



Directorate of Demographic and Social Statistics
Demographic and Social Studies Unit
Demographic Surveys and Studies Division

DISABILITY - HEALTHCARE

INSTITUTIONS Section

Questionnaire

Survey: October-December 2009

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General structure of the questionnaire

Data prior to the FA institution:

- Type of sample: **TYPECH**

- TYPECH:**
1. Main sample
 2. Reserve

- Category of the establishment: **TYPET**

- TYPET:**
1. EHPAD
 2. Retirement Homes
 3. USLD
 4. MAS-FAM
 5. Establishments for disabled adults other than MAS-FAM
 6. Psychiatric establishments
 7. CHRS

- Establishment's stratum sampling number: **STRATIR**

- STRATIR**
11. EHPAD public
 12. EHPAD private non-profit
 13. EHPAD private profit-making
 21. Public retirement homes
 22. Private non-profit retirement homes
 23. Private profit-making retirement homes
 30. USLD
 40. MAS-FAM (establishments for disabled adults)
 50. Establishments for disabled adults other than MAS-FAM
 61. Psychiatric establishments: CHS-HPP
 62. Psychiatric establishments: other public or private non-profit establishments
 63. Psychiatric establishments: private profit-making establishments
 64. Psychiatric establishments: post-cure centres
 70. CHRS

- Establishment's stratum number at the time of the pre-survey: **STRAPENQ**

- STRAPENQ**
11. EHPAD public
 12. EHPAD private non-profit
 13. EHPAD private profit-making
 21. Public retirement homes
 22. Private non-profit retirement homes
 23. Private profit-making retirement homes
 30. USLD
 40. MAS-FAM (establishments for disabled adults)
 50. Establishments for disabled adults other than MAS-FAM
 61. Psychiatric establishments: CHS-HPP
 62. Psychiatric establishments: other public or private non-profit establishments
 63. Psychiatric establishments: private profit-making establishments
 64. Psychiatric establishments: post-cure centres
 70. CHRS

EHPAD: Establishments for Housing Dependent Elderly Persons
USLD: Long-Term Care Units
MAS-FAM: Specialised Homes – Medical Care Homes
CHS-HPP: Specialised Hospitals – Private Hospitals acting as Public Hospital Centres
CHRS: Social Re-integration and Accommodation Centres

- their name: **NOMET**
- their ID: **IDET = N°FINES + 2 characters**
- number of beds: **CAPLITS**
- their paediatric-juvenile capacity: **CAPLITJU**
- the number persons boarded day and night at the time of the pre-survey: **NBHEBERG**
(3 positions)
- the number of persons boarded day and night for 15 days at the time of the pre-survey: **NBHEBDUR** (3 positions)
- the rate of persons day and night for 15 days at the time of the pre-survey: **TXHEBDUR**
(3 positions)
 *$(TXHEBDUR = ((NBHEBDUR / NBHEBERG) * 100)$*
- the turnover rate: **TAUXROT**: anticipate 3 numerals with no decimal point: **_|_|_|** (*$100 - TXHEBDUR$*)
- the SSECH:
 - 10. EHPAD
 - 20. Retirement homes
 - 30. USLD
 - 40. MAS-FAM
 - 50. Establishments for disabled adults other than MAS-FAM
 - 60. Psychiatric establishments
 - 70. CHRS

The questionnaire is laid out as follows:

Part 1: Institution

A. FA institution

The questions pertain to the institution's address, then to data on the interviewer's work in the institution (for example, has the establishment questionnaire been filled out?). The information collected in this part should enable two things: managing the interviewers' salaries and assigning a result code to the establishment's approach (it should, in particular, enable a calculation of the establishment's response rate).

B. Establishment Questionnaire (ward)

A short questionnaire on the establishment

C. Selection of the individuals

6 or 8 individuals selected at random from a list of the individual boarders in the establishment.

D. List of the individuals selected

The interviewer will note general information on the sample individuals in this section.

Then an FA for each individual sampled in the establishment will be made (thus, 6 or 8 FAs).

In the rounds section, there will be 7 to 9 lines (maximum) per establishment: one line beginning with BS=0 is the establishment's FA with the data from part 1 and 6 to 8 lines (with BS going from 1 to 8) for the individual questionnaires (questions from parts 2 and 3).

Once this is validated, it is no longer possible to modify the institution section (which are recorded with BS=0) being that allowing this type of modification could lead to inconsistencies between the different entries.

Part 2: Individual

A. FA individual: Information on the individuals

B. Individual Questionnaire (QI)

This is the equivalent of TCM+QI from disability/healthcare households. The TCM classification system is adapted in relation to that of the HSM.

Part 3: Data entered by the interviewer – Framing Data

At the end of the interview with the establishment's director, the interviewer will leave behind a short questionnaire on each randomly selected inpatient. The establishment's director will return the completed questionnaires to the interviewer, who will then recopy them using CAPI. The "Framing Data" questionnaire can be completed before or after the QI: there is a parallel block.

Part 1: INSTITUTION

A. INSTITUTION'S ADDRESS FILE (FA)

Block X. Location of the institution

	RGES Administrative region
	NUMFA Number of the address file: 6 positions
	SSECH Sample code

For the survey:

- SSECH:**
- 10. EHPAD
 - 20. Retirement homes
 - 30. USLD
 - 40. MAS-FAM
 - 50. Establishments for disabled adults other than MAS-FAM
 - 60. Psychiatric establishments
 - 70. CHRS

	LE Loss of housing
--	---------------------------

- 0.: Do not allow values other than LE=0

	BS Household number within the housing structure
--	---

BS = 0 from the start for all the institutions' FA. BS varies from 1 to 8 after split.
Do not allow values other than BS=0 for the institutions FA

The FA will be split into as many individual forms as the number of persons questioned.

	EC Splitting up of household
--	-------------------------------------

- 0.: The EC variable will always be 0.

	CLE Control key 2 positions
--	------------------------------------

	NUMENQ Interviewer's number
	DEP Department
	NCOM Name of the commune

	ZUS
--	------------

- 0 FA besides ZUS: for the HSI, this variable will always equal 0
- 1 FA in ZUS

	COMMENTA Commentary
--	----------------------------

	AFFICHE_da: DISPLAY PREVIOUS DATA
--	--

(during the test phase, this sign will be displayed at the end of the module after the questions have been answered)

Previous data is: (see page 3)

type of sample: TYPECH

sub-sample: SSECH

category of the establishment: **TYPET**
 establishment's stratum sampling number: **STRATIR**
 establishment's pre-survey stratum number: **STRAPENQ**
 its name: **NOMET**
 its identifier: **IDET**
 number of beds: **CAPLITS**
 their paediatric-juvenile capacity: **CAPLITJU**
 number of persons boarded day and night at the time of the pre-survey: **NBHEBERG**
 number of persons boarded day and night for 15 days at the time of the pre-survey: **NBHEBDUR**
 the rate of persons boarded day and night at the time of the pre-survey: **TXHEBDUR** ($TXHEBDUR = ((NBHEBDUR/NBHEBERG)*100)$)
 the turnover rate: **TAUXROT**: ($100-TXHEBDUR$)

INFOROT: display on top for the interviewer (in blue):

*If TAUXTOT ≤ 25, on average, people stay long-term in this establishment (ward)
 If 25 < TAUR0T < 50, this establishment (ward) may have people likely to leave the establishment after the random sample selection*

If TAUR0T ≥ 50, contact the people randomly selected as quickly as possible after the drawing: these people are highly likely to leave the establishment (ward)

1. OK

	CONTACT
--	----------------

You first contacted the establishment by

1. Telephone
2. Personal visit

	FACONT
--	---------------

Administrative indicator:

WARNING: DO NOT FORGET

For the survey the calculation must be made on **31/10/2009**:

Was the establishment contacted before 31/10/2009?:

1. if CONTACT was entered on 31/10/2009
0. if not

For the survey:

Was the establishment contacted before 31/10/2009?

1. if CONTACT was entered on 31/10/2009
0. if not

Display FACONT – The interviewer must not be able to modify this variable

	PREMCONT
--	-----------------

What was the outcome of this initial contact?

1. a meeting was scheduled
2. the institution refuses to answer
4. the institution is not within the field of this survey
5. the institution is closed
6. the institution does not exist
7. unable to locate the institution with the given address
8. the FA could not be created: no contact made

If PREMCONT=1, go to CATINST
If PREMCONT=2, go to CATINST
If PREMCONT=3, go to CATINST
If PREMCONT=4, go to RAISONHC
If PREMCONT=5, go to VALIDF
If PREMCONT=6, display message MESSPT
If PREMCONT=7, display message MESSPT
If PREMCONT=8, go to VALIDF

	MESSPT
--	---------------

When the institution does not exist / you cannot locate the institution with the given address, you must contact the DR (Regional Director), have you done so?

1. Yes => RETOURDR
2. No => MESSPT2

	MESSPT2
--	----------------

You must contact the DR 1. OK

After contacting the DR, go back to the FA and:

	RETOURDR
--	-----------------

Confirm that the outcome of the initial contact is that the institution does not exist / you cannot locate the institution with the given address.

1. Yes => VALIDQ
2. No => display blocking message saying: "Please go back to PREMCONT for corrections"

	RAISONHC
--	-----------------

1. the category of the establishment does not correspond to one of the categories of institutions within the field of this survey.
2. the establishment does not have boarding
3. the establishment only has short-term boarding
4. other reason

If RAISONHC=1, go to TYPINST
If RAISONHC=2 or 3, go to ValidF (end of survey)
If RAISONHC=4, go to QUELRAIS

	TYPINST
--	----------------

What type of institution did you find at this address?
 (example: workers' residence, establishment for children, other type of institution not within the field of this survey)
Enter in plain text _____

Go to ValidF (end of survey)

	QUELRAIS
--	-----------------

Specify: _____

Go to ValidF

	CATINST
--	----------------

Is the institution really a STRAPENQ (display the specifications of the possible answer corresponding to the STRAPENQ value)?

1. Yes
2. No

STRAENQ: establishment's final stratum

STRAENQ uses the same modalities as STRAPENQ i.e.:

11. EHPAD public
12. EHPAD private non-profit
13. EHPAD private profit-making
21. Public retirement homes
22. Private non-profit retirement homes
23. Private profit-making retirement homes
30. USLD
40. MAS-FAM (establishments for disabled adults)
50. Establishments for disabled adults other than MAS-FAM
61. Psychiatric establishments: CHS-HPP
62. Psychiatric establishments: other public or private non-profit establishments
63. Psychiatric establishments: private profit-making establishments
64. Psychiatric establishments: post-cure centres
70. CHRS

If CATINST=2, ask the question:

What kind of institution was ultimately questioned?

Display the list of terms from the list of modalities from 11 to 70 concealing the possible answer equal to STRAPENQ

If CATINST=1, assign STRAENQ=STRAPENQ

Create the variable NVTYPET (with 1 position) starting with STRAENQ:

```
If STRAENQ=11, 12 or 13 THEN NVTYPET=1;
If STRAENQ=21, 22 or 23 THEN NVTYPET=2
If STRAENQ=30 THEN NVTYPET=3
If STRAENQ=40 THEN NVTYPET=4
If STRAENQ=50 THEN NVTYPET=5
If STRAENQ=61, 62, 63 or 64 THEN NVTYPET=6
If STRAENQ=70 THEN NVTYPET=7
```

NBINDMAX MAXIMUM number of individuals to question

Automatically assign NBINDMAX values in function to the category of the establishment and the RGES value:

If RGES=01 (Guadeloupe), 02 (Martinique), 04 (Reunion Island), THEN NBINDMAX=9

If RGES≠01, 02, 04 and if NVTYPET=1, 3, 4 or 6 THEN NBINDMAX=6

If RGES≠01, 02, 04 and if NVTYPET=2, 5 or 7 THEN NBINDMAX =8

The interviewer must not be able to modify this variable

Filter: If PREMCONT=1, go to RESPCONT
If PREMCONT=2, go to MOTIREF
If PREMCONT=3, go to QUESTET

RESPCONT

Filled in if PREMCONT=1

An appointment was made, what was the outcome of this appointment?

1. the principle of the survey was accepted
2. the institution refuses to answer

List of individuals selected

If RESPCONT=1, go to QUESTET
If RESPCONT=2, go to MOTIREF

	MOTIREF
--	---------

Filled in if RESPCONT=2 or PREMCONT=2:

What was the reason for the refuses to answer? _____
Go to VALIDF

	QUESTET
--	---------

Filter: if RESPCONT=1 or PREMCONT=3:

Was the principle of the establishment questionnaire accepted?

1. Yes
2. No

If QUESTET=1, go to DISEQUIPA (1st question of establishment questionnaire B)

If QUESTET=2, go to RAISREF (end of module C. Selection of individuals)

Then display prior data: leave during the test phase

Type of sample: TYPECH

sub-sample: SSECH

category of the establishment: TYPET

final category of the establishment: NVTYPET

establishment's stratum sampling number: STRATIR

establishment's pre-survey strata number: STRAPENQ

establishment's final stratum number: STRAENQ

its name: NOMET

its identifier: IDET

number of beds: CAPLITS

their paediatric-juvenile capacity: CAPLITJU

number of persons boarded day and night at the time of the pre-survey: NBHEBERG

number of persons boarded day and night for 15 days at the time of the pre-survey: NBHEBDUR

*the rate of persons boarded day and night at the time of the pre-survey: TXHEBDUR (TXHEBDUR=((NBHEBDUR/NBHEBERG)*100)*

the turnover rate: TAUXROT: (100-TXHEBDUR)

B. ESTABLISHMENT (WARD) QUESTIONNAIRE

Questions to ask the contact person in the establishment (the person designated by their establishment's administration to be the interface with the interviewer) at the initial visit to the establishment.

*****Filter: If QUESTET=1 *****

Approximately how far from the establishment were the following:

For the interviewer: show card 20, approximate distances:

1. Within the institution
2. Less than 500 metres
3. 500 metres to under 1 km
4. From 1 to under 2 km
5. From 2 to under 5 km
6. 5 km and more
9. Don't know

DISEQUIPA. ... post office: I__I

DISEQUIPB. ... public transportation stop (including RER regional trains): I__I

DISEQUIPC. ... Nearest train station (besides RER regional trains): I__I

DISEQUIPD. ... the closest grocery store: I__I

DISEQUIPE. ... the closest supermarket: I__I

DISEQUIPF. ... the closest public park: I__I

DISEQUIPG. ... the closest nursery or elementary school: I__I

DISEQUIPH. ... the closest school with special classes for disabled children or teens: I__I

DISEQUIPI. ... the closest pharmacy: I__I

DISEQUIPJ. ... the closest café: I__I

TYPVOIS. What type of housing is in establishment's neighbourhood:

1. Scattered houses, outside agglomerations
2. Houses in subdivisions, private housing estates or in the city
3. Buildings in the city (other than housing projects and high-rise housing developments)
4. Buildings in housing projects or high-rise housing developments
5. Mixed housing: both buildings and houses

ACTIVITIES. In this establishment, are the residents, or at least some of them, able to...

Multiple responses are possible

1. Go shopping
2. Prepare meals
3. Do common household chores (wash dishes, laundry, iron, straighten up...)
4. Do less common chores alone (odd jobs around the house, sewing...)
6. Manage their medication themselves
12. Use a computer
20. None of the above

C. SELECTION OF INDIVIDUALS

Filter: If QUESTET=1

LISTIND.

For the interviewer:

Was a list of the individuals staying in the establishment made?

1. Yes → go to TIRAGE
2. No → go to RAISREF

TIRAGE.

For the interviewer:

Does the establishment accept the random drawing?

1. Yes → go to INFOTIRA
2. No → go to RAISREF

Filter: If QUESTET=2 or LISTIND=2 or TIRAGE=2:

RAISREF.

For the interviewer:

Why were you unable to complete the survey?

1. The institution refused to continue answering
2. Other reasons coming from the institution: the institution did not refuse to answer but the survey could not be completed
3. You, personally, could not complete the survey

End of the survey: go to VALIDQI

Filter: If QUESTET=1

INFOTIRA.

For the interviewer:

Proceed with the random drawing of people to question.

1. OK

LITREELS. How many beds does the structure to be questioned have?

Instructions to the Interviewer:

Remember: the structure is incorporated in the CAPLITS sample

I _ I _ I _ I _ I

Display a non-blocking control if $LITREELS \neq CAPLITS$: Can you confirm the actual number of beds $LITREELS$?

NBENTR. How many people stayed in your establishment last year?

For the interviewer: if possible, 'last year' should fall between September 1, 2008 and August 31, 2009. If not, use the 2008 calendar year

|_|_|_|_|_|_|_|_|_|

List of individuals selected

EFFENQ.

For the interviewer:

How many people are on the list made by the establishment?

I__I__I__I__I see upper limit

Display a non-blocking control if EFFENQ > LITREELS: the number of people boarded is not greater than the number of beds

CONSIGNE.

For the interviewer:

You must number the establishment's list from 1 to EFFENQ (number of people retained from the establishment's list).

1. Ok

Random selection:

NINDi:

For the interviewer: the list of individuals selected

Three-position variable (to synchronise with EFFENQ and NBINDMAX)
(i varies from 1 to NBINDMAX)

If EFFENQ ≤ NBINDMAX,

Assign and display without enabling modification:

NINDi=i

(i varies from 1 to EFFENQ)

go to INDTIRES

If EFFENQ > NBINDMAX

PASTIR, calculated variable displayed but non-accessible: PASTIR provides the sampling interval

PASTIR= EFFENQ/NBINDMAX: therefore this is not a whole number.
NBALEA. A random number provided by CAPI in [0.1]:

NINDi. Assign and display without enabling modification:

$NINDi = 1 + ENT [(NBALEA+i)*PASTIR]$ with i going from 0 to (NBINDMAX-1) on the list made by the establishment.

NBTIRAGE: Number of individuals selected

if EFFENQ ≤ NBINDMAX THEN **NBTIRAGE** = EFFENQ

if not,

if EFFENQ > NBINDMAX THEN **NBTIRAGE** = NBINDMAX

INDTIRES: *Display NBTIRAGE numbers:*

Display the list of individuals randomly selected

For the interviewer: Take the FA printout and write down the last name/first name and other information about the person on the FA on pages 3 and 4.

If EFFENQ ≤ NBINDMAX

You must retain all the individuals on the list and proceed with the survey. You therefore have NBTIRAGE individuals to question.

If EFFENQ > NBINDMAX

You must retain the individuals numbered NINDi: CAPI displays all of them

Then go to module D. List of individuals selected.

D. LIST OF INDIVIDUALS SELECTED

Questions to ask for each person in the sample: **there will be NBTIRAGE lines**

The individuals' identifiers are given by the value of BS, the first name, gender and date of birth. BS could, therefore, vary from 1 to 9

NOM. What is the last name (the maiden name for women) of the xth person to question?

Anticipate refuses to answer

PRENOM. What is the first name of the xth person to question?

SEXE. What is [PRENOM]'s gender?

1. Male
2. Female

DATNAIS. What is [PRENOM]'s date of birth?

Automatically calculate the age: AGE

TUTEUR. Is [PRENOM] under guardianship?

1. Yes
2. No

DEFAPTE.

If AGE<16, assign DEFAPTE=3

If AGE>=16, ask the question

Is [PRENOM] able to...

1. Answer for themselves (or with help from an interpreter who translated their answers) → **QUESTCADR**
2. Answer with help from someone else → **QUESTCADR**
3. Unable to answer at all → **QUESTCADR**

QUESTCADR:

For the interviewer:

Was the data framing questionnaire to be filled out by the establishment accepted by the establishment (ward)?

1. Yes
2. No

NBVISET.

For the interviewer:

How many times did you visit the establishment in person to complete the operations besides recuperating the framing data and besides the visits necessary to carry out the individual interviews?

I__I__I

This number could vary from 01 to 10.

➔ splitting procedure: creating Individual Address Files

Add a screen for the interviewer: in blue:

**Enter 1 then launch the procedure for creating a questionnaire.
Beware, once you proceed with the split, you cannot go back.**

Part 2: Individuals

A. INDIVIDUAL ADDRESS FILE (INFO)

The split occurred → a questionnaire per individual selected

- Confirmation of the date of your microsurvey. *For the interviewer:*

It is important that the date of your micro survey (DATENQ) be accurate at the time of the interview. Please wait until you are facing the interviewee to answer this question yourself

JOURMOIS. Is today's date DD/MM/YYYY?

1. yes

2. no

If JOURMOIS = 2: Serious error. The date of your microsurvey is incorrect. Please update it

- Visualisation of data recuperated from the Institution section:

- prior data:

its name: NOMET

its identifier: IDET

number of beds: CAPLITS

their paediatric-juvenile capacity: CAPLITJU

number of persons boarded day and night at the time of the pre-survey: NBHEBERG

number of persons boarded day and night for 15 days at the time of the pre-survey: NBHEBDUR

*the rate of persons boarded day and night at the time of the pre-survey: TXHEBDUR ((NBHEBDUR/NBHEBERG)*100)*

the turnover rate: TAUXROT: (100-TXHEBDUR)

result of the initial contact: PREMCONT: display the possible answer and the title of the possible answer (in practice, only the possible answer and the title of the possible answer (PREMCONT=1 or 3 are possible in the Individuals FA)

- data calculated in the Institution section:

category of the establishment: STRAENQ

final category of the establishment: NVTYPET

total number of individuals to question in the establishment: NBTIRAGE

Reminder of possible activities within the establishment: ACTIVITES

- Visualisation of the data concerning the individual:** (from D. List of individuals selected in the Institution section)

Display for the interviewer in the upper part of the screen in blue:

NOM: display the person's last name in grey (non modifiable)

PRENOM: display the person's first name in grey (non modifiable)

SEXE: Display the person's gender in grey (non modifiable)

DATENAIS: display the person's date of birth in grey (non modifiable)

AGE: display the person's age in grey (non modifiable)

TUTEUR: display the answer to the question concerning guardianship of the person in grey (non modifiable)

POURSUIT.

