



Central Statistics Office National Disability Survey, 2006 Adult Questionnaire

Date of interview ____ / ____ / 2006

Affix household ID label here

Time interview began
(24-hour clock)

:

Time interview ended
(24-hour clock)

:

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		Yes A4	No A4
Magnifiers, large print or braille reading materials (e1251)	<input type="text" value="1"/>	<input type="text" value="2"/>	If NO for A3, then ask A4 	<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
- An accident, injury or fall
- A disease or illness
- Work conditions
- 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.

If 'a disease or illness' go to A7; otherwise go to **Note to Interviewer** at end of section.

A7 Which disease or illness is the MAIN cause of your seeing difficulty?

Show/read list. Mark one answer only.

- Retinosa pigmentosa
- Retinal detachment
- Glaucoma
- Cataracts
- Diabetes
- Other
- Don't know or unspecified condition

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 No

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		
<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"/>

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.

	No difficulty	Some difficulty	A lot/ cannot do
Family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People providing everyday services, such as shop assistants, café staff, bus drivers, bank staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care professionals and service providers such as doctors and home help workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people	<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
- Work conditions
- 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.

If 'a disease or illness' go to B8; otherwise go to **Note to Interviewer** at end of section.

B8 Which disease or illness is the MAIN cause of your hearing difficulty?

- Conductive deafness
- Sensorineural deafness
- Other
- Don't know or unspecified condition

Show/read list. Mark one answer only.

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"/>	If NO for C2, then ask C3 	<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
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="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
- An accident, injury or fall
- A disease or illness
- Work conditions
- 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.

If 'a disease or illness' go to C7; otherwise go to **Note to Interviewer** at end of section.

C7 Which disease or illness is the MAIN cause of your speech difficulty? (d3)

- Dyslexia
- Dyspraxia
- Autistic Spectrum Disorder
- Cleft lip and palate
- Deafness
- Cerebral Palsy
- Other
- Don't know or unspecified condition

Show/read list. Mark one answer only.

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		
D1 Moving around inside your home (d4600)	1	2	3	4	5
D2 Going outside of your home (d4601 + d4602)	1	2	3	4	5
D3 Walking a longer distance, eg walking for about 15 minutes (d4501)	1	2	3	4	5
D4 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	If NO for D5, then ask D6 ➡	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
- An accident, injury or fall
- A disease or illness
- Work conditions
- 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.

If 'a disease or illness' go to D9; otherwise go to **Note to Interviewer** at end of section.

D9 Which disease or illness is the MAIN cause of your mobility or dexterity difficulty?

- Multiple Sclerosis
- Cerebral Palsy
- Diabetes
- Stroke
- Arthritis (all forms)
- Heart conditions
- Polio or post-polio
- Other
- Don't know or unspecified condition

Show/read list. Mark one answer only.

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 such as Alzheimer's or dementia 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)	<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"/>
E2 Do you often forget where you have put things? (b144)	<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"/>
E3 Do you have difficulty concentrating on doing something for 10 minutes? (b1400)	<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 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		Yes E5	No E5
Medication (e1101)	<input type="text" value="1"/>	<input type="text" value="2"/>	If NO for E4, then ask E5 ▶	<input type="text" value="1"/>	<input type="text" value="2"/>
Products or technology for personal use in daily living, eg automated reminders or calendars (e115)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="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
- An accident, injury or fall
- A disease or illness
- Work conditions
- 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.

If 'a disease or illness' go to E8; otherwise go to **Note to Interviewer** at end of section.

E8 Which disease or illness is the MAIN cause of your memory or concentration difficulty?

- Alzheimer's disease or dementia
- Epilepsy
- Stroke or hemiplegia
- Traumatic or acquired brain injury
- Other
- Don't know or unspecified condition

Show/read list. Mark one answer only.

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		
F1	1	2	3	4	5
F2	1	2	3	4	5
F3	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.

	Yes F5	No F5		Yes F6	No F6
Occupational therapy (e5800)	1	2	If NO for F5, then ask F6 	1	2
Speech and language therapy (e5800)	1	2		1	2
Psychology service (e360)	1	2		1	2
Physiotherapy, instructor or educator (e5800)	1	2		1	2
Screen reading software, learning support software (e1301)	1	2		1	2
General products and technology for education not adapted or specifically designed, eg talking books, computer hardware or software (e1300)	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
- Work conditions
- 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.

If 'a disease or illness' go to F9; otherwise go to **Note to Interviewer** at end of section.

F9 Which disease or illness is the MAIN cause of your intellectual or learning difficulty?

