete attention during the day (or night) for persons with serious or severe disabilities, or elderly persons in a dependency situation, with the objective of improving or maintaining the best possible level of personal independence and assistance to families or carers. This offers, among other things, the following services: consultancy, prevention, rehabilitation, orientation towards the promotion of independence, habilitation or on-site and personal care. It includes night centres.

• **Occupational centres**: This is a daytime service that provides a useful and therapeutic activity for persons with disabilities and needs for broad or generalised aid, who cannot access (temporarily or permanently) a normal or protected job post. It enables their personal adjustment, labour preparation and social integration.

• **Cultural, recreational, leisure and free-time activities**: This type of activity should be included only when it is carried out as a type of therapy intended to lessen the disability. Therefore, it does not includes those cultural activities carried out in social centres for elderly persons.

In the last 12 months:

• **Occupational therapy and/or training in everyday activities (A.V.D.).**

Occupational therapy. The objective of this therapy is the development of a self-care activities (dress, eat, use the restroom, etc.), work and play activities to increase independence and prevent disability. Occupational therapy also provides advice regarding the convenience of technical aid, and shows how it is used.

Training in everyday activities. These are the activities aimed at learning everyday living habits, for persons with very severe disabilities (personal hygiene, dressing, etc.).

• **Information/Consultancy/Assessment**. This considers those services in terms of information and documentation of aid resources of the Community, regarding paperwork services and legal advisory, as well as regarding accessible communications systems (telephone, tv, etc.).

• **Health care provided by hospital personnel**. This refers to health care provided in hospitals. It includes both the care provided to patients admitted to hospital and to patients who are hospitalised who, without being admitted, have received care in the hospital (casualty services, observation, chemotherapy treatments, clinical explorations, etc.). It also includes home hospitalisation (home treatments for patients who have been treated in hospitals during the primary phase of the illness, and have returned home, though they require a direct control by hospital personnel: home dialysis, etc.).

It excludes outpatient appointments in hospitals, major and minor outpatient surgery, surgical interventions, orthopaedic surgery, psychiatric care and rehabilitation.

• **Psycho-social care for relatives**. This considers that service whose objective is to give psychological support to the relatives of the persons who have severe health problems.

• **Resting services (temporary stays)**. These are residential services caring for the user during a given period of time. This services fulfil a dual function. On the one hand, they offer complete care to persons in a dependency situation (elderly persons or persons with disabilities); on the other hand, they serve as a break, by allowing the carers to enjoy rest or vacation periods.

• **Interpreting or sign language service**. This is a support service for deaf persons, in their ease and relationship with hearing persons, which aids in communication. The care may be:

- Individual and/or family, in relevant matters regarding health, housing, employment, social services, etc.

- Group and community (courses, days, conferences, etc.)

• **Other alternative communication systems**. These are systems and improve or replace the communication abilities of persons who cannot use, through the spoken and/or written language, through the use of methods and devices adapted to each person. For example:

- Braille method.

- Bliss language symbols.

- Tactile communication for deaf - blind persons.

- Communication via pictograms or simplified drawings.

- Morse method.

• **Health and/or adapted transport**. This considers the special transport of patients or persons who have had accidents, when according to the judgment of the medical staff, there is a situation of urgency or physical impossibility of the interested party.

• **Residential centres**. These are establishments intended to serve as a permanent and common dwelling, in which complete and continuous care is provided to the users thereof.

• **Tourism and spas for persons with disabilities**. This is a service intended to development leisure activities and the promotion of health, through trips for holidays and thermal treatments (spas).

The objectives of these programs include persons with mental, physical or sensorial disabilities being able to enjoy leisure and health goods in an adapted environment, in addition to favouring the rest of relatives and carers.

• **Orientation/labour preparation**. These are all of the services, intended for persons with disabilities seeking employment, which offer information and advice, and prepare a labour market insertion programme that is appropriate to the aptitudes of each person. The programme must include pre-labour training, aid in the job search, job bank service, training in specific tasks and monitoring, among other services.

ECONOMIC PLAN OF SERVICES RECEIVED

• **Free of charge**. Those services that are received without having to pay their cost, or those that are paid by the patient her/himself with the right to the total return of the payment made by the Public System.

• **Direct payment**. This includes those services provided, which are paid by the patient her/himself without the right to the total or partial return of the payment made by the Public System. Likewise, this includes the medical contract and those other forms of payment through periodical quotas of private insurance that allow for using some type of health care.

• **Mixed payment**. This includes those services provided that are partially paid by the Public System.

REASON WHY S/HE HAS NOT RECEIVED THE SERVICES S/HE NEEDS

• Waiting list

• Not available in the environment

• They cannot pay for it

• They do not fulfil at least one of the requirements

• Other reasons

8.7 *Economic or tax benefits as a result of some disability*

This considers the economic benefits of a social nature aimed personally at the interviewee as a result of some disability.

c) Also included are the benefits obtained through the company in which the person works, and the amounts obtained as a result of insurance taken out directly by the patient.

The period of time for the receipt of these monetary and tax benefits is the last 12 months.

PERIODIC BENEFITS (defined in section 11. Classification characteristics regarding the home)

• Contributory pensions due to disability (permanent disability, passive types, SOVI, etc.)

• Non-contributory pensions as a result of the disability

• Allowances due to having a dependent child with disabilities

• Life and disability insurance. These are the amounts received as a result of the insurance taken out

Illness. This must be understood in the strict sense of a more or less severe alteration of health that affects, in general, the physical or mental integrity of individuals. Illness benefits include those benefits intended to compensate, either totally or partially, for the loss of a professional activity caused by an illness.

Disability. This must be understood as the lack of ability to carry out an activity of a prescribed degree, or to carry out a normal social life, when this lack of ability is permanent or remains longer than a limited period of time. This can be congenital or caused by an illness (except a professional illness) or an accident (except a job-related accident). Disability benefits include pensions, allowances and other cash benefits granted to invalids and persons with disabilities as a result of their situation.

• Other regular income due to disability

NON-PERIODIC BENEFITS

• Public aid for rehabilitation or specialised care

• Public aid for education

• Public aid for relative carers

• Public aid for enabling personal independence (technical aid and for accessibility and adaptation in the home)

• Public or private aid in the work area (social action aid)

• Other public aid

• Aid from other entities (NGOs, foundations, professional bodies, etc.)

COMPENSATION

• Compensation due to physical injury

• Compensation due to civil or criminal responsibility

TAX BENEFITS

• TAX BENEFITS in personal income taxes (by contributor with disabilities or by care to a parent or descendent of a person with disabilities)

• Registration tax (tax exemption for the 1st registration, VAT reduction)

• Tax on mechanised vehicles (road tax)

• Inheritance tax

• Other tax benefits (protected capital gains, right to assessment fees, etc.)

8.8 *Changes in the relationship with economic activity and/or occupation, as a result of some disability*

When a person has made more than one change in her/his economic activity, or in her/his occupation, as a result of her/his disability or disabilities, the information refers solely to the first change made.

This considers three options that are excluded:

a) They only changed their relationship with economic activity. This includes the changes between unemployed and inactive (or vice-versa) and also between the different inactivity situations (for example, a person who was dedicated to Housework, and due to the disability, changed to Another situation). It is necessary to emphasize that this option does not include those persons who have been employed in any of the two moments studied; before the appearance of the disability and after the appearance of the disability.

b) They only changed their profession or occupation. This refers to those changes of occupation due to the disability. This option only includes the persons who have been employed in the two moments studied.

c) They changed their relationship with economic activity and their occupation. This includes those changes from employed to unemployed or inactive situations (and vice-versa). This last option includes those persons who have been employed in only one of the two moments studied.

8.9 *Relationship with economic activity before and after the first change made as a result of some disability*

This studies the effects of disability on a social level, that is, in which way a disability can limit, or not, the labour activity of the person, whether because it truly incapacitates her/him to work or because the work centres are not adequate for these persons (accessibility obstacles, social obstacles, etc.)

8.10 *Employment before and after the first change made as a result of some disability*

The information obtained regarding this variable is very useful, as it provides data on the flows between the different occupations, due to disabilities, and enables reflecting on whether there is some group of occupations with a greater degree of attraction for persons in this group, who without stopping working, have been obligated to change labour tasks.

8.11 *Type of working day*

This is classified as:

- Split shift
- Continuous morning working day
- Continuous afternoon working day
- Continuous night working day
- Reduced working day
- Shifts
- Irregular or variable working day, depending on the day
- Another type

8.12 *Special Employment Centre*

These are the centres whose main objective is to carry out a productive work, participating regularly in market operations, and with the purpose of ensuring a remunerated job and the provision of personal and social adjustment services that their workers with disabilities require; at the same time, they intend to be an integration measure of the greatest number of persons with disabilities into the normal working scheme. The staff of the Special Employment Centres shall be comprised of the greatest number of workers with disabilities that the nature of the productive process allows, and in any case, of 70% of said staff.

8.13 *Wage-earning workers of the company where s/he works*

This is classified as:

• Fewer than 10

• 10 to 19

• 20 to 49

• 50 to 99

• 100 or more

8.14 *Employment Encouragement Measures for persons with disabilities*

This refers to the group of regulations aimed at the creation and maintenance of job posts, through the establishment of hiring aids for certain groups, enabling access to work for others, aiding in the establishment as self-employed workers or in the access to cooperatives, etc.

• By reservation quota for persons with disabilities in the public sector

Law 23/1988, of 28 July, Modifying the Law of Measures for the Reform of the Function of 2 August 1984, provides the innovation of extending the reservation quota of functionary posts, while improving the definition of the procedure for reaching it. This is all contained in the nineteenth additional provision of Law: *In public employment vacancies, a quota of no less than 3% of vacancies shall be reserved to be covered by persons with disabilities of a degree greater than or equal to 33%, until they progressively reach 2% of the total employees of the State Administration, so long as they pass the selective examinations and that, at the time, they provide the indicated degree of disability and compatibility with the performance of the corresponding tasks and functions, as is determined by law (article 19).*

• By reservation quota for persons with disabilities in the public private sector

The legislation in force regarding the reservation of job posts, which establishes that, for companies with fifty or more workers, the obligation of hiring a minimum of two percent of workers with disabilities.

As an alternative means of complying with that legal obligation, one must proceed to the creation of a Special Fund for the Employment of Persons with Disabilities, which would be funded, among other sources, by compulsory funds

of the companies that do not reach the legally established percentage of the reservation of job posts.

• Specific contract for persons with disabilities

This is a hiring modality for workers with disabilities with a degree greater than or equal to 33%, recognised as such by the authorised Organisation. The access, characteristics and duration of the contract vary, depending on the specific modality of the contract, which may be one of the following types:

- Permanent or indefinite employment contract for the hiring of persons with disabilities

- Permanent or indefinite employment contract for persons with disabilities coming from labour enclaves

- Temporary employment contract

- Employment contract for training

- Internship contract

- Temporary employment contract to substitute for the temporary incapacitation of person with disabilities

- Temporary employment contract conversion to permanent, for persons with disabilities who work in the Special Employment Centres

- Communication of conversion of temporary employment contract to permanent for persons with disabilities

- Employment contract regulating the labour relationship of a special nature for persons with disabilities working in Special Employment Centres

• Incentives for hiring, bonuses in Social Security quotas

The subsidies, bonuses of the business quotas for Social Security and tax deductions aimed at encouraging the hiring of workers with disabilities in ordinary companies, and the re-adaptation and accessibility of the job post, establishing a periodicity for the updates.

• Others (work labour, jobs with support, etc.)

Labour enclaves:

A labour enclave is understood to be that contract between an ordinary job market company, called the collaborating company, and a special employment centre, for the performance of jobs or services that are directly related to the normal activity of the company, and for whose performance, a group of workers with disabilities from the special employment centre is temporarily transferred to the work centre of the collaborating company. These are regulated, as a measure for encouraging the employment of persons with disabilities, by Royal Decree 290/2004, of 20 February.

Employment with support:

Employment with support is understood to be the group of orientation and individualised accompaniment actions in the job post, provided by specialised labour preparers, with the objective of facilitating the social and labour adaptation of workers with disabilities with special labour insertion difficulties in ordinary job market companies, in conditions that are similar to the rest of the workers who carry out equivalent posts (ROYAL DECREE 870/2007, of 2 July, regulating the programme of employment with support as a measure for the encouragement of the employment of persons with disabilities in the ordinary job market).

The actions for employment with support shall be developed within the framework of projects for employment with support, where the following actions, at least, must be considered:

a) Orientation, advisory and accompanying the person with disabilities, preparing, for each worker, a programme for adapting to the job post.

b) Work in bringing together and encouraging mutual aid between the worker who is the beneficiary of the programme of employment with support, the employer and the company staff that shares tasks with the worker with disabilities.

c) Support for the worker in the development of social and community abilities, in such a way that s/he is able to relate to the labour environment in the best possible conditions.

d) Specific training of the worker with disabilities in the tasks that are inherent to the job post.

e) Monitoring of the worker and assessment of the insertion process in the job post. These actions have the purpose of detecting needs and preventing possible obstacles, both for the worker and for the company hiring her/him, that endanger the objective of insertion and permanence in the job.

f) Advice and information for the company regarding the need and processes for adaptation to the job post.

8.15 *Form of knowledge of the job post*

This is collected as having knowledge of her/his current job post, or of the last one s/he had. It is classified as:

- Via a public employment service (INEM)
- S/he addressed the company directly
- The company got in touch with her/him
- Via employment websites
- Through a friend or relative

• Via a specialised Labour Insertion service

• Via an institution or association for persons with disabilities

• Another way

8.16 *Type of contract in her/his employment*

Civil servant; permanent

This type of contract is classified in the category of a contract with an indefinite duration, regardless of whether it is carried out continuously or sporadically. This are contracts that do not end so long as they are not cancelled, that is, so long as a dismissal interrupting them does not take place. The condition of a civil servant, even if it does not carry a labour contract, can be considered similar to an indefinite duration contract.

Temporary (learning, internship or training, temp., service, seasonal or substitute)

This type of contract is classified in the category of temporary contracts, which are contracts drawn up for a specific period of time, that is, when the end of the contract is determined by objective conditions, such as the expiry of a given period of time, the performance of a specific task, the re-incorporation of an employee who had been temporarily replaced, the performance of an internship or training period and the end of the substitutions of a part of work not carried out by those who are partially retired.

Verbal agreement or without a contract

This refers to the case in which there is no formal, signed contract, even if the work is not occasional, and even if it is regular or long-term

Another type of contract

Registered under this heading will be the free workers who can work for several employers in different labour agreements, and may be at the border between wage-earner and independent worker.

8.17 *Duration of the contract*

This includes the duration of the current contract, or rather, the duration of the last contract. It is classified as:

• Less than 6 months

• 6 months to 1 year

• From more than 1 year to 3 years

• 3 years and longer

• Without indefinite duration

8.18 *Time working*

This shows how much time the person has worked in her/his current employment. It is classified as:

• Less than 1 year

• 1 to 2 years

• 2 to 4 years

• More than 4 years

8.19 *Reason for stopping working*

This collects, for those persons who have worked at some point in time and are not currently working, the reason why they stopped working. It is classified as:

• The person reached the age of retirement

• Health reasons

• Early retirement or forced early retirement

• Voluntary early retirement

• Early retirement as a result of disability

• Work could not be reconciled with family responsibilities

• The desire to dedicate oneself solely to family

• The person became unemployed after the contract ended

• The person was made redundant

• The person's own free will

• Other reasons

8.20 *Time without employment*

This is considered, for those persons who have worked at some point in time, and are not currently working, the amount of time they have been unemployed. It is classified as:

• Less than 3 months

• 3 to 6 months

• 6 months to one year

• One to two years

• Two to five years

• More than five years

8.21 *Job search*

This refers to person 16 years old and over with disabilities, and who are seeking employment, whether they are employed and seeking another job or they are unemployed.