For the interviewers:

Did the Institution agree to continue the survey?

Answer no if the institution now refuses to answer to continue with the individual interviews

1. yes
2. no

If POURSUIT=1, go to MOUV

If POURSUIT=2, go to CADRIND

MOUV. What is the current situation of PRENOM (DATENAIS)?

1. PRENOM is still in the institution -> AUTOTUT
2. PRENOM is deceased -> CADRIND (last question on the individual questionnaire)
3. PRENOM has gone to another institution --> CADRIND
4. PRENOM has left the establishment to live elsewhere other than an institution -> CADRIND

filter: if TUTEUR=1:

AUTOTUT. Did the guardian refuse to answer an interview with PRENOM (DATENAIS)?

For the interviewer:

Reminder: the letter sent to the guardian stipulated responding within 10 days in case they refuse to answer an interview.

If the guardian does not respond: check

1. Yes -> CADRIND
2. No

filter: if age<18:

AUTOPAR. Did the parents refuse to answer an interview with PRENOM (DATENAIS)?

For the interviewer:

Reminder: the letter sent to the parents stipulated responding within 10 days in case they refuse to answer an interview.

If the parents do not respond: check

1. Yes-> CADRIND
2. No

IF (AGE<18 AND AUTOTUT<>Yes and AUTOPAR=No) OR (AGE>17 AND AUTOTUT<>Yes)

ACCEPT. For the interviewer:

Ultimately, [PRENOM] (DATENAIS)'s questionnaire is...

1. accepted -> APTÉ
2. refuses to answer -> CADRIND
3. impossible to reach -> CADRIND
4. absent for a long period -> CADRIND
5. impossible to complete -> CADRIND
6. you cannot complete PRENOM's questionnaire and have not contacted the interviewee in any way -> CADRIND
7. you cannot complete PRENOM's questionnaire but have contacted the interviewee -> CADRIND

APTE. Who answered the questionnaire?

1. The person answered by themselves (or an interpreter translated their answers)
2. The person answered with help from someone else
3. Someone else

filter: if APTE=2 or 3:

APTER. Why? (Multiple answers are possible)

For the interviewer

Show card 21, modalities explaining why the person did not answer by himself or herself:

0. in a vegetative state or in a coma
1. too young
2. major expressive language disorder
3. major hearing impairment
4. bedridden, dying
5. intellectual disability
6. mental disability
7. other disability
8. other health problem
9. other reason

Filter: if APTE=2

TLIEN. For the interviewer:

What is the relationship between the TIERS and the person?

The TIERS is...

1. one of the establishment's healthcare workers
2. one of the establishment's administrative personnel
3. another member of the establishment (such as an instructor)
4. their partner, fiancé, significant other
5. their father or mother
6. one of their children
7. other family member
8. other friend
9. other person

Filter: if APTE=3

PLIEN. For the interviewer:

What is the relationship between the PROXY and the person?

The PROXY is...

1. one of the establishment's healthcare workers
2. one of the establishment's administrative personnel
3. another member of the establishment (such as an instructor)
4. their partner, fiancé, significant other
5. their father or mother
6. one of their children
7. other family member
8. other friend
9. other person

B. INDIVIDUAL QUESTIONNAIRE (QI)

TCM Classification System

VISIND: [In blue for the interviewers](#)

If SEXE=1: The questionnaire corresponds to PRENOM NOM born on (DATENAIS) male

If SEXE=2: The questionnaire corresponds to PRENOM NOM born on (DATENAIS) female

Is all of the information pertaining to the last name/first name/gender and date of birth correct?

Instructions: if only the first name is displayed, answer **no** (in cases where the institution refuses to give the last name)

1. yes
2. no

If VISIND=1, go to [LNAIS](#)

If VISIND=2 and **if APTE=1 and NOM=8 (refuses to answer)**, go to PRENOMV, if not, go to NVNOM

filter: if APTE=1 and NOM=8 (refuses to answer):

PRENOMV: Is PRENOM your first name?

1. yes
2. no

If PRENOMV=2, go to NVPRENOM
If not, go to NVNOM

NVPRENOM: what is your first name? (enter in plain text) _____

End of filter: if APTE=1 and NOM=8 (refuses to answer):

For everyone:

NVNOM: [In blue for the interviewers](#)

- **If APTE≠1: What is the last name (maiden name for women) of the person questioned? (enter in plain text)**

[Instructions: if the name is correct, validate by hitting "enter"](#)

This zone can be left blank.

Go to NVPREN

- **If APTE=1**

What is your last name (maiden name for women)? (enter in plain text)

.....

Assign NOM=NVNOM and PRENOM=NVPRENOM if PRENOMV=2

Go to NVSEX

Accept refuses to answer and doesn't know

filter: if APTE≠1

NVPREN: In blue for the interviewers

What is the first name of the person questioned? (enter in plain text)

.....

Instructions: if the first name is correct, validate by hitting "enter".

This zone can be left blank.

End of filter: if APTE≠1

If NVPREN filled in, assign PRENOM by NVPREN

For everyone

NVSEXE: In blue for the interviewers

What is the gender of the person interviewed? (enter plain text: man or woman)

.....

Instructions: if the gender is correct, validate by hitting "enter".

1. male
2. female

This zone can be left blank.

If NVSEXE filled in, assign SEXE=NVSEXE

NVDNAIS: In blue for the interviewers

What is the date of birth of the person questioned? Date format: DD/MM/YYYY

Instructions: if the date of birth is correct, validate by hitting "enter".

This zone can be left blank.

If NVDNAIS filled in, assign DATENAIS by NVDNAIS

LNAIS. Was PRENOM (DATENAIS) born...

1. In France (metropolitan or French overseas departments and territories)?
2. Abroad?

If APT=3, Authorise doesn't know

Filter: If LNAIS=1:

CCONAI. In which Commune were you born?

Put a list of communes: you must add the arrondissement number for Paris, Lyon, Marseille (thus put Paris1, Paris2... and not Paris)

If APT=3, Authorise doesn't know

Filter: If LNAIS=2:

PAYSNAIS. In which country?

Trigram coding with the Countries table

for PAYSNAIS, doesn't know answer possible

AUTLOG. Over the past 12 months, has PRENOM lived elsewhere other than in an establishment?

1. yes
2. no
9. doesn't know

*******Filter: if AUTLOG =1:*******

AUTLOG1DU. In the past 12 months, how long did PRENOM live somewhere other than in an establishment (this one or another)?

Interviewer instructions: the unit is filled in after the next question |__|

AUTLOG2DU.

1. days
2. weeks
3. months

*******end of Filter: if AUTLOG =1:*******

Questions about couples and children

*******filter: if age>=15: *******

COUPLE. Does PRENOM (DATENAIS) currently live in a couple?

1. Yes, with someone who lives in the establishment
2. Yes, with someone who doesn't live in the establishment
3. No

If APT=3, Authorise doesn't know

*******Filter: if COUPLE=1 or 2:*******

CDATCO. What year did you start living together? |__|__|__|__|

SEXECJ. What is their gender? 1. male 2. female

AGECJ. How old are they? |__| years old know

If COUPLE=2

DOMCJ. Your (their) partner lives...

- 1. on the same street
- 2. in the same commune
- 3. in the same *department*
- 4. in the same region
- 5. elsewhere in France
- 6. abroad
- 8. refuses to answer
- 9. doesn't know

ACTICJ. What is your (their) partner's current employment situation?

- 1. Has paid work (including Apprentices under contract)
- 2. Student, pupil, in training or in an unpaid internship
- 3. Unemployed (whether or not they are registered as unemployed with the ANPE)
- 4. Retired or out of business or in early retirement
- 5. House wife or husband
- 6. Other situation (disabled person...)
- 9. Doesn't know

If unemployed: ACTICJ ≠ 1:

ACTPACJ. Has your (their) partner ever worked, even long ago?

- 1. Yes
- 2. No
- 9. Doesn't know

Filter: if the person has already worked or works: ACTICJ or ACTPACJ = 1:

CSCJ. Does your (their) partner work or did they work in their last job as...

[Show card 11](#)

|_|_| 99. Doesn't know

Card 11: simplified socio-professional category card:

code	Entered in plain text
1	Farmer
2	Head of a company with 10 or more employees
3	Artisan, retailer
4	Liberal profession
5	Semiskilled worker, farm worker
6	Skilled worker, chauffeur
7	First-line supervisor, foreman
8	Technician, drafter, salesperson
9	Administrative or commercial supervision of businesses
10	Intermediate civil service professional, teacher, social worker, nurse
11	Business executive, engineer
12	Civil service manager, professor, intellectual or artistic professional
13	Office employee, secretary
14	Commerce employee, salesperson, service employees, maintenance worker, cleaning woman, child care worker
15	Civil servant, nurse's aide

*******end of Filter: if COUPLE=1 or 2.*******

ETAMATRI. What is PRENOM's (DATENAIS) legal marital status?

1. Single
 2. Married or remarried, including those legally separated
 3. Widowed
 4. Divorced
- IF APTE=3, Authorise doesn't know

filter: For widows/widowers "ETAMATRI = 3" not living in a couple "COUPLE = 3":
CDATDC. When did your (their) partner die? |__|__|__|__| Doesn't know

Filter: For the divorced "ETAMATRI = 4 " not living in a couple "COUPLE = 3":
CDATSE. What year did you separate? |__|__|__|__| Doesn't know

Filter: For singles not living in a couple "ETAMATRI = 1" and "COUPLE = 3":
CCOUAV. Have you ever lived in a couple?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

CFILS. How many living sons do you (they) have today, including adopted children?

|__|__| number 0 to 20 / Doesn't know

CFILLE. How many living daughters do you (they) have today, including adopted children?

|__|__| number 0 to 20 / Doesn't know

Filter: if CFILS>0 or CFILLE>0:

Introff: We will now discuss your children.

Anticipate 10 entries in CAPI to describe the children (i.e.: you can go back to the Children Block 10 times maximum)

CHILDREN BLOCK

.

GESEX. What is their gender?

1. Male
 2. Female
- If APTE=3, Authorise doesn't know

GEAGE. How old are they?

|__|__| years old Authorise doesn't know

GEDOM. They live...

1. in the establishment with you
2. on the same street

- 3. in the same commune
- 4. in the same *department*
- 5. in the same region
- 6. elsewhere in France
- 7. abroad
- 8. refuses to answer
- 9. doesn't know

Filter: Only for those not living in a couple "COUPLE=3":

CCOPIN. Do you (they) currently have a fiancé, boyfriend, partner?

- 1. Yes
- 2. No
- 8. Refuses to answer
- 9. Doesn't know

*******end of filter: if age>=15: *******

Questions about brothers sisters father and mother

CFRERE. How many living brothers do you (they) have today, including half-brothers?

num. 0 to 20 / Doesn't know

CSEOEUR How many living sisters do you (they) have today, including half-sisters?

num. 0 to 20 / Doesn't know

CPERE. Is your (their) father still alive?

- 1. Yes
- 2. No
- 8. Refuses to answer
- 9. Doesn't know

*******filter: if CPERE=1: *******

AGEPER. How old is he? years old Doesn't know

DOMPER. Your (their) father lives...

- 1. in the establishment with you
- 2. on the same street
- 3. in the same commune
- 4. in the same *department*
- 5. in the same region
- 6. elsewhere in France
- 7. abroad
- 8. Refuses to answer
- 9. doesn't know

ACTIPER. What is your father's main situation regarding employment?

- 1. Has paid work (including Apprentice under contract)
- 2. Student, pupil, in training or in an unpaid internship
- 3. Unemployed (whether or not they are registered as unemployed with the ANPE)
- 4. Retired or out of business or in early retirement
- 5. House wife or husband
- 6. Other situation (disabled person...)
- 9. Doesn't know

if he doesn't work: ACTIPER ≠ 1:

ACTPAPER. Has your (their) father ever been employed, even if this was long ago?

- 1. Yes
- 2. No
- 9. Doesn't know

Filter: if the person has ever been employed or is employed: ACTIPER or ACTPAPER = 1:

CSPER. Your (their) father works or was last employed as...

[Show card 11](#) (simplified socio-professional category card) page 23

- |_|_| 99. Doesn't know

*****end of filter: if CPERE=1: *****

CMERE: Is your (their) mother still alive?

- 1. Yes
- 2. No
- 8. Refuses to answer
- 9. Doesn't know

*****filter: if CMERE =1: *****

AGEMER. How old is she? |_|_| years old Doesn't know

DOMMER. Your (their) mother lives...

- 1. on the same street
- 2. in the same commune
- 3. in the same *department*
- 4. in the same region
- 5. elsewhere in France
- 6. abroad
- 8. Refuses to answer
- 9. doesn't know

ACTIMER. What is your (their) mother's main situation regarding employment?

- 1. Has paid work (including Apprentice under contract)
- 2. Student, pupil, in training or in an unpaid internship
- 3. Unemployed (whether or not they are registered as unemployed with the ANPE)
- 4. Retired or out of business or in early retirement
- 5. House wife or husband
- 6. Other situation (disabled person...)

9. Doesn't know

if they didn't work: ACTIMER ≠ 1:

ACTPAMER. Has your (their) mother ever been employed, even if this was long ago?

1. Yes

2. No

9. Doesn't know

Filter: if the person has ever been employed or is employed: ACTIMER or ACTPAMER = 1:

CSMER. Your (their) mother works or was last employed as...

Show card 11 (simplified socio-professional category card) page 23

99. Doesn't know

*******end of filter: if CMERE = 1: *******

*******filter: if age>=15: *******

SITUA. What is PRENOM's (DATENAIS) current principal professional situation?

1. Has paid work (including Apprentice under contract)

2. Student, pupil, in training or in an unpaid internship

3. Unemployed (whether or not they are registered as unemployed with the ANPE)

4. Retired or out of business or in early retirement

5. House wife or husband

6. Other situation (disabled person...)

9. Doesn't know

Block F Professional activity: standard TCM classification system questions with one person to question

OPTION_F = 1: only ask questions necessary to coding the profession

DEBUTE. We will now discuss PRENOM's professional activity

If SITUA = 1 or 2 (work, apprenticeship or paid internship): skip to F3

If not:

F1 (F)	TRAVAIL existence of employment
---------------	--

(F1) Does PRENOM currently work?

- 1. yes
- 2. no

If yes: skip to F3

If no:

F2 (F)	ACTIVANTE Past employment
---------------	----------------------------------

If SITUA = 5 (retired):

(F2) Can you confirm that PRENOM has been employed?

- 1. yes
- 2. no

If not:

(F2) Has PRENOM ever been employed, even if this was long ago?

TCM

- 1. yes
- 2. no
- 9. doesn't know

F3 (F)	RECHEMPLOI Seeking employment or another job
---------------	---

(F3) Is PRENOM seeking employment (or another job)?

- 1. yes, has been for less than one year
- 2. yes, has been for one year or more
- 3. no
- 9. doesn't know

If *ACTIVANTE* = 2 (has never worked), skip to F28

If *ACTIVANTE* = 1 (has been employed), skip to F25

If not:

Questions F4-F24 address people who are employed (SITUA = 1 or 2 or TRAVAIL = 1)

F4 (F)	STATUT employment status
---------------	---------------------------------

(F4) Is PRENOM:

- 1. A government employee?
- 2. An employee of a local government agency, housing project or public hospital?
- 3. An employee in a company, of an artisan or an association?
- 4. An employee of a private individual?
- 5. He (she) assists a family member in their work without salary?
- 6. Salaried head of a company, CEO, minority owner-manager, partner?
- 7. Self-employed or business owner?
- 9. Doesn't know

If *STATUT* = Doesn't know → block G

If *STATUT* ≠ 5, skip to F7

If *STATUT* = 5:

F5 (F)	AIDE1E Person aided within in the household
---------------	--

(F5) Does the person PRENOM helps live in the household?

- 1. yes
- 2. no

Skip to F17

STATUT ≠ 5:

F7 (O)	PROFESSION Main profession
---------------	-----------------------------------

(F7) What is PRENOM's main profession?

In plain text (40 characters maximum)

Launch Sicore

RESULT OF THE TITLE VERIFICATION:

Display depending upon the case (the words in bold must appear in bold on the screen):

The profession title is **not recognized**.

The profession title is **imprecise**: you can go back to the title to modify it if necessary.

The profession title is **recognized**: you will now ask the questions needed to specify the employment.

Questions for when the title was not recognized and validated or when the option to ask all the questions was selected

If *STATUT* = 6 or 7 (not paid), skip to F11. If not:

F8 (SO)	TYPEMPLOI Type of employment
----------------	-------------------------------------

(F8) What type of employment does PRENOM have?

1. apprenticeship or professionalization contract
2. placed by a temp agency
3. paid internship in a company
4. government subsidized jobs (employment accompaniment contract, contract for the future, employment solidarity contract, SEJE or Support for Youths Employed in Enterprises contract...)
5. another fixed-term employment, CDD (fixed-term contract), seasonal work, short-term contract, temp work, etc.
6. permanent employment, CDI (permanent job contract) (including new employment contracts), permanent full-time employment in the civil service
7. permanent employment, CDI (permanent job contract) (including new employment contracts), permanent part-time employment in the civil service

F9 (F)	CLASSIF Employment classification
---------------	--

(F9) In their employment, is PRENOM classified as...

If STATUT = 3 or 4 (company employee):

- 1. unskilled or semiskilled worker?
- 2. skilled or highly skilled worker, technician in a workshop?
- 3. technician?
- 5. supervisor, administrative or commercial supervisor, salesperson (not manager)?
- 7. engineer, executive (not including executive directors or their direct assistants)?
- 9. office employee, store employee, service personnel?
- 10. executive director, direct assistant?

If STATUT = 1 or 2 (government employee, employee of a local government agency, housing project or public hospitals):

- 1. unskilled or semiskilled worker?
- 2. skilled or highly skilled worker?
- 3. technician?
- 4. Category B civil service personnel or personnel treated as such?
- 6. Category A civil service personnel or personnel treated as such?
- 8. Category C or D civil service personnel or personnel treated as such?

F10(SO)	FONCTION Main role
----------------	---------------------------

(F10) What is PRENOM's main role in their work?

1. production, worksite, operations
2. installation, repair, maintenance
3. caretaking, cleaning, housekeeping
4. materials handling, stocking, logistics
5. secretarial work, data entry, reception
6. management, accounting
7. sales representative, technical sales representative
8. studies, research and development, organization and methods
9. education
10. care giving
11. another role

skip to F12

F11 (F)	SALARIES Number of employees
----------------	-------------------------------------

If PRENOM is head of a company or self-employed (STATUT = 6 or 7):

(F11) How many employees does PRENOM have?

- 0. None
- 1. Less than 10 employees
- 2. 10 or more employees
- Doesn't know

F12 (SO)	ACTIVCOD Establishment's economic activity
F13 (SO)	ACTIVLIB Title of the establishment's economic activity

What is the activity of the establishment employing PRENOM or that PRENOM directs?

(F12) Hierarchical codification

If *ACTIVCOD* is filed in, skip to F11. If not, if there is a problem or a question as to which possible answer to check, *ACTIVCOD* = doesn't know and:

(F13) Activity declared in plain text (40 characters maximum)

Questions F14 to F16 are only asked of those persons having declared farming as their profession

(ACTIVCOD = 1.1.1)

F14 (O)	SUPH Size of the farm
F15 (O)	SUPA Size in ares

(F14) How large is PRENOM's farm (in hectares of useful agricultural surface)?/ doesn't know

If the area is smaller than 5 ha:

(F15) What is the precise size in ares?/ doesn't know

F16 (F)	OPA Orientation of the agricultural products
----------------	---

(F16) What is the orientation of the agricultural products?

1. Polyculture (cultivation of arable land)
2. Market farming or horticulture
3. Vineyards or fruit trees
4. Breeding herbivores (cattle, ovine...)
5. Breeding seedeaters (poultry, pigs)
6. Polyculture – breeding
7. Breeding herbivores and seed eaters
8. Other

go to F25

If STATUT = 5: Questions F17 to F24

F17 (O)	PROFESSION Main profession
----------------	-----------------------------------

(F17) What is the main profession of the person PRENOM is helping?

In plain text (40 characters maximum)

Launch Sicore

RESULT OF THE TITLE VERIFICATION:

Display according to the case (the words in bold must appear in bold on the screen):

The profession title is **not recognized**.

The profession title is **imprecise**: you can go back to the title to modify it if necessary.

The profession title is **recognized**: you will now ask the questions needed to specify the employment.

F18 (F)	SALARIES Number of employees
----------------	-------------------------------------

(F18) How many people are employed by the person PRENOM helps?

- 0. None
- 1. Less than 10 employees
- 2. 10 or more employees
- 9. doesn't know

F19 (SO)	ACTIVCOD Establishment's economic activity
F20 (SO)	ACTIVLIB Title of the establishment's economic activity

What is the economic activity of the establishment directed by the person PRENOM helps?

(F19) Hierarchical codification

If *ACTIVCOD* filled in, skip F20. If not, if there is a problem or a question as to which possible answer to check, *ACTIVCOD* = doesn't know and:

(F20) Activity declared in plain text (40 characters maximum)

Questions F21 to F23 are asked of those having declared farming as their activity (*ACTIVCOD* = 1, 11 or 111).

If not, skip to F24

F21 (O)	SUPH Size of the farm
F22 (O)	SUPA Size in ares

(F21) How large is the farm belonging to the person *PRENOM* helps (in hectares of useful agricultural surface)?
...../doesn't know

If the area is smaller than 5 ha:

(F22) What is the precise size in ares?

