

FORM **DFS-2**  
(7-1-94)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL CENTER FOR HEALTH STATISTICS

**DISABILITY FOLLOWBACK SURVEY**  
**(NHIS PHASE II)**  
**ADULT'S QUESTIONNAIRE**

**NOTICE** - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to vary from 40 to 50 minutes per response, with an average of 45 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer, ATTN: PRA: Humphrey Building, Room 721-H, 200 Independence Avenue, SW; Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214) Washington, DC 20503.

RT 31  
3-7  
8

**Part I - CALL RECORD**

RT 37  
3-4

Mode	Date		Beginning time	Results	Ending time	Comments
	Month	Day				
5	6-7	8-9	10-14		15-19	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	

**Part II - STATUS**

<b>A. Final Status</b> <span style="float: right;">20-21</span> Interview 01 <input type="checkbox"/> Complete 02 <input type="checkbox"/> Partial (Explain in Notes) Noninterview 03 <input type="checkbox"/> SP refused 04 <input type="checkbox"/> Proxy refused 05 <input type="checkbox"/> Unable to contact 06 <input type="checkbox"/> Unable to locate 07 <input type="checkbox"/> Deceased 08 <input type="checkbox"/> Institutionalized, no proxy 09 <input type="checkbox"/> Incapable, no proxy 10 <input type="checkbox"/> Moved o/s PSU, unable to phone 11 <input type="checkbox"/> Other noninterview (Explain in Notes)		<b>B. Mode</b> <span style="float: right;">22</span> 1 <input type="checkbox"/> Telephone 2 <input type="checkbox"/> Personal visit		<b>C. Respondent</b> <span style="float: right;">64</span> 1 <input type="checkbox"/> Self 2 <input type="checkbox"/> Proxy <input checked="" type="checkbox"/> Reason for proxy 1 <input type="checkbox"/> SP incapable 2 <input type="checkbox"/> SP institutionalized 3 <input type="checkbox"/> SP unavailable 4 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> (Fill II.D)	
		<b>D. Proxy</b> Name <span style="float: right;">23-63</span>			
		<b>E. Field Representative's Name</b> Code <span style="float: right;">66-68</span>			

**Part III - NEW ADDRESS**

RT 38  
3-4  
Notes

<b>A. Address (Different from label)</b>					
Number and street <span style="float: right;">5-29</span>					
City <span style="float: right;">30-49</span>	State <span style="float: right;">50-51</span>	ZIP Code <span style="float: right;">52-60</span>			
<b>B. Telephone (Different from label)</b>					
Area code <span style="float: right;">61-63</span>	Number <span style="float: right;">64-70</span>	1 <input type="checkbox"/> None <span style="float: right;">71</span>			
( )		7 <input type="checkbox"/> Refused		9 <input type="checkbox"/> DK number	

<b>INITIAL SCREENING</b>		RT 39						
		3-4						
<b>1. May I please speak with <i>(sample person)</i>?</b>	1 <input type="checkbox"/> Yes ( <i>Go to A below</i> ) 2 <input type="checkbox"/> No ( <i>Go to 2</i> )	5						
<b>2. Why is <i>(sample person)</i> not available to be interviewed?</b>	1 <input type="checkbox"/> SP deceased ( <i>Skip to 6</i> ) 2 <input type="checkbox"/> SP moved ( <i>Skip to 4</i> ) 3 <input type="checkbox"/> SP temporarily absent/unavailable ( <i>Go to 3</i> ) 4 <input type="checkbox"/> SP incapable } ( <i>Skip to 5</i> ) 5 <input type="checkbox"/> Other	6						
<b>3. Will <i>(sample person)</i> [return/be available] before <i>(closeout date)</i>?</b>	1 <input type="checkbox"/> Yes ( <i>Schedule appointment</i> ) 2 <input type="checkbox"/> No } ( <i>Go to 4</i> ) 9 <input type="checkbox"/> DK	7						
<b>4a. Has <i>(sample person)</i> moved to a new residence or is [he/she] in a health facility, group home, or some other place?</b>	1 <input type="checkbox"/> SP moved ( <i>Record new address and telephone no.</i> ) 2 <input type="checkbox"/> SP in health facility/group home ( <i>Go to 4b</i> ) 3 <input type="checkbox"/> SP in jail ( <i>Skip to 5</i> ) 4 <input type="checkbox"/> SP in prison ( <i>END interview – noninterview</i> ) 5 <input type="checkbox"/> SP on vacation/visiting/temporarily absent ( <i>Skip to 4d</i> )	8						
<b>b. What type of facility or group home is this?</b>  Mark (X) first appropriate box.	01 <input type="checkbox"/> Hospital } ( <i>Go to 4c</i> ) 02 <input type="checkbox"/> Nursing/convalescent home 03 <input type="checkbox"/> Retirement home 04 <input type="checkbox"/> Group home 05 <input type="checkbox"/> Supervised apartment 06 <input type="checkbox"/> Halfway house 07 <input type="checkbox"/> Board and Care home 08 <input type="checkbox"/> Developmental Center 09 <input type="checkbox"/> Other supervised group residence or facility 10 <input type="checkbox"/> Other	9-10						
<b>c. Refer to age on label.</b>	1 <input type="checkbox"/> Under 69 ( <i>Skip to 5</i> ) 2 <input type="checkbox"/> 69+ ( <i>Go to 4d</i> )	11						
<b>d. Is it possible to interview <i>(sample person)</i> at the [facility/present location]?</b>	1 <input type="checkbox"/> Yes ( <i>Record address and telephone no.</i> ) 2 <input type="checkbox"/> No ( <i>Go to 5</i> )	12						
<b>5. Since I won't be able to interview <i>(sample person)</i>, I need to talk to the person who knows the most about <i>(sample person's)</i> health. Who would that be?</b>	1 <input type="checkbox"/> Respondent ( <i>Go to A below</i> ) 2 <input type="checkbox"/> Other person ( <i>Record person's name, address, and telephone no.</i> ) 3 <input type="checkbox"/> No one } ( <i>END interview – noninterview</i> ) 9 <input type="checkbox"/> DK/Ref	13						
<b>6. On what date did <i>(sample person)</i> die?</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Month</td> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Year</td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> } ( <i>Go to 7</i> )  999999 <input type="checkbox"/> DK	Month	Day	Year				14-19
Month	Day	Year						
<b>7. Did <i>(sample person)</i> die at home, in a hospital, in a nursing or convalescent home, or some other place?</b>	1 <input type="checkbox"/> At home 2 <input type="checkbox"/> In hospital 3 <input type="checkbox"/> In nursing/convalescent home } ( <i>END interview – noninterview</i> ) 4 <input type="checkbox"/> Other place 9 <input type="checkbox"/> DK	20						
<b>A</b>	Begin interview by asking: <b>When we conducted the interview several months ago, we recorded <i>(sample person's)</i> age as <i>(age from label)</i>. Is this still correct?</b>	21						
Notes								

<b>INITIAL SCREENING - Continued</b>													
<b>NEW ADDRESS (First or only)</b>				RT 40 3-4	<b>Second (If appropriate)</b>				RT 41 3-4				
Name of place (If appropriate)				5-40	Name of place (If appropriate)				5-40				
Number and street				41-64	Number and street				41-64				
City	65-84	State	85-86	ZIP Code	87-95	City	65-84	State	85-86	ZIP Code	87-95		
Telephone					Telephone								
Area code	96-98	Number	99-105	1 <input type="checkbox"/> None	9 <input type="checkbox"/> DK	106	Area code	96-98	Number	99-105	1 <input type="checkbox"/> None	9 <input type="checkbox"/> DK	106
				7 <input type="checkbox"/> Refused	number						7 <input type="checkbox"/> Refused	number	
<b>PROXY RESPONDENT</b>				RT 42 3-4					5-40				
Name													
1 <input type="checkbox"/> Mark box if same address/phone as SP (Skip to A1 on page 4)				41									
Number and street				42-65									
City	66-85	State	86-87	ZIP Code					88-96				
Telephone													
Area code	97-99	Number	100-106	1 <input type="checkbox"/> None	9 <input type="checkbox"/> DK	107							
				7 <input type="checkbox"/> Refused	number								
<b>GENERAL INSTRUCTIONS</b>													
<p>1. Conduct all interviews by personal visit unless the only way to get an interview is by telephone.</p> <p>2. After appropriate introductions, begin all interviews with A on page 2.</p> <p>3. If the sample person (or proxy) is not within your normal assignment area, call your office for instructions.</p> <p>4. Make minor corrections to the sample person's address or phone number on the LABEL. Record new addresses and/or phone numbers above.</p> <p>5. If a question is refused, enter "REF" in the answer space. If the respondent does not know the answer to a question, mark the "DK" box if there is one, or enter "DK" in the answer space.</p>						<p>6. The following symbols and print types are used throughout the questionnaire to standardize the asking of the questions:</p> <ul style="list-style-type: none"> <li>• <b>Long dash (—)</b> – Insert the appropriate words or names from the list.</li> <li>• <b>Underlined italics in parentheses</b> – Insert the specified words, name, date, etc.</li> <li>• <b>Regular type in parentheses</b> – Either read or do not read the parenthetical, depending on the situation and the context of the question.</li> <li>• <b>Brackets with a slash ([ / ])</b> – Choose the appropriate words or phrase for the particular interview.</li> <li>• <b>Bold capitals</b> – Emphasize the word(s) when reading the question.</li> </ul> <p>7. If interviewing a proxy, substitute the sample person's name (or appropriate pronoun) for the word "You" in the questions.</p>							
Notes													



**Section A – HOUSING AND LONG-TERM CARE SERVICES – Continued**

<b>6. DURING THE PAST 12 MONTHS, were you ever refused housing or rental accommodations because of any impairment or health problem that you have, or did you not look for housing in the past 12 months?</b>	<input type="checkbox"/> Did not look <input type="checkbox"/> Yes, refused housing <input type="checkbox"/> No, not refused housing <input type="checkbox"/> DK	35
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ASK OR VERIFY: <b>7a. Is this place a — (Read all categories)</b> Mark (X) only one.	<input type="checkbox"/> 01 <b>Single family house or townhouse that is not part of a retirement community, (Skip to 10 on page 6)</b> <input type="checkbox"/> 02 <b>Single family house, townhouse, or apartment that is part of a retirement community, (Skip to 8)</b> <input type="checkbox"/> 03 <b>Regular apartment, (Skip to 10 on page 6)</b> <input type="checkbox"/> 04 <b>Supervised apartment,</b> <input type="checkbox"/> 05 <b>Group home,</b> <input type="checkbox"/> 06 <b>Halfway house,</b> <input type="checkbox"/> 07 <b>Personal care or board and care home,</b> <input type="checkbox"/> 08 <b>Developmental center,</b> <input type="checkbox"/> 09 <b>Some other type of supervised group residence or facility,</b> <input type="checkbox"/> 10 <b>Assisted living facility,</b> <input type="checkbox"/> 11 <b>Nursing or convalescent home,</b> <input type="checkbox"/> 12 <b>Retirement home,</b> <input type="checkbox"/> 13 <b>Center for Independent Living, or</b> <input type="checkbox"/> 14 <b>Something else?</b> <input type="checkbox"/> 99 DK	36-37
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(Go to 7b)

ASK OR VERIFY: <b>b. Does this place primarily or exclusively serve people who are elderly?</b>	<input type="checkbox"/> 1 Yes (Skip to Item A2) <input type="checkbox"/> 2 No } (Go to 7c) <input type="checkbox"/> 9 DK }	38
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ASK OR VERIFY: <b>c. Does this place primarily or exclusively serve persons with hearing or vision impairments, mental illness, mental retardation, or developmental disabilities?</b>	<input type="checkbox"/> 1 Yes (Go to 7d) <input type="checkbox"/> 2 No } (Skip to Item A2) <input type="checkbox"/> 9 DK }	39
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ASK OR VERIFY: <b>d. Which?</b> Mark (X) all that apply.	<input type="checkbox"/> 1 Hearing impairments <input type="checkbox"/> 2 Vision impairments <input type="checkbox"/> 3 Mental retardation/developmental disabilities <input type="checkbox"/> 9 DK	40 41 42 43
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<b>ITEM A2</b>	Status of SP.	<input type="checkbox"/> 1 Institutionalized (Skip to 11 on page 6) <input type="checkbox"/> 2 All others (Go to 8)	44
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<b>8. Whether you use them or not, does this place routinely provide services such as meals, help with housework or personal care, transportation, or recreation?</b>	<input type="checkbox"/> 1 Yes (Go to 9 on page 6) <input type="checkbox"/> 2 No } (Skip to 10 on page 6) <input type="checkbox"/> 9 DK }	45
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Notes	
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**Section A – HOUSING AND LONG-TERM CARE SERVICES – Continued**

