



## Central Statistics Office National Disability Survey, 2006 Institutional Questionnaire (Child)

Date of interview \_\_\_\_/\_\_\_\_/\_\_\_\_/2006

Time interview began  
(24-hour clock)

 : 

Time interview ended  
(24-hour clock)

 : 

Affix institution ID label here

**Note to Interviewer:**  
Only persons who  
are usually resident  
here and were aged  
between 0 and 17  
years on 23 April 2006  
should be interviewed.

*I hereby certify that this return is correct and complete to the best of my knowledge.*

**Interviewer's signature**

Date \_\_\_\_/\_\_\_\_/2006

### How was the interview conducted?

Direct interview

1

Facilitated interview - facilitator helped respondent and answered for him/her

2

A proxy answered all or almost all questions for respondent who was not present

3

Interpreted interview (answers given to interpreter by respondent)

4

**Interviewer: Indicate responses by circling relevant response codes for each question throughout the questionnaire**



### TO BE ASKED AFTER SECTION 1 IS COMPLETED



Complete if the respondent has indicated **more than one** difficulty, ie if more than one category in the Disability Type Summary 'Completed' column has been ticked. Then go to Section 2.

### Summary of Multiple Disabilities

You have indicated that you have multiple difficulties. I am now going to ask you ...

**What do you consider to be your MAIN difficulty?**

**P6 Interviewer:** Show prompt card P6. Read list of disabilities that the respondent has indicated they have. Mark **one** answer only in the 'Main Disability' column on the Disability Type Summary box.

### Disability Type Summary (complete as instructed in Section 1 parts A-I of questionnaire)

Section	Completed	Main Disability (tick one box only)
A Seeing		
B Hearing		
C Speech		
D Mobility and dexterity		
E Remembering and concentrating		
F Intellectual and learning		
G Emotional, psychological and mental health		
H Pain		
I Breathing		

## SECTION 1 Type of Disability

I am going to ask you a series of questions about your ability to do certain activities and about aids and supports that are useful to you.

### A Seeing (b210)

I will start by asking about seeing difficulties. Please tell me only about seeing difficulties that have lasted, or are expected to last, six months or more or that regularly re-occur.

A1 Do you wear glasses or contact lenses? Yes  No

A2 (Wearing your glasses/contact lenses), do you have difficulty seeing? (b210, e1251)

**P1 Interviewer:** Show prompt card P1. If response = 1, go to B1. If response = 2, ask A3 **only** and then go to B1. Otherwise go to A3 and ask the remaining questions in this section.

No difficulty	Some difficulty		A lot of difficulty	Cannot do at all
	Just a little	A moderate level		
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

A3 Do you USE any of the following aids for your seeing difficulty? (b210)

Read list under A4. Mark 'Yes' or 'No' to each aid.

A4 Are there any of the following aids that you are aware that you need but do not have?

Ask only for categories where A3 = 'No'

Read list. Mark 'Yes' or 'No' to all that apply.

	Yes A3	No A3	If NO for A3, then ask A4 ➡	Yes A4	No A4
Magnifiers, large print or braille reading materials (e1251)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
Audible or tactile devices, such as talking scales, clocks, tapes or dictaphones (e1251)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
Recording equipment or portable note-takers (e1251)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
A computer with large print, braille etc (e1251)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
A screen reader (e1251)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
A scanner (e1250)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
A guidance cane (e1201)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
A guide dog (e350)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
Mobility or rehabilitative worker (e360)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
Community resource worker (e360)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>

A5 At what age did you begin to have this difficulty? (b210)

If from birth enter X; if between birth and 1 year, enter 0; if unknown, enter 999

Age

**A6 Which of the following best describes the CAUSE of this difficulty?**

Hereditary/genetic

1

An accident, injury or fall

2

A disease or illness

3

Stress

5

Other cause

6

No specific cause

7

Don't know

9

**P2 Interviewer:** Show prompt card P2.  
Read list. Mark one response only.  
Classify age-related in 'other cause' category.

**Note to Interviewer:** For persons coded 3, 4 or 5 in question A2, mark 'A Seeing' as 'Completed' on the Disability Type Summary box on page 1.