...../doesn't know

F23 (F)	OPA Orientation of the agricultural products
----------------	---

(F23) What is the orientation of the agricultural products?

- Polyculture (cultivation of arable land)
- Market farming or horticulture
- Vineyards or fruit trees
- Breeding herbivores (cattle, ovine...)
- Breeding seedeaters (poultry, pigs)
- Polyculture – breeding
- Breeding herbivores and seed eaters
- Other

F24 (F)	AFTYPTRAV Type of work of unpaid family members
----------------	--

(F24) Did *PRENOM* work as a secretary, in sales or in accounting?

- 1. yes
- 2. no
- doesn't know

Questions F25-F27 are to be asked of those people who do not currently work but who have worked (*ACTIVANTE*=1).

If not, skip to F28.

F25 (F)	STATUTANTE Status in the most recent employment
----------------	--

(F25) In their most recent employment, was *PRENOM*:

- 1. A government employee?
- 2. An employee of a local government agency, housing project or public hospital?
- 3. An employee in a company, of an artisan or an association?
- 4. An employee of a private individual?
- 5. He (she) helps a family member in their work without being paid?
- 6. Salaried head of a company, CEO, minority owner-manager, partner?
- 7. Self-employed or business owner?
- 9. Doesn't know

If STATUTANTE = Doesn't know → Block G:

F26 (O)	PROFESSANTE Last profession
----------------	------------------------------------

If STATUTANTE ≠ 5:

(F26) What was *PRENOM*'s last profession?

In plain text (40 characters au maximum)

...../doesn't know

If STATUTANTE = 5:

(F26) What was the profession of the person PRENOM helped?

In plain text (40 characters au maximum)

...../doesn't know

Launch Sicore

RESULT OF THE TITLE VERIFICATION:

Display depending upon the case (the words in bold must appear in bold on the screen):

The profession title is **not recognized**.

The profession title is **imprecise**: you can go back to the title to modify it if necessary.

The profession title is **recognized**: you will now ask the questions needed to specify the employment.

If STATUTANTE = 5 to 7 (unpaid): skip to F28

If STATUTANTE = 1 to 4 (paid):

F27 (F)	CLASSIFANTE Classification of the most recent employment
----------------	---

(F27) In their most recent employment PRENOM was classified as ...

If STATUTANTE = 3 or 4 (company employee):

- 1. unskilled or semiskilled worker?
- 2. skilled or highly skilled worker, technician in a workshop?
- 3. technician?
- 5. supervisor, administrative or commercial supervisor, salesperson (not manager)?
- 7. engineer, executive (not including executive directors or their direct assistants)?
- 9. office employee, store employee, service personnel?
- 10. executive director, direct assistant?

if STATUTANTE = 1 or 2 (government employee, employee of a local government agency, housing project or public hospitals):

- 1. unskilled or semiskilled worker?
- 2. skilled or highly skilled worker?
- 3. technician?
- 4. Category B civil service personnel?
- 6. Category A civil service personnel?
- 8. Category C or D civil service personnel?
- 99. doesn't know

Questions F28-F30 are to be asked of those people whose partner is deceased (ETAMATRI = 3)

If this does not concern them, skip to Block G

F28 (F)	STATUTCD Employment status of the deceased partner
----------------	---

(F28) Was PRENOM's partner:

- 1. A government employee?
- 2. An employee of a local government agency, housing project or public hospital?
- 3. An employee in a company, of an artisan or an association?
- 4. An employee of a private individual?
- 5. He (she) helps a family member in their work without being paid?
- 6. Salaried head of a company, CEO, minority owner-manager, partner?
- 7. Self-employed or business owner?
- 0. N/A (never worked, disabled...)
- 9. doesn't know

If STATUTCD = 0 or Doesn't know → skip to Block G. If not:

F29 (O)	PROFESSCD Main profession of the deceased partner
----------------	--

If STATUTCD ≠ 5:

(F29) What was the main profession of PRENOM's partner?

In plain text (40 characters maximum)

...../doesn't know

If STATUTCD = 5:

(F29) What was the main profession of the person that PRENOM's partner helped?

In plain text (40 characters maximum)

...../doesn't know

Launch Sicore

RESULT OF THE TITLE VERIFICATION:

Display depending upon the case (the words in bold must appear in bold on the screen):

The profession title is **not recognized**.

The profession title is **imprecise**: you can go back to the title to modify it if necessary.

The profession title is **recognized**: you will now ask the questions needed to specify the employment.

If STATUTCD = 5 to 7 (unpaid): skip to Block G

If STATUTCD = 1 to 4 (paid):

F30 (F)	CLASSIFCD Employment classification of the deceased partner
----------------	--

(F30) In their employment, was PRENOM's partner classified as...

If STATUTCD = 3 or 4 (company employee):

- 1. unskilled or semiskilled worker?
- 2. skilled or highly skilled worker, technician in a workshop?
- 3. technician?
- 5. supervisor, administrative or commercial supervisor, salesperson (not manager)?
- 7. engineer, executive (not including executive directors or their direct assistants)?
- 9. office employee, store employee, service personnel?
- 10. executive director, direct assistant?

If STATUTCD = 1 or 2 (government employee, employee of a local government agency, housing project or public hospitals):

- 1. unskilled or semiskilled worker?
- 2. skilled or highly skilled worker?
- 3. technician?
- 4. Category B civil service personnel?
- 6. Category A civil service personnel?
- 8. Category C or D civil service personnel?
- 99. doesn't know

FINF	End of the description of professional activity
-------------	--

Block G Cultural resources: Standard TCM classification system questions with only one person to question

OPTION_NATIOPM = 2: no questions on the father or mother's nationality

DEBUTG	Beginning of the description of cultural resources
---------------	---

We will now speak of the nationality and education of PRENOM (DATENAIS)

For the interviewer: hit 1 (OK) to continue

G1 (F)	NATIO1N Nationality indicator
---------------	--------------------------------------

G2 (SO)	NATIO2N Nationality
---------	---------------------

(G1) Is PRENOM...

- 1. French by birth, including nationality reinstatement?
- 2. French by naturalization, marriage, declaration or by so opting at age 18?
- 3. Foreigner?
- 4. Stateless?

Two answers are possible (1 and 3 or 2 and 3)

If NATIO1N ≠ 3, go to G3. If NATIO1N = 3 (Foreigner):

(G2) What is PRENOM's nationality?

trigram coding with the nationalities table. Multiple answers are possible

If APTE=3, Authorise Doesn't know

G9 (F)	ETUDES Education in progress
--------	------------------------------

(G9) Is PRENOM enrolled in a learning establishment (including distance learning, apprenticeship, special needs education: IMP – Medico-Pedagogic Institutes, IMPRO – Medico-Professional Institutes, IME – Medico-educational Institutes, ITEP – Therapeutic, Educational and Pedagogic Institutes...)?

Interviewer instructions: check the box YES if the child is in special needs education (IMP, IMPRO, IME, ITEP) even if the child is receiving basic apprenticeship instead of schooling (for example, in the case of children with a major mental disability).

- 0. Has never been enrolled in a learning establishment due to a health problem or disability
=> go to RSAL
- 1. Yes
- 2. No
- 8. Doesn't know (authorise if APTE= 2 or 3) → DIPLOME

If ETUDES = 2 (no), skip to G11. If ETUDES = 1 (Yes):

G10 (F)	FORMINIT Initial education
---------	----------------------------

(G10) Is this within the framework of their initial education?

(by initial education, we mean education completed in a Postgraduate institution, *école supérieure*, university, high school, elementary school, apprentice training centre or primary school with no interruptions lasting over one year)

- 1. yes
- 2. no, within the framework of training after an interruption in schooling lasting for over one year
- 8. doesn't know

If FORMINIT= 1 (initial education), skip to G13. If not:

G11 (O)	ANFINETU Year initial education was ended
G12 (O)	AGFINETU Age at the end of initial education

(G11) What year did PRENOM (DATENAIS) finish their initial education?

- 0. no schooling

If ANFINETU = 0, AGFINETU=00 and SCOLARITE = 1, skip to block H.

If not: (from 1880 to 2010)

AGFINETU is calculated automatically: = ANFINETU - ANAIS

If doesn't know ANFINETU:

(G12) How old was PRENOM (DATENAIS) when they ended their initial education? from 01 to 99 -

Authorise doesn't know

G13 (F)	DIPLOME	Highest diploma obtained
G14 (F)	SCOLARITE	Schooling
G15 (F)	DIPLOM1E	CAP (vocational training qualification)
G16 (F)	DIPLOM2E	BAC (Baccalaureate)
G17 (F)	DIPLOM3E	Bac+2 (Associate's degree)
G18 (F)	DIPLOM4E	Higher than Bac+2

(G13) What diplomas does PRENOM have? (Multiple answers are possible)

- 1 No diploma

(G14)

if FORMINIT = 1: What is the highest level of education reached by PRENOM?

if not: How far did PRENOM go in school?

- 1 No schooling, but literate, learned French
 - 2 Went to grammar school
 - 3 Went to junior high school (6th to 9th grade)
 - 4 Went further than junior high school in their schooling
 - 5 No diploma, no other information given
- 2
 - 1 CEP (certificate of primary studies) or foreign equivalent diploma
 - 3
 - 1 Brevet des collèges or BEPC (general certificate of secondary education), brevet élémentaire (elementary certificate) or foreign equivalent diploma
 - 4
 - 1 CAP (Certificat d'aptitude professionnelle - certificate of professional aptitude) or BEP (Brevet d'études professionnelles - certificate of professional studies) or other certificate at this level

(G15) Specify which CAP, BEP or other certificate at this level was obtained (Multiple answers possible)

- 1 CAP, CAPA, with a mention complémentaire (special specialization) on the CAP
 - 2 BEP, BEPA, with a mention complémentaire (special specialization) on the BEP
 - 3 Other diplomas or qualifications at the CAP or BEP level: brevet de compagnon (craftsman certificate), practical nursing certificate, caregiver, 1st degree AFPA (National Association for Adult Vocational Training) qualification...
 - 4 Doesn't know which CAP or BEP level diploma was obtained
- 5 Technician's or professional or other degree at this level

(G16) Specify the technician's or professional baccalaureate or other diploma at this level obtained (Multiple answers are possible)

- 1 Technical Baccalaureate (series F, G, H, SMS, STI, STL, STT)
 - 2 Professional Baccalaureate
 - 3 Brevet professionnel (Professional certificate) or Brevet de technicien (technician's certificate) or Brevet de maîtrise (certificate of mastery), BEA, Brevet d'enseignement agricole (agricultural certificate), BEC, Brevet d'enseignement commercial (commercial certificate), BEI, Brevet d'enseignement industriel (industrial training certificate) BEH, Brevet d'enseignement hôtelier (hotel management training certificate) BSEC, Brevet supérieur d'enseignement commercial (advanced commercial training certificate)
 - 4 Doesn't know which diploma on the technical or professional baccalaureate level
- 6
 - 1 General Baccalaureate (series A, B, C, D, E, ES, L, S), brevet supérieur (advanced certificate), capacité en droit (basic legal qualification), DAEU (university entrance diploma), or foreign diploma at this level

- 7 Bac + 2 level diploma

(G17) Specify which Bac+2 level diploma was obtained (Multiple answers are possible)

- 1 Diplôme de 1^{er} cycle universitaire (diploma obtained after 2 years of university)
 - 2 BTS (Brevet de Technicien Supérieur - superior technician certificate), DUT (Diplôme Universitaire de Technologie - technological university diploma), DEUST (Diplôme d'Etudes Universitaires Scientifiques et Techniques – University diploma for scientific and technical studies) or equivalent
 - 3 Diploma of social professions or of health, bac+2 level (nurse,...)
 - 4 Doesn't know which BAC +2 level diploma
- 8 Diplomas of a higher level than Bac + 2

(G18) Specify which diplomas superior to Bac+2 level was obtained (Multiple answers are possible)

- 1. University graduate degree (associate's degree, master's degree...)
- 2. Engineering or business degree from a *Grande Ecole* (school of superior studies, admission to which is highly competitive)
- 3. Postgraduate university programme (DES, *Diplôme d'études secondaires* – diploma of secondary studies, DEA, *Diplôme d'études approfondies* - master of advanced studies, DESS, *Diplôme d'études supérieures spécialisées* - post-graduate diploma, masters), doctorate (medicine, pharmacy, dental)
- 4 Other postgraduate doctorate programme besides healthcare professions
- 5 Doesn't know which diploma superior to Bac+2 level was obtained

99Doesn't know

FING	End of the description of cultural resources
------	--

Block I Income

Filter for the ensemble of the income block: if the person is under 18, (age<18) or if proxy is not a family member (if PLIEN = 1, 2, 3, 8, 9): go directly to module B1

If the person does not live in a couple (if COUPLE=3)

We will now speak of YOUR income.

DO YOU RECEIVE the following funds:

If the person lives in a couple(COUPLE=1 or 2)

We will now speak of YOUR income AND THAT OF YOUR PARTNER.

DO YOU OR YOUR PARTNER RECEIVE the following funds:

I1(F)	RSAL	Salary, wages and bonuses
I2(F)	RNSAL	Income from self-employed professional activity (freelance, liberal profession...)
I3(F)	RCHO	Unemployment benefits
I4(F)	RRET	Pensions, early retirement
I5(F)	RMAL	Sickness or disability benefits
I6(F)	RFAM	Family allowances and stipends
I7(F)	RLOG	Housing benefits, housing allowance
I8(F)	RRMI	Rent and tenant farming
I9(F)	RFIN	Interest, savings account income, dividends
I10(F)	RTRA	Alimony, aid received from parents, family or friends
I11(F)	TYPTRA	Type of aid received
I12(F)		

(I1) In your household, is there currently one or more people receiving the following income:

- **(I1) Salaries, wages and bonuses**
including the 13th month (year-end bonus equal to one month's salary), paid vacations, overtime, daily subsistence allowance, remuneration for temporary employment, secondary activities, salaries of directors who are employees of their companies, profit sharing and holdings.
- **(I2) Income from self-employed professional activity (freelance, liberal profession...)?**
- **(I3) Unemployment benefits?**
- **(I4) Pensions, early retirement?**
including old age pension, veteran's pension, survivors' benefits pension
- **(I5) Sickness or disability benefits?**
AAH (Allowance for Disabled Adults), disability allowance, allowance related to dependency, daily subsistence allowance...
- **(I6) Family allowances and stipends?**
Family allowance, supplementary family allowance, young child allowance, childcare allowance, single parent allowance, family aid allowance, parental education allowance, back to school allowance, scholarships...
- **(I7) Housing benefits, housing allowance?**
- **(I8) RMI (Revenu Minimum d'Insertion - guaranteed minimum income allowance)?**
- **(I9) Rent and tenant farming?**
If you have property or land you rent out
- **(I10) Interest, savings account income, dividends?**
That your saving accounts can generate, such as a *livret A* (tax-free savings account), *PEL (Plan d'Epargne Logement)*, savings account to buy property), *PEP (Plan d'Epargne Populaire* – a tax-free savings account only available to those not paying income tax), *Codevi (Compte pour le Developpement Industriel* - industrial development account), for example

For each type of income:

- 1. yes
- 2. no
- 8. refuses to answer
- 9. doesn't know

o (I11) Alimony, regular financial aid from parents, family or friends, including paying of rent, either directly or indirectly?

- 1. yes
- 2. no
- 8. refuses to answer
- 9. doesn't know

If RTRA = 1 (yes) (I12) What types of aid? (Multiple answers possible)

1. paying of rent, either directly or indirectly
2. alimony
3. another regular financial aid

I13(F)	TOTREVEN Average monthly income (amount) UM Monetary unit
---------------	---

If the person does not live in a couple, (if COUPLE=3)

(I13) What is the current monthly amount of YOUR income, taking all they types of income you just mentioned into account?

If the person lives in a couple (if COUPLE=1 or 2)

(I13) What is the current monthly amount of your income (including your that of your partner), taking all they types of income you just mentioned into account?

**This means net income (not including social contributions and the C.S.G. – Contribution Générale Sociale, general social contribution) before taxes
If your income fluxgates, give an average**

amount:(from 1 to 99,999) Refuses to answer Doesn't know
monetary unit: 1. euros
2. francs

I14(F)	ITOTREV Sufficiency income indicators
---------------	--

If the person does not live in a couple, (if COUPLE=3)

Does this amount account for all of YOUR income?

If the person lives in a couple (if COUPLE=1 or 2)

Does this amount account for all of your income and that of your partner?

- 1. yes
- 2. no

if ITOTREV = 1, go to I16.

If not:

I15(F)	TRANCHRE Average monthly income (bracket)
---------------	--

If you cannot give the exact amount of your income, how much do you estimate it to be for an average month?
Show card 0

This means net income (not including social contributions and the C.S.G. – *Contribution Générale Sociale*, general social contribution) before taxes

- | | |
|--|---------------------------------------|
| • 1. less than 400 € | (less than 2,600 F) |
| • 2. from 400 € to less than 600 € | (from 2,600 F to less than 3,900 F) |
| • 3. from 600 € to less than 800 € | (from 3,900 F to less than 5,200 F) |
| • 4. from 800 € to less than 1,000 € | (from 5,200 F to less than 6,600 F) |
| • 5. from 1,000 € to less than 1,200 € | (from 6,600 F to less than 7,900 F) |
| • 6. from 1,200 € to less than 1,500 € | (from 7,900 F to less than 9,800 F) |
| • 7. from 1,500 € to less than 1,800 € | (from 9,800 to less than 11,800 F) |
| • 8. from 1,800 € to less than 2,000 € | (from 11,800 F to less than 13,100 F) |
| • 9. from 2,000 € to less than 2,500 € | (from 13,100 F to less than 16,400 F) |
| • 10. from 2,500 € to less than 3,000 € | (from 16,400 F to less than 19,700 F) |
| • 11. from 3,000 € to less than 4,000 € | (from 19,700 to less than 26,200 F) |
| • 12. from 4,000 € to less than 6,000 € | (from 26,200 to less than 39,400 F) |
| • 13. from 6,000 € to less than 10,000 € | (from 39,400 F to less than 65,600 F) |
| • 14. 10,000 € or more | (65,600 F or more) |
| • 98. refuses to answer | |

- 99. doesn't know

Blocking control: if *TOTREVEN* and *TRANCHRE* are declared, verify that *TOTREVEN* is less than or equal to the upper limit *TRANCHRE*'s upper limit. If this is not the case, blocking message "The income declared is superior to the bracket declared" Rectify.

Non-blocking control: if *TOTREVEN* or *TRANCHRE* are filled in and all the types of *RSAL* etc. = 2, message "An amount of income is declared without indicating the nature of the revenue. Confirm or rectify" If not, return to the corresponding question, rectify and confirm again

I6(F)	CONFREV Confirmation of declared income
--------------	--

If the person doesn't live in a couple, (if COUPLE=3)

You declare having *TOTREVEN!!UM* income (or, as per the previous answer, *TRANCHRE*) per month. Is this correct?

If the person lives in a couple, (if COUPLE=1 or 2)

The combined monthly income for you and your partner is *TOTREVEN!!UM* (or, as per the previous answer, *TRANCHRE*). Is this correct?

1. yes
2. no

FINI	End of the description of income
-------------	---

For the interviewer: enter 1 (OK) to continue

The TCM classification system is finished.

Module B1 - Health - Mini European module

Intro1: We will now speak about your health

BSANTE. What is your general state of health?

Read the possible answers

1. Very good
2. Good
3. Pretty good
4. Bad
5. Very bad
8. Refuses to answer
9. Doesn't know

BCHRO. Have you ever had a chronic or long-term illness or health problem?

Interviewer instructions: A chronic disease is a disease that lasted or can last for a period of at least 6 months.

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

BLIMI. Have you been limited in activities people ordinarily perform for at least 6 months due to a health problem?

1. Yes, very limited
2. Yes, limited but not very
3. No, not limited at all
8. Refuses to answer
9. Doesn't know

Filter: if the person is a woman between ages 16 and 50:

BGROSS. Are you currently pregnant?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

Module B2 - Health – The illness card

Present card 1 from the card section

BMALA. Have you ever had one of these illnesses or health problems?

Interviewer instructions: there is no reference period, you must note down all the illnesses this person has ever had

- Refuses to answer
- Doesn't know

If they have had none of these illnesses or health problems or refuse to answer or don't know, go to question **BSYMP1T (see page 43)**

The card is displayed in CAPI and the interviewer checks the illnesses named and if the illnesses named are 21, 49, 50 or 51 the interviewer also notes down the name of the illness.