9. Whether you use them or not, does this place routinely provide —	Yes	No	DK	
<b>a. Group meals for residents?</b> .....	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	46
<b>b. Housekeeping or maid service?</b> .....	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	47
<b>c. Nursing or medical care?</b> .....	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	48
<b>d. Supervision of residents who give themselves their own medication?</b> .....	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	49
<b>e. Help with bathing, eating, or dressing?</b> .....	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	50
<b>f. Help with walking or getting about?</b> .....	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	51
<b>g. Help with shopping?</b> .....	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	52
<b>h. Planned social activities or trips?</b> .....	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	53
<b>i. Educational or training programs?</b> .....	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	54
<b>j. Help with laundry?</b> .....	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	55
<b>k. Help with money management?</b> .....	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	56
<b>l. Transportation?</b> .....	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	57
<b>m. Protective oversight?</b> .....	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	58
<b>10. Are you planning a move in order to receive any (additional) personal help, assistance or services?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			59
<i>Mark "Yes" if SP is currently living in a nursing home; otherwise ask:</i>				60
<b>11a. Have you EVER been a resident or patient in a nursing home?</b>	1 <input type="checkbox"/> Yes (Go to 11b) 2 <input type="checkbox"/> No } (Skip to 13 on page 8) 9 <input type="checkbox"/> DK }			
<b>b. How many DIFFERENT TIMES have you been a resident or patient in a nursing home (including the current time)?</b>	_____ Times (Number) 99 <input type="checkbox"/> DK			61-62
<b>c. On what date were you admitted (the FIRST time)?</b> <i>If date not known, ask: Was it within the past 12 months?</i>	_____/ 19 ____ Month Year 0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK			63-66
<i>Mark box if "Now in nursing home"; otherwise ask:</i>				67-70
<b>d. On what date were you discharged (the LAST time)?</b> <i>If date not known, ask: Was it within the past 12 months?</i>	_____/ 19 ____ Month Year 0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK			
<b>e. How long [were you/have you been] in the nursing home [the LAST time/THIS time]?</b>	00 <input type="checkbox"/> Less than 1 month _____ (Number) Months 99 <input type="checkbox"/> DK			71-72
<i>Ask if date in 11d is within the past 12 months, including "Now in". If not within the past 12 months, skip to 13 on page 8.</i>				73-74
<b>f. How many weeks in the past 12 months [were you/have you been] in a nursing home?</b>	00 <input type="checkbox"/> Less than 1 week _____ (Number) Weeks 99 <input type="checkbox"/> DK			

**Section A – HOUSING AND LONG-TERM CARE SERVICES – Continued**

HAND CARD A1. Read categories if telephone interview.

**12a. Who paid or will pay for your nursing home stays in the past 12 months?**

**(Anyone else?)**

Mark (X) all that apply.

- 01  Self or family in household 75-76
- 02  Family NOT in household 77-78
- 03  Private health insurance 79-80
- 04  Medicare 81-82
- 05  Medicaid 83-84
- 06  Rehabilitation program 85-86
- 07  Employer 87-88
- 08  School system 89-90
- 09  VA program 91-92
- 10  Other military 93-94
- 11  Other private source 95-96
- 12  Other public source 97-98
- 13  No one/Free 99-100
- 99  DK 101-102

} (Skip to 13 on page 8)

Ask if more than one source in 12a. If only one source in 12a, transcribe the number of the box marked without asking.

103-104

**b. Who paid or will pay the most for your nursing home stays in the past 12 months?**

Record number of the main source.

Paid most  
(Number)

99  DK

Ask only if box 01 marked in 12a; otherwise, skip to 13 on page 8.

105-110

**c. During the past 12 months, about how much did you or your family pay for your nursing home stays? Do not count any money that has been or will be reimbursed by insurance or any other source.**

000000  None

\$ \_\_\_\_\_ .

999999  DK

Notes



<b>Section A - HOUSING AND LONG-TERM CARE SERVICES - Continued</b>															
C		RT 44	3-4	D		RT 44	3-4	E		RT 44	3-4	F		RT 44	3-4
<b>03 A board and care home?</b>		5-6		<b>04 A facility for persons with mental retardation?</b>		5-6		<b>05 An assisted living facility?</b>		5-6		<b>06 Any other long-term care facility?</b>		5-6	
<b>13.</b>		7		<b>13.</b>		7		<b>13.</b>		7		<b>13.</b>		7	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK			
<b>14a.</b>		8-11		<b>14a.</b>		8-11		<b>14a.</b>		8-11		<b>14a.</b>		8-11	
0000 <input type="checkbox"/> Now in _____/19 Month Year 0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK				0000 <input type="checkbox"/> Now in _____/19 Month Year 0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK				0000 <input type="checkbox"/> Now in _____/19 Month Year 0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK				0000 <input type="checkbox"/> Now in _____/19 Month Year 0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK			
<b>b.</b>		12-14		<b>b.</b>		12-14		<b>b.</b>		12-14		<b>b.</b>		12-14	
000 <input type="checkbox"/> Less than 1 month _____ Number { 1 <input type="checkbox"/> Months { 2 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK				000 <input type="checkbox"/> Less than 1 month _____ Number { 1 <input type="checkbox"/> Months { 2 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK				000 <input type="checkbox"/> Less than 1 month _____ Number { 1 <input type="checkbox"/> Months { 2 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK				000 <input type="checkbox"/> Less than 1 month _____ Number { 1 <input type="checkbox"/> Months { 2 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK			
<b>c.</b>		15-16		<b>c.</b>		15-16		<b>c.</b>		15-16		<b>c.</b>		15-16	
01 <input type="checkbox"/> Self or family in household 02 <input type="checkbox"/> Family NOT in household 03 <input type="checkbox"/> Private health insurance 04 <input type="checkbox"/> Medicare 05 <input type="checkbox"/> Medicaid 06 <input type="checkbox"/> Rehabilitation program 07 <input type="checkbox"/> Employer 08 <input type="checkbox"/> School system 09 <input type="checkbox"/> VA program 10 <input type="checkbox"/> Other military 11 <input type="checkbox"/> Other private source 12 <input type="checkbox"/> Other public source 13 <input type="checkbox"/> No one/Free (Skip to 14a for next "Yes" in 13) 99 <input type="checkbox"/> DK				01 <input type="checkbox"/> Self or family in household 02 <input type="checkbox"/> Family NOT in household 03 <input type="checkbox"/> Private health insurance 04 <input type="checkbox"/> Medicare 05 <input type="checkbox"/> Medicaid 06 <input type="checkbox"/> Rehabilitation program 07 <input type="checkbox"/> Employer 08 <input type="checkbox"/> School system 09 <input type="checkbox"/> VA program 10 <input type="checkbox"/> Other military 11 <input type="checkbox"/> Other private source 12 <input type="checkbox"/> Other public source 13 <input type="checkbox"/> No one/Free (Skip to 14a for next "Yes" in 13) 99 <input type="checkbox"/> DK				01 <input type="checkbox"/> Self or family in household 02 <input type="checkbox"/> Family NOT in household 03 <input type="checkbox"/> Private health insurance 04 <input type="checkbox"/> Medicare 05 <input type="checkbox"/> Medicaid 06 <input type="checkbox"/> Rehabilitation program 07 <input type="checkbox"/> Employer 08 <input type="checkbox"/> School system 09 <input type="checkbox"/> VA program 10 <input type="checkbox"/> Other military 11 <input type="checkbox"/> Other private source 12 <input type="checkbox"/> Other public source 13 <input type="checkbox"/> No one/Free (Skip to 14a for next "Yes" in 13) 99 <input type="checkbox"/> DK				01 <input type="checkbox"/> Self or family in household 02 <input type="checkbox"/> Family NOT in household 03 <input type="checkbox"/> Private health insurance 04 <input type="checkbox"/> Medicare 05 <input type="checkbox"/> Medicaid 06 <input type="checkbox"/> Rehabilitation program 07 <input type="checkbox"/> Employer 08 <input type="checkbox"/> School system 09 <input type="checkbox"/> VA program 10 <input type="checkbox"/> Other military 11 <input type="checkbox"/> Other private source 12 <input type="checkbox"/> Other public source 13 <input type="checkbox"/> No one/Free (Go to 15 on page 10) 99 <input type="checkbox"/> DK			
<b>d.</b>		43-44		<b>d.</b>		43-44		<b>d.</b>		43-44		<b>d.</b>		43-44	
[ ] [ ] Paid most (Number) 99 <input type="checkbox"/> DK				[ ] [ ] Paid most (Number) 99 <input type="checkbox"/> DK				[ ] [ ] Paid most (Number) 99 <input type="checkbox"/> DK				[ ] [ ] Paid most (Number) 99 <input type="checkbox"/> DK			
<b>e.</b>		45-50		<b>e.</b>		45-50		<b>e.</b>		45-50		<b>e.</b>		45-50	
000000 <input type="checkbox"/> None \$ _____ . 00 999999 <input type="checkbox"/> DK				000000 <input type="checkbox"/> None \$ _____ . 00 999999 <input type="checkbox"/> DK				000000 <input type="checkbox"/> None \$ _____ . 00 999999 <input type="checkbox"/> DK				000000 <input type="checkbox"/> None \$ _____ . 00 999999 <input type="checkbox"/> DK			
Notes															

**Section A - HOUSING AND LONG-TERM CARE SERVICES - Continued**

<i>HAND CARD A2.</i>		
<b>15a. Are you currently on a waiting list for any of these facilities?</b> <i>Read categories in 15b if telephone interview.</i>	1 <input type="checkbox"/> Yes ( <i>Go to 15b</i> ) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } ( <i>Skip to 16</i> )	5
	-----	
<b>b. For which facilities are you on a waiting list?</b>  <b>Anywhere else?</b>  <i>Read categories if necessary.</i>  <i>Mark (X) all that apply.</i>	1 <input type="checkbox"/> Nursing home	6
	2 <input type="checkbox"/> Convalescent home	7
	3 <input type="checkbox"/> Facility or group home for persons with mental illness	8
	4 <input type="checkbox"/> Board and care home	9
	5 <input type="checkbox"/> Facility for persons with mental retardation	10
	6 <input type="checkbox"/> Assisted living facility	11
	7 <input type="checkbox"/> Any other long-term care facility	12
	9 <input type="checkbox"/> DK	13
	<b>16. Are you on a waiting list for publicly funded home care or community-based care?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK

