

<p>35a. Is anyone in the family (that is you, your -- etc.) limited in the kind or amount of their activities because of an emotional or nervous condition?</p>	<p>Y N (36)</p>							
<p>b. Who is this? Mark "Condition" box in person's column.</p>		<p>35b. <input type="checkbox"/> Condition Mark D box, THEN 35c</p>						
<p>c. Would you say this is an emotional or nervous condition? Mark appropriate box in each person's column.</p>		<p>c. 1 <input type="checkbox"/> Emotional } (Item C 2 <input type="checkbox"/> Nervous } THEN 35d) 3 <input type="checkbox"/> Reported earlier</p>						
<p>d. Does anyone else in the family have an emotional or nervous condition that limits them in the kind or amount of their activities?</p>	<p>Y (Reask 35b and c) N</p>							
<p>36a. Because of a disability or health problem, does anyone in the family (that is you, your -- etc.) -- If "Yes," ask 36b and c</p> <p>b. Who is this? Mark appropriate box in person's column</p> <p>c. Anyone else?</p>	<table border="1"> <tr> <td data-bbox="497 368 1006 413"> <p>1. Need the help of another person in getting around outside of this neighborhood?</p> </td> <td data-bbox="1006 368 1075 413"></td> </tr> <tr> <td data-bbox="497 413 1006 458"> <p>2. Need the help of another person in getting around in this neighborhood?</p> </td> <td data-bbox="1006 413 1075 458"></td> </tr> <tr> <td data-bbox="497 458 1006 495"> <p>3. Need the help of another person in getting around inside of this house (apartment)?</p> </td> <td data-bbox="1006 458 1075 495"></td> </tr> </table>	<p>1. Need the help of another person in getting around outside of this neighborhood?</p>		<p>2. Need the help of another person in getting around in this neighborhood?</p>		<p>3. Need the help of another person in getting around inside of this house (apartment)?</p>		<p>36b. 1 <input type="checkbox"/> Needs help outside neighborhood 2 <input type="checkbox"/> Needs help inside neighborhood 3 <input type="checkbox"/> Needs help inside house</p>
<p>1. Need the help of another person in getting around outside of this neighborhood?</p>								
<p>2. Need the help of another person in getting around in this neighborhood?</p>								
<p>3. Need the help of another person in getting around inside of this house (apartment)?</p>								
<p>37a. Because of a disability or health problem, does anyone in the family stay in bed all or most of the day?</p>	<p>Y N (38)</p>							
<p>b. Who is this? Mark "Stays in bed" in person's column</p>		<p>37b. 4 <input type="checkbox"/> Stays in bed</p>						
<p>c. Anyone else?</p>	<p>Y (Reask 37b and c) N</p>							
<p>For each person with "Needs help" or "Stays in bed," ask 38-40; otherwise go to next page.</p>								
<p>38. How long has -- (needed help in getting around/had to stay in bed)?</p>		<p>000 <input type="checkbox"/> Less than 1 month 38. 1 ____ Mos. 2 ____ Yrs.</p>						
<p>39a. How often does -- (need help in getting around/need help because he has to stay in bed) -- most of the time, some of the time, or once in a while?</p> <p>b. Does -- receive the needed help -- most of the time, some of the time, or once in a while?</p> <p>c. When -- receives help who provides it -- a relative, friend, nurse, or some other person? Anyone else?</p>		<p>39a. 1 <input type="checkbox"/> All/most <input type="checkbox"/> Other -- Specify 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once</p> <p>b. 1 <input type="checkbox"/> All/most <input type="checkbox"/> Other -- Specify 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Once 0 <input type="checkbox"/> Never (40)</p> <p>c. 1 <input type="checkbox"/> Relative <input type="checkbox"/> Other -- Specify 2 <input type="checkbox"/> Friend 3 <input type="checkbox"/> Nurse</p>						
<p>40a. What disability or health problem causes -- to (need help in getting around/stay in bed)?</p> <p>b. Does any other condition cause -- to (need help in getting around/stay in bed)?</p> <p>c. What other disability or health problem causes -- to (need help in getting around/stay in bed)?</p> <p>Mark box or ask:</p> <p>d. Which of these conditions would you say is the main cause of this disability or health problem?</p>		<p>40a. 1 <input type="checkbox"/> Reported earlier } (Mark D box THEN 40b) Condition 2 <input type="checkbox"/> Enter Cond. in C2 3 <input type="checkbox"/> Old age only</p> <p>b. Y N (40d)</p> <p>c. Enter condition in C2 Reask 40b and c</p> <p>d. <input type="checkbox"/> Only 1 condition Enter main condition</p>						