- Autistic Spectrum Disorder
- Attention Deficit Disorder
- Dyslexia or Specific Learning Difficulties (SLD)
- Down Syndrome
- Fragile X
- Pregnancy or birth problems
- Other
- Don't know or unspecified condition

**Show/read list.
Mark one answer only.**

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, alcohol or drug 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"/>	If NO for G3, then ask G4 ➔	<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
- Work conditions
- 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.

If 'a disease or illness' go to G7; otherwise go to **Note to Interviewer** at end of section.

G7 Which disease or illness is the MAIN cause of your difficulty?

- Anxiety disorder, including phobia or neurosis
- Depression
- Bi-polar disorder
- Addiction to alcohol or drugs
- Schizophrenia
- Other
- Don't know or unspecified condition

**Show/read list.
Mark one answer only.**

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		
<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"/>

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.

	Yes H2	No H2		Yes H3	No H3
Transcutaneous electrical nerve stimulation (TENS) (e5800)	<input type="text" value="1"/>	<input type="text" value="2"/>	If NO for H2, then ask H3 ➔	<input type="text" value="1"/>	<input type="text" value="2"/>
Acupuncture (e5800)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
Acupressure (e5800)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
Pain management (e5800)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
Massage (e5800)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
Chiropractic (e5800)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
Heated pads or muscle stimulator (e5800)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
Alternative medicine, such as reflexology (e5800)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>

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

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"/>

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
- Work conditions
- 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.

If 'a disease or illness' go to H8; otherwise go to **Note to Interviewer** at end of section.

H8 Which disease or illness is the MAIN cause of your pain difficulty?

- Heart conditions, such as angina
- Arthritis (all forms)
- Back problems
- Cancer
- Migraine
- Other
- Don't know or unspecified condition

**Show/read list.
Mark one answer only.**

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 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		
1	2	3	4	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)	1	2	If NO for I2, then ask I3 ➔	1	2
Oxygen concentrator or cylinder or liquid oxygen (e1151)	1	2		1	2
Home ventilator, eg nippy ventilator, Bi-Pap (e1151)	1	2		1	2
Training in breathing techniques (e5800)	1	2		1	2
Humidifier (e1151)	1	2		1	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
- An accident, injury or fall
- A disease or illness
- Work conditions
- 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.

If 'a disease or illness' go to I7; otherwise go to **Note to Interviewer** at end of section.

I7 Which disease or illness is the MAIN cause of your breathing difficulty?

- | | |
|--|---|
| Cardiovascular disease | 1 |
| Bronchitis | 2 |
| Cystic fibrosis | 3 |
| Emphysema | 4 |
| Asthma | 5 |
| Chronic Obstructive Pulmonary (or lung) Disease (COPD) | 6 |
| Other | 7 |
| Don't know or unspecified condition | 9 |

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

Note to Interviewer: For persons coded 3, 4 or 5 in question I1, mark '1 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 10 and ask Questions 10.7 and 10.8 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 Caring and Help from Other Persons

Sections 2 to 10 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 some questions about caring and help from other persons.

2.1 Do you have difficulty ... (d5)

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

Staying by yourself for a few days

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
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

2.2 Do you get help, either from family or others, with your everyday activities because of your difficulty? (e300)

Yes No

If 'No' go to 2.5; otherwise go to 2.3

2.3 Who helps with your everyday activities and how often do you get help?

P8 Interviewer: Show prompt card P8.
Read list. Mark one answer for each category.

Family who live with you (e310, e315)

Family who do not live with you (e310, e315)

Friend, neighbour (e320, e325)

Carer or personal assistant (not family member) (e340)

Home help (e340)

Public health nurse (e340)

Other person or (voluntary) organisation (e3 + e5)

No	If YES, how often do you get help ...			
	Throughout the day	Daily	Weekly	Less often
<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"/>
<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"/>
<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"/>
<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"/>

2.4 Do you or your family pay for this help?

Yes No Don't know

2.5 Do you attend/receive any of the following care services?

Read list under 2.6. Mark 'Yes' or 'No' to each.

2.6 Are there any of the following care services that you are aware that you need but do not have?

Ask only for categories marked 'No' for 2.5.

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

	Yes 2.5	No 2.5		Yes 2.6	No 2.6
Day care or service – 5 days per week (e5800)	<input type="checkbox"/>	<input type="checkbox"/>	If NO for 2.5, then ask 2.6 ➡	<input type="checkbox"/>	<input type="checkbox"/>
Day care or service – less frequently than 5 days per week (e5800)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Meal centre, drop-in centre (e5800)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Residential care – 5 days per week (e340, e5800)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Residential or long-stay care – 7 days per week (e340, e5800)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Supported housing (including semi-independent living) (e340, e5750)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Respite services (e340, e5800)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

2.7 In the past MONTH have you, because of your difficulty, needed help with any of your everyday activities which you were unable to get? (e3, d)