**B Hearing (b230)**

I am now going to ask about hearing difficulties. Please tell me only about hearing difficulties that have lasted, or are expected to last, six months or more or that regularly re-occur.

**B1 Do you use a hearing aid?** Yes 1 No 2

**B2 (Using your hearing aid), do you have difficulty hearing? (b230, e1251)**

**P1 Interviewer:** Show prompt card P1. If response = 1, go to C1. If response = 2, ask B3 **only** and then go to C1. Otherwise go to B3 and ask the remaining questions in this section.

No difficulty	Some difficulty		A lot of difficulty	Cannot do at all
	Just a little	A moderate level		
1	2	3	4	5

**B3 Do you USE any of the following aids for your hearing difficulty? (b230)**

**Read list under B4. Mark 'Yes' or 'No' to each aid.**

**B4 Are there any of the following aids that you are aware that you need but do not have?**

**Ask only for categories where B3 = 'No'**

**Read list. Mark 'Yes' or 'No' to all that apply.**

	Yes B3	No B3		Yes B4	No B4
Hearing aid(s) without 'T-switch' (e1251)	<input type="checkbox"/>	<input type="checkbox"/>	If NO for B3, then ask B4 ➡	<input type="checkbox"/>	<input type="checkbox"/>
Hearing aid(s) with 'T-switch' (e1251)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Cochlear implants (e1251)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Phone related devices, eg phone 'coupler', flashers, minicom (e1251)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
A mobile phone for texting (e1250)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
A fax machine (e1250)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Speedtext (e1251)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
A computer to communicate, eg e-mail or chat service (e1250)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Sub-titles on TV (e1251)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Amplifiers, eg FM, acoustic, infrared (e1251)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Visual or vibrating alerts or alarms, eg doorbell (e1251)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
A loop (e1251)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Sign language, eg ISL (d340)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Lip read or speech read (d3602)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

**B5 How well are you able to communicate with ... (d3)**

**P3 Interviewer:** Show prompt card P3. Read list.

Family members

Your friends

People providing everyday services, such as shop assistants, café staff, bus drivers, bank staff

Health care professionals and service providers such as doctors and home help workers

Other people

No difficulty	Some difficulty	A lot/ cannot do
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B6 At what age did you begin to have this difficulty?**

**If from birth enter X; if between birth and 1 year, enter 0; if unknown, enter 999**

Age

## B7 Which of the following best describes the CAUSE of this difficulty?

- Hereditary/genetic
- An accident, injury or fall
- A disease or illness
- Stress
- Other cause
- No specific cause
- Don't know

**P2 Interviewer:** Show prompt card P2. Read list. Mark one response only. Classify age-related in 'other cause' category.

**Note to Interviewer:** For persons coded 3, 4 or 5 in question B2, mark '**B Hearing**' as '**Completed**' on the Disability Type Summary box on page 1.

## C Speech (d3)

I am now going to ask about speech difficulties. Please tell me only about those difficulties that have lasted, or are expected to last, six months or more or that regularly re-occur.

### C1 Do others generally have difficulty understanding you when you speak? (b16710)

**P1 Interviewer:** Show prompt card P1. If response = 1, go to D1. If response = 2, ask C2 **only** and then go to D1. Otherwise go to C2 and ask the remaining questions in this section.


No difficulty	Some difficulty		A lot of difficulty	Cannot do at all
	Just a little	A moderate level		
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

### C2 Do you USE any of the following aids for your speech difficulty? (e1251)

Read list under C3. Mark 'Yes' or 'No' to each aid.

### C3 Are there any of the following aids that you are aware that you need but do not have? (d3)

Ask only for categories where C2 = 'No'. Read list. Mark 'Yes' or 'No' to all that apply.

