

I.n.s.e.e.

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Handicaps, Disabilities and Dependency Survey

late 1999

concerning people living at home

Interview form part 2

(individual questionnaire)

RGES. Management area

NENQ. Surveyor's identification

NUMFA. File-address number

DATENQ. Date of the interview

NBIND. Number of household members

NUMIND. Identification number of the person concerned by HDD

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→ Screen : *if the person concerned is under 16, →→→→→→→→→→→→→→→→→→→→* **REPQ1**
in this case, a proxy must fill in the questionnaire

If the person is 16 or over:

IAPTE. Is the person fit to answer the questionnaire ?

- | | |
|---|---|
| 0. Irrelevant. The person is temporarily away from home | <input type="checkbox"/> 0 → REPQ1 |
| 1. Yes | <input type="checkbox"/> 1 |
| 2. Yes, but with the help of a third party | <input type="checkbox"/> 2 |
| 3. No | <input type="checkbox"/> 3 → REPQ1 |
| 9. Does not know | <input type="checkbox"/> 9 |

• **Questions to the person concerned**

ACCEP1. Do you agree to answer a questionnaire on your state of health and its consequences on your everyday life ?

- | | |
|--|---|
| 1. Yes | <input type="checkbox"/> 1 → REPQ1 |
| 2. Yes, but with the help of a third party | <input type="checkbox"/> 2 → REPQ1 |
| 3. No..... | <input type="checkbox"/> 3 |
| 9. Does not know | <input type="checkbox"/> 9 |

ACCEP2. Will you allow one of your relatives to answer for you ?

- | | |
|---|---|
| 1. Yes, I allow someone else to answer the questions for me | <input type="checkbox"/> 1 |
| 2. No..... | <input type="checkbox"/> 2 → end |
| 9. Does not know | <input type="checkbox"/> 9 |

REPQ1. FOR THE SURVEYOR : *the individual interview has now started. Specify who is answering the questions:*

- | | |
|--|----------------------------|
| 1. The person is answering on his/her own (<i>or an interpreter is translating his/her answers</i>)..... | <input type="checkbox"/> 1 |
| 2. The person is answering with the help of someone else..... | <input type="checkbox"/> 2 |
| 3. Someone else | <input type="checkbox"/> 3 |

Unit A : Cause and origin of disabilities

• **Chronic diseases, deficiencies and handicaps**

AHANDI. In everyday life, are you faced with either physical, sensorial, intellectual or mental difficulties ? (resulting from an accident, a chronic disease, a problem at birth, a disability, ageing...)

1. Yes	<input type="checkbox"/> 1
2. No	<input type="checkbox"/> 2 → <i>Unit. B</i>
8. Will not answer	<input type="checkbox"/> 8 → <i>Unit. B</i>
9. Does not know	<input type="checkbox"/> 9 → <i>Unit. B</i>

column 1	column 2
<p>What kind of difficulties, disabilities, or other health problems do you suffer from ? <i>(clearly write down below, without any alteration, the interviewee's answers)</i></p>	<p>Nature (see chart 1)</p>
ADEF01 -----	ANAT01 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ADEF02 -----	ANAT02 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ADEF03 -----	ANAT03 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ADEF04 -----	ANAT04 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ADEF05 -----	ANAT05 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ADEF06 -----	ANAT06 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ADEF07 -----	ANAT07 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ADEF08 -----	ANAT08 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ADEF09 -----	ANAT09 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ADEF10 -----	ANAT10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ADEF11 -----	ANAT11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>- <u>OVERSIGHTS</u> : <i>in the rest of the questionnaire, if you come across diseases or other health problems not mentioned in the list above, write them down clearly, below, without any alteration</i></p>	
ADEF12 -----	ANAT12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ADEF13 -----	ANAT13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ADEF14 -----	ANAT14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ADEF15 -----	ANAT15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ADEF16 -----	ANAT16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ADEF17 -----	ANAT17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Unit A : Cause and Origin of Disabilities

For the surveyor : *The four columns printed on these two pages must be filled in as follows :*

- *column 1 and 3 (filled in first) must contain the full text of the interviewee's answers. The text of these two answers will be used to spot the causes for disabilities that you will unveil in the rest of the questionnaire. It will also be used for later encoding done by specialised codifiers according to international nomenclature.*
- *you must encode column 2 and 4 yourself. Column 2 with the help of chart 1 on « deficiencies », a nomenclature in 40 steps. Column 4 with the help of chart 2 on « origins and causes », a nomenclature in 16 steps.*

• Origin of the problems mentioned

column 3	column 4
<p>Can you specify the origin of each disorder you have just mentioned ? <i>(write down clearly below the answers of the interviewee, without alteration. Sometimes, the answer will be « irrelevant » or « does not know ». For instance, a « multiple sclerosis » answer in column 1 does not need any clarification on its origin. You will consequently write « irrelevant » below in column 3, and you will encode column 4 according to the description in column 1 : here « 13 other disease »)</i></p>	<p>Origin (see chart 2)</p>
AOR01 -----	ACOD01 <input type="text"/> <input type="text"/> <input type="text"/>
AOR02 -----	ACOD02 <input type="text"/> <input type="text"/> <input type="text"/>
AOR03 -----	ACOD03 <input type="text"/> <input type="text"/> <input type="text"/>
AOR04 -----	ACOD04 <input type="text"/> <input type="text"/> <input type="text"/>
AOR05 -----	ACOD05 <input type="text"/> <input type="text"/> <input type="text"/>
AOR06 -----	ACOD06 <input type="text"/> <input type="text"/> <input type="text"/>
AOR07 -----	ACOD07 <input type="text"/> <input type="text"/> <input type="text"/>
AOR08 -----	ACOD08 <input type="text"/> <input type="text"/> <input type="text"/>
AOR09 -----	ACOD09 <input type="text"/> <input type="text"/> <input type="text"/>
AOR10 -----	ACOD10 <input type="text"/> <input type="text"/> <input type="text"/>
AOR11 -----	ACOD11 <input type="text"/> <input type="text"/> <input type="text"/>
<p>- <u>OVERSIGHTS</u> : <i>ask the same question on the origin each time you come across diseases or other health problems in the rest of the questionnaire, which are not mentioned in the list above.</i></p>	
AOR12 -----	ACOD12 <input type="text"/> <input type="text"/> <input type="text"/>
AOR13 -----	ACOD13 <input type="text"/> <input type="text"/> <input type="text"/>
AOR14 -----	ACOD14 <input type="text"/> <input type="text"/> <input type="text"/>
AOR15 -----	ACOD15 <input type="text"/> <input type="text"/> <input type="text"/>
AOR16 -----	ACOD16 <input type="text"/> <input type="text"/> <input type="text"/>
AOR17 -----	ACOD17 <input type="text"/> <input type="text"/> <input type="text"/>

Unit B : Description of disabilities

→ **Surveyor** : in this part, when you tick an answer opposite a letter « S », you must circle the latter. This will help you notice the possible difficulties mentioned by the interviewee, as well as determine whether the next question about when the disability appeared and the questions on the cause and origin concerning the set of questions must be asked.

→ **Screen** : for children under 5 → → → → → → → → → → → → → → **BMOBI**

• Washing (concerning body hygiene)

BTOI1. Can you (can the person) wash without anybody's assistance?

- | | | | |
|---|--------------------------|---|----------|
| 0. Irrelevant : does not wash | <input type="checkbox"/> | 0 | |
| 1. Yes, without assistance and without any trouble | <input type="checkbox"/> | 1 | |
| 2. Yes, without assistance, but with some difficulty | <input type="checkbox"/> | 2 | |
| 3. Yes, without assistance, but with much difficulty because of my physical disorders | <input type="checkbox"/> | 3 | S |
| 4. Yes, without assistance, but with much difficulty for psychological reasons (<i>fear of water, conflictual teenager</i>) | <input type="checkbox"/> | 4 | S |
| 5. No, I need partial assistance (<i>for example for my feet, legs, back....</i>)..... | <input type="checkbox"/> | 5 | S |
| 6. No, I need assistance for everything | <input type="checkbox"/> | 6 | S |
| 7. Irrelevant : too young | <input type="checkbox"/> | 7 | |
| 8. Will not answer | <input type="checkbox"/> | 8 | |
| 9. Does not know | <input type="checkbox"/> | 9 | |

BTOI1a. How old were you (was he/she) when you (he/she) started suffering from the difficulty you have just mentioned ? (*if since birth, Write down « 000 " ; if the person cannot remember, even approximately, write down "999"*)

				years old
--	--	--	--	-----------

• Dressing : dressing and undressing

BHAB1. Can you (he/she) dress and undress without any assistance ?

- | | | | |
|---|--------------------------|---|----------|
| 0. Irrelevant : does not need to dress (<i>wears pyjamas...</i>)..... | <input type="checkbox"/> | 0 | |
| 1. Yes, I can manage without any assistance and without any trouble | <input type="checkbox"/> | 1 | |
| 2. Yes, I can manage without any assistance, but with some difficulty | <input type="checkbox"/> | 2 | |
| 3. Yes, I can manage without any assistance, but with much difficulty | <input type="checkbox"/> | 3 | S |
| 4. No, I can't. Someone gets the clothes I must wear ready for me | <input type="checkbox"/> | 4 | S |
| 5. No, I can't. Someone must help me with difficult things (<i>for instance : socks, shoes, stockings...</i>) or fastening (<i>buttons, zippers...</i>) | <input type="checkbox"/> | 5 | S |
| 6. No, I can't. I need help for everything | <input type="checkbox"/> | 6 | S |
| 7. Irrelevant : too young | <input type="checkbox"/> | 7 | |
| 8. Will not answer | <input type="checkbox"/> | 8 | |
| 9. Does not know | <input type="checkbox"/> | 9 | |

BHAB1a. How old were you (was he/she) when you (he/she) started suffering from the difficulty you have just mentioned ? (if since birth, write down "000" ; if the person cannot remember, even approximately, write down "999")

____|____|____|____| years old

• **Food : eating processed food**

BALI1. Can you (he/she) cut your (his/her) food without any assistance ?

- 0. Irrelevant : drip-fed 0 **S**
- 1. Yes, without any difficulty 1
- 2. Yes, but with some difficulty 2
- 3. Yes, but with much difficulty 3 **S**
- 4. No, I need assistance 4 **S**
- 5. Fed with mixed food 5 **S**
- 7. Irrelevant : too young 7
- 8. Will not answer 8
- 9. Does not know 9

BALI2. Can you (he/she) pour a drink without any assistance ?

- 0. Irrelevant : does not drink 0 **S**
- 1. Yes, without any difficulty 1
- 2. Yes, but with some difficulty 2
- 3. Yes, but with much difficulty 3 **S**
- 4. No, I need assistance 4 **S**
- 7. Irrelevant : too young 7
- 8. Will not answer 8
- 9. Does not know 9

BALI2a. How old were you (was he/she) when you (he/she) started suffering from the difficulty to eat and drink you have just mentioned ? (if since birth, write down « 000 " ; if the person cannot remember, even approximately, write down "999")

____|____|____|____| years old

→ **Screen : If the person is drip-fed (BALI1=0)→→→→ →→→→→→→→→→→→→→** **BDIF1**

BALI3. Once the food is ready, can you (he/she) eat and drink without any assistance ?

- 1. Yes, without any difficulty 1
- 2. Yes, but with some difficulty 2
- 3. Yes, but with much difficulty 3 **S**
- 4. No, I need assistance 4 **S**
- 7. Irrelevant : too young 7
- 8. Will not answer 8
- 9. Does not know 9

BALI3a. How old were you (was he/she) when you (he/she) started suffering from the difficulty you have just mentioned ? (if since birth, write down « 000 " ; if the person cannot remember, even approximately, write down "999")

____|____|____|____| years old

••• Cause and origin of the difficulty to wash, dress or feed

BDIF1 → **Surveyor:** if the person has mentioned at least one difficulty in one of the questions btoi1 to bali3, that is to say if you have circled at least one of the « s » on the right, tick « 1 » and ask the question on the origin of the difficulty(ies). If not, tick « 2 » and move on to question beli1.

- 1. At least one difficulty mentioned
- 2. No difficulty mentioned

1
 2 → **BELI1**

What is the cause of this or these difficulties ? (possible simultaneous answers) = Match each of the interviewee's answers to the list of health diseases or disorders found on page 4. If the answer is on page 4, write the matching figure (« 1 », « 2 », « 3 »...) in the box on the right. Otherwise, write it down in the « oversights » part on page 4, then copy the figure (« 12 », « 13 », « 14 »...) in the box on the right.

- Cause number 1
- Cause number 2
- Cause number 3
- Cause number 4
- Cause number 5

BCOZ1
 BCOZ2
 BCOZ3
 BCOZ4
 BCOZ5

• Elimination : ensuring hygiene as well as faeces and urine elimination

BELI1. Can you (he/she) use the toilet without any assistance ?

- 0. Irrelevant : I do not use the toilet
- 1. Yes, without any difficulty
- 2. Yes, but with some difficulty
- 3. Yes, but with much difficulty
- 4. Yes, but I must be reminded, because I tend to forget
- 5. No, I need assistance
- 7. Irrelevant : too young
- 8. Will not answer
- 9. Does not know

0 **S**
 1
 2
 3 **S**
 4 **S**
 5 **S**
 7
 8
 9

BELI1a. How old were you (was he/she) when you (he/she) started suffering from the difficulty you have just mentioned ? (if since birth, write down « 000 » ; if the person cannot remember, even approximately, write down "999")

years old

BELI2. Do you have trouble controlling your stools and urines ?

- 0. Irrelevant : colostomy and vesical probe
- 1. No, never
- 2. Yes, sometimes. But only urines
- 3. Yes, often or quite often, but only urines
- 4. Yes, but only stools
- 5. Yes, both stools and urines.....
- 7. Irrelevant : too young
- 8. Will not answer
- 9. Does not know.....

- 0 **S**
- 1 → **BDIF2**
- 2
- 3 **S**
- 4 **S**
- 5 **S**
- 7 → **BDIF2**
- 8 → **BDIF2**
- 9 → **BDIF2**

BELI2a. How old were you (was he/she) when you (he/she) started suffering from the difficulty you have just mentioned ? (if since birth, write down « 000 » ; if the person cannot remember, even approximately, write down "999")

____|____|____|____| years old

→ **Screen** : If the person has a colostomy and a vesical probe (BELI2=0) →→→→ **BDIF2**

BELI3. If you do (he/she does), can you (he/she) manage without any assistance when it happens ?

- 1. Yes, without any difficulty
- 2. Yes, but with some difficulty
- 3. Yes, but with much difficulty
- 4. No, I sometimes need assistance
- 5. No, I always need assistance to change
- 8. Will not answer
- 9. Doe not know

- 1
- 2
- 3 **S**
- 4 **S**
- 5 **S**
- 8
- 9

••• Cause and origin of elimination difficulties

BDIF2 → **Surveyor**: if the person has mentioned at least one difficulty in one of the questions beli1 to beli3, that is to say if you have circled at least one of the « s » on the right, tick « 1 » and ask the question on the origin of the difficulty(ies). If not, tick « 2 » and move on to **bmob1**

- 1. At least one difficulty mentioned
- 2. No difficulty mentioned

- 1
- 2 → **BMOB1**

What is the cause of this or these difficulties ? (possible simultaneous answers) = Match each of the interviewee's answers to the list of health diseases or disorders found on page 4. If the answer is on page 4, write the matching figure (« 1 », « 2 », « 3 »...) in the box on the right. Otherwise, write it down in the « oversights » part on page 4, then copy the figure (« 12 », « 13 », « 14 »...) in the box on the right

- Cause number 1
- Cause number 2
- Cause number 3
- Cause number 4
- Cause number 5

- ____| BCOZ6
- ____| BCOZ7
- ____| BCOZ8
- ____| BCOZ9
- ____| BCOZ10

• **Mobility: introduction and screening**

BMOB1. Must you (he/she) usually (excluding an accident or temporary illness) permanently stay ...

- 1. ...In bed..... 1 **S**
- 2. ...In your room 2 **S**
- 3. ...Inside home 3 **S**
- 4. No, can go out 4
- 7. Irrelevant : too young 7
- 8. Will not answer 8
- 9. Does not know..... 9

BMOB1a. How old were you (was he/she) when you (he/she) started suffering from the difficulty you have just mentioned ? (if since birth, write down "000" ; if the person cannot remember, even approximately, write down "999")

____ years old

→ **Screens** : If the person is confined to bed (BMOB1=1) →→→→→→→→→→→ **BDIF3**
 For children under 5 →→→→→→→→→→→→→→→→→ (BDIF3) then →**BCOH3**

• **Changing positions : getting up, lying down, sitting up**

BTRA1. Can you (he/she) get in and out of bed without any assistance ?

- 1. Yes, without any difficulty 1
- 2. Yes, but with some difficulty 2
- 3. Yes, but with much difficulty 3 **S**
- 4. No, I need assistance 4 **S**
- 7. Irrelevant : too young 7
- 8. Will not answer 8
- 9. Does not know..... 9

BTRA2. Can you (he/she) get seated and get up from your (his/her) chair without any assistance ?

- 0. Irrelevant : cannot sit 0 **S**
- 1. Yes, without any difficulty 1
- 2. Yes, but with some difficulty 2
- 3. Yes, but with much difficulty 3 **S**
- 4. No, I need assistance 4 **S**
- 7. Irrelevant : too young 7
- 8. Will not answer 8
- 9. Does not know..... 9

BTRA2a. How old were you (was he/she) when you (he/she) started suffering from the difficulty you have just mentioned ? (if since birth, write down "000" ; if the person cannot remember, even approximately, write down "999")

____ years old

→ Screen : If the person is confined to his/her bedroom (BMOB1=2) →→→→→→ **BDIF3**

• **Moving inside the home (with or without a cane, walking frame or wheelchair...)**

BDPI1. Can you (he/she) move about without any assistance in all the rooms on the floor where you are ?

- 1. Yes, I can do it without any assistance.....
- 2. Yes, but only in certain rooms on the floor
- 3. No, I usually need assistance to move from one room to another
- 7. Irrelevant : too young
- 8. Will not answer
- 9. Does not know.....