Yes No

If 'No' go to Section 3; otherwise go to 2.8

2.8 Why could you not get that help? Read list. Mark 'Yes' or 'No' to each.

	Yes	No
You could not afford it (d8700 + e1650)	<input type="checkbox"/>	<input type="checkbox"/>
You applied for help but were not eligible (e5)	<input type="checkbox"/>	<input type="checkbox"/>
The service is not available in your area (e3 + e5)	<input type="checkbox"/>	<input type="checkbox"/>
You do not like the service that is available (e5800)	<input type="checkbox"/>	<input type="checkbox"/>
You are on a waiting list (e5800)	<input type="checkbox"/>	<input type="checkbox"/>
Worried about or did not want to go through process of applying (e5801)	<input type="checkbox"/>	<input type="checkbox"/>
Friends, family or neighbours were not available at the time (e320 + e310 + e325)	<input type="checkbox"/>	<input type="checkbox"/>
Did/do not know who or where to contact for help (e5800)	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3 Attitudes of Other People (e4)

Interviewer: Only ask these questions if the person with the disability is answering the questions directly or through a facilitator or interpreter. Do not ask these questions if it is a proxy interview.

Now I would like to ask some questions about how you feel other people view you because of your disability.

3.1 Are there things that you are able to do, that you sometimes avoid doing, because of how other people react? (e460)

P9 Interviewer: Show prompt card P9.
Read list. Mark one answer only.

Never	Sometimes	Frequently	Always
1	2	3	4

3.2 Do the attitudes of the following people towards your disability generally support or hinder you?

P10 Interviewer: Show prompt card P10.
Read list. Mark only one answer for each category.

Family (e410 + e415)

Your friends (e420)

Your acquaintances or peers, work colleagues, neighbours (e425)

Employers (e430)

People providing everyday private services, such as shop assistants, café staff, bus or taxi drivers, bank staff (e445)

People in public services, such as social welfare, local authority (e455)

Health and care staff, such as GP, public health nurse, home help, hospital staff (e450)

Other persons, including strangers (e445)

Support	No impact	Hinder	Not relevant
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4

3.3 Because of the attitudes of other people, do you have difficulty ...

P11 Interviewer: Show prompt card P11.
Read list. Mark only one answer for each category.

Interacting and relating with other people (d710)

Looking for work (d845)

At work (d850)

At school or college (d820 + d830)

In other areas, such as socialising or leisure (d910 + d920)

Not at all	Some	A great deal/ completely	Not relevant
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4

SECTION 4 Transport (d470)

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

PRIVATE TRANSPORT (d4751, d4701)

4.1 Do you regularly use any of the following forms of private transport? If yes, then because of your disability, do you experience any difficulty using ... (d470, d475)

	Do not regularly use	If YES, then what level of difficulty ...		
		No difficulty	Some difficulty	A lot/extreme difficulty
Private car as driver (d4751)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
Private car as passenger (d4701)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

P12 Interviewer:

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

If response = 1 for EITHER category go to 4.2.
If response = 2 for BOTH categories go to 4.4.
Otherwise go to 4.3.

For persons who do not regularly use a private car

4.2 Is the reason you do not use a private car related to your disability?

Yes No

If 'Yes' go to 4.3; otherwise go to 4.4

4.3 What is the cause of your difficulty in using/reason for not using a private car?

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

	Yes	No
You need special adjustments to the car (e1201)	<input type="text" value="1"/>	<input type="text" value="2"/>
Insufficient number of parking places for people with disabilities (e520)	<input type="text" value="1"/>	<input type="text" value="2"/>
Badly located parking places for people with disabilities (e520)	<input type="text" value="1"/>	<input type="text" value="2"/>
Getting in or out of the car (d470)	<input type="text" value="1"/>	<input type="text" value="2"/>
Car not available when you want to travel	<input type="text" value="1"/>	<input type="text" value="2"/>
You need someone to accompany you (e3)	<input type="text" value="1"/>	<input type="text" value="2"/>
Cost (d860)	<input type="text" value="1"/>	<input type="text" value="2"/>

PUBLIC TRANSPORT (d470, e540)

4.4 Do you regularly use any of the following forms of public transport? If yes, then because of your disability, do you experience any difficulty using ...