	Yes C2	No C2		Yes C3	No C3
Voice amplifier (e1251)	<input type="text" value="1"/>	<input type="text" value="2"/>	<b>If NO for C2, then ask C3</b> 	<input type="text" value="1"/>	<input type="text" value="2"/>
Computer or keyboard (d3601)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
Communications board (e1251)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
Speech and language therapy (e5800)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
Sign language, eg ISL (d340)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
Interpreter (e398)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>

**C4 How well are you able to communicate with ... (d3)**

**P3 Interviewer:** Show prompt card P3. Read list.

Family members

Your friends

People providing everyday services, such as  
shop assistants, café staff, bus drivers, bank staff

Health care professionals and service providers such as  
doctors and home help workers

Other people

No difficulty	Some difficulty	A lot/ cannot do
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3

**C5 At what age did you begin to have this difficulty? (d3)**

**If from birth enter X; if between birth and 1 year, enter 0; if unknown, enter 999**

Age \_\_\_\_\_

**C6 Which of the following best describes the CAUSE of this difficulty?**

Hereditary/genetic

1

An accident, injury or fall

2

A disease or illness

3

Stress

5

Other cause

6

No specific cause

7

Don't know

9

**P2 Interviewer:** Show prompt  
card P2. Read list. Mark one  
response only. Classify age-related  
in 'other cause' category.

**Note to Interviewer:** For persons coded 3, 4 or 5 in question C1, mark '*C Speech*' as '*Completed*' on the Disability Type Summary box on page 1.

**D Mobility and Dexterity** (d4 + d440)

The next few questions are about your ability to move around or to use your hands. Remember, I am asking only about difficulties that have lasted, or are expected to last, six months or more or that regularly re-occur.

Do you have difficulty ...

	No difficulty	Some difficulty		A lot of difficulty	Cannot do at all
		Just a little	A moderate level		
<b>D1</b> Moving around inside your home (d4600)	1	2	3	4	5
<b>D2</b> Going outside of your home (d4601 + d4602)	1	2	3	4	5
<b>D3</b> Walking a longer distance, eg walking for about 15 minutes (d4501)	1	2	3	4	5
<b>D4</b> Using your hands and fingers, eg picking up small objects or opening and closing containers (d4400 + d4402)	1	2	3	4	5

**P1 Interviewer:** Show prompt card P1. If response = 1 for ALL of D1 to D4, go to E1. Else if highest response code = 2 for ALL of D1 to D4, ask D5 **only** and then go to E1. If response = 3, 4 or 5 for ANY of D1 to D4, go to D5 and ask the remaining questions in this section.

**D5** Do you **USE** any of the following aids for your mobility or dexterity difficulty?

Read list under D6. Mark 'Yes' or 'No' to each aid.

**D6** Are there any of the following aids that you are aware that you need but do not have?

Ask only for categories where D5 = 'No'

Read list. Mark 'Yes' or 'No' to all that apply.

	Yes D5	No D5		Yes D6	No D6
Walking aids, eg orthopaedic footwear, walking stick or frame, rollator (e1201)	1	2	<b>If NO for D5, then ask D6</b> ➡	1	2
A manual or electric wheelchair or a scooter (e1201)	1	2		1	2
Portable ramps (e1201)	1	2		1	2
Assistive device, eg braces or supportive devices, reach extenders or grasping tools (e1151)	1	2		1	2
Grab bars or bathroom aids (e1551)	1	2		1	2
A lift, a stair-lift (e1501)	1	2		1	2
A hoist or other similar device (e1501)	1	2		1	2
Physiotherapy (e5800)	1	2		1	2
Occupational therapy (e5800)	1	2		1	2

**D7** At what age did you begin to have this difficulty?

If from birth enter X; if between birth and 1 year, enter 0; if unknown, enter 999

Age \_\_\_\_\_

**D8 Which of the following best describes the CAUSE of this difficulty?**

- |                             |   |
|-----------------------------|---|
| Hereditary/genetic          | 1 |
| An accident, injury or fall | 2 |
| A disease or illness        | 3 |
| Stress                      | 5 |
| Other cause                 | 6 |
| No specific cause           | 7 |
| Don't know                  | 9 |

**P2 Interviewer:** Show prompt card P2. Read list. Mark one response only. Classify age-related in 'other cause' category.

**Note to Interviewer:** For persons coded 3, 4 or 5 in at least one of the questions D1 to D4, mark '*D Mobility and Dexterity*' as 'Completed' on the Disability Type Summary box on page 1.