- 1
- 2 **S**
- 3 **S**
- 7
- 8
- 9

BDPI1a. How old were you (was he/she) when you (he/she) started suffering from the difficulty you have just mentioned ? (if since birth, write down « 000 " ; if the person cannot remember, even approximately, write down "999")

 | | | | | years old

BDPI2. Can you (he/she) go up and down one flight of stairs without any assistance ?

- 0. Irrelevant : it never happens (no upper floor, lift...)
- 1. Yes, without any difficulty
- 2. Yes, but with some difficulty
- 3. Yes, but with much difficulty
- 4. No, I need assistance
- 5. No, I only move about in a wheelchair
- 7. Irrelevant : too young
- 8. Will not answer
- 9. Does not know.....

- 0
- 1
- 2
- 3 **S**
- 4 **S**
- 5 **S**
- 7
- 8
- 9

BDPI2a. How old were you (was he/she) when you (he/she) started suffering from the difficulty you have just mentioned ? (if since birth, write down « 000 " ; if the person cannot remember, even approximately, write down "999")

 | | | | | years old

BDPI3. Can you (he/she) use the lift without any assistance ?

- 0. Irrelevant : it never happens (no lift).....
- 1. Yes, without any difficulty.....
- 2. Yes, but with some difficulty
- 3. Yes, but with much difficulty
- 4. No, I need assistance
- 7. Irrelevant : too young
- 8. Will not answer
- 9. Does not know.....

- 0
- 1
- 2
- 3 **S**
- 4 **S**
- 7
- 8
- 9

BDPI3a. How old were you (was he/she) when you (he/she) started suffering from the difficulty you have just mentioned ? (if since birth, write down « 000 " ; if the person cannot remember, even approximately, write down "999")

 | | | | | years old

→ Screens: If the person is confined inside the home (BMOB1=3) →→→→→→→ **BACH2**

• **Moving outside (from the entrance door, without any means of transportation)**

BDPE1. Can you (he/she) go out of your home without any assistance ?

- 1. Yes, I often go out, and I can move away without any assistance..... 1
- 2. Yes, but I hardly ever go out 2
- 3. Yes, but I can't move away from home without assistance..... 3 **S**
- 4. No, I never go out without assistance because of my physical problems 4 **S**
- 5. No, I never go out without assistance because of my psychological or emotional problems..... 5 **S**
- 7. Irrelevant : too young 7 → **BACH2**
- 8. Will not answer 8
- 9. Does not know..... 9

BDPE1a. How old were you (was he/she) when you (he/she) started

suffering from the difficulty you have just mentioned ? (if since birth, write down « 000 " ; if the person cannot remember, even approximately, write down "999")

____|____|____|____| years old

BDPE2. What is the longest distance you (he/she) can cover on your (his/her) own (walking with or without canes or crutches... or in a wheelchair) without stopping and being seriously bothered ? (if the person cannot move on his/her own, write down "000" ; if on the contrary he/she tells he/she can cover at least a kilometre, write down "997"

____|____|____|____| m

→ Screen : If the person is under 15 →→→→→→→→→→→→→→→→→ **BACH2**

• **Shopping : direct or mail order buying**

BACH1. Do you (he/she) do all your (his/her) shopping yourself (himself/herself) ?

- 1. Yes, I do it without any assistance and without any difficulty 1
- 2. Yes, I do it without any assistance, but with some difficulty 2
- 3. Yes, I do it without any assistance, but with much difficulty..... 3 **S**
- 4. No, I only partially take care of my shopping 4 **S**
- 5. No, I do not take care of it at all 5 **S**
- 8. Will not answer 8
- 9. Does not know..... 9

BACH1a. How old were you (was he/she) when you (he/she) started

suffering from the difficulty you have just mentioned ? (if since birth, write down « 000 " ; if the person cannot remember, even approximately, write down "999")

____|____|____|____| years old

BACH2. Can you (he/she) carry a five-kilo object on a ten-meter distance (for example a shopping bag or a school-bag) ?

- 1. Yes, without any difficulty
- 2. Yes, without much difficulty
- 3. Yes, but with much difficulty
- 4. No
- 7. Irrelevant : too young
- 8. Will not answer
- 9. Does not know.....

- 1
- 2
- 3 **S**
- 4 **S**
- 7
- 8
- 9

BACH2a. How old were you (was he/she) when you (he/she) started suffering from the difficulty you have just mentioned ? (if since birth, write down « 000 " ; if the person cannot remember, even approximately, write down "999")

____|____|____| years old

••• Cause and origin of difficulties to change positions, move or shop

BDIF3 → Surveyor : *If the person has mentioned at least one difficulty in one of the previous questions bmob1 to bach2, that is to say if you have circled at least one of the « S » in the right column, tick « 1 » and ask the question on the origin of the difficulty(ies) mentioned. Otherwise, tick « 2 » and move on to question bale1.*

- 1. At least one difficulty mentioned
- 2. No difficulty mentioned

- 1
- 2 → **BMENI**

What is the cause of this or theses difficulties ? (possible simultaneous answers) → Match each of the interviewee's answers to the list of health diseases or disorders found on page 4. If the answer is on page 4, write the matching figure (« 1 », « 2 », « 3 »...) in the box on the right. Otherwise, write it down in the « oversights » part on page 4; then copy the figure (« 12 », « 13 », « 14 »...) in the box on the right.

- Cause number 1
- Cause number 2
- Cause number 3
- Cause number 4
- Cause number 5

- BCOZ11
- BCOZ12
- BCOZ13
- BCOZ14
- BCOZ15

→ **Screens :** *If the person is under 15* →→→→→→→→→→→→→→→→→→→→→→→ **BTEL**
If the person is tetraplegic (ANAT[i]=12) →→→→→→→→→→→→→→→→→ **BTEL**
If the person is confined to hi/her bed or bedroom (BMOB1 <=2) →→→ **BMEN3**

• House chores and management

BMEN1. At present, can you cook you meals without any assistance ?

- 0. Irrelevant : always eats out
- 1. Yes, without any difficulty
- 2. Yes, but with some difficulty
- 3. Yes, but with much difficulty
- 4. My partner or a household member cooks them, but I could do it if necessary
- 5. My partner or a household member cooks them, and I would have much difficulty doing it if necessary.....
- 6. Someone else does it for me (home help, charwoman...), but I could do it if necessary
- 7. Someone else does it for me (house help, charwoman...) and I would have much difficulty doing it if necessary
- 9. Does not know.....

<input type="checkbox"/> 1	
<input type="checkbox"/> 2	
<input type="checkbox"/> 3	S
<input type="checkbox"/> 4	
<input type="checkbox"/> 5	S
<input type="checkbox"/> 6	
<input type="checkbox"/> 7	S
<input type="checkbox"/> 9	

BMEN1a. How old were you when you started suffering from the difficulty you have just mentioned ? *(if you were under 15, write down 15 ; if the person cannot remember, even approximately, write down "999")*

				years old
--	--	--	--	-----------

BMEN2. At present, can you do the common house chores without any assistance, (dish-washing, doing the laundry, ironing, cleaning, tidying up...) ?

- 1. Yes, without any difficulty
- 2. Yes, but with some difficulty.....
- 3. Yes, but with much difficulty
- 4. My partner or a household member does them, but I could do them if necessary
- 5. My partner or a household member does them, and I would have much difficulty doing them if necessary
- 6. Someone else does them for me (house help, charwoman...) but I could do them if necessary
- 7. Someone else does them for me (house help, charwoman...) and I would have much difficulty doing them if necessary.....
- 9. Does not know.....

<input type="checkbox"/> 1	
<input type="checkbox"/> 2	
<input type="checkbox"/> 3	S
<input type="checkbox"/> 4	
<input type="checkbox"/> 5	S
<input type="checkbox"/> 6	
<input type="checkbox"/> 7	S
<input type="checkbox"/> 9	

BMEN2a. How old were you when you started suffering from the difficulty you have just mentioned ? *(if you were under 15, write down 15 ; if the person cannot remember, even approximately, write down "999")*

				years old
--	--	--	--	-----------

→ **Screen :** *If the person is blind (ANAT[i]=21)* →→→→→→→→→→→→→→→→→ **BMEN4**

BMEN3. At present, can you fill in plain forms without any assistance ?

- 0. Irrelevant : is under guardianship
- 1. Yes, I take care of it alone, without any difficulty
- 2. Yes, I do it alone, but with some difficulty
- 3. Yes, I do it alone, but with much difficulty
- 4. My partner or a household member does it, but I could do it if necessary ...
- 5. My partner or a household member does it, and I would have much difficulty doing it if necessary.....
- 6. Someone else does it for me (social service)
- 9. Does not know.....

- 0
- 1
- 2
- 3 **S**
- 4
- 5 **S**
- 6 **S**
- 9

BMEN3a. How old were you when you started suffering from the difficulty you have just mentioned ? (if you were under 15, write down 15 ; if the person cannot remember, even approximately, write down "999")

____|____|____| years old

BMEN4. Can you manage to order/take a taxi, or use public transportation on your own ?

- 0. Irrelevant : never goes out
- 1. Yes, I can do it alone without any difficulty.....
- 2. Yes, I can do it alone, but with some difficulty.....
- 3. Yes, I can do it alone, but with much difficulty
- 4. No, I can't. A relative, friend or child comes with me, but I could manage on my own if necessary
- 5. No, I can't. A relative, friend or child comes with me, and I would have much difficulty managing on my own if necessary.....
- 6. No, I only go out in an ambulance
- 9. Does not know.....

- 0 **S**
- 1
- 2
- 3 **S**
- 4
- 5 **S**
- 6 **S**
- 9

BMEN4a. How old were you when you started suffering from the difficulty you have just mentioned ? (if you were under 15, write down 15 ; if the person cannot remember, even approximately, write down "999")

____|____|____| years old

BMEN5. Do you take the medicines prescribed by your doctor without any assistance ?

- 0. Irrelevant : does not take medicines
- 1. Yes, I do it alone, without any difficulty
- 2. Yes, I do it alone, but with some difficulty
- 3. Yes, I do it alone, but with much difficulty
- 4. No, a friend, relative or nurse gets them ready for me or reminds me to, but I could manage alone
- 5. No, a friend, relative or nurse gets them ready for me or reminds me to, and I could not manage alone
- 9. Does not know.....

- 0
- 1
- 2
- 3 **S**
- 4
- 5 **S**
- 9

BMEN5a. How old were you when you started suffering from the difficulty you have just mentioned ? (if you were under 15, write down 15 ; if the person cannot remember, even approximately, write down "999")

____|____|____| years old

••• Cause and origin of domestic and management difficulties

BDIF7 → **Surveyor** : If the person has mentioned at least one difficulty in one of the previous questions **bmen1.** to **bmen5.** ,that is to say you have circled at least one « S » on the right, tick "1" and ask the question on the origin of the difficulty(ies) mentioned. Otherwise, tick « 2 » and move on to question **bale1.**

1. At least one difficulty mentioned 1
 2. No difficulty mentioned 2 → **BTEL**

What is the cause of this or theses difficulties ? (possible simultaneous answers) → Match each of the interviewee's answers to the list of health diseases or disorders found on page 4. If the answer is on page 4, write the matching figure (« 1 », « 2 », « 3 »...) in the box on the right. Otherwise, write it down in the « oversights » part on page 4; then copy the figure (« 12 », « 13 », « 14 »...) in the box on the right.

Cause number 1 BCOZ66
 Cause number 2 BCOZ67
 Cause number 3 BCOZ68
 Cause number 4 BCOZ69
 Cause number 5 BCOZ70

• Distance communication (using means of communication, phone, bell, alarm...)

BTEL. Can you use the phone without any assistance ?

0. Irrelevant : does not own a phone 0
 1. Yes, I can call and answer alone without any difficulty 1
 2. Yes, I do it alone, but I only call a small amount of numbers..... 2
 3. Yes, I answer alone, but I cannot call someone 3 **S**
 4. No, I cannot do it alone 4 **S**
 7. Irrelevant : too young 7
 9. Does not know 9

BTELa. How old were you when you started suffering from the difficulty you have just mentioned ? (If since birth, write down "000" ; if the person cannot remember, even approximately, write down "999")

years old

BALARM. Do you have a remote alarm ?

1. Yes 1
 2. No, but I need one 2
 3. No, I do not need one 3
 7. Irrelevant : too young 7
 9. Does not know 9

BALE1. If you are in trouble when you are on your own, do you call for help ? (bell, alarm, phone...)

- 0. Irrelevant : is never alone 0
- 1. Yes 1
- 2. Yes, but I am not sure someone will answer my call 2
- 3. No, I do not have any means to do that 3
- 4. No, I never do 4
- 7. Irrelevant : too young 7
- 8. Will not answer 8
- 9. Does not know 9

• Coherence : conversing and/or behaving sensibly

→ Screen : If the person concerned is answering (REPQ1=1) →→→→→→→→→BCOH3

BCOH1. Notwithstanding problems linked to deafness, can you (he/she) communicate with relatives without any assistance ?

- 0. Irrelevant : does not communicate with people (autistic...) 0 **S**
- 1. Yes, I communicate without any assistance and without any difficulty 1
- 2. Yes, I communicate without any assistance, but with some difficulty 2
- 3. Yes, I communicate without any assistance, but with much difficulty 3 **S**
- 4. No, I need some assistance 4 **S**
- 7. Irrelevant : too young 7
- 8. Will not answer 8
- 9. Does not know 9

BCOH1a. How old were you when you (he/she) started suffering from the difficulty you have just mentioned ? (...or don't you speak to people ? If since birth, write down « 000 » ; if the person cannot remember, even approximately, write down « 999 »)

 | | | | years old

BCOH3. Does your (his/her) behaviour sometimes put you (him/her) in danger (risks of getting hurt...) ?

- 1. No, hardly ever 1
- 2. Yes, sometimes 2 **S**
- 3. Yes, often 3 **S**
- 8. Will not answer 8
- 9. Does not know 9

BCOH4. Do people sometimes reproach you (him/her) with being too aggressive or impulsive ?

- 1. No, hardly ever 1
- 2. Yes, sometimes 2 **S**
- 3. Yes, often 3 **S**
- 8. Will not answer 8
- 9. Does not know 9

BCOH2. Do people sometimes criticise your behaviour for other reasons (aggressiveness or impulsiveness) ?

- 1. No, hardly ever 1
- 2. Yes, sometimes 2
- 3. Yes, often 3 S
- 8. Will not answer 8
- 9. Does not know 9

→ Screen : for children under 5 →→→→→→→→→→→→→→→→→→→→→→→ BDIF4

• Orientating : finding one’s bearings in time, moments of the day and places

BORI1. Do you (he/she) sometimes forget what time of the day it is ?

- 1. No, never 1
- 2. Yes, sometimes 2 S
- 3. Yes, always 3 S
- 7. Irrelevant : too young 7
- 8. Will not answer 8
- 9. Does not know 9

BORI1a. How old were you (was he/she) when you (he/she) started suffering from the difficulty you have just mentioned ? (if since birth, write down « 000 ” ; if the person cannot remember, even approximately, write down "999")

 | | | | years old

→ Screen : If the person is confined inside the home (BMOB1 <=3)→ →→→→→→→→→→ BDIF4

BORI2. Do you (he/she) have trouble finding your (his/her) way when going out ?

- 0. Irrelevant : does not go out or cannot go out alone for a physical health reason 0 S
- 1. No, never 1
- 2. No, provided that I always go on the same route(s)..... 2 S
- 3. Yes, I sometimes get lost or I need help 3 S
- 4. Yes, I always need someone to guide me 4 S
- 7. Irrelevant : too young 7
- 8. Will not answer 8
- 9. Does not know 9

BORI2a. How old were you (was he/she) when you (he/she) started suffering from the difficulty you have just mentioned ? (if since birth, write down « 000 ” ; if the person cannot remember, even approximately, write "999")

 | | | | years old

●●● Cause and origin of coherence, communicating and orientating difficulties

BDIF4 → **Surveyor** : If the person has mentioned at least one difficulty in one of the previous questions bale1 to bori2, that is to say if you have circled at least one of the « S » in the right column, tick « 1 » and ask the question on the origin of the difficulty(ies) mentioned. Otherwise, tick « 2 » and move on to question bsen1

- 1. At least one difficulty mentioned
- 2. No difficulty mentioned

- 1
- 2 → **BSENI**

What is the cause of this or theses difficulties ? (possible simultaneous answers) → Match each of the interviewee's answers to the list of health diseases or disorders found on page 4. If the answer is on page 4, write the matching figure (« 1 », « 2 », « 3 »...) in the box on the right. Otherwise, write it down in the « oversights » part on page 4; then copy the figure (« 12 », « 13 », « 14 »...) in the box on the right.

- Cause number 1
- Cause number 2
- Cause number 3
- Cause number 4
- Cause number 5

- BCOZ16
- BCOZ17
- BCOZ18
- BCOZ19
- BCOZ20

● Sight, Hearing, Speech

→ **Screen** : If the person is blind (ANAT[i]=2.1) →→→→→→ **BSEN1a** then →→ **BVUE**

BSEN1. Can you (he/she) see well close to? (to read a paper, a book, draw, do crosswords... with your glasses or lenses on, if you wear any)

- 1. Yes, without any difficulty
- 2. Yes, but with some difficulty
- 3. Yes, but with much difficulty
- 4. No
- 9. Does not know

- 1
- 2
- 3 **S**
- 4 **S**
- 9

BSEN1a. How old were you (he/she) when you (he/she) started suffering from the difficulty you have just mentioned ? (... or how old were you when you turned blind ? If since birth, write down « 000 », if the person cannot remember, even approximately, write down « 999 »)

years old

BSEN2. Can you (he/she) recognise the face of someone 4 meters away ? (with your glasses or lenses on if you wear any)

- 1. Yes, without any difficulty
- 2. Yes, but with some difficulty
- 3. Yes, but with much difficulty
- 4. No
- 9. Does not know

- 1
- 2
- 3 **S**
- 4 **S**
- 9

BSEN2a. How old were you (was he/she) when you (he/she) started suffering from the difficulty you have just mentioned ? (if since birth, write down "000" ; if the person cannot remember, even approximately, write down "999")

____|____|____|____| years old

→ Screen : If the person has not mentioned any sight difficulties when asked the previous questions (BSEN1 <3 and BSEN2 <3) →→→→→→→→→→→→→→→ BSEN3

BVUE. Are you...