	Do not regularly use	If YES, then what level of difficulty ...		
		No difficulty	Some difficulty	A lot/extreme difficulty
Public bus – city/urban (d4702)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
Public bus – intercity (d4702)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
Public bus – rural (d4702)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
Taxi/hackney (d4701)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
DART/Luas (d4702)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
Train-commuter (d4702)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
Train – intercity (d4702)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

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

**If response = 1 for ALL categories go to 4.5.
If response = 2 for ALL categories go to 4.7.
Otherwise go to 4.6.**

For persons who do not regularly use any form of public transport

4.5 Is the reason you do not use public transport related to your disability?

Yes No

If 'Yes' go to 4.6; otherwise go to 4.7

4.6 What is the cause of your difficulty in using/reason for not using public transport?

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

ACCESSIBILITY

	Yes	No
Service is not available in your area (d4702)	<input type="text" value="1"/>	<input type="text" value="2"/>
Service not available when you want to travel (d4702)	<input type="text" value="1"/>	<input type="text" value="2"/>
Available service is not accessible (d4702)	<input type="text" value="1"/>	<input type="text" value="2"/>
Unsure how to use available service	<input type="text" value="1"/>	<input type="text" value="2"/>
Insufficient number of parking places for people with disabilities (e540)	<input type="text" value="1"/>	<input type="text" value="2"/>
Badly located parking places for people with disabilities (e540)	<input type="text" value="1"/>	<input type="text" value="2"/>
Difficulty transferring from one transport service to another (d470)	<input type="text" value="1"/>	<input type="text" value="2"/>
Getting to bus or Luas stops, train or DART stations (d4)	<input type="text" value="1"/>	<input type="text" value="2"/>
Getting on or off the vehicle(s) (d470)	<input type="text" value="1"/>	<input type="text" value="2"/>
A suitable taxi or hackney is not always available (d4701)	<input type="text" value="1"/>	<input type="text" value="2"/>

4.6 continued on next page

4.6 continued from previous page

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

INFORMATION

	Yes	No
Lack of information about availability of the service (d4702)	<input type="text" value="1"/>	<input type="text" value="2"/>
Lack of information about accessibility of the available service (d4702)	<input type="text" value="1"/>	<input type="text" value="2"/>
Seeing or understanding signs or notices (d3151)	<input type="text" value="1"/>	<input type="text" value="2"/>
Hearing or understanding announcements (d3151)	<input type="text" value="1"/>	<input type="text" value="2"/>

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

ISSUES USING THE SERVICE

	Yes	No
Overcrowding (d4702)	<input type="text" value="1"/>	<input type="text" value="2"/>
Unable to book a seat (d4702)	<input type="text" value="1"/>	<input type="text" value="2"/>
Attitudes of people providing the service(s) (e445)	<input type="text" value="1"/>	<input type="text" value="2"/>
You need someone to accompany you (e3)	<input type="text" value="1"/>	<input type="text" value="2"/>
Cost (including taxis and hackneys) (d870)	<input type="text" value="1"/>	<input type="text" value="2"/>

SPECIALISED TRANSPORT (e5401)

4.7 Do you regularly use specialised transport, eg transport operated by disability service providers; centres for the elderly; private and voluntary organisations? If yes, then because of your disability, do you experience any difficulty using this transport?

	Do not regularly use	If YES, then what level of difficulty ...		
		No difficulty	Some difficulty	A lot/extreme difficulty
Specialised transport (e5401)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

P12 Interviewer:

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

If response = 2 go to Section 5. Otherwise go to 4.8.

4.8 What is the cause of your difficulty in using/reason for not using specialised transport?

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

	Yes	No
Service is not available in your area (e5401)	<input type="text" value="1"/>	<input type="text" value="2"/>
Service not available when you want to travel (e5401)	<input type="text" value="1"/>	<input type="text" value="2"/>
Getting on or off the vehicle(s) (e5401)	<input type="text" value="1"/>	<input type="text" value="2"/>
Lack of information about the service (e5401)	<input type="text" value="1"/>	<input type="text" value="2"/>
Attitudes of people providing the service(s) (e445)	<input type="text" value="1"/>	<input type="text" value="2"/>
You need someone to accompany you (e3)	<input type="text" value="1"/>	<input type="text" value="2"/>
Cost (d870)	<input type="text" value="1"/>	<input type="text" value="2"/>

SECTION 5 Built Environment Accessibility

I am now going to ask a few questions with regard to accessing and using your house and buildings and places in your community.

5.1 Because of your disability, do you have difficulty doing routine tasks inside your home? (d230)

P3 Interviewer: Show prompt card P3.

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

5.2 Because of your disability, do you USE any of the following specialised features within your home or to enter or leave your home? **Read list under 5.3. Mark 'Yes' or 'No' to each.**

5.3 Are there any of the following specialised features that you NEED in your home but do not have?

Ask only for categories where 5.2 = 'No'

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

	Yes 5.2	No 5.2		Yes 5.3	No 5.3
Access adaptations, eg ramp at doorway, widened doors (e1550)	1	2	If NO for 5.2, then ask 5.3 	1	2
Bathroom adaptations (e1551)	1	2		1	2
Kitchen adaptations (e1551)	1	2		1	2
A lift, a stair-lift (e1201)	1	2		1	2
A hoist or similar device (e1201)	1	2		1	2
Visual alert systems, alarms or audio warning devices (e155)	1	2		1	2

If 'No' to ALL relevant categories in 5.3, go to 5.5; otherwise go to 5.4.