Notes

<b>Section B – TRANSPORTATION</b>		RT 46
		3-4
<b>These next questions are about getting around outside your home.</b>		5
<b>1. How frequently do you drive a car or other motor vehicle? Would you say — <i>(Read all categories)</i></b> <i>Mark (X) only one.</i>	1 <input type="checkbox"/> <b>Everyday or almost everyday,</b> 2 <input type="checkbox"/> <b>Occasionally,</b> 3 <input type="checkbox"/> <b>Seldom, or</b> 4 <input type="checkbox"/> <b>Never? <i>(Go to 2)</i></b> 9 <input type="checkbox"/> <b>DK <i>(Skip to 3)</i></b>	} <i>(Skip to 3)</i>
<b>2. Is this because of an impairment or health problem?</b>	1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } <i>(Skip to 4)</i> 9 <input type="checkbox"/> DK	6
<b>3a. Because of an impairment or health problem, do you have any special equipment on your car or other motor vehicle?</b>	1 <input type="checkbox"/> Yes <i>(Go to 3b)</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't have a car } <i>(Skip to 3c)</i> 9 <input type="checkbox"/> DK	7
<b>b. What special equipment do you have?</b> <b>Anything else?</b> <i>Mark (X) all that apply.</i>	1 <input type="checkbox"/> Hand controls 2 <input type="checkbox"/> Hand rails, straps, specialized handles, ramps, or lifts 3 <input type="checkbox"/> Power controls for windows, mirrors, seat, or steering 4 <input type="checkbox"/> Automatic transmission 5 <input type="checkbox"/> Air conditioning 6 <input type="checkbox"/> A button that opens the door 7 <input type="checkbox"/> A large trunk or storage area 8 <input type="checkbox"/> Other special features 9 <input type="checkbox"/> DK	8 9 10 11 12 13 14 15 16
<b>c. Do you need any (other) special equipment or features on a car or other motor vehicle because of an impairment or health problem?</b>	1 <input type="checkbox"/> Yes <i>(Go to 3d)</i> 2 <input type="checkbox"/> No } <i>(Skip to 4)</i> 9 <input type="checkbox"/> DK	17
<b>d. What (other) equipment or features do you need?</b> <b>Anything else?</b> <i>Mark (X) all that apply.</i>	1 <input type="checkbox"/> Hand controls 2 <input type="checkbox"/> Hand rails, straps, specialized handles, ramps, or lifts 3 <input type="checkbox"/> Power controls for windows, mirrors, seat, or steering 4 <input type="checkbox"/> Automatic transmission 5 <input type="checkbox"/> Air conditioning 6 <input type="checkbox"/> A button that opens the door 7 <input type="checkbox"/> A large trunk or storage area 8 <input type="checkbox"/> Other special features 9 <input type="checkbox"/> DK	18 19 20 21 22 23 24 25 26
<b>4a. Some communities have special bus, cab or van services for people who have difficulty using the regular public transportation service. When using this special service, people can call ahead and ask to be picked up. Is such a service available in your area?</b>	1 <input type="checkbox"/> Yes <i>(Go to 4b)</i> 2 <input type="checkbox"/> No } <i>(Skip to 6 on page 12)</i> 9 <input type="checkbox"/> DK	27
<b>b. Is this special service operated by a transit authority, government program or some other private source?</b> <i>Mark (X) all that apply.</i>	1 <input type="checkbox"/> Transit authority 2 <input type="checkbox"/> Government program 3 <input type="checkbox"/> Other private source 9 <input type="checkbox"/> DK	28 29 30 31
<b>Notes</b>		

**Section B – TRANSPORTATION – Continued**

<p><b>5a. Have you used this special service in the past 12 months?</b></p>	<p>1 <input type="checkbox"/> Yes (Skip to 5c)                  2 <input type="checkbox"/> No (Go to 5b)                  9 <input type="checkbox"/> DK (Skip to 6)</p>	<p>32</p>
<p><b>b. Why haven't you used this service in the past 12 months?</b>                  Anything else?                  Mark (X) all that apply.</p>	<p>01 <input type="checkbox"/> Don't know how to use                  02 <input type="checkbox"/> Need help from another person                  03 <input type="checkbox"/> Can't use alone                  04 <input type="checkbox"/> Can't use phone                  05 <input type="checkbox"/> Don't have phone                  06 <input type="checkbox"/> Can't read                  07 <input type="checkbox"/> Illness                  08 <input type="checkbox"/> Can't get reservation for service                  09 <input type="checkbox"/> Hours of service inadequate                  10 <input type="checkbox"/> Pickup unreliable/inconvenient                  11 <input type="checkbox"/> Cost                  12 <input type="checkbox"/> Denied use of service                  13 <input type="checkbox"/> Service not needed/wanted                  14 <input type="checkbox"/> Other reason                  99 <input type="checkbox"/> DK</p> <p style="text-align: right;">(Skip to 6)</p>	<p>33-34 35-36 37-38 39-40 41-42 43-44 45-46 47-48 49-50 51-52 53-54 55-56 57-58 59-60 61-62</p>
<p><b>c. About how many times have you used this service in the PAST 12 MONTHS?</b></p>	<p>_____ Times in past 12 months                  (Number)                  999 <input type="checkbox"/> DK</p>	<p>63-65</p>
<p><b>d. About how many times have you used this service in the PAST WEEK?</b></p>	<p>_____ Times in past week                  (Number)                  00 <input type="checkbox"/> None                  99 <input type="checkbox"/> DK</p>	<p>66-67</p>
<p><b>6a. During the past 12 months, have you used local public transportation, such as a regular bus line, rapid transit, subway, or street car?</b>                  Mark (X) only one.</p>	<p>0 <input type="checkbox"/> No public system available (Skip to 8 on page 13)                  1 <input type="checkbox"/> Yes (Skip to 6c)                  2 <input type="checkbox"/> No (Go to 6b)                  9 <input type="checkbox"/> DK (Go to 6b)</p>	<p>68</p>
<p><b>b. Does an impairment or health problem prevent or limit your use of the public transportation service?</b>                  Mark (X) only one.</p>	<p>0 <input type="checkbox"/> No public system available (Skip to 8 on page 13)                  1 <input type="checkbox"/> Yes (Skip to 6e)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (Skip to 7 on page 13)</p>	<p>69</p>
<p><b>c. During the past 12 months, how often did you use the local public transportation service? Would you say — (Read all categories)</b>                  Mark (X) only one.</p>	<p>1 <input type="checkbox"/> <b>Everyday or almost everyday,</b>                  2 <input type="checkbox"/> <b>Occasionally, or</b>                  3 <input type="checkbox"/> <b>Seldom?</b>                  9 <input type="checkbox"/> DK</p>	<p>70</p>
<p><b>d. Because of an impairment or health problem, during the past 12 months, did you have any difficulty using the local public transportation service?</b></p>	<p>1 <input type="checkbox"/> Yes (Go to 6e)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (Skip to 7 on page 13)</p>	<p>71</p>
<p><b>e. What types of difficulties [did/would] you have using the public transportation service?</b>                  Anything else?                  Mark (X) all that apply.</p>	<p>01 <input type="checkbox"/> Cognitive/mental problems (remembering where to go/knowing how to avoid trouble)                  02 <input type="checkbox"/> Fear                  03 <input type="checkbox"/> Vision                  04 <input type="checkbox"/> Hearing                  05 <input type="checkbox"/> Weather                  06 <input type="checkbox"/> Difficulty walking/can't walk                  07 <input type="checkbox"/> Wheelchair/scooter/access problems                  08 <input type="checkbox"/> Problems with other medical/assistive devices                  09 <input type="checkbox"/> Need help from another person                  10 <input type="checkbox"/> Hours inadequate                  11 <input type="checkbox"/> Cost                  12 <input type="checkbox"/> Other                  99 <input type="checkbox"/> DK</p>	<p>72-73 74-75 76-77 78-79 80-81 82-83 84-85 86-87 88-89 90-91 92-93 94-95 96-97</p>
<p>Ask 6f only if box 01 marked in 6e; otherwise, skip to 7 on page 13.  <b>f. If you were given mobility training about how to use the public transportation service, such as what stop to get off, how to transfer or how to pay the fare, would you use the service?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	<p>98</p>

<b>Section B - TRANSPORTATION - Continued</b>		RT 47																																															
		3-4																																															
<p><b>7. In general, how difficult is it for you to get to and use public transportation? Would you say it is —</b> <i>(Read all categories)</i></p> <p><i>Mark (X) only one.</i></p>	<p>0 <input type="checkbox"/> No public system available</p> <p>1 <input type="checkbox"/> <b>Very difficult,</b></p> <p>2 <input type="checkbox"/> <b>Somewhat difficult,</b></p> <p>3 <input type="checkbox"/> <b>A little difficult, or</b></p> <p>4 <input type="checkbox"/> <b>Not at all difficult?</b></p> <p>9 <input type="checkbox"/> DK</p>	5																																															
<p><b>8a. Do you have any (other) problems getting around outside your home due to an impairment or health problem?</b></p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 8b)</i></p> <p>2 <input type="checkbox"/> No } <i>(Skip to 9)</i></p> <p>9 <input type="checkbox"/> DK }</p>	6																																															
<p><b>b. What (other) problems do you have getting around outside your home?</b></p> <p><b>Anything else?</b></p> <p><i>Mark (X) all that apply.</i></p>	<p>01 <input type="checkbox"/> Cognitive or mental problems (remembering where to go, knowing how to avoid trouble)</p> <p>02 <input type="checkbox"/> Fear</p> <p>03 <input type="checkbox"/> Vision</p> <p>04 <input type="checkbox"/> Hearing</p> <p>05 <input type="checkbox"/> Weather</p> <p>06 <input type="checkbox"/> Difficulty walking/can't walk</p> <p>07 <input type="checkbox"/> Wheelchair/scooter/access problems</p> <p>08 <input type="checkbox"/> Problems with other medical/assistive devices</p> <p>09 <input type="checkbox"/> Need help from another person</p> <p>10 <input type="checkbox"/> Other</p> <p>99 <input type="checkbox"/> DK</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">7-8</td></tr> <tr><td style="text-align: center;">9-10</td></tr> <tr><td style="text-align: center;">11-12</td></tr> <tr><td style="text-align: center;">13-14</td></tr> <tr><td style="text-align: center;">15-16</td></tr> <tr><td style="text-align: center;">17-18</td></tr> <tr><td style="text-align: center;">19-20</td></tr> <tr><td style="text-align: center;">21-22</td></tr> <tr><td style="text-align: center;">23-24</td></tr> <tr><td style="text-align: center;">25-26</td></tr> <tr><td style="text-align: center;">27-28</td></tr> </table>	7-8	9-10	11-12	13-14	15-16	17-18	19-20	21-22	23-24	25-26	27-28																																				
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<p><b>9. DURING THE PAST 6 MONTHS, have you traveled by car, airplane, bus, train, or boat?</b></p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 10)</i></p> <p>2 <input type="checkbox"/> No } <i>(Skip to Section C on page 15)</i></p> <p>9 <input type="checkbox"/> DK }</p>	29																																															
<p><b>10. IN THE PAST WEEK, about how many times did you —</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p><b>a. Drive a car?</b> .....</p> <p><b>b. Ride as a passenger in a car?</b> .....</p> <p><b>IN THE PAST WEEK, about how many times did you ride —</b></p> <p><b>c. A regular bus?</b> .....</p> <p><b>d. An accessible bus?</b> .....</p> <p><b>e. A subway?</b> .....</p> <p><b>f. Some other rail system?</b> .....</p> <p><b>g. A ferry boat?</b> .....</p> <p><b>IN THE PAST WEEK, about how many times did you ride in a —</b></p> <p><b>h. Social service agency van?</b> .....</p> <p><b>i. 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**Section B - TRANSPORTATION - Continued**

<p><b>11a. IN THE PAST 6 MONTHS, about how many times did you fly in an airplane?</b></p>	<p>01 <input type="checkbox"/> One <i>(Skip to 11f)</i> <span style="float: right;">48-49</span></p> <p>_____ Times <i>(Go to 11b)</i> (Number)</p> <p>00 <input type="checkbox"/> None } <i>(Skip to 12)</i> 99 <input type="checkbox"/> DK</p>
<p><b>b. About how many of these times were on a large airplane with 200 or more seats?</b></p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p style="text-align: right;">50-51</p>
<p><b>c. (About how many of these times were) on a medium sized airplane with 100 to 199 seats?</b></p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p style="text-align: right;">52-53</p>
<p><b>d. (About how many of these times were) on a small airplane with 19 to 99 seats?</b></p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p style="text-align: right;">54-55</p>
<p><b>e. (About how many of these times were) on an airplane with fewer than 19 seats?</b></p>	<p>_____ Times } <i>(Skip to 12)</i> (Number) } 00 <input type="checkbox"/> None } 99 <input type="checkbox"/> DK }</p> <p style="text-align: right;">56-57</p>
<p><b>f. Was that flight in — <i>(Read all categories)</i></b></p>	<p>1 <input type="checkbox"/> <b>A large airplane with 200 or more seats,</b> 2 <input type="checkbox"/> <b>A medium sized airplane with 100-199 seats,</b> 3 <input type="checkbox"/> <b>A small airplane with 19-99 seats, or</b> 4 <input type="checkbox"/> <b>An airplane with fewer than 19 seats?</b> 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">58</p>
<p><b>12a. IN THE PAST 6 MONTHS, about how many times did you ride a long-distance bus, such as Greyhound or Trailways?</b></p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p style="text-align: right;">59-60</p>
<p><b>b. (IN THE PAST 6 MONTHS, about how many times did you) take a trip on a train, such as Amtrak?</b></p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p style="text-align: right;">61-62</p>
<p><b>c. (IN THE PAST 6 MONTHS, about how many times did you) take a trip on a cruise ship or boat?</b></p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p style="text-align: right;">63-64</p>