METHOD USED IN LOOKING FOR WORK

This covers the three main actions in the job search, which are classified in:

• Was registered in a public employment office

• Was registered in a private employment office

• Has approached companies

• Has used personal contacts

• Through the press

• Has made efforts to set him or herself up on his/her own (land search, administration of licenses, etc.)

• Preparing for or taking public exams

• They are waiting on the results of previous applications

• They are waiting for a call from a public employment office

• Other methods

• They have not used any method

MAIN REASON FOR NOT FINDING EMPLOYMENT OR ANOTHER TYPE OF EMPLOYMENT

Among the reasons listed, the fundamental reason why the person believes that s/he is not finding employment, or another type of employment that adapts more to her/his intentions.

• Due to having a disability

• Due to not having experience

• Insufficient or inadequate studies

• Finding work is difficult for everyone

• Due to not having studies

• Other reasons

8.22 *Reasons for not seeking employment*

For persons 16 years old and over who have not been seeking employment or working, the three main reasons for this situation are studied.

• The person has disabilities and believes it would be difficult to find employment

• They cannot work

• They believe that they will not find work, not ever having sought it before

• They believe that they will not find work, having sought it before

• They do not believe that there will be any work available

• They are affected by an employment regulation process

• They do not know where to look to find work

• They are waiting for a season with more activity

• They are waiting on the results of previous applications

•. They are waiting to begin their freelance activity again

• Due to family or personal reasons

• Due to currently studying or receiving training

• Due to receiving economic benefits

• Due to being retired

• They do not need to work

• Other causes

8.23 *Level of studies in progress. Persons 16 years of age and over*

CURRENT REGULATED STUDIES

Generally regulated studies are deemed to be those belonging to the official education system or which enjoy official recognition (by the Ministry of Education or Universities), with the requirements for enrolling, duration of study

and programmes officially regulated, such that the qualification is attained with a stable and basically common curriculum for all types of centres delivering those study programmes.

They are classified as:

• Specific special education

• Obligatory secondary education

• Social Guarantee Programme

• Intermediate cycles of professional training and the equivalent

• Post-Secondary Education

• Advanced cycles of professional training and the equivalent

• University education

• None of the above

Special education: Although the schooling of persons with disabilities should be carried out, by legal principle, in Ordinary Education Centres, there are exceptional special education modalities, when as a result of the psycho-educational evaluation, it is considered that, throughout her/his schooling, the student will require significant curricular adaptations in practically all areas of the curriculum, and when necessary, in addition, that in this centres, her/his adaptation and social integration will be reduced. As a general rule, two modalities can occur:

- Schooling in a Special Education Centre: in which all of the students have Special Educational Needs.

- Schooling in an Ordinary Centre, but in a Specific Classroom: in this case, students with disabilities attend the same Educational Centre as other students without disabilities, but their schooling is carried out in a Special Classroom within the Centre.

NON-REGULATED CURRENT STUDIES

• Occupational Vocational Training courses

• Other non-regulated studies lasting more than six months

• Other non-regulated studies lasting six months or less

Course in Occupational Vocational Training. Occupational Vocational Training (OVT) is aimed at persons with special difficulties in accessing the labour market, young persons, unemployed persons or those who need to improve or adapt their professional performance. They may be taught by public entities (Public Employment Services, Educational Centres) or private collaborators (companies, associations).

This item includes training activities related to:

* Vocational Training and Insertion (VTI). The VTI Plan is comprised of actions aimed at unemployed workers, to provide them with qualifications that are ideal for their labour insertion.

* Ongoing Training. This addresses employed workers, and its purpose is the improvement of competencies, qualifications and professional re-qualification.

* Professional Recovery. Aimed at the rehabilitation, for employment, of persons of a working age afflicted by disabilities.

HIGHER LEVEL STUDIES COMPLETED

Additional information is obtained regarding the level of studies completed of the highest level, for persons 16 years old or over with disabilities.

This requests, for persons whose level of completed studies corresponds to university studies or the equivalent or advanced professional education, for their diploma, degree or branch. In a similar way, for all of the interviewees, they are asked if they have undertaken OVT, specifying which they have found useful in seeking employment.

Classification of branches, diplomas, degrees and OVT studies appears in Card 5 of the Annex.

8.24 *School integration and level of studies in progress. Persons 6 to 15 years of age*

LEVEL OF STUDIES IN PROGRESS

These may be classified in any of the following categories:

• **Unschooled**

@Has never attended a School Centre due to her/his disability or disabilities

@Has stopped attended due to her/his disability or disabilities

@Has never attended or does not attend because there is no Centre in her/his area that adequately meets her/his needs

• **Schooled in a Special Education centre or classroom**

@In Special Education Centres studying obligatory basic or primary education

@In Special Education Classrooms studying obligatory primary or secondary education

@In Combined Education (Special and Ordinary) studying obligatory primary or secondary education

• **Schooled in an ordinary centre, integrated and receiving special aid**

@In Infants Education Centres

@In Primary education

@In Obligatory secondary education

• **Schooled in an ordinary centre, without any type of personalised aid**

@Primary education

@Obligatory secondary education

TYPE OF CENTRE ATTENDED

• Public centre. Educational system centre that is totally financed with public funds.

• Subsidised private centre. Educational system centre that is privately owned, but has public subsidies for the levels of obligatory education (Primary education and Obligatory secondary education, First cycle).

• Non-subsidised private centre. Educational system centre that is privately owned, with no type of public subsidy for the levels of obligatory education.

SCHOOL ABSENTEEISM DUE TO DISABILITIES

This is defined by means of the sum of all of the days in which absenteeism has occurred, that is, the child has not gone to school, throughout the latest academic year, even if this has occurred during different periods, and so long as these absences can be attributed to her/his disability or disabilities (for example, a disability to walk) and not to a common illness (such as: the flu, tonsilitis, etc.),

The following intervals are considered:

@Unschooled

@Less than one week

@One or more weeks, but less than a month

@Between one and three months

@Between three and six months

@Six months or more

8.25 *Discrimination*

This includes, for persons with disabilities, the frequency with which they have felt discriminated as a result of their disabilities, they have not been allowed to do something, they have been bothered or made to feel inferior by another person. For persons who have felt discriminated, this includes whether they have

pressed charges and the situation in which this has taken place. The situations are:

• In health care

• In specialised support services (associations, early treatment. ...)

• In the school area or in training activities

• In seeking employment

• In the workplace

• In transport and commutes

• In the Public Administration

• In deciding on their wealth

• In hiring insurance

• In participating in cultural, recreational and leisure activities: museums, concerts, theatre, bars, discoteques, cinemas, tourism, etc.

• In social participation

• In social relations

• In another situation

8.26 *Social networks and contacts*

SOCIAL CONTACTS

This includes, for persons with disabilities, the place of residence and the frequency with which they see or use telephone or postal contact with a series of relatives and/or friends. These include:

• A parent

• A son/daughter

• A sibling

• A grandchild

• A parent-in-law

• Another relative

• A friend, not a neighbour

This also includes, for persons with disabilities, whether they have had the opportunity, in the last twelve months, to address or talk to persons they do not know, to relate to friends or close persons and to make new friends.

ACTIVITIES THAT THEY CARRY OUT OR CANNOT CARRY OUT

There is a list of activities on which they mainly spend their free time and those which they would like to participate in but cannot, due to their disability or disabilities. These activities are:

• Watch TV or DVDs

• Listening to the radio or to music

• Read

• Talk on the telephone with relatives or friends

• Practice physical exercise (sports, strolls, etc.)

• Surf the Internet

• Chat or send emails

• Attend classes or courses

• Do hobbies, craftwork, handicrafts

• Visit relatives or friends

• Go shopping

• Attend sporting or cultural events

• Travel

• Visit libraries or museums

• Other

CHANGE OF RESIDENCE

For all those persons with disabilities resident in the household, and who have changed residence as a result of their disabilities, this studies the main reason for the change.

This variable is classified into:

• Staying in a group establishment for a period longer than 6 months

• Better availability of health and/or social resources

• Environmental reasons

• To receive family attention

• Due to obstacles on entering and leaving home

• Due to obstacles within the home

• Other reasons

• In another situation

8.27 *Accessibility*

This includes, for persons with disabilities, whether they have any difficulty in getting around normally in a series of places. These places are:

THEIR DWELLING OR BUILDING

• In the entrance to their home

• In the lift

• On the stairs

• In the bathroom

• In the kitchen

• In other rooms of the dwelling

• In the terrace or patios

• In other places in their dwelling or building (garage, storage areas, etc.)

PUBLIC TRANSPORT

• In accessing stations, stops, platforms, interchanges

• In arriving at the vehicle

• In getting into or out of the vehicle

• In getting into the seat

• In paying for or making use of the transport pass (ticket, bus pass, etc.)

• In finding their bearing in stations, airports and ports

• In reading, interpreting or understanding maps and signals

• In deciding the itinerary (choosing transfers, getting off at the appropriate stop, etc.)

• Other problems

PRIVATE TRANSPORT

• In arriving at the vehicle

• In getting into or out of the vehicle, or accessing the seat

ON THE STREET

• In going up to or down from the sidewalk

• In crossing the street

• In overcoming obstacles on the pavement (wastepaper baskets, streetlights, bollards, narrow sidewalks, etc.) or problems on the pavement (slippery ground, potholes, etc.)

• In identifying streets, intersections and signals

• Other problems

8.28 *Health*

SELF-EVALUATION OF STATE OF HEALTH

This includes the subjective perception, on the part of the individual interviewed, of her/his state of health in general. For example, a person may be blind, but consider her/his health to be very good in general.

This is classified on five levels:

@Very good

@Good

@Fair

@Poor

@Very poor

CHRONIC ILLNESSES

A chronic illness is a long-term complaint that is not due to acute isolated processes.

This only considers those illnesses that have been diagnosed by health professionals. It therefore does not consider those that the subject believes or is convinced that s/he has, but that s/he does not have medical confirmation of.

It considers the following chronic illnesses:

@Asthma, chronic bronchitis or emphysema (including allergic asthma)

@Myocardial infarction or another heart disease

@Hypertension

@High cholesterol

@Cerebrovascular accident

@Arthrosis, arthritis or rheumatic problems

@Chronic cervical or lumbar back pain

@Diabetes

@Allergy (except allergic asthma)

@Stomach ulcer

@Cirrosis or another hepatic illness

@Cancer

@Migraines or frequent headaches

@Urinary incontinence

@Chronic anxiety

@Chronic depression

@Another mental illness

@Permanent injury caused by an accident

@Another chronic illness

ACCIDENT RATE

An accident is defined as that fortuitous event that causes identifiable corporal damage.

This studies the environment in which the accident occurs

@At home, stairs, foyer, etc.

@In the street or road and it was a traffic accident

@In the street, but it was not a traffic accident

@At work

@In the place of study

@In a sports complex

@In a recreational or leisure area

@At another place

ANTHROPOMETRIC FEATURES

Weight is studied in kilograms and height in centimetres.

If the interviewed person is pregnant, her weight prior to the beginning of the pregnancy is recorded.

8.29 *Personal care*

This feature is included for all those persons who have, for any of their disabilities, stated that they receive personal aid.

It studies which persons dedicate personal care, that is, all of the persons who provide care to the person. It asks which of these persons is mainly dedicated to this care.

KINSHIP RELATIONSHIP BETWEEN THE PERSON WITH DISABILITIES AND THE PERSON RESPONSIBLE FOR THEIR CARE

It is specified if the person in charge of their care is:

@A member of the household, or a person who resides in the household without being a member thereof (employees of the household and established guests). The carer is identified by her/his number in order

@Does not reside in the household (in which case the existing relationship is indicated)

• Daughter/s

• Son/s

• Mother

• Father

• Spouse or partner

• Sister/s

• Brother/s

• Grandmother/s

• Grandfather/s

• Granddaughter/s

• Grandson/s

• Daughter-in-law/s

• Son-in-law/s

• Other relationships

• Non-resident employees who are professional social or health professionals

• Other domestic staff

• Friends or neighbours

• Public Administration social services. This includes that personal care provided by institutions belonging to the Public Administrations (IMSERSO, Social Affairs Councils of Autonomous Communities, etc.)

• Social services of non-public institutions (NGOs, associations). This includes that personal care provided by non-governmental and volunteer organisations

• Private companies

• Other

DEGREE OF DEDICATION

@Number of hours a day, on average, receiving care from other persons

SATISFACTION WITH CARE RECEIVED

@This studies whether the aid received satisfies her/his needs, and in the case of not receiving personal aid, it studies whether the person needs personal aid or care due to her/his disability or disabilities.

MAIN CARER

@In the case that the person receives personal care, this sutides the person who is mainly dedicated to this care, that is, the main carer.

• Sex

• Age

• Marital status

• Highest level of studies completed

• Nationality

• Economic and professional situation

• Sector of her/his previous employment and perspectives for future employment (only for persons employed in the household)

• Number of days a week and number of hours a day in which s/he provides this personal care

• Amount of time providing this care

• Tasks to which s/he is mainly dedicated when assisting or providing care for this person. The following tasks are included:

- Eating
- Getting dressed / Getting undressed
- Personal hygiene / Getting ready
- Walking or getting around the house
- Going up or down the stairs
- Changing incontinence pants due to urinary incontinence
- Changing incontinence pants due to faecal incontinence
- Getting in and out of bed
- Bathing/Showering

- Using the toilet / bath on time
- Going shopping
- Preparing meals
- Undertaking other household chores
- Taking medicine (control)
- Using the telephone
- Going outside / getting about on the street
- Using public transport
- Managing money
- Dealing with paperwork
- Going to the doctor
- Tying one's own shoelaces

• Difficulties they may have derived from the care provided. The following are included:

- They have particular difficulty as they lack physical strength
- They have doubts regarding the best way of doing so
- They believe that the person they care for does not cooperate, or resists, when they help them with that task
- They have other difficulties
- They believe that, in order to perform the care undertaken, they would need more specialised training than they have
- They have no difficulty

• Aspects relating to health or general state. This includes the following:

- Health has deteriorated
- Has had to receive treatment in order to handle the situation (anti-depressant, anxiety, nervousness treatments, etc.)
- Is tired
- Is depressed
- Other problems
- They have no problem

• Professional or economic aspects (only for carer who reside in the household and are not domestic staff). These include:

- They cannot consider working outside of the home
- Has had to stop working
- Has had to reduce his/her working day
- Their professional life has suffered, (promotion, ...)
- They have problems in fulfilling their schedules
- They have economic problems
- They have no problem

• Aspects leisure, free time or family life (only for carer who reside in the household and are not domestic staff). These include:

- Has had to reduce his/her leisure time
- Cannot go on holiday
- They do not have time to care for other persons as they would like, (children, ...)
- They have problems with their partner
- They do not have time to spend with their friends
- They do not have time to take care of themselves
- They have not been able to start a family
- They have not been able to have children
- They have no problem

9 Identification characteristics

9.1 *Identification of the section*

Province. This features the provincial code where the dwelling is located. All provinces into which Spain is divided are covered, including the two autonomous cities of Ceuta and Melilla.

Section order number. The four-digit order number allocated to the section and a control digit are shown. Section order numbers within a province correlate to each other, with all sections of the national sample numbered consecutively.

9.2 *Identification of the dwelling and household*

Order number of the dwelling. This refers to the order number corresponding to each dwelling from the sample in the section. Numbers between 01 and 25 correspond to incumbent households, whereas numbers between 26 and 45 correspond to replacement dwellings

Household number within the dwelling. The number assigned to each of the households within the dwelling. Where there is only one household in the dwelling, enter code 1 in the box; where there is more than one household in the dwelling, enter code 1 in the questionnaire for the first household, code 2 for the second household, and subsequent consecutive codes in the remaining households.

9.3 *Identification of the interviewee*

Order number of the interviewee. The order number of the interviewee is shown (data included in the Disability or Limitation Questionnaire and/or in the Main Carer Questionnaire and collected previously in the Household Questionnaire). For household members aged 6 years old or more, the order number is a number between 01 and 20, for children aged 0 to 5 years old between 51 and 60.