5.4 Why do you not have these features in your home?

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

	Yes	No
Not eligible for grants or supports (e5)	1	2
Do not have the money (d8700 + e1650)	1	2
Specialised features not approved or recommended by health professional or Local Authority or Health Executive (Health Board) (e5)	1	2
Currently on a waiting list for aids or features (e5)	1	2

5.5 Has a grant ever been received towards the adaptation of your house to cater for your disability from ...?

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

	Yes	No
The Local Authority (e5)	1	2
Health Service Executive/Health Board (e580)	1	2
Voluntary organisation (e5)	1	2

5.6 Because of accessibility, do you have difficulty in ...

P3 Interviewer: Show prompt card P3.
Read list. Mark only one answer for each.

Visiting friends or family (d9205)

Socialising in a public venue (d9205)

Moving out and about in your local area (d4602)

Availing of general services, such as shopping, banking,
Government offices (e5750)

Availing of medical care, such as hospital, dentist, doctor (e5800)

Access to workplace (where relevant) (d850)

No difficulty	Some difficulty	A lot/ cannot do
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

If 'No difficulty' to ALL in 5.6, go to 5.10; otherwise go to 5.7.

FOR PERSONS EXPERIENCING DIFFICULTY

5.7 Because of your disability, what features, if any, cause difficulty for you in other people's houses?

P3 Interviewer: Show prompt card P3.
Read list. Mark one answer for each.

Steps or stairs (e1550)

Doors, such as door widths, handles (e1550)

Thresholds (e1552)

Corridor widths (e1552)

Bathroom facilities (e1551)

No difficulty	Some difficulty	A lot/ cannot do
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

5.8 What features, if any, cause difficulty for you in other buildings (ie other than houses)?

P3 Interviewer: Show prompt card P3.
Read list. Mark one answer for each.

Car parking facilities, such as number of spaces, location (e5200)

Approach areas, such as ramps, lighting, handrails (e5200)

Entrance or exit doors, such as door width, intercom, lighting
obstructions, handles (e1500)

Reception areas such as desk height, seating, background noise (e1502)

Moving around inside the building, such as internal stairs, ramps,
corridor widths, internal doors (e1501)

Lifts or escalators (e1501)

Bathroom facilities, such as location, quantity, turning space,
emergency alarm (e1501)

Signs, such as size, colour contrast, audible where appropriate (e1502)

Interior design, such as lighting, colour contrast, reflections,
shadows, glare (e1502)

No difficulty	Some difficulty	A lot/ cannot do
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

5.9 What other features, if any, cause difficulty for you in your community area?

P3 Interviewer: Show prompt card P3. Read list. Mark one answer for each.

Footpaths design and surfaces (e160)

Street crossings (e5200)

Signs, such as size, colour contrast, audible where appropriate (e160)

Access to recreational areas (e5200)

Car parking facilities, such as number of spaces, location (e5200)

No difficulty	Some difficulty	A lot/ cannot do
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

GENERAL HEATING

5.10 Are you able to keep your home adequately heated?

If 'No' go to 5.11; otherwise go to Section 6. Yes 1 No 2

5.11 Why are you unable to keep your home adequately heated?

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

	Yes	No
Do not have an adequate heating system (e155)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Have a heating system but cannot afford to use it	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Have difficulty managing the heating system, such as turning on appliances or carrying fuel (e155)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

SECTION 6 Education (d810-d839)

The next few questions are on education.

6.1 Did your disability limit or affect you before you completed your full-time education?

If 'No' go to Section 7; otherwise go to 6.2.

Yes No

6.2 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)

Primary (d820)

Lower secondary – up to and including Group/Junior Intermediate Certificate or equivalent (d820)

Upper secondary – up to and including Leaving Certificate or equivalent (d820)

Third level or post Leaving Certificate (d830)

Other

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

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

6.3 Which of the following classes did/do you attend?

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

Mainstream/regular primary (d820)

Yes No

Special class in a mainstream/regular primary school (d8200)

Mainstream/regular secondary (incl vocational and community schools) (d820 + d825)

Special class in a mainstream/regular secondary school (d820)

Special primary or special secondary school (d820)

Third level (mainstream) (d830)

Home tuition (d810)

Other (d839)

6.4 Did/do you require any of the following modified features to attend school or college?

P14 Interviewer: Show prompt card P14. Read list. For each 'Yes' item ask ... Was this available to you?