Cardiovascular disease or problems

- 1: Myocardial infarction
- 2: Coronary artery disease, angina pectoris, (besides myocardial infarction)
- 3: Hypertension
- 4: Cerebrovascular accident, stroke (cerebral haemorrhage, cerebral thrombosis)
- 5: Heart failure
- 6: Lower limb arteritis (arterial disease)
- 7: Varicose veins, varicose ulcer, vein deficiency
- 8: Arrhythmia
- 9: Haemorrhoids

Cancer

- 10: Cancer (all malignant tumours including leukaemia and lymphomas)

Respiratory diseases

- 11: Asthma (including allergic)
- 12: Chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema
- 13: Allergic rhinitis (hay fever), allergic conjunctivitis

Diseases or problems concerning bones and joints

- 14: Lumbar pain(kidney pain) and other chronic back problems
- 15: Neck pain and other chronic cervical anomalies
- 16: Scoliosis, kyphosis, spinal cord deformities
- 17: Rheumatoid arthritis
- 18: Other arthrosis (inflammation of the joints)
- 19: Arthrosis of the knee (joint degeneration)
- 20: Arthrosis of the hip
- 21: Arthrosis in other locations
- 22: Osteoporosis

Digestive diseases or problems

- 23: Stomach or duodenum ulcer
- 24: Cirrhosis of the liver, chronic liver disease
- 25: Food allergies

Endocrinal et metabolic diseases

- 26: Diabetes
- 27: Thyroid problems (hyperthyroidism, hypothyroidism, goitre)

Neurological diseases or problems

- 28: Serious headaches, migraines
- 29: Epilepsy
- 30: Alzheimer's and other similar diseases
- 31: Parkinson's disease
- 32: Multiple sclerosis

Psychic or mental diseases or problems

- 33: Chronic anxiety
- 34: Chronic depression
- 35: Autism
- 36: Schizophrenia
- 37: Down syndrome

Urinary or genital diseases or problems

- 38: Urinary incontinence (urinary leaks)
- 39: Urinary calculus
- 40: Cystitis, frequent urinary infections
- 41: Prostate adenoma

Skin disease or problems

- 42: Psoriasis
- 43: Skin allergies, eczema,
- 44: Eschar

Eye disease or problems

- 45: Cataract
- 46: Glaucoma
- 47: Strabismus

Other illnesses

- 48: Permanent injuries or residual effects caused by an accident
- 49: Other neurological problems
- 50: Other psychic or mental problems
- 51: Other disease(s) (example: genetic disorders...)

52: No illnesses or health problems

Filter: If BMALA=21:

B21MP Specify the other locations

Filter: If BMALA=49:

B49MP Specify the other neurological problems

Filter: If BMALA=50:

B50MP Specify the other psychic or mental problems

Filter: If BMALA = 51: (maximum of 10 additional)

Loop j going from 1 to 10 maximum

BAUTM. Specify ... 1st illness

BSUIT. Other illness to declare

Yes -> add to j

No -> exit the loop

Then for each illness named (BMALA and BAUTM), ask the questions "MEDD"- "DERM"- "TRAIT" and the additional questions if need be (ex: for the disease diabetes, ask MEDD, DERM, TRAIT then BADIA, BTDIA and BANN)

(the additional question blocks are on this page and the following pages, except for those on cancer which have been inserted into this block to take the order in which to ask the questions into account)

MEDD. Did a doctor make this diagnosis?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

DERM. Have you had this illness in the past 12 months?

Interviewer instructions for cancer: if the person is in remission and has been in remission for a year or more, indicate that the person has not had the disease in 12 months

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

FILTER: For those who declared having cancer (BMALA=10 in the illness card): ask BCANL and BCANA, if not, skip to TRAIT

BCANL. Where is the cancer located? (multiple answers possible)

1. Lung
2. Prostate
3. Breast
4. Colon, rectum
5. Skin
6. Kidney, bladder
7. Throat, larynx, mouth
8. Blood (lymphoma, leukaemia, Hodgkin's disease, melanoma...)
9. Uterus
10. Other

BCANA. How old were you when you were diagnosed? (If you have had several types of cancer, we are speaking of the last one you had)

/__/__/ years old check: the answer must be <= the person's age

- Refuses to answer
 Doesn't know

TRAIT. Have you been treated for this illness in the last 12 months?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

Beginning of the additional question blocks

FILTER: For those who declared a permanent injury or residual effects caused by an accident (BMALA=48 on the illness card):

BMTC. Are you referring to residual effects from a cranial trauma?

- 1. Yes
- 2. No
- 8. Refuses to answer
- 9. Doesn't know

FILTER: For those who declared having a cataract (BMALA=45 on the illness card):

BCATA. Have you had an operation?

- 1. Yes
- 2. No
- 8. Refuses to answer
- 9. Doesn't know

FILTER: For those who declared having diabetes (BMALA=26 on the illness card):

Interviewer instructions: do not count diabetes insipidus:

You are to take the conventional form of diabetes, or diabetes mellitus, which can also be called type 1 diabetes or type 2 diabetes. However, if someone specifies themselves that they have diabetes INSIPIDEUS: uncheck BMALA=26.

BADIA. How old were you the first time a doctor told you that you had diabetes?

/__/__/__ years old check: the answer must be <= the person's age

- Refuses to answer
- Doesn't know

BTDIA. Are you currently being treated for diabetes with INSULIN INJECTIONS?

- 1. Yes
- 2. No
- 8. Refuses to answer
- 9. Doesn't know

If Yes:

BANN. For how many years? /__/__/__ year(s)

check: the answer must be <= the person's age

- Doesn't know

FILTER: For those who declared having had a cerebrovascular accident (BMALA=4 on the illness card):
BACV. How old were you when you had this (if several: the last) cerebrovascular accident (stroke)?

/__/__/__ years old check: the answer must be <= the person's age

- Refuses to answer
- Doesn't know
- Refuses to answer
- Doesn't know

BACVS. Do you currently have residual effects from this (or these) accident(s)?

- 1. Yes
- 2. No
- 8. Refuses to answer
- 9. Doesn't know

If Yes (if BACVS=1): BACVSQ. What are they? (multiple answers are possible)

- 1. Hemiplegia or hemiparesia (total or partial paralysis of an upper limb and a lower limb on the same side)
- 2. Paralysis of one single limb
- 3. Tetraplegia (paralysis of 4 limbs)
- 4. Balance problems
- 5. Sensory problems
- 6. Language or speaking problems, difficulties articulating or pronouncing words (aphasia, dysarthria)
- 7. Visual problems
- 8. Problems swallowing (swallowing the wrong way, aspiration)
- 9. Impaired consciousness
- 10. Memory problems
- 11. Urinary incontinence
- 12. Other:

If Other (if BACVSQ=12), BACVSP. Specify:

End of the additional questions block

At this stage, we have finished the questions asked illness per illness

Filter: If the person works (SITUA=1 or 2 or TRAVAIL=1 - page 26) or if the person has ever worked (ACTIVANTE=1 - page 26) and if the person has declared at least one illness in the BMALA question

BMP. Was one of your illnesses recognized as an occupational disease?

- 1. Yes
- 2. No
- 8. Refuses to answer
- 9. Doesn't know

filter: if BMP=1:

if yes, which one?

BM1P. |_|_| number from 1 to 51

For questions 49, 50, and 51, present the modalities in the following way:

49. Other neurological disorders: "display the disorder specified in B49MP"

50. Other psychic and mental problems: "display the problem specified in B50MP"

51. Other illnesses. "Display all the illnesses specified in BAUTM"

Anticipate 2 occupational diseases at most

End of Filter: If the person works (SITUA=1 or 2 or TRAVAIL=1 (page 26)) or if the person has ever worked (ACTIVANTE=1 (page 26))

Questions asked of everyone:

	1. Yes 2. No 9. Doesn't know
Over the past 12 months, have you repeatedly had... Interviewer instructions: if the person answers YES verify that the person really has the symptoms repeatedly	
BSYMP1T ... problems sleeping?.....	_
BSYMP2T ... fatigue?.....	_
BSYMP3T ... a loss of appetite or anorexia or bulimia?.....	_
BSYMP4T ... heartburn, gastric or oesophageal reflux?.....	_
BSYMP5T ... palpitations, tachycardia?.....	_
BSYMP6T ... faintness, light-headedness, dizziness, vertigo (seeing stars)?	_
BSYMP7T ... shortness of breath (problems breathing)?.....	_
BSYMP8T ... colitis, chronic intestinal pain, constipation?...	_
BSYMP9T ... stress?.....	_
BSYMP10T... another symptom?.....	_

Filter: if BSYMP10T=Yes:

BSYMP10TQ. What is it? (specify in plain text) | _____ |

Module B3 - Health – Recourse to treatments, prevention

Oral health

BSBD1. Would you say your oral health (mouth, teeth, gums) is...?

read the possible answers

1. Very good
2. Good
3. Average
4. Bad
5. Very bad
8. Refuses to answer
9. Doesn't know

FILTER: If the person is at least 5 years old (if AGE >= 5 years old):

BSBD2. Do you have...?

read the possible answers

(do not ask questions 3 and 4 if 5 <= AGE <= 15)

1. All of your teeth intact
2. All of your teeth, some of which were treated or replaced
3. Lost part of your teeth, but you still have enough left to chew easily without a dental prosthesis (do not take wisdom teeth or baby teeth into account)
4. Lost all or most of your teeth
8. Refuses to answer
9. Doesn't know

FILTER: If the person is at least 18 and has not lost all of their teeth (if AGE >= 18 years old and BSBD2 <> 4):

BSBD3. Do you have one of the following dental problems?

(multiple answers possible) read the possible answers

1. Unfilled cavities
2. Receding gums
3. Frequent dental abscesses
4. None of the above
8. Refuses to answer
9. Doesn't know

Daily life accidents

BAVC1. In the past 3 months, were you the victim of one or more accidents or traumatism necessitating care from a healthcare professional (such as a doctor, pharmacist, nurse physical therapist...):

1. Yes..... -> skip to BAVC2
2. Non..... -> skip to BGEN (page 46)
8. Refuses to answer..... -> skip to BGEN (page 46)
9. Doesn't know..... -> skip to BGEN (page 46)

Concerning the last accident or traumatism:

Filter: If the person works (SITUA=1 or 2 or TRAVAIL=1 - page 26) or if the person has ever worked (ACTIVANTE=1 - page 26)

BAVC2. Was this a workplace accident, recognized as such? (including accidents while commuting)

1. Yes
2. No
3. No professional activity during the past 3 months
8. Refuses to answer
9. Doesn't know

BAVC3. Where did this accident occur?

read the possible answers

- 1. Here, in the institution, including the exterior, garden...
- 2. In a private home (your home or someone else's, including in the garden, the garage...)
- 3. Elsewhere (street, store, park...)
- 8. Refuses to answer
- 9. Doesn't know

What were you doing at the time of this accident or traumatism?

BAVC4a. Did it occur while commuting?

- 1. Yes.....->skip to BAVC4ap
- 2. No.....->skip to BAVC4b
- 8. Refuses to answer.....->skip to BAVC4b
- 9. Doesn't know.....->skip to BAVC4b

FILTER: If yes (If BAVC4a=1):

BAVC4ap. How? (car, motorcycle, moped, scooter, bike, roller-skates or rollerblades, walking, other): _____ Refuses to answer Doesn't know

****Filter: If AGE>=3 years old: (if not, go to BAVC5)****

BAVC4b. Do you play a sport?

- 1. Yes->skip to BAVC4bp
- 2. No.....->skip to BAVC4c
- 8. Refuses to answer->skip to BAVC4c
- 9. Doesn't know ...->skip to BAVC4c

FILTER: If yes (If BAVC4b=1):

BAVC4bp. Which one? _____ Refuses to answer Doesn't know

BAVC4ba. Was this supervised, in a club, in a school setting, etc?

- 1. Yes
- 2. No
- 8. Refuses to answer
- 9. Doesn't know

BAVC4c. Did you have another activity?

- 1. Yes
- 2. No
- 8. Refuses to answer
- 9. Doesn't know

****End of Filter: If AGE>=3 years old *******

BAVC5. How were you injured?

read the possible answers

- 1. You fell (collapsed)
- 2. You received a shock, a blow
- 3. You were cut, pricked, bitten, penetrated by a foreign body
- 4. You were intoxicated (through ingestion, inhalation, other...)
- 5. You suffocated, drowned
- 6. You were burned, were in an explosion
- 7. Other types of accidents
- 8. Refuses to answer
- 9. Doesn't know

BAVC6. In the 48 hours following this accident or traumatism, were you limited in your usual activities?

read the possible answers

- 1. Yes, severely limited
- 2. Yes, limited
- 3. No, not at all
- 8. Refuses to answer
- 9. Doesn't know

Recourse to treatment

BGEN. (define the parameters of the question according to age)

If age>15: In the past 12 months, did you consult a general practitioner for yourself?

If age<=15: In the past 12 months, have you seen a generalist or paediatrician at least once for yourself?

1. Yes.....-> BGENNB
2. No.....-> BSPE
8. Refuses to answer.....-> BSPE
9. Doesn't know....-> BSPE

filter if YES:

BGENNB. How many times in the past 12 months? |_|_| (1 - 99)

- Refuses to answer Doesn't know

BSPE. In the past 12 months, have you consulted a specialist for yourself?

1. Yes.....-> BSPETYP
2. No.....-> BHOP
8. Refuses to answer-> BHOP
9. Doesn't know....-> BHOP

BSPETYP. Which one?

(multiple answers possible) read the possible answers

1. Ophthalmologist
2. Gynaecologist
3. Cardiologist
4. Surgeon or anaesthesiologist
5. Phlebologist,
6. Endocrinologist or diabetologist
7. Neurologist
8. Psychiatrist
9. Dermatologist
10. Rheumatologist
11. Others
98. Refuses to answer
99. Doesn't know

filter: if Others (if BSPETYP=11):

BSPETYP1A . What other specialist did you consult? _____ (Enter the name in plain text)

BSPETYP1AUT. Did you consult another?

1. Yes-> BSPETYP2A
2. No-> BHOP

BSPETYP2A. Which one? _____ (enter the name in plain text)

BSPETYP2AUT. Did you consult another?

1. Yes-> BSPETYP3A

2. No-> BHOP

BSPETYP3A. Which one? _____ (enter the name in plain text)

BHOP. In the past 12 months, were you hospitalised for at least one night and short-term in another establishment?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

In the past 12 months, did you, yourself, consult a...

BCONS0 ... a dentist

Yes\No\Refuses to answer\Doesn't know

BCONS1 ... a medical laboratory, a, X-ray centre

Yes\No\Refuses to answer\Doesn't know

BCONS2 ... a physical therapist

Yes\No\Refuses to answer\Doesn't know

BCONS3 ... a nurse or a midwife (except during any hospitalisations, in a laboratory, in an X-ray centre or at home)

Yes\No\Refuses to answer\Doesn't know

BCONS4 ... a nutritionist

Yes\No\Refuses to answer\Doesn't know

BCONS5 ... a speech therapist

Yes\No\Refuses to answer\Doesn't know

BCONS7 ... an occupational therapist

Yes\No\Refuses to answer\Doesn't know

BCONS8 ... a psychologist or an psychotherapist

Yes\No\Refuses to answer\Doesn't know

BCONS9 ... a chiropodist or a podiatrist

Yes\No\Refuses to answer\Doesn't know

BCONS10 ... a homeopath

Yes\No\Refuses to answer\Doesn't know

BCONS11 ... an acupuncturist

Yes\No\Refuses to answer\Doesn't know

BCONS12 ... an chiropractor or an osteopath

Yes\No\Refuses to answer\Doesn't know

BCONS13 ... a phytotherapist

Yes\No\Refuses to answer\Doesn't know

BCONS14 ... another paramedical healthcare professional (example: motrician, psychomotrician)

Yes\No\Refuses to answer\Doesn't know

B2REC. In the past 12 months, have you had to renounce surgical or dental medical care even though you really needed it?

read the possible answers

1. Yes, several times-> skip to B2RECa
2. Yes, once.....-> skip to B2RECa
3. No, never-> skip to BVACC1, next page
4. Other-> skip to BVACC1, next page
8. Refuses to answer-> skip to BVACC1, next page
9. Doesn't know-> skip to BVACC1, next page

FILTER: If YES to B2REC, ask questions B2RECA and B2RECB:

B2RECA. As for the last time you renounced medical care, was it...

read the possible answers

1. A hospitalisation (including day hospitalisation and home hospitalisation)
2. Dental or orthodontic care
3. Consulting a general practitioner
4. Consulting a specialist
8. Refuses to answer
9. Doesn't know

B2RECB. What was the main reason?

1. I couldn't afford it (too expensive or not adequately reimbursed by my health insurance)
2. The waiting period for obtaining an appointment was too long
3. I had no referral
4. I didn't have time
5. I live too far away / there are not enough methods of transportation / too hard to get there
6. I'm afraid of doctors, dentists, the hospital and/or treatment
7. I wanted to wait and see if it would go away by itself
8. I didn't know a good specialist, a good general practitioner or a good dentist
9. For other reasons
98. Refuses to answer
99. Doesn't know

FILTER: If B2RECA =2 (renouncing dental or orthodontic care):

B2RECC. Was this...?

read the possible answers

1. Having a dental prosthesis (a bridge, a crown...) or dentures put in or taken care of
2. Having an orthodontic apparatus put in or taken care of
3. Getting a cavity filled
4. Going to the dentist in general
8. Refuses to answer
9. Doesn't know

Preventative actions

Vaccinations

Introduction: I would now like to ask you some questions about vaccinations.

BVACC1. Do you believe you're up to date with your vaccinations?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

BVACC2. Do you have a written document on which the vaccinations you've had are documented?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

BVACC3. If AGE >= 10 years old: Have you been vaccinated against Hepatitis B in the past 10 years? If AGE < 10 years old: Have you been vaccinated against Hepatitis B since you were born?

read the possible answers

- 1. Yes, three or more
- 2. Yes, less than 3 doses
- 3. Yes, but does not know the number of doses
- 4. No
- 8. Refuses to answer
- 9. Doesn't know

BVACC4. Have you ever gotten a flu vaccination?

- 1. Yes->skip to BVACC4a
- 2. No->skip to BHTA, next page
- 8. Refuses to answer->skip to BHTA, next page
- 9. Doesn't know->skip to BHTA, next page

FILTER: If answers YES to BVACC4, ask questions BVACC4A and BVACC4B:

BVACC4A. When was the last time you got one?

read the possible answers

- 1. This year (since the beginning of the year).-> BVACC4b
- 2. Last year.....-> BVACC4b
- 3. The year before last-> skip to BHTA
- 8. Refuses to answer-> skip to BHTA
- 9. Doesn't know-> skip to BHTA

filter: if this year or last year (if BVACC4a=1 or 2):

BVACC4B. Can you tell me what month you went?

- Month (1-12)
- Refuses to answer
- Doesn't know

Medical Examinations

Filter: If AGE >= 18 years old: question block BHTA-BHTAA-BCHOL-BCHOLA:

BHTA. Has your blood pressure ever been taken by a healthcare professional?

- 1. Yes->skip to BHTAa
- 2. No->skip to BCHOL
- 8. Refuses to answer.....->skip to BCHOL
- 9. Doesn't know ..->skip to BCHOL

FILTER: If YES, ask BHTAA questions:

BHTAA. When was your blood pressure taken for the last time?

read the possible answers

- 1. Less than a year ago
- 2. Less than 5 years ago
- 3. More than 5 years ago
- 8. Refuses to answer
- 9. Doesn't know

BCHOL. Have you ever had your cholesterol level tested?

- 1. Yes
- 2. No.....->skip to BMAM if woman 18 years old or older or BCOLO1 if not
- 3. Doesn't know ...->skip to BMAM if woman 18 years old or older or BCOLO1 if not
- 4. Refuses to answer->skip to BMAM if woman 18 years old or older or BCOLO1 if not

FILTER: If YES, ask BCHOLA question:

BCHOLA. When was it last tested?

read the possible answers

Only one single answer is possible: skip to the next question as soon as you have a positive answer

1. Less than 1 year ago
2. Less than 2 years ago
3. Less than 3 years ago
4. More than 3 years ago
8. Refuses to answer
9. Doesn't know

FILTER: BLOCK only for women 18 to 80 years of age:

BMAM. Have you ever had a mammogram, that is, a breast X-ray?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

FILTER: If YES, ask question BMAMA:

BMAMA. When was your last mammogram?

read the possible answers

Only one single answer is possible: skip to the next question as soon as you have a positive answer

1. Less than 1 year ago
2. Less than 2 years ago
3. Less than 3 years ago
4. More than 3 years ago
8. Refuses to answer
9. Doesn't know

BFROI. Have you ever had a pap smear?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

FILTER: If YES, asks question BFROTA:

BFROTA. When was your last one?

read the possible answers

Only one single answer is possible: skip to the next question as soon as you have a positive answer

1. Less than 1 year ago
2. Less than 2 years ago
3. Less than 3 years ago
4. More than 3 years ago
8. Refuses to answer
9. Doesn't know

FILTER: BLOCK "Colon cancer" only for adults (18 years old and older):

BCOLO1. Have you even been tested for colon and rectal cancer (or intestinal cancer) by looking for blood in your stools (Hemoccult faecal occult blood test or Magstream test)?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

FILTER: If YES, ask BCOLO1A:

BCOLO1A. When was your last test?

read the possible answers

Only one single answer is possible: skip to the next question as soon as you have a positive

answer

- 1. Less than 1 year ago
- 2. Less than 2 years ago
- 3. Less than 3 years ago
- 4. More than 3 years ago
- 8. Refuses to answer
- 9. Doesn't know

BCOLO2. Have you ever had a colonoscopy (examination of the colon and the rectum)?

read the possible answers

- 1. Yes after screening for blood in my stool
- 2. Yes, as ordered by a doctor
- 3. No
- 8. Refuses to answer
- 9. Doesn't know

FILTER: If YES (BCOLO2=1 or 2), ask BCOLO2A:

BCOLO2A. When was your last colonoscopy?

read the possible answers

Only one single answer is possible: skip to the next question as soon as you have a positive answer

- 1. Less than 1 year ago
- 2. Less than 2 years ago
- 3. Less than 3 years ago
- 4. More than 3 years ago
- 8. Refuses to answer
- 9. Doesn't know

DETERMINANTS OF HEALTH

BTAIL. How tall are you in cm?

cm 20 to 250 Refuses to answer Doesn't know

Interviewer instructions: ask the weight before pregnancy for pregnant women.

BPDS. How much do you weigh?

kg 5 to 200 Refuses to answer Doesn't know

control: $IMC := BPDS / ((BTAIL / 100) ** 2)$ - display warning if $IMC \leq 17$ or if $IMC \geq 35$

Nutrition

Filter: if AGE >= 3 years old and APTER <> 0 ask the BNUT1 through BNUT4B block of questions, if not, go to the end of module B3.