## E Remembering and Concentrating (b144 + b140)

The next few questions are about remembering and concentrating difficulties. Please tell me only about those difficulties that have lasted, or are expected to last, six months or more or that regularly re-occur. (NOTE These difficulties are often associated with diseases or may be the result of a brain injury.)

	No difficulty	Some difficulty		A lot of difficulty	Cannot do at all
		Just a little	A moderate level		
E1 Do you have difficulty remembering to do important things? (b144)	1	2	3	4	5
E2 Do you often forget where you have put things? (b144)	1	2	3	4	5
E3 Do you have difficulty concentrating on doing something for 10 minutes? (b1400)	1	2	3	4	5

**P1 Interviewer:** Show prompt card P1. If response = 1 for ALL of E1 to E3, go to F1. Else if highest response code = 2 for ALL of E1 to E3, ask E4 **only** and then go to F1. If response = 3, 4 or 5 for ANY of E1 to E3, go to E4 and ask the remaining questions in this section.

### E4 Do you USE any of the following aids for your memory or concentration difficulty?

Read list under E5. Mark 'Yes' or 'No' to each aid.

### E5 Are there any of the following aids that you are aware that you need but do not have?

Ask only for categories where E4 = 'No'

Read list. Mark 'Yes' or 'No' to all that apply.

	Yes E4	No E4	If NO for E4, then ask E5	Yes E5	No E5
Medication (e1101)	1	2		➡	1
Products or technology for personal use in daily living, eg automated reminders or calendars (e115)	1	2	1		2

### E6 At what age did you begin to have this difficulty?

If from birth enter X; if between birth and 1 year, enter 0; if unknown, enter 999

Age \_\_\_\_\_

### E7 Which of the following best describes the CAUSE of this difficulty?

Hereditary/genetic	1
An accident, injury or fall	2
A disease or illness	3
Stress	5
Other cause	6
No specific cause	7
Don't know	9

**P2 Interviewer:** Show prompt card P2. Read list. Mark one response only. Classify age-related in 'other cause' category.

**Note to Interviewer:** For persons coded 3, 4 or 5 in at least one of the questions E1 to E3, mark 'E Remembering and Concentrating' as 'Completed' on the Disability Type Summary box on page 1.

## F Intellectual and Learning (d1 + b117)

The next few questions are about intellectual disabilities such as Down Syndrome; difficulties with personal relations arising from conditions such as autism; and specific learning difficulties such as dyslexia. Please tell me only about difficulties that have lasted, or are expected to last, six months or more or that regularly re-occur.

**P1 Interviewer:** Show prompt card P1.

- F1** Do you have any difficulty with intellectual functions due to a condition such as acquired brain injury, Down Syndrome, brain damage at birth? (b117, b122)
- F2** Do you have any difficulty with interpersonal skills due to any condition such as autistic spectrum disorders? (b117, b122)
- F3** Do you have any difficulty in learning everyday skills such as reading, writing, using simple tools, learning the rules of a game due to a condition such as ADHD (Attention Deficit Hyperactive Disorder) or dyslexia (d1, d130-d159, d160-d179)

No difficulty	Some difficulty		A lot of difficulty	Cannot do at all
	Just a little	A moderate level		
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

- F4** Have you been diagnosed as having an intellectual disability?

No	Yes			
	Mild	Moderate	Severe	Profound
1	2	3	4	5

**P4 Interviewer:** Show prompt card P4. If response = 1 for ALL of F1 to F4, go to G1. Otherwise go to F5.

- F5** Do you USE any of the following aids for your intellectual or learning difficulty?  
Read list under F6. Mark 'Yes' or 'No' to each aid.

- F6** Are there any of the following aids or supports that you are aware that you need but do not have?

Ask only for categories where F5 = 'No'

Read list. Mark 'Yes' or 'No' to all that apply.

- Additional special teaching, such as, learning support teacher, resource teaching, classroom assistant (e355 + e360)
- Special needs assistant (e360)
- Occupational therapy (e5800)
- Speech and language therapy (e5800)
- Psychology service (e360)
- Physiotherapy, instructor or educator (e5800)
- Screen reading software, learning support software (e1301)
- General products and technology for education not adapted or specifically designed, eg talking books, computer hardware or software (e1300)

Yes F5	No F5		Yes F6	No F6
1	2	If NO for F5, then ask F6 ➡	1	2
1	2		1	2
1	2		1	2
1	2		1	2
1	2		1	2
1	2		1	2
1	2		1	2
1	2		1	2

- F7** At what age did you begin to have this difficulty?