Accessible transport (e5400)

Accessible buildings (e1500)

Accessible or adapted classrooms or equipment (e1501)

Accessible toilets (e1501)

	Yes, need(ed)...		No
	and was available	but was not available	
Accessible transport (e5400)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
Accessible buildings (e1500)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
Accessible or adapted classrooms or equipment (e1501)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
Accessible toilets (e1501)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

6.5 Did/do you need any of the following to follow your courses or take your exams? (e1301)

P15 Interviewer: Show prompt card P15. Read list.
For each 'Yes' item ask ... **Was this available to you?** (e130)

Personal assistant (e340)

Note-takers or readers (e360)

A tutor/teacher's aide or learning support assistant (e360)

A sign language interpreter or other interpreter, eg lip-reader (e360)

Adjustments to the curriculum, extra time for exams or later deadlines for assignments (e398)

Large print reading materials, magnifiers or braille (e1300)

Talking books (e1300)

Recording equipment or portable note-takers (e1301)

Personal computer (PC) (e1301)

Yes, need(ed)...		No	Not relevant/ did not exist
and was available	but was not available		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

6.6 Because of your disability, how much, to date or in total, was your education interrupted by absences? (d839)

Not at all

1

Less than 3 months

2

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

3 to 12 months

3

More than one year

4

6.7 Because of your disability, did you stop your education sooner than you wanted to? (d839)

If 'Yes' go to 6.8; otherwise go to Section 7. Yes 1 No 2

6.8 Why did you stop your full-time education sooner than you wanted to? (d839)

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

Inadequate transport (d470 + 5400)

Yes

No

1

2

Building or classroom equipment not suited or adapted to your needs (e150)

1

2

Did not have the personal or learning support you needed (e1)

1

2

Felt isolated socially

1

2

Found learning difficult; found it hard to keep up (d1 + b140)

1

2

Not interested in school or course (b1301)

1

2

Poor health

1

2

Became eligible for social welfare allowance (e5750)

1

2

SECTION 7 Work and Training (d850 + d825 + e5850)

I would like to ask now about your work and training experience.

7.1 Did your disability limit or affect you before you reached 65 years of age?

If 'No' go to Section 8; otherwise go to 7.2.

Yes 1

No 2

Aged under 65 3

7.2 Which of the following categories best describes your MAIN activity status at present?

Working for payment or profit (d850)

1

Looking for first regular job (d8450)

2

Unemployed (d850)

3

Retired early (ie before normal age) (d850)

4

Unable to work due to permanent illness or disability (d850)

5

Looking after family/home (d855)

6

Student or pupil (d820 + d830)

7

Retired at normal age (d850)

8

Other

9

P16 Interviewer:

Show prompt card P16.

Read list.

Mark one answer only.

If 7.2 = 1, go to 7.3.

If 7.2 = 2, ask questions 7.12 to 7.15 ONLY.

If 7.2 = 3, 4, 5, 6 or 9, go to 7.6.

If 7.2 = 7, ask question 7.15 ONLY

If 7.2 = 8, go to Section 8.

PERSONS AT WORK (coded '1' at 7.2)

7.3 Is your present main job in ... (d850)

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

Yes

No

Private sector

1

2

Public sector

1

2

A sheltered workshop

1

2

Supported employment (with job-coach)

1

2

Job scheme, eg community employment, job initiative

1

2

Other

1

2

7.4 How many hours do you usually work each week, including any regular paid and unpaid overtime? (d850)
(If you have more than one job, please count the hours worked in ALL jobs)

Hours per week _____

7.5 Have you ever been promoted, moved to a better job or advanced in your career since you had your disability? (d8451)

Yes 1

No 2

Go to 7.12

PERSONS NOT WORKING AND PERSONS RETIRED EARLY (coded '3', '4', '5', '6' and '9' at 7.2)

7.6 Have you ever worked in a job or business? (d850)

Yes 1 No 2

If 'No', go to 7.10; otherwise go to 7.7.

7.7 In what year did you leave your previous job? (d8452)

Year (yyyy) _____

7.8 Did you leave your job because of reasons related to your disability? (d8452)

Yes 1 No 2

If 'No', go to 7.10; otherwise go to 7.9.

7.9 What was the MAIN reason you left your previous job?

Read list. Mark one answer only.

Inadequate transport (e5400 + d470)

1

Able to work but job not geared to accommodate your disability (e1351)

2

Isolation, bullying or discriminatory treatment by employer or work colleagues (e430 + e425)

3

Found the job difficult; could not cope

4

Poor health

5

Other reason

6

7.10 If the circumstances were right are you interested in starting employment? (b1303 + d8450)

Yes 1 No 2

If 'No', go to 7.11 and ask 7.11 to 7.14 ONLY. If 'Yes', go to 7.12 and ask rest of section.