Interviewer instructions: for those in an institution, make sure the people declare what they really eat and not what they are served. This block is not asked of the person is in a vegetative state or in a coma.

BNUT1. Do you eat fruit (including 100% pure juice fruit juice) every day?

- 0. N/A -> end of module, go to module C
(Fed exclusively through a stomach tube, food substitutes...)
- 1. Yes->skip to BNUT1A
- 2. No->skip to BNUT1B
- 8. Refuses to answer->skip to BNUT2
- 9. Doesn't know->skip to BNUT2

Filter: if yes to BNUT1:

BNUT1A. How much do you eat per day?

Interviewer instructions: 1 portion of fruit = 1 apple or 1 fruit salad or 1 bunch of grapes or 1 fruit compote

- 1. 1 portion
- 2. 2 portions
- 3. 3 portions
- 4. 4 portions or more
- 8. Refuses to answer
- 9. Doesn't know

Filter: if no to BNUT1:

BNUT1B. How much do you eat per week?

read the possible answers

- 1. 4 to 6 portions per week,
- 2. 2 to 3 portions per week
- 3. one portion per week or less
- 4. none
- 8. Refuses to answer
- 9. Doesn't know

BNUT2. Do you eat vegetables (except potatoes) every day?

- 1. Yes->skip to BNUT2A
- 2. No->skip to BNUT2B
- 8. Refuses to answer->skip to BNUT3
- 9. Doesn't know->skip to BNUT3

Filter: if yes to BNUT2:

BNUT2A. How many do you eat per day?

Interviewer instructions: 1 portion of vegetables = 1 "portion" of green beans or 1 tomato salad as an appetizer or a portion of ratatouille or a mixed salad or a portion of puree (except of potatoes)

- 1. 1 portion
- 2. 2 portions
- 3. 3 portions
- 4. 4 portions or more
- 8. Refuses to answer
- 9. Doesn't know

Filter: if no to BNUT2:

BNUT2B. How much do you eat per week?

read the possible answers

1. 4 to 6 portions per week,
2. 2 to 3 portions per week
3. 1 portion per week or less
4. None
8. Refuses to answer
9. Doesn't know

BNUT3. Do you eat dairy products every day?

Interviewer instructions: take milk, cheese, yoghurt, cottage cheese, and fromage blanc but not milky desserts like crèmes and flans into account

1. Yes->skip to BNUT3A
2. No->skip to BNUT3B
8. Refuses to answer->skip to BNUT4
9. Doesn't know->skip to BNUT4

Filter: if yes to BNUT3:

BNUT3A. How much do you eat per day?

Interviewer instructions: 1 portion of dairy products = 1 yoghurt or 1 glass of milk or 2 fromage blancs

1. 1 dairy product
2. 2 dairy products
3. 3 dairy products
4. 4 dairy products or more
8. Refuses to answer
9. Doesn't know

Filter: if no to BNUT3:

BNUT3B. How much do you eat per week?

read the possible answers

1. 4 to 6 dairy products
2. 2 to 3 dairy products
3. 1 dairy product per week or less
4. None
8. Refuses to answer
9. Doesn't know

BNUT4. Do you eat meat, poultry, ham, eggs, fish or other fish products every day?

Interviewer instructions: Charcuterie is not included in this category

1. Yes->skip to BNUT4A
2. No->skip to BNUT4B
8. Refuses to answer->skip to module C next page
9. Doesn't know->skip to module C next page

Filter: if yes to BNUT4:

BNUT4A. How many times a day do you eat them?

Interviewer instructions: 1 portion of meat = 1 slice of ham or 1 steak or 2 eggs

1. Once
2. Twice
3. Three times
4. Four times or more
8. Refuses to answer
9. Doesn't know

Filter: if no to BNUT4:

BNUT4B. How many times per week?

read the possible answers

1. 4 to 6 times per week,
2. 2 to 3 times per week
3. Once a week or less
4. Never
8. Refuses to answer
9. Doesn't know

End of Filter: if AGE >= 3 years old and APTER <> 0 ask the BNUT1 through BNUT4B block of questions

Module C - Deficiencies

Here is **card 1** on illnesses, used several times in this module (same card as used in module B2):

Cardiovascular disease or problems

1: Myocardial infarction

2: Coronary artery disease, angina pectoris, (besides myocardial infarction)

3: Hypertension

4: Cerebrovascular accident, stroke (cerebral haemorrhage, cerebral thrombosis)

5: Heart failure

6: Lower limb arteritis (arterial disease)

7: Varicose veins, varicose ulcer, vein deficiency

8: Arrhythmia

9: Haemorrhoids

Cancer

10: Cancer (all malignant tumours including leukaemia and lymphomas)

Respiratory diseases

11: Asthma (including allergic)

12: Chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema

13: Allergic rhinitis (hay fever), allergic conjunctivitis

Diseases or problems concerning bones and joints

14: Lumbar pain(kidney pain) and other chronic back problems

15: Neck pain and other chronic cervical anomalies

16: Scoliosis, kyphosis, spinal cord deformities

17: Rheumatoid arthritis

18: Other arthrosis (inflammation of the joints)

19: Arthrosis of the knee (joint degeneration)

20: Arthrosis of the hip

21: Arthrosis in other locations

22: Osteoporosis

Digestive diseases or problems

23: Stomach or duodenum ulcer

24: Cirrhosis of the liver, chronic liver disease

25: Food allergies

Endocrinal et metabolic diseases

26: Diabetes

27: Thyroid problems (hyperthyroidism, hypothyroidism, goitre)

Neurological diseases or problems

28: Serious headaches, migraines

29: Epilepsy

30: Alzheimer's and other similar diseases

31: Parkinson's disease

32: Multiple sclerosis

Psychic or mental diseases or problems

33: Chronic anxiety

34: Chronic depression

35: Autism

- 36: Schizophrenia
- 37: Down syndrome

Urinary or genital diseases or problems

- 38: Urinary incontinence (urinary leaks)
- 39: Urinary calculus
- 40: Cystitis, frequent urinary infections
- 41: Prostate adenoma

Skin disease or problems

- 42: Psoriasis
- 43: Skin allergies, eczema,
- 44: Eschar

Eye disease or problems

- 45: Cataract
- 46: Glaucoma
- 47: Strabismus

Other illnesses

- 48: Permanent injuries or residual effects caused by an accident
- 49: Other neurological problems
- 50: Other psychic or mental problems
- 51: Other disease(s)

Introduction: *We will now talk about the concrete consequences of your illnesses or other health problems. Do not take temporary problems into account.*

***** **Motor problems** *****;

DEFQMOUV. Do you have one of the following motor problems?

Present CARD 2 from the card section
(multiple answers possible)

- | | |
|---|----------------------------|
| 0. In a vegetative state or in a coma | <input type="checkbox"/> 0 |
| 1. Total paralysis of one or more body parts | <input type="checkbox"/> 1 |
| 2. Partial paralysis of one or more body parts..... | <input type="checkbox"/> 2 |
| 3. Amputation | <input type="checkbox"/> 3 |
| 4. Great discomfort in the joints (pain, stiffness, limitation of movement) | <input type="checkbox"/> 4 |
| 5. Limitation in muscle power | <input type="checkbox"/> 5 |
| 6. Uncontrollable or involuntary movement | <input type="checkbox"/> 6 |
| 7. Balance problems | <input type="checkbox"/> 7 |
| 8. Other problems limiting movement | <input type="checkbox"/> 8 |
| 9. None of the above | <input type="checkbox"/> 9 |

FILTER: If DEFQMOUV = 8 (other problems):

DPMOUV. Specify? enter in plain text | _____ |

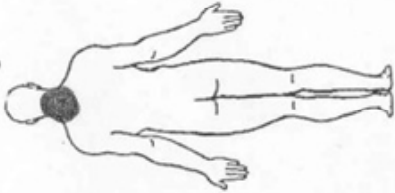

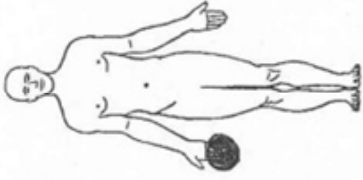
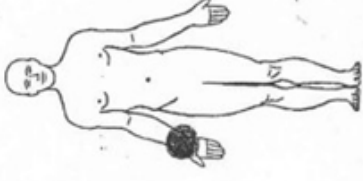
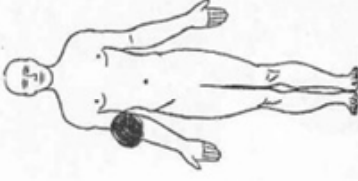
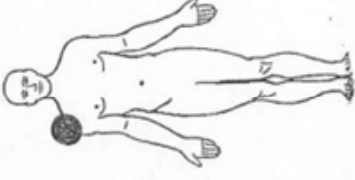
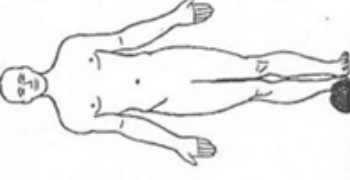
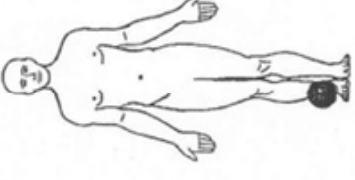
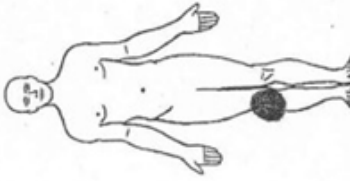
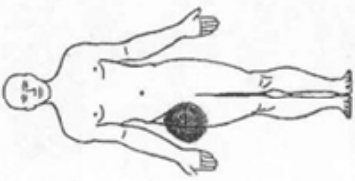
Filter: If DEFQMOUV=9 go to B1VUE (page 62)

If not, continue

card 3 AFFECTED JOINTS

AFFECTED JOINTS CARD


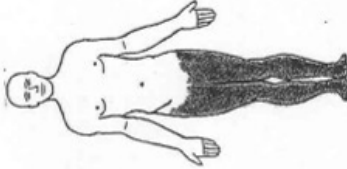
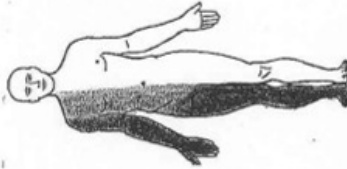
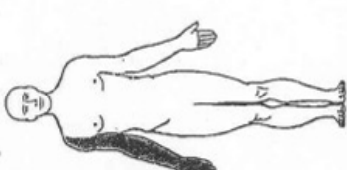
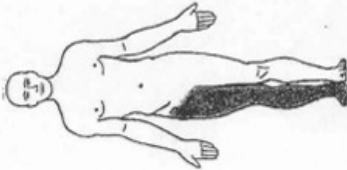
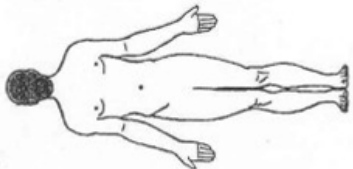
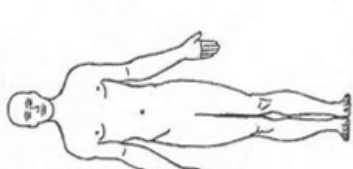
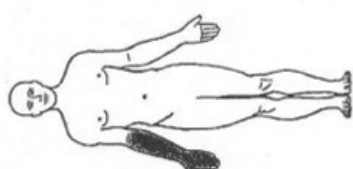
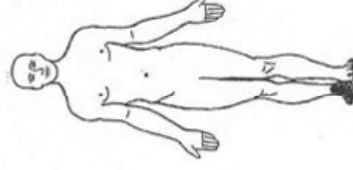
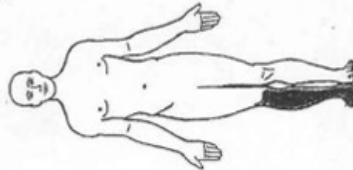
The zones where the affected joints are located are in grey. Point to the drawing representing your situation (multiple answers possible)

				
<p>01 Neck</p>	<p>02 Back (or part of back)</p>	<p>03 Fingers on one hand 04 Fingers on both hands</p>	<p>05 One wrist 06 Both wrists</p>	<p>07 One elbow 08 Both elbows</p>
				
<p>09 One shoulder 10 Both shoulders</p>	<p>11 Toes on one foot 12 Toes on both feet</p>	<p>13 One ankle 14 Both ankles</p>	<p>15 One knee 16 Both knees</p>	<p>17 One hip 18 Both hips</p>

card 4 PARALYSIS OR LIMITATION OF MUSCULAR STRENGTH

PARALYSIS OR LIMITATION OF MUSCULAR POWER


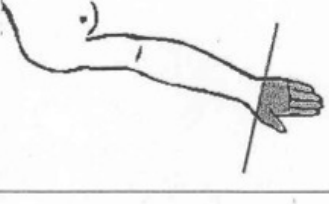
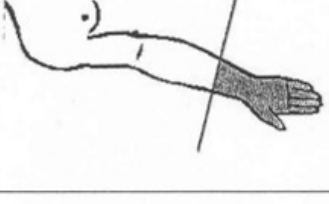
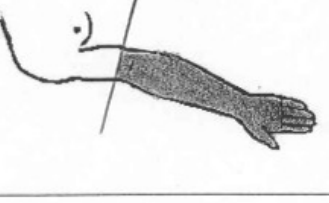
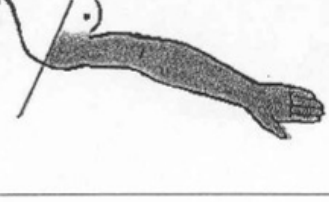

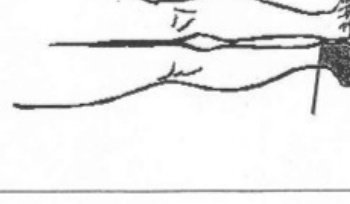
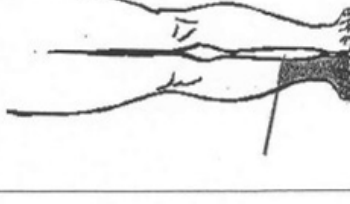
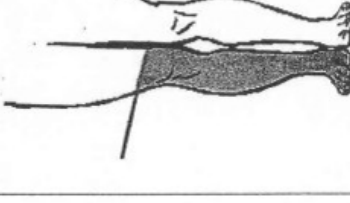

The paralysed zones or zones where the muscular power is limited are in grey. Point to the drawing representing your situation (multiple answers possible)

	<p>01 Four limbs</p>		<p>02 Two lower limbs</p>		<p>03 Upper and lower limbs on the same side (right or left)</p>		<p>04 Upper limb (right or left)</p>		<p>05 Lower limb (right or left)</p>
	<p>06 Facial paralysis</p>		<p>07 One hand 08 Both hands</p>		<p>09 One forearm 10 Both forearms</p>		<p>11 One foot 12 Both feet</p>		<p>13 One leg 14 Both legs</p>

card 5 AMPUTATION

AMPUTATION CARD

The amputation level is depicted with a line.
Point to the drawing representing your situation (multiple answers possible)

				
01 Phalanges or fingers on one hand 02 Phalanges or fingers on both hands	03 One hand below the wrist 04 Both hands below the wrists	05 One hand above the wrist 06 Both hands above the wrists	07 One arm above the elbow 08 Both arms above the elbows	09 One arm shoulder level 10 Both arms shoulder level
				
11 Phalanges or toes on one foot 12 Phalanges or toes on both feet	13 One foot below the ankle 14 Both feet below the ankles	15 One foot above the ankle 16 Both feet above the ankles	17 One leg above the knee 18 Both legs above the knees	19 One leg at hip level 20 Both legs at hip level

Filter: if DEFQMOUV = 1:

Show CARD 4 from the card section (multiple answers possible)

DEF1PARA. Which part(s) of your body are completely paralysed?

1. Four limbs
2. Two lower limbs

3. An upper and lower limb on the same side (right or left)
4. An upper limb (right and/or left)
5. A lower limb (right or left)
6. Facial paralysis
7. One hand
8. Both hands
9. One forearm
10. Both forearms
11. One foot
12. Both feet
13. One leg
14. Both legs

Filter: if DEFQMOUV =2:

Show CARD 4 from the card section (multiple answers possible)

DEF2PARA. Which part(s) of your body are partially paralysed?

1. Four limbs
2. Two lower limbs
3. An upper and lower limb on the same side (right or left)
4. An upper limb (right and/or left)
5. A lower limb (right or left)
6. Facial paralysis
7. One hand
8. Both hands
9. One forearm
10. Both forearms
11. One foot
12. Both feet
13. One leg
14. Both legs

Filter: if DEFQMOUV = 5:

Show CARD 4 from the card section (multiple answers possible)

DEF5PARA. Which part(s) of your body are affected by a limitation of muscle power?

1. Four limbs
2. Two lower limbs
3. An upper and lower limb on the same side (right or left)
4. An upper limb (right and/or left)
5. A lower limb (right or left)
6. Facial paralysis
7. One hand
8. Both hands
9. One forearm
10. Both forearms
11. One foot
12. Both feet
13. One leg

14. Both legs
15. Entire body

Filter: if DEFQMOUV = 3:

Amputation - Show CARD 5 from the card section (multiple answers possible)

DEFAMPUT. Which part(s) of your body are affected?

1. Phalange or finger on one hand
2. Phalange or finger on both hands
3. One hand below the wrist
4. Both hands below the wrist
5. One hand above the wrist
6. Both hands above the wrists
7. One arm below the elbow
8. Both arms below the elbows
9. One arm at shoulder level
10. Both arms at shoulder level
11. Phalanges or toes on one foot
12. Phalanges or toes on both feet
13. One foot below the ankle
14. Both feet below the ankle
15. One foot above the ankle
16. Both feet above the ankles
17. One leg below the knee
18. Both feet below the knees
19. One leg at hip level
20. Both legs at hip level
21. Other

Filter: if DEFQMOUV = 4:

Discomfort in the joints (pain, stiffness, limitation of movement)

Show CARD 3 from the card section (multiple answers possible)

DEFARTI. Which part(s) of your body are affected?

1. Neck
2. Back (or part of back)
3. Fingers on one hand
4. Fingers on both hands
5. One wrist
6. Both wrists
7. One elbow
8. Both elbows
9. One shoulder
10. Both shoulders
11. Toes on one foot
12. Toes on both feet
13. One ankle
14. Both ankles
15. One knee
16. Both knees

17. One hip
18. Both hips

Filter: if DEFQMOUV = 6:

DEFINCONT. Which part(s) of your body is (are) affected by uncontrollable or involuntary movement? (multiple answers possible)

- 1 Upper limbs
2 Lower limbs
3 Face

FILTER If DEFQMOUV = 6 or 8: ⇒ go to module filter block B1VUE to DEFMP (before B1VUE (page 62))

*** ask the next question block (D1PROPM to DEFMP) if DEFQMOUV = 0, 1, 2, 3, 4, 5 or 7 *****

If there is only one answer, only go through the block once

If there are two answers, go through the block twice (in order of decreasing seriousness: 0,1, 2, 3, 4, 5, 7)

If there are multiple answers, describe the 2 most serious (in order of decreasing seriousness: 0,1, 2, 3, 4, 5, 7)***

D1PROBM.

How long (in months or years) have you had this motor problem? ([problem X])

since /_/_/ Doesn't know

Interviewer instructions: if the interviewee has difficulty calculating, check 'doesn't know', particularly if the problem is related to ageing (general limitation of muscle power for example).

D2PROBM. Time unit

1 month(s) 2 year(s)

If D1PROBM = Doesn't know

DAPROBM. Approximately how old were you when this motor problem appeared? ([problem X])

I was /_/_/ years old. - authorise Doesn't know

check: DAPROBM <=age of the interviewee

FILTER: in cases where the problem began at birth or before the age of 5:

DEFMOT. Is it more precisely related to a complication in your mother's pregnancy or delivery ([problem X])?

1. Yes -> skip to ILLNESS BLOCK
2. No -> skip to TRAUMATISM, ACCIDENT, AGGRESSION BLOCK
9. Doesn't know-> skip to TRAUMATISM, ACCIDENT, AGGRESSION BLOCK

TRAUMATISM, ACCIDENT, AGGRESSION BLOCK

DEFMAC. Was this motor problem caused by a traumatism, an accident or an aggression?
([problem X])

1. Yes
2. No -> go to ILLNESS BLOCK
9. Doesn't know -> go to ILLNESS BLOCK

FILTER: If DEFMAC = 1 and if the person declared a "permanent injury or residual effect caused by an accident" (BMALA48 from card 1 in module B2):

DEFMACL. Is this related to the injury caused by an accident that you declared earlier? ([problem X])

1. Yes
2. No

FILTER: If DEFMAC = 1:

DEFMNAT. What sort of traumatism, accident or aggression was it? ([problem X])

Show card 6 from the card section

1. Workplace accident
2. Traffic accident
3. Home accident (that happened at home, including doing home repairs or gardening)
4. Sporting accident
5. Another daily life accident (that occurred doing leisure activities, in shops, in museums, on walks, in school besides PE, etc.)
6. Medical operation or results of a medical treatment
7. Attempted suicide
8. Abuse as a child
9. Domestic violence, between partners
10. Another aggression, including acts of war
11. Another type of traumatism

Skip to block OTHER CAUSES

ILLNESS BLOCK

DEFMMA. Was this motor problem caused by an illness or other health problem?
([problem X])

1. Yes -> go to DEFMMAC
2. No -> go to OTHER CAUSES BLOCK
9. Doesn't know -> go to OTHER CAUSES BLOCK

DEFMMAC. Is this an illness or other health problem you've already mentioned?
([problem X])

1. Yes -> DEFMMAN
2. No -> return to the illness list
8. Refuses to answer -> skip to OTHER CAUSES BLOCK

DEFMMAN. Which one? ([problem X])

Skip to OTHER CAUSES BLOCK

OTHER CAUSES BLOCK

Filter: Go through OTHER CAUSES BLOCK only if APTE in (1,2)

Filter: if the person has ever worked (SITUA=1 or 2 or TRAVAIL=1 or ACTIVANTE = 1 in TCM):

DMACTI . Did your work conditions play a role in or contribute to worsening this motor problem? ([problem X])

- 1. Yes -> DMACTIP
- 2. No -> DMCVIE
- 8. Refuses to answer -> DMCVIE
- 9. Doesn't know -> DMCVIE

filter: if Yes (if DMACTI = 1):

DMACTIP. Is it more specifically due to...