If from birth enter X; if between birth and 1 year, enter 0; if unknown, enter 999

Age \_\_\_\_\_

**F8 Which of the following best describes the CAUSE of this difficulty?**

- Hereditary/genetic
- An accident, injury or fall
- A disease or illness
- Stress
- Other cause
- No specific cause
- Don't know

**P2 Interviewer:** Show prompt card P2. Read list. Mark one response only. Classify age-related in 'other cause' category.

**Note to Interviewer:** For persons coded 2, 3, 4 or 5 in any of questions F1 to F4, mark '*F Intellectual or Learning*' as 'Completed' on the Disability Type Summary box on page 1.

**G Emotional, Psychological and Mental Health (b152 + b1)**

**I am now going to ask about emotional, psychological and mental health difficulties. Please tell me only about those difficulties that have lasted, or are expected to last, six months or more or that regularly re-occur.**

**G1 Because of any emotional, psychological or mental health difficulties, do you have difficulty in the amount or kind of everyday activities you can do? (NOTE These conditions include depressive illnesses, anxiety or panic disorders, schizophrenia, addictions, eating disorders such as anorexia, bulimia.) (b1, b152, d)**

**P1 Interviewer:**  
Show prompt card P1.  
If response = 1, go to H1.  
Otherwise go to G2.

No difficulty	Some difficulty		A lot of difficulty	Cannot do at all
	Just a little	A moderate level		
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

**G2 How frequently is this difficulty present?**

**P5 Interviewer:** Show prompt card P5.

Occasionally	Often	Most or all of the time
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

**G3 Do you USE any of the following aids or supports to help you with this difficulty?**

**Read list under G4. Mark 'Yes' or 'No' to each aid.**

**G4 Are there any of the following aids or supports that you are aware that you need but do not have?**

**Ask only for categories where G3 = 'No'**

**Read list. Mark 'Yes' or 'No' to all that apply.**

	Yes G3	No G3		Yes G4	No G4
Support group or drop-in centre or helpline (e5550 + e5800)	<input type="checkbox"/>	<input type="checkbox"/>	<b>If NO for G3, then ask G4</b> ➡	<input type="checkbox"/>	<input type="checkbox"/>
Medical services, such as GP, community nursing (e5800)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Social services, such as social worker (e5800)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapist (e355)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Counselling (e5800)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Psychotherapist (e355)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Psychologist (e355)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Psychiatrist (e355)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Medication (e1101)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Addiction services (e5800)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Exercise programme or relaxation techniques or therapies (e5800)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy (e5800)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

**G5 At what age did you begin to have this difficulty?**

**If from birth enter X; if between birth and 1 year, enter 0; if unknown, enter 999**

Age

**G6 Which of the following best describes the CAUSE of this difficulty?**

- Hereditary/genetic ☐
- An accident, injury or fall ☐
- A disease or illness ☐
- Stress ☐
- Other cause ☐
- No specific cause ☐
- Don't know ☐

**P2 Interviewer:** Show prompt card P2. Read list. Mark one response only. Classify age-related in 'other cause' category.

**Note to Interviewer:** For persons coded 2, 3, 4 or 5 in question G1, mark 'G Emotional, Psychological and Mental Health' as 'Completed' on the Disability Type Summary box on page 1.

## H Pain (b280)

The next few questions deal with pain. Please tell me only about those difficulties that have lasted, or are expected to last, six months or more or that regularly re-occur.

**H1** Because of constant or recurrent pain, do you have difficulty in the amount or the kind of everyday activities you can do? (b280, b289, d))

**P1 Interviewer:** Show prompt card P1.  
If response = 1, go to I1.  
If response = 2, ask H2 **only** and then go to I1.  
Otherwise go to H2 and ask the remaining questions in this section.