7.11 Have any of the following reasons discouraged you from looking for work in the last 6 months? (d8450)

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

	Yes	No
You would lose some of your current income if you went to work (d850)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
You would lose some of your current additional supports such as your medical card if you went to work (e5700)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Lack of accessible transport (e5400 + d470)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Your family or friends have discouraged you from going to work (e410 + e415 + e425 + d850)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Family responsibilities prevent you (d760)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Information about jobs is not accessible to you	<input type="checkbox"/> 1	<input type="checkbox"/> 2
You worry about being isolated by other workers on the job (b1522 + e425 + d850)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
You worry about discrimination or bullying (b1522 + e4)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
You worry about employers' attitudes (e430)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
You feel your training or education is not adequate (d825 + e45850)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
No suitable jobs available (d850)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

7.12 Since you began to have difficulty with your disability, have you taken any work-related training courses to either improve your skills or to learn new skills? (d825 + e5850) Yes 1 No 2

If 'No', go to 7.15 UNLESS also answered 'No' to 7.10, in which case go to Section 8. Otherwise go to 7.13.

7.13 Was this ...

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

	Yes	No
Mainly for persons with a disability (d825 + e5850)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Mainstream for all persons (e5850)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

7.14 What types of work-related programme(s) did you take? (d825 + e5850)

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

	Yes	No
Specific job skills training	<input type="checkbox"/> 1	<input type="checkbox"/> 2
General training	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Employment Scheme (eg Community Employment)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

ASK ONLY OF PERSONS CODED '1', '2' or '7' IN QUESTION 7.2 OR ANYONE ELSE ANSWERING 'YES' TO 7.10

7.15 Because of your disability do/would you require any of the following to be able to work?

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

	Yes	No
Accessible transport in order to get to workplace (e5400 + d470)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Appropriate parking (e5200)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Accessible building (e1500)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Handrails or ramps (e1500)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Accessible lift (e1501)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Accessible toilets (e1501)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Human support such as a reader, sign language interpreter, job coach or personal assistant (e340 + e360)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Technical aids such as a voice synthesiser, a minicom, an infrared system or portable note-taker (e1251)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Communication aids such as large print, braille or recording equipment (e1351)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Modified workstation (e1351)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Modified job tasks (e325)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Flexible work arrangements, such as a shorter work day or week (d850)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Wage subsidy (e5700)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

SECTION 8 Social Participation (d9)

This section will collect information on your social participation.

8.1 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 to a social venue, such as a cinema, pub, football match (d9202 + d9205)	<input type="text" value="1"/>	<input type="text" value="2"/>
Visit friends or relatives in their homes (d9205)	<input type="text" value="1"/>	<input type="text" value="2"/>
Have friends or family to your home for a social visit (d9205)	<input type="text" value="1"/>	<input type="text" value="2"/>
Phone, text, write or email family or friends (d9205)	<input type="text" value="1"/>	<input type="text" value="2"/>
Use the Internet to get information (e5600)	<input type="text" value="1"/>	<input type="text" value="2"/>

8.2 Are your main social activities with ...

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

	Yes	No
Family (d760)	<input type="text" value="1"/>	<input type="text" value="2"/>
Work colleagues (d7402)	<input type="text" value="1"/>	<input type="text" value="2"/>
Friends who have a disability (d7504)	<input type="text" value="1"/>	<input type="text" value="2"/>
Other friends (d750)	<input type="text" value="1"/>	<input type="text" value="2"/>
Carers or people who provide a disability service (d740)	<input type="text" value="1"/>	<input type="text" value="2"/>

8.3 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.
For persons answering 1 to **ALL** categories go to 8.5; otherwise ask 8.4.

	No difficulty	Some difficulty	A lot/ cannot do
Going into town, shopping – grocery or otherwise (d4602 + d6200)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
Going away for a break or a holiday (d4 + d920)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
Having friends or family in for a social visit (d9205)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
Visiting friends or relatives (d9205)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
Socialising in a public venue, such as a cinema, pub, football match (d920)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
Attending religious ceremonies (d9300)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
Voting (d950)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
Taking part in community life such as voluntary work, attending or participating in local activities (d910)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

If response = 1 for **ALL** categories, go to 8.5. Otherwise go to 8.4.