The interviewer reads the possible answers

- 1. Physically difficult work conditions
- 2. Being exposed to pollutants
- 3. Stress, harassment
- 4. Other cause related to work conditions
- 8. Refuses to answer
- 9. Doesn't know

DMACTIA. If other, specify:

DMCVIE. Did your living conditions or another important event in your life play a role or contribute to worsening this motor problem? ([problem X])

- 1. Yes -> DMCVIEP
- 2. No -> DEFMAUT
- 8. Refuses to answer -> DEFMAUT
- 9. Doesn't know -> DEFMAUT

filter: if DMCVIE = 1:

DMCVIEP. It was more specifically...

The interviewer reads the possible answers

- 1. Financial problems
- 2. Family problems (such as the death of a loved one)
- 3. Loss of employment, long-term unemployment or forced inactivity
- 4. Other cause related to living conditions
- 8. Refuses to answer
- 9. Doesn't know

DMCVIEA. If other, specify:.....

DEFMAUT. Is there something else that could have provoked or worsened this motor problem?
([problem X])

- 1. Yes -> DEFMP
- 2. No -> B1VUE
- 8. Refuses to answer -> B1VUE
- 9. Doesn't know -> B1VUE

filter: if DEFMAUT = 1:

DEFMP. What is it? Enter in plain text | _____ |

***** End of filter DEFQMOUV =0,1,2,3,4,5 or 7 (motor problems) *****;

FILTER If APTER=0: ⇒ go to DEFPSY (page 69), if not, go to B1VUE.

***** Seeing problems *****;

B1VUE. Do you wear glasses or contact lenses?

- 1. Yes
- 2. No

DEFVISU.

If B1VUE=Do you have problems seeing without your contacts or glasses?

If B1VUE=2 Do you have seeing problems?

- 1 Yes ⇒ go to DEFQVISU
- 2 No ⇒ go to B1OUI, page 64
- 8 Refuses to answer ⇒ go to B1OUI, page 64
- 9 Doesn't know ⇒ go to B1OUI, page 64

FILTER: If DEFVISU = 1:

DEFQVISU. Is this related to one (or several) of the following problems?

Interviewer instructions: The interviewer reads the possible answers (multiple answers possible)

- 1. Blind (or just perceives light))
- 2. Visually impaired (Interviewer instructions: for a serious visual deficiency without being blind)
- 3. One eye sees nothing or practically nothing
- 4. Problems seeing near or far but neither visually impaired nor blind
- 5. Limitation of the visual field (no peripheral vision or cannot see in part of the visual field).....
- 6. Other visual problem (trouble seeing colours, visual fatigue)

- 8. Refuses to answer
- 9. Doesn't know

<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> 5
<input type="checkbox"/> 6
<input type="checkbox"/> 8
<input type="checkbox"/> 9

FILTER: If DEFQVISU = 6 (Other visual problem):

DPVISU. Specify: Enter in plain text | _____ |

FILTER if DEFQVISU = 4, 6, 8 or 9: ⇒ go to B1YES (page 64)

****The D1PROBV to DEFVP question block is only gone through once for the most serious answer to the question DEFQVISU among the answers 1, 2, 3 or 5 (in order of decreasing seriousness: 1,2,3,5) *******

D1PROBV.

How long (in months or years) have you had this seeing problem? ([problem X])
for/__/__/
 Doesn't know

Interviewer instructions: if the interviewee has trouble calculating, check 'doesn't know'

D2PROBV. Unit of time

1. month(s) 2. year(s)

If D1PROBV = Doesn't know

DAPROBV. At approximately what age did this seeing problem appear? ([problem X])

When I was /__/__/
years old. authorise Doesn't know
check: DAPROBV <=age of the interviewee

FILTER: in cases where the problem dates to birth or before the age of 5:

DEFVUE. Is this more specifically due to a complication in your mother's pregnancy or delivery? ([problem X])

- 1. Yes -> skip to ILLNESS BLOCK
- 2. No -> skip to TRAUMATISM, ACCIDENT, AGGRESSION BLOCK
- 9. Doesn't know -> skip to TRAUMATISM, ACCIDENT, AGGRESSION BLOCK

TRAUMATISM, ACCIDENT, AGGRESSION BLOCK

DEFVAC. Was this seeing problem caused by a traumatism, an accident or an aggression? ([problem X])

- 1. Yes
- 2. No -> go to ILLNESS BLOCK
- 9. Doesn't know -> go to ILLNESS BLOCK

FILTER: if DEJVAC = 1 and if the person declared a "permanent injury or residual effect caused by an accident" (BMALA48 from card 1 in module B2):

DEFVACL. Is this related to the injury caused by an accident that you declared earlier? ([problem X])

- 1. Yes
- 2. No

FILTER: if DEJVAC = 1:

DEFVNAT. What type of traumatism, accident or aggression was it? ([problem X])

Show card 6 from the card section

- 1. Workplace accident
- 2. Traffic accident
- 3. Home accident (that happened at home, including doing home repairs or gardening)
- 4. Sporting accident
- 5. Another daily life accident (that occurred doing leisure activities, in shops, in museums, on walks, in school besides PE, etc.)
- 6. Medical operation or results of a medical treatment

7. Attempted suicide
8. Abuse as a child
9. Domestic violence, between partners
10. Another aggression, including acts of war
11. Another type of traumatism

skip to DEFVAUT

ILLNESS BLOCK

DEFVMA. Was this seeing problem caused by an illness or other health problem? ([problem X])

1. Yes
2. No -> go to DEFVAUT
9. Doesn't know -> go to DEFVAUT

FILTER: If DEFMVA = 1:

DEFVMAC- Was this an illness or other health problem previously mentioned? ([problem X])

1. Yes -> DEFVMAN
2. No -> return to the list of illnesses
8. Refuses to answer -> DEFVAUT

FILTER: if DEFVMAC = 1:

DEFVMAN . Which one? ([problem X])

Go to DEFVAUT

DEFVAUT. Is there anything else that could have caused or worsened this seeing problem? ([problem X])

1. Yes -> DEFVP
2. No -> B1OUI
8. Refuses to answer -> B1OUI
9. Doesn't know -> B1OUI

DEFVP. What is it?

Enter in plain text | _____ |

***** end of filter DEFQVISU = 1, 2, 3 or 5 (seeing problems)*****

***** Hearing problems *****

B1OUI. Do you wear an assistive listening device?

- 1. Yes-> TYPAUD
- 2. No-> B1OUIB
- 8. Refuses to answer -> DEFAUDI
- 9. Doesn't know -> DEFAUDI

Filter: If B1OUI=2

B1OUIB. Do you need one?

- 1. Yes -> DEFQAUDI
- 2. No -> DEFAUDI
- 9. Doesn't know -> DEFAUDI

Filter: if Yes, the person wears an assistive listening device (if B1OUI=1)

TYPAUD. What kind?

- 1. Hearing aid
- 2. Cochlear implant
- 3. Other

Filter: If No, the person says they do not need one or if they do not answer (if B1OUI=3,8 or 9)

DEFAUDI. Do you have hearing problems (hard of hearing, humming in the ears...)?

- 1. Yes
- 2. No ⇒ go to DEFPAROL (page 67)
- 8. Refuses to answer ⇒ go to DEFPAROL (page 67)
- 9. Doesn't know ⇒ go to DEFPAROL (page 67)

FILTER: If DEFAUDI = 1 or B1OUI=1 or B1OUIB=1:

DEFQAUDI. Is this related to one (or several) of the following problems?

Interviewer instructions: read the possible answers, multiple answers possible

- 1. Complete deafness (in both ears)
- 2. Hard of hearing (Interviewer instructions: serious hearing problems but not deafness)
- 3. Deafness in one ear
- 4. Another hearing problem but not hard of hearing or deaf.....
- 5. Other hearing problem (humming, whistling, finnitus...)
- 8. Refuses to answer
- 9. Doesn't know

<input type="checkbox"/> 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

FILTER: If DEFQAUDI = 5 (Other hearing problem):

DPAUDI. Specify. enter in plain text | _____ |

FILTER If DEFQAUDI = 4, 5, 8 or 9: ⇒ go to DEFPAROL (page 67)

****The D1PROBA to DEFAP question block is only gone through once for the most serious answer to the question DEFQAUDI among the answers 1, 2 or 3 (in order of decreasing seriousness: 1,2,3) *******

D1PROBA.

How long (in months or years) have you had this hearing problem? ([problem X])

for /_/_/ Doesn't know

Interviewer instructions: if the interviewee has trouble calculating, check 'doesn't know'

D2PROBA. Unit of time

1 month(s) 2 year(s)

If D1PROBA = Doesn't know

DAPROBA. At approximately what age did this hearing problem appear? ([problem X])

When I was /_/_/ years old. Doesn't know

check: DAPROBA <= age of the interviewee

FILTER: in cases where the problem dates to birth or before the age of 5:

DEFAUD. Is this more specifically due to a complication in your mother's pregnancy or delivery? ([problem X])

- 1. Yes -> skip to ILLNESS BLOCK
- 2. No -> skip to TRAUMATISM, ACCIDENT, AGGRESSION BLOCK
- 9. Doesn't know -> skip to TRAUMATISM, ACCIDENT, AGGRESSION BLOCK

TRAUMATISM, ACCIDENT, AGGRESSION BLOCK

DEFAAC - Was this hearing problem caused by a traumatism, an accident or an aggression? ([problem X])

- 1. Yes
- 2. No -> go to ILLNESS BLOCK
- 9. Doesn't know -> go to ILLNESS BLOCK

Filter: if DEFAAC = 1 and if the person declared a "permanent injury or residual effect caused by an accident" (BMALA48 from card 1 in module B2):

DEFAACL- Is this related to the injury caused by an accident that you declared earlier? ([problem X])

- 1. Yes
- 2. No

FILTER: if DEFAAC = YES:

DEFANAT. What type of traumatism, accident or aggression was it? ([problem X])

Show card 6 from the card section

- 1. Workplace accident
- 2. Traffic accident
- 3. Home accident (that happened at home, including doing home repairs or gardening)
- 4. Sporting accident
- 5. Another daily life accident (that occurred doing leisure activities, in shops, in museums, on walks, in school besides PE, etc.)
- 6. Medical operation or results of a medical treatment
- 7. Attempted suicide
- 8. Abuse as a child
- 9. Domestic violence, between partners
- 10. Another aggression, including acts of war
- 11. Another type of traumatism

skip to DEFAAUT

ILLNESS BLOCK

DEFAMA. Was this hearing problem caused by an illness or other health problem? ([problem X])

- 1. Yes -> go to DEFAMAC
- 2. No -> go to DEFAAUT

9. Doesn't know -> go to DEFAAUT

**DEFAMAC- Was this an illness or other health problem previously mentioned?
([problem x])**

- 1. Yes -> DEFAAN
- 2. No -> return to the list of illnesses
- 8. Refuses to answer -> DEFAAUT

DEFAAN. Which one? ([problem x])

Skip to DEFAAUT

**DEFAAUT. Is there anything else that could have caused or worsened this hearing problem?
([problem x])**

- 1. Yes -> DEFAP
- 2. No -> DEFPAROL
- 8. Refuses to answer -> DEFPAROL
- 9. Doesn't know -> DEFPAROL

DEFAP. What is it?

Enter in plain text | _____ |

***** end of filter DEFQAUDI = 1, 2 or 3 (hearing problems)*****

***** Speech problems*****

DEFPAROL – Do you have speech problems?

- 1. Yes ⇒ go to DEFQPAROL
- 2. No ⇒ go to DEFPSY
- 8. Refuses to answer ⇒ go to DEFPSY
- 9. Doesn't know ⇒ go to DEFPSY

FILTER: If yes

DEFQPAROL – Is it more specifically...

Interviewer instructions: read the possible answers, multiple answers possible

- | | |
|--|----------------------------|
| 1. Dumb (mute) | <input type="checkbox"/> 1 |
| 2. Problems with oral expression: aphasia, dysphasia, difficulties choosing or combining words | <input type="checkbox"/> 2 |
| 3. Vocal cord impairment, laryngectomy | <input type="checkbox"/> 3 |
| 4. Stuttering | <input type="checkbox"/> 4 |
| 5. Other problems with speech or oral language | <input type="checkbox"/> 5 |
| 8. Refuses to answer | <input type="checkbox"/> 8 |
| 9. Doesn't know | <input type="checkbox"/> 9 |

Filter if DEFQPAROL = 5 (Other problems with speech or oral language):

DEFPPAROL. Specify: Enter in plain text | _____ |

FILTER If DEFQPAROL= 8 or 9: ⇒ go to DEFPSY

****The D1PROBPtoDEFPP question block is only gone through once for the most serious answer to the question DEFQPAROL among the answers 1, 2, 3, 4 or 5 (in order of decreasing seriousness: 1,2,3,4,5) *****

D1PROBP.

How long (in months or years) have you had this speech problem? ([problem X])
for /_/_/ Doesn't know

Interviewer instructions: if the interviewee has trouble calculating, check 'doesn't know'

D2PROBP. Unit of time

- 1. month(s)
- 2. year(s)

If D1PROBP = doesn't know

DAPROBP. At approximately what age did this seeing problem appear? ([problem X])

When I was /_/_/ years old. authorise doesn't know
check: DAPROBP <= age of the interviewee

Introduction: We will now ask you about the direct cause or causes of this speech problem.

FILTER: in cases where the problem dates to birth or before the age of 5:

DEFPARO - Is this more specifically due to a complication in your mother's pregnancy or delivery? ([problem X])

- 1. Yes -> skip to ILLNESS BLOCK
- 2. No -> skip to TRAUMATISM, ACCIDENT, AGGRESSION BLOCK
- 9. Doesn't know -> skip to TRAUMATISM, ACCIDENT, AGGRESSION BLOCK

TRAUMATISM, ACCIDENT, AGGRESSION BLOCK

DEFPAC - Was this speech problem caused by a traumatism, an accident or an aggression? ([problem x])

- 1. Yes
- 2. No -> go to ILLNESS BLOCK
- 9. Doesn't know -> go to ILLNESS BLOCK

FILTER: if DEFPAC = 1 and if the person declared a "permanent injury or residual effect caused by an accident" (BMALA48 from card 1 in module B2):

DEFPACL - Is this related to the injury caused by an accident that you declared earlier? ([problem x])

- 1. Yes
- 2. No

FILTER: if DEFPAC = 1:

DEFPNAT - What type of traumatism, accident or aggression was it? ([problem X])

Show card 6 from the card section

- 1. Workplace accident
- 2. Traffic accident
- 3. Home accident (that happened at home, including doing home repairs or gardening)
- 4. Sporting accident
- 5. Another daily life accident (that occurred doing leisure activities, in shops, in museums, on walks, in school besides PE, etc.)
- 6. Medical operation or results of a medical treatment
- 7. Attempted suicide
- 8. Abuse as a child
- 9. Domestic violence, between partners
- 10. Another aggression, including acts of war
- 11. Another type of traumatism

skip to DEFPAUT

ILLNESS BLOCK

DEFPMA- Was this speech problem caused by an illness or other health problem? ([problem x])

- 1. Yes -> go to DEFPMAC
- 2. No -> go to DEFPAUT
- 9. Doesn't know -> go to DEFPAUT

DEFPMAC- Was this an illness or other health problem previously mentioned? ([problem x])

- 1. Yes -> DEFPMAN
- 2. No -> return to the list of illnesses
- 8. Refuses to answer -> DEFPAUT

DEFPMAN. What was it? ([problem x])

Skip to DEFAUT

DEFAUT. Is there anything else that could have caused or worsened this speech problem?
([problem x])

- 1. Yes -> DEFPP
- 2. No -> DEFPSY
- 8. Refuses to answer -> DEFPSY
- 9. Doesn't know -> DEFPSY

DEFPP. What? enter in plain text | _____ |

***** end of filter DEFQPAROL = 1, 2, 3, 4 or 5 (speech problems)*****

***** End of filter APTER = 0 *****

***** Psychological disorders *****

DEFPSY; Do you have one of the following problems?

Interviewer instructions: show card 7 from the card section

Interviewer instructions: For people in a vegetative state or coma (answer 0 from APTER was checked), check 11.

card 7 from the card section

- 1. Problems in orientation time or space

Interviewer instructions: do not take problems in orientation due to seeing problems into account

- 2. Significant memory disorders (short or long term)
- 3. Mood disorders (discouragement, demotivation)
- 4. Anxiety disorders
- 5. Problems relating to others (irritability, social phobia, feelings of being attacked)
- 6. Learning disorders
- 7. Comprehension problems
- 8. Mental retardation
- 9. Other mental disorder → DEFPSY1P
- 10. Other psychic disorder → DEFPSY2P
- 11. Other disorder → DEFPSY3P
- 12. No disorders

If DEFPSY = 9,

DEFPSY1P. Specify: | _____ | enter in plain text

If DEFPSY = 10,

DEFPSY2P. Specify: | _____ | enter in plain text

For those in a vegetative state or coma (answer 0 from APTER was checked), enter "APTER=0".

If DEFPSY = 11

DEFPSY3P. Specify: | _____ | enter in plain text

FILTER: if at least one box was checked (DEFPSY=1, 2, 6, 7, 8, 9) continue

If not ⇒ skip to DEFAUTRE

Interviewer instructions: ask the following questions only once, encompassing all the answers DEFPSY checked among 1, 2, 6, 7, 8 and 9.

D1PROBPSY.

How long (in months or years) have you had this (these) problem(s)? (review the problems checked among 1, 2, 6, 7, 8 and 9)

for /__/_/ Doesn't know

Interviewer instructions: if the interviewee has trouble calculating, check 'doesn't know'

D2PROBPSY. Unit of time

1 month(s) 2 year(s)

If **D1PROBPSY = doesn't know**

DAPROBPSY. At approximately what age did this (these) problem(s) appear? (review the problems checked among 1, 2, 6, 7, 8 and 9)

When I was /__/_/ years old. Doesn't know

check: DAPROBPSY <= age of the interviewee

FILTER: in cases where the problem dates to birth or before the age of 5:

DEFOPSY - Is this more specifically due to a complication in your mother's pregnancy or delivery? (review the problems checked among 1, 2, 6, 7, 8 and 9)

1. Yes -> skip to ILLNESS BLOCK
2. No -> skip to TRAUMATISM, ACCIDENT, AGGRESSION BLOCK
9. Doesn't know -> skip to TRAUMATISM, ACCIDENT, AGGRESSION BLOCK

TRAUMATISM, ACCIDENT, AGGRESSION BLOCK

DEFPSYAC - Was this (were these) problem(s) caused by a traumatism, an accident or an aggression? (review the problems checked among 1, 2, 6, 7, 8 and 9)

1. Yes
2. No -> go to ILLNESS BLOCK
9. Doesn't know -> go to ILLNESS BLOCK

FILTER: if DEFPSYAC = 1 and if the person declared a "permanent injury or residual effect caused by an accident" (MALA48 from card 1 in module B2):

DEFPSYACL - Is this related to the injury caused by an accident that you declared earlier? ([problem X]) (review the problems checked among 1, 2, 6, 7, 8 and 9)

1. Yes
2. No

FILTER: if DEFPSYAC = 1:

DEFPSYNAT - What sort of traumatism, accident or aggression was it? (review the problems checked among 1, 2, 6, 7, 8 and 9)

Show card 6 from the card section

1. Workplace accident
2. Traffic accident
3. Home accident (that happened at home, including doing home repairs or gardening)
4. Sporting accident
5. Another daily life accident (that occurred doing leisure activities, in shops, in museums, on walks, in school besides PE, etc.)
6. Medical operation or results of a medical treatment
7. Attempted suicide
8. Abuse as a child
9. Domestic violence, between partners
10. Another aggression, including acts of war

11. Another type of traumatism

skip to OTHER CAUSES BLOCK

ILLNESS BLOCK

DEFPSYMA - Was this (were these) problem(s) caused by an illness or other health problem? ([problem X]) (review the problems checked among 1, 2, 6, 7, 8 and 9)

1. Yes -> go to DEFPSYMAC
2. No -> go to OTHER CAUSES BLOCK
9. Doesn't know -> go to OTHER CAUSES BLOCK

DEFPSYMAC- Is this an illness or other health problem you've already mentioned? (review the problems checked among 1, 2, 6, 7, 8 and 9)

1. Yes -> DEFPSYMAN
2. No -> return to the illness list
8. Refuses to answer -> skip to OTHER CAUSES BLOCK

DEFPSYMAN. Which one? ([problem x])

Skip to OTHER CAUSES BLOCK

OTHER CAUSES BLOCK

Filter: Go through OTHER CAUSES BLOCK only if APTE in (1,2)

Filter: if the person has ever worked (SITUA=1 or 2 or TRAVAIL=1 or ACTIVANTE = 1 in TCM):

DPSYACTI Did your work conditions play a role in or contribute to worsening this (these) problem(s)? ([problem X]) (review the problems checked among 1, 2, 6, 7, 8 and 9)

1. Yes -> DPSYACTIP
2. No -> DPSYCVIE
8. Refuses to answer
9. Doesn't know

filter: if DPSYACTI = 1:

DPSYACTIP- Is it more specifically due to...

