

Section M — ASSISTIVE DEVICES

PERSON 1

The next questions are about the use of devices to help people with physical disabilities or impairments.

1 A. Does anyone in the family NOW use a brace of any kind?

- 1 Yes
2 No } (B)
9 DK

(1) Who is this?

Mark appropriate box(es) in person's column.
Ask if necessary: **On what part of the body is the brace worn? Is it worn on the leg or foot, arm or hand, the back, or somewhere else?**

- Brace ∇
01 Leg 05 Neck
02 Foot 06 Back
03 Arm 07 Other —
04 Hand Specify ∇

5
6-7
8-9
10-11
12-13
14-15
16-17
18-19

(2) Does anyone else now use a brace?

- Yes (Reask A(1) and (2)) No

(1)

B. (Does anyone in the family NOW use) Any special equipment for getting around, such as crutches, a cane, a walker, or a wheelchair?

- 1 Yes
2 No } (C)
9 DK

(1) Who is this?

Mark "Aids for getting around" box in person's column.

- 1 Aids for getting around

(2) Anyone else?

- Yes (Reask B(1) and (2)) No

Ask (3) (a)–(e) for each person with "Aids for getting around" in B(1).

(3) Does — — now use —

(a) Crutches?

- (a) 08 Crutches

(b) A cane for support or a walking stick?

- (b) 09 Cane or walking stick

(c) A walker?

- (c) 10 Walker

(d) A wheelchair or scooter? Which one? If wheelchair, ask: Is it manual or electric? Mark all that apply.

- (d) 11 Manual wheelchair
12 Electric wheelchair
13 Scooter

(e) Any OTHER aid for getting around? (Specify)

- (e) 14 Other mobility aid — Specify ∇

C. (Does anyone in the family NOW use) Any special equipment for hearing problems, such as a hearing aid, a special telephone, or other special equipment for hearing problems?

- 1 Yes
2 No } (D)
9 DK

(1) Who is this?

Mark "Hearing equipment" box in person's column.

- (1) 1 Hearing equipment

(2) Anyone else?

- Yes (Reask C(1) and (2)) No

Ask (3) (a)–(d) for each person with "Hearing equipment" in C(1).

(3) Does — — now use —

(a) A hearing aid?

- (a) 15 Hearing aid

(b) A TDD or TTY?

- (b) 16 TDD or TTY

(c) Special alarms for hearing impaired persons?

- (c) 17 Special alarms

(d) Any other special equipment for hearing problems? (Specify)

- (d) 18 Other special equipment — Specify ∇

Notes

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D. (Does anyone in the family NOW use) Any special equipment for vision problems, such as a white cane, excluding eyeglasses or contact lenses?		D. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (E) 9 <input type="checkbox"/> DK	46
(1) Who is this? Mark "Vision aid" box in person's column.		(1) 1 <input type="checkbox"/> Vision aid	47
(2) Anyone else? <input type="checkbox"/> Yes (Reask D(1) and (2)) <input type="checkbox"/> No Ask (3) (a)–(b) for each person with "Vision problems" in D(1).			48–49
(3) Does — now use — (a) A white cane?		(a) 19 <input type="checkbox"/> A white cane	50–51
(b) Any other special equipment for vision problems, excluding eyeglasses or contact lenses? (Specify)		(b) 20 <input type="checkbox"/> Other vision equipment — Specify ↴	
E. (Does anyone in the family NOW use) An artificial leg, foot, arm, or hand?		E. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (F) 9 <input type="checkbox"/> DK	52
(1) Who is this? Mark "Artificial limb" box in person's column.		(1) 1 <input type="checkbox"/> Artificial limb	53
(2) Anyone else? <input type="checkbox"/> Yes (Reask E(1) and (2)) <input type="checkbox"/> No Ask (3) (a)–(b) for each person with "Artificial limb" in E(1).			54–55
(3) Does — now use — (a) An artificial leg or foot?		(a) 21 <input type="checkbox"/> Artificial leg or foot	56–57
(b) An artificial arm or hand?		(b) 22 <input type="checkbox"/> Artificial arm or hand	
F. (Does anyone in the family NOW use) A communications aid for speech problems?		F. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (G) 9 <input type="checkbox"/> DK	58
(1) Who is this? Mark "Speech problem aid" box in person's column.		(1) 23 <input type="checkbox"/> Speech problem aid	59–60
(2) Anyone else? <input type="checkbox"/> Yes (Reask F(1) and (2)) <input type="checkbox"/> No			
G. (Does anyone in the family NOW use) A typewriter or computer specially adapted for disabled persons?		G. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (H) 9 <input type="checkbox"/> DK	61
(1) Who is this? Mark "Typewriter/computer" box in person's column.		(1) 24 <input type="checkbox"/> Typewriter/computer	62–63
(2) Anyone else? <input type="checkbox"/> Yes (Reask G(1) and (2)) <input type="checkbox"/> No			
H. (Does anyone in the family NOW use) Any other special equipment for persons with disabilities or impairments?		H. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (Item M1) 9 <input type="checkbox"/> DK	64
(1) Who is this? Mark "Other equipment" box in person's column.		(1) 25 <input type="checkbox"/> Other equipment — Specify ↴	65–66
(2) Anyone else? <input type="checkbox"/> Yes (Reask H(1) and (2)) <input type="checkbox"/> No			
ITEM M1	Refer to 1A–H	M1 1 <input type="checkbox"/> No device (NP or 5) 2 <input type="checkbox"/> One or more devices in 1A–H (Complete 2–4 for each device, THEN M1 for NP)	67
Notes			