Any person is identified by joining the previous variables: Province, Section, Order of the dwelling, Household, Order of the person. This is how data from different microdata files is crossed.

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10 Geographical classification characteristics

10.1 *Current residence Province*

The countries 52 provinces are considered, including the autonomous cities of Ceuta and Melilla.

10.2 *Current Autonomous Community of residence*

The 17 Autonomous Communities of the country are considered:

01. Andalucía: Almería, Cádiz, Córdoba, Granada, Huelva, Jaén, Málaga and Sevilla

02. Aragón: Huesca, Teruel and Zaragoza

03. Asturias (Principado de): Asturias

04. Balears (Illes): Baleares

05. Canarias: Las Palmas and Santa Cruz de Tenerife

06. Cantabria: Cantabria

07. Castilla y León: Ávila, Burgos, León, Palencia, Salamanca, Segovia, Soria, Valladolid and Zamora

08. Castilla-La Mancha: Albacete, Ciudad Real, Cuenca, Guadalajara and Toledo

09. Cataluña: Barcelona, Girona, Lleida and Tarragona

10. Comunitat Valenciana: Alicante, Castellón and Valencia

11. Extremadura: Badajoz and Cáceres

12. Galicia: A Coruña, Lugo, Ourense and Pontevedra

13. Madrid (Comunidad de): Madrid

14. Murcia (Región de): Murcia

15. Navarra (Comunidad Foral de): Navarra

16. País Vasco: Álava, Guipúzcoa and Vizcaya

17. Rioja (La): La Rioja

18. Autonomous cities of Ceuta and Melilla

10.3 *Size of current municipality of residence*

In general, the following classification is used:

• Municipalities with fewer than 10,000 inhabitants

• Municipalities with 10,000 to fewer than 20,000 inhabitants (except provincial capitals)

• Municipalities 20,000 to fewer than 50,000 inhabitants (except provincial capitals)

• Municipalities with 50,000 to fewer than 100,000 inhabitants (except provincial capitals)

• Provincial capitals and municipalities with more than 100,000 inhabitants

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11 Classification characteristics regarding the home

11.1 *Type of household*

The following classification is used:

- Single-person household
- Couple alone
- Couple with children
- Single father or mother, with at least one child
- Another type of household

11.2 *Current regular net monthly income*

Monetary income is considered to be that regularly received by the household and/or by household members, except for guests or domestic service, at the current time, whatever its origin, where applicable after income tax payments, social security contributions, other similar payments, deductible expenses and deductions.

Regular net household income is classified as:

- **Income from self-employed work or work employed by others:**

- Income from self-employed work. This is income obtained as an independent worker, entrepreneur or employer through carrying out one's entrepreneurial, professional and artistic activities, irrespective of whether or not this income is from work carried out in previous periods or as advances for future undertakings.

It includes: complete income from the sale of goods or the provision of services, operating subsidies, transfers, etc. .

- Income from working for others. This is the income received as payment for a regular or sporadic activity carried out by other individuals or corporations.

It includes: wages, salaries and seniority in the company; overtime, night work, shifts, etc.; extraordinary payments, supplements, bonuses, productivity and sales commissions, commuting allowances, commissions, tips, attendance bonuses paid to employees and accommodation allowances paid to employees. This also includes the income obtained from selling products received as salary in kind.

It does not include: food and travel, work clothes, doctors' examinations, payments made by private insurance companies or by employers when the

employee is absent due to illness, maternity, work-related accident, disability, dismissal, etc. .

• **Contributory pensions (retirement, permanent disability, widowhood, orphanhood, in favour of family members, OODI).** Pensions are considered to be that income received as periodic lifelong or indefinite benefits, although some have a time limit, such as the example of orphanhood. Contributory pensions are those in which the right to the benefit is derived from the person having carried out a prior labour activity, whether self-employed or working for others, and which has enabled her/him to fulfil the minimum contribution requirements (retirement, permanent disability, orphanhood, widowhood and in favour of family members).

• **Non-contributory pensions (retirement, disability).** These are the care pensions that are not derived from a prior labour activity or contribution (old age, permanent disability, etc.)

• **Unemployment benefits and subsidies**

@ Unemployment benefits. This is the income received by unemployed persons for a certain amount of time, having paid contributions corresponding to a specific period worked.

@ Unemployment subsidies. This is the income received by unemployed persons having used up all of their unemployment benefits, through the fulfilment of one of the following circumstances: have used up more than a year's worth of unemployment benefits, be aged over 45 years old and have no family responsibilities; have used up the unemployment benefits and have family responsibilities; have been released from jail, having been deprived of freedom for over 6 months; have returned from abroad having been working there for at least 6 months; be aged 52 years old or over, have paid a minimum of 6 years' unemployment contributions and fulfil all the requirements (except age) for obtaining a Social Security system pension; have been a temporary agricultural worker and in receipt of a subsidy, or have been declared able or partially disabled as a result of a revision of their file, due to the improvement of a previous situation of incapacity.

@Aid or grants for attending courses in occupational professional training.

@Other aid or unemployment benefits (benefits from employment promotion, aid due to accepting a job in a city different from their place of residence, community employment benefits and other benefits aimed at promoting employment).

• **Economic allowances due to having dependent children.** This is the income received as economic allowances for each dependent child aged under 18 years old, or older affected by a degree of disability greater than or equal to 65%, in the care of the beneficiary. The beneficiaries may also be the persons with disabilities themselves, so long as they are orphaned of both father and mother, as well as those children abandoned by their parents, irrespective of whether or not they are in a family shelter regime.

• **Other regular subsidies and social benefits (social insertion wages, family aid, aid programmes of the Autonomous Communities, LISMI benefits, assistance pensions, economic benefits due to dependency, etc.).** This is the income received as subsidies and regular social benefits other than pensions, subsidies and unemployment benefits or for dependent children.

• **Property and capital income (rents, dividends, interest, etc.).** This is the income received as interest on current accounts, savings accounts, term deposits and loans granted; interest and dividends from shares, debentures, bonds, public debt, mutual funds, etc.; shares in a company's profits and other revenue from movable capital; income paid by companies to board members; rent of dwellings, land and premises; leasing of goods, businesses, mines; income from intellectual or industrial property rights (where the author is not the person receiving profit, since in this case it are considered income from self-employed work) and other capital and property income.

In the case of capital and property income, this is discounted from the value of the monthly income received, the deductible expenses prorated.

• **Other monetary income.** This is the income received by the household without measuring returns for services rendered, such as regular transfers, transfers from other households (family contributions, etc.), remittances from emigrants, and other regular income other than social benefits.

MAIN SOURCE OF REGULAR MONETARY HOUSEHOLD INCOME

In determining the main source of household income, this has not considered the net income of each one of the members independently, but rather in an aggregated manner. Therefore, if several members of the household receive income from the same source, the sum thereof determines that said source may be the main source, regardless of whether, considering the net income of each member of the household individually, there is another source from which greater income is received.

MONTHLY LEVEL OF NET REGULAR HOUSEHOLD INCOME

The following net monthly income brackets are considered:

• Less than 500 euros

• From 500 to less than 1,000 euros

• From 1,000 to less than 1,500 euros

• From 1,500 to less than 2,000 euros

• From 2,000 to less than 2,500 euros

• From 2,500 to less than 3,000 euros

• From 3,000 to less than 5,000 euros

• From 5,000 to less than 7,000 euros

• From 7,000 to less than 9,000 euros

• 9,000 euros and over

11.3 *Net extraordinary social benefits received by household members and assistance from the social protection system*

This includes solely the social benefits and aid received by the members of the household, not including those received by the persons resident employed in the household or by permanent guests.

• **Extraordinary social benefits.** These are the social benefits that are not of a periodic nature for the household, such as subsidies for birth, marriage, compensation, aid for health payments, aid for different study grants, etc. .

• **Aid from the public social protection system.** This is the monetary aid received in the context of the household as such, whose objective is to help in situations of need, due to lack of resources in the household or other situations that are covered by public social protection, such as the assistance subsidies for invalid or homeless families, emigrants, refugees, etc. .

NET ANNUAL VALUE OF THIS INCOME

This accounts for the sum of all of the extraordinary social benefits received individually by each of the members of the household, and the aid received in the context of the household, during the calendar year prior to the interview.

12 Classification characteristics regarding all household residents

12.1 *Age*

The following age brackets, in actual ages, are considered:

• Under 6 years of age

• 6 to 15 years old

• 16 to 24 years old

• 25 to 34 years old

• 35 to 44 years old

• 45 to 54 years old

• 55 to 64 years old

• 65 to 69 years old

• 70 to 74 years old

• 75 to 79 years old

• 80 to 84 years old

• 85 to 89 years old

• 90 years old and over

12.2 *Sex*

• Male

• Female

12.3 *Country of birth*

• Spain

• Another country:

@A European Union country other than Spain, Rumania and Bulgaria (EU-25)

@Romania or Bulgaria

@Another European country

@Canada or the U.S.A

@Ecuador

@Colombia

@Another American country

@An Asian country

@Morocco

@Another African country

@An Oceania country

12.4 *Nationality*

This category lists the country of which they are subject or citizen.

• Spanish

• Abroad

• Dual nationality, Spanish and another:

@A European Union country other than Spain, Rumania and Bulgaria (EU-25)

@Rumania or Bulgaria

@Another European country

@Canada or the U.S.A

@Ecuador

@Colombia

@Another American country

@An Asian country

@Morocco

@Another African country

@An Oceania country

12.5 *Marital status*

This characteristic specifically refers to the legal situation and not to the actual situation.

• Single

• Married

• Widowed

• Legally separated

• Divorced

COMMON LAW COUPLE

In the case of not being married, cohabiting habits are collected as below.

Living as a couple. This considers living as a couple, maintaining a common law relationship that is not legalised (that is, not registered in the Civil Register), with

continuous cohabitation of the couple in a common home, thus excluding occasional relationships.

12.6 *Kinship relationship with the reference person*

This lists the relationship of the members of the household with the reference person, according to the following classification:

• Spouse or partner of the reference person

• Son/daughter of the reference person and/or her or his spouse or partner

• Daughter-in-law or son-in-law of the reference person and/or the spouse or partner of the reference person

• Father or mother of the reference person

• Father or mother of the spouse or partner of the reference person

• Brother/sister of the reference person

• Brother-in-law/sister-in-law of the reference person

• Grandfather/grandmother of the reference person

• Grandson/granddaughter of the reference person

• Other kinship relationship with the reference person

• Other kinship relationship with the spouse or partner of the reference person

• Resident persons employed in the household

• Guests

• Another type of relationship

Spouse or partner of the reference person. This considers both the legal spouse, by religious or civil marriage to the reference person, and the non-legalised partner, so long as the reference person maintains a continuous cohabitation with that spouse or partner (not occasional or sporadic) in a common home.

Son/daughter of the reference person or her or his spouse or partner. This considers both birth children and legally adopted children.

Father/mother of the reference person or her or his spouse or partner. This considers both biological and adoptive parents.

12.7 *Kinship relationship with the person with disabilities*

This includes the relationship of the members of the household with the person with disabilities, for the persons for whom it already has the kinship relationship

(for the reference person or another person with disabilities with whom there is a kinship relationship), this is not collected. This is according to the following classification:

• Spouse or partner of the person with disabilities

• Son/daughter of the person with disabilities and/or her or his spouse or partner

• Daughter-in-law or son-in-law of the person with disabilities and/or the spouse or partner of the person with disabilities

• Father or mother of the person with disabilities

• Father or mother of the spouse and/or partner of the person with disabilities

• Brother/sister of the person with disabilities

• Brother-in-law/sister-in-law of the person with disabilities

• Grandfather/grandmother of the person with disabilities

• Grandson/granddaughter of the person with disabilities

• Another kinship relationship with the person with disabilities

• Another kinship relationship with the spouse or partner of the person with disabilities

• Resident persons employed in the household

• Guests

• Another type of relationship

Spouse or partner of the person with disabilities. This considers both the legal spouse, by religious or civil marriage to the reference person, and the non-legalised partner, so long as the reference person maintains a continuous cohabitation with that spouse or partner (not occasional or sporadic) in a common home.

Son/daughter of the person with disabilities or her or his spouse or partner. This considers both birth children and legally adopted children.

Father/mother of the person with disabilities or her or his spouse or partner. This considers both biological and adoptive parents.

12.8 *Level of studies completed*

This feature refers to the highest level of regulated studies completed by persons aged ten years old and over. In the case that a person has undertaken studies of a certain level without completing them, this is considered included in the previous level.

For example, if a person currently studies the 2nd course of Post-Secondary Education, s/he is classified in the 1st stage Secondary Education option, since s/he is currently undertaking Post-Secondary Education, but has not yet completed it.

Regulated studies. Generally regulated studies are deemed to be those belonging to the official education system or which enjoy official recognition (by the Ministry of Education or Universities), with the requirements for enrolling, duration of study and programmes officially regulated, such that the qualification is attained with a stable and basically common curriculum for all types of centres delivering those study programmes.

Distinction is made between the following categories of regulated studies, which are specified in greater detail in Card 4 of the Annex:

- Cannot read or write
- Incomplete primary education
- Primary education or the equivalent
- Secondary education, 1st stage
- Post-secondary education
- Intermediate professional training or the equivalent
- Advanced professional training or the equivalent
- University studies or the equivalent

12.9 *Relationship with economic activity*

This variable takes as a time reference the calendar week prior to the beginning of the interview, and it is studied for all of the persons resident in the household and aged 16 years old and over.

9 response options are presented, but if a person is in more than one situation, only that which the interviewee considers to be most important is included.

In order to determine this and other characteristics related to economic activity, it follows, in general, the following criteria used in the Economically Active Population Survey.

ECONOMICALLY ACTIVE POPULATION

This is the set of persons, who in a given reference period, supply labour for the production of economic goods and services (employed) or are available and carry out actions to incorporate themselves into the said production (unemployed).

Working. Persons who, during the reference week, worked for at least one hour, either for a salary or other form of remuneration in cash or in kind, or in exchange for family profit in cash or in kind, are considered to be working.

Apprentices who have received remuneration in cash or in kind, and students who have worked full-time or part-time in exchange for remuneration, are considered under this heading.

Entrepreneurs, independent workers, members of cooperatives who work in said cooperatives are considered to be working as self-employed workers.

If, during the reference week, the interviewee were to be absent due to holidays or leave, leave due to the birth of a child, or leave due to illness, accident or temporary incapacity, this person would be considered to be working.

If, on the contrary, the interested party were absent for reasons such as: extended leave of absence due to the birth of a child, summer or flexible work schedule, trade union activities, temporary disorganisation of the work due to reasons such as bad weather, mechanical faults or other similar reasons, partial unemployment due to technical or economic reasons, adjustment plan, strike or labour conflict, having received education or training outside of the establishment, personal reasons or family responsibilities, or other reasons tht doe not include discontinuous permanent contracts, seasonal works or waiting to start at a new job, then this person will be considered to be working if, sure of returning to work, s/he will do so in a period equal to or shorter than 3 months, or if more, s/he will be receiving 50% or more of her/his wages.

The following persons will not be considered to be working:

- Seasonal, occasional or discontinuous workers employed by others in the period of least activity, who did not work during the reference week.

- Persons who undertake unpaid housework, unpaid social services or charitable services, and other unpaid persons who perform activities outside the scope of economic activities.

- Seasonal self-employed workers and seasonal or occasional family unpaid workers in the season of less activity, who have not worked during the reference week.

Unemployed. All persons who, during the reference week, were without work and were available to work in the period of two weeks as of the date of interview and are looking for work; in other words those who have taken specific measures over the last four weeks to find a job working for someone or for themselves, are considered unemployed.

Although the effective search for employment criteria is included in this definition, those persons who, during the reference week, were without work, available to work and expected to start a new job within the three months after the reference week, will also be considered unemployed.

Likewise, those persons who were absent from work as a result of a suspension due to a regulation, who were not considered to be working during the reference week (that is, who do not expect to be able to return to the company, or who plan to return after 3 months and receive less than 50% of their wages), and who sought work actively and were available to carry out work, are considered to be unemployed.