The interviewer reads the possible answers

1. Physically difficult work conditions
2. Being exposed to pollutants
3. Stress, harassment
4. Other cause related to work conditions
8. Refuses to answer
9. Doesn't know

DPSYACTIA. If other, specify:.....

DPSYCVIE. Did your living conditions or another important event in your life play a role or contribute to worsening this (these) problem(s)? (review the problems checked among 1, 2, 6, 7, 8 and 9)

1. Yes -> DPSYCVIEP
2. No -> DEFPSYAUT
8. Refuses to answer -> DEFPSYAUT

9. Doesn't know -> DEFPSYAUT

filter: if DPSYCVIE =1:

DPSYCVIEP- It was more specifically...

The interviewer reads the possible answers

1. Financial problems
2. Family problems (such as the death of a loved one)
3. Loss of employment, long-term unemployment or forced inactivity
4. Other cause related to living conditions
8. Refuses to answer
9. Doesn't know

If Other: DPSYCVIEA. specify:.....

DEFPSYAUT. Is there something else that could have provoked or worsened this (these) problem(s)? (review the problems checked among 1, 2, 6, 7, 8 and 9)

1. Yes -> DEFPSYP
2. No -> DEFAUTRE
8. Refuses to answer -> DEFAUTRE
9. Doesn't know -> DEFAUTRE

DEFPSYP. What is it? enter in plain text | _____ |

*******end of filter: if DEFPSY=1, 2, 6, 7, 8, 9* (psychological disorders)*******

DEFAUTRE., Do you have other health problems besides the problems or illnesses previously mentioned?

Interviewer instructions: including aesthetic deficiencies such as a cleft lip, strawberry mark...

1. Yes -> DEFAUT1
2. No -> skip to module D
8. Refuses to answer -> skip to module D
9. Doesn't know -> skip to module D

filter: if DEFAUTRE=1: Which one(s)?

DEFAUT1. Deficiency 1: enter in plain text | _____ |

DEFAUT2. Deficiency 2: enter in plain text | _____ |

DEFAUT3. Deficiency 3: enter in plain text | _____ |

Module D – Assistive technologies

Only the first question, DPROTU, was asked of everyone, the rest of the module was not asked of those in a vegetative state or in a coma (APTER_0=1)

IntroD: We will now speak about the assistive technologies that you use for your daily activities.

Show card 8 from the card section

DPROTU. Can you tell me what assistive technologies/prosthesis you wear/use?

The card is displayed in CAPI and the interviewer checks the boxes

Prosthesis and implants

1. Hip prosthesis
2. Knee prosthesis
3. Upper limb prosthesis (*artificial finger, hand or arm*)
4. Lower limb prosthesis except hip and knee (*artificial foot or leg*)
5. Other prosthesis (*glass eye, breast prosthesis, nose prosthesis...*)

orthotics for supporting, aiding and correcting body position

6. Trunk or spinal column orthotics (*corset...*)
7. Upper limb orthotics
8. Lower limb orthotics (*orthopaedic shoes...*)
9. Other orthotics for supporting, aiding and correcting body position

personal hygiene and protection aids

10. Catheter or urine collection (*urine evacuation systems*)
11. Absorbent protection (*incontinence undergarments*)
12. Adapted clothes
13. Aids for ostomates (*pouches, absorbent pads*)

aids for personal mobility

mobility aids

14. Canes or crutches
15. White cane
16. Walker
17. Manual wheelchair
18. Electric wheelchair
19. Tricycle (*manual or motorized*)
20. Adapted scooter
21. Animal help like a guide dog
22. Other aids for walking or getting around alone

aids for transfers (going from a bed to a wheelchair or turning over in bed)

23. Boards, lifting binders, harnesses
24. Patient lift
25. Other aids for going from a bed to a wheelchair

treatment aids

26. Respiratory assistance (*respirator, aspirator, oxygen therapy*)
27. Treatment for a circulatory affection (*anti-oedema stockings, compression stockings...*)
28. Dialysis equipment
29. Injection equipment (*syringe or needle, perfusion pump, insulin pump...*)
30. Equipment for check-ups (*blood or urine tests, blood pressure...*)
31. Pacemaker

- 32. Anti-eschar equipment anti-escarres (*cushions, mattresses...*)
- 33. Other treatment aid
- 34. No assistive technology/prosthesis

******Filter: if the person is in a vegetative state or a coma (if APTER = 0), go to module G, FIRENC (page 100): do not ask the remainder module D, nor modules E and F, if not, go to DPROTB ******

DPROTB. Can you tell me which assistive technologies/prostheses you will need?

The card is displayed in CAPI

Show card 8 from the card section

****Filter: if the person has seeing problems (if DEFQVISU=1,2, 3, 5 or 6 - module C, page 62) ****

Do you (they) use a magnifying glass, an electronic enlarger, a reading matching or another optical or electro-optical aid?

- 1. Yes
- 2. No
- 7. N/A: too young
- 9. Doesn't know

DOPTIQ
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 7
<input type="checkbox"/> 9

**If DOPTIQ=no:
Do you need one?**

- 1. Yes
- 2. No
- 9. Doesn't know

DOPTIQB
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 9

Do you (they) use a speech recognition or speech synthesis system, a touch screen or other computer interface?

- 1. Yes
- 2. No
- 7. N/A: too young
- 9. Doesn't know

DORDIN
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 7
<input type="checkbox"/> 9

**If DORDIN=no:
Do you need one?**

- 1. Yes
- 2. No
- 9. Doesn't know

DORDINB
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 9

Have you learned Braille?

- 1. Yes
- 2. Non
- 7. N/A: too young

DAPBRA
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 7

9. Doesn't know..... 9

Filter: if the person has learned Braille (if DAPBRA = 1):

Do you (they) use Braille for reading and/or writing?

- 1. Yes 1
- 2. No 2
- 9. Doesn't know 9

DLIBRA

Do you (they) use output in Braille (terminal pads, printers, notepads...)?

- 1. Yes 1
- 2. No 2
- 7. N/A: too young..... 7
- 9. Doesn't know 9

DECRITA

**If DECRITA=no:
Do you need them?**

- 1. Yes 1
- 2. No 2
- 9. Doesn't know 9

DECRITAB

*******end of Filter: if DEFQVISU=1,2, 3, 5 or 6 (module C)*******

Filter: if the person has trouble speaking (if DEFPAROL=1 - module C, page 67):

Do you (they) use a speech generator, a voice amplifier or another device to speak?

- 1. Yes 1
- 2. No 2
- 7. N/A: too young..... 7
- 9. Doesn't know..... 9

DVOIX

**If DVOIX=no:
Do you need one?**

- 1. Yes 1
- 2. No 2
- 9. Doesn't know 9

DVOIXB

Filter: if the person is not blind (if DEFQVISU <>1 - module C, page 62):

Do you (they) understand or use sign language?
Read the possible answers

- 1. Yes, I use it..... 1

DSIGNE

- 2. Yes, I understand it but don't use it..... 2
- 3. No, I don't know it but want to learn it 3
- 4. No, I don't know it and don't need it 4
- 7. N/A: too young..... 7
- 9. Doesn't know..... 9

*******Filter: if the person has hearing problems (if DEFAUDI = 1 or B1OUI=1 or B1OUIB=1)-module C, page 64)*******

Do you (they) use adapted audio-visual equipment for the hard of hearing? (CEEFAX decoder...)

- 1. Yes 1
- 2. No 2
- 7. N/A: too young..... 7
- 9. Doesn't know..... 9

DAUDIO

**If DAUDIO=no:
Do you need it?**

- 1. Yes 1
- 2. No 2
- 9. Doesn't know 9

DAUDIOB

Do you (they) use induction loop amplifiers, a voice amplifier or another device to hear?

- 1. Yes 1
- 2. No 2
- 9. Doesn't know..... 9

DOUIE

**If DOUIE=no:
Do you need one?**

- 1. Yes 1
- 2. No 2
- 9. Doesn't know 9

DOUIEB

******* end of Filter: if DEFAUDI = 1 or B1OUI=1 or B1OUIB=1 *******

*******Filter: if the person has problems affecting their upper limbs: *******

**if DEF1PARA=1, 3, 4, 7, 8, 9, 10 (complete paralysis)
OR if DEF2PARA=1, 3, 4, 7, 8, 9, 10 (partial paralysis)
OR if DEF5PARA=1, 3, 4, 7, 8, 9, 10, 15 (limitation in muscle power)
OR if DEFAMPUT=1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (amputation)
OR if DEFARTI=3, 4, 5, 6, 7, 8, 9, 10 (discomfort in the joints)
Module C questions page 58 and page 59**

Do you (they) use adapted writing aid equipment?

Read the possible answers

- 1. Yes
- 2. No
- 9. Doesn't know

DECRTB
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 9

**If DECRTB=no:
Do you need it?**

- 1. Yes
- 2. No
- 9. Doesn't know

DECRTBB
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 9

Do you (they) use remote controls, grippers, a telemanipulator, a robotic system or another device to grab or handle things remotely?

Read the possible answers

- 1. Yes
- 2. No
- 9. Doesn't know

DMANIP
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 9

**If DMANIP=no:
Do you need them?**

- 1. Yes
- 2. No
- 9. Doesn't know

DMANIPB
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 9

Do you (they) use a head wand, a mouth stick or another system compensating for hand or finger function?

Read the possible answers

- 1. Yes
- 2. No
- 9. Doesn't know

DDOIGT
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 9

**If DDOIGT=no:
Do you need them?**

- 1. Yes
- 2. No
- 9. Doesn't know

DDOIGTB
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 9

Filter: if the person is not blind (if DEFQVISU <>1 - module C, page 62):

Do you (they) use a book holder, a page-turner or another device to aid reading?

Read the possible answers

- 1. Yes
- 2. No
- 9. Doesn't know

DLECTU
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 9

**If DLECTU=no:
Do you need one?**

- 1. Yes

DLECTUB
<input type="checkbox"/> 1

2. No	<input type="checkbox"/> 2
9. Doesn't know	<input type="checkbox"/> 9

***** end of Filter (problems affecting their upper limbs)*****

Do you use a remote alarm?

Interviewer instructions: a remote alarm is used to summon assistance if needed (in case of a fall, for example). Not to be confused with a home burglar alarm or an alarm system in an institution.

BALARM	
1. Yes	<input type="checkbox"/> 1
2. No	<input type="checkbox"/> 2
9. Doesn't know	<input type="checkbox"/> 9

**If BALARM=no:
Do you need one?**

1. Yes	<input type="checkbox"/> 1
2. No	<input type="checkbox"/> 2
9. Doesn't know	<input type="checkbox"/> 9

BALARMB	
1. Yes	<input type="checkbox"/> 1
2. No	<input type="checkbox"/> 2
9. Doesn't know	<input type="checkbox"/> 9

**Do you (they) use other special equipment or assistive technologies for a health problem or disability not yet mentioned?
Read the possible answers**

1. Yes	<input type="checkbox"/> 1
2. No	<input type="checkbox"/> 2
9. Doesn't know	<input type="checkbox"/> 9

DAUTEQ	
1. Yes	<input type="checkbox"/> 1
2. No	<input type="checkbox"/> 2
9. Doesn't know	<input type="checkbox"/> 9

If DAUTEQ=no: Do you need any?

1. Yes	<input type="checkbox"/> 1
2. No	<input type="checkbox"/> 2
9. Doesn't know	<input type="checkbox"/> 9

DAUTEQB	
1. Yes	<input type="checkbox"/> 1
2. No	<input type="checkbox"/> 2
9. Doesn't know	<input type="checkbox"/> 9

If DAUTEQ=yes: Which ones? (note the equipment or aids mentioned hereafter in plain text)

DEQUIP1
DEQUIP2
DEQUIP3
DEQUIP4
DEQUIP5

Filter: if the person declared needing assistive technologies (if DPROTB<>34 or DOPTIQB=1 or DORDINB=1 or DECRITAB=1 or DVOIXB=1 or DAUDIOB=1 or DOUIEB=1 or DECRITBB=1 or DMANIPB=1 or DDOIGTB=1 or DLECTUB=1 or BALARMB=1 or DAUTEQB=1):

I'd like you to think of all the aids and specialised equipment you need but don't have. Why don't you have these aids? (multiple answers possible) Read the possible answers

- | | |
|---|----------------------------|
| 1. It's not covered by your insurance/mutual | <input type="checkbox"/> 1 |
| 2. It's insufficiently covered by insurance/mutual..... | <input type="checkbox"/> 2 |
| 3. It's too expensive | <input type="checkbox"/> 3 |
| 4. Your state of health isn't serious enough | <input type="checkbox"/> 4 |
| 5. You don't know how to get it | <input type="checkbox"/> 5 |
| 6. It's not available..... | <input type="checkbox"/> 6 |
| 7. You don't think it will be useful on a permanent basis | <input type="checkbox"/> 7 |
| 8. Other reason..... | <input type="checkbox"/> 8 |
| 9. Doesn't know..... | <input type="checkbox"/> 9 |

DBESAP
<input type="checkbox"/> 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

Filter: if DBESAP=8:

DBESAPCL. Specify (enter in plain text) |_____|

Module E – Functional limitations

Questions in module E were not asked of people in a vegetative state or coma (APTER_0=1)

Limitations

Now I would like you to think about the problems you encounter on a daily basis. Ignore temporary or short-term problems.

Interviewer instructions: By “assistive technologies”, we mean an instrument, equipment or a system adapted for or specially designed to compensate for a limitation in activity.

******Filter: if the person is not blind (if DEFQVISU<>1 - page 62):******

B2VUE.

If B1VUE=1: Can you clearly see the printed characters in a newspaper with your contacts or glasses?

If B1VUE=2: Can you clearly see the printed characters in a newspaper?

The interviewer reads the possible answers

1. Yes, with no difficulty
2. Yes, with some difficulty
3. Yes, with great difficulty
4. No, not at all
5. N/A: too young
9. Doesn't know

B3VUE.

If B1VUE=1: Can you clearly see someone's face from 4 meters away (from across the street) with your contacts or glasses?

If B1VUE=2: Can you clearly see someone's face from 4 meters away (from across the street)?

1. Yes, with no difficulty
2. Yes, with some difficulty
3. Yes, with great difficulty
4. No, not at all
5. N/A: too young
9. Doesn't know

******end of Filter: if DEFQVISU<>1:******

******Filter: if the person is not completely deaf (if DEFQAUDI<>1, page 65):******

B2OUI.

If B1YES =1: Can you hear what is being said in a conversation between several people with your hearing aid?

If B1OUI=21: Can you hear what is being said in a conversation between several people?

1. Yes, with no difficulty
2. Yes, with some difficulty
3. Yes, with great difficulty
4. No, not at all
5. N/A: too young
9. Doesn't know

BDEP. Can you walk 500 meters over a flat surface without help from a person, cane or an assistive technology?

1. Yes, with no difficulty.....-> go to BESCAL
2. Yes, with some difficulty.....-> go to *BDEPCOMP*
3. Yes, with great difficulty.....-> go to *BDEPCOMP*
4. No, not at all.....-> go to *BDEPCOMP*
5. N/A: too young.....-> go to BESCAL
9. Doesn't know.....-> go to BESCAL

BDEPCOMP. And can you walk 500 meters over a flat surface with help from a cane or an assistive technology?

1. Yes, with no difficulty
2. Yes, but I still have some difficulty
3. No, not at all
4. I do not use an assistive technology to walk

BESCAL. Can you climb and descend a flight of stairs without help from a person, a cane, a ramp or an assistive technology?

1. Yes, with no difficulty
2. Yes, with some difficulty
3. Yes, with great difficulty
4. No, not at all
5. N/A: too young
9. Doesn't know

BBRAS. Can you raise your arm (to reach a high object, for instance)?

1. Yes, with no difficulty
2. Yes, with some difficulty
3. Yes, with great difficulty
4. No, not at all
5. N/A: too young
9. Doesn't know

BSOU. Can you use your hands and fingers without assistive technologies (for example, to open a door, turn faucets, grab a crayon, use scissors...)?

1. Yes, with no difficulty
2. Yes, with some difficulty
3. Yes, with great difficulty
4. No, not at all
5. N/A: too young
9. Doesn't know

BMAIN. Can you pick up an object with each hand without assistive technologies?

The interviewer reads the possible answers

1. Yes, with no difficulty
2. Yes, but only with my dominant hand
3. Yes, but only with my non-dominant hand
4. No, not at all
5. N/A: too young
9. Doesn't know

Filter: If the person has problems using their hands or arms (if BBRAS=2,3 or 4 or BSOU=2,3 or 4 or BMAIN=2, 3 or 4):

BCOMPBRAS. And can you use your arms, hands or fingers using assistive technologies?

1. Yes, with no difficulty
2. Yes, but I still have some difficulty
3. No, not at all
4. I do not use assistive technologies for my arms or hands

BAGEN. Can you bend or kneel without help from a person or assistive technologies?

1. Yes, with no difficulty-> go to BPOIDS
2. Yes, with some difficulty.....-> go to BAGENCOMP
3. Yes, with great difficulty.....-> go to BAGENCOMP
4. No, not at all.....-> go to BAGENCOMP
5. N/A: too young.....-> go to BPOIDS
9. Doesn't know.....-> go to BPOIDS

BAGENCOMP. And can you bend or kneel with help from a person or assistive technologies?

1. Yes, with no difficulty
2. Yes, but I still have some difficulty
3. No, not at all
4. I do not use assistive technologies to bend or kneel

BPOIDS. Can you carry a 5-kilogram grocery bag for 10 meters without help from a person or an assistive technology?

1. Yes, with no difficulty
2. Yes, with some difficulty
3. Yes, with great difficulty
4. No, not at all
5. N/A: too young
9. Doesn't know

B1MORD. Do you wear dentures?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

B2MORD.

If B1MORD=1: Can you bite and chew hard food such as a firm apple (when wearing your dentures)?

If B1MORD=2: Can you bite and chew hard food such as a firm apple?

1. Yes, with no difficulty
2. Yes, with some difficulty
3. Yes, with great difficulty
4. No, not at all
5. N/A: too young
9. Doesn't know

B1ELI. Can you control your bowel movements and urination?

1. Yes, with no difficulty.....-> BTEMPS
2. Yes, with some difficulty.....-> B2ELI
3. Yes, with great difficulty.....-> B2ELI
4. No, not at all.....-> B2ELI
5. N/A: too young.....-> BTEMPS
8. Refuses to answer.....-> BTEMPS
9. Doesn't know.....-> BTEMPS

B2ELI. Can you manage alone when this happens?

1. Yes, with no difficulty
2. Yes, but I still have some difficulty
3. I can't at all
4. I use no aid
8. Refuses to answer
9. Doesn't know

Psychic, intellectual and mental functional limitations

Filter: if age<5 years old=>go to module F (page 83)

BTEMPS. Do you sometimes forget what time of day it is?

The interviewer reads the possible answers

1. No
2. Yes, sometimes
3. Yes, often
9. Doesn't know

BMEM. During the course of a day, do you ever have memory lapses?

Interviewer instructions: Meaning an average day and not the day of the survey

1. No
2. Yes, sometimes
3. Yes, often
9. Doesn't know

BCONC. Do you have difficulty concentrating for more than 10 minutes?

1. No
2. Yes, sometimes
3. Yes, often
9. Doesn't know

BVIEQ. Do you have difficulty resolving every day problems (like locating yourself on a map or counting money)?

1. No
2. Yes, sometimes
3. Yes, often
9. Doesn't know

BSAVOIR. Do you have difficulty learning new things (for instance, do you have great difficulty concentrating, integrating new information, problems that impair your learning abilities...) whether this is at school, vocational training, during a leisure activity...?

- 0. Not Applicable (doesn't want to)
- 1. No
- 2. Yes, sometimes
- 3. Yes, often
- 9. Doesn't know

BCOMP. Do you have difficulty understanding others or making yourself understood by others (besides difficulty due to speaking different languages)?

- 1. No
- 2. Yes, sometimes
- 3. Yes, often
- 9. Doesn't know

BDANGA. Does your conduct ever expose you to danger?

Interviewer instructions: do not take into account exposure to danger due only to seeing problems

- 1. No
- 2. Yes, sometimes
- 3. Yes, often
- 9. Doesn't know

BDANGR. Do people tell you that you are too impulsive or too aggressive?

- 1. No
- 2. Yes, sometimes
- 3. Yes, often
- 9. Doesn't know

Module F - Restrictions in activity

Filter: if the person is in an vegetative state or a coma (if APTER = 0), or for children under 5 years of age => skip to module G (page 100)

Preamble: We will now speak about difficulties you may encounter in your activities of daily living (ADL) and the aids you have to help you perform them as well as any you might need. **The word aid refers to human help, assistive technologies and household fittings/adaptations.** Once again, do not take temporary problems into account.

*******Questions on ADLs*******;

NADL.: Can you, even with difficulty, perform one of these activities alone?