Notes

<b>Section C – SOCIAL ACTIVITY</b>		RT 48
		3-4
<b>ITEM C1</b>	Status of SP.	5
		1 <input type="checkbox"/> Institutionalized ( <i>Skip to Section D on page 16</i> ) 2 <input type="checkbox"/> All others ( <i>Go to 1</i> )
<p><b>These next questions are about various activities you may have participated in.</b></p> <p><i>Ask 1a–g before going to question 2.</i></p>		<p><b>2. DURING THE PAST 2 WEEKS, how many times did you (activity)?</b></p> <p><i>Ask 2 for each "Yes" in 1.</i></p>
<b>1. DURING THE PAST 2 WEEKS, did you —</b>		<b>6</b>
<b>a. Get together socially with friends or neighbors?</b>	<b>a.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>a.</b> _____ Times (Number) 99 <input type="checkbox"/> DK
<b>b. Talk with friends or neighbors on the telephone?</b>	<b>b.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>b.</b> _____ Times (Number) 99 <input type="checkbox"/> DK
<b>c. Get together with ANY relatives not including those living with you?</b>	<b>c.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>c.</b> _____ Times (Number) 99 <input type="checkbox"/> DK
<b>d. Talk with ANY relatives on the telephone not including those living with you?</b>	<b>d.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>d.</b> _____ Times (Number) 99 <input type="checkbox"/> DK
<b>e. Go to church, temple, or another place of worship for services or other activities?</b>	<b>e.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>e.</b> _____ Times (Number) 99 <input type="checkbox"/> DK
<b>f. Go to a show or movie, sports event, club meeting, class, or other group event?</b>	<b>f.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>f.</b> _____ Times (Number) 99 <input type="checkbox"/> DK
<b>g. Go out to eat at a restaurant?</b>	<b>g.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>g.</b> _____ Times (Number) 99 <input type="checkbox"/> DK
<b>3. How many days in the past two weeks did you leave your home for any reason?</b>		<b>27-28</b>
14 <input type="checkbox"/> Every day 00 <input type="checkbox"/> None _____ Days (Number) 99 <input type="checkbox"/> DK		
<i>If proxy respondent, skip to Section D on page 16; otherwise ask:</i>		<b>29</b>
<b>4. Regarding your present social activities, do you feel that you are doing about enough, too much, or would you like to be doing more?</b>		
1 <input type="checkbox"/> About enough 2 <input type="checkbox"/> Too much 3 <input type="checkbox"/> Would like to be doing more 9 <input type="checkbox"/> DK <i>Mark (X) only one.</i>		
Notes		

**Section D - WORK HISTORY/EMPLOYMENT**

<p><b>These next questions are about working for pay or profit, and about unpaid volunteer work.</b></p> <p><b>1. Have you EVER worked at a job or business?</b></p>	<p>1 <input type="checkbox"/> Yes (Skip to 16 on page 18)                  2 <input type="checkbox"/> No } (Go to 2)                  9 <input type="checkbox"/> DK }</p>	5																																								
<p><b>2. Does an ongoing health problem, impairment or disability ENTIRELY prevent you from working?</b></p>	<p>1 <input type="checkbox"/> Yes (Go to 3)                  2 <input type="checkbox"/> No } (Skip to 8)                  9 <input type="checkbox"/> DK }</p>	6																																								
<p><b>3. If enough accommodations were made in transportation and at the work place, would you be able to work?</b></p>	<p>1 <input type="checkbox"/> Yes (Go to 4)                  2 <input type="checkbox"/> No } (Skip to 6)                  9 <input type="checkbox"/> DK }</p>	7																																								
<p><b>4. IN ORDER TO WORK, would you NEED any of these special features at your worksite —</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:30%; text-align: center;">Yes</td> <td style="width:30%; text-align: center;">No</td> <td style="width:30%; text-align: center;">DK</td> <td style="width:5%;"></td> </tr> <tr> <td><b>a. Handrails or ramps?</b></td> <td><b>a.</b> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">8</td> </tr> <tr> <td><b>b. Accessible parking or an accessible transportation stop close to the building?</b></td> <td><b>b.</b> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">9</td> </tr> <tr> <td><b>c. An elevator?</b></td> <td><b>c.</b> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">10</td> </tr> <tr> <td><b>d. An elevator designed for persons with special needs?</b></td> <td><b>d.</b> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">11</td> </tr> <tr> <td><b>e. A work station specially adapted for your use?</b></td> <td><b>e.</b> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">12</td> </tr> <tr> <td><b>f. A restroom designed for persons with special needs?</b></td> <td><b>f.</b> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">13</td> </tr> <tr> <td><b>g. An automatic door?</b></td> <td><b>g.</b> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">14</td> </tr> </table>		Yes	No	DK		<b>a. Handrails or ramps?</b>	<b>a.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8	<b>b. Accessible parking or an accessible transportation stop close to the building?</b>	<b>b.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9	<b>c. An elevator?</b>	<b>c.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	10	<b>d. An elevator designed for persons with special needs?</b>	<b>d.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11	<b>e. A work station specially adapted for your use?</b>	<b>e.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12	<b>f. A restroom designed for persons with special needs?</b>	<b>f.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13	<b>g. An automatic door?</b>	<b>g.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14	
	Yes	No	DK																																							
<b>a. Handrails or ramps?</b>	<b>a.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8																																						
<b>b. Accessible parking or an accessible transportation stop close to the building?</b>	<b>b.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9																																						
<b>c. An elevator?</b>	<b>c.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	10																																						
<b>d. An elevator designed for persons with special needs?</b>	<b>d.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11																																						
<b>e. A work station specially adapted for your use?</b>	<b>e.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12																																						
<b>f. A restroom designed for persons with special needs?</b>	<b>f.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13																																						
<b>g. An automatic door?</b>	<b>g.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14																																						
<p><b>5. Because of an ongoing health problem, impairment, or disability, would you NEED any other special equipment, assistance or work arrangement in order to work?</b></p>	<p>1 <input type="checkbox"/> Yes (Skip to 13b on page 18)                  2 <input type="checkbox"/> No } (Go to 6)                  9 <input type="checkbox"/> DK }</p>	15																																								
<p><b>6. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</b></p>	<p>1 <input type="checkbox"/> Yes (Go to 7)                  2 <input type="checkbox"/> No } (Skip to Section E on page 31)                  9 <input type="checkbox"/> DK }</p>	16																																								
<p><b>7. How many days did you do volunteer work in the past 12 months?</b></p>	<p>(Days) { 1 <input type="checkbox"/> Per week                  2 <input type="checkbox"/> Per month                  3 <input type="checkbox"/> Per year } (Skip to Section E on page 31)</p> <p>9999 <input type="checkbox"/> DK</p>	17-20																																								
<p><b>8. Does an ongoing health problem, impairment or disability limit your ability to work?</b></p>	<p>1 <input type="checkbox"/> Yes (Go to 9)                  2 <input type="checkbox"/> No (Skip to 14 on page 18)                  9 <input type="checkbox"/> DK (Go to 9)</p>	21																																								
<p><b>9. Have you looked for work in the past two years?</b></p>	<p>1 <input type="checkbox"/> Yes (Skip to 11 on page 17)                  2 <input type="checkbox"/> No (Go to 10 on page 17)                  9 <input type="checkbox"/> DK (Skip to 11 on page 17)</p>	22																																								

Notes

**Section D – WORK HISTORY/EMPLOYMENT – Continued**

<b>10. Some people have encountered barriers which have discouraged them from looking for work. Did you not look for work because you were concerned that —</b>				
	Yes	No	DK	
<b>a. You would lose your SSI, SSDI, or other sources of income if you went to work?</b> .....	<b>a.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23
<b>b. You would lose your housing if you went to work?</b> .....	<b>b.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24
<b>c. You would lose your health insurance or Medicaid coverage if you went to work?</b> .....	<b>c.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25
<b>d. Your family or friends discouraged you from going to work?</b> .....	<b>d.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26
<b>e. Family responsibilities prevented you from going to work?</b> .....	<b>e.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27
<b>f. Appropriate information about jobs was not available to you?</b> .....	<b>f.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28
<b>g. If you went to work you would be refused a promotion or transfer?</b> .....	<b>g.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29
<b>h. If you went to work, you would be refused access to training?</b> .....	<b>h.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30
<b>i. Your training was not adequate?</b> .....	<b>i.</b> 1 <input type="checkbox"/>	<input type="checkbox"/>	9 <input type="checkbox"/>	31
<b>j. You lacked transportation that you were able to get to and use?</b> .....	<b>j.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32
<b>k. There were no appropriate jobs available?</b> .....	<b>k.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33
<b>11. Do you think you will look for work at any time in the next six months?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			34
<b>12. In order to work, would you NEED any of these special features at your worksite —</b>				
	Yes	No	DK	
<b>a. Handrails or ramps?</b> .....	<b>a.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	35
<b>b. Accessible parking or an accessible transportation stop close to the building?</b> .....	<b>b.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	36
<b>c. An elevator?</b> .....	<b>c.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	37
<b>d. An elevator designed for persons with special needs?</b> .....	<b>d.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	38
<b>e. A work station specially adapted for your use?</b> .....	<b>e.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	39
<b>f. A restroom designed for persons with special needs?</b> .....	<b>f.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	40
<b>g. An automatic door?</b> .....	<b>g.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41

Notes

<b>Section D – WORK HISTORY/EMPLOYMENT – Continued</b>			
<b>13a. Because of an ongoing health problem, impairment, or disability, would you NEED any (other) special equipment, assistance or work arrangement in order to do your job?</b>		1 <input type="checkbox"/> Yes (Go to 13b) 2 <input type="checkbox"/> No } (Skip to 14) 9 <input type="checkbox"/> DK }	42
<b>b. In order to work, would you NEED —</b>	Yes      No      DK		
<b>(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?</b>	<b>(1)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		43
<b>(2) Braille, enlarged print, special lighting or audio tape?</b>	<b>(2)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		44
<b>(3) A reader, oral or sign language interpreter to assist you at work?</b>	<b>(3)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		45
<b>(4) A job coach to help train you and supervise your work?</b>	<b>(4)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		46
<b>(5) A personal assistant to help with job related activities?</b>	<b>(5)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		47
<b>(6) Special pens or pencils, chairs, or other office supplies?</b>	<b>(6)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		48
<b>(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?</b>	<b>(7)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		49
<b>(8) Reduced work hours to allow for more breaks or rest periods?</b>	<b>(8)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		50
<b>(9) Reduced or part-time work hours?</b>	<b>(9)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		51
<b>(10) Some other equipment, help, or work arrangements?</b>	<b>(10)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		52
<b>14. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</b>		1 <input type="checkbox"/> Yes (Go to 15) 2 <input type="checkbox"/> No } (Skip to Section E on page 31) 9 <input type="checkbox"/> DK }	53
<b>15. How many days did you do volunteer work in the past 12 months?</b>		_____ (Days) { 1 <input type="checkbox"/> Per week 2 <input type="checkbox"/> Per month 3 <input type="checkbox"/> Per year } (Skip to Section E on page 31) 9999 <input type="checkbox"/> DK	54-57
<b>16. Do you NOW work at a job or business?</b>		1 <input type="checkbox"/> Yes (Go to 17) 2 <input type="checkbox"/> No } (Skip to 37 on page 22) 9 <input type="checkbox"/> DK }	58
<b>17. Are you limited in the kind or amount of work you can do because of an ongoing health problem, impairment, or disability?</b>		1 <input type="checkbox"/> Yes (Go to 18) 2 <input type="checkbox"/> No } (Skip to 27 on page 20) 9 <input type="checkbox"/> DK }	59
<b>18. About how many hours a week do you usually work at your current job?</b> <i>(Note: If more than one job, include all jobs.)</i>		_____ Hours per week (Number) 99 <input type="checkbox"/> DK	60-61
<b>19. Because of an ongoing health problem, impairment or disability have you EVER changed —</b>	Yes      No      DK		
<b>a. The KIND of work you do?</b>	<b>a.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		62
<b>b. The AMOUNT of work you do?</b>	<b>b.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		63
<b>c. Your job?</b>	<b>c.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		64
<b>20a. Does an ongoing health problem, impairment or disability now make it difficult for you to change jobs?</b>		1 <input type="checkbox"/> Yes (Go to 20b) 2 <input type="checkbox"/> No } (Skip to 21 on page 19) 9 <input type="checkbox"/> DK }	65
<b>b. Would you say very difficult or somewhat difficult?</b>		1 <input type="checkbox"/> Very difficult 2 <input type="checkbox"/> Somewhat difficult 9 <input type="checkbox"/> DK	66

**Section D – WORK HISTORY/EMPLOYMENT – Continued**

**21a. Does an ongoing health problem, impairment, or disability make it difficult for you to advance at your present job?** 67

1  Yes (Go to 21b)  
 2  No } (Skip to 22)  
 9  DK }

**b. Would you say very difficult or somewhat difficult?** 68

1  Very difficult  
 2  Somewhat difficult  
 9  DK

Ask all of 22a(1)–(7) before going to 22b. Ask for each "Yes" in 22a.