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DEVICE 1

Enter person number, device number and type of device for the person, THEN ask 2 – 4 separately for each device

Pers No.	Dev. No.	Type	3-4
			5-6

2. DURING THE PAST MONTH, did — use a (device) all or most of the time, some of the time, or only occasionally?

2.

1 All/Most of the time 7

2 Some of the time

3 Only occasionally

ITEM M2

Refer to age and device in question 2. Mark first appropriate box.

M2

1 65 + 8

2 Brace, artificial limb, hearing aid, or white cane } (3g)

8 Other (3a)

3a. Has — worked or attended school in the LAST SIX MONTHS?

If "Yes," ask: Which?

3a.

1 Work only 9

2 Attend school only } (3b)

3 Both

4 Neither (3g)

b. Does — use a (device) at [work/(or) school]?

b.

1 Yes (3c) 10

2 No (3g)

3 No longer working/attending school (3g)

Hand card M1. Read all answer categories if telephone interview.

c. Who (else) paid for the (device) — uses at [work/(or) school]?

Mark all that apply.

c.

01 Already installed/ no payment 11-12

02 Gift 13-14

03 Self or family 15-16

04 Private health insurance 17-18

05 Medicare 19-20

06 Medicaid 21-22

07 Rehabilitation program 23-24

08 Employer 25-26

09 School system 27-28

10 VA program 29-30

11 Other private source 31-32

12 Other public source 33-34

99 DK 35-36

If ONLY box 01 marked in 3c, skip to 3e.

d. Did (sources in 3c) cover the total cost of the (device)?

d.

1 Yes 37

2 No (Reask 3c and d) 38

9 DK 39

e. Does — also use a (device) at home or somewhere else?

e.

1 Yes 40

2 No (4)

f. Is it the same (device) that — uses at [work/(or) school]?

f.

1 Yes (4) 41

2 No

Hand card M1. Read all answer categories if telephone interview.

g. Who (else) paid for the (device) that — uses (at home or elsewhere)?

Mark all that apply.

g.

01 Already installed/ no payment 42-43

02 Gift 44-45

03 Self or family 46-47

04 Private health insurance 48-49

05 Medicare 50-51

06 Medicaid 52-53

07 Rehabilitation program 54-55

08 Employer 56-57

09 School system 58-59

10 VA program 60-61

11 Other private source 62-63

12 Other public source 64-65

99 DK 66-67

If ONLY box 01 marked in 3g, skip to 4.

h. Did (sources in 3g) cover the total cost of the (device)?

h.