- 1. Partially-sighted 1
- 2. Partially blind (you can see some things, such as figures) 2
- 3. Completely blind (or only perceiving light) 3
- 9. Does not know 9

→ Screen : If the person is completely deaf (ANAT[i]=3.1) →→→→→→→→→→ BSEN3a

BSEN3. Can you (he/she) hear what is being said in a conversation (if necessary with the assistance of your hearing aid) ?

- 1. Yes, with no difficulty, even if there are several people around 1
- 2. Yes, if there is only one person speaking, even normally 2 **S**
- 3. Yes, even if there is only one person speaking aloud 3 **S**
- 4. No 4 **S**
- 8. Will not answer 8
- 9. Does not know 9

BSEN3a. How old were you (was he/she) when you started suffering from the difficulty you have just mentioned ? (... or how old were you when you turned deaf ? if since birth, write down "000" ; if the person cannot remember, even approximately, write down "999")

____|____|____|____| years old

BSEN4. Do you have trouble sepaking ? (including stuttering)

- 0. Irrelevant : dumb 0 **S**
- 1. Not at all 1
- 2. Yes, except with people who know me well 2 **S**
- 3. Yes, much difficulty 3 **S**
- 4. Does not speak (autistic...) 4 **S**
- 7. Irrelevant : too young 7
- 8. Will not answer 8
- 9. Does not know 9

BSEN4a. How old were you (was he/she) when you started suffering from the difficulty you have just mentioned ? (if since birth, write down "000" ; if the person cannot remember, even approximately, write down "999")

____|____|____|____| years old

●●● Cause and origin of sight, hearing and speech difficulties

BDIF5 → **Surveyor** : *If the person has mentioned at least one difficulty in one of the previous questions bsen1. to bsen4. ,that is to say you have circled at least one « S » on the right, tick "1" and ask the question on the origin of the difficulty(ies) mentioned. Otherwise, tick « 2 » and move on to question bmed.*

1. At least one difficulty mentioned 1
 2. No difficulty mentioned 2 → **BMEDI**

What is the cause of this or theses difficulties ? *(possible simultaneous answers) → Match each of the interviewee's answers to the list of health diseases or disorders found on page 4. If the answer is on page 4, write the matching figure (« 1 », « 2 », « 3 »...) in the box on the right. Otherwise, write it down in the « oversights » part on page 4; then copy the figure (« 12 », « 13 », « 14 »...) in the box on the right.*

Cause number 1 BCOZ21
 Cause number 2 BCOZ22
 Cause number 3 BCOZ23
 Cause number 4 BCOZ24
 Cause number 5 BCOZ25

Have you (has he/she) seen a doctor in the past three months in order to...

BMED1. ...check your (his/her) eyesight ?

1. Yes 1
 2. No 2
 9. Does not know 9

BMED2. ...check your (his/her) hearing ?

1. Yes 1
 2. No 2
 9. Does not know 9

BMED3. ...check your (his/her) teeth ?

1. Yes 1
 2. No 2
 9. Does not know 9

BMED4. Have you (has he/she) been to a doctor's in the past three months because of psychological or mental disorders ?

1. Yes 1
 2. No 2 → **BSOUI**
 8. Will not answer 8 → **BSOUI**
 9. Does not know 9 → **BSOUI**

If you have, which doctor or specialist ? (possible simultaneous answers)

- | | | | |
|---|--------------------------|---|--------|
| 1. A general practitioner | <input type="checkbox"/> | 1 | BMED41 |
| 2. A psychiatrist | <input type="checkbox"/> | 2 | BMED42 |
| 3. Another doctor | <input type="checkbox"/> | 3 | BMED43 |
| 4. A psychologist or another specialist who is not a doctor | <input type="checkbox"/> | 4 | BMED44 |
| 8. Will not answer | <input type="checkbox"/> | 8 | |
| 9. Does not know | <input type="checkbox"/> | 9 | |

BPSY. If you have, are you regularly seeing a doctor in this field?

- | | | |
|--------------------------|--------------------------|---|
| 1. Yes | <input type="checkbox"/> | 1 |
| 2. No | <input type="checkbox"/> | 2 |
| 8. Will not answer | <input type="checkbox"/> | 8 |
| 9. Does not know | <input type="checkbox"/> | 9 |

• Being supple and handling objects

→ Screen : *If the person is tetraplegic (ANAT[i]=1.2) →→→ BSOU1a then →→ BAVIS*

BSOU1. Can you (he/she) cut your (his/her) toenails without any assistance ?

- | | | | |
|--|--------------------------|---|---|
| 0. Irrelevant : does not have feet anymore | <input type="checkbox"/> | 0 | S |
| 1. Yes, with no difficulty | <input type="checkbox"/> | 1 | |
| 2. Yes, but with some difficulty | <input type="checkbox"/> | 2 | |
| 3. Yes, but with much difficulty | <input type="checkbox"/> | 3 | S |
| 4. No | <input type="checkbox"/> | 4 | S |
| 7. Irrelevant : too young | <input type="checkbox"/> | 7 | |
| 8. Will not answer | <input type="checkbox"/> | 8 | |
| 9. Does not know | <input type="checkbox"/> | 9 | |

BSOU1a. How old were you (he/she) when you (he/she) started suffering from the difficulty you have just mentioned ? (... or how old were you when you became a tetraplegic ? If since birth, write down « 000 », if the person cannot remember, even approximately, wrote down « 999 »)

____|____|____|____| years old

BSOU2. Can you (he/she) use your (his/her) hands and fingers without any difficulty ? (to open a door, turn taps on and off, grab a pen, use scissors....)

- | | | | |
|---|--------------------------|---|--------------------------|
| 0. Irrelevant : does not have hands anymore | <input type="checkbox"/> | 0 | S →BSOU2a
then →BSOU4 |
| 1. Yes, with no difficulty | <input type="checkbox"/> | 1 | →BSOU4 |
| 2. Yes, but with some difficulty | <input type="checkbox"/> | 2 | |
| 3. Yes, but with much difficulty | <input type="checkbox"/> | 3 | S |
| 4. No | <input type="checkbox"/> | 4 | S |
| 7. Irrelevant : too young | <input type="checkbox"/> | 7 | →BSOU4 |
| 8. Will not answer | <input type="checkbox"/> | 8 | |
| 9. Does not know | <input type="checkbox"/> | 9 | |

BSOU2a. How old were you (he/she) when you (he/she) started suffering from the difficulty you have just mentioned ? (If since birth, write down "000", if the person cannot remember, even approximately, write down "999")

_____ years old

→ Screen : If the person does not have any difficulty handling things (BSOU2=0,1) →→→
BSOU4

Can you specify which of the following gestures are hard or impossible for you to make...

BSOU31. ...Opening or closing a door :

- 1. Yes 1
- 2. No 2
- 9. Does not know 9

BSOU32. ...turning taps on and off :

- 1. Yes 1
- 2. No 2
- 9. Does not know 9

BSOU33. ...buttoning clothes :

- 1. Yes 1
- 2. No 2
- 9. Does not know 9

BSOU34. ...using a pen :

- 1. Yes 1
- 2. No 2
- 9. Does not know 9

BSOU35. ...using scissors :

- 1. Yes 1
- 2. No 2
- 9. Does not know 9

→ Screens : If the person is paraplegic (ANAT[i]=1.1) →→→→→→→→→→→→→→→→ **BSOU4a**

If the person is confined to bed (BMOB1=1) →→→→→→→→→→→→→→→→ **BDIF6**

BSOU4. When you are (he/she is) standing, can you (he/she) bend over and pick up an object on the floor (such as a shoe) ?

- 0. Irrelevant : cannot stand 0 **S**
- 1. Yes, without any difficulty 1
- 2. Yes, but with some difficulty 2
- 3. Yes, but with much difficulty 3 **S**
- 4. No, I need assistance 4 **S**
- 7. Irrelevant : too young 7
- 8. Will not answer 8
- 9. Does not know 9

BSOU4a. How old were you (was he/she) when you (he/she) started suffering from the difficulty you have just mentioned ? (... or how old were you when you became a paraplegic ? If since birth, write down « 000 », if the person cannot remember, even approximately, write down « 999 »)

<table style="margin: auto;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> </table>						years old

••• Cause and origin of the stiffness and of the handling difficulties

<p>BDIF6 → Surveyor : <i>If the person has mentioned at least one difficulty in one of the previous questions bsou1 to bsou4, that is to say if you have had to circle at least one of the « S » in the right column, tick « 1 » and ask the question on the origin of the difficulty(ies) mentioned. Otherwise, tick « 2 » and move on to question bavis</i></p> <p>1. At least one difficulty mentioned</p> <p>2. No difficulty mentioned</p> <p>What is the cause of this or theses difficulties ? <i>(possible simultaneous answers) → Match each of the interviewee's answers to the list of health diseases or disorders found on page 4. If the answer is on page 4, write the matching figure (« 1 », « 2 », « 3 »...) in the box on the right. Otherwise, write it down in the « oversights » part on page 4; then copy the figure (« 12 », « 13 », « 14 »...) in the box on the right</i></p> <p>Cause number 1</p> <p>Cause number 2</p> <p>Cause number 3</p> <p>Cause number 4</p> <p>Cause number 5</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2 → BAVIS</p> <p><input type="checkbox"/> BCOZ26</p> <p><input type="checkbox"/> BCOZ27</p> <p><input type="checkbox"/> BCOZ28</p> <p><input type="checkbox"/> BCOZ29</p> <p><input type="checkbox"/> BCOZ30</p>
---	--

• **Questions to the surveyor :**

BAVIS. From what you have seen, does the person suffer from deficiencies or handicaps that the questionnaire might not have enabled you to mention ?

- 1. Yes
- 2. No

- 1
- 2 → *unit. c*

If it is the case, is it... : (possible simultaneous answers)

- 10. A motor deficiency
- 20. A visual deficiency
- 30. A hearing deficiency
- 70. An intellectual or psychological deficiency
- 90. One (or several) other deficiency(ies)

- 10 BAUT10
- 20 BAUT20
- 30 BAUT30
- 70 BAUT70
- 90 BAUT90

Unit C : Social and family environment

CDPNAI. <i>If you were born in France :</i> Area of birth	<input style="width: 30px; height: 20px;" type="text"/>
CCONAI. <i>If you were born in France :</i> Place of birth	<input style="width: 100px; height: 20px;" type="text"/>
CFRA. <i>If you were born abroad:</i> When did you (he/she) settle in France?	19 <input style="width: 30px; height: 20px;" type="text"/>

• You and your partner and your family

→ **Screen : for persons under 15** →→→→→→→→→→→→→→→→ **CMERVI**
 → **Screen : If the person lives with a partner (VIECOU=1)** →→→→→→→→→→→→→→→→ **CDATCO**

<i>For widow(ers) (MATRI =3) not living with a partner (VIECOU=2) :</i> CDATDC. When did your (his/her) partner die ?	19 <input style="width: 30px; height: 20px;" type="text"/> → CCOPIN
<i>For divorced and estranged spouses (MATRI =4 or 5) not living with a partner(VIECOU=2):</i> CDATSE. When did the separation become effective ?	19 <input style="width: 30px; height: 20px;" type="text"/> → CCOPIN
<i>For single persons not living with a partner (MATRI=1 and VIECOU=2) :</i> CCOUAV. Have you (he/she) lived with a partner before ?	
1. Yes	<input type="checkbox"/> 1 → CCOPIN
2. No	<input type="checkbox"/> 2 → CCOPIN
8. Will not answer	<input type="checkbox"/> 8
9. Does not know	<input type="checkbox"/> 9
<i>Only for persons living with a partner (VIECOU=1):</i> CDATCO. Since when have you (he/she) and your (his/her partner) been living together ?	19 <input style="width: 30px; height: 20px;" type="text"/> → CMERVI
<i>Only for persons not living with a partner (VIECOU ≠1):</i> CCOPIN. At present, do you (does he/she) have a fiancé, a boyfriend, a partner ?	
1. Yes	<input type="checkbox"/> 1
2. No	<input type="checkbox"/> 2
8. Will not answer	<input type="checkbox"/> 8
9. Does not know	<input type="checkbox"/> 9

→ Screen : for persons of 85 and over →→→→→→→→→→→→→→→→→→→ CFRERE

CMERVI. Is your (his/her) mother still alive ?

- 1. Yes..... 1
- 2. No 2
- 8. Will not answer..... 8
- 9. Does not know 9

CPERVI. Is your (his/her) father still alive ?

- 1. Yes..... 1
- 2. No 2
- 8. Will not answer..... 8
- 9. Does not know 9

CFRERE. How many brothers of yours (his/hers) are still alive, including foster-brothers ?

 | | |

CSOEUR. How many sisters of yours (his/hers) are still alive, including foster-sisters ?

 | | |

→ Screen : for persons under 16 →→→→→→→→→→→→→→→→→→→ CCONTA

CFILS. How many sons of yours (his/hers) are still alive, including adopted children ?

 | | |

CFILLE. How many daughters of yours (his/hers) are still alive, including adopted children ?

 | | |

CCONTA. Does one of the relatives mentioned above live with you (him/her) or have you (has he/she) kept in touch with one of them ?

- 1. Yes
- 2. No
- 8. Will not answer
- 9. Does not know

<input type="checkbox"/> 1
<input type="checkbox"/> 2 → <i>CPTENF</i>
<input type="checkbox"/> 8 → <i>CPTENF</i>
<input type="checkbox"/> 9 → <i>CPTENF</i>

• Family relationships : father chart...

This chart (pages 28-29) must be filled in column by column

COHAB[i]. Do you both live in the same building ?

CSEXE[i]. Is it a girl or a boy ?

CAGE[i]. How old is he/she ?

CDOM[i]. Does he/she live in ...

- 1. A building close to yours.....
- 2. The same town or nearby.....
- 3. The same area
- 4. Further away, in France
- 5. Abroad
- 8. Will not answer
- 9. Does not know

CVISIT[i]. How often do you see him/her ?

- 1. At least once a day
- 2. At least once a week
- 3. At least once a month
- 4. Several times a year.....
- 5. Once a year
- 6. Less frequently
- 7. Never
- 8. Will not answer
- 9. Does not know

Father
col ①
<input type="checkbox"/> 1. Yes →→→ <input type="checkbox"/> 2. No ↓
[][][][] years old
<input type="checkbox"/> 1 → col 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<input type="checkbox"/> 1 → col 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

In case the number of individuals in one of the following sections - children, brothers and sisters - is superior to 2, the questions concern the 2 children - or 2 brothers and sisters, etc...- the person sees the more often. The following mention is then written at the top of the chart : "among your 'n+2' children, I will ask you about the two you see the more often..." → col 4

• Family relationships : ... mother, partner, children, brothers, sisters

Mother col ②	Partner col ③	Children col ④ et ⑤	Brothers and sisters col ⑥ et ⑦
<input type="checkbox"/> 1. Yes →→→→ <input type="checkbox"/> 2. No ↓	<input type="checkbox"/> 1. Yes →→→→ <input type="checkbox"/> 2. No ↓	<input type="checkbox"/> 1. Yes →→→→ <input type="checkbox"/> 2. No ↓	<input type="checkbox"/> 1. Yes→CPTENF <input type="checkbox"/> 2. No ↓
		<input type="checkbox"/> 1. male <input type="checkbox"/> 2. female	<input type="checkbox"/> 1. male <input type="checkbox"/> 2. female
[][][][] years old	[][][][] years old	[][][][] years old	[][][][] years old
<input type="checkbox"/> 1→ col + 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1→ col + 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1→ col + 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1→ CPTENF <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<input type="checkbox"/> 1→ col + 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1→ col + 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1→ col + 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1→ CPTENF <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

→ **Screen : for persons under 30** →→→→→→→→→→→→→→→→→→→→→→→ **CGDPAR**

CPTENF. How many of your (his/her) grand-children are still alive ? ...

→ **Screen : for persons of 80 and over** →→→→→→→→→→→→→→→→→→→→→→→ **CAUTRL**

CGDPAR. How many of your (his/her) grand-parents are still alive ? ...

• Other family relationships or friendships

CAUTRL. Are you in close contact with any other relatives (grand-children, grand-parents, uncle, nephew, cousin, godfather...) or acquaintances (friend, former colleague, neighbour...) ? (meeting, phoning, writing...)

- 1. Yes.....
- 2. No.....
- 8. Will not answer
- 9. Doe not know.....

- 1
- 2 → **CAIDKI**
- 8 → **CAIDKI**
- 9 → **CAIDKI**

If you are, who with ? (possible simultaneous answers)

- 1. Grand-children
- 2. Grand-parents
- 3. Other male relative(s)
- 4. Other female relative(s)
- 5. Member(s) of the foster family
- 6. Male neighbour(s)
- 7. Female neighbour(s)
- 8. Male colleague(s) or former colleague(s)
- 9. Female colleague(s) or former colleague(s)
- 10. Partner(s) (partner, fiancé, boyfriend...)
- 11. Other male friend(s).....
- 12. Other female friend(s)
- 99. Does not know

- 1 CRL11
- 2 CRL12
- 3 CRL1
- 4 CRL2
- 3 CRL3
- 4 CRL4
- 5 CRL5
- 6 CRL6
- 7 CRL7
- 8 CRL8
- 9 CRL9
- 10 CRL10
- 99

• **Questions concerning assistance and carers**

CAIDKI. Does one person or more regularly help you to do certain daily tasks because of a handicap or a health problem? (washing, eating, cleaning, shopping, administrative procedures). (Answer opposite, and write down clearly, if necessary, the first name and occupation of each carer then encode their gender - « 1 » for men and « 2 » for women - as well as their relation to the person surveyed referring to chart « 10 » and their occupation referring to chart « 11 ».