<input type="checkbox"/> Condition Mark D box, THEN 35c	35b.	<input type="checkbox"/> Condition Mark D box, THEN 35c	<input type="checkbox"/> Condition Mark D box, THEN 35c	35b.	<input type="checkbox"/> Condition Mark D box, THEN 35c	<input type="checkbox"/> Condition Mark D box, THEN 35c
1 <input type="checkbox"/> Emotional } (Item C 2 <input type="checkbox"/> Nervous } THEN 35d) 3 <input type="checkbox"/> Reported earlier	c.	1 <input type="checkbox"/> Emotional } (Item C 2 <input type="checkbox"/> Nervous } THEN 35d) 3 <input type="checkbox"/> Reported earlier	1 <input type="checkbox"/> Emotional } (Item C 2 <input type="checkbox"/> Nervous } THEN 35d) 3 <input type="checkbox"/> Reported earlier	c.	1 <input type="checkbox"/> Emotional } (Item C 2 <input type="checkbox"/> Nervous } THEN 35d) 3 <input type="checkbox"/> Reported earlier	1 <input type="checkbox"/> Emotional } (Item C 2 <input type="checkbox"/> Nervous } THEN 35d) 3 <input type="checkbox"/> Reported earlier
1 <input type="checkbox"/> Needs help outside neighborhood 2 <input type="checkbox"/> Needs help inside neighborhood 3 <input type="checkbox"/> Needs help inside house	36b.	1 <input type="checkbox"/> Needs help outside neighborhood 2 <input type="checkbox"/> Needs help inside neighborhood 3 <input type="checkbox"/> Needs help inside house	1 <input type="checkbox"/> Needs help outside neighborhood 2 <input type="checkbox"/> Needs help inside neighborhood 3 <input type="checkbox"/> Needs help inside house	36b.	1 <input type="checkbox"/> Needs help outside neighborhood 2 <input type="checkbox"/> Needs help inside neighborhood 3 <input type="checkbox"/> Needs help inside house	1 <input type="checkbox"/> Needs help outside neighborhood 2 <input type="checkbox"/> Needs help inside neighborhood 3 <input type="checkbox"/> Needs help inside house
4 <input type="checkbox"/> Stays in bed	37b.	4 <input type="checkbox"/> Stays in bed	4 <input type="checkbox"/> Stays in bed	37b.	4 <input type="checkbox"/> Stays in bed	4 <input type="checkbox"/> Stays in bed
000 <input type="checkbox"/> Less than 1 month 1 ___ Mos. 2 ___ Yrs.	38.	000 <input type="checkbox"/> Less than 1 month 1 ___ Mos. 2 ___ Yrs.	000 <input type="checkbox"/> Less than 1 month 1 ___ Mos. 2 ___ Yrs.	38.	000 <input type="checkbox"/> Less than 1 month 1 ___ Mos. 2 ___ Yrs.	000 <input type="checkbox"/> Less than 1 month 1 ___ Mos. 2 ___ Yrs.
1 <input type="checkbox"/> All/most <input type="checkbox"/> Other - 2 <input type="checkbox"/> Some Specify 3 <input type="checkbox"/> Once	39a.	1 <input type="checkbox"/> All/most <input type="checkbox"/> Other - 2 <input type="checkbox"/> Some Specify 3 <input type="checkbox"/> Once	1 <input type="checkbox"/> All/most <input type="checkbox"/> Other - 2 <input type="checkbox"/> Some Specify 3 <input type="checkbox"/> Once	39a.	1 <input type="checkbox"/> All/most <input type="checkbox"/> Other - 2 <input type="checkbox"/> Some Specify 3 <input type="checkbox"/> Once	1 <input type="checkbox"/> All/most <input type="checkbox"/> Other - 2 <input type="checkbox"/> Some Specify 3 <input type="checkbox"/> Once
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1 <input type="checkbox"/> Relative <input type="checkbox"/> Other - 2 <input type="checkbox"/> Friend Specify 3 <input type="checkbox"/> Nurse	c.	1 <input type="checkbox"/> Relative <input type="checkbox"/> Other - 2 <input type="checkbox"/> Friend Specify 3 <input type="checkbox"/> Nurse	1 <input type="checkbox"/> Relative <input type="checkbox"/> Other - 2 <input type="checkbox"/> Friend Specify 3 <input type="checkbox"/> Nurse	c.	1 <input type="checkbox"/> Relative <input type="checkbox"/> Other - 2 <input type="checkbox"/> Friend Specify 3 <input type="checkbox"/> Nurse	1 <input type="checkbox"/> Relative <input type="checkbox"/> Other - 2 <input type="checkbox"/> Friend Specify 3 <input type="checkbox"/> Nurse
1 <input type="checkbox"/> Reported earlier } Condition } (Mark 2 <input type="checkbox"/> Enter Cond. in C2 } D box 3 <input type="checkbox"/> Old age only } THEN 40b)	40a.	1 <input type="checkbox"/> Reported earlier } Condition } (Mark 2 <input type="checkbox"/> Enter Cond. in C2 } D box 3 <input type="checkbox"/> Old age only } THEN 40b)	1 <input type="checkbox"/> Reported earlier } Condition } (Mark 2 <input type="checkbox"/> Enter Cond. in C2 } D box 3 <input type="checkbox"/> Old age only } THEN 40b)	40a.	1 <input type="checkbox"/> Reported earlier } Condition } (Mark 2 <input type="checkbox"/> Enter Cond. in C2 } D box 3 <input type="checkbox"/> Old age only } THEN 40b)	1 <input type="checkbox"/> Reported earlier } Condition } (Mark 2 <input type="checkbox"/> Enter Cond. in C2 } D box 3 <input type="checkbox"/> Old age only } THEN 40b)
Y N (40d)	b.	Y N (40d)	Y N (40d)	b.	Y N (40d)	Y N (40d)
Enter condition in C2 Reask 40b and c	c.	Enter condition in C2 Reask 40b and c	Enter condition in C2 Reask 40b and c	c.	Enter condition in C2 Reask 40b and c	Enter condition in C2 Reask 40b and c
<input type="checkbox"/> Only 1 condition Enter main condition	d.	<input type="checkbox"/> Only 1 condition Enter main condition	<input type="checkbox"/> Only 1 condition Enter main condition	d.	<input type="checkbox"/> Only 1 condition Enter main condition	<input type="checkbox"/> Only 1 condition Enter main condition