Receiving a contributory retirement or permanent disability pension. Considered to be in this situation are the persons who have had a previous economic activity, and who, due to age, disability or other causes, has left it. These pensions are contributory if they are derived from the previous economic activity, and they may be one of two types: retirement pension and permanent disability pension.

It also considers the persons who receive a pension derive from the contributions of another person. This group includes the following: widowhood pension, orphanhood pension and pension in favour of family members.

Persons taking early retirement due to redundancy (with a reduction in the normal amount of pension), without fulfilling the general requirements set out by law for receiving a retirement pension, are also classified under this heading.

Receiving another type of pension. This considers the persons who receive a pension that is not derived from their previous economic activity. They may be:

- non-contributory old age/retirement pension: a periodic benefit granted due to age, and which is not derived from a previous economic activity, either due to not having had one, or due to not having contributed enough years

- non-contributory disability pension: economic benefit received due to having a given degree of handicap that eliminates or modifies physical, emotional or sensorial abilities.

- extraordinary pension due to acts of terrorism: those received as a result of becoming disabled, or for family members of the deceased, as a result of acts of terrorism.

Incapacitated to work. Considered to be in this situation are the persons who are permanently incapacitated, both if they have worked previously and if they have not, and are not receiving a contributory disability pension or a non-contributory disability pension.

This considers both disabilities from birth and those acquired that are of a permanent nature, but not disabilities of a transitory nature, that is, temporary disabilities due to common or professional illnesses or accidents, whether work-related or not, while they receive health care or medical leave is necessary.

Studying. Persons receiving tuition at any educational level are considered to be in this situation.

Persons preparing for competitive examinations are included.

Mainly dedicated to household chores. Persons who spend most of their time carrying out unpaid work looking after their own household (housework, looking after children, etc.) are considered to be in this situation. Mainly, this does not mean exclusively, since a person may spend most of his or her time carrying out housework, and studying or working a few hours each day (so long as they spend less time carrying out this activity than doing housework). However ,it is important for the person to estimate that he or she mainly carries out housework, otherwise a large number of interviewees will be included in this option, since almost all adults carry out some housework (making the bed, preparing breakfast, preparing a bottle for a child, etc.), and the latter is not the objective of this heading.

We can conclude from the aforementioned that there may be an infinite number of households in which no member may be included in the option of spending their time carrying out housework, since, as has already been indicated, those spending the most time on these chores, out of all household members, have not been included in this option; rather, it has been those persons who, among the other activities which they carry out, concentrate on housework.

Carrying out unpaid social work or charity activities. Those persons who, out of altruism and solidarity, freely and without charge, carry out a civic and social activity in aid of others, through a public or private social services organisation, are considered to be in this situation.

Other situations. Included in this category are those persons who receive public or private aid, without carrying out any economic activity, and all those not included in any of the previous categories: independently wealthy persons, persons temporarily deprived of their freedom, etc.

12.10 *Professional status*

This analyses the professional status of employed persons, as compared with their main employment, during the calendar week prior to the beginning of the interview.

If the person is simultaneously carrying out several jobs during the reference week, the professional status studied depends on the job that the interviewee considers to be her/his main job.

Distinction is made between the following professional situations:

@Entrepreneur or self-employed worker with employees. This is considered to be the person who manages her/his own company, industry or trade (except cooperatives), or manages on her/his own, a liberal professional or trade, and who due to this, hires one or more employees or workers whom s/he pays via salary, wages, commission, etc. . Therefore, classified in this category are managers, entrepreneurs and professionals, including wage-earning personnel.

Members of production cooperatives are not included, even if they employ wage-earning personnel.

@**Entrepreneur without employees or independent worker.** This considers the person who manages her/his own company, industry, trade, farm or who exercises, on her/his own, a liberal profession or trade and does not employ wage-earning personnel. It includes those who work in their own company with the sole assistance of family members without reglamentary remuneration; members of production cooperatives who work therein, whether they are associated work cooperatives or community land exploitation cooperatives or home workers (when they have no contract or labour agreement, and the decisions on markets, financing, etc., are in the hands of the worker her/himself, who also possesses or rents the capital goods used in the production process; or, when the remuneration of a person is established based on the income or benefits from the sale of her/his goods or services).

@**Family assistance.** Family assistance is considered to be that person who works, without reglamentary remuneration, in the company or business of a relative with whom s/he lives. This includes those persons who cooperate in the work of a wage-earner (for example, workers in the textile sector who work in their own home, receiving wages for this, and are helped by other members of the family unit).

The persons who help a relative with whom they do not live, and from whom they receive no type of remuneration, are considered to be unemployed. If they receive any remuneration (in cash or in kind), they will be considered to be employed, and their professional status will be that of a wage-earner.

@**Wage-earner.** A wage-earner is considered to be that person who works for a company or public organisation (wage-earner in the public sector) or private organisation (wage-earner in the private sector), and receives for that work a salary, commission, benefit, payments by results, or any other form of regulated remuneration, in cash or in kind.

Those persons who fulfil the requirements to be wage-earners, do not lose said condition, even in the case that they directly pay taxes due to performance of personal work and/or Social Security contributions.

Also included as wage-earners are the following:

@ The worker partners of public limited labour companies who have an employment relationship with wage-earners.

@The managers, directors or other wage-earning employees who are not owners of the company in which they work, even when the carry out the same functions as the employers or entrepreneurs, such as the hiring or dismissal of other workers in the name of the company.

@ Home workers, when they have an explicit or implicit contract or labour agreement, and their remuneration basically depends on the time worked or the amount produced.

Member of a cooperative. These are all of the production cooperative members working therein. Working members of public limited labour companies are not included in this section, since they are regarded as wage-earners. Employees working in cooperatives are not included in this code either. Working members of associated work cooperatives, community land exploitation cooperatives, etc., however, are included.

Another situation. This considers those persons who cannot be included in any of the above sections, with this option being reserved only for very specific cases:

- Wage-earners hired by foreign embassies (these are public sector employees of another country).

- Persons cooperating in the work of a wage-earner, and who therefore cannot be encoded as family assistance (since there should therefore be a entrepreneur or independent worker in the family unit of which they would be family assistance). For example, textile sector workers working in their own homes, in receipt of a salary in return for this, and who are helped by other members of the family unit. The latter cannot be considered family assistance.

12.11 *Occupation, profession or trade*

This analyses the occupation, profession or trade carried out, as compared with their main employment, during the calendar week prior to the beginning of the interview.

If the person is simultaneously carrying out several jobs during the reference week, the occupation studied depends on the job that the interviewee considers to be her/his main job.

Occupation. Occupation is defined as the type of work performed, specifying the corresponding job post, for example; advertising artist, advanced telecommunications engineer, auto mechanic, etc.

The occupation level is covered in the framework of the National Classification of Occupations of 1994 (NCO 94), which defines occupation as a set of jobs whose tasks are very similar.

• The design of the structure of NCO 94 is based on the concept of qualification, which is studied under two aspects:

@Level of qualification: degree of complexity of tasks carried out.

@Specialisation of the qualification: conditional upon the areas involved, and used for occupational differences with the same level of qualification.

This qualification in occupation may be acquired by means of a formal apprenticeship (above all referring to Large Groups 2 and 3), or by means of non-regulated training or experience.

• It considers the following categories, on a level of Large Groups, which are specified in greater detail in Card 1 of the Annex.

1. Business Management and Public Administration

2. Scientific and intellectual technicians and professionals

3. Support technicians and professionals

4. Administrative-type employees

5. Workers in catering, personal, and protection services and trade salespersons

6. Workers skilled in agriculture and fishing

7. Craftspersons and workers qualified for the manufacturing, construction and mining industries, except installation and machinery operators; skilled extractive industry workers, metallurgy, construction, machinery and related trades workers; skilled workers in graphic arts, textile and preparation, elaboration of food, cabinetmakers, craftspersons and other similar industries

8. Operators and fitters of fixed machinery and drivers and operators of mobile machinery

9. Unskilled workers

0. Armed forces

For persons with disabilities, this uses a classification to 3 digits, available in Card 2 of the Annex.

12.12 *Activity sector of the establishment*

This analyses the activity sector of the establishment in which the person works, as related to her/his main job during the calendar week prior to the beginning of the interview.

If the person is simultaneously carrying out several jobs during the reference week, this considers the activity sector of the establishment of the job that the interviewee considers to be the main job.

Economic activity. The economic activity carried out by a company is defined as the creation of added value through the production of goods and services. The economic activity annotation usually includes:

@ The specific nature of the activity (bulk manufacture, refinery, tailoring, transport, etc.)

@The product manufactured (extracted, cultivated, etc.)

@ The service provided (auto insurance, grocery store, electronic data processing, etc.)

• This variable is classified into the following sectors, which are specified in greater detail in Card 3 of the Annex.

Establishment. An establishment is considered to be any productive unit of goods or services (such as factories, workshops, hotels), located in a defined physical premises and under the management and control of a single company. The satellite or annexed elements that, located nearby, carry out certain phases of the production process thereof, are considered to be part of the same establishment. If an establishment carries out more than one activity, it is classified in the sector to which the main activity thereof belongs.

It must be borne in mind that the economic activity always refers to the activity sector of the establishment and not to that of the company, since the same company may have several establishments with different activities.

At times, especially in the case of large companies, differences may be found between the activity of the specific establishment in which the subject works, and that of the company as a whole. Thus, in an airport (company), there may be a cafeteria (establishment); in a factory, there may be an electrical production generator unit; in a large store, there may be a travel agency or a shoe repair department, etc. In these cases, the main activity of the establishment is collected. This criterion is applied, even when the establishments comprising the company are physically separated in independent buildings.

If a person works in more than one place or in her/his home, the establishment is understood to be the place from which the instructions come, or that in which the work is organised.

In those cases in which the workplace is not permanent, as is the case of construction workers or travelling salespersons, this refers to the activity of the establishment on which the worker depends directly.

12.13 Handicap certificate

This certificate officially values the percentage of handicap that a person has as a result of a disability, so long as it reaches a degree greater than or equal to 33 percent, the minimum percentage for the condition of handicap. The degree of handicap is assessed, depending on the limitation persisting in the person, with the use of technical aids. The Certificate is issued by the Institute for the Elderly and Social Services (IMSERSO) or the corresponding body of the Autonomous Communities.

5 The DIDSSc-08 survey

As has been commented previously, the Disabilities, Independence and Dependency Situations Survey (DIDSS) has studied both the population resident in family dwellings and the institutionalised population. To this end, the DIDSS has been conducted in two stages: the first aimed at households (DIDSSh-08), and the second at persons resident in certain collective establishments (centres for the elderly, centres for persons with disability under 65 years of age, psychiatric hospitals and geriatric hospitals).

The work undertaken to conduct DIDSSc-08 is as follows:

- Compilation of the Survey Framework

  This has been compiled with data from the database of Centres for the Elderly provided by the IMSERSO, of the directory of Centres for Persons with Disabilities under 65 years of age (DESDE Project), of the National Hospital Catalogue of the MSC and of the Central Companies Directory of the INE (CCD).

- Pre-survey for the verification/updating of the Framework

- Resumption of the DIDSS Working Group for the definition of the content of the questionnaires (Centre and Hospital Questionnaire and Personal Questionnaire)

- Pilot study

- Sample design
- Design of data collection
- Filtering and processing of the data
- Final results.

1 Objectives

The general objective of the Disabilities, Independence and Dependency Situations Survey - Centres (DIDSSc) is to answer the demand for information for the National Dependency System, providing a statistical basis for guiding the promotion of personal independence and the prevention of dependency situations, within the population resident in certain collective establishments: centres for elderly persons, centres for persons with disabilities, psychiatric hospitals and geriatric hospitals.

This survey is the continuation of the first phase of the project of the Disabilities, Independence and Dependency Situations Survey, which has the same general objective, but is aimed at studying the population resident in main family dwellings (DIDSSh-08).

Specific objectives

1. To estimate the number of persons with disabilities resident in Spain centres for elderly persons, centres for persons with disabilities, psychiatric hospitals and geriatric hospitals, as well as their geographical distribution.

2. To ascertain the limitations of activity and the restrictions of participation in the everyday situations of persons, as well as the severity of said limitations.

3. To ascertain the characteristics of persons with disabilities and in a situation of dependency.

4. To identify the different types of impairments that cause the limitations, as well as causes generating said impairments.

5. To assess the discrimination of persons with disabilities in different areas of everyday life.

6. To identify the needs and demands for assistance, as well as the aid that they receive and its characteristics. To ascertain the use of technical aids, special adaptations, personal care, etc.

7.- To ascertain the main characteristics of the collective centres where persons with disabilities reside, as well as the services provided to them.

8. To carry out the analysis of disability from the perspective of gender

2 Framework of DIDSS-c

The Framework has been compiled from the database of Centres for Elderly Persons of the IMSERSO, from the listing of Reference Centres of the IMSERSO, from the directory of Centres for Persons with Disabilities under 65 years of age (Project for the Standardised Description of Disability Services in Spain, the "DESDE Project"), from the National Hospital Catalogue of the MSC and from the Central Companies Directory (CCD) of the INE 8this has considered active companies with main activity 8531 "Activities in the provision of social services with accommodation" NACE rev1.1).

The Framework obtained works with a total of 6,106 residential centres: 5,036 centres for elderly persons, 12 reference centres, 865 centres for disabled persons under 65 years of age, 109 geriatric and psychiatric hospitals and 84 social centres from the CCD.

In order to verify the Framework, a fieldwork update has been carried out, through the mailing, to all of the centres, of a brief questionnaire - Framework File - in which each Centre is asked to verify/correct the identification data (name, address, telephone, fax, e-mail, etc.) and the type of service offered (residential or another type), and a series of data necessary for carrying out the subsequent sample design of the final survey. The variables requested are: ownership, financing, type of residential attention (able elderly, elderly in a situation of dependency, attention to persons with physical disabilities, etc.), number of residential bedplaces, number of residents classified by sex and age, number of workers, existence or non-existence of a computerised register of persons.

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3 Pilot study

The pilot study has been aimed at a sample of 20 centres with representation of all of the existing types (centres for elderly persons, centres for persons with disabilities under 65 years of age - both public and private -, reference centres). The selected centres have been distributed over five Autonomous Communities (Andalucía, Cantabria, Castilla-La Mancha, Extremadura and Madrid), and a total of 160 persons have been interviewed in them. The objective of the pilot study has been to evaluate both the acceptability of the Survey on the part of the centres and of the selected persons, to determine the most appropriate informant when the selected person could not answer (worker in the centre, relative of the selected person, etc.), to identify the difficulties that might arise in contacting, in the first place the centre, and in the second place the selected persons, and the potential indirect informants, to adjust the time that would be needed to carry out the work in each centre, depending on the response rate of the selected persons.

During the reference period of the Pilot Study, weekly or bi-weekly meetings have been held with the interviewers in order to obtain first-hand information regarding the development of the interviews.

A guided report has been filled out for each centre selected in the pilot study. The purpose of this report is to collect all of the impressions that the interviewer has had in the field, the difficulties or easy, incidences or problems that have arisen, as well as any other important aspect worth noting.

Attitude of the centre

- In telephone contacts

- On making an appointment

- To locate the person who is to answer the centre questionnaire

- To locate the person who is to supply the sample of persons

- Sample selection

- Characteristics of the register of residents in which the selection is performed

- Obtaining the sample

- Conditions under which the interview is conducted

- Localisation of indirect informants

- Place in which the interview is conducted

- Noteworthy data on the development of the interview

- Signature sheets. In accordance with the recommendations given by the Data Protection Agency, the informant person has stated that an interviewer of the National Statistics Institute has interviewed her/him, requesting her/his participation in the survey, and s/he has been informed that it is being carried out by the National Statistics Institute; the importance of the Disability, Independence and Dependency Situations Survey Centres (DIDSS-c), the voluntary nature of certain contents and the guarantees established by Statistical Secrecy.