- 1 Yes
- 2 No

if no → CAIDF

CPRQP1. First carer

CPRQP2. Next one

CPRQP3. Next one

CPRQP4. Next one

CPRQP5. Next one

CPRQP6. Next one

CPRQP7. Next one

CPRQP8. Next one

<input type="text"/>	sex	<input type="text"/>	rel	<input type="text"/>	occ
<input type="text"/>	sex	<input type="text"/>	rel	<input type="text"/>	occ
<input type="text"/>	sex	<input type="text"/>	rel	<input type="text"/>	occ
<input type="text"/>	sex	<input type="text"/>	rel	<input type="text"/>	occ
<input type="text"/>	sex	<input type="text"/>	rel	<input type="text"/>	occ
<input type="text"/>	sex	<input type="text"/>	rel	<input type="text"/>	occ
<input type="text"/>	sex	<input type="text"/>	rel	<input type="text"/>	occ
<input type="text"/>	sex	<input type="text"/>	rel	<input type="text"/>	occ

If the answer is ‘yes’, do you (does he/she) get assistance for...
(read the following tasks one after the other, and write down opposite if necessary the numbers of the carer(s) concerned. If the person mentions a carer who has not been mentioned before, add him/her to the list and deal with him/her as with the rest of them)

CAIKOA1. ...private care (washing, dressing, eating...)

CAIKOA2. ...moving about in your (his/her) home

CAIKOA3. ...getting out of home

CAIKOA4. ...defending your (his/her) rights and interests.....

CAIKOA5. ...going to the doctor’s, taking care of your (his/her) health problems

CAIKOA6. ...managing your (his/her) money, taking care of forms and other administrative procedures

CAIKOA7. ...doing the shopping, buying the medicines

CAIKOA8. ... house chores (cleaning, doing the laundry, ironing, cooking).....

CAIKOA9. ...keeping you company

CAIKOA10. ...other tasks (reading for the blind, translating for the deaf...)

Task	Carers
<input type="checkbox"/> 01	<input type="text"/>
<input type="checkbox"/> 02	<input type="text"/>
<input type="checkbox"/> 03	<input type="text"/>
<input type="checkbox"/> 04	<input type="text"/>
<input type="checkbox"/> 05	<input type="text"/>
<input type="checkbox"/> 06	<input type="text"/>
<input type="checkbox"/> 07	<input type="text"/>
<input type="checkbox"/> 08	<input type="text"/>
<input type="checkbox"/> 09	<input type="text"/>
<input type="checkbox"/> 10	<input type="text"/>

CAIPAY. If one or several persons caring for you are professionals, are some of them paid for it by you or your family?

- 1. Yes
- 2. No
- 8. Will not answer
- 9. Does not know.....

- 1
- 2 → CAIPFA
- 8 → CAIPFA
- 9 → CAIPFA

CAIPAYa. If the answer is ‘yes’, who are they ? (write down the identification numbers of the paid carers)

- CAIPAYa1
- CAIPAYa2
- CAIPAYa3
- CAIPAYa4

CAIPFA. Do you (does he/she) sometimes pay relatives for assisting you (him/her) ?

- 0. Irrelevant : no assistance from relatives
- 1. Yes
- 2. No
- 8. Will not answer
- 9. Does not know.....

- 0
- 1
- 2
- 8
- 9

→ Screen : If the person lives on her/his own or not only with his/her partner →→ unit D

CAIDF. In case you (he/she) need(s) it, is there someone you (he/she) could count on to help you (him/her) financially ?

- 1. Yes
- 2. No.....
- 8. Will not answer
- 9. Does not know.....

- 1
- 2 → CAIAFF
- 8 → CAIAFF
- 9 → CAIAFF

If there is, who is it... ? (possible simultaneous answers)

- 1. My partner.....
- 2. My parents.....
- 3. My brothers or sisters
- 4. My children
- 5. My grand-children.....
- 6. Friends
- 7. Other persons
- 8. Will not answer

- 1 CAIDFA1
- 2 CAIDFA2
- 3 CAIDFA3
- 4 CAIDFA4
- 5 CAIDFA5
- 6 CAIDFA6
- 7 CAIDFA7
- 8

CAIAFF. Does one or more persons give you affective or moral support ?

- 1. Yes, daily
- 2. Yes, often
- 3. Yes, sometimes.....
- 4. No, I don't need it
- 5. No, but I would need it
- 8. Will not answer
- 9. Does not know.....

- 1
- 2
- 3
- 4
- 5
- 8
- 9

Unit D : technical aids housing adjustments

• Accessibility to the home

DTYPLO. What type of housing do you live in ?

- 1. An individual house 1
- 2. A flat in a building 2
- 3. A one-room flat in a building 3
- 4. Other (no fixed home, mobile home) 4

DPARK. Do you have a private parking space, a lock-up garage or a garage?

- 1. Yes 1
- 2. Yes, but it is not easy to reach 2
- 3. No 3
- 9. Does not know 9

→ Screen : If the person is confined inside the home (BMOB1<=3) →→ DROOM

DACCR. Is the access from the street to the building or the house done..?
(possible simultaneous answers)

- 1. At street-level 1 DACCR1
- 2. Via an approach ramp 2 DACCR2
- 3. Via stairs 3 DACCR3
- 4. Via a lift 4 DACCR4
- 9. Does not know 9

DABAT. Do you have difficulties going from the street to the entrance of your building or house alone ?

- 1. Yes 1
- 2. No 2 → **DETAG**
- 7. Irrelevant : too young 7 → **DETAG**
- 9. Does not know 9 → **DETAG**

If the answer is 'yes', what are the reasons for this ?(possible simultaneous answers)

- 1. Unfit street-level entrance (because of the rough nature of the ground or of obstacles, not wide enough...) 1 DABDIF1
- 2. Unfit approach ramp (too steep, slippery...) 2 DABDIF2
- 3. Unfit stairs (too many steps, too high, no handrail...)..... 3 DABDIF3
- 4. Unsuitable lift (too small, still stairs to climb once out of it) 4 DABDIF4
- 6. Difficulty going through the entrance door of the building..... 6 DABDIF6
- 7. Other missing facilities 7 DABDIF7
- 8. Only my poor health 8 DABDIF8

→ **Screen** : *If the person does not live in a building* (DTYPLO ≠ 2 et ≠ 3) →→→→ **DROOM**

DETAG. What floor do you live on ?

- 0. Ground floor 0
- 1. First floor 1
- 2. Second 2
- 3. Third 3
- 4. Fourth 4
- 5. Fifth or more 5

Is the access from the entrance of the building to your home done...
(possible simultaneous answers)

- 1. At street level 1 DACCE1
- 2. Via an approach ramp 2 DACCE2
- 3. Via stairs 3 DACCE3
- 4. Via a lift 4 DACCE4
- 9. Does not know 9

DINBAT. Do you have difficulties going alone from the entrance of the building to that of your home ?

- 1. Yes 1
- 2. No 2 → **DROOM**
- 7. Irrelevant : too young 7 → **DROOM**
- 9. Does not know 9 → **DROOM**

If the answer is 'yes', what are the reasons for this ?(possible simultaneous answers)

- 1. Unfit street-level entrance (because of the rough nature of the ground or of obstacles, not wide enough...) 1 DINDIF1
- 2. Unfit approach ramp (too steep, slippery...) 2 DINDIF2
- 3. Unfit stairs (too many steps, too high, no handrail...) 3 DINDIF3
- 4. Unsuitable lift (too small, still stairs to climb once out of it 4 DINDIF4
- 6. Difficulty going through the entrance door of the building 5 DINDIF5
- 7. Other missing facilities 7 DINDIF7
- 8. Only my poor health 8 DINDIF8

DIBAID. All in all, do you need help to go from the door or entrance hall of the building to your home ?

- 1. Yes 1
- 2. No 2
- 7. Irrelevant : too young 7
- 9. Does not know 9

• Housing adjustments

DROOM. Can you easily get to each room of your home ?

- | | |
|---------------------------------|--|
| 1. Yes..... | <input type="checkbox"/> 1 → DNIV |
| 2. Non | <input type="checkbox"/> 2 |
| 7. Irrelevant : too young | <input type="checkbox"/> 7 → DNIV |
| 9. Does not know | <input type="checkbox"/> 9 → DNIV |

If you cannot, you have trouble getting to...

(read the list below and tick the places the interviewee has trouble reaching)

- | | | |
|--|----------------------------|--------|
| 1. Your bedroom | <input type="checkbox"/> 1 | DCHAMB |
| 2. The living-room (dining-room or lounge) | <input type="checkbox"/> 2 | DSALON |
| 3. The kitchen | <input type="checkbox"/> 3 | DCUISI |
| 4. The bathroom | <input type="checkbox"/> 4 | DBAINS |
| 5. The toilet. | <input type="checkbox"/> 5 | DWC |
| 6. The attic, the basement, other rooms | <input type="checkbox"/> 6 | DCAVE |

DNIV. Is your home equipped with an inside mechanism to move from one level to another ?

- | | |
|--|--|
| 0. Irrelevant : the home is at street-level..... | <input type="checkbox"/> 0 → DADAPT |
| 1. Yes..... | <input type="checkbox"/> 1 |
| 2. No | <input type="checkbox"/> 2 → DADAPT |
| 9. Does not know | <input type="checkbox"/> 9 → DADAPT |

If it is, which one(s)

(read the list below and tick the mechanisms used)

- | | | |
|--------------------------------|----------------------------|--------|
| 1. A lift | <input type="checkbox"/> 1 | DASCEN |
| 2. A hoist | <input type="checkbox"/> 2 | DMONTE |
| 3. An elevating platform | <input type="checkbox"/> 3 | DPLATE |
| 4. A stair elevator | <input type="checkbox"/> 4 | DELEVA |
| 5. Fixed or mobile ramps | <input type="checkbox"/> 5 | DRAMPE |
| 6. Plain stairs | <input type="checkbox"/> 6 | DESCAL |

DADAPT. Do you (he/she) own furniture or housing facilities especially fitted to your (his/her) needs because of your health problems, handicaps or disabilities ?

- | | |
|------------------------------------|--|
| 1. Yes | <input type="checkbox"/> 1 |
| 2. No, but I would need them | <input type="checkbox"/> 2 |
| 3. No, I do not need them | <input type="checkbox"/> 3 → DPROTH |
| 9. Does not know | <input type="checkbox"/> 9 → DPROTH |

If the person needs them (DADAPT=1 or 2), which ones ?
(possible simultaneous answers)

- | | | | |
|--|--------------------------|---|--------|
| 1. Adapted toilet (<i>pierced seat, toilet elevator., handrail,)</i> | <input type="checkbox"/> | 1 | DADAP1 |
| 2. An adapted bathtub, shower or basin | <input type="checkbox"/> | 2 | DADAP2 |
| 3. One or several adjustable tables (<i>reclining, on wheels...)</i> | <input type="checkbox"/> | 3 | DADAP3 |
| 4. An adapted kitchen | <input type="checkbox"/> | 4 | DADAP9 |
| 5. An adapted seat | <input type="checkbox"/> | 5 | DADAP4 |
| 6. An adapted bed | <input type="checkbox"/> | 6 | DADAP5 |
| 7. A support mechanism (<i>handrails, handlebars...</i>)..... | <input type="checkbox"/> | 7 | DADAP6 |
| 8. Mechanisms to open and shut doors, windows, curtains, blinds..... | <input type="checkbox"/> | 8 | DADAP7 |
| 9. Other adapted furniture..... | <input type="checkbox"/> | 9 | DADAP8 |

→ **Screen** : If the person has not answered yes DADAPT=yes →→→→→→→→→→ **DPROTH**

If the person has answered yes to DADAPT, he/she will be asked about each facility she uses :

Were you the one who had it installed in your home ?

- | | | | |
|--|--------------------------|---|--------|
| 1. Adapted toilet (<i>pierced seat, toilet elevator., handrail,)</i> | <input type="checkbox"/> | 1 | DAMEN1 |
| 2. An adapted bathtub, shower or basin | <input type="checkbox"/> | 2 | DAMEN2 |
| 3. One or several adjustable tables (<i>reclining, on wheels...)</i> | <input type="checkbox"/> | 3 | DAMEN3 |
| 4. An adapted kitchen | <input type="checkbox"/> | 4 | DAMEN9 |
| 5. An adapted seat | <input type="checkbox"/> | 5 | DAMEN4 |
| 6. An adapted bed | <input type="checkbox"/> | 6 | DAMEN5 |
| 7. A support mechanism (<i>handrails, handlebars...</i>)..... | <input type="checkbox"/> | 7 | DAMEN6 |
| 8. Mechanisms to open and shut doors, windows, curtains, blinds..... | <input type="checkbox"/> | 8 | DAMEN7 |
| 9. Other adapted furniture..... | <input type="checkbox"/> | 9 | DAMEN8 |

If the person has answered yes to DADAPT:

DAMENB. Would you need other adapted facilities ?

- | | | | |
|------------------------|--------------------------|---|-----------------|
| 1. Yes..... | <input type="checkbox"/> | 1 | |
| 2. No | <input type="checkbox"/> | 2 | → DPROTH |
| 9. Does not know | <input type="checkbox"/> | 9 | → DPROTH |

If you do, which ones ?

(possible simultaneous answers)

- | | | | |
|--|--------------------------|---|---------|
| 1. Adapted toilet (<i>pierced seat, toilet elevator, handrail,)</i> | <input type="checkbox"/> | 1 | DADAPB1 |
| 2. An adapted bathtub, shower or basin | <input type="checkbox"/> | 2 | DADAPB2 |
| 3. One or several adjustable tables (<i>reclining, on wheels...)</i> | <input type="checkbox"/> | 3 | DADAPB3 |
| 4. An adapted kitchen | <input type="checkbox"/> | 4 | DADAPB9 |
| 5. An adapted seat | <input type="checkbox"/> | 5 | DADAPB4 |
| 6. An adapted bed | <input type="checkbox"/> | 6 | DADAPB5 |
| 7. A support mechanism (<i>handrails, handlebars...</i>)..... | <input type="checkbox"/> | 7 | DADAPB6 |
| 8. Mechanisms to open and shut doors, windows, curtains, blinds..... | <input type="checkbox"/> | 8 | DADAPB7 |
| 9. Other adapted furniture..... | <input type="checkbox"/> | 9 | DADAPB8 |

• **Prostheses and aids...**

DPROTH. Do you (does he/she) use a prosthesis in replacement of one part of your (his/her) body ?

- 1. Yes 1
- 2. No, but I would need 2
- 3. No, I do not need it 3 → **DSOUTI**
- 8. Will not answer..... 8 → **DSOUTI**
- 9. Does not know 9 → **DSOUTI**

If he/she does or needs one, Which one(s) ?
(possible simultaneous answers)

- 1. Upper limbs prosthesis (artificial finger, hand or arm, hook..) 1 DPSUP
- 2. Lower limbs prosthesis (*artificial foot or leg...*) 2 DPINF
- 3. Prosthesis of another part of the body (*glass-eye, breast prosthesis, hearing aid, nose prosthesis...*) 3 DPAUT

DSOUTI. Do you (does he/she) use a support or correcting equipment ?

- 1. Yes..... 1
- 2. No, but I would need one 2
- 3. Non, and I do not need one 3 → **DSONDE**
- 8. Will not answer..... 8 → **DSONDE**
- 9. does not know 9 → **DSONDE**

If he/she does or needs one, which one(s) ?
(possible simultaneous answers)

- 1. A trunk or spine prosthesis (*corset...*) 1 DSCOLO
- 2. A prosthesis for the upper limbs 2 DSSUP
- 3. A prosthesis for the lower limbs (*orthopaedic soles or shoes...*) 3 DSINF
- 4. Another support equipment 4 DSAUT

• **Assistance for private care and protection**

→ **Screen : If BELI2=0 (colostomy and vesical probe) →→→→→→→→→→→→ DABSOR**

DSONDE. Do you (does he/she) use a device to dispose of urines
(probe, urine collector...) ?

- 1. Yes 1
- 2. Yes, but it is temporary 2
- 3. No 3
- 8. Will not answer..... 8
- 9. Does not know 9

DANUS. Have you (has he/she) had a colostomy ?

- 1. Yes 1
- 2. Yes, but only temporarily 2
- 3. No 3
- 8. Will not answer..... 8
- 9. Does not know 9

DABSOR. Do you use absorbing protection ? (nappies)

- 1. Yes 1
- 2. No, but I would need some 2
- 3. No, I do not need any 3
- 7. Irrelevant : too young 7
- 8. Will not answer..... 8
- 9. Does not know 9

DSOINS. Do you use other technical aids or equipment for private care ?

- 1. Yes..... 1
- 2. No, but I would need some 2
- 3. No, I do not need any 3 → **DAMOBL**
- 8. Will not answer..... 8 → **DAMOBL**
- 9. Does not know 9 → **DAMOBL**

If he/she does or needs any, which one(s) ?
(possible simultaneous answers)

- 1. Adapted clothes 1 DSOIN1
- 2. Technical aids to dress and undress 2 DSOIN2
- 3. Aids for people with a tracheotomy (*cannula, protections, tubes*)..... 3 DSOIN3
- 4. Aids for people with a colostomy ? (*bags, absorbents...*)..... 4 DSOIN4
- 5. Other technical aids 5 DSOIN5

• Aids for personal mobility

→ **Screen:** If the person is confined to bed (BMOB1=1) →→→→→→→→→→→ **DTOUR**

DAMOBL. Do you (does he/she) use technical or animal aids to walk or move around or use a vehicle (crutches, wheelchair, adapted vehicle, guide dog...)?

- 1. Yes 1
- 2. No, but I would need it 2
- 3. No, I do not need it 3 → **DTOUR**
- 7. Irrelevant : too young 7 → **DTOUR**
- 8. Will not answer 8 → **DTOUR**
- 9. Does not know 9 → **DTOUR**

If the answer is 'yes', which one(s) ?