No difficulty	Some difficulty		A lot of difficulty	Cannot do at all
	Just a little	A moderate level		
1	2	3	4	5

**H2** Do you USE any of the following aids for your pain difficulty?

**Read list under H3. Mark 'Yes' or 'No' to each aid.**

**H3** Are there any of the following aids or supports that you are aware that you need but do not have?

**Ask only for categories where H2 = 'No'**

**Read list. Mark 'Yes' or 'No' to all that apply.**

Transcutaneous electrical nerve stimulation (TENS) (e5800)

Acupuncture (e5800)

Acupressure (e5800)

Pain management (e5800)

Massage (e5800)

Chiropractic (e5800)

Heated pads or muscle stimulator (e5800)

Alternative medicine, such as reflexology (e5800)

Yes H2	No H2	If NO for H2, then ask H3 ➡	Yes H3	No H3
1	2		1	2
1	2		1	2
1	2		1	2
1	2		1	2
1	2		1	2
1	2		1	2
1	2		1	2

**H4** Is your pain difficulty present ... (b280, b289)

**P5 Interviewer:** Show prompt card P5.

Occasionally	Often	Most or all of the time
1	2	3

**H5** How often do you need to take any prescription medication for your difficulty? (b280, e1101)

Daily	1
Once a week or more	2
Less than once a week	3
Never	4

**H6** At what age did you begin to have this difficulty? (b280)

**If from birth enter X; if between birth and 1 year, enter 0; if unknown, enter 999**

Age \_\_\_\_\_

## H7 Which of the following best describes the CAUSE of this difficulty?

- Hereditary/genetic
- An accident, injury or fall
- A disease or illness
- Stress
- Other cause
- No specific cause
- Don't know

**P2 Interviewer:** Show prompt card P2. Read list. Mark one response only. Classify age-related in 'other cause' category.

**Note to Interviewer:** For persons coded 3, 4 or 5 in question H1, mark '*H Pain*' as 'Completed' on the Disability Type Summary box on page 1.

## I Breathing (b440)

I am now going to ask a few questions about breathing difficulties. Please tell me only about those difficulties that have lasted, or are expected to last, six months or more or that regularly re-occur.

### I1 Because of breathing difficulty, do you have difficulty in the amount or kind of everyday activities you can do? (b440, b460, d)

No difficulty	Some difficulty		A lot of difficulty	Cannot do at all
	Just a little	A moderate level		
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

**P1 Interviewer:** Show prompt card P1. If response = 1, go to *Instruction to Interviewer* at the end of this section. If response = 2, ask I2 *only* and then go to *Instruction to Interviewer*. Otherwise go to I2 and ask the remaining questions in this section.

### I2 Do you USE any of the following aids for your breathing difficulty? (b440) (NOTE An asthma inhaler is counted as medication rather than an aid)

**Read list under I3. Mark 'Yes' or 'No' to each aid.**

### I3 Are there any of the following aids that you are aware that you need but do not have?

**Ask only for categories where I2 = 'No'**

**Read list. Mark 'Yes' or 'No' to all that apply.**

	Yes I2	No I2		Yes I3	No I3
Nebulisers (e1151)	<input type="text" value="1"/>	<input type="text" value="2"/>	<b>If NO for I2, then ask I3</b> ➡	<input type="text" value="1"/>	<input type="text" value="2"/>
Oxygen concentrator or cylinder or liquid oxygen (e1151)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
Home ventilator, eg nippy ventilator, Bi-Pap (e1151)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
Training in breathing techniques (e5800)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
Humidifier (e1151)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>

**I4 Is your breathing difficulty present ... (b440, b460)**

**P5 Interviewer:** Show prompt card P5.

Occasionally	Often	Most or all of the time
1	2	3

**I5 At what age did you begin to have this difficulty? (b440, d)**

**If from birth enter X; if between birth and 1 year, enter 0; if unknown, enter 999**

Age \_\_\_\_\_

**I6 Which of the following best describes the CAUSE of this difficulty?**

Hereditary/genetic

1

An accident, injury or fall

2

A disease or illness

3

Stress

5

Other cause

6

No specific cause

7

Don't know

9

**P2 Interviewer:** Show prompt card P2. Read list. Mark one response only. Classify age-related in 'other cause' category.