- Comments

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4 Development of the Survey

The carrying out of DIDSS08-c has been planned in two phases, which are identified with the following questionnaires: a Centre or Hospital Questionnaire and a Personal Questionnaire.

First stage. Centre Questionnaire or Hospital Questionnaire

In the first phase, information was requested, through a self-completed questionnaire, regarding different characteristics of the centre or hospital; this questionnaire was provided to the centre or hospital via ordinary post:

Centres:

A. General data on the centre or hospital: Type of centre, speciality, ownership, financing and management

B. Provision of bedplaces and bedrooms

C. Distribution, by age group and sex, of the persons resident in the centre

D. Services offered in the centre

E. Facilities available in the centre

F. Action protocols (attention to controlling the types of diet, for the use of restraints, for the use of nappies, etc.)

G. Personnel of the centre: personnel, by professional category and percentage of time of the health and psychosocial personnel dedicated to personal care.

H. Expenditure of the centre

This questionnaire ended with the random selection of the persons who should answer the personal questionnaire.

Hospitals:

A. General data of the hospital: Purpose of the hospital (geriatric or psychiatric), ownership, financing and management

B. Bedplaces

C. Distribution, by age group and sex, of the persons resident in the hospital

D. Personnel of the hospital: personnel, by professional category and percentage of time of the health and psychosocial personnel dedicated to personal care.

E. Expenditure of the hospital

This questionnaire ended with the random selection of the persons who should answer the personal questionnaire.

Second stage. Personal Questionnaire.

The main objective of this second phase is to determine whether or not the persons selected in the previous phase have a disability. A personal interview was conducted with each person selected (or another person who is sufficiently informed), which intended to determine whether s/he had a disability or disabilities and which it was/were (the disability was presented in comprehensible terms).

The completion of the questionnaire was begun by asking about personal characteristics of the person selected: sex, age, country of birth, country of nationality, marital status and cohabitation situation, and highest level of studies completed. The person was also asked about her/his perception of the overall state of health, if s/he had some chronic health problem and whether s/he had a certificate of handicap >33%. If the person was 16 years old or over, this first

section was finished with questions regarding her/his relationship with economic activity, and if applicable, about her/his professional situation.

Subsequently, s/he was asked if s/he had any of the 44 disabilities under study, the degree of severity of each disability, age at the appearance of the disability, impairment that caused each one of them, and whether s/he received supervision or personal assistance or used some type of external technical aid.

For each disability expressed, only one impairment was considered. Therefore, when the same disability could be caused by more than one impairment, or when it was difficult to ascertain the true origin of the disability, at the time of collecting this information, the same guidelines were followed as those used in the survey dedicated to households, DIDSS08-h.

If the person had no disability, the interview was discontinued. If s/he showed that s/he had a disability, then s/he was continued to be asked regarding discrimination due to her/his disability, social networks and contacts, personal independence and accessibility.

5 Scope of the research

Population scope

The research has targeted those persons who resided in centres for elderly persons, centres for disabled persons under 65 years of age, psychiatric hospitals and geriatric hospitals.

Geographical scope

The Survey has been carried out throughout the entire country.

Time scope

The information collection period has spanned a period of three months, from May through July of 2008.

6 Sample design

The DIDSS-c is the first experience of the INE in surveys aimed at the population resident in collective households who will complete the DIDSS targeting households.

The objective of the survey is to provide information on the main characteristics of this population, on an Autonomous Community level, and the types of centre, and to this end, the sample design has distinguished between Centres for Elderly Persons, Centres for Minors and Hospitals (geriatric and psychiatric).

Type of sampling

The type of sampling used is a stratified two-stage sampling. The first-stage units are the centres, and the second-stage units are the persons who reside in said centres.

The stratification variables used have been those available in the directory, and which have enabled improving the efficiency of the design. Considered as main variables are the size of the centre, measured in the number of bedplaces (or beds, in the case of hospitals) and the ownership, whether public or private, thereof.

For each Autonomous Community, we have designed an independent sample to represent it.

Sample size. Allocation.

In order to cover the objectives of the survey of providing estimations with a given degree of reliability on national and Autonomous Community levels, the sample size has been approximately 11,000 persons. The number of persons to be interviewed in each centre has been variable, and has been determined depending on the type and size of the centre, the latter being measured by the number of persons resident therein. In any case, the minimum number of second-stage units researched in each centre is five persons.

The allocation of the sample between strata is proportional to the size of the stratum.

Sample selection

The centres and persons have been selected within each stratum and centre, respectively, with equal probability.

Each centre selected carries an associated sampling fraction, established depending on its size, measured by the number of persons resident therein. This fraction represents the percentage of persons who should be interviewed.

For the selection of the persons, a numbered list was used of all of the persons resident in the centre, which was obtained by the interviewer at the time of the interview. A listing of terminations was provided, associated with the different sampling fractions, in such a way that the selection was made of those persons

whose list number ended in one of the terminations corresponding to her/his centre.

Estimators

This uses an estimator obtained through the following steps:

1.- Estimator based on the sample design with correction of non-response on a stratum level.

1.1. The probability of belonging to the sample, of person resident r, selected in centre C, of stratum h, is given by:

$$P(r_{Ch}) = \frac{n_h}{N_h} \cdot \frac{r_c^t}{R_c}$$

where:

N_h is the total number of centres in stratum h

n_h is the number of centres in the sample of stratum h

R_c is the number of persons resident in centre C, according to the information provided by the centre.

r_c^t is the theoretical number of persons who must be selected in centre C.

1.2. The probability of response in centre C is given by the quotient $\frac{r_c^e}{r_c^t}$ where

r_c^e is the effective sample of residents in centre C

1.3. In each stratum h, the estimator for the total of a characteristic X is obtained by means of the expression:

$$\hat{X}_h = \frac{N_h}{n_h} \sum_{c=1}^{n_h} \sum_{i=1}^{r_c^e} \frac{R_c}{r_c^e} x_{hci}$$

where

x_{hci} is the value of characteristic X, for resident i, in centre C of stratum h.

2. Separate ratio estimator, to adjust to the population in each stratum h.

With the purpose of adjusting the previous estimator to the population of residents from the directory, the final estimator used has the following expression:

$$\hat{\hat{X}} = \sum_h \frac{\hat{X}_h}{\hat{R}_h^D} R_h^D = \sum_h \frac{R_h^D}{\sum_{c=1}^{n_h} R_{ch}^D} \sum_{c=1}^{n_h} \sum_{i=1}^{r_c^e} \frac{R_c}{r_c^e} x_{hci}$$

R_h^D is the total number of residents in the centres of stratum h, from the information contained in the directory.

R_{ch}^D is the total number of residents in centre C, from the sample of stratum h, from the information contained in the directory.

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7 Information collection

COLLECTION SYSTEM

The period of time in which the information collection has taken place has been approximately 3 months (from May to July 2008).

The information collection method of the centres questionnaire has been by self-completion. The information was provided by the person that the management of the centre destined for said purpose. Doubts arising were clarified by the interviewer her/himself in subsequent visits to the centre to interview the persons selected that should respond to the personal questionnaire.

The information collection method of the personal questionnaire has been by personal interview. The information has been provided, whenever possible, by the person her/himself. In the case that this person could not answer, another sufficiently informed person (from the centre or a relative) did so.

The interviewers visited the centres to leave the centre/hospital questionnaires, conduct the interviews and complete the questionnaires. In each centre, the visits necessary were made to obtain the required information, completing the interview with telephone calls in those cases in which it was necessary to complete omitted data or correct erroneous data.

BASIC UNITS

Social Residential Care Centres

Centres dedicated to temporary or permanent accommodation, where complete and continuous care is provided, with interprofessional socio-health care, for elderly persons and for persons with physical and intellectual disabilities.

There are different types of Residential Centres, according to the profile of the persons they cater to (they may target persons in dependency situations and persons who can care for themselves), although their essential, therapeutic, functions of complete care and accommodation are common to all of them. The following are considered:

- Residences for elderly persons in a dependency situation.

- Residences for elderly persons who can care for themselves.

- Residences for elderly persons in mixed situations (dependency / self-sufficient)

- Care centres for persons with physical disabilities.

- Care centres for persons with intellectual disabilities.

- Care centres for persons with mental illness.

- Reference centres: centres that perform a dual function: the direct care of persons with a specific type of problem, and the promotion, research and technical aid to other sector resources.

- Other

Geriatric hospitals and/or long-stay and psychiatric hospitals. (centres with internment)

- Geriatric and/or Long-Stay Hospitals. Health centres aimed at the specialised and continuous care of interned patients (with a minimum of one night) who require health care, in general, of low complexity, due to chronic processes or because their degree of functional independence for everyday life is reduced, which they cannot provide in their domicile, and require a period of internment.

- Mental Health or Psychiatric Hospitals. Centres aimed at providing diagnoses, treatment and monitoring for patients who required internment due to mental illness.

Surveyable person

Person who has been residing in the centre for at least three months.

INCIDENCES IN THE SAMPLE AND TREATMENT

Due to the means of sample selection, two types of incidence may be distinguished:

- Incidences concerning centres

- Incidences concerning persons

Incidences concerning centres

- Closed:

The centre no longer exists during the reference period of the survey, and there is a document justifying the existence of this situation, or in any, there is some evidence that is sufficient to state that the closure is final.

- Inactive:

The centre has remained inactive during the reference period, for some sporadic or seasonal reason, but has the intention or continuing its activity when the circumstances causing this situation disappear. That is, the centre is expected to re-open. The lack of activity during the reference period may be as a result, for example, of closures due to sporadic reasons, such as construction work or accidental circumstances (fire, flood, etc.). The cause of the inactivity is noted down.

- Erroneously included:

The centre does not belong to the study scope of the survey, either due to the main activity carried out or due to another reason.

- Unlocatable:

This incidence is assigned when the centre cannot be located with the information contained in the directory, or with any other spoken or written means. Before being considered unlocatable, this circumstance in the centre must be studied using all available means: Municipal council, telephone book, business associations, etc.

- Inaccesible:

Access to the centre is impossible, due to adverse climate circumstances or to the non-existence of transitable roads.

- Refusal of the centre:

The management of the centre refuses to participate in the survey, claiming different reasons.

- Participant:

When the questionnaire is received from the centre, also enabling the work of the interviewers in terms of conducting the personal interviews.

Incidents concerning persons

- Unsurveyable person:

The person has spent less than three months residing in the centre at the time of the interview, and therefore does not fulfil the condition necessary to be considered surveyable.

- Refusal:

The selected person refuses to participate in the survey.

- Absence:

The selected person is temporarily absent, due to being interned in a hospital, spending some holiday time away, etc.

- Inability to respond:

The selected person is incapacitated to respond to the questionnaire, due to disability or illness, lack of knowledge of the language, or some other circumstance, and there is no person who is sufficiently informed regarding her/his situation who can answer for her/him (proxy).

- Surveyed:

In order for the person to be considered surveyed (that is, for the personal questionnaire to be considered valid), the following questions must be answered:

Section B. Personal data: questions 1 and 2

Section C.1:

Block A: Sight: questions 1.0, 1.1, 2.1, 3.1 and 4.1

Block B: Hearing: questions 5.0, 5.1, 6.1 and 7.1

Block C: Communication: questions 8.1, 9.1, 10.1, 11.1, 12.1 and 13.1

Block D: Learning and application of knowledge and development of tasks: questions 14.1, 15.0, 15.1a, 15.1b, 16.1 and 17.1

Block E: Mobility: questions 18.1, 19.1, 20.1, 21.1, 22.1, 23.0, 23.1, 24.1, 25.1 and 26.1

Block F: Self care: questions 27.1, 28.1, 29.1, 30.1, 31.0, 31.1, 32.1, 33.1, 34.1 and 35.1

Block G: Home life: questions 36.0, 36.1, 37.1 and 38.1

Block H: Interactions and interpersonal relationships: questions 39.1, 40.1, 41.1, 42.1, 43.1 and 44.1

Treatment of the incidences

- Incidences concerning centres

This did not consider replacements of centres, given that the selection framework thereof was updated prior to conducting the survey, and that through the pilot study, it was proven that the refusals of the centre to participate were scarce.

- Incidence concerning persons

Unsurveyable persons are replaced by their corresponding reserve persons.

Likewise, refusals are replaced by their reserve persons. Proxy information is not admitted in refusals.

In the case of absences, it is attempted to verify what the duration thereof will be, in order to repeat the visit once the person has returned to the centre. If it is confirmed that the absence will be long, that is, that it will last at least the entire time that the fieldwork is expected to last, then the person is replaced by her/his reserve person. In this case, proxy information is not admitted either, due to the impossibility of the informant signing the signature sheet.

In the inabilities to respond, proxy information is admitted, but in the case that this is not possible, the person is replaced by her/his reserve person.

Reserve persons

A single reserve person is provided for each selected person, which is the following in the listing of the selection of persons (for example, if a person has been selected with order number 14, then her/his reserve person is number 15).

If the reserve person of the selected person were to present, in turn, some incidence making the interview impossible, then non-response is assumed, given that s/he is not replaced by another reserve person; that is, each selected person is associated with a single reserve person, who is the next on the list, and no more than one reserve person may be used per selected person.

8 Fundamental characteristics under study

For the purposes of the Survey, disability is understood to be any important limitation to carrying out everyday activities, that has lasted or is expected to last more than one year, and that is caused by an impairment. A person, aged 6 years old or over, is considered to be disabled, even if the disability is overcome with the use of external technical aids, or with the assistance or supervision of another person.

The following disability categories are considered (the names of the disabilities listed below correspond to ICF language, whereas the wording used in the

questionnaires is adapted to colloquial language, in such a way that it is comprehensible to any person):

8.1 *Disabilities*

1.- Vision
- 1.1.- Perceiving any image
- 1.2.- Detail visual tasks
- 1.3.- Overall visual tasks
- 1.4.- Other vision problems

2.- Hearing
- 2.1.- Receiving any sound
- 2.2.- Hearing loud sounds
- 2.3.- Hearing speech

3.- Communication
- 3.1.- Producing spoken messages
- 3.2.- Receiving spoken messages
- 3.3.- Communication of written messages
- 3.4.- Communication of messages through gestures, signs or symbols
- 3.5.- Holding a conversation (only cognitive or intellectual problems)
- 3.6.- Communication through devices and communication techniques

4.- Learning and application of knowledge and development of tasks (only problems of a cognitive or intellectual nature)
- 4.1.- Intentional use of the senses (watching, listening, etc.)
- 4.2.- Basic learning (reading, writing, counting, etc.)
- 4.3.- Undertaking simple tasks
- 4.4.- Undertaking complex tasks

5.- Mobility
- 5.1.- Changing basic body postures
- 5.2.- Maintaining the position of the body
- 5.3- Getting around inside the centre
- 5.4.- Getting around outside the centre
- 5.5.- Getting around via passenger transport
- 5.6.- Driving vehicles
- 5.7.- Picking up and carrying objects
- 5.8.- Moving objects with the upper limbs
- 5.9.- Fine hand use

6.- Self-care
- 6.1.- Washing oneself
- 6.2.- Caring for body parts

6.3.- Toileting related to urination
6.4.- Toileting related to defecation
6.5.- Toileting related to menstruation
6.6.- Dressing and undressing
6.7.- Eating and drinking
6.9.- Looking after one's health: following medical prescriptions
6.9.- Looking after one's health: avoiding dangerous situations

7.- Home life
7.1.- Acquisition of goods and services
7.2.- Preparation of meals
7.3.- Doing housework

8.- Interpersonal interactions and relationships
8.1.- Basic interpersonal interactions
8.2.- Relating to strangers
8.3.- Formal relationships
8.4.- Informal social relationships
8.5.- Family relationships
8.6.- Intimate relationships

8.2 *Impairments*

The definition and assignment guidelines are the same as those used in the DIDSS-h

1.- Mental impairments
1.1.- Developmental delay
1.2.- Profound and severe intellectual impairment
1.3.- Moderate intellectual impairment
1.4.- Mild intellectual impairment
1.5.- Borderline intelligence
1.6.- Dementia
1.7.- Mental illness
1.8.- Other mental and behavioural disorders

2.- Visual impairments
2.1.- Total blindness
2.2.- Poor eyesight

3.- Hearing impairments
3.1.- Prelocution deafness
3.2.- Postlocution deafness
3.3.- Hard of hearing

3.4.- Balance disorders

4.- Language, speech and voice impairments
4.1.- Muteness (not through deafness)
4.2.- Difficult or incomprehensible speech

5.- Osteoarticular impairments
5.1.- Head
5.2.- Spinal column
5.3.- Upper limbs
5.4.- Lower limbs

6.- Nervous system impairments
6.1.- Paralysis of an upper limb
6.2.- Paralysis of a lower limb
6.3.- Paraplegia
6.4.- Tetraplegia
6.5.- Motor coordination and/or muscle tone disorders
6.6.- Other impairments of the nervous system

7.- Visceral impairments
7.1.- Respiratory system
7.2.- Cardiovascular system
7.3.- Digestive system
7.4.- Genitourinary system
7.5.- Endocrine-metabolic system
7.6.- Haematopoietic system and immune system

8.- Other impairments
8.1.- Skin
8.2.- Multiple impairments
8.3.- Impairments not classified elsewhere

8.3 Characteristics related to disabilities and limitations

Technical and personal assistance aids

Severity

Age at appearance of the disability

The same criteria followed are those used in the DIDSSh.