	Yes	No	DK			Yes	No	DK		
<b>22a. In order to work, would you NEED any of these special features at your worksite, regardless of whether or not you actually have them —</b>						<b>b. Do you have (feature) at work?</b>				
<b>(1) Handrails or ramps? .....</b>	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	69		(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	70	
<b>(2) Accessible parking or an accessible transportation stop close to the building? .....</b>	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	71		(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	72	
<b>(3) An elevator? .....</b>	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	73		(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	74	
<b>(4) An elevator designed for persons with special needs? .....</b>	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	75		(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	76	
<b>(5) A work station specially adapted for your use? .....</b>	(5) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	77		(5) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	78	
<b>(6) A restroom designed for persons with special needs? .....</b>	(6) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	79		(6) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	80	
<b>(7) An automatic door? .....</b>	(7) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	81		(7) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	82	

**23a. Because of an ongoing health problem, impairment, or disability, do you NEED any (other) special equipment, assistance or work arrangements in order to do your job?** 83

1  Yes (Go to 23b)  
 2  No } (Skip to 24a on page 20)  
 9  DK }

Ask all of 23b(1)–(10) before going to 23c. Ask for each "Yes" in 23b.

	Yes	No	DK			Yes	No	DK		
<b>b. In order to work, do you NEED —</b>						<b>c. Do you have ("Yes" response) at work?</b>				
<b>(1) A voice synthesizer, telecommunications device for the deaf (T.D.D.), infrared system, or other technical devices? .....</b>	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	84		(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	85	
<b>(2) Braille, enlarged print, special lighting or audio tape? .....</b>	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	86		(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	87	
<b>(3) A reader, oral or sign language interpreter to assist you at work? .....</b>	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	88		(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	89	
<b>(4) A job coach to help train you and supervise your work? .....</b>	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	90		(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	91	
<b>(5) A personal assistant to help you with job related activities? .....</b>	(5) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	92		(5) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	93	
<b>(6) Special pens or pencils, chairs, or other office supplies? .....</b>	(6) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	94		(6) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	95	
<b>(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks? .....</b>	(7) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	96		(7) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	97	
<b>(8) Reduced work hours to allow for more breaks or rest periods? .....</b>	(8) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	98		(8) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	99	
<b>(9) Reduced or part-time work hours? .....</b>	(9) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	100		(9) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	101	
<b>(10) Some other equipment, help, or work arrangements? .....</b>	(10) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	102		(10) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	103	

Notes

<b>Section D – WORK HISTORY/EMPLOYMENT – Continued</b>		RT 50 3-4
<p><b>24a. How do you USUALLY get to work?</b></p> <p><i>Read list if necessary.</i></p> <p><i>Mark (X) all that apply.</i></p>	<p>01 <input type="checkbox"/> Car</p> <p>02 <input type="checkbox"/> Work at home</p> <p>03 <input type="checkbox"/> Rapid transit, subway, metro or regular bus</p> <p>04 <input type="checkbox"/> Specialized bus or van service for persons with disabilities</p> <p>05 <input type="checkbox"/> Commuter train</p> <p>06 <input type="checkbox"/> Taxi</p> <p>07 <input type="checkbox"/> Bicycle</p> <p>08 <input type="checkbox"/> Walk</p> <p>09 <input type="checkbox"/> Scooter/wheelchair</p> <p>10 <input type="checkbox"/> Other</p> <p>99 <input type="checkbox"/> DK</p>	<p>5-6</p> <p>7-8</p> <p>9-10</p> <p>11-12</p> <p>13-14</p> <p>15-16</p> <p>17-18</p> <p>19-20</p> <p>21-22</p> <p>23-24</p> <p>25-26</p>
<p><i>Ask 24b only if box 01 marked in 24a; otherwise, skip to 25.</i></p> <p><b>b. Who USUALLY drives this car?</b></p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Self</p> <p>2 <input type="checkbox"/> Other family member</p> <p>3 <input type="checkbox"/> Carpool</p> <p>4 <input type="checkbox"/> Other</p> <p>9 <input type="checkbox"/> DK</p>	<p>27</p>
<p><b>25. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment, or disability?</b></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Not sure</p> <p>9 <input type="checkbox"/> DK</p>	<p>28</p>
<p><b>26a. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —</b></p>	<p style="text-align: center;">Yes      No      DK</p>	
<p><b>(1) Refused employment?</b> .....</p>	<p><b>(1)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>29</p>
<p><b>(2) Refused a promotion?</b> .....</p>	<p><b>(2)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>30</p>
<p><b>(3) Refused a transfer?</b> .....</p>	<p><b>(3)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>31</p>
<p><b>(4) Refused access to training programs?</b> .....</p>	<p><b>(4)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>32</p>
<p><b>b. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</b></p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 26c)</i></p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK } <i>(Skip to Section E on page 31)</i></p>	<p>33</p>
<p><b>c. How many days did you do volunteer work in the past 12 months?</b></p>	<p>(Days) { 1 <input type="checkbox"/> Per week</p> <p style="margin-left: 20px;">2 <input type="checkbox"/> Per month</p> <p style="margin-left: 20px;">3 <input type="checkbox"/> Per year } <i>(Skip to Section E on page 31)</i></p> <p>9999 <input type="checkbox"/> DK</p>	<p>34-37</p>
<p><b>27. About how many hours a week do you work at your current job?</b></p> <p><i>Note: If more than one job, include all jobs.</i></p>	<p>_____ Hours per week</p> <p>(Number)</p> <p>99 <input type="checkbox"/> DK</p>	<p>38-39</p>
<p><b>28. Because of an ongoing health problem, impairment or disability have you EVER changed —</b></p>	<p style="text-align: center;">Yes      No      DK</p>	
<p><b>a. The KIND of work you do?</b> .....</p>	<p><b>a.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>40</p>
<p><b>b. The AMOUNT of work you do?</b> .....</p>	<p><b>b.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>41</p>
<p><b>c. Your job?</b> .....</p>	<p><b>c.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>42</p>
<p><b>29a. Does an ongoing health problem, impairment or disability now make it difficult for you to change jobs?</b></p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 29b)</i></p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK } <i>(Skip to 30 on page 21)</i></p>	<p>43</p>
<p><b>b. Would you say very difficult or somewhat difficult?</b></p>	<p>1 <input type="checkbox"/> Very difficult</p> <p>2 <input type="checkbox"/> Somewhat difficult</p> <p>9 <input type="checkbox"/> DK</p>	<p>44</p>
<p>Notes</p>		

**Section D – WORK HISTORY/EMPLOYMENT – Continued**

<b>30a. Does an ongoing health problem, impairment, or disability make it difficult for you to advance at your present job?</b>	<input type="checkbox"/> Yes (Go to 30b) <input type="checkbox"/> No } (Skip to 31) <input type="checkbox"/> DK }	45
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<b>b. Would you say very difficult or somewhat difficult?</b>	<input type="checkbox"/> Very difficult <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> DK	46
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<i>Ask all of 32a(1)–(7) before going to 32b.</i>	<i>Ask for each "Yes" in 31a.</i>																																																																																
<b>31a. In order to work, do you NEED any of these special features at your worksite, regardless of whether or not you actually have them —</b>	<b>b. Do you have (feature) at work?</b>																																																																																
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;"></th> <th style="width:10%;">Yes</th> <th style="width:10%;">No</th> <th style="width:10%;">DK</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td><b>(1) Handrails or ramps?</b> .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">47</td> </tr> <tr> <td><b>(2) Accessible parking or an accessible transportation stop close to the building?</b> .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">49</td> </tr> <tr> <td><b>(3) An elevator?</b> .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">51</td> </tr> <tr> <td><b>(4) An elevator designed for persons with special needs?</b> .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">53</td> </tr> <tr> <td><b>(5) A work station specially adapted for your use?</b> .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">55</td> </tr> <tr> <td><b>(6) A restroom designed for persons with special needs?</b> .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">57</td> </tr> <tr> <td><b>(7) An automatic door?</b> .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">59</td> </tr> </tbody> </table>		Yes	No	DK		<b>(1) Handrails or ramps?</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	<b>(2) Accessible parking or an accessible transportation stop close to the building?</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	<b>(3) An elevator?</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51	<b>(4) An elevator designed for persons with special needs?</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53	<b>(5) A work station specially adapted for your use?</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55	<b>(6) A restroom designed for persons with special needs?</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57	<b>(7) An automatic door?</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59	<table style="width:100%; 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<b>32. Because of an ongoing health problem, impairment, or disability, do you need any (other) special equipment, assistance or work arrangements in order to do your job?</b>	<input type="checkbox"/> Yes (Go to 33) <input type="checkbox"/> No } (Skip to 34a on page 22) <input type="checkbox"/> DK }	61
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<i>Ask all of 33a(1)–(10) before going to 33b.</i>	<i>Ask for each "Yes" in 33a.</i>																																																																																																														
<b>33a. In order to work, do you NEED —</b>	<b>b. Do you have ("Yes" response) at work?</b>																																																																																																														
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<b>(8)</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77																																																																																																											
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<b>(10)</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	81																																																																																																											