(possible simultaneous answers)

- | | | | |
|---|--------------------------|----|--------|
| 1. Canes or crutches..... | <input type="checkbox"/> | 1 | DAMO1 |
| 2. White stick | <input type="checkbox"/> | 2 | DAMO2 |
| 3. Walking frame | <input type="checkbox"/> | 3 | DAMO3 |
| 4. Manual wheelchair..... | <input type="checkbox"/> | 4 | DAMO4 |
| 5. Electric wheelchair | <input type="checkbox"/> | 5 | DAMO5 |
| 6. Special car(<i>lowered floor, reduced speed...</i>) | <input type="checkbox"/> | 6 | DAMO6 |
| 7. Normal car with adaptations (<i>adapted steering, adapted commands, special seats, fork-lift...</i>) | <input type="checkbox"/> | 7 | DAMO7 |
| 8. A motorised or manual tricycle | <input type="checkbox"/> | 8 | DAMO8 |
| 9. A guide dog for the blind | <input type="checkbox"/> | 9 | DAMO9 |
| 10. Other technical aids | <input type="checkbox"/> | 10 | DAMO10 |

→ Screen : If the person has not answered DAMOBL=yes →→→→→→→→→→ *DTOUR*

If the person has answered yes to DAMOBL :

DAMOBB. Would you need other technical aids ?

- | | | |
|------------------------|--------------------------|------------------|
| 1. Yes..... | <input type="checkbox"/> | 1 |
| 2. No | <input type="checkbox"/> | 2 → <i>DTOUR</i> |
| 9. Does not know | <input type="checkbox"/> | 9 → <i>DTOUR</i> |

If the answer is 'yes', which one(s)?

(possible simultaneous answers)

- | | | | |
|---|--------------------------|----|---------|
| 1. Canes or crutches..... | <input type="checkbox"/> | 1 | DAMOB1 |
| 2. White stick | <input type="checkbox"/> | 2 | DAMOB2 |
| 3. Walking frame | <input type="checkbox"/> | 3 | DAMOB3 |
| 4. Manual wheelchair..... | <input type="checkbox"/> | 4 | DAMOB4 |
| 5. Electric wheelchair | <input type="checkbox"/> | 5 | DAMOB5 |
| 6. Special car(<i>lowered floor, reduced speed...</i>) | <input type="checkbox"/> | 6 | DAMOB6 |
| 7. Normal car with adaptations (<i>adapted steering, adapted commands, special seats, fork-lift...</i>) | <input type="checkbox"/> | 7 | DAMOB7 |
| 8. A motorised or manual tricycle | <input type="checkbox"/> | 8 | DAMOB8 |
| 9. A guide dog for the blind | <input type="checkbox"/> | 9 | DAMOB9 |
| 10. Other technical aids | <input type="checkbox"/> | 10 | DAMOB10 |

DTOUR. Do you (does he/she) use technical aids to go from your (his/her) bed to your (his/her) chair or to turn in bed (*boards, harness, cushions...*)

- | | | |
|------------------------------------|--------------------------|-------------------|
| 1. Yes | <input type="checkbox"/> | 1 |
| 2. No, but I would need some | <input type="checkbox"/> | 2 |
| 3. No, I do not need any | <input type="checkbox"/> | 3 → <i>DOPTIQ</i> |
| 7. Irrelevant : too young | <input type="checkbox"/> | 7 → <i>DOPTIQ</i> |
| 9. Does not know | <input type="checkbox"/> | 9 → <i>DOPTIQ</i> |

If he/she has made a positive answer, which one(s) ?
(possible simultaneous answers)

- | | | | |
|---|--------------------------|---|--------|
| 1. boards, harness... .. | <input type="checkbox"/> | 1 | DTLIT1 |
| 2. person-lift | <input type="checkbox"/> | 2 | DTLIT2 |
| 3. Cushions, turning blankets, rug, | <input type="checkbox"/> | 3 | DTLIT3 |
| 4. Others aids for transfer | <input type="checkbox"/> | 4 | DTLIT4 |

• Communication, information and signalling aids

→ Screens: *If the person has no visual problem (BSEN1 <3 and BSEN2 <3) →→→ DVOIX*
If the person is completely blind (BVUE=3) →→→→→→→→→→ DORDIN

DOPTIQ. Do you (does he/she) use optical (magnifying glasses...), or electro-optical aids (electronic enlarger, reading machine) ?

- | | | |
|-----------------------------------|--------------------------|---|
| 1. Yes..... | <input type="checkbox"/> | 1 |
| 2. No, but I would need one | <input type="checkbox"/> | 2 |
| 3. No, I do not need one | <input type="checkbox"/> | 3 |
| 7. Irrelevant : too young | <input type="checkbox"/> | 7 |
| 9. Does not know | <input type="checkbox"/> | 9 |

DORDIN. Do you (does he/she) use computer interfaces? (speech recognition, touch-sensitive screen, voice synthesis...)

- | | | |
|-----------------------------------|--------------------------|---|
| 1. Yes | <input type="checkbox"/> | 1 |
| 2. No, but I would need it | <input type="checkbox"/> | 2 |
| 3. No, and I do not need it | <input type="checkbox"/> | 3 |
| 7. Irrelevant : too young | <input type="checkbox"/> | 7 |
| 9. Does not know | <input type="checkbox"/> | 9 |

DECRIIT. Do you (does he/she) use type-writers, Braille word processing or (for those unable to use their hands) other writing aids ?

- | | | |
|-----------------------------------|--------------------------|---|
| 1. Yes..... | <input type="checkbox"/> | 1 |
| 2. No, but I would need to | <input type="checkbox"/> | 2 |
| 3. No, and I do not need to | <input type="checkbox"/> | 3 |
| 7. Irrelevant : too young | <input type="checkbox"/> | 7 |
| 9. Does not know | <input type="checkbox"/> | 9 |

DMAGN. Do you (does he/she) use a tape-recorder for your (his/her) correspondence ?

- | | | |
|-----------------------------------|--------------------------|---|
| 1. Yes | <input type="checkbox"/> | 1 |
| 2. No, but I would need one | <input type="checkbox"/> | 2 |
| 3. No, I do not need one | <input type="checkbox"/> | 3 |
| 7. Irrelevant : too young | <input type="checkbox"/> | 7 |
| 9. Does not know | <input type="checkbox"/> | 9 |

DAPBRA. Can you (he/she) read Braille ?

- 1. Yes 1
- 2. No 2 → **DVOIX**
- 7. Irrelevant : too young 7 → **DVOIX**
- 9. Does not know 9 → **DVOIX**

DLIBRA. Do you (does he/she) use Braille to read ?

- 1. Yes..... 1
- 2. Non 2
- 9. Does not know 9

DECBRA. Do you (does he/she) use Braille to write ?

- 1. Yes..... 1
- 2. Non 2
- 9. Does not know 9

→ **Screen** : If the person has not mentioned any speech problem(BSEN4=1) →→→ **DOUIE**

DVOIX. Do you (does he/she) use a speech aid ? (voice generators or amplifiers...)

- 1. Yes..... 1
- 2. No, but I would need one 2
- 3. No, I do not need one 3
- 7. Irrelevant : too young 7
- 9. Does not know 9

→ **Screen** : If the person is completely deaf (ANAT[i]=3.1) →→→→→→→→→ **DSIGNE**

DOUIE. Do you (does he/she) use a hearing aid ?

- 1. Yes..... 1
- 2. No, but I would need one 2
- 3. No, and I do not need one..... 3
- 9. I do not know 9

→ **Screen** : If the person is blind (BVUE=2 or 3) →→→→→→→→→→→ **DMANIP**

DSIGNE. Can you (he/she) understand or do you (does he/she) use sign language ?

- 1. Yes, I use it 1
- 2. Yes, I can understand it but I do not use it..... 2
- 3. No, I do not know it but I would like to learn it..... 3
- 4. No, I do not know it, and I do not need it 4
- 7. Irrelevant : too young 7

→ **Screen** : If the person has not mentioned any hearing problem (BSEN3 = 1) **and** he/she does not need a hearing aid (DOUIE=3) →→→→→→→→→→ **DMANIP**

DAUDIO. Do you (does he/she) use audio-visual equipment adapted to the hearing-impaired? ("CEEFAX» decoder...)

- 1. Yes 1
- 2. No, but I would need to 2
- 3. No, and I do not need to 3
- 7. Irrelevant : too young 7
- 9. Does not know 9

→ **Screen** : If the person has said he/she can use his/her hands without difficulty (BSOU2 = 1) or if he/she is too young (BSOU2=7) →→→→→→→→→→→→→→→→ **DMATDO**

• **Handling aids**

DMANIP. Do you (does he/she) use devices to grab or handle things from a distance ? (remote control, automatic devices, tongues...)

- 1. Yes 1
- 2. No, but I would need to 2
- 3. No, I do not need to 3
- 9. Does not know 9

DDOIGT. Do you (does he/she) use devices making up for the inability to use hands or fingers? (prehension, unicorn, mouth stick...)

- 1. Yes 1
- 2. No, but I would need to 2
- 3. No, I do not need any 3
- 9. Does not know 9

DROBIN. Do you (does he/she) use adapted taps ? (lever taps, mixer taps, ..)

- 1. Yes 1
- 2. No, but I would need to 2
- 3. No, I do not need any 3
- 9. Does not know 9

→ **Screen** : If the person is blind (BVUE=2 or 3) →→→→→→→→→→→→→→→→ **DMATDO**

DLECTU. Do you (does he/she) use a reading aid ? (book-holder, page-turner...)

- 1. Yes 1
- 2. No, but I would need to 2
- 3. No, I do not need any 3
- 9. Does not know 9

• **Treatment aids**

DMATDO. Do you (does he/she) use equipment at home to treat a long-term illness or a disability? (*dialysis equipment, pacemaker, injection equipment, anti-bedsore equipment...*)

- 1. Yes 1
- 2. No, but I would need to 2
- 3. No, I do not need any 3 → **DAUTEQ**
- 9. Does not know..... 9 → **DAUTEQ**

If the answer is 'yes' which one(s) ?

(*read the list above and tick the aids and equipment used*)

- 01. Respiratory assistance (*respirator, aspirator, oxygenotherapy*) 01 DMAT1
- 02. Circulatory affection treatment (*anti-oedema stockings, compression...*) 02 DMAT2
- 03. Abdominal hernia aid (*truss, support...*) 03 DMAT3
- 04. Dialysis equipment..... 04 DMAT4
- 05. Injection equipment (*seringe or needle, drip pump, insulin pump...*) 05 DMAT5
- 06. Check up equipment (*blood or urine tests, blood pressure...*) 06 DMAT6
- 07. Pacemaker 07 DMAT7
- 08. Electric anti-pain stimulator 08 DMAT8
- 09. Anti-bedsore equipment (*cushions, mattress...*) 09 DMAT9
- 10. Technical physiotherapy aids 10 DMAT10
- 11. Technical aids for sexual activities 11 DMAT11

• **Other aids**

DAUTEQ. Because you have (he/she has) a health problem or you are disabled, do you (does he/she) use other special equipment or technical aids not mentioned above?

- 1. Yes 1
- 2. No, but I would need to 2
- 3. No, I do not need any 3 → **Unit. L**
- 9. Does not know..... 9 → **Unit. L**

If the answer is 'yes', which one(s) ?

(*write down clearly below the equipment or aids mentioned*)

- 1. 1 DEQUIP1
- 2. 2 DEQUIP2
- 3. 3 DEQUIP3
- 4. 4 DEQUIP4
- 5. 5 DEQUIP5

Unit L : Questions on housing conditions

• Proximity of amenities

How far from your home are... :

- Encode :**
- 0. Is situated in the building
 - 1. Less than 500 metres
 - 2. From 500 metres to less than 1 km away
 - 3. From 1 to less than 2 km away
 - 4. From 2 to less than 5 km away
 - 5. 5 km away and more
 - 9. Does not know

- a) **The post office ?** IPOSTE
- b) **The nearest bus, train or metro stop**..... IBUS
- c) **The nearest railway station** ISNCF
- d) **The nearest food-store** IEPIC
- e) **The nearest supermarket** ISUPER
- f) **The nearest park** (garden , walk, wood...) IPARC
- g) **The nearest nursery school or primary school** IECOLE
- h) **The nearest school with a special section** ISPECI
- i) **The nearest chemist's** IPHARM
- j) **The nearest bar** ICAFE

• Housing conditions

LPROPR. Do you...

- 1. ...Own your home 1
- 2. ...Rent your home..... 2
- 3. ...Occupy it for free 3
- 4. ...Live with relatives or friends 4
- 8. Will not answer 8
- 9. Does not know 9

LCHPLO. Have you (you or the household) had to move for health reasons ?

- 1. Yes 1
- 2. No 2
- 8. Will not answer 8
- 9. Does not know 9

LCHGLO. Do you (or your household) plan to move for health reasons ?

- 1. Yes 1
- 2. No 2 → *Unit T*
- 8. Will not answer 8 → *Unit T*
- 9. Does not know 9 → *Unit T*

LNEWLO. If the answer is 'yes', will this new home be...

- 1. ... a plain independent home ? 1
- 2. ... at your children's ? 2
- 3. ... at your parents' ? 3
- 4. ... at close relations' (*other relatives, friends...*) ? 4
- 5. ... in a specialised institute or establishment ? 5
- 7. ... in a host family ? 7
- 8. Will not answer 8
- 9. Does not know 9

→ *Screen : If the interviewee is not the person concerned →→→→→→→→→→ unit T*

LCHSOU. Do you wish for this change ?

- 1. Yes 1
- 2. No 2
- 8. Will not answer 8
- 9. Does not know 9

LOPIN. Do you think your present housing conditions are :

- 1. Very good ? 1
- 2. Good ? 2
- 3. Fairly good ? 3
- 4. Inadequate ? 4
- 5. Totally inadequate ? 5
- 8. Will not answer 8
- 9. Does not know 9

Unit T : Questions on trips
 (→ *Screen : Irrelevant for persons under 6, move on to Unit S*)

→ *Screen : If the person is confined to bed (BMOB1=1) →→→→→→→→→→→→ TPERM*

• **Unit TD (going out: not counting trips to the park or the garden)**

TGENE. When you go out of your home, are you bothered by a disability or a health problem ?

- 0. Irrelevant : not allowed to go out
- 1. Not bothered
- 2. Bothered, but can go about on his/her own on all routes.....
- 3. Bothered, but can go about on his/her own on some routes
- 4. Cannot go about alone
- 9. Does not know.....

- 0 → **TPERM**
- 1
- 2
- 3
- 4
- 9

TGIG. Do you own a special badge, such as a ‘disabled person’ sticker ?

- 1. Yes
- 2. No
- 9. Does not know.....

- 1
- 2
- 9

THIER. Write down here what day of the week was yesterday (1 : Sunday, 2: Monday, 3 : Tuesday, 4: Wednesday, 5 : Thursday, 6 : Friday, 7 : Saturday)

TDEP1. Yesterday, did you take at least one trip out of your home, between 4 am yesterday and 4 am this morning ? (if the interview takes place on a Monday, ask the person about his/her Saturday trips [Tdep1] and Sunday trips [Tdep2])

- 1. Yes
- 2. No
- 8. Will not answer
- 9. Does not know.....

- 1 → **TMotif[i]**
- 2
- 8 → **TPERM**
- 9 → **TPERM**

TNODEP1. If the answer is ‘no’ : For what reason ?

- 1. No need to go out
- 2. Did not fancy going out
- 3. I was temporarily unable to go out (*illness, pregnancy...*).....
- 4. I am totally unable to move.....
- 5. I had to stay in
- 6. There were no accessible or available means of transportation.....
- 7. There was no one to go with me
- 8. Other
- 9. Does not know.....

- 1 → **TPERM**
- 2 → **TPERM**
- 3 → **TPERM**
- 4 → **TPERM**
- 5 → **TPERM**
- 6 → **TPERM**
- 7 → **TPERM**
- 8 → **TPERM**
- 9 → **TPERM**

Let's speak about... → → → → → → → →

TMOTIF[i]. What was the aim of this trip ?
(If you were accompanying someone, aim of the person you went with)

• Chart n° 3 on trips, code M

TTR[j]. What successive means of transportation did you use ?

• Chart n° 3 on trips, code T

1st means

2nd means

3rd means

4th means

	<i>Your first trip</i>	<i>Your second trip</i>	<i>Your third trip</i>	<i>Your fourth trip</i>	<i>Your sixth trip</i>	<i>Your seventh trip</i>
	TMOTIF1 □□□	TMOTIF2 □□□	TMOTIF3 □□□	TMOTIF4 □□□	TMOTIF5 □□□	TMOTIF6 □□□
1st means	□□□ TTR11	□□□ TTR21	□□□ TTR31	□□□ TTR41	□□□ TTR51	□□□ TTR61
2nd means	□□□ TTR12	□□□ TTR22	□□□ TTR32	□□□ TTR42	□□□ TTR52	□□□ TTR62
3rd means	□□□ TTR13	□□□ TTR23	□□□ TTR33	□□□ TTR43	□□□ TTR53	□□□ TTR63
4th means	□□□ TTR14	□□□ TTR24	□□□ TTR34	□□□ TTR44	□□□ TTR54	□□□ TTR64

• **Unit TP (driving licence and driving)**

→ Screens : *If the person is under 18 or has been blind since an earlier age than 18* → TAMNG

TPERM. Do you have a « car » driving licence

- 1. Yes 1 → TADAPT
- 2. No..... 2
- 9. Does not know 9 → TCONDU

TNOPER. If the answer is 'no', Is it because of a health problem ?

- 1. Yes 1 → TAMNG
- 2. No 2 → TAMNG
- 9. Does not know 9 → TAMNG

TADAPT. If the answer is 'yes', Is your driving licence « adapted » to a handicap or a health problem ?

- 1. Yes 1
- 2. No 2
- 9. Does not know. 9

→ Screens : *if the person is confined inside the home* (BMOB1 <=3)
Or if the person is blind or tetraplegic (ANAT[i]=21 or =12) →→→→→ TTEMPS

TCONDU. Do you drive a car ?