8.4 *Characteristics relating to impairments*

Problem that caused the impairment

Age at appearance of the impairment

The same criteria followed are those used in the DIDSSh.

9 Characteristics relating to persons with disabilities

9.1 *Chronic illnesses*

This includes solely diagnosed illnesses. It does not include those that the subject believes or considers her/himself to have, and that do not have a medical certification.

The following diseases are included:

- Spinal cord injury
- Parkinson's
- Lateral sclerosis
- Multiple sclerosis
- Agenesis / Amputation
- Laryngectomy
- Arthritis / Arthrosis
- Rheumatoid arthritis. Ankylosing spondylitis
- Muscular dystrophy
- Spina bifida / hydrocephaly
- Myocardial infarction. Ischaemic cardiopathy
- Cerebrovascular accidents
- Down's syndrome
- Autism and other disorders associated with autism
- Cerebral paralysis
- Acquired brain damage
- Senile dementia of the Alzheimer type
- Other types of dementia

- Schizophrenia
- Depression
- Bipolar disorder
- Pigmentary retinosis
- Myopia magna
- Senile macular degeneration
- Diabetic retinopathy
- Glaucoma
- Cataracts
- HIV/AIDS
- Rare illnesses
- Renal failure
- Cancer

9.2 *Permanently bed-ridden*

The person must remain bed-ridden at all times, except very exceptional causes requiring her/his transfer, such as to the hospital or health centres.

9.3 *Satisfaction with the technical aid*

This variable measures the degree of satisfaction with the technical aid received, or not received, by the person.

The following possibilities are considered:

- Yes.
- No, they are insufficient.
- I do not receive technical aid, even though I need it.
- I do not need technical aid.

9.4 *Discrimination*

This includes, for persons with disabilities, the frequency with which they have felt discriminated as a result of their disabilities, they have not been allowed to

do something, they have been bothered or made to feel inferior by another person. For persons who have felt discriminated, this includes whether they have pressed charges and the situation in which this has taken place. The situations are:

• In the health area (rehabilitation, early care, associations, etc.)

• In the area of education

• In the work area

• In transport and commutes

• To administer their own goods and wealth

• In social relationships, social participation and recreational and cultural activities

• In another situation

9.5 *Social networks and contacts*

SOCIAL CONTACTS

This includes, for persons with disabilities, the place of residence and the frequency with which s/he sees or maintains telephone or postal contact with some relative and with some friend and/or neighbour.

It also includes, for persons with disabilities, whether then have had the chance, in the last twelve months, to make new friends.

ACTIVITIES THEY CARRY OUT

There is a list of activities on which they mainly spend their free time. These activities are:

• Watching TV

• Listening to the radio or to music

• Reading

• Talking on the telephone with relatives or friends

• Visiting relatives and friends

• Practicing physical exercise (sports, strolls, etc.)

• Surfing the Internet

• Attending classes or courses

• Hobbies, craftwork, handicrafts, and board games

• Shopping

• Visiting libraries or museums

• Attending sporting or cultural events

• Travelling

• Other

9.6 *Personal independence*

This includes, for persons with disabilities, whether they participate in decision-making regarding a series of activities. These activities are:

• When to get up or go to bed

• What clothing to wear

• When to undertake personal hygiene

• What to eat and when

• How to administer their money

• With whom to share their room

• When to leave and enter the centre

• Where and with whom to spend their free time

• Decorating their room with their own things (pictures, portraits, armchair, television)

9.7 *Accessibility*

This includes, for persons with disabilities, whether they have any difficulty in getting around normally in a series of places. These places are:

• In the bedroom

• In the bathroom

• In common areas

• To access or leave the centre

• Outside of the centre

9.8 *Personal care*

This includes, for persons with disabilities, whether their receive personal care in the residential centre, due to some disability, other than that care provided by the centre itself. For example: companions, chiropodist, therapist, etc.

It also studies whether this care is free of charge or implies an economic payment; the time dedicated to this care; whether it satisfies their needs; whether they consider that the care should be provided by the centre, and the person who is mainly dedicated to that care. This person may be:

- Professionals hired by the person with disabilities or by her/his family
- The person's daughter
- The person's son
- The person's mother
- The person's father
- The person's spouse or partner
- Other relatives
- Friends
- Social services of non-public institutions (NGOs, associations)
- Private companies
- Other

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10 Classification characteristics regarding centres and hospitals

Social Residential Care Centres. These are centres dedicated to temporary or permanent accommodation, where complete and continuous care is provided, with interprofessional socio-health care, for elderly persons and for persons with physical and intellectual disabilities. There are different types of Residential Centres, according to the profile of the persons they cater to (they may target persons in dependency situations and persons who can care for themselves), although their essential, therapeutic, functions of complete care and accommodation are common to all of them. The following types are considered:

- Residences for elderly persons in a dependency situation.
- Residences for elderly persons who can care for themselves.
- Residences for elderly persons in mixed situations (dependency / self-sufficient)
- Care centres for persons with physical disabilities.
- Care centres for persons with intellectual disabilities.

- Care centres for persons with mental illness.

- Reference centres: these are centres that perform a dual function: direct care for persons with a specific type of problem, and the promotion, research and technical aid to other sector resources.

- Other.

Geriatric hospitals and/or long-stay and psychiatric hospitals. (centres with internment)

- Geriatric and/or Long-Stay Hospitals. Health centres aimed at the specialised and continuous care of interned patients (with a minimum of one night) who require health care, in general, of low complexity, due to chronic processes or because their degree of functional independence for everyday life is reduced, which they cannot provide in their domicile, and require a period of internment.

- Mental Health or Psychiatric Hospitals. Centres aimed at providing diagnoses, treatment and monitoring for patients who required internment due to mental illness.

10.1 *General data of the centre*

TYPE OF CENTRE

This feature is studied only for the centres:

- Residences for elderly persons.

- Care centres for persons with physical or intellectual disabilities or mental illness.

- Reference centres

- Another type of centre.

CENTRE SPECIALISATION

This feature is studied only for the centres:

This studies the prevalent type of care provided in the centre. Each centre shall be classified in a maximum of two types:

- Care for able-bodied elderly persons

- Care for elderly persons in a dependency situation

- Psychogeriatric care

- Care for physical disabilities

- Care for sensory disabilities

- Care for intellectual disabilities

- Care for mental illness

- Other

PURPOSE OF THE HOSPITAL

This feature is studied only for hospitals:

- Geriatric and long-stay hospital

- Psychiatric hospital

- Other

OWNERSHIP

"Public" or "private" ownership refers to the public or private nature of the body that owns the centre, regardless of who manages it.

Ownership is **"public"** if it corresponds to an administrative body dependent on one or more Public administrations. It may be:

- State. The owning body belongs to the State General Administration.

- Autonomous Community. The owning body belongs to the Autonomous Community Administration.

- Regional Council / Island Council. The owning body belongs to the administration of the regional or island council.

- Municipal. The owning body belongs to the municipal administration.

Ownership is **"private"** if the body which owns the centre is a private body, regardless of whether it is commercial and profit-making or not. It may be:

- For-profit. If the owning body of the centre has mercantile purposes, seeking to obtain financial gain from the activity carried out.

- Non-profit. If the owning body of the centre does not seek to obtain financial gain from the activity carried out.

MANAGEMENT

Management may be public or private:

Public. The management is public when this is carried out by one or more administrative bodies dependent on the State General Administration, on the Autonomous Community, on the Foral Administration or on the Local territorial scope.

Public management includes the fact that it may be subsidised, in other words, run by one or more public bodies (for example: the owning body belongs to the Autonomous Community Administration and the management is hired through a municipal council). Not subsidised when it is carried out directly by the public owning body. In both cases, it shall be considered publicly managed.

Private. Management is private when it is carried out by a private body, regardless of whether or not ownership is also private. As with public management, it may be subsidised or not. If the management is carried out by one or more private bodies, whether or not it has subsidies, it shall be considered privately managed.

FINANCING

Public. Financing is public if it is carried out by an administrative body depending on the State General Administration, on the Autonomous Community or on the Local administration.

Mixed. If the financing is carried out by one or more Public administrations, and also by a private body, whether it is for-profit or non-profit, establishing to this end the conditions of financing by subsidy or agreement, between the different entities.

Private. It is private if the financing of the centre's bedplaces is exclusively private.

10.2 *Equipment*

PROVISION OF RESIDENTIAL BEDPLACES AND BEDROOMS (the data shall refer to 15 January 2008)

This feature is studied only for the centres:

1.- **Total number of bedplaces in the centre:** This accounts for all of the bedplaces that the centre has for providing the care it performs.

2.- **Partially-subsidised bedplaces:** In the case of having partially-subsidised bedplaces, this shall account for the number of partially-subsidised bedplaces. These bedplaces entail an arrangement or agreement between two or more bodies, whereby one of them undertakes to finance specific bedplaces in another body or other bodies, so long as they fulfil certain requirements.

3.**- Subsidised bedplaces:** In the case of having subsidised bedplaces, this shall account for the number of subsidised bedplaces. Bedplaces are subsidised when they are financed through a subsidy. The latter is a monetary provision, not paid to beneficiaries, made by an administration or public body, in order to fulfil a specific objective.

This also reports on the total number of bedrooms, single bedrooms, double bedrooms, triple (and larger) bedrooms, and the number of dining rooms other than the sitting room.

AVAILABLE BEDS (the data will refer to 15 January 2008)

This feature is studied only for hospitals

1.- **Total number of hospital beds:** This counts the number of beds that are available to be used, and which constitute the fixed supply of the hospital at 1 January 2008.

2.- **Number of Beds Ordered:** This implies a contract between a private or public health establishment and the organisation responsible for managing the health care, determining, under certain conditions, the characteristics and the prices of the health services ordered and the financing of a certain number of beds intended for specific activities.

10.3 *Characteristics of the persons resident in the centre/hospital*

This studies the number of persons tended to in the centre/hospital (with a stay longer than or equal to three months), distinguishing by sex and age group. It studies the following age groups:

- 0 to 3 years old
- 4 to 6 years old
- 7 to 15 years old
- 16 to 19 years old
- 20 to 44 years old
- 45 to 64 years old
- 65 to 69 years old
- 70 to 74 years old
- 75 to 79 years old
- 80 to 84 years old
- 85 to 89 years old
- 90 to 95 years old
- 96 to 100 years old
- Over 100 years of age

10.4 *Services*

This feature is studied only for the centres. The types of service are as follows:

- Escort
- Training activities

- Rehabilitation activities
- Occupational therapy activities
- Socio-cultural entertainment
- AVD aid
- Pharmaceutical aid
- Nursing assistance
- Geriatric assistance
- Medical assistance
- Psychological assistance
- Psycho-social assistance
- Psychiatric assistance
- Family social assistance
- Group and community social assistance
- Individual social assistance
- Technical aid
- Palliative care
- Personal care
- Personalised diet
- Health education
- Cognitive stimulation
- Evaluation - assessment
- Physiotherapy
- Occupational training
- Information
- Labour market insertion
- Sign language interpreter
- Laundry
- Speech therapy
- Therapeutic massage
- Odontology

- Orientation
- Chiropody
- Dependency prevention
- Promotion of independence
- Catering
- Transport
- Dementia / Alzheimer Unit
- Day centre
- Volunteer activities
- Other

10.5 *Installations*

This feature is studied only for the centres. Questions are asked regarding:

- Air conditioning
- Nurses' station
- Grounds
- Internet
- Recreation rooms
- Rehabilitation room
- Occupational therapy room
- Presence or movement detection systems
- Total number of lavatories
- Number of adapted lavatories

10.6 *Action protocols*

This feature is studied only for the centres. Questions are asked regarding:

- Care Protocol Documents that specify the actions to be performed in order to properly attend to the main needs of the persons resident

- Personalised Programmes for each person resident, together with their care assessment, care plan, treatment, protocols to apply and incident records
- Assistance protocol for falls
- Assistance protocol for the use of nappies
- Assistance protocol for monitoring the type of diet
- Assistance protocol for users who require restraints
- Records in place for monitoring all assistance activities and care intented for users

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10.7 *Human resources*

STAFF (as of 15 January 2008)

This includes the staff that provides an effective service in the residential social or hospital centre as of 15 January 2008, and not the jobs appearing as part of the staff. Voluntary staff, staff without a contract, sub-contracted staff and other regular collaborators will be included.

In the case of hospitals from the public sector, this includes the staff that carries out their work in the Specialities Centres, functionally dependent on the hospital with inpatient care. This includes all of the personnel of the centres that are functionally dependent on the surveyed hospital.

Collaborators are understood to be staff who do not have a a labour relationship with the centre, but perform an activity there by means of another type of contractual relationship.

- In the case of residential social centres with inpatient care, this does not include the staff that provides services in day centres, which may be functionally dependent on the residential centre.

- The staff that is commissioned to provide a service affiliated to another institution will not be recorded as effective staff.

- The staff that is temporarily unable to work due to illness or maternity leave, and has someone standing in for them, will not be recorded as effective staff, whereas the replacement staff will be.

- The staff that is on an extended leave of absence is not accounted for as actual staff.

- The staff that is linked to the centre by means of a temporary contract, or commissioned at the centre, will be recorded as effective staff.

- There are the following sections:

1- Total number of effective staff, including a section for staff with disabilities

2- Total number of women working in the centre, including a section for the number of women with disabilities

3- Total number of persons working full-time (staff carrying out their activity in the centre full-time, according to professional category)

4- Total number of permanent staff. Staff that belongs to the staff of the centre, or depends on the centre through a permanent contract.

5- Total number of staff, according to professional category. Effective staff is specified by professional category.

Staff categories are exclusive, that is, each person is included in only one group. Those persons are noted by virtue of the job they perform, regardless of the fact that their qualifications may belong to a different category. For example: a person with a degree in Psychology and a diploma in nursing, who works as a nurse, only appears as a nurse.

For each of the professional categories, there are five sections:

1- the total number of effective staff in the category,

2- the total number of women in the category,

3- the total number of permanent staff (on staff or with a contract)

4- the total number of persons working full-time

5- the total number of weekly hours of all of the staff belonging to a given category.

The professional categories are grouped in to four large groups: MANAGEMENT AND SUPPORT, TEACHING, HEALTH, PSYCHO-SOCIAL.

MANAGEMENT AND SUPPORT:

- Management and Administration - Staff dedicated to the management and/or administration of the centre, even if their qualifications are in medicine. A person included under this heading must not be included under other headings. Only the staff whose main activity is management or administration is included. For example: a doctor who balances assistance within the centre with management or administration tasks is accounted for as medical staff if her/his main activity is medical.