Notes

<b>Section D - WORK HISTORY/EMPLOYMENT - Continued</b>																																														
<p><b>34a. How do you USUALLY get to work?</b></p> <p><i>Read list if necessary.</i></p> <p><i>Mark (X) all that apply.</i></p> <p style="text-align: center; margin-top: 20px;">-----</p> <p><i>Ask 34b only if box 01 marked in 34a; otherwise, skip to 35.</i></p> <p><b>b. Who USUALLY drives this car?</b></p> <p><i>Mark (X) only one.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;"><input type="checkbox"/> 01 Car</td><td style="width: 20%; text-align: right;"><b>82-83</b></td></tr> <tr><td><input type="checkbox"/> 02 Work at home</td><td style="text-align: right;"><b>84-85</b></td></tr> <tr><td><input type="checkbox"/> 03 Rapid transit, subway, metro or regular bus</td><td style="text-align: right;"><b>86-87</b></td></tr> <tr><td><input type="checkbox"/> 04 Specialized bus, van, or taxi service for persons with disabilities</td><td style="text-align: right;"><b>88-89</b></td></tr> <tr><td><input type="checkbox"/> 05 Commuter train</td><td style="text-align: right;"><b>90-91</b></td></tr> <tr><td><input type="checkbox"/> 06 Regular taxi</td><td style="text-align: right;"><b>92-93</b></td></tr> <tr><td><input type="checkbox"/> 07 Bicycle</td><td style="text-align: right;"><b>94-95</b></td></tr> <tr><td><input type="checkbox"/> 08 Walk</td><td style="text-align: right;"><b>96-97</b></td></tr> <tr><td><input type="checkbox"/> 09 Scooter/wheelchair</td><td style="text-align: right;"><b>98-99</b></td></tr> <tr><td><input type="checkbox"/> 10 Other</td><td style="text-align: right;"><b>100-101</b></td></tr> <tr><td><input type="checkbox"/> 99 DK</td><td style="text-align: right;"><b>102-103</b></td></tr> <tr><td colspan="2" style="border-top: 1px dashed black; height: 10px;"></td></tr> <tr><td><input type="checkbox"/> 1 Self</td><td style="text-align: right;"><b>104</b></td></tr> <tr><td><input type="checkbox"/> 2 Other family member</td><td></td></tr> <tr><td><input type="checkbox"/> 3 Carpool</td><td></td></tr> <tr><td><input type="checkbox"/> 4 Other</td><td></td></tr> <tr><td><input type="checkbox"/> 9 DK</td><td></td></tr> </table>	<input type="checkbox"/> 01 Car	<b>82-83</b>	<input type="checkbox"/> 02 Work at home	<b>84-85</b>	<input type="checkbox"/> 03 Rapid transit, subway, metro or regular bus	<b>86-87</b>	<input type="checkbox"/> 04 Specialized bus, van, or taxi service for persons with disabilities	<b>88-89</b>	<input type="checkbox"/> 05 Commuter train	<b>90-91</b>	<input type="checkbox"/> 06 Regular taxi	<b>92-93</b>	<input type="checkbox"/> 07 Bicycle	<b>94-95</b>	<input type="checkbox"/> 08 Walk	<b>96-97</b>	<input type="checkbox"/> 09 Scooter/wheelchair	<b>98-99</b>	<input type="checkbox"/> 10 Other	<b>100-101</b>	<input type="checkbox"/> 99 DK	<b>102-103</b>			<input type="checkbox"/> 1 Self	<b>104</b>	<input type="checkbox"/> 2 Other family member		<input type="checkbox"/> 3 Carpool		<input type="checkbox"/> 4 Other		<input type="checkbox"/> 9 DK												
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<p><b>35. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment, or disability?</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;"><input type="checkbox"/> 1 Yes</td><td style="width: 20%; text-align: right;"><b>105</b></td></tr> <tr><td><input type="checkbox"/> 2 No</td><td></td></tr> <tr><td><input type="checkbox"/> 3 Not sure</td><td></td></tr> <tr><td><input type="checkbox"/> 9 DK</td><td></td></tr> </table>	<input type="checkbox"/> 1 Yes	<b>105</b>	<input type="checkbox"/> 2 No		<input type="checkbox"/> 3 Not sure		<input type="checkbox"/> 9 DK																																						
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<input type="checkbox"/> 3 Not sure																																														
<input type="checkbox"/> 9 DK																																														
<p><b>36a. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —</b></p> <p><b>(1) Refused employment?</b> .....</p> <p><b>(2) Refused a promotion?</b> .....</p> <p><b>(3) Refused a transfer?</b> .....</p> <p><b>(4) Refused access to training programs?</b> .....</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">Yes</th> <th style="width: 15%;">No</th> <th style="width: 15%;">DK</th> <th style="width: 45%;"></th> </tr> </thead> <tbody> <tr> <td><b>(1)</b></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="text-align: right;"><b>106</b></td> </tr> <tr> <td><b>(2)</b></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="text-align: right;"><b>107</b></td> </tr> <tr> <td><b>(3)</b></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="text-align: right;"><b>108</b></td> </tr> <tr> <td><b>(4)</b></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="text-align: right;"><b>109</b></td> </tr> <tr><td colspan="5" style="border-top: 1px dashed black; height: 10px;"></td></tr> <tr> <td><b>b. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</b></td> <td colspan="4" style="padding-left: 20px;"> <input type="checkbox"/> 1 Yes <i>(Go to 36c)</i>  <input type="checkbox"/> 2 No } <i>(Skip to Section E on page 31)</i>  <input type="checkbox"/> 9 DK }         </td> </tr> <tr><td colspan="5" style="border-top: 1px dashed black; height: 10px;"></td></tr> <tr> <td><b>c. How many days did you do volunteer work in the past 12 months?</b></td> <td colspan="4" style="padding-left: 20px;">           _____            (Days) { <input type="checkbox"/> 1 Per week                      <input type="checkbox"/> 2 Per month                      <input type="checkbox"/> 3 Per year } <i>(Skip to Section E on page 31)</i>            9999 <input type="checkbox"/> DK         </td> </tr> </tbody> </table>		Yes	No	DK		<b>(1)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>106</b>	<b>(2)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>107</b>	<b>(3)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>108</b>	<b>(4)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>109</b>						<b>b. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</b>	<input type="checkbox"/> 1 Yes <i>(Go to 36c)</i> <input type="checkbox"/> 2 No } <i>(Skip to Section E on page 31)</i> <input type="checkbox"/> 9 DK }									<b>c. How many days did you do volunteer work in the past 12 months?</b>	_____ (Days) { <input type="checkbox"/> 1 Per week <input type="checkbox"/> 2 Per month <input type="checkbox"/> 3 Per year } <i>(Skip to Section E on page 31)</i> 9999 <input type="checkbox"/> DK			
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<b>(1)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>106</b>																																										
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<b>b. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</b>	<input type="checkbox"/> 1 Yes <i>(Go to 36c)</i> <input type="checkbox"/> 2 No } <i>(Skip to Section E on page 31)</i> <input type="checkbox"/> 9 DK }																																													
<b>c. How many days did you do volunteer work in the past 12 months?</b>	_____ (Days) { <input type="checkbox"/> 1 Per week <input type="checkbox"/> 2 Per month <input type="checkbox"/> 3 Per year } <i>(Skip to Section E on page 31)</i> 9999 <input type="checkbox"/> DK																																													
<p><b>37. Are you looking for work or on layoff from a job?</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;"><input type="checkbox"/> 1 Yes <i>(Go to 38)</i></td><td style="width: 20%; text-align: right;"><b>115</b></td></tr> <tr><td><input type="checkbox"/> 2 No</td><td></td></tr> <tr><td><input type="checkbox"/> 9 DK</td><td></td></tr> </table>	<input type="checkbox"/> 1 Yes <i>(Go to 38)</i>	<b>115</b>	<input type="checkbox"/> 2 No		<input type="checkbox"/> 9 DK																																								
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<input type="checkbox"/> 2 No																																														
<input type="checkbox"/> 9 DK																																														
<p><b>38. Are you limited in the kind or amount of work you can do because of an ongoing health problem, impairment, or disability?</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;"><input type="checkbox"/> 1 Yes <i>(Go to 39)</i></td><td style="width: 20%; text-align: right;"><b>116</b></td></tr> <tr><td><input type="checkbox"/> 2 No</td><td></td></tr> <tr><td><input type="checkbox"/> 9 DK</td><td></td></tr> </table>	<input type="checkbox"/> 1 Yes <i>(Go to 39)</i>	<b>116</b>	<input type="checkbox"/> 2 No		<input type="checkbox"/> 9 DK																																								
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<input type="checkbox"/> 2 No																																														
<input type="checkbox"/> 9 DK																																														
<p><b>39. In what year did you stop working at your last job?</b></p>	<p style="text-align: center;"><b>19</b> _____ Year</p> <p>99 <input type="checkbox"/> DK</p>																																													
<p><b>40. Does an ongoing health problem, impairment or disability make it difficult for you to look for work?</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;"><input type="checkbox"/> 1 Yes</td><td style="width: 20%; text-align: right;"><b>119</b></td></tr> <tr><td><input type="checkbox"/> 2 No</td><td></td></tr> <tr><td><input type="checkbox"/> 9 DK</td><td></td></tr> </table>	<input type="checkbox"/> 1 Yes	<b>119</b>	<input type="checkbox"/> 2 No		<input type="checkbox"/> 9 DK																																								
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<p>Notes</p>																																														

RT 51  
3-4

**Section D - WORK HISTORY/EMPLOYMENT - Continued**

41. Some people have encountered barriers which have discouraged them from looking for work. Did you not look for work because you were concerned that —		Yes	No	DK	
a. You would lose your SSI, SSDI, or other sources of income if you went to work? .....	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	5
b. You would lose your housing if you went to work? .....	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	6
c. You would lose your health insurance or Medicaid coverage if you went to work? .....	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	7
d. Your family or friends discouraged you from going to work? .....	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8
e. Family responsibilities prevented you from going to work? .....	e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9
f. Appropriate information about jobs was not available to you? .....	f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	10
g. If you went to work you would be refused a promotion or transfer? .....	g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11
h. If you went to work, you would be refused access to training? .....	h.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12
i. Your training was not adequate? .....	i.	1 <input type="checkbox"/>	<input type="checkbox"/>	9 <input type="checkbox"/>	13
j. You lacked transportation that you were able to get to and use? .....	j.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14
k. There were no appropriate jobs available? .....	k.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	15
42. In order to work, would you NEED any of these special features at your worksite —		Yes	No	DK	
a. Handrails or ramps? .....	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	16
b. Accessible parking or an accessible transportation stop close to the building? .....	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	17
c. An elevator? .....	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	18
d. An elevator designed for persons with special needs? .....	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	19
e. A work station specially adapted for your use? .....	e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	20
f. A restroom designed for persons with special needs? .....	f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	21
g. An automatic door? .....	g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	22

Notes

<b>Section D – WORK HISTORY/EMPLOYMENT – Continued</b>		23
<b>43a. Because of an ongoing health problem, impairment, or disability, would you NEED any (other) special equipment, assistance or work arrangement in order to do your job?</b>	1 <input type="checkbox"/> Yes (Go to 43b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Item D1)	
-----		
<b>b. In order to work, would you NEED —</b>	Yes    No    DK	
<b>(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?</b>	<b>(1)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	24
<b>(2) Braille, enlarged print, special lighting, or audio tape?</b>	<b>(2)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	25
<b>(3) A reader, oral or sign language interpreter to assist you at work?</b>	<b>(3)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	26
<b>(4) A job coach to help train you and supervise your work?</b>	<b>(4)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	27
<b>(5) A personal assistant to help with job related activities?</b>	<b>(5)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	28
<b>(6) Special pens or pencils, chairs, or other office supplies?</b>	<b>(6)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	29
<b>(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?</b>	<b>(7)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	30
<b>(8) Reduced work hours to allow for more breaks or rest periods?</b>	<b>(8)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	31
<b>(9) Reduced or part-time work hours?</b>	<b>(9)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	32
<b>(10) Some other equipment, help, or work arrangements?</b>	<b>(10)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	33
<b>ITEM D1</b>	Refer to question 39 on page 22. (Year last worked)	1 <input type="checkbox"/> 1989 or after (Go to 44) 2 <input type="checkbox"/> Before 1989 (Skip to 46) 9 <input type="checkbox"/> DK (Go to 44)
<b>44. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment, or disability?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not sure 9 <input type="checkbox"/> DK	35
<b>45. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —</b>	Yes    No    DK	
<b>a. Refused employment?</b>	<b>a.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	36
<b>b. Refused a promotion?</b>	<b>b.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	37
<b>c. Refused a transfer?</b>	<b>c.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	38
<b>d. Refused access to training programs?</b>	<b>d.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	39
<b>46. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</b>	1 <input type="checkbox"/> Yes (Go to 47) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Section E on page 31)	40
<b>47. How many days did you do volunteer work in the past 12 months?</b>	_____ (Days)    { 1 <input type="checkbox"/> Per week { 2 <input type="checkbox"/> Per month { 3 <input type="checkbox"/> Per year } (Skip to Section E on page 31)	41-44
9999 <input type="checkbox"/> DK		
<b>48. In what year did you stop working at your last job?</b>	19 _____ Year	45-46
99 <input type="checkbox"/> DK		
<b>49. Does an ongoing health problem, impairment, or disability now make it difficult for you to look for work?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	47