**Note to Interviewer:** For persons coded 3, 4 or 5 in question I1, mark '*I Breathing*' as 'Completed' on the Disability Type Summary box on page 1.

**Instruction to Interviewer**

At this stage of the interview check the Disability Type Summary box on page 1.

If none of the categories in the Disability Type Summary box has been marked 'Completed', go to Section 2 and ask Questions 2.18 and 2.19 only.

If only one category in the Disability Type Summary box has been marked 'Completed', go to Section 2.

If more than one category in the Disability Type Summary box has been marked 'Completed', ask the Summary of Multiple Disabilities question on page 1 before proceeding to Section 2.

## SECTION 2 General and Demographic Information

Section 2 to be answered by persons for whom at least one category in the Disability Type Summary box has been marked 'Completed'.

Now I would like to ask about caring and help from other persons.

### 2.1 Compared to other children your age, do you have difficulty ... (d5)

**P7 Interviewer:** Show prompt card P7.  
Read list. Mark one answer for each category.

Taking a bath or shower by yourself (d5101)

Dressing yourself (d540)

Feeding yourself (d550)

Getting in and out of bed by yourself (d4201)

Going to the toilet by yourself (d530 [b6202 + b5253])

No difficulty	Some difficulty	A lot of difficulty	Cannot do at all
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4

I am now going to ask some questions about your personal usage of transport.

### PRIVATE TRANSPORT (d4751, d4701)

### 2.2 Do you regularly use a private car for transport? If yes, then because of your disability, do you experience any difficulty using it compared to other children your age? (d470, d475)

Private car as passenger (d4701)

Do not regularly use	If YES, then what level of difficulty ...		
	No difficulty	Some difficulty	A lot/extreme difficulty
1	2	3	4

**P12 Interviewer:**  
Show prompt card P12. Read list.  
First ask 'if regularly use' - if YES, ask level of difficulty.

If response = 1 go to 2.3.; otherwise go to 2.4.

For persons who do not regularly use private transport

### 2.3 Is the reason you do not use private transport related to your disability? Yes 1 No 2

### SPECIALISED TRANSPORT (e5401)

### 2.4 Do you regularly use specialised transport, eg transport operated by disability service providers or private and voluntary organisations? If yes, then because of your disability, do you experience any difficulty using this transport?

Specialised transport (e5401)

Do not regularly use	If YES, then what level of difficulty ...		
	No difficulty	Some difficulty	A lot/extreme difficulty
1	2	3	4

**P12 Interviewer:**  
Show prompt card P12. Read list.  
First ask 'if regularly use' - if YES, then ask level of difficulty.

The next few questions are on education.

Only ask this section of children who were aged 5 years or over on 23 April 2006.

## 2.5 What level of education were you in at the time you began to have difficulty with your disability?

- |  |                          |
|--|--------------------------|
| Before school age (including from birth) (d815)  | <input type="checkbox"/> |
| Primary (d820)   | <input type="checkbox"/> |
| Lower secondary – up to and including Group/Junior/Intermediate Certificate or equivalent (d820) | <input type="checkbox"/> |
| Upper secondary – up to and including Leaving Certificate or equivalent (d820)                   | <input type="checkbox"/> |
| Third level or post Leaving Certificate (d830)   | <input type="checkbox"/> |
| Had already left full-time education before onset of disability                                  | <input type="checkbox"/> |

**Read list.  
Mark one answer only.**

**P13 Interviewer:** Show prompt card P13.  
Read list. Mark one answer only.

## 2.6 Which of the following classes are you currently attending?

**Read list. Mark one response only.**

- |   |                          |
|---|--------------------------|
| Mainstream/regular primary (d820)   | <input type="checkbox"/> |
| Special class in a mainstream/regular primary school (d820)                             | <input type="checkbox"/> |
| Mainstream/regular secondary (including vocational and community schools) (d820 + d825) | <input type="checkbox"/> |
| Special class in a mainstream/regular secondary school (d820)                           | <input type="checkbox"/> |
| Special primary or special secondary school (d820)                                      | <input type="checkbox"/> |
| Third level (mainstream) (d830)   | <input type="checkbox"/> |
| Home tuition (d810)   | <input type="checkbox"/> |
| Finished full-time education (d839)   | <input type="checkbox"/> |