- Own maintenance and services - This includes the maintenance and service staff linked by means of a contract or part of the staff at the centre, such as kitchen staff, cleaning staff, etc.

- Hired maintenance and services - This includes the staff that provides a service in the centre but is hired by outside companies, for example: staff in cleaning, maintenance, laundry, kitchen and/or pantry, security staff and others.

- Other - This includes any other staff in management and support not included in the previous categories.

TEACHING:

This includes the staff that performs a teaching activity in the centre:

-Professors, teachers, classroom assistants, etc.

-Other teaching staff.

HEALTH:

This includes holders of university diplomas in nursing (specialists and non-specialists, except psychosocial staff), nursing assistants, staff holding a qualification in physiotherapy and staff holding a qualification in occupational therapy. It does not include speech therapists, who are included in the psychosocial staff section. Any other staff (excluding doctors) not belonging to the previous categories, and performing another medical function (except psychosocial staff), such as laboratory staff, is included in the Other medical staff category.

It also includes Degree-holders in Medicine and Surgery who provide services in the centre. Medical interns, residents, interns and volunteer assistants. They are specified by specialities included in the questionnaire: geriatric specialist, psychiatric specialist, rehabilitation specialist. Any other medical staff (except psychosocial staff) not belonging to the previous categories are included in the Other medical staff category. medical staff.

PSYCHOSOCIAL

This includes all of the staff dedicated to social and psychiatric care, according to the category to which they belong: carers, assistants, teachers, speech therapists, monitors, educationalists, psychologists, etc.

ACTIVITY OF THE HEALTH AND PSYCHOSOCIAL STAFF IN PERSONAL CARE.

This estimates the total percentage of time, of the weekly working hours, of the medical and psychosocial staff dedicated to the following types of assistance:

- Assistance to persons in a situation of dependence, in Basic Everyday Activities (ADL).

- Assistance to persons in a situation of dependence, in Other activities.

- Assistance to persons not in a situation of dependence, and other activities /(scheduling, meetings, training)

10.8 *Expenditure*

The purpose of this section is to ascertain the operating expenditure of the centre and its structure corresponding to the 2007 period.

1- PERSONNEL COSTS

These are divided into two sections

1.a) Direct assistance staff expenditure:

a.i) Health: doctor, holder of a university diploma in nursing, physiotherapist, occupational therapist, speech therapist, nursing assistant.

a.ii) Psychosocial : Social worker, psychologist, etc.

1.b) Expenditure on other staff

2- PURCHASES

These are valued at acquisition price, in other words, excluding discounts, sales and commissions. Included are transport costs, customs and taxes, except VAT.

They are divided into three sections

2.a) Expenditure on materials consumed includes:

1- Purchase of Medicines and other Pharmaceutical products

2- Purchase of Medical consumption material. A distinction will be made between:

1-Implants, orthotics and prostheses.

2-Other medical material consumed: x-ray material, catheters, probes, first aid material, sutures, bandages, other disposable material.

3- Remaining purchases.

2.b) Assistance Services provided by other companies or professionals.

2.c) Work undertaken by other companies: subcontracting (meals, cleaning, laundry, maintenance, security, other).

3- EXTERNAL SERVICES

4- ALLOCATIONS FOR AMORTISATION

5- TAXES

6- FINANCIAL EXPENSES

7- OTHER MANAGEMENT EXPENSES

11 Classification characteristics regarding centre residents

Age

This considers the following age brackets, in actual age:

- 6 to 64 years old
- 65 to 69 years old
- 70 to 74 years old
- 75 to 79 years old
- 80 to 84 years old
- 85 to 89 years old
- 90 years old and over

The same criteria as that used in the survey dedicated to households is used for the following variables:

- *Sex*
- *Country of birth*
- *Nationality*
- *Marital status*
- *Health status*
- *Disability certificate*
- *Level of studies finished*
- *Relationship with economic activity*
- *Professional status*

6 Dissemination of the results

There are the following types of publication:

Results preview

The results preview of the Survey have been published, providing statistical tables on the main study target variables. This was carried out on electronic format with the habitual INE software and was disseminated via the INE website.

Detailed results

This has provided statistical tables covering the variables studied, classified by socio-demographic characteristics on national, Autonomous Community and provincial levels.

Sampling error tables have been obtained, and non-response has been analysed. Their dissemination was in electronic publication format, through the INE website.

Microdata files

Final microdata files are the basis for dealing with information requests from specific, detailed operations. The content of these files will adjust to that established in the Public Statistical Function Law, in agreement with individual data confidentiality and INE microdata dissemination regulations.

The DIDSS-h household survey contains three microdata files: microdata for the household questionnaire, microdata for persons with disabilities (at the end of which are included microdata for their main carers where appropriate) and microdata for boys and girls with limitations (in which included at the end are the microdata of their main carers where appropriate).

In the DIDSS-c centres survey, there is a file corresponding to the data of the persons resident in the centre.

ANNEX 1: Classification of Occupations (to 1 digit)

1. Business Management and Public Administration

2. Scientific and intellectual technicians and professionals

3. Support technicians and professionals

4. Administrative-type employees

5. Catering, personal and protection services employees and salespersons

6. Workers skilled in agriculture and fishing

7. Craftspersons and employees qualified for the manufacturing, construction, and mining industries, except installation and machinery operators; skilled extractive industry workers, metallurgy, construction, machinery and related trades workers; skilled workers in graphic arts, textile and preparation, elaboration of food, cabinetmakers, craftspersons and other similar industries

8. Operators and fitters of fixed machinery and drivers and operators of mobile machinery

9. Unskilled workers

0. Armed forces

DESCRIPTION OF OCCUPATION CATEGORIES

1. Business Management and Public Administration

This large group includes the occupations whose main tasks are to plan and execute the policies and management of the Public Administrations, and to coordinate and manage the activity of a company, or of a department or a services thereof. The divisions of this large group follow independence and responsibility in the job post. Thus, **three Main Groups** have been created: one of managers of the Public Administrations, others for managers of companies with 10 or more wage-earners, and another for companies with fewer than 10 wage-earners.

2. Scientific and intellectual technicians and professionals

This Large Group comprises the occupations whose main tasks require, for their performance, high-level professional knowledge and experience in areas of physical and biological sciences or social sciences and humanities. The tasks consist of applying the heritage of scientific or intellectual knowledge to the different fields, or through education, of ensuring the systematic dissemination of that knowledge. **Two Main Groups** have been differentiated: one which encompasses the occupations associated with 2nd and 3rd cycle university qualifications, and another that includes the occupations associated with 1st cycle university qualifications.

3. Support technicians and professionals

This Large Group is comprised of the occupations whose tasks require, for their performance, the knowledge of a technical nature and the experience necessary, to serve as support in work of a technical nature, to the professionals of Large Group 2, or to carry out tasks of an administrative nature, with a certain degree of responsibility.

4. Administrative-type employees

This Large Group includes the occupations whose tasks mainly require, for their performance, the knowledge and the experience necessary to order, store and find information, also being able to use computer equipment. The tasks consist of performing secretarial work, using office machines, including computers, and carrying out work related to postal services, cash register transactions and others with customer service tasks.

5. Catering, personal and protection services employees and salespersons

This large group comprises the occupations whose main tasks require, for their performance, the knowledge and the experience necessary for providing personal services and protection and security services, or for the sale of merchandise in a store or market. Said tasks consist of the services relate to housework, catering, personal care, the protection of persons and goods, the maintenance of public order or the sale of merchandise in a store or market. **Three main groups** have been differentiated: one for workers in personal services, another for workers in protection and security, and the last one for salespersons in stores.

6. Workers skilled in agriculture and fishing

This Large Group includes the occupations whose main tasks require, for their performance, the knowledge and the experience necessary for obtaining of products from agriculture, livestock rearing, forestry and fishing. Their tasks consist of practicing agriculture for the purpose of obtaining its products, raising or hunting animals, fishing or raising fish, and preserving and using forests. When a farmer also performs management tasks, this shall be classified in Large Group 6, unless s/he dedicates more than one third of her/his time to solely management tasks.

7. Craftspersons and workers qualified for the manufacturing, construction and mining industries, except installation and machinery operators

This Large Group comprises the occupations whose main tasks require, for their performance, the knowledge and the experience necessary to exercise **traditional trades and professions** in industry and construction, in which what is essential is the knowledge and the raw material used, of the stages in the production process, and of the nature and applications of the manufactured products. Evidently, in the performance of the above tasks, technologically advanced machinery may be used, without this implying a change in the basic qualification and in the required knowledge. **Three Main Groups** have been differentiated, based on activity: one for construction, another for the extractive industries and metallurgy, and the last one for craftspersons and the like.

8. Installation and machinery operators and assemblers

This Large Group comprises the occupations whose main tasks require, for their performance, the knowledge and the experience necessary for tending to and overseeing the **functioning of industrial machines and installations** specifically of large sizes, and frequently automatic, that reduce the physical effort and time required for carrying out the work. The tasks and work of these occupations require knowledge for making sure that the machines yield an optimal performance. These occupations are oriented towards the knowledge and manipulation of the machines, with the knowledge of the raw material being less important, as well as the transformation processes and their results. **Two Main Groups** have been differentiated: one for the operations of industrial installations, the assemblers and drivers of fixed machinery, and the other one for the drivers of mobile machinery.

9. Unskilled workers

This Large Group is comprised of the occupations that require, for their performance, the knowledge and the experience necessary for fulfilling generally simple and routine tasks, carried out with the aid of hand tools, and for which, it is necessary to have, sometimes, a significant effort, and with rare exception, scarce initiative. Their tasks consist of selling merchandise on the streets, offering doorman and real estate surveillance services, and performing simple tasks relating to mining, agriculture or fishing, the manufacturing industries and construction. Two Main Groups **have been differentiated:** one for the unskilled workers in services (except transport), and the other one for the rest of the peons who carry out their work with greater physical effort.

ANNEX 2: Classification of Occupations (to 3 digits)

1. Business Management and Public Administration

101 Executive and legislative power, and General Council of the Judiciary Branch

102 Managerial personnel of the public administrations

103 Local government

104 Management of organisations of interest

111 General management and executive chair

112 Management of the production department

113 Management of specialised areas and departments

121 Management of wholesale trading companies with fewer than employees

122 Management of wholesale trading companies with fewer than employees

131 Management of accommodation companies with fewer than 10 employees

132 Management of catering companies with fewer than 10 employees

140 Management of other companies with fewer than 10 employees

151 Management of wholesale trading companies without employees

152 Management of retail trading companies without employees

161 Management of accommodation companies without employees

162 Management of catering companies without employees

170 Management of other companies without employees

2. Scientific and intellectual technicians and professionals

201 Physicists, chemists and the like

202 Mathematicians, actuaries, statisticians and the like

203 Advanced computer professionals

204 Architects, town planners and engineers in charge of traffic planning

205 Higher engineers

211 Professionals working in natural sciences

212 Doctors and odontologists

213 Veterinarians

214 Pharmacists

219 Other advanced level health professionals

221 Lecturers and teachers from other higher education centres

222 Secondary education teachers

223 Other professionals working in the education field

231 Lawyers and attorneys

232 Judges and magistrates

239 Other law professionals

241 Professionals working in the field of the organisation and administration of companies

242 Economists

243 Sociologists, historians, philosophers, philologists, psychologists and the like

251 Writers and artists of literary creation or interpretation

252 Archivists, librarians and similar professionals

253 Different public administrations professionals who cannot be classified in previous sections

261 Professionals associated with a 1st cycle university qualification in physics, chemistry and similar studies

262 Professionals associated with a 1st cycle university qualification in mathematics, statistics and similar studies

263 Intermediate level computer professionals

264 Technical architects

265 Technical engineers

271 Professionals associated with a 1st cycle university qualification in natural sciences

272 Nurses

281 Primary and nursery education teachers

282 Special education teachers

283 Vocational training technical teaching body

291 Diploma students in accounting and labour officer studies and business studies, and tourist activities technicians

292 Archive and library assistants and the like

293 Diploma students in social work

294 Priests of different religions

295 Different public administrations professionals who cannot be classified in previous sections

3. Support technicians and professionals

301 Draughtsmen and technical designers

302 Technicians in physics, chemistry, and engineering

303 Professional computer technicians

304 Operators of optical and electronic equipment

305 Maritime navigation professionals

306 Aeronautical navigation professionals

307 Technicians in edification, occupational safety and quality control

311 Natural sciences technicians and similar assistant professionals

312 Health technicians

313 Different health technicians not included in the previous sections

321 Technicians in infant education and special education

322 Flight instructors, vehicle navigation and driving

331 Support professionals in financial transactions and certain commercial transactions

332 Trade representatives and sales technicians

341 Administrative management support professionals, performing general administrative tasks

342 Customs, excise and similar administrative professionals that work in Public Administration tasks

351 Consignees and agents for hiring manpower

352 Specialised technicians in Security Forces and private detectives

353 Social welfare support professionals

354 Professionals in the art, show business and sports world

355 Secular religious assistants

4. Administrative-type employees

401 Accounting and financial assistants

402 Employees dedicated to recording goods, production and transport support services

410 Library, postal services and related employees

421 Stenographers and typists

422 Data recorders

430 Administrative assistants, without customer service tasks, not classified previously

440 Administrative assistants, with customer service tasks, not classified previously

451 Employees in information and reception services in offices

452 Employees in travel agencies, receptionists in establishments other than offices and telephone operators

460 Cashiers, tellers and other similar personnel in direct contact with the public

5. Catering, personal and protection services employees and salespersons

501 Cooks and other food preparers

502 Waiters, barmen and the like

503 Chefs, waiters and the like

511 Nursing assistants and the like

512 Employees hired to look after other persons and the like (except nursing assistants)

513 Hairdressers, beautician specialists and similar workers

514 Employees who assist travellers and the like

515 Butlers, clerks and the like

519 Other personal services employees

521 Civil guards

522 Police

523 Firefighters

524 Prison official

525 Security guards and private security personnel

529 Other protection and security services workers

531 Fashion, art and advertising models

532 Section manager in a store or the like

533 Shop assistants and demonstrators in shops, stores, kiosks and markets

6. Workers skilled in agriculture and fishing

601 Self-employed workers skilled in agricultural activities

602 Workers employed by others skilled in agricultural activities

611 Self-employed workers skilled in livestock activities

612 Workers employed by others skilled in livestock activities

621 Self-employed workers skilled in livestock and farming activities

622 Self-employed workers skilled in forestry activities and the like

623 Workers employed by others skilled in livestock and farming activities

624 Workers employed by others skilled in forestry activities and the like

631 Self-employed fishermen and workers skilled in fish farming activities

632 Fishermen and workers employed by others skilled in fish farming activities

7. Craftspersons and employees qualified for the manufacturing, construction, and mining industries, except installation and machinery operators; skilled extractive industry workers, metallurgy, construction, machinery and related trades workers; skilled workers in graphic arts, textile and preparation, elaboration of food, cabinetmakers, craftspersons and other similar industries.