- 1. Yes, regularly 1 → TAMNG
- 2. Yes, occasionally 2 → TAMNG
- 3. No, not any more 3
- 9. Does not know..... 9 → TAMNG

TTEMPS. How old were you when you stopped driving ?..... years old

→ Screens : *If the person is confined inside the home* (BMOB1 <=3) →→→→→ TAMNG

Why don't you drive anymore ? (possible simultaneous answers)

- 1. Cannot drive anymore (illness, disability, accident) 1 TCOZ1
- 2. Too old 2 TCOZ2
- 3. Afraid to drive 3 TCOZ3
- 4. Does not like driving 4 TCOZ4
- 5. Does not have the opportunity to drive (other driver...) 5 TCOZ5
- 6. A car is too expensive (maintenance...) 6 TCOZ6
- 7. Prefers (motor)cycling 7 TCOZ7
- 8. Other 8 TCOZ8
- 9. Does not know 9

TAMNG. If you have the use of a car (yours or relatives'), is it adjusted to a disability or a health problem you have ?

- 0. Irrelevant : does not have the use of a car 0
- 1. Yes, for driving 1
- 2. Yes, I drive a car that does not need a licence 2
- 3. Yes, for transportation 3
- 4. No, but I would need it 4
- 5 No, I do not need it 5
- 9. Does not know 9

➔ Screen : *If the person is confined inside the home* (BMOB1<=3) ➔➔➔➔➔➔➔➔ **Unit S**

• Unit TS : difficulties and particular uses

TTRSPE. Do you (does he/she) have access to a specialised transport company for mobility-impaired people?

- 1. Yes 1
- 2. No, I would need to, but I cannot get to them 2
- 3. No, I do not need it..... 3
- 9. Does not know 9

TTRORD. Can you (he/she) have access to normal public transportation?

- 1. Yes, with no difficulty..... 1
- 2. Yes, but with difficulty 2
- 3. No, it is too far from home 3
- 4. No, getting to it or using it is too difficult 4
- 9. Does not know 9

➔ Screens : *If the interviewee is not the person concerned OR if the person is not allowed to go out* (TGENE=0), *or is to young* (TGENE=7) ➔➔➔➔➔➔➔➔➔➔➔➔➔➔➔➔➔➔ **TACCES**

TDPLUS. Would you like to be able to go out more often ?

- 1. Yes 1
- 2. No 2
- 9. Does not know 9

TWCDIF. Have you ever been in a place where access to the toilet is difficult or inconvenient for you ??

- 1. Yes, often 1
- 2. Yes, sometimes 2
- 3. No, I only go to places where I have easy access to the toilet..... 3 ➔ *unit S*
- 4. No 4 ➔ *unit S*
- 9. Does not know 9 ➔ *unit S*

TWCSOR. Are there outings you avoid for that reason ?

- 1. Yes 1
- 2. No..... 2
- 9. Does not know 9

TACCES. In the past three months, were there places you (he/she) could not have access to because you are disabled or have a health problem ?

- 1. Yes 1
- 2. No..... 2 → *unit S*
- 9. Does not know 9 → *unit S*

If the answer is 'yes', which ones ?

(Write down clearly the places mentioned)

- 1. _____ 1 TACC1
- 2. _____ 2 TACC2
- 3. _____ 3 TACC3
- 4. _____ 4 TACC4
- 5. _____ 5 TACC5

Unit S : Questions on education and degrees

SETUDE. Are you a student in a school, a secondary school or a university? (including special teachings, early-learning activities, correspondence course, home schooling)

- | | |
|---|--|
| 1. Yes (including special teaching classes) | <input type="checkbox"/> 1 |
| 2. No, education completed | <input type="checkbox"/> 2 → SINTER |
| 3. No, child too young to be sent to school | <input type="checkbox"/> 3 → unit E |
| 4. No, has never been to school | <input type="checkbox"/> 4 → SLIRE |
| 8. Will not answer..... | <input type="checkbox"/> 8 |
| 9. Does not know | <input type="checkbox"/> 9 |

SETU2. If the answer is 'yes', is it...

- | | |
|--|----------------------------|
| 1. ...an initial course | <input type="checkbox"/> 1 |
| 2. ...A course you resumed after an interruption of more than a year | <input type="checkbox"/> 2 |
| 9. Does not know | <input type="checkbox"/> 9 |

SCLASS. What type of class or school do you study in ?

- | | |
|---|--|
| 0. Irrelevant : home schooling, correspondence course | <input type="checkbox"/> 0 |
| 1. A normal class in a school, a secondary school or a university... .. | <input type="checkbox"/> 1 |
| 2. A special class in a normal primary school or a nursery school | <input type="checkbox"/> 2 → SPENS |
| 3. A special class in a normal secondary school | <input type="checkbox"/> 3 → SPENS |
| 4. A specialised school run by the Ministry of Education..... | <input type="checkbox"/> 4 → SPENS |
| 5. A specialised school run by the Ministry of health or social affairs | <input type="checkbox"/> 5 → STYPET |
| 6. A specialised school (Ministry unidentified) | <input type="checkbox"/> 6 → SPENS |
| 9. Does not know | <input type="checkbox"/> 9 |

SNIVEC. Type of studies (→ see chart 4. Schooling, code EC)

→ **SPENS**

Only if SCLASS=5 :

STYPET. Specify what the school specialises in :

- | | |
|--|----------------------------|
| 1. School for the mentally disabled..... | <input type="checkbox"/> 1 |
| 2. Rehabilitation institutes | <input type="checkbox"/> 2 |
| 3. Schools for people with motor disabilities..... | <input type="checkbox"/> 3 |
| 4. Schools for the partially-sighted | <input type="checkbox"/> 4 |
| 5. Schools for the hearing-impaired..... | <input type="checkbox"/> 5 |
| 6. Schools for the poly-disabled | <input type="checkbox"/> 6 |
| 7. Other special school..... | <input type="checkbox"/> 7 |

Specify :

.....

- | | |
|------------------------|----------------------------|
| 9. Does not know | <input type="checkbox"/> 9 |
|------------------------|----------------------------|

SAUTYP

→ Screen : For persons schooled at home (SCLASS=0) →→→→→→→→→→→→→→→ SMATSP

SPENS. In this school, are you...

- 1. ...boarding..... 1
- 2. ...taking school lunches 2
- 3. ...a day pupil 3
- 9. Does not know 9

SMATSP. Have you been granted special equipment (including parking facilities) or personal assistance (reader, tutor, other home assistance services...) for your schooling because of a handicap or a health problem?

- 0. Irrelevant (no health problem preventing schooling) 0 → STRFIN
- 1. Yes, provided by the school..... 1
- 2. Yes, but not provided by the school 2
- 3. No 3 → STRFIN
- 8. Will not answer..... 8 → STRFIN
- 9. Does not know 9 → STRFIN

If the answer is 'yes', What have you been granted ? (possible simultaneous answers)

- 1. Tutors 1 SMAT1
- 2. Readers 2 SMAT2
- 3. Personal assistance 3 SMAT3
- 4. Special equipment 4 SMAT4
- 5. Home assistance services..... 5 SMAT5
- 6. Others 6 SMAT6

→ Screen : for persons schooled at home (SCLASS=0) →→→→→→→→→→→→→→→ SINTER

STRFIN. For the trip to school, do you enjoy financial help deriving from a handicap or a health problem ?

- 1. Yes 1
- 2. No 2
- 8. Will not answer..... 8
- 9. Does not know 9

STRSPE. For the trip to school, do you enjoy a specialised transport service for mobility-impaired people ?

- 1. Yes 1
- 2. No 2
- 9. Does not know 9

SINTER. Did you have to break off your studies for medical reasons (not including pregnancy) ?

- 1. Yes, for good 1 → SLIRE
- 2. Yes, for at least three months in a row 2 → SLIRE
- 3. No 3
- 9. Does not know 9

SPERTU. If the answer is 'no', Has your schooling been disrupted because of a handicap or health problems ?

- 1. Yes 1
- 2. No 2
- 9. Does not know 9

→ Screen : For children under 6 →→→→→→→→→→→ Unit E, question ECPRPE

SLIRE. Can you (he/she) read ? (in your mother tongue or another language, including Braille)

- 1. Yes, fluently 1
- 2. Yes, but with difficulty 2
- 3. No 3
- 8. Will not answer 8
- 9. Does not know 9

SECRIR. Can you (he/she) write ? (in your mother language or another language, including Braille)

- 1. Yes, with no difficulty 1
- 2. Yes, but with some difficulty 2
- 3. No 3
- 8. Will not answer 8
- 9. Does not know 9

SCOMPT. Can you (he/she) count ?

- 1. Yes, without any difficulty 1
- 2. Yes, but with some difficulty 2
- 3. No 3
- 8. Will not answer 8
- 9. Does not know 9

→ Screens : If the person if under 15 →→→→→→→→→→→ Unit E, question ECPRPE

SDIPLO. Have you got a degree ?

- 1. Yes 1
- 2. No 2 → *SNIVEA*
- 9. Does not know 9 → *SNIVEA*

What are the highest degrees you have ? (chart 4. Code ED)

SGENED. In general education (primary, secondary)

STECED. In vocational training or technical education

SSUPED. In higher education (including higher technical)

→ Screens : for persons currently schooled (SETUDE=1) or who have already graduated (SDIPLO=1) →→→→→→→→→→→ Unit E

If no degree or current schooling (SDIPLO ≠ 1 et SETUDE ≠ 1):

SNIVEA. Education level reached (see chart 4. code EA).....

Units E, EA, EB, EC, EO : Questions on employment

→ Screen : If the person is under 15 →→→→→→→→→→→→→→→→ EOPRPE

● Unit E (introduction and screening)

EOCCUP. What is your current occupation ?

Works 1. Is self-employed or employed by a company, even part-time.

Helps a relative in his/her job, even without being paid.

Is an apprentice, a salaried trainee, a civil servant trainee, a temporary worker, etc...

Is employed in a special activities centre (C.AT), a sheltered workshop or a centre providing work at home (CDTD).

• *Including sick leave, maternity leave, annual holidays, retraining periods, exemption from work, etc.*

• *Dot not include people doing their national service, temporarily free from duty, in early retirement, or disabled.*

1 → **EAPROF**

Not working currently

2. unemployed (on the dole or not)

2

3. Student, pupil, training (paid or not)

3

4. Conscript

4

5. Retired (former salaried employee) or in early retirement

5

6. Retired from business (*former farmer, craftsman, tradesman, self-employed, etc.*).....

6

7. Housewife.....

7

8. Other non-working person (*including those only getting a reversion pension, disabled people and disabled people in day workshops*)

8

→ Screen : If the person is 65 or over →→→→→→→→→→→→→→→→ Unit EC

ECHERC. Are you looking for a job ?

1. Yes

1 → **EBCIRC**

2. No

2

8. Will not answer

8

9. Does not know

9

ESOUHA. However, do you wish to work or have you already found a job (another job) which will start later ?

1. I have already found a job which will start later

1 → **EBCIRC**

2. I wish to work

2 → **EBCIRC**

3. I do not wish to work

3 → **ECANT**

4. I am unable to work for health reasons

4 → **ECANT**

8. Will not answer

8 → **ECANT**

9. Does not know

9 → **ECANT**

• **Unit EA (occupation)**

EAPROF. What is your main occupation ? (accurate definition)

EAPRTG. Is it a sheltered or reserved job?

- 1. No, it's an ordinary job 1
- 2. Yes, I work for the State or the local authorities in a *reserved job* 2
- 3. Yes, I work for another company, and I get the *Income Guarantee* 3
- 4. Yes, it's a job in a *special activities centre (CAT)* 4 → **EATROU**
- 5. Yes, it's a job in a *sheltered workshop* or a *centre providing work at home.* 5
- 6. Yes, it's *another sheltered job* 6

EASTAT. Are you...

- 1. Self-employed or salaried, and the manager of your own company 1 → **EATROU**
- 2. A public sector or local authorities employee ? 2
- 3. Employed by a state-run company or the Social Security ?..... 3
- 4. A trade or industry worker ?..... 4
- 5. Helping a relative with his work without being salaried ?..... 5 → **EAFORM**
- 6. Working but not getting a salary ? 6 → **EAFORM**
- 7. Others 7 → **EATROU**

EAPOSI. What is the occupational position of your current job ?

- 01. Unskilled or semi-skilled manual worker 01
 - 02. Skilled or highly-skilled manual worker..... 02
 - 03. Supervisor managing workers in administration and commerce 03
 - 04. Supervisor managing technicians and other supervisors 04
 - 05. Technician, draughtsman, salesman 05
 - 06. Teacher, social worker, nurse or other lower-grade civil servant 06
 - 07. Engineer or executive (*employees, technicians and supervisors who are not executives must not fill in this line, even tough they subscribe to a pension fund for executives*) 07
 - 08. Professor and higher-grade civil servants..... 08
 - 09. Office worker, sales personnel, rank-and-file service worker, nursing auxiliary, child-minder, lower-grade civil servant 09
 - 10. Other : 10
- Specify (step, grade, etc.)**
-
- 99. Does not know 99

EAPOSx

→ **Screen** : for persons working in a CAT or a sheltered workshop (EAPRTG=4 or 5) → **EATROU**

EAFORM. Are you a vocational trainee or do have you applied for a government-sponsored work contract ?

- 1. Yes
- 2. No
- 9. Does not know

- 1
- 2 → **EATROU**
- 9 → **EATROU**

EAFORX. Nature of the training or contract (→ see code chart n°5)

□ □ □

EATROU. How did you find your job ? (possible simultaneous answers)

- 01. I personally contacted the company
- 02. Thanks to relatives
- 03. Thanks to acquaintances
- 04. Thanks to an association helping the disabled
- 05. Thanks to a placement institution or an integration institution
- 06. Thanks to my school or a training institution
- 07. I took an exam
- 08. I took an exam adapted to the disabled
- 09. It is a reserved job in the public sector
- 10. As a contract-worker according to the 10/07/87 law on for the employment of disabled persons
- 11. I answered an advertisement or I published one
- 12. Thanks to the Job Centre or another placement institution
- 13. An employer contacted me
- 14. I am self-employed
- 15. Other means
- 98. Will not answer
- 99. Does not know

- 01 EATR1
- 02 EATR2
- 03 EATR3
- 04 EATR4
- 05 EATR5
- 06 EATR6
- 07 EATR7
- 08 EATR8
- 09 EATR9
- 10 EATR10
- 11 EATR11
- 12 EATR12
- 13 EATR13
- 14 EATR14
- 15 EATR15
- 98
- 99

EATEMP. In your main occupation, do you work...

- 1. Full-time ?
- 2. Part-time ?
- 9. Does not know.....

- 1
- 2
- 9

EACCESS. Since you started working, have you had to stop working for at least six months in a row for medical reasons ? (not including pregnancies)

- 1. Yes
- 2. No
- 9. Does not know

- 1
- 2
- 9

EACHPR. Since you started working, have you had to change occupations for medical reasons ?

- 1. Yes
- 2. No.....
- 9. Does not know

- 1 → *EALIMI*
- 2
- 9

EACHG. Even if your occupation has remained the same, have you had to change jobs for medical reasons ? (including geographical transfer)

- 1. I got a placement training course, but it did not help me find a job
- 2. Yes, I changed for a fixed-term contract
- 3. Yes, I changed for an open-ended contract
- 4. No
- 8. Will not answer
- 9. Does not know.....

- 1
- 2
- 3
- 4
- 8
- 9

EALIMI. Because of an handicap or a health problem, are you limited in the kind of work or amount of work you can do ?

- 1. Yes
- 2. No
- 9. Does not know.....

- 1
- 2
- 9

EAFINA. Because of a handicap or a health problem, has your job been funded by the Association for the Management of the Handicapped Workers' Integration Fund (AGEFIPH) ?

- 1. Does not know what AGEFIPH is.....
- 2. Yes, for a job adjustment
- 3. Yes, for a training course
- 4. Yes, for the adjustment of facilities (*ramps, lift, doors...*).....
- 5. Yes, for a hiring bonus
- 6. Yes, other
- 7. No, but I would have needed it.....
- 8. No, I did not need it
- 9. Does not know

- 1 → *EAMNG*
- 2
- 3
- 4
- 5
- 6
- 7 → *EAMNG*
- 8 → *EAMNG*
- 9 → *EAMNG*

EAQUI. Have you personally collected the AGEFIPH grant ?

- 1. Yes, I collected it directly
- 2. No, my employer collected it
- 9. Does not know.....

- 1
- 2
- 9

→ **Screen** : for persons working in a C.A.T. (EAPRTG=3) →→→→→→→→→ *EOPRPE*

EBACCI. If it was because of an accident, Was it...

- 1. An accident at work ?..... 1
- 2. An industrial accident on the way from home to work ? 2
- 3. Another road accident ? 3
- 4. Another accident 4
- 9. Does not know 9

EBCOZ. Is this job loss or cessation or difficulty in finding a job linked to a health problem ?

- 1. Yes, I have been declared disabled 1
- 2. Yes, in another way 2
- 3. No 3
- 9. Does not know 9

EBTEMP. How long have you been looking for a job, or another job ?

- 1. Less than 3 months 1
- 2. 3 months to less than 6 months..... 2
- 3. 6 months to less than a year 3
- 4. 1 year to less than a year and a half 4
- 5. 1 year and a half to less than 2 years 5
- 6. 2 years to less than 3 years 6
- 7. 3 years and more 7
- 8. Will not answer 8
- 9. Does not know 9

EBDEMA. For the past month, have you taken steps to find a job ?

- 1. Yes 1
- 2. No 2 → **ECANT**
- 8. Will not answer 8 → **ECANT**
- 9. Does not know 9 → **ECANT**

If you have, Which ones ? (possible simultaneous answers)

- 1. I directly contacted an employer 1 EBDM1
- 2. I put an advertisement (in a paper or on a notice board) 2 EBDM2
- 3. I answered job advertisement (from a paper or a notice board)..... 3 EBDM3
- 4. I took a recruitment exam (in the past month) 4 EBDM4
- 5. I went to a test, a job interview (in the past month) 5 EBDM5
- 6. I took steps to start my own business 6 EBDM6
- 7. I registered (or remained registered) with a temping agency 7 EBDM7
- 8. I consulted a placement institution or an integration institution..... 8 EBDM8
- 9. I registered with a Job Centre (or remained registered) 9 EBDM9
- 10. I approached the Job Centre for other information (visit, consulting board, taking part in actions led by the Job Centre)..... 10 EBDM10
- 11. I used my personal connections 11 EBDM11
- 12. I used other devices 12 EBDM12

Specify : **EBDMAL**

ECPROF. Latest occupation ? (accurate definition)

- For employees of the State, local authorities or the public sector, specify the grade.
- Notice : for retired persons, specify not the latest but the main occupation..