<p>41a. Because of a disability or health problem, does anyone in the family (that is, you, your --, etc.) need help -- If "Yes," ask 41b and c</p> <p>b. Who is this? <i>Mark appropriate box in person's column</i></p> <p>c. Anyone else?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1. Bathing?</td><td style="width: 20px;"></td></tr> <tr><td style="text-align: center;">2. Dressing?</td><td></td></tr> <tr><td style="text-align: center;">3. Eating?</td><td></td></tr> <tr><td style="text-align: center;">4. Using the toilet?</td><td></td></tr> </table>	1. Bathing?		2. Dressing?		3. Eating?		4. Using the toilet?		<p>41b.</p> <p>1 <input type="checkbox"/> Bathing</p> <p>2 <input type="checkbox"/> Dressing</p> <p>3 <input type="checkbox"/> Eating</p> <p>4 <input type="checkbox"/> Toilet</p>								
1. Bathing?																		
2. Dressing?																		
3. Eating?																		
4. Using the toilet?																		
<p>For each person with an entry in 41, ask 42-44, otherwise go to next page.</p>																		
<p>42. How long has -- needed help { bathing? dressing? eating? using the toilet? }</p>	42.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Mos.</th> <th style="text-align: center;">Yrs.</th> </tr> </thead> <tbody> <tr><td>Bathing</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Dressing</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Eating</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Toilet</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> </tbody> </table>		Mos.	Yrs.	Bathing	_____	_____	Dressing	_____	_____	Eating	_____	_____	Toilet	_____	_____	
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Bathing	_____	_____																
Dressing	_____	_____																
Eating	_____	_____																
Toilet	_____	_____																
<p>43a. How often does -- need help { bathing dressing eating using the toilet } most of the time, some of the time, or once in a while?</p> <p>-----</p> <p>b. How often does he receive the needed help { bathing dressing eating using the toilet } most of the time, some of the time, or once in a while?</p> <p>-----</p> <p>c. When -- receives help, who provides it -- a relative, friend, nurse, or some other person? Anyone else?</p>	43a.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Bathing</td><td style="text-align: center;">_____</td></tr> <tr><td>Dressing</td><td style="text-align: center;">_____</td></tr> <tr><td>Eating</td><td style="text-align: center;">_____</td></tr> <tr><td>Toilet</td><td style="text-align: center;">_____</td></tr> </tbody> </table> <p style="text-align: center;">b.</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Bathing</td><td style="text-align: center;">_____</td></tr> <tr><td>Dressing</td><td style="text-align: center;">_____</td></tr> <tr><td>Eating</td><td style="text-align: center;">_____</td></tr> <tr><td>Toilet</td><td style="text-align: center;">_____</td></tr> </tbody> </table> <p style="text-align: center;">c.</p> <p>1 <input type="checkbox"/> Relative</p> <p>2 <input type="checkbox"/> Friend</p> <p>3 <input type="checkbox"/> Nurse</p> <p><input type="checkbox"/> Other -- <i>Specify</i>_____</p>	Bathing	_____	Dressing	_____	Eating	_____	Toilet	_____	Bathing	_____	Dressing	_____	Eating	_____	Toilet	_____
Bathing	_____																	
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Toilet	_____																	
<p>44a. What disability or health problem causes -- to need help { bathing, dressing, eating, using the toilet? }</p> <p>-----</p> <p>b. Does any other condition cause this need?</p> <p>-----</p> <p>c. What other disability or health problem causes -- to need help { bathing, dressing, eating, using the toilet? }</p> <p>-----</p> <p><i>Mark box or ask:</i></p> <p>d. Which of these conditions would you say is the main reason -- needs help { bathing? dressing? eating? using the toilet? }</p>	44a.	<p>1 <input type="checkbox"/> Reported earlier Condition (Mark D box THEN 44b)</p> <p>2 <input type="checkbox"/> Enter Cond. in C2</p> <p>3 <input type="checkbox"/> Old age only</p> <p style="text-align: center;">b. Y N (44d)</p> <p>c. Enter condition in C2 Reask 44b and c</p> <p style="text-align: center;">d.</p> <p>1 <input type="checkbox"/> Only 1 condition (NP)</p> <p>Bathing _____</p> <p>Dressing _____</p> <p>Eating _____</p> <p>Toilet _____</p>																
<p>FOOTNOTES</p>																		