701 Foremen and team managers in structural construction work

702 Foremen and building finishing managers

703 Managers of painters, wall paper fitters and the like

711 Builders and masonry workers

712 Reinforced concrete workers, rough cast workers, iron workers and the like

713 Carpenters (except metal structure carpenters)

714 Other workers at structural construction sites

721 Plasterers, casters and stuccoists

722 Plumbers and pipe fitters

723 Construction electricians and the like

724 Painters, varnishers, wall paper fitters and the like

725 Building facade cleaning personnel and chimney sweeps

729 Other construction finishing and similar employees

731 Moulders, floor fitters, metallic structure fitters foremen and the like

732 Motor vehicle shop bosses

733 Agricultural and industrial machine and airplane engine shop bosses

734 Mechanical team and electrical and electronic equipment fitter managers

Mining foremen and supervisors

742 Miners, quarry workers, stone workers

751 Moulders, welders, auto body workers, metal structure fitters and the like

752 Blacksmiths, tool manufacturers and the like

761 Machinery mechanics and adjusters

762 Mechanics and adjusters of electrical and electronic equipment

771 Metal precision mechanics and workers using similar materials

772 Graphic arts workers and the like

773 Ceramists, glaziers and the like

774 Craftspersons working with wood, textile, leather and similar materials

780 Food, beverage and tobacco industry workers

791 Workers working with wood and the like

792 Cabinetmakers and similar workers

793 Workers in the textile industry, tailoring and the like

794 Workers in the leather, fur and footwear industry

8. Operators and fitters of fixed machinery and drivers and operators of mobile machinery.

801 Mining facilities managers

802 Metal processing facilities managers

803 Glassworks, ceramics and similar materials workshop managers

804 Wood workshop managers and paper manufacturing team managers

805 Chemical treatment facilities managers

806 Managers of energy production facilities and the like

807 Industrial robot operator team managers

811 Ore extraction and exploitation facilities operators

812 Metal obtaining and transformation facilities operators

813 Operators at facilities for obtaining, transforming and manipulating glass and ceramics and the like

814 Operators at facilities for wood working and paper manufacturing

815 Chemical industry plant operators

816 Energy production and similar plant operators

817 Industrial robot operators

821 Metal working machine operator foreman

822 Chemical product manufacture machine operator foreman

823 Rubber and plastic product manufacture machine operator foreman

824 Wooden product manufacture machine operator foreman

825 Printing, binding and manufacture of paper products foremen

826 Textile products and leather and fur articles machines operators foreman

827 Food, beverage and tobacco manufacturing machines operators foreman

828 Fitters foreman

831 Operators or machines to work metals and other ore products

832 Operators of machines to manufacture chemical products

833 Operators of machines to manufacture rubber and plastic products

834 Operators of machines to manufacture wood products

835 Operators of machines for printing, binding and manufacturing paper and cardboard products

836 Machine operators for the manufacture of fur and leather articles

837 Operators of machines for producing foodstuffs, beverages and tobacco

841 Mounting and assembly personnel

849 Other fitters and assemblers

851 Locomotive machinists and the like

852 Foreman of operators of machinery for moving land and materials

853 Operators of mobile agricultural machinery

854 Operators of other mobile machines

855 On-deck seamen and the like

861 Taxi drivers and drivers of automobiles and vans

862 Bus drivers

863 Lorry drivers

864 Motorcycle and moped drivers

9. Unskilled workers

900 Travelling salespersons and the like

911 Domestic staff

912 Cleaning personnel at offices, hotels and other similar workers

921 Concierges, window cleaners and the like

922 Security guards, guards and the like

931 Shoe shiners and other street trade workers

932 Porters

933 Baggage handlers and the like

934 Meter readers (water, etc.) and collectors of money from vending machines

935 Rubbish collectors and similar workers

941 Agricultural labourers

942 Livestock labourers

943 Agricultural and livestock labourers

944 Forestry labourers

945 Fishing and fish farming labourers

950 Mining labourers

960 Construction labourers

970 Manufacturing industry labourers

980 Transport labourers and freight handlers

0. Armed forces

001 Armed Forces. Advanced scale

002 Armed Forces. Intermediate scale

003 Armed Forces. Basic scale

ANNEX 3: National Classification of Economic Activities CNAE-93 (to 2 digits)

01- Agriculture, livestock, hunting and related services activities

02- Silviculture, forestry operation and activities of the services related to them

05- Fishing, aquaculture and service activities incidental to fishing

10- Extraction and agglomeration of anthracite, coal, lignite and peat

11- Extraction of crude petroleum and natural gas; service activities incidental to oil and gas extraction, excluding surveying

12- Extraction of uranium and thorium ores

13- Extraction of metal minerals

14- Extraction of non-metallic and non-energetic ores

15- Food and beverage products industry

16- Tobacco industry

17- Textile industry

18- Clothing and furrier industry

19- Preparation, tanning and dressing of leather; manufacture of leather goods and luggage articles; saddlery, harness and footwear

20- Manufacture of wood and cork products, except furniture; basketmaking and wickerwork

21- Paper industry

22- Publishing, graphic arts and reproduction of recorded media

23- Coke plants, refinement of petroleum and treatment of nuclear fuels

24- Chemical industry

25- Rubber and plastic material transformation industry

26- Manufacture of other non-metallic mineral products

27- Metallurgy

28- Manufacture of metal products, except machinery and equipment

29- Construction of machinery and mechanical equipment industry

30- Manufacture of office machines and computers

31- Manufacture of machinery and electrical material

32- Manufacture of electronic material; manufacture of radio, television and communications apparatus

33- Manufacture of medical-surgical, precision and optical equipment and instruments, and clocks and watches

34- Manufacture of motor vehicles, trailers and semi-trailers

35- Manufacture of other transport material

36- Manufacture of furniture; other manufacturing industries

37- Recycling

40- Production and distribution of electrical energy, gas, steam and hot water

41- Collection, purification and distribution of water

45- Construction

50- Sale, maintenance and repair of motor vehicles, motorcycles and mopeds; retail sale of fuel for motor vehicles

51- Wholesale trade and trade intermediaries, except of motor vehicles and motorcycles

52- Retail trade, except trade of motor vehicles, motorcycles and mopeds; repair of personal effects and household equipment

55- Accommodation

60- Land transport; transport via pipelines

61- Maritime, cabotage and in-land waterway transport

62- Air and space transport

63- Activities annexed to transport; travel agency activities

64- Post and telecommunications

65- Financial intermediation, except insurance and pension funds

66- Insurance and pension funds, except compulsory social security

67- Activities auxiliary to financial intermediation

70- Real estate activities

71- Renting of machinery and equipment without operator, and of personal and household goods

72- IT activities

73- Research and development

74- Other business activities

75- Public Administration, defence and compulsory social security

80- Education

85- Health and veterinary activities, social services

90- Public health activities

91- Associative activities

92- Recreational, cultural and sporting activities

93- Various personal services activities

95- Households which employ domestic staff

99- Extra-territorial organizations

ANNEX 4: Level of studies completed

Description of the levels of studies

2. Cannot read or write

Persons aged 10 years old or over who are unable to read or write, are able to read but not to write, or are able to read one and write only one or more memorised sentences, numbers or their own name.

3. Incomplete primary education

Persons **who can read and write and have been to school for less than 5 years**, without considering the years possibly spent in infant education. These persons do not usually have any qualifications.

4. Primary education or the equivalent

Persons who are able to read and write and have attended school for 5 years or more. This includes the studies that generally **begin at six years of age and end at the age of 11 or 12 years old**. This level includes:

- In the current system:

Primary Education (LOE/GLSES).

- In the previous educational systems:

  G.B.E., first stage (five academic years passed),

  School attendance for at least five years,

  Basic Education in Special Education Centres (including all of the persons who have received education in a Special Centre or in a Special Education Classroom in ordinary regime teaching centres),

**This does not include the Primary studies certificate, issued before the 1970 General Law on Education, that is, before the 1975-76 academic year (see heading 5. 1st stage Secondary Education, according to the old system).*

**This does not include those persons who have been schooled throughout the compulsory education period, that is, eight or ten academic years, and who are not in possession of the School Graduate or Secondary Education Graduate qualification (see heading 5. 1st stage Secondary Education)*

5. 1st stage Secondary Education (with and without the School Graduate or Secondary Education Graduate qualification)

This is the education that extends the instruction received at the primary level. It provides general **training** to persons normally aged **between 11 or 12 and 14 years old, under the former systems, and 16 years old under the current system**, which is taught over the course of three or four academic years. This level includes:

- Current system:

  Obligatory Secondary Education (O.S.E.) / Secondary Education Graduate

  Social Guarantee Programmes (established for students between 16 and 21 years of age, who do not reach the objectives of Obligatory Secondary Education)

  Social Guarantee Programmes in Special Education (including all of the persons who have received education in a special centre or in a special education classroom in ordinary regime teaching centres).

  School attendance during the period of compulsory schooling, from six to 16 years of age (age at which the person may leave school)

- Old system:

  G.B.E. (advanced cycle or second stage) / School Graduate

  Schooling certificate or any other certificate that serves as proof of school attendance during the period of compulsory schooling (from six to 14 years of age, age at which the person may leave school), and having passed a minimum of courses

Basic post-secondary education (general, labour or technical) or four complete courses of post-secondary education from plans prior to the General Law on Education

Primary studies certificate, issued before the 1970 General Law on Education, that is, before the 1975-76 academic year

Learning tasks in Special Education.

6. Post-secondary education

- Current system:

Post-secondary education (LOE/GLSES)

- Old system:

B.U.P. (with or without C.O.U.),

Higher post-secondary education (with or without pre-university studies)

7. Intermediate-level professional education or the equivalent

- Current system:

Intermediate-Level Vocational Training or Plastic Arts and Design Cycles and Intermediate-Level Sports Education

Professional Intermediate-level Music and Dance Qualification

Basic Scale of the Civil Guard

- Old system:

First-Degree Vocational Training or the equivalent: VT1 and Professional Modules, level 2.

Special vocational training or first degree adapted vocational training.

Other first-degree technical-professional education: Industrial officer, Assistant technician, Agricultural foremen, their First level intermediate, Certified in official language schools, Qualifications from prior Trade Schools, Professional Intermediate-level Music and Dance Qualification.

Other regulated studies equivalent to VT1 or intermediate-level specific vocational training education

8. Advanced-level professional education or the equivalent.

- Current system:

Advanced-Level Vocational Training or Plastic Arts and Design Cycles and Advanced-Level Sports Education

- Old system:

Second-Degree Vocational Training: VT II and Professional Modules, level 3

Other second-degree technical-professional education: Draughtsperson, Mercantile expert , Industrial teacher, Specialised technician, Graduate in ceramics, Second-level Intermediate Command, Graduate in Applied arts and artistic professions, Home education teachers, Qualification of the Scale of Sub-officials of the Armed Forces and Civil Guard

Other regulated studies that are equivalent to VT II (giving access to this qualification).

9. University studies or the equivalent

University studies of only 1 cycle or of two cycles, and their postgraduate studies (Diploma, Degree, Technical Engineer, Advanced Engineer, Technical Architect, Architect and Doctorate).

Complete first cycle passed, lasting 3 years or 180 credits, of two-cycle university studies.

Advanced-Degree Qualification in Music and Dance, Drama

Official Scales of the Armed Forces and the Civil Guard.

This also includes: Advanced Studies in Design, Ceramics, Preservation and Restoration of Cultural Goods, Tourism Studies

ANNEX 5: University studies

1 Experimental Sciences

Diploma in Statistics

Diploma in Human Nutrition and Dietetics

Degree in Biology

Degree in Ocean Sciences

Degree in Physics

Degree in Geology

Degree in Mathematics

Degree in Chemistry

Degree in Environmental Sciences

Degree in Biotechnology

Degree in Biochemistry

Degree in Food Sciences and Technology

Degree in Statistical Sciences and Techniques

Degree in Oenology

2 Health Sciences

Health Sciences

Diploma in Nursing

Diploma in Physiotherapy

Diploma in Logopaedia

Diploma in Optics and Optometry

Diploma in Chiropody

Diploma in Occupational Therapy

Degree in Pharmacy

Degree in Medicine

Degree in Odontology

Degree in Veterinary Medicine

3 Social and Legal Sciences

Diploma in Library Studies and Documentation

Diploma in Business Studies Sciences

Diploma in Social Education

Diploma in Management and Public Administration

Diploma in Specialised Education Hearing and language

Diploma in Specialised Education Special Education

Diploma in Specialised Education Infant Education

Diploma in Specialised Education Music Education

Diploma in Specialised Education Primary education

Diploma in Specialised Education Foreign Language

Diploma in Specialised Education Physical Education

Diploma in Labour Relations

Diploma in Social Work

Diploma in Tourism

Degree in Business Studies and Management

Degree in Physical Activity and Sports Sciences

Degree in Political and Administrative Sciences

Degree in Audiovisual Communication

Degree in Law

Degree in Economics

Degree in Teaching

Degree in Journalism

Degree in Psychology

Degree in Advertising and Public Relations

Degree in Sociology

Degree in Actuary and Financial Sciences

Degree in Documentation

Degree in Market Research and Techniques

Degree in Teaching Psychology

Degree in Law

Degree in Labour Sciences

Degree in Criminology

4 Humanities

Diploma in Translating and Interpreting

Post-Secondary Theology

Diploma in Ecclesiastical Sciences

Diploma in Religious Sciences

Degree in Fine Arts

Degree in German Philology

Degree in Arabic Philology

Degree in Catalan Philology

Degree in Classical Philology

Degree in Slavic Philology

Degree in French Philology

Degree in Galician Philology

Degree in Hebrew Philology

Degree in Hispanic Philology

Degree in English Philology

Degree in Italian Philology

Degree in Portuguese Philology

Degree in Roman Philology

Degree in Basque Philology

Degree in Philosophy

Degree in Geography

Degree in History

Degree in Art History

Degree in Humanities

Degree in Translating and Interpreting

Degree in Theology

Degree in Ecclesiastical Sciences

Degree in Religious Sciences

Degree in Social and Cultural Anthropology

Degree in Linguistics

Degree in Literature Theory and Comparative Literature

Degree in Music History and Sciences

Degree in East Asian Studies

5 Technical studies

Technical Architecture

Technical Aeronautical Engineering

Technical Engineering: Specialised in Aeroengines

Technical Engineering: Specialised in Aeronavigation

Technical Engineering: Specialised in Aircraft

Technical Engineering: Specialised in Airports

Technical Engineering: Specialised in Aerospace Equipment and Materials

Agricultural Technical Engineering

Technical Engineering: Specialised in Agriculture and Livestock Operations

Technical Engineering: Specialised in Horticulture and Gardening

Technical Engineering: Specialised in Agrarian and Food Industries

Technical Engineering: Specialised in Mechanisation and Rural Constructions

Technical Engineering in Industrial Design

Technical Forestry Engineering

Technical Engineering: Specialised in Forestry Operations

Technical Engineering: Specialised in Forestry Industries

Industrial Technical Engineering

Technical Engineering: Specialised in Electricity

Technical Engineering: Specialised in Industrial Electronics

Technical Engineering: Specialised in Mechanics

Technical Engineering: Specialised in Industrial Chemistry

Technical Engineering: Specialised in Textile

Technical Engineering in IT Management

Technical Engineering in IT Systems

Technical Engineering in Mines

Technical Engineering: Specialised in Mine Operation

Technical Engineering: Specialised in Electromechanical Mining Installations

Technical Engineering: Specialised in Mineralogy and Metallurgy

Technical Engineering: Specialised in Energy Resources, Fuels and Explosives

Technical Engineering: Specialised in Mining Exploration and Drilling

Naval Technical Engineering

Technical Engineering: Specialised in Naval Structures

Technical Engineering: Specialised in Propulsion and Shipping Services

Technical Engineering in Public Construction

Technical Engineering: Specialised in Civil Construction

Technical Engineering: Specialised in Hydrology

Technical Engineering: Specialised in Urban Transport and Services

Technical Telecommunications Engineering

Technical Engineering: Specialised in Electronic Systems

Technical Engineering: Specialised in Telecommunications Systems

Technical Engineering: Specialised in Sound and Image

Technical Engineering: Specialised in Telematics

Technical Topography Engineering

Diploma in Civil Navy

Diploma in Naval Machinery

Diploma in Maritime Navigation

Diploma in Naval Radioelectronics

Architecture

Aeronautical Engineering

Agricultural Engineering

Engineering of Roads, Canals and Ports

Industrial Engineering

IT Engineering

Mine Engineering

Mountain Engineering

Oceanic Naval Engineering

Chemical Engineering

Telecommunications Engineering

Civil Navy Degree

Geological Engineering

Engineering in Industrial Automation and Electronics

Electronics Engineering

Engineering in Geodetics and Cartography

Materials Engineering

Industrial Organisation Engineering

Degree in Naval Machinery

Degree in Maritime Navigation and Transport

Naval Radioelectronics

Defence Systems Engineering