ECSTAT. Were you (was he)...

- | | |
|---|--|
| 1. Self-employed or salaried, and the manager of your own company | <input type="checkbox"/> 1 → ECCIRC |
| 2. A public sector or local authorities employee ? | <input type="checkbox"/> 2 |
| 3. Employed by a state-run company or the Social Security ?..... | <input type="checkbox"/> 3 |
| 4. A trade or industry worker ?..... | <input type="checkbox"/> 4 |
| 5. Helping a relative with his work without being salaried ?..... | <input type="checkbox"/> 5 → ECCIRC |
| 6. Working but not getting a salary ? | <input type="checkbox"/> 6 → ECCIRC |
| 7. Others | <input type="checkbox"/> 7 |
| 9. Does not know | <input type="checkbox"/> 9 |

ECPOSI. What was the occupational position of your (his) former job?

- | | |
|---|-----------------------------|
| 01. Unskilled or semi-skilled manual worker | <input type="checkbox"/> 01 |
| 02. Skilled or highly-skilled manual worker..... | <input type="checkbox"/> 02 |
| 03. Supervisor managing workers in administration and commerce | <input type="checkbox"/> 03 |
| 04. Supervisor managing technicians and other supervisors | <input type="checkbox"/> 04 |
| 05. Technician, draughtsman, salesman | <input type="checkbox"/> 05 |
| 06. Teacher, social worker, nurse or other lower-grade civil servant | <input type="checkbox"/> 06 |
| 07. Engineer or executive (employees, technicians and supervisors who are not executives must not fill in this line, even tough they subscribe to a pension fund for executives)..... | <input type="checkbox"/> 07 |
| 08. Professor and higher-grade civil servants..... | <input type="checkbox"/> 08 |
| 09. Office worker, sales personnel, rank-and-file service worker, nursing auxiliary, child-minder, lower-grade civil servant | <input type="checkbox"/> 09 |
| 10. Other : | <input type="checkbox"/> 10 |

Specify (step, grade, etc.)

-
- | | |
|-------------------------|-----------------------------|
| 99. Does not know | <input type="checkbox"/> 99 |
|-------------------------|-----------------------------|

ECPOSx

→ Screens : for women who have never had a job →→→→→→→→→→→→ **EOPRPE**
 - for persons who have answered unit EB →→→→→→→→→→→→ **EOPRPE**

ECCIRC. What made you stop working ?

- | | |
|---|-----------------------------|
| 01. End of fixed-term contract | <input type="checkbox"/> 01 |
| 02. Redundancy | <input type="checkbox"/> 02 |
| 03. Resignation | <input type="checkbox"/> 03 |
| 04. Early retirement (paid by the unemployment benefit or the company)..... | <input type="checkbox"/> 04 |
| 05. Retirement, end of a non-salaried occupation | <input type="checkbox"/> 05 |
| 06. An accident at work..... | <input type="checkbox"/> 06 |
| 07. Health reasons | <input type="checkbox"/> 07 |
| 08. Personal reasons | <input type="checkbox"/> 08 |
| 09. Conscription | <input type="checkbox"/> 09 |
| 10. Other reason | <input type="checkbox"/> 10 |
| 99. Does not know | <input type="checkbox"/> 99 |

→ Screen : if the cause is not an accident (ECCIRC ≠ 06) →→→→→→→→→ EOPRPE

If the cause is an accident :

ECACCI. Was it...

- | | |
|--|----------------------------|
| 1. An accident at work ?..... | <input type="checkbox"/> 1 |
| 2. An accident on the way from home-to work ?..... | <input type="checkbox"/> 2 |
| 3. Another road accident | <input type="checkbox"/> 3 |
| 4. Another accident | <input type="checkbox"/> 4 |
| 9. Does not know | <input type="checkbox"/> 9 |

→ Screen : if the interviewee is the child of the head of the household (LIEN=3) →→ unit R

• **Unit EO (social background)**

EOPRPE. Does your (his/her) father have (did he have) a job ?

- 1. Yes
- 2. No
- 8. Will not answer
- 9. Does not know

- 1
- 2 → *unit R*
- 8 → *unit R*
- 9 → *unit R*

EOPROF. Latest occupation ? (accurate definition)

- *For employees of the State, local authorities or the public sector, specify the grade.*
- *Notice : for retired persons, specify not the latest but the main occupation..*

EOSTAT. Is (was) he...

- 1. Self-employed or salaried, and the manager of your own company
- 2. A public sector or local authorities employee ?
- 3. Employed by a state-run company or the Social Security ?.....
- 4. A trade or industry worker ?.....
- 5. Helping a relative with his work without being salaried ?.....
- 6. Working but you do not get a salary ?
- 7. Others
- 9. Does not know

- 1 → *unit R*
- 2
- 3
- 4
- 5 → *unit R*
- 6 → *unit R*
- 7
- 9

EOPOSI.What was the occupational position of his former job?

- 01. Unskilled or semi-skilled manual worker
- 02. Skilled or highly-skilled manual worker.....
- 03. Supervisor managing workers in administration and commerce
- 04. Supervisor managing technicians and other supervisors
- 05. Technician, draughtsman, salesman
- 06. Teacher, social worker, nurse or other lower-grade civil servant
- 07. Engineer or executive (employees, technicians and supervisors who are not executives must not fill in this line, even tough they subscribe to a pension fund for executives).....
- 08. Professor and higher-grade civil servants.....
- 09. Office worker, sales personnel, rank-and-file service worker, nursing auxiliary, child-minder, lower-grade civil servant
- 10. Other :

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10

Specify (step, grade, etc.)

- 99. Does not know

- EOPOSx**
- 99

Unit R : Questions on income and administrative situation

● *Income*

RALLOC. Do you (or your family) currently get an allowance, a grant or another income because of your health problems ?

- | | |
|--------------------------|--|
| 1. Yes | <input type="checkbox"/> 1 |
| 2. No | <input type="checkbox"/> 2 → R100 |
| 8. Will not answer | <input type="checkbox"/> 8 → R100 |
| 9. Does not know | <input type="checkbox"/> 9 → R100 |

RALLOL. If you do, Which ones ?

(read the list. Tick the adequate boxes)

- | | |
|--|------------------------------------|
| 01. Allowance for disabled adults | <input type="checkbox"/> 01 RAAH |
| 02. Compensatory allowance (for a third person or business expenses) | <input type="checkbox"/> 02 RACTP |
| 03. Income Guarantee | <input type="checkbox"/> 03 RGR |
| 04. Special education allowance | <input type="checkbox"/> 04 RAES |
| 05. Housing allowance | <input type="checkbox"/> 05 RALS |
| 06. Special dependency allowance | <input type="checkbox"/> 06 RPSD |
| 07. Disablement allowance paid by the State | <input type="checkbox"/> 07 RPENS |
| 08. Disablement allowance deriving from an accident at work | <input type="checkbox"/> 08 RACCI |
| 09. Daily allowance paid by the Social Security | <input type="checkbox"/> 09 RIJSS |
| 10. Allowance paid by an insurance company | <input type="checkbox"/> 10 RASSUR |
| 11. Military disablement allowance | <input type="checkbox"/> 11 RMILIT |
| 12. Others | <input type="checkbox"/> 12 RAUTR |
| Specify : | RLEKEL |

RMALLO. What is the current amount of these allowances? *(show chart 13 on income bracket and write down the bracket number)*

- | | |
|--------------------------------|---|
| 00 to 16. Income bracket | <input style="width: 40px; height: 20px;" type="text"/> |
| 98. Will not answer | <input type="checkbox"/> 98 |
| 99. Does not know | <input type="checkbox"/> 99 |

R100. For 100-year-olds and over :did your pension fund give you any money for your hundredth birthday ?

- | | |
|------------------------|----------------------------|
| 1. Yes | <input type="checkbox"/> 1 |
| 2. No | <input type="checkbox"/> 2 |
| 9. Does not know | <input type="checkbox"/> 9 |

RTOTAL. What is the current global income of your household (including allowances...)? (show chart 13 on income bracket and write down the bracket number)

- 00 to 16. Income bracket
- 98. Will not answer 98
- 99. Does not know 99

RCAPIT. In your lifetime, has an insurance company ever paid you a pension for a body accident you were the victim of ?

- 1. Yes 1
- 2. No 2 → **RGEST**
- 8. Will not answer 8 → **RGEST**
- 9. Does not know 9 → **RGEST**

RCAPAN. When did you get that sum ? 19

• *Legal and administrative situation*

→ *Screen : for persons under 18* →→→→→→→→→→→→→→→→→→→→→→→ **RPJUR**

RGEST. Do you manage your resources yourself ?

- 1. Yes, or my partner usually does 1
- 2. Yes, with the advice of another relative 2
- 3. Yes, with the advice of a friend 3
- 4. Yes, with the help of a third party (association, social worker) 4
- 5. Yes, with the advice of my guardian or judge 5
- 6. No 6
- 8. Will not answer 8
- 9. Does not know 9

RPROCU. Have you given close relations power of attorney for that purpose ?

- 1. Yes, a relative or relatives 1
- 2. Yes, a friend or friends 2
- 3. Yes, an association, a social worker, an institution 3
- 4. No 4
- 8. Will not answer 8
- 9. Does not know 9

RPJUR. Have you been placed under a legal protection system ? (guardianship, tutelage...)

- 1. Yes 1
- 2. No 2 → **RAMAL**
- 8. Will not answer 8 → **RAMAL**
- 9. Does not know 9 → **RAMAL**

RPROJU. If you have, which one ?

- 1. Social welfare tutelage 1 → **RAMAL**
- 2. Legal protection 2 → **RAMAL**
- 3. Trusteeship 3 → **RAMAL**
- 4. State guardianship..... 4
- 5. Other guardianship 5
- 8. Will not answer 8 → **RAMAL**
- 9. Does not know 9 → **RAMAL**

*Only if the person is under guardianship (RPROJU= 4 or 5)
and has been said to be away (IAPTE=0) :*

RINAP. Had the person concerned been here, would he/she have been able to answer this questionnaire ?

- 1. Yes, alone or with someone's help 1 → **RAMAL**
- 2. No, unable..... 2
- 9. Does not know 9 → **RAMAL**

*Only if the person is under guardianship (RPROJU= 4 or 5)
and has been said unable to answer(IAPTE=3 or RINAP=2):*

RTUTPR. Is the person's guardian attending the interview?

- 1. Yes 1 → **RAMAL**
- 2. No 2

If the person is under guardianship and unable to answer, the INSEE is obliged by the law to inform the guardian he/she has a right to forbid the use of data concerning his/her ward. In this case, the INSEE will destroy all the data collected during the interview. That is the reason why we ask you the guardian's address :

TUTNOM. Surname _____

TUTPR. First name _____

TUTADR. Address _____

TUTCOM. Town

TUTDEP. Area

RAMAL. What is your (his/her) Social Security system (health insurance)? (see code chart n°1)

--	--	--

→ Screen : if the person is not covered by the Social Security (RAMAL=0) → → RETRAI

REXOTM. Are you exempted from paying the patient's contribution (does the Social Security refund 100% of your medical expenses?)

- 1. Yes, for my whole treatment 1
- 2. Yes, only for part of my treatment 2
- 3. No 3
- 8. Will not answer 8
- 9. Does not know 9

RAMAC. Do you have a complementary health insurance scheme (mutual insurance or insurance company) ?

- 1. Yes 1
- 2. No 2 → **RETRAI**
- 8. Will not answer 8 → **RETRAI**
- 9. Does not know 9 → **RETRAI**

If you do, What is your mutual insurance or insurance company ?
(2 possible simultaneous answers)

- 1. AGF 1
- 2. AXA-UAP 2
- 3. CNPO/CNRO (National Reserve Fund for Builders)..... 3
- 4. GAN 4
- 5. GROUPAMA 5
- 6. LLOYD 6
- 7. MGEN (General Mutual Insurance Company for State Education Members) 7
- 8. MGPCCL (General Mutual Insurance Company for Public Authority Employees)..... 8
- 9. MGPTT (General Mutual Insurance Company for Post Office Employees) ... 9
- 10. MNH (National Mutual Insurance Company for Hospital Workers and Public Health Employees)..... 10
- 11. MSA (Social Mutual Insurance Company for Farmers)..... 11
- 12. MUTUELLE INTEGRANCE (Mutual Insurance Company for the Disabled)..... 12
- 13. Others companies 13
- 99. Does not know 99

→ Screen : for persons under 15 → → → → → → → → → → → → → → RCDES

RETRAI. What compulsory state pension schemes do you belong to ?
(answers 1 and 2 can coexist)

- 0. Irrelevant : does not pay contributions (yet) 0 → **RCOTOR**
- 1. System for salaried workers..... 1
- 2. System for non-salaried workers..... 2

RVSAL. Specify which system(s) for salaried workers you belong to :

(2 possible simultaneous answers. → see code chart n° 8)

- 1. General scheme (CNAV)..... 1
- 2. Civil and military state employees 2
- 3. State manual workers..... 3
- 4. State-owned companies 4
- 5. Mining industry 5
- 6. Sailors (ENIM) 6
- 7. Solicitors' clerks (CRPCEN)..... 7
- 8. Farming salaried workers FMSA 8
- 9. Local authorities (CNRACL)..... 9
- 10. Other schemes for salaried workers..... 10

RVNSAL. Specify which scheme(s) for non-salaried workers you belong to ?

(2 possible simultaneous answers. → see code chart n° 8)

- 11. Farmers (MSA)..... 11
- 12. Tradesmen (ORGANIC)..... 12
- 13. Craftsmen (CANCABA)..... 13
- 14. Liberal professions (CNAVPL) 14
- 15. Lawyers (CNBF) 15
- 16. Clergymen (CAMAVIC) 16
- 19. Other schemes for non-salaried workers 19
- 99. Does not know 99

→ Screen : *If the person does not belong to one of the schemes for salaried workers (RETRAI ≠ 1) or if he/she belongs to the scheme for state employees (RVSAL=2) → → RCOTOR*

If the person belongs to one of the schemes for salaried workers, except the scheme for state employees, (RVSAL= 1 or RVSAL= 3 to 10):

RCOSAL. Do you subscribe to (or get a pension from) a compulsory supplementary pension scheme ?

- 1. Yes 1
- 2. No 2 → **RCOTOR**
- 8. Will not answer 8 → **RCOTOR**
- 9. Does not know 9 → **RCOTOR**

RCOMPL. What is your compulsory supplementary pension scheme?

(possible simultaneous answers)

- 1. Pension scheme for executives 1
- 2. Pension scheme for non-executives 2
- 3. Pension scheme for public sector employees 3
- 4. Other supplementary schemes 4
- 8. Will not answer 8
- 9. Does not know 9

RCOTOR. Have you ever tried to bring your case (or has someone done it for you) before the Technical Commission for the Guidance and Vocational rehabilitation of Handicapped persons (COTOREP) ?

- 0. Irrelevant : too young 0 → **RCDES**
- 1. Yes 1
- 2. No 2 → **RCDES**
- 9. Does not know 9 → **RCDES**

RCOT. What was the decision last time your file came up before the COTOREP ? (possible simultaneous answers)

- 0. No decision has been taken yet 0 RCOT0
 - 1. Recognition as a disabled worker 1 RCOT1
 - 2. Recognition of a degree of disability 2 RCOT2
 - 3. Attribution of an allowance 3 RCOT3
 - 4. Advised to go to a sheltered work institute 4 RCOT4
 - 5. Advised to go to a vocational rehabilitation centre 5 RCOT5
 - 6. Advised to go to a housing institute (*home...*) 6 RCOT6
 - 7. Advised to go to a day workshop 7 RCOT7
 - 8. No help granted 8 RCOT8
 - 9. Other 9 RCOT9
- Specify : -----**
99. Does not know 99 **RCOTOA**

If you have been recognised a disabled worker (RCOT=1):

RTRAV. What disabled worker category have you been filed into ?

- 1. category A 1
- 2. category B 2
- 3. category C 3
- 9. Does not know 9

If advised to go to an institute for disabled adults (RCOT=4,5,6,7):

RCORES. Could you take advantage of it ?

- 1. Yes 1 → **RCDES**
- 2. Yes, but I had to wait 2
- 3. No, because there weren't any vacancies 3
- 4. No, because the institute was too far away 4
- 5. No, I decided I liked to stay home better 5 → **RCDES**
- 9. Does not know 9 → **RCDES**

RCOATT. How long have you been waiting (did you have to wait) to take advantage of it ?

- 1. Less than 1 year 1
- 2. From 1 to 5 years 2
- 3. 5 years and over 3
- 9. Does not know 9

If a positive answer has been given (RCOT= 1 to 7):

RCODAT. In what year did you get assistance or recognition from the COTOREP for the first time ?

19

If the person does not know :

RCODA2. Do you remember since when you have at least been getting assistance or recognition from the COTOREP ?

19

RCDES. Have you ever tried to bring your case (or has someone done it for you) before the Regional Commission for Special Education (CDES) ?

- 1. Yes
- 2. No
- 9. Does not know

- 1
- 2 → **RINVAL**
- 9 → **RINVAL**

RCD. What was the decision last time your case came before the CDES ? (possible simultaneous answers)

- 0. No decision has been made yet
- 1. Recognition of a degree of disability
- 2. Attribution of a special education allowance
- 3. Advised to go to a special school for the disabled
- 4. Attribution of a grant by a Special Education and Home Care Service
- 5. Other
- Specify :**
- 6. No help granted
- 9. Does not know

- 0 RCD0
- 1 RCD1
- 2 RCD2
- 3 RCD3
- 4 RCD4
- 5 RCD5
- RCDA**
- 6 RCD6
- 9

→ Screen : If not advised to go to a special school for the disabled →→→→→→RCDDAT

If advised to go to a special school for the disabled (RCD=3):

RCDTYP. What kind of institution is it ?