## 2.7 Which of the following classes have you attended during the course of your education?

**Read list. Mark 'Yes' or 'No' to each.**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Mainstream/regular primary (d820)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Special class in a mainstream/regular primary school (d820)                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Mainstream/regular secondary (incl vocational and community schools) (d820 + d825) | <input type="checkbox"/> | <input type="checkbox"/> |
| Special class in a mainstream/regular secondary school (d820)                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Special primary or special secondary school (d820)                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Third level (mainstream) (d830)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Home tuition (d810)  | <input type="checkbox"/> | <input type="checkbox"/> |

**This section will collect information on your social participation.**

**2.8 In the past 4 weeks did you do any of the following activities?**

**Read list. Mark 'Yes' or 'No' to each.**

	Yes	No
Go out with family or friends eg to a cinema, a park, football match (d9202 + d9205)	<input type="checkbox"/>	<input type="checkbox"/>
Spend time with friends for recreation/play	<input type="checkbox"/>	<input type="checkbox"/>
Visit friends or relatives in their homes (d9205)	<input type="checkbox"/>	<input type="checkbox"/>
Have friends or family to visit you (d9205)	<input type="checkbox"/>	<input type="checkbox"/>
Phone, text, write or email family or friends (d9205)	<input type="checkbox"/>	<input type="checkbox"/>
Use the Internet to get information (e5600)	<input type="checkbox"/>	<input type="checkbox"/>

**2.9 Are your main social activities with ...**

**Read list. Mark 'Yes' or 'No' to each.**

	Yes	No
Family members (d760)	<input type="checkbox"/>	<input type="checkbox"/>
School friends (d7402)	<input type="checkbox"/>	<input type="checkbox"/>
Friends who have a disability (d7504)	<input type="checkbox"/>	<input type="checkbox"/>
Other friends (d750)	<input type="checkbox"/>	<input type="checkbox"/>
Carers or people who provide a disability service (d740)	<input type="checkbox"/>	<input type="checkbox"/>

**2.10 Because of your disability, how difficult would it be for you to participate in the following activities?**

**P3 Interviewer:** Show prompt card P3. Read list. Mark one answer per category.

	No difficulty	Some difficulty	A lot/ cannot do
Going into town shopping – grocery or otherwise (d4602 + d6200)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going away for a break or a holiday with family or friends (d4 + d920)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having friends or family in for a social visit (d9205)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting friends or relatives (d9205)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socialising in a public venue, such as a cinema, football match (d920)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending religious ceremonies (d9300)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking part in community life such as voluntary work, attending or participating in local activities (d910)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2.11 In the last 4 weeks, have you taken part in sports or physical exercise ... (d9201)

Examples of physical exercise include walking for fitness, or swimming.

Yes

No

**If 'Yes' go to 2.12; otherwise go to 2.13.**

## 2.12 Over the last 4 weeks how often did you exercise or play sport?

Five or more times a week

Three to four times a week

One or two times a week

Less often

**Tick one category only.**

## 2.13 Are you registered with the ...

**Read list.**

Yes

No

Don't know

National Physical and Sensory Disability Database (NPSDD)

National Intellectual Disability Database (NIDD)

## 2.14 Are you on regular medication in connection with your disability? (e1101)

Yes

No

## GENERAL HEALTH

How would you describe your ...

Very good	Good	Fair	Bad	Very bad
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

2.15 General health

2.16 Stamina (b1300)

**P18 Interviewer:** Show prompt card P18. Read list. Mark one answer for each.

## STATE BENEFITS

## 2.17 Which of the following State benefits do you receive? (e5700)

**Read list. Mark 'Yes' or 'No' to each.**

Yes

No

Disability benefit

Disability allowance

Other disability welfare payment

Medical card

Doctor-only card

Long-term illness card or book

Other

## DEMOGRAPHIC INFORMATION

Now I would like to ask some final questions about you. Again, please remember that all the information you give me is completely confidential.

## 2.18 What is your date of birth?

dd	mm	yyyy
----	----	------

## 2.19 To be completed by interviewer: Respondent is ...

Male

Female

---

[illegible]

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