8.4 What makes it difficult for you to participate in these activities? (d920)

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

	Yes	No
Health considerations or physically unable	<input type="text" value="1"/>	<input type="text" value="2"/>
You are self-conscious of your disability	<input type="text" value="1"/>	<input type="text" value="2"/>
You need specialised aids or equipment that you do not have (e1)	<input type="text" value="1"/>	<input type="text" value="2"/>
You need someone's assistance (e3)	<input type="text" value="1"/>	<input type="text" value="2"/>
Leisure facilities are not accessible (e150)	<input type="text" value="1"/>	<input type="text" value="2"/>
Transport services are inadequate or not accessible (e5400)	<input type="text" value="1"/>	<input type="text" value="2"/>
Lack of local facilities or suitable activities (d920)	<input type="text" value="1"/>	<input type="text" value="2"/>
Unfriendly or negative attitudes towards you (e4)	<input type="text" value="1"/>	<input type="text" value="2"/>
Cost (e1650)	<input type="text" value="1"/>	<input type="text" value="2"/>
Other	<input type="text" value="1"/>	<input type="text" value="2"/>

8.5 Have you taken a holiday away from home in the past 12 months? (d920) Yes No

8.6 Generally speaking, would you say that ...

P17 Interviewer: Show prompt card P17.
Read list. Mark one answer only.
To be answered ONLY by person with a disability, ie NOT by a proxy.

Most people can be trusted	You cannot be too careful	Depends on the people in question	Don't know
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

SECTION 9 Sport and Exercise (d9201)

The next few questions will collect information on your sports participation and exercise.

9.1 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 9.2;
otherwise go to 9.5.

9.2 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

Tick one category only.

One or two times a week

Less often

9.3 How much time per session, on average, did you spend exercising or participating in sport?

Less than 30 minutes per session on average

30 to 60 minutes per session on average

Tick one category only.

Over 60 minutes per session on average

9.4 How would you rate the intensity of your participation in each session?

No effort (no increase in breathing rate)

Light effort (mild increase in breathing rate)

Moderate effort (noticeable increase in breathing rate)

Tick one category only.

Hard effort (heavy breathing, difficulty talking in full sentences)

Extremely hard effort (gasping for breath, unable to talk at all)

9.5 Are you a member of any sports groups/sports associations for people with disabilities? (e5550)

Yes

No

SECTION 10 General and Demographic Information

The last remaining questions cover general and demographic information.

10.1 Are you registered with the ...

Read list.

National Physical and Sensory Disability Database (NPSDD)

Yes

No

Don't know

1

2

9

National Intellectual Disability Database (NIDD)

1

2

9

10.2 Are you on regular medication in connection with your disability? (e1101) Yes 1 No 2

GENERAL HEALTH

How would you describe your ...

10.3 General health

10.4 Stamina (b1300)

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

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

10.5 Do you, or did you in the past, smoke regularly? Yes 1 No 2

STATE BENEFITS

10.6 Which, if any, of the following State benefits do you receive? (e5700)

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

	Yes	No
Disability benefit	<input type="checkbox"/>	<input type="checkbox"/>
Invalidity pension	<input type="checkbox"/>	<input type="checkbox"/>
Disability allowance	<input type="checkbox"/>	<input type="checkbox"/>
Blind pension	<input type="checkbox"/>	<input type="checkbox"/>
Other disability welfare payment	<input type="checkbox"/>	<input type="checkbox"/>
Old age pension	<input type="checkbox"/>	<input type="checkbox"/>
Widow's or widower's pension	<input type="checkbox"/>	<input type="checkbox"/>
One parent family payment	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment benefit	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment assistance	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary welfare allowance	<input type="checkbox"/>	<input type="checkbox"/>
Back to work or to education allowance	<input type="checkbox"/>	<input type="checkbox"/>
Carer's allowance or benefit	<input type="checkbox"/>	<input type="checkbox"/>
Medical card	<input type="checkbox"/>	<input type="checkbox"/>
Doctor-only card	<input type="checkbox"/>	<input type="checkbox"/>
Long-term illness card or book	<input type="checkbox"/>	<input type="checkbox"/>
Mobility allowance	<input type="checkbox"/>	<input type="checkbox"/>
Free travel pass	<input type="checkbox"/>	<input type="checkbox"/>
Free travel companion pass	<input type="checkbox"/>	<input type="checkbox"/>
Household benefits package (electricity or gas allowance, TV licence, telephone allowance)	<input type="checkbox"/>	<input type="checkbox"/>
Rent allowance or rent supplement	<input type="checkbox"/>	<input type="checkbox"/>
Disabled drivers and passengers scheme	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

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.

10.7 What is your date of birth?

	/		/	
dd		mm		yyyy

10.8 To be completed by interviewer: Respondent is ... Male Female

10.9 What is your PPS Number?

Questions 10.10 and 10.11 to be completed by interviewer at end of interview.

ACCOMMODATION CHECKLIST

10.10 Is this ...?

A private residence

A group home (home in residential or local community) for a group of people with disabilities

10.11 Type of dwelling ...

Bungalow

House with 2 or more storeys

Ground floor flat

Flat/apartment/maisonette on upper storey, with lift

Flat/apartment/maisonette on upper storey, no lift