- 1. Institution for the mentally deficient.....
- 2. Physiotherapy institute
- 3. Institutes for persons with motor disabilities
- 4. Institutes for visually deficient persons.....
- 5. Institutes for persons with a hearing deficiency.....
- 6. Institutes for multi-handicapped persons
- 7. Other
- Specify :**
- 9. Does not know

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- RAUTYP**
- 9

RCDRES. Could you take advantage of it ?

- 1. Yes.....
- 2. Yes, but I had to wait
- 3. No, there were no vacancies
- 4. No, because the institute was too far away
- 5. No, I decided I like to stay home better
- 9. Does not know

- 1
- 2
- 3
- 4
- 5
- 9

If a positive decision had been made (RCD=1 à 5) :

RCDDAT. In what year did you get assistance or recognition from the CDES for the first time?

19|_|_|

If the person does not know:

RCDDA2. Do you remember since when you have at least been getting assistance or recognition from the CDES ?

19|_|_|

RINVAL. Have you been granted a degree of disability ? (granted by the Social Security, COTOREP or CDES, the army, insurance companies...)

- 1. Yes.....
- 2. No
- 8. Will not answer
- 9. Does not know

- 1
- 2 → **RCARTE**
- 8 → **RCARTE**
- 9 → **RCARTE**

- If you have, In which category ?

	1. yes → → 2. No . Does not know	To what degree (or category) ?	Since which year ?
- Category of disability established by the Social Security(1st, 2nd or 3rd).....	<input type="checkbox"/> RCADR1	<input type="checkbox"/> RTAUX1	19 _ _ RDATE1
- Degree of disability deriving from an accident at work	<input type="checkbox"/> RCADR2	<input type="checkbox"/> RTAUX2	19 _ _ RDATE2
- Degree of disability established by the COTOREP or CDES	<input type="checkbox"/> RCADR3	<input type="checkbox"/> RTAUX3	19 _ _ RDATE3
- Degree deriving from a military disablement pension	<input type="checkbox"/> RCADR4	<input type="checkbox"/> RTAUX4	19 _ _ RDATE4
- Degree of permanent disability established by an insurance company.....	<input type="checkbox"/> RCADR5	<input type="checkbox"/> RTAUX5	19 _ _ RDATE5

RCARTE. Do you have a disability card ?

(possible simultaneous answers)

- 1. Yes, I have one (orange)
- 2. Yes, I have the « painful standing » card (green)
- 3. Yes, I have the priority card for industrially disabled persons (with a red or blue stripe).....
- 4. Yes, I have the card for disabled ex-servicemen pensioners (with a red or blue stripe)
- 5. No
- 9. does not know

- 1
- 2
- 3
- 4
- 5
- 9

Unit G : Questions on leisure activities, holidays and culture

• **Holidays**

GVAC. Do you go on holiday...

- | | |
|--|--|
| 1. Several times a year | <input type="checkbox"/> 1 → GFAM |
| 2. Every year or almost every year | <input type="checkbox"/> 2 → GFAM |
| 3. Approximately once every other year | <input type="checkbox"/> 3 → GFAM |
| 4. Less often | <input type="checkbox"/> 4 → GFAM |
| 5. Hardly ever | <input type="checkbox"/> 5 |
| 6. Never | <input type="checkbox"/> 6 |
| 8. Will not answer | <input type="checkbox"/> 8 → GFAM |
| 9. Does not know | <input type="checkbox"/> 9 → GFAM |

If you never (or hardly ever) go on holiday, it is because... (possible simultaneous answers)

- | | | |
|--|----------------------------|---------------|
| 1. you do not see the point in going | <input type="checkbox"/> 1 | GNOVA1 |
| 2. your work prevents you | <input type="checkbox"/> 2 | GNOVA2 |
| 3. you find it too expensive | <input type="checkbox"/> 3 | GNOVA3 |
| 4. your health problems prevent you | <input type="checkbox"/> 4 | GNOVA4 |
| 5. you cannot go alone | <input type="checkbox"/> 5 | GNOVA5 |
| 6. you cannot stop caring for a relative | <input type="checkbox"/> 6 | GNOVA6 |
| 8. other reason | <input type="checkbox"/> 8 | GNOVA8 |
| Specify : | | GNOVAU |
| 9. Does not know | <input type="checkbox"/> 9 | |

• **Entertainment**

Do you currently go to the following shows ?

	1. Yes →→ 2. No ↓	write down how many times	1. a week 2. a month 3. a year 4. Decade 9. Does not know
- sports show with an admission charge.....	<input type="checkbox"/> GSOUIN1	<input type="text"/> <input type="text"/> <input type="text"/> GSNBF1	<input type="checkbox"/> GSPER1
- free sports show.....	<input type="checkbox"/> GSOUIN2	<input type="text"/> <input type="text"/> <input type="text"/> GSNBF2	<input type="checkbox"/> GSPER2
- cinema	<input type="checkbox"/> GSOUIN3	<input type="text"/> <input type="text"/> <input type="text"/> GSNBF3	<input type="checkbox"/> GSPER3
- theatre (played by professional actors).....	<input type="checkbox"/> GSOUIN4	<input type="text"/> <input type="text"/> <input type="text"/> GSNBF4	<input type="checkbox"/> GSPER4
- classic concert or opera	<input type="checkbox"/> GSOUIN5	<input type="text"/> <input type="text"/> <input type="text"/> GSNBF5	<input type="checkbox"/> GSPER5
- rock or jazz concert	<input type="checkbox"/> GSOUIN6	<input type="text"/> <input type="text"/> <input type="text"/> GSNBF6	<input type="checkbox"/> GSPER6
- music-hall, variety show	<input type="checkbox"/> GSOUIN7	<input type="text"/> <input type="text"/> <input type="text"/> GSNBF7	<input type="checkbox"/> GSPER7
- circus	<input type="checkbox"/> GSOUIN8	<input type="text"/> <input type="text"/> <input type="text"/> GSNBF8	<input type="checkbox"/> GSPER8
- theme park	<input type="checkbox"/> GSOUIN9	<input type="text"/> <input type="text"/> <input type="text"/> GSNBF9	<input type="checkbox"/> GSPER9

• **Associations and voluntary work**

GASSOC. Are you a member of one (or several) association(s) ?

- 1. Yes.....
- 2. No
- 7. Irrelevant : too young
- 8. Will not answer
- 9. Does not know

<input type="checkbox"/> 1
<input type="checkbox"/> 2 → GSPRAT
<input type="checkbox"/> 7 → GSPRAT
<input type="checkbox"/> 8 → GSPRAT
<input type="checkbox"/> 9 → GSPRAT

If you are, what kind of association(s) ? (ask line by line)

	1. yes →→→→→ 2. no ↓ following kind of association	How much do you take part in it? 1. Simple member 2. Active member 3. Is a head of the association 9. Does not know
- Sports associations.....	<input type="checkbox"/> GATYP1	<input type="checkbox"/> GAPART1
- Music associations	<input type="checkbox"/> GATYP2	<input type="checkbox"/> GAPART2
- Extracurricular associations, boy scouts... ..	<input type="checkbox"/> GATYP3	<input type="checkbox"/> GAPART3
- Unions or professional organisations	<input type="checkbox"/> GATYP4	<input type="checkbox"/> GAPART4
- Parents' associations	<input type="checkbox"/> GATYP5	<input type="checkbox"/> GAPART5
- Associations or clubs for the elderly	<input type="checkbox"/> GATYP6	<input type="checkbox"/> GAPART6
- War veterans	<input type="checkbox"/> GATYP7	<input type="checkbox"/> GAPART7
- Associations of disabled persons or their families	<input type="checkbox"/> GATYP8	<input type="checkbox"/> GAPART8
- Other kinds of associations or voluntary work.....	<input type="checkbox"/> GATYP9	<input type="checkbox"/> GAPART9

• **Sports activities**

GSPRAT. Do you regularly practise one or several sports ?

- 1. Yes
- 2. No, I cannot, for health reasons, because of a disability
- 3. No, I cannot, because I don't have the time to, I don't have partners
- 4. No, I don't feel like it to and I don't miss it
- 5. No, I am too old
- 7. Irrelevant : too young
- 9. Does not know

<input type="checkbox"/> 1
<input type="checkbox"/> 2 → GSOMM
<input type="checkbox"/> 3 → GSOMM
<input type="checkbox"/> 4 → GSOMM
<input type="checkbox"/> 5 → GSOMM
<input type="checkbox"/> 7 → GSOMM
<input type="checkbox"/> 9 → GSOMM
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

GSPREF. Among them, which one do you practise most ?

(• Code chart n° 9 on sports).....

GSPCAD. How do you practise it most of the time ?

- 1. Alone 1
- 2. In an association (*other than an association for the disabled*) 2
- 3. In a company club 3
- 4. in a school or university club 4
- 5. In an association for the disabled 5
- 9. Does not know 9

• **Reading**

GSLECT. For the past year, have you read (*including in Braille*)...

(*tick if the answer is positive*)

- 1. ...an article in a newspaper, a magazine 1 GSLECT1
- 2. ...a few pages from a book (including an encyclopaedia or a practical book) 2 GSLECT2
- 9. Does not know 9

GSBOOK. How many books on average do you read in a year ?.....

--	--

• **Quality of life**

GSOMM. Is your sleep often interrupted?

- 0. Irrelevant : I take pills for that purpose 0 → **GESTIM**
- 1. Yes 1
- 2. No 2 → **GESTIM**
- 9. Does not know 9 → **GESTIM**

GSOMM2. If it is, is it because of your health ?

- 1. Yes 1
- 2. No 2
- 9. Does not know 9

→ **Screen** : If the person answering is not the person concerned →→→→→→→→→ **GAIDE**

GESTIM. Taking your age into account, what do you think of your health at present ? Is it...

- 1. Very good 1
- 2. Good 2
- 3. Fair 3
- 4. Poor 4
- 5. Very poor 5
- 9. Does not know 9

GAIDE. Do you think you are getting all the assistance you need according to your (his/her) state of health ?
(possible simultaneous answers)

- 0. Irrelevant : does not need any assistance
- 1. Yes, absolutely
- 2. Yes, mostly
- 3. No, I need extra equipment.....
- 4. No, I need extra financial support.....
- 5. No, I need extra human assistance
- 9. Does not know

- 0
- 1 GAIDE1
- 2 GAIDE2
- 3 GAIDE3
- 4 GAIDE4
- 5 GAIDE5
- 9

• Determination of the main carer

→ **Screen** : If the person is not getting any human assistance (CAIDKI=no)
or if he/she gets it from professionals only →→→→→→→→→→→→→ **REFADI**

GAIDKI. Among the people (non professionals) who care for you, who do you consider as your closest help ? (see chart on carers on page 31 and write down here the number of the main carer

□ □ □

Questions to the surveyor :

GAIDPR. Is the main carer present ?

- 1. Yes
- 2. No

- 1
- 2 → **GAIDAD**

GAIDPA. Do you deem it possible to interview him/her now ?

- 1. Yes
- 2. No, I will leave a questionnaire to be filled in later

- 1 → **Unit W**
- 2 → **GAFFIC**

GAIDAD. Here is a short anonymous questionnaire intended for [main carer's first name]. Can you give it to him/her when you see him/her ?

- 1. Yes
- 2. No

- 1 → **GAFFIC**
- 2 → **REFADI**

Unit W : Questions to the main carer

The following questions are to be asked only if there is a « main carer ». In several cases, this part of the questionnaire will be irrelevant, either because the person does not need to be tended, is not tended, or because the help is provided by professionals.

The interview of the carer will be conducted either on a computer by the surveyor if he deems it possible, or on a paper questionnaire the carer will fill in and send back to the INSEE regional office.

WDAC. Do you agree to answer a short questionnaire on the consequences of your caring for someone ?

- 1. Yes
- 2. No.....

- 1
- 2 → **REFADI**

WAGE. How old are you?.....

--	--	--	--

WDUREE. How long have you been caring for the person whom the HDD survey concerns?

WDAN	WDMS								
<table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> <p>years</p>					<table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> <p>months</p>				

What are the consequences of your caring for someone on the following activities...

WJOUR. ...going out during the day

- 1. No change
- 2. Minor change
- 3. You can go out only if someone replaces you.....
- 4. You can go out only with the person you care for.....
- 5. You cannot go out during the day any more
- 8. Will not answer
- 9. Does not know

- 1
- 2
- 3
- 4
- 5
- 8
- 9

WSOIR. ...Going out at night

- 1. No change
- 2. Minor change
- 3. You can go out only if someone replaces you.....
- 4. You can go out only with the person you care for.....
- 5. You cannot go out during the day any more
- 8. Will not answer
- 9. Does not know

- 1
- 2
- 3
- 4
- 5
- 8
- 9

WPART. ...going away for a few days (such as for the week-end...)

- 1. No change 1
- 2. Minor change 2
- 3. You can go out only if someone replaces you..... 3
- 4. You can go out only with the person you care for 4
- 5. You cannot go out during the day any more 5
- 8. Will not answer 8
- 9. Does not know 9

WVAC. Do you go on holiday...

- 1. ...Several times a year 1
- 2. ...Every year or nearly every year 2
- 3. ...Approximately once every other year 3
- 4. ...Less often 4
- 5. ...Hardly ever 5
- 6.Never 6
- 8. Will not answer 8
- 9. Does not know 9

WSOMM. Is your sleep often interrupted ?

- 1. Yes 1
- 2. No 2 → *WAMI*
- 8. Will not answer 8 → *WAMI*
- 9. Does not know 9 → *WAMI*

WSOMA. *If it is*, Is it because of your caring for someone?

- 1. Yes 1
- 2. No 2
- 8. Will not answer 8
- 9. Does not know 9

WQUOTL. Is it harder for you to indulge in your usual daily activities because of these sleep interruptions ?

- 1. Yes 1
- 2. No 2
- 8. Will not answer 8
- 9. Does not know 9

WAMI. What are the consequences of your caring for someone on your relationship with your friends ?

- 1. No change 1
- 2. Minor change 2
- 3. You have more friends 3
- 4. You have changed friends 4
- 5. You have lost or are losing touch with your current friends 5
- 8. Will not answer 8
- 9. Does not know 9

→ Screen : If the main carer is the disabled person's partner →→→→→→→→ WNEG

WCONJ. Has your caring for someone modified your relationship with your spouse or partner ?

- 0. Irrelevant : you have neither spouse nor partner 0
- 1. No change 1
- 2. It has brought you closer 2
- 3. You lack privacy 3
- 4. Your relationship is more strained 4
- 8. Will not answer 8
- 9. Does not know 9

WNEG. Have your chores as a carer had negative consequences on your physical or moral well-being ?

- 1. Yes 1
- 2. No 2 → **WPOS**
- 8. Will not answer 8 → **WPOS**
- 9. Does not know 9 → **WPOS**

WNEQ. If they have, Can you specify which ones ?
(possible simultaneous answers)

- 1. Moral fatigue, anxiety, stress, depressive state 1
- 2. Physical fatigue, overworking..... 2
- 3. Back problems 3
- 4. Other negative consequences 4
- 8. Will not answer 8
- 9. Does not know 9

WPOS. Has your being a carer had positive consequences on your physical or moral well-being ?

- 1. Yes 1
- 2. No 2 → **WOCCUP**
- 8. Will not answer 8 → **WOCCUP**
- 9. Does not know 9 → **WOCCUP**

WPOQ. If it has, Can you specify which ones ?
(possible simultaneous answers)

- 1. You have more strength of character, you are more patient or tolerant 1
- 2. you have a feeling of satisfaction, being a carer is gratifying 2
- 3. You feel better physically 3
- 4. Other positive consequences 4
- 8. Will not answer 8
- 9. Does not know 9

WOCCUP. Do you have a professional occupation ?

- 1. Yes
- 2. No
- 8. Will not answer

- 1
- 2 → **WARRET**
- 8 → **WARRET**

WAMENA. Have you had to adjust your professional occupation to your caring activity ?

- 0. Irrelevant : never had a professional occupation before
- 1. Yes
- 2. No
- 8. Will not answer
- 9. Does not know

- 0 → **WSOUHA**
- 1
- 2 → **REFADI**
- 8 → **REFADI**
- 9 → **REFADI**

If you have, what adjustments have you had to make ?
(possible simultaneous answers)

- 1. Reduction of working-hours
- 2. Change in working-hours
- 3. Change in the nature of work
- 4. Change of company
- 5. Closer work-place
- 6. Now works at home

- 1 WAMEN1
- 2 WAMEN2
- 3 WAMEN3
- 4 WAMEN4
- 5 WAMEN5
- 6 WAMEN6

→ **Screen : If the main carer has a job (WOCCUP=1) →→→→→→→→→→→→ REFADI**

WARRET. Have you had to quit your job because you care for someone ?

- 0. Irrelevant : never had a professional occupation before
- 1. Yes
- 2. No
- 8. Will not answer
- 9. Does not know

- 0
- 1
- 2
- 8
- 9

WSOUHA. If you did not care for someone, would you like to get a job ?

- 1. Yes
- 2. No.....
- 8. Will not answer
- 9. Does not know

- 1
- 2
- 8
- 9

• **Intermediary person**

The INSEE considers asking a surveyor to come back and visit you in two years or so.

REFAD1. Do you agree to give the name and address of a relation (relative or friend) who could inform us of your (his/her) new address in case you moved ?

- 1. Yes
- 2. No
- 3. The guardian will inform you
- 9. Does not know

<input type="checkbox"/> 1
<input type="checkbox"/> 2 → <i>End</i>
<input type="checkbox"/> 3 → <i>End</i>
<input type="checkbox"/> 9 → <i>End</i>

REFNOM. Surname _____
REFPR. First name _____
REFADR. Address _____
REFDEP. Area <input type="text"/> <input type="text"/> <input type="text"/>
REFCOM. Town <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
REFTEL. Phone number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

• **For the surveyor**

After the interview, you will write down for each member of the household whether (1) they attended the interview (2) they took an active part in the interview and answered - even if only a few- some of the questions :

PERSONNE[i] Individual number	_ ASSIST_ Attended the interview 1. Yes →→ →→ 2. No ↓	_REPQ2_ Took an active part in the interview 1. Yes 2. No
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		