<b>Section D – WORK HISTORY/EMPLOYMENT – Continued</b>					
<b>ITEM D2</b>	Refer to question 48 on page 24. (Year last worked)	<input type="checkbox"/> 1989 or after (Go to 50) <input type="checkbox"/> Before 1989 (Skip to 52) <input type="checkbox"/> DK (Go to 50)			
<b>50. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment or disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> DK	<b>48</b>			
<b>51. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —</b>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; padding: 0 10px;">Yes</td> <td style="text-align: center; padding: 0 10px;">No</td> <td style="text-align: center; padding: 0 10px;">DK</td> </tr> </table>	Yes	No	DK	<b>49</b>
Yes	No	DK			
<b>a. Refused employment?</b> .....	<b>a.</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<b>50</b>			
<b>b. Refused a promotion?</b> .....	<b>b.</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<b>51</b>			
<b>c. Refused a transfer?</b> .....	<b>c.</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<b>52</b>			
<b>d. Refused access to training programs?</b> .....	<b>d.</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<b>53</b>			
<b>52. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</b>	<input type="checkbox"/> Yes (Go to 53) <input type="checkbox"/> No <input type="checkbox"/> DK } (Skip to Section E on page 31)	<b>54</b>			
<b>53. How many days did you do volunteer work in the past 12 months?</b>	_____ (Days) { <input type="checkbox"/> Per week <input type="checkbox"/> Per month <input type="checkbox"/> Per year } (Skip to Section E on page 31) 9999 <input type="checkbox"/> DK	<b>55-58</b>			
<b>54a. Have you retired on disability?</b>	<input type="checkbox"/> Yes (Go to 54b) <input type="checkbox"/> No <input type="checkbox"/> DK } (Skip to 57)	<b>59</b>			
<b>b. How old were you when you retired on disability?</b>	_____ Age 99 <input type="checkbox"/> DK	<b>60-61</b>			
<b>c. If enough accommodations were made at the work place or in transportation, would you have been able to continue working?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (Go to 55)	<b>62</b>			
<b>55. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</b>	<input type="checkbox"/> Yes (Go to 56) <input type="checkbox"/> No <input type="checkbox"/> DK } (Skip to Section E on page 31)	<b>63</b>			
<b>56. How many days did you do volunteer work in the past 12 months?</b>	_____ (Days) { <input type="checkbox"/> Per week <input type="checkbox"/> Per month <input type="checkbox"/> Per year } (Skip to Section E on page 31) 9999 <input type="checkbox"/> DK	<b>64-67</b>			
<b>57a. Have you retired from a job or business?</b>	<input type="checkbox"/> Yes (Go to 57b) <input type="checkbox"/> No <input type="checkbox"/> DK } (Skip to 61 on page 26)	<b>68</b>			
<b>b. How old were you when you retired the last time?</b>	_____ Age 99 <input type="checkbox"/> DK	<b>69-70</b>			
<b>58. Did you retire because of an ongoing health problem, impairment, or disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<b>71</b>			
<b>59. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</b>	<input type="checkbox"/> Yes (Go to 60 on page 26) <input type="checkbox"/> No <input type="checkbox"/> DK } (Skip to Section E on page 31)	<b>72</b>			

<b>Section D – WORK HISTORY/EMPLOYMENT – Continued</b>																																																															
<b>60. How many days did you do volunteer work in the past 12 months?</b>		_____ { <input type="checkbox"/> Per week (Days) { <input type="checkbox"/> Per month { <input type="checkbox"/> Per year } (Skip to Section E on page 31) 9999 <input type="checkbox"/> DK	73-76																																																												
<b>61. Does an ongoing health problem, impairment, or disability ENTIRELY prevent you from working?</b>		<input type="checkbox"/> Yes (Go to 62) <input type="checkbox"/> No } (Skip to 73 on page 27) <input type="checkbox"/> DK	77																																																												
<b>62. If enough accommodations were made in transportation and at the work place, would you be able to work?</b>		<input type="checkbox"/> Yes (Go to 63) <input type="checkbox"/> No } (Skip to 71 on page 27) <input type="checkbox"/> DK	78																																																												
<b>63. In what year did you last work at a job or business, even for a few days?</b>		19 ____ Year 99 <input type="checkbox"/> DK	79-80																																																												
<b>64. Does an ongoing health problem impairment or disability now make it difficult for you to look for work?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	81																																																												
<b>65. Some people have encountered barriers which have discouraged them from looking for work. Did you not look for work because you were concerned that —</b>		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">DK</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 2px 5px;"><b>a. You would lose your SSI, SSDI, or other sources of income if you went to work? .....</b></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; padding: 2px 5px;">82</td> </tr> <tr> <td style="padding: 2px 5px;"><b>b. You would lose your housing if you went to work? .....</b></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; padding: 2px 5px;">83</td> </tr> <tr> <td style="padding: 2px 5px;"><b>c. You would lose your health insurance or Medicaid coverage if you went to work? .....</b></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; padding: 2px 5px;">84</td> </tr> <tr> <td style="padding: 2px 5px;"><b>d. Your family or friends discouraged you from going to work? .....</b></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; padding: 2px 5px;">85</td> </tr> <tr> <td style="padding: 2px 5px;"><b>e. Family responsibilities prevented you from going to work? .....</b></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; padding: 2px 5px;">86</td> </tr> <tr> <td style="padding: 2px 5px;"><b>f. Appropriate information about jobs was not available to you? .....</b></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; padding: 2px 5px;">87</td> </tr> <tr> <td style="padding: 2px 5px;"><b>g. If you went to work you would be refused a promotion or transfer? .....</b></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; padding: 2px 5px;">88</td> </tr> <tr> <td style="padding: 2px 5px;"><b>h. 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You would lose your housing if you went to work? .....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	83	<b>c. You would lose your health insurance or Medicaid coverage if you went to work? .....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	84	<b>d. Your family or friends discouraged you from going to work? .....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	85	<b>e. Family responsibilities prevented you from going to work? .....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	86	<b>f. Appropriate information about jobs was not available to you? .....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	87	<b>g. If you went to work you would be refused a promotion or transfer? .....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	88	<b>h. 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<b>k. There were no appropriate jobs available? .....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	92																																																											
<b>66. Do you think you will look for work at any time in the next six months?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	93																																																												
<b>67. In order to work, would you NEED any of these special features at your worksite —</b>		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">DK</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 2px 5px;"><b>a. Handrails or ramps? .....</b></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; padding: 2px 5px;">94</td> </tr> <tr> <td style="padding: 2px 5px;"><b>b. Accessible parking or an accessible transportation stop close to the building? .....</b></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; padding: 2px 5px;">95</td> </tr> <tr> <td style="padding: 2px 5px;"><b>c. An elevator? .....</b></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; padding: 2px 5px;">96</td> </tr> <tr> <td style="padding: 2px 5px;"><b>d. An elevator designed for persons with special needs? .....</b></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; padding: 2px 5px;">97</td> </tr> <tr> <td style="padding: 2px 5px;"><b>e. A work station specially adapted for your use? .....</b></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; padding: 2px 5px;">98</td> </tr> <tr> <td style="padding: 2px 5px;"><b>f. A restroom designed for persons with special needs? .....</b></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; padding: 2px 5px;">99</td> </tr> <tr> <td style="padding: 2px 5px;"><b>g. An automatic door? .....</b></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; padding: 2px 5px;">100</td> </tr> </tbody> </table>		Yes	No	DK		<b>a. Handrails or ramps? .....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	94	<b>b. Accessible parking or an accessible transportation stop close to the building? .....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	95	<b>c. An elevator? .....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	96	<b>d. An elevator designed for persons with special needs? .....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	97	<b>e. A work station specially adapted for your use? .....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	98	<b>f. A restroom designed for persons with special needs? .....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	99	<b>g. An automatic door? .....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	100																					
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<b>Section D – WORK HISTORY/EMPLOYMENT – Continued</b>		RT 52			
		3-4			
<b>68a. Because of an ongoing health problem, impairment, or disability, would you NEED any (other) special equipment, assistance or work arrangement in order to do your job?</b>	1 <input type="checkbox"/> Yes ( <i>Go to 68b</i> ) 2 <input type="checkbox"/> No } ( <i>Skip to Item D3</i> ) 9 <input type="checkbox"/> DK }	5			
-----					
<b>b. In order to work, would you NEED —</b>					
<b>(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?</b>	Yes    No    DK <b>(1)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	6			
<b>(2) Braille, enlarged print, special lighting, or audio tape?</b>	<b>(2)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	7			
<b>(3) A reader, oral or sign language interpreter to assist you at work?</b>	<b>(3)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	8			
<b>(4) A job coach to help train you and supervise your work?</b>	<b>(4)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	9			
<b>(5) A personal assistant to help with job related activities?</b>	<b>(5)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	10			
<b>(6) Special pens or pencils, chairs, or other office supplies?</b>	<b>(6)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	11			
<b>(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?</b>	<b>(7)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	12			
<b>(8) Reduced work hours to allow for more breaks or rest periods?</b>	<b>(8)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	13			
<b>(9) Reduced or part-time work hours?</b>	<b>(9)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	14			
<b>(10) Some other equipment, help, or work arrangements?</b>	<b>(10)</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	15			
-----					
<b>ITEM D3</b>	<i>Refer to question 63 on page 26. (Year last worked)</i>	1 <input type="checkbox"/> 1989 or after ( <i>Go to 69</i> ) 2 <input type="checkbox"/> Before 1989 ( <i>Skip to 71</i> ) 9 <input type="checkbox"/> DK ( <i>Go to 69</i> )			
-----					
<b>69. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment or disability?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not sure 9 <input type="checkbox"/> DK	17			
-----					
<b>70. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —</b>	Yes    No    DK				
<b>a. Refused employment?</b>	<b>a.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	18			
<b>b. Refused a promotion?</b>	<b>b.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	19			
<b>c. Refused a transfer?</b>	<b>c.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	20			
<b>d. Refused access to training programs?</b>	<b>d.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	21			
-----					
<b>71. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</b>	1 <input type="checkbox"/> Yes ( <i>Go to 72</i> ) 2 <input type="checkbox"/> No } ( <i>Skip to Section E on page 31</i> ) 9 <input type="checkbox"/> DK }	22			
-----					
<b>72. How many days did you do volunteer work in the past 12 months?</b>	_____ (Days) { <table style="display: inline-table; vertical-align: middle;"> <tr><td>1 <input type="checkbox"/> Per week</td></tr> <tr><td>2 <input type="checkbox"/> Per month</td></tr> <tr><td>3 <input type="checkbox"/> Per year</td></tr> </table> } ( <i>Skip to Section E on page 31</i> )  9999 <input type="checkbox"/> DK	1 <input type="checkbox"/> Per week	2 <input type="checkbox"/> Per month	3 <input type="checkbox"/> Per year	23-26
1 <input type="checkbox"/> Per week					
2 <input type="checkbox"/> Per month					
3 <input type="checkbox"/> Per year					
-----					
<b>73. Are you limited in the kind or amount of work you can do because of an ongoing health problem, impairment, or disability?</b>	1 <input type="checkbox"/> Yes ( <i>Go to 74</i> ) 2 <input type="checkbox"/> No } ( <i>Skip to 85 on page 29</i> ) 9 <input type="checkbox"/> DK }	27			
-----					
<b>74. If enough accommodations were made in transportation and at the work place, would you be able to work?</b>	1 <input type="checkbox"/> Yes ( <i>Go to 75 on page 28</i> ) 2 <input type="checkbox"/> No } ( <i>Skip to 83 on page 29</i> ) 9 <input type="checkbox"/> DK }	28			