1 Yes 68

2 No (Reask 3g and h) 69

9 DK 70

4. What impairments or health conditions make it necessary for — to use the (device)?

4.

Same as device _____ 71-74

_____ 75-78

_____ 79-82

(Next device or M1 for NP)

AFTER COMPLETING M1 FOR ALL PERSONS AND 2-4 FOR ALL DEVICES, GO TO QUESTION 5 ON PAGE 8

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PERSON 1

<p><i>Hand Card M2.</i></p> <p>5a. Does anyone in the family NEED any special equipment (of this kind) that they DON'T HAVE?</p> <hr/> <p>b. Who is this? Anyone else? <i>Mark "Needs equipment" box in person's column.</i></p> <p><i>Ask 5c and d for each person with "Needs equipment" in 5b.</i></p> <p>c. What equipment does --- need?</p> <p>Anything else?</p> <hr/> <p>d. Why doesn't --- have (equipment in 5c)? <i>Mark all that apply.</i></p>	<p>5a.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (6)</p> <hr/> <p>b.</p> <p>1 <input type="checkbox"/> Needs equipment</p> <hr/> <p>c.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <p>d.</p> <p>1 <input type="checkbox"/> Can't afford it 2 <input type="checkbox"/> Doesn't know where to get it 3 <input type="checkbox"/> Not available locally 4 <input type="checkbox"/> Repair problems 5 <input type="checkbox"/> Lack of training to use equipment 6 <input type="checkbox"/> Can't use or install in present home 7 <input type="checkbox"/> Has equipment that is not satisfactory 8 <input type="checkbox"/> Other — Specify _____ 9 <input type="checkbox"/> DK</p>
<p>6a. Does anyone in this family now have a car or van which is specially equipped for disabled drivers or passengers?</p> <hr/> <p>b. Who is the car or van equipped for? <i>Mark "Specially equipped car" box in person's column.</i></p> <hr/> <p>c. Anyone else?</p>	<p>6a.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (7)</p> <hr/> <p>b.</p> <p>0 <input type="checkbox"/> Only for non-family members 1 <input type="checkbox"/> Specially-equipped car</p>
<p><i>Hand Card M3. Read list if telephone interview.</i></p> <p>7. Please tell me if this home is equipped with any special features designed for disabled persons.</p> <p><i>Mark all that apply.</i></p>	<p>01 <input type="checkbox"/> Ramps 02 <input type="checkbox"/> Extra wide doors or passages 03 <input type="checkbox"/> Elevators or stairlifts (not counting public elevators) 04 <input type="checkbox"/> Handrails or grab bars other than normal handrails on staircases 05 <input type="checkbox"/> A raised toilet 06 <input type="checkbox"/> Levers, push bars, or SPECIAL knobs on doors 07 <input type="checkbox"/> Lowered counters 08 <input type="checkbox"/> Special slip-resistant floors 09 <input type="checkbox"/> Any other SPECIAL features designed for disabled persons — Specify _____</p> <hr/> <p>10 <input type="checkbox"/> No features } (Section N) 99 <input type="checkbox"/> DK</p>
<p><i>Hand Card M1. Read all answer categories if telephone interview.</i></p> <p>8a. Who (else) paid for the (items in 7)? <i>Mark all that apply.</i></p> <hr/> <p><i>If ONLY box 01 in 8a, skip to Section N.</i></p> <p>b. Did (sources in 8a) cover the total cost of the (items in 7)?</p>	<p>01 <input type="checkbox"/> Already installed/no payment 02 <input type="checkbox"/> Gift 03 <input type="checkbox"/> Self or family 04 <input type="checkbox"/> Private health insurance 05 <input type="checkbox"/> Medicare 06 <input type="checkbox"/> Medicaid 07 <input type="checkbox"/> Rehabilitation program 08 <input type="checkbox"/> Employer 09 <input type="checkbox"/> School system 10 <input type="checkbox"/> VA program 11 <input type="checkbox"/> Other private source 12 <input type="checkbox"/> Other public source 99 <input type="checkbox"/> DK</p> <hr/> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Reask 8a and b) 9 <input type="checkbox"/> DK</p>