DS PAGE

DS

- 1 3-18 (1)
- 2 19+, respondent available (5)
- 3 19+, return call required (NP)

Complete for each person age 3 and over with D box marked

Person number _____

1. Is -- now attending or enrolled in school?						1 Y	2 N (4)
2. Is it a public or private school?						1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private	
3. Does -- receive special educational services or attend special classes at school because of a disability or health problem?						1 Y	2 N
4. Does -- now take any medicine prescribed by a doctor because he is more active or more restless than other children?						1 Y	2 N
5. Is -- covered by a health insurance plan that pays any part of a hospital bill?						1 Y	2 N
6. During the past 12 months, has -- had a general physical examination?						1 Y	2 N
7. During the past 12 months, did -- receive --							
	Received service past 12 months (1)	Is -- now receiving this service? (2)	Was -- helped by this (3)	Does -- now need (4)	Has -- tried to get this service? (5)		
A. Physical therapy?	1 Y (Col. 2) 2 N (Col. 4)	1 Y (B) 2 N	1 Y 2 N	1 Y 2 N (B)	1 Y 2 N		
B. Psychological counseling?	1 Y (Col. 2) 2 N (Col. 4)	1 Y (C) 2 N	1 Y 2 N	1 Y 2 N (C)	1 Y 2 N		
Ask if 16+: Because of a disability or health problem, during the past 12 months, did -- receive --							
C. Job counseling or guidance?	1 Y (Col. 2) 2 N (Col. 4)	1 Y (D) 2 N	1 Y 2 N	1 Y 2 N (D)	1 Y 2 N		
D. Job training or vocational training?	1 Y (Col. 2) 2 N (Col. 4)	1 Y (E) 2 N	1 Y 2 N	1 Y 2 N (E)	1 Y 2 N		
E. Job placement services?	1 Y (Col. 2) 2 N (Col. 4)	1 Y 2 N	1 Y 2 N	1 Y 2 N	1 Y 2 N		
If "Yes," in column (1), question 7, ask: otherwise go to 9							
8a. Was a government agency involved in arranging or providing (services) for --?						1 Y	2 N (9)
b. What is the name of the agency? Any other agency?						_____	
9a. During the past 12 months, have you tried to get information related to --'s health problem or disability?						1 Y	2 N (9a)
b. Did you get the information?						1 Y	2 N (9a)
c. Did you get the information from --'s doctor, a government agency, or some other source?						1 <input type="checkbox"/> Doctor (9a) 2 <input type="checkbox"/> Government 8 <input type="checkbox"/> Other	
d. From whom did you receive the information?						_____	
e. Do you need (additional) information related to --'s health problem or disability?						1 Y	2 N
10a. Have any changes been made to this house (apartment) because of --'s health problem or disability?						1 Y	2 N (10a)
b. What changes have been made?						_____	
c. Do any (additional) changes need to be made because of --'s health problem or disability?						1 Y	2 N (NP)
d. What (additional) changes need to be made?						_____	