<b>Section D – WORK HISTORY/EMPLOYMENT – Continued</b>			
<b>75. In what year did you last work at a job or business, even for a few days?</b>		19 ____ Year 99 <input type="checkbox"/> DK	29-30
<b>76. Does an ongoing health problem now make it difficult for you to look for work?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	31
<b>77. Some people have encountered barriers which have discouraged them from looking for work. Did you not look for work because you were concerned that —</b>		Yes      No      DK	
<b>a. You would lose your SSI, SSDI, or other sources of income if you went to work? .....</b>	<b>a.</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	32
<b>b. You would lose your housing if you went to work? .....</b>	<b>b.</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	33
<b>c. You would lose your health insurance or Medicaid coverage if you went to work? .....</b>	<b>c.</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	34
<b>d. Your family or friends discouraged you from going to work? .....</b>	<b>d.</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	35
<b>e. Family responsibilities prevented you from going to work? .....</b>	<b>e.</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	36
<b>f. Appropriate information about jobs was not available to you? .....</b>	<b>f.</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	37
<b>g. If you went to work you would be refused a promotion or transfer? .....</b>	<b>g.</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	38
<b>h. If you went to work, you would be refused access to training? .....</b>	<b>h.</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	39
<b>i. Your training was not adequate? .....</b>	<b>i.</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	40
<b>j. You lacked transportation that you were able to get to and use? .....</b>	<b>j.</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	41
<b>k. There were no appropriate jobs available? .....</b>	<b>k.</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	42
<b>78. Do you think you will look for work at any time in the next six months?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	43
<b>79. In order to work, would you NEED any of these special features at your worksite —</b>		Yes      No      DK	
<b>a. Handrails or ramps? .....</b>	<b>a.</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	44
<b>b. Accessible parking or an accessible transportation stop close to the building? .....</b>	<b>b.</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	45
<b>c. An elevator? .....</b>	<b>c.</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	46
<b>d. An elevator designed for persons with special needs? .....</b>	<b>d.</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	47
<b>e. A work station specially adapted for your use? .....</b>	<b>e.</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	48
<b>f. A restroom designed for persons with special needs? .....</b>	<b>f.</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	49
<b>g. An automatic door? .....</b>	<b>g.</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	50
Notes			

**Section D – WORK HISTORY/EMPLOYMENT – Continued**

<p><b>80a. Because of an ongoing health problem, impairment, or disability, would you NEED any (other) special equipment, assistance or work arrangement in order to do your job?</b></p>	<p>1 <input type="checkbox"/> Yes (Go to 80b)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (Skip to Item D4)</p>	51
<p><b>b. In order to work, would you NEED —</b></p>		
<p><b>(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?</b></p>	<p>Yes No DK</p> <p>(1) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	52
<p><b>(2) Braille, enlarged print, special lighting, or audio tape?</b></p>	<p>(2) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	53
<p><b>(3) A reader, oral or sign language interpreter to assist you at work?</b></p>	<p>(3) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	54
<p><b>(4) A job coach to help train you and supervise your work?</b></p>	<p>(4) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	55
<p><b>(5) A personal assistant to help with job related activities?</b></p>	<p>(5) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	56
<p><b>(6) Special pens or pencils, chairs, or other office supplies?</b></p>	<p>(6) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	57
<p><b>(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?</b></p>	<p>(7) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	58
<p><b>(8) Reduced work hours to allow for more breaks or rest periods?</b></p>	<p>(8) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	59
<p><b>(9) Reduced or part-time work hours?</b></p>	<p>(9) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	60
<p><b>(10) Some other equipment, help, or work arrangements?</b></p>	<p>(10) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	61
<p><b>ITEM D4</b></p> <p>Refer to question 75 on page 28. (Year last worked)</p>	<p>1 <input type="checkbox"/> 1989 or after (Go to 81)                  2 <input type="checkbox"/> Before 1989 (Skip to 83)                  9 <input type="checkbox"/> DK (Go to 81)</p>	62
<p><b>81. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment or disability?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  3 <input type="checkbox"/> Not sure                  9 <input type="checkbox"/> DK</p>	63
<p><b>82. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —</b></p>		
<p><b>a. Refused employment?</b></p>	<p>Yes No DK</p> <p>a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	64
<p><b>b. Refused a promotion?</b></p>	<p>b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	65
<p><b>c. Refused a transfer?</b></p>	<p>c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	66
<p><b>d. Refused access to training programs?</b></p>	<p>d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	67
<p><b>83. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</b></p>	<p>1 <input type="checkbox"/> Yes (Go to 84)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (Skip to Section E on page 31)</p>	68
<p><b>84. How many days did you do volunteer work in the past 12 months?</b></p>	<p>(Days) { 1 <input type="checkbox"/> Per week                  2 <input type="checkbox"/> Per month                  3 <input type="checkbox"/> Per year } (Skip to Section E on page 31)</p> <p>9999 <input type="checkbox"/> DK</p>	69-72
<p><b>85. Because of an ongoing health problem, impairment or disability have you EVER changed —</b></p>		
<p><b>a. The KIND of work you do?</b></p>	<p>Yes No DK</p> <p>a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	73
<p><b>b. The AMOUNT of work you do?</b></p>	<p>b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	74
<p><b>c. Your job?</b></p>	<p>c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	75



RT 53  
3-4

**Section E – VOCATIONAL REHABILITATION**

**READ:** These next questions are about vocational rehabilitation. Vocational rehabilitation services are designed to help people find a job, get back to work, or simply function better in their everyday activities.

Ask all of 1a(1)–(15) before going to 1b.

Ask for each "Yes" in 1a.

**1a. Have you ever received any of these vocational rehabilitation services?**

**b. Was the (service) arranged or provided by a state rehabilitation agency.**

	Yes	No	DK		Yes	No	DK	
(1) On-the-job training? .....	(1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	(1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6
(2) Job placement? .....	(2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	(2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
(3) Training in job seeking skills? .....	(3) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	(3) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
(4) Vocational or business school training? .....	(4) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	(4) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
(5) College or university training? .....	(5) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	(5) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
(6) Personal adjustment training? .....	(6) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	(6) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16
(7) Physical therapy? .....	(7) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	(7) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18
(8) Occupational therapy? .....	(8) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	(8) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
(9) Other medical treatment? .....	(9) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	(9) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22
(10) Special aids or technology such as wheelchairs, hearing aids, or computers? .....	(10) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	(10) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24
(11) Training in homemaking or in self-care? .....	(11) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	(11) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26
(12) Sheltered workshop? .....	(12) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	(12) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28
(13) Supported employment? .....	(13) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	(13) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
(14) Driver training? .....	(14) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	(14) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32
(15) Any other rehabilitation services? .....	(15) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	(15) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34

**ITEM E1**

Refer to question 1a.  
(Received rehabilitation services)

- Any "Yes" (Go to 2)
- All others (Skip to 4 on page 32)

35

**2. In what year did you LAST receive vocational rehabilitation services?**

- 19 \_\_\_\_ Year
- <sup>99</sup>  DK
- <sup>00</sup>  Now in rehabilitation program

36-37

**3. Have the vocational rehabilitation services you received —**

	Yes	No	DK	
<b>a. Helped you in getting a job?</b> .....	<b>a.</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38
<b>b. Helped you in getting a better job?</b> .....	<b>b.</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39
<b>c. Improved your ability to do your old job?</b> .....	<b>c.</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
<b>d. Improved your self-confidence and outlook?</b> .....	<b>d.</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41
<b>e. Improved your ability to get around?</b> .....	<b>e.</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42
<b>f. Improved your ability to take care of yourself?</b> .....	<b>f.</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43
<b>g. Improved your ability to take care of your home?</b> .....	<b>g.</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44
<b>h. Improved your communication skills?</b> .....	<b>h.</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45
<b>i. Helped you in some other way?</b> .....	<b>i.</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46

Notes

**Section E - VOCATIONAL REHABILITATION - Continued**

<b>4. Do you need (additional) vocational rehabilitation services?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	47
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<b>ITEM E2</b>	<i>Refer to SP's age.</i>	1 <input type="checkbox"/> 70+ (Skip to Section F on page 33) 2 <input type="checkbox"/> Under 70 (Go to 5)	48
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<i>HAND CARD A4. Ask all of 5a(1)-(12) before going to 5b.</i>		<i>Ask for each "Yes" in 5a.</i>	
<b>5a. Which of the following describe your current job or other activities?</b>		<b>5b. How many hours a week do you usually spend on (activity)?</b>	
<b>(1) COMPETITIVE EMPLOYMENT; that is working at a regular job or business for at least minimum wage?</b>	<b>(1)</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>(1)</b> 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> DK	49 <span style="float: right;">50-51</span>
<b>(2) Working with a paid JOB COACH?</b>	<b>(2)</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>(2)</b> 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> DK	52 <span style="float: right;">53-54</span>
<b>(3) A WORK CREW, which consists of people with disabilities working as a team to provide services such as janitorial or lawn care in the community?</b>	<b>(3)</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>(3)</b> 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> DK	55 <span style="float: right;">56-57</span>
<b>(4) AN ENCLAVE; that is, working in a group with disabled persons in a regular business?</b>	<b>(4)</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>(4)</b> 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> DK	58 <span style="float: right;">59-60</span>
<b>(5) Any other SUPPORTED EMPLOYMENT not listed above?</b>	<b>(5)</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>(5)</b> 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> DK	61 <span style="float: right;">62-63</span>
<b>(6) A SHELTERED WORKSHOP; that is, working for piece rate wages below minimum wage?</b>	<b>(6)</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>(6)</b> 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> DK	64 <span style="float: right;">65-66</span>
<b>(7) A WORK ACTIVITY CENTER that teaches independent living and work skills?</b>	<b>(7)</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>(7)</b> 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> DK	67 <span style="float: right;">68-69</span>
<b>(8) A DAY ACTIVITY CENTER that teaches independent living, non-vocational or pre-vocational skills, where one does not work or get paid?</b>	<b>(8)</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>(8)</b> 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> DK	70 <span style="float: right;">71-72</span>
<b>(9) ATTENDING SCHOOL?</b>	<b>(9)</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>(9)</b> 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> DK	73 <span style="float: right;">74-75</span>
<b>(10) A FORMAL JOB TRAINING PROGRAM, not yet mentioned?</b>	<b>(10)</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>(10)</b> 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> DK	76 <span style="float: right;">77-78</span>
<b>(11) VOLUNTEER WORK?</b>	<b>(11)</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>(11)</b> 00 <input type="checkbox"/> Less than 1 hour _____ Hours per week (Number) 99 <input type="checkbox"/> DK	79 <span style="float: right;">80-81</span>
<i>Ask if all "No" in 5a (1-11); otherwise, go to Section F on page 33.</i>			82
<b>(12) No STRUCTURED ACTIVITY?</b>	<b>(12)</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		

RT 54  
3-4

**Section F – ASSISTIVE DEVICES AND TECHNOLOGIES**

The next questions are about medical devices and implants.

Ask all of 1a–o before going to 2.

Ask for each "Yes" in 1.

**2. Did you use (device) in the past two weeks?**

**1. During the past 12 months, did you use any of the following medical devices or supplies?**

- a. A tracheotomy tube? .....
- b. A respirator? .....
- c. An ostomy bag? .....
- d. Catheterization equipment? .....
- e. A glucose monitor? .....
- f. Diabetic equipment or supplies? .....
- g. An inhaler? .....
- h. A nebulizer? .....
- i. A hearing aid? .....
- j. Crutches? .....
- k. A cane? .....
- l. A walker? .....
- m. A wheelchair? .....
- n. A scooter? .....
- o. A feeding tube? .....

Yes	No	DK	
a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	5
b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	7
c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9
d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11
e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13
f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	15
g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	17
h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	19
i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	21
j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23
k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25
l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27
m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29
n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31
o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33

Yes	No	DK	
a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	6
b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8
c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	10
d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12
e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14
f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	16
g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	18
h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	20
i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	22
j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24
k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26
l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28
m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30
n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32
o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	34

**ITEM F1** Refer to question 1 above. (Devices used)

1  Any "Yes" in 1 (Go to 3)  
2  All other (Skip to 4)

**3. During the past 12 months, about how much did you or your family pay for [this device/these devices]? Do not count any money that has been or will be reimbursed by insurance or any other source.**

00000  None  
\$ \_\_\_\_\_ .00  
99999  DK

- 4. Do you now have any of the following implants?**
- a. Any shunt that drains away fluid? .....
  - b. An artificial joint? .....
  - c. Implanted lens? .....
  - d. Implanted pin, screw, nail, wire, rod, or plate? .....
  - e. An artificial heart valve? .....
  - f. A pacemaker? .....
  - g. Silicone implant? .....
  - h. Infusion pump? .....
  - i. Implanted catheter? .....
  - j. An organ implant? .....
  - k. A cochlear (kōk' lē-ər) implant? .....

Yes	No	DK	
a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41
b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	42
c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	43
d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	44
e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	45
f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	46
g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	47
h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	48
i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	49
j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	50
k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	51

Notes