Show card 9

- 1. yes
- 2. no
- 8. refuses to answer

9. doesn't know

Card 9:

1. Bathe alone (take a bath or shower)
2. Dress and undress alone
3. Cut your food and pour yourself a drink alone
4. Eat and drink alone, once the food is ready
5. Use the bathroom alone
6. Lie down in and get up from bed alone
7. Sit down in and get up from a chair alone

*******Filter: if No, the person cannot do one of these activities alone (if NADL = 2), ask AIDPDAL to BESTADL block *******

AIDPADL: For which of the following activities do you need help (from a member of your entourage or a healthcare professional)? (show card 9)

(multiple answers possible unless answer 0 is checked)

0. None
1. Bathe alone (take a bath or shower)
2. Dress and undress alone
3. Cut your food and pour yourself a drink alone
4. Eat and drink alone, once the food is ready
5. Use the bathroom alone
6. Lie down in and get up from bed alone
7. Sit down in and get up from a chair alone

AIDTADL: For which of the following activities do you need help from a specific device or specialised home fittings (according to the case)? (show card 9)

(multiple answers possible unless answer 0 is checked)

0. None
1. Bathe alone (take a bath or shower)
2. Dress and undress alone
3. Cut your food and pour yourself a drink alone
4. Eat and drink alone, once the food is ready
5. Use the bathroom alone
6. Lie down in and get up from bed alone
7. Sit down in and get up from a chair alone

BESPADL: For which of the following activities do you need help or more help (from a member of your entourage or a healthcare professional)? (show card 9)

(multiple answers possible unless answer 0 is checked)

0. None
1. Bathe alone (take a bath or shower)
2. Dress and undress alone

3. Cut your food and pour yourself a drink alone
4. Eat and drink alone, once the food is ready
5. Use the bathroom alone
6. Lie down in and get up from bed alone
7. Sit down in and get up from a chair alone

BESTADL: For which of the following activities do you need help or more help from a specific device or specialised home fittings? (show card 9)

(multiple answers possible unless answer 0 is checked)

0. None
1. Bathe alone (take a bath or shower)
2. Dress and undress alone
3. Cut your food and pour yourself a drink alone
4. Eat and drink alone, once the food is ready
5. Use the bathroom alone
6. Lie down in and get up from bed alone
7. Sit down in and get up from a chair alone

*****End of Filter: if NADL = 2 *****;**

*******Filter: if the person can perform at least one of the activities on the list (if NADL = 1)*******

***** ask ADL--BTRA2BES block*******

ADL. Which of the following activities can you perform alone but with difficulty? (multiple answers possible)

Do not take cases in which the parent says that the child is too young (for example, using the bathroom alone for an infant) into account show card n°9

1. Bathe alone (take a bath or shower)
2. Dress and undress alone
3. Cut your food and pour yourself a drink alone
4. Eat and drink alone, once the food is ready
5. Use the bathroom alone
6. Lie down in and get up from bed alone
7. Sit down in and get up from a chair alone
8. No difficulty in performing any of these activities.

Filter: if ADL=1: (difficulty bathing alone)

BTOI. How much difficulty do you have bathing alone (taking a bath or a shower)?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BTOIPART. Do you have difficulty washing...

1. Your upper body (including your face, arms and hands)
2. Your lower body (including your feet)
3. Both your upper and lower body

BTOIAID. Do you use someone's help, assistive technologies or special fittings in your room or home to bathe? (multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
3. A specific device
4. Special fittings in your room or home
5. No aid

BTOIBES.

If BTOIAID=5: Do you need help to bathe?

If BTOIAID<>5: Do you need more help to bathe?

(multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
3. A specific device
4. Special fittings in your room or home
5. No aid

end of Filter: if ADL=1:

Filter: if ADL=2: (difficulty dressing and undressing alone)

BHAB. How much difficulty do you have dressing and undressing alone?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BHABPART. You have difficulty... (multiple answers possible)

1. putting clothes on over your head or arms
2. buttoning clothing or putting on a belt, suspenders or bra
3. pulling clothes up (including socks)
4. putting on your shoes
5. doing everything

BHABAID. Do you get help from someone or use an assistive technology to dress and undress? (multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
3. A specific device

4. Special fittings in your room or home

BHABBES.

If BHABAID=4: Do you need help to dress and undress?

If BHABAID<>4: Do you need more help to dress and undress?

(multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. No help

end of Filter: if ADL=2:

Filter: if ADL=3: (difficulties cutting food and pouring yourself a drink)

B1ALI. How much difficulty do you have cutting food and pouring yourself a drink?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

B1ALIAID. Do you need help from someone or an assistive technology to cutting food and pouring yourself a drink? **(multiple answers possible)**

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. No aid

B1ALIBES.

If B1ALIAID=4: Do you need help cutting food and pouring yourself a drink?

If B1ALIAID<>4: Do you need more help cutting food and pouring yourself a drink?

(multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. No aid

end of Filter: if ADL=3:

Filter: if ADL=4: (difficulty eating and drinking alone)

B2ALI. How much difficulty do you have eating and drinking alone once the food is ready?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

B2ALIAID. Do you need help from someone or an assistive technology to

eat and drink, once the food is ready? (multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. No aid

BALI3BES.

If B2ALIAID=4: Do you need help eating and drinking, once the food is ready?

If B2ALIAID<>4: Do you need more help eating and drinking, once the food is ready?

(multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. No aid

end of Filter: if ADL=4:

Filter: if ADL=5: (difficulty using the bathroom alone)

BELI. How much difficulty do you have using the bathroom alone?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BELIAID. Do you have someone's help, an assistive technology or special fittings in your bathroom or home to use the toilet? (multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
3. A specific device
4. Special fittings in your room or home
5. No aid

BELIBES.

If BELIAID=5: Do you need help using the bathroom?

If BELIAID<>5: Do you need more help using the bathroom?

(multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
3. A specific device
4. Special fittings in your room or home
5. No aid

end of Filter: if ADL=5:

Filter: if ADL=6: (difficulty lying down in and getting out of bed alone)

BTRA1. How much difficulty do you have lying down in and getting out of bed alone?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BTRA1AID. Do you use someone's help, assistive technologies or special fittings in your room or home lying down in and getting out of bed? (multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
3. A specific device
4. Special fittings in your room or home
5. No aid

BTRA1BES.

If BTRA1AID=5: Do you need help lying down in and getting out of bed?

If BTRA1AID<>5: Do you need more help lying down in and getting out of bed? (multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. Special fittings in your room or home
4. No aid

end of Filter: if ADL=6:

Filter: if ADL=7: (difficulty sitting down in and getting up from a chair alone)

BTRA2. How much difficulty do you have sitting down in and getting up from a chair alone?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BTRA2AID. Do you use someone's help, assistive technologies or special fittings in your room or home to sit down in and get up from a chair? (multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
3. A specific device
4. Special fittings in your room or home
5. No aid

BTRA2BES.

If BTRA2BES=5: Do you need help to sit down in and get up from a chair?

If BTRA2BES<>5: Do you need more help to sit down in and get up from a chair? (multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. Special fittings in your room or home
4. No aid

end of Filter: if ADL=7:

***** End of Questions on ADLs*****

***** Questions on IADLs *****

Filter: if age>=15:

NIADL.: Can you, even with difficulty, perform one of these activities?

Show card n°10

1. yes
2. no
8. refuses to answer
9. doesn't know

**Only take proposals that are within the person's field of activities into account (for example, do not take "preparing your meals" into account for people whose meals are prepared by the institution)
show card n°10**

Card 10:

1. Shop alone ([including sporadically, like clothes shopping, for example](#))
2. Prepare your meals alone ([including sporadically](#))
3. Do common household chores ([straighten up, iron, wash clothes...](#)) alone
4. Do less common chores alone ([odd jobs around the house, sewing...](#))
5. Do common administrative processes alone
6. Take your medication alone
7. Move around in all of the rooms on a floor alone
8. Leave your room or your home alone
9. Use a method of transportation alone (take a personal car, call a taxi, take public transportation)
10. Find your way alone when you leave [your room or your home](#)
11. Use a telephone alone
12. Use a computer alone

*******Filter: if the person cannot perform at least one of the activities on the list (if NIADL = 2), ask the AIDPIADL to BESTIADL block *******

**AIDPIADL: which of the following activities do you do with help from someone else (a member of your entourage or healthcare professional)? (show card 10)
(multiple answers possible unless answer 0 is checked)**

Filter: for all those answering module F (i.e. APTER ≠0 and AGES >= 5 years old)

- o **if at least one of the possible answers (1, 2, 3, 4, 6 or 12) in ACTIVITES is checked, then IADL must display the possible answers checked in ACTIVITES as well as possible answers 0, 5, 7, 8, 9, 10, 11**

Ex: If possible answers 1 and 12 from ACTIVITES are checked, then the interviewer can check possible answers 1 and 12 in IADL.

- If **ACTIVITES=20**, then the possible answers 1, 2, 3, 4, 6 and 12 should not be displayed **but possible answers 0, 5, 7, 8, 9, 10, 11 should be**

possible answers 0, 5, 7, 8, 9, 10, 11 are systematically displayed

0. None
1. Shop alone ([including sporadically, like clothes shopping, for example](#))
2. Prepare your meals alone ([including sporadically](#))
3. Do common household chores ([straighten up, iron, wash clothes...](#)) alone
4. Do less common chores alone ([odd jobs around the house, sewing...](#))
5. Do common administrative processes alone
6. Take your medication alone
7. Move around in all of the rooms on a floor alone
8. Leave your room or your home alone
9. Use a method of transportation alone (take a personal car, call a taxi, take public transportation)
10. Find your way alone when you leave [your room or your home](#)
11. Use a telephone alone
12. Use a computer alone

AIDTIADL: Which of the following activities do you perform with aid from a specific device or special home fittings (according to the case)? (show card 10)
(multiple answers possible unless answer 0 is checked)

Filter: for those having answered module F (i.e. APTER ≠0 and AGES ≥ 5 years old)

- **if at least one of the possible answers (1, 2, 3, 4, 6 or 12) in ACTIVITES is checked, then IADL must display the possible answers checked in ACTIVITES **as well as possible answers 0, 5, 7, 8, 9, 10, 11****

Ex: If possible answers 1 and 12 from ACTIVITES are checked, then the interviewer can check possible answers 1 and 12 in IADL.

- If **ACTIVITES=20**, then the possible answers 1, 2, 3, 4, 6 and 12 should not be displayed **but possible answers 0, 5, 7, 8, 9, 10, 11 should be**

possible answers 0, 5, 7, 8, 9, 10, 11 are systematically displayed

0. None
1. Shop alone ([including sporadically, like clothes shopping, for example](#))
2. Prepare your meals alone ([including sporadically](#))
3. Do common household chores ([straighten up, iron, wash clothes...](#)) alone
4. Do less common chores alone ([odd jobs around the house, sewing...](#))
5. Do common administrative processes alone
6. Take your medication alone
7. Move around in all of the rooms on a floor alone
8. Leave your room or your home alone

9. Use a method of transportation alone (take a personal car, call a taxi, take public transportation)
10. Find your way alone when you leave [your room or your home](#)
11. Use a telephone alone
12. Use a computer alone

BESPIADL: For which of the following activities do you need help or more help from someone else (a member of your entourage or a healthcare professional)? (show card 10)
(multiple answers possible unless answer 0 is checked)

Filter: for those having answered module F (i.e. APTER ≠0 and AGES ≥ 5 years old)

- o **if at least one of the possible answers (1, 2, 3, 4, 6 or 12) in ACTIVITES is checked, then IADL must display the possible answers checked in ACTIVITES as well as possible answers 0, 5, 7, 8, 9, 10, 11**

Ex: If possible answers 1 and 12 from ACTIVITES are checked, then the interviewer can check possible answers 1 and 12 in IADL.

If ACTIVITES=20, then the possible answers 1, 2, 3, 4, 6 and 12 should not be displayed but possible answers 0, 5, 7, 8, 9, 10, 11 should be

0. None
1. Shop alone ([including sporadically, like clothes shopping, for example](#))
2. Prepare your meals alone ([including sporadically](#))
3. Do common household chores ([straighten up, iron, wash clothes...](#)) alone
4. Do less common chores alone ([odd jobs around the house, sewing...](#))
5. Do common administrative processes alone
6. Take your medication alone
7. Move around in all of the rooms on a floor alone
8. Leave your room or your home alone
9. Use a method of transportation alone (take a personal car, call a taxi, take public transportation)
10. Find your way alone when you leave [your room or your home](#)
11. Use a telephone alone
12. Use a computer alone

BESTIADL: For which of the following activities do you need help or more help from someone else (a member of your entourage or a healthcare professional)? (show card 10)
(multiple answers possible unless answer 0 is checked)

Filter: for those having answered module F (i.e. APTER ≠0 and AGES ≥ 5 years old)

- o **if at least one of the possible answers (1, 2, 3, 4, 6 or 12) in ACTIVITES is checked, then IADL must display the possible answers checked in ACTIVITES as well as possible answers 0, 5, 7, 8, 9, 10, 11**

Ex: If possible answers 1 and 12 from ACTIVITES are checked, then the interviewer can check possible answers 1 and 12 in IADL.

If ACTIVITES=20, then the possible answers 1, 2, 3, 4, 6 and 12 should not be displayed but possible answers 0, 5, 7, 8, 9, 10, 11 should be

0. None

1. Shop alone ([including sporadically, like clothes shopping, for example](#))
2. Prepare your meals alone ([including sporadically](#))
3. Do common household chores ([straighten up, iron, wash clothes...](#)) alone
4. Do less common chores alone ([odd jobs around the house, sewing...](#))
5. Do common administrative processes alone
6. Take your medication alone
7. Move around in all of the rooms on a floor alone
8. Leave your room or your home alone
9. Use a method of transportation alone (take a personal car, call a taxi, take public transportation)
10. Find your way alone when you leave [your room or your home](#)
11. Use a telephone alone
12. Use a computer alone

*****End of Filter: (if NIADL = 2), *****

*****Filter: if the person can perform at least one of the activities on the list (if NIADL = 1), *** *****ask the IADL--BORDIBES block

**IADL. Which of the following activities can you perform alone but with difficulty?
(multiple answers possible)**

Do not take cases in which the parent says that the child is too young (for example, performing common administrative processes) into account

If the person has never used a computer, do not check box 12: Using a computer alone because the question is not applicable.

Only take the propositions falling within the person's field of activities into account (for example, do not take "Preparing your meals" into account for people whose meals are prepared by the institution)
show card 10

Filter: for all those answering module F (i.e. APTER ≠0 and AGES ≥ 5 years old)

- **if at least one of the possible answers (1, 2, 3, 4, 6 or 12) in ACTIVITES is checked, then IADL must display the possible answers checked in ACTIVITES as well as possible answers 0, 5, 7, 8, 9, 10, 11**

Ex: If possible answers 1 and 12 from ACTIVITES are checked, then the interviewer can check possible answers 1 and 12 in IADL.

- **If ACTIVITES=20, then the possible answers 1, 2, 3, 4, 6 and 12 should not be displayed but possible answers 0, 5, 7, 8, 9, 10, 11 should be**

possible answers 0, 5, 7, 8, 9, 10, 11 are systematically displayed

1. Shop alone ([including sporadically, like clothes shopping, for example](#))
2. Prepare your meals alone ([including sporadically](#))
3. Do common household chores ([straighten up, iron, wash clothes...](#)) alone
4. Do less common chores alone ([odd jobs around the house, sewing...](#))
5. Do common administrative processes alone
6. Take your medication alone

7. Move around in all of the rooms on a floor alone
8. Leave your room or your home alone
9. Use a method of transportation alone (take a personal car, call a taxi, take public transportation)
10. Find your way alone when you leave [your room or your home](#)
11. Use a telephone alone
12. Use a computer alone
13. No difficulty in performing any of these activities

Filter: if IADL=1: (difficulty shopping alone)

BACHA. How much difficulty do you have shopping alone?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BACHACF. Why do you have difficulty shopping alone?

1. It is above all due to your state of health, a disability or old age
2. Other reasons (not used to it, etc.)

**BACHAAID. Do you need help from someone or an assistive technology to shop?
(multiple answers possible)**

1. Help from someone else (members of your entourage or healthcare professionals)
3. A specific device
4. No aid

BACHABES.

If BACHAAID=4: Do you need help shopping?

If BACHAAID<>4: Do you need more help shopping?

(multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. No aid

end of Filter: if IADL=1:

Filter: if IADL=2: (difficulty preparing their meals alone)

BREP. How much difficulty do you have preparing your meals alone?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BREPCF. Why do you have difficulty preparing your meals alone?

1. It is above all due to your state of health, a disability or old age
2. Other reasons (not used to it, etc.)

BREPAID. Do you use someone's help, assistive technologies or special fittings in your room or home to prepare your meals? (multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
3. A specific device
4. Special fittings in your room or home
5. No aid

BREPES. (multiple answers possible)

If BREPAID=5: Do you need help to prepare your meals?

If BREPAID<>5: Do you need more help to prepare your meals?

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. Special fittings in your room or home
4. No aid

end of Filter: if IADL=2:

Filter: if IADL=3: (difficulty doing common household chores alone)

BMEN1. How much difficulty do you have doing common household chores (doing dishes, washing clothes, ironing, straightening up...)?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BMEN1CF. Why do you have difficulty doing common household chores (doing dishes, washing clothes, ironing, straightening up...)?

1. It is above all due to your state of health, a disability or old age
2. Other reasons (not used to it, etc.)

BMEN1AID. Do you use someone's help, assistive technologies or special fittings in your room or home doing common household chores (doing dishes, washing clothes, ironing, straightening up...)? (multiple answers possible)

1. 1. Help from someone else (members of your entourage or healthcare professionals)
3. A specific device
4. Special fittings in your room or home
5. No aid

BMEN1BES. (multiple answers possible)

If BMEN1AID =5: Do you need help doing common household chores (doing dishes, washing clothes, ironing, straightening up...)?

If BMEN1AID <>5: Do you need more help doing common household chores (doing dishes, washing clothes, ironing, straightening up...)?

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. Special fittings in your room or home
4. No aid

end of Filter: if IADL=3:

Filter: if IADL=4: (difficulty doing odd jobs alone)

BMEN2. How much difficulty do you have doing less common chores alone (odd jobs, sewing, etc.)?

1. Some difficulty -> go to BMEN2CF
2. Great difficulty -> go to BMEN2CF
3. I cannot do this alone -> go to BMEN2AID

BMEN2CF. Why do you have difficulty doing less common chores alone (odd jobs, sewing, etc.)?

1. It is above all due to your state of health, a disability or old age
2. Other reasons (not used to it, etc.)

BMEN2AID. Do you have someone's help or use assistive technologies or special fittings in your room or home to do less common chores alone (odd jobs, sewing, etc.)? (multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
3. A specific device
4. Special fittings in your room or home
5. No aid

BMEN2BES. (multiple answers possible)

If BMEN2AID=5: Do you need help doing less common chores alone (odd jobs, sewing, etc.)?

If BMEN2AID<>5: Do you need more help doing less common chores alone (odd jobs, sewing, etc.)??

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. Special fittings in your room or home
4. No aid

end of Filter: if IADL=4:

Filter: if IADL=5: (difficulty doing administrative processes alone)

BADM. How much difficulty do you have doing common administrative processes alone?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BADMCF. Why do you have difficulty doing common administrative processes alone?

1. It is above all due to your state of health, a disability or old age
2. Other reasons (not used to it, etc.)

BADMAID. Do you need help from someone or an assistive technology to do common administrative processes? (multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)

3. A specific device
4. No aid

BADMBES. (multiple answers possible)

If BADMAID=4: Do you need help to do common administrative processes?

If BADMAID<>4: Do you need more help to do common administrative processes?

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. No aid

end of Filter: if IADL=5:

Filter: if IADL=6: (difficulty taking their medication alone)

BMED. How much difficulty do you have taking your medication alone?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BMEDAID. Do you need help from someone or an assistive technology to take your medication? (multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
3. A specific device
4. No aid

BMEDBES.

If BMEDAID =4: Do you need help to take your medication?

If BMEDAID <>4: Do you need more help to take your medication?

(multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. No aid

end of Filter: if IADL=6:

Filter: if IADL=7: (difficulty moving around the different rooms)

BDEPI. How much difficulty do you have to move around in all the rooms on a floor alone?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BDEPIAID. Do you use someone's help, assistive technologies or special fittings in your room or home to move around in all the rooms on a floor?

(multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
3. A specific device
4. Special fittings in your room or home
5. No aid

BDEPIBES.

If BDEPIAID=5: Do you need help to move around in all the rooms on a floor?

If BDEPIAID<>5: Do you need more help to move around in all the rooms on a floor?

(multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. Special fittings in your room or home
4. No aid

end of Filter: if IADL=7:

Filter: if IADL=8: (difficulty leaving their room or home alone)

BDEPE. How much difficulty do you have leaving your room or home alone?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BDEPEAID. Do you use someone's help, assistive technologies or special fittings to leave your room or home alone? **(multiple answers possible)**

1. Help from someone else (members of your entourage or healthcare professionals)
3. A specific device
4. Special fittings in your room or home
5. No aid

BDEPEBES.

If BDEPEAID=5: Do you need help to leave your room or home alone?

If BDEPEAID<>5: Do you need more help to leave your room or home alone?

(multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. Special fittings
4. No aid

end of Filter: if IADL=8:

Filter: if IADL=9: (difficulty using a method of transportation alone)

BBUS. How much difficulty do you have using a method of transportation alone (taking a personal car, calling a taxi, taking public transportation)?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BBUSAID. Do you need help from someone or an assistive technology to use a method of transportation (taking a personal car, calling a taxi, taking public transportation)? (multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
3. A specific device
4. No aid

BBUSBES.

***If BBUSAID=4:* Do you need help using a method of transportation (taking a personal car, calling a taxi, taking public transportation)?**

***If BBUSAID<>4:* Do you need more help using a method of transportation (taking a personal car, calling a taxi, taking public transportation)? (multiple answers possible)**

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. No aid

end of Filter: if IADL=9:

Filter: if IADL=10: (difficulty finding their way alone)

BORI. How much difficulty do you have finding your way alone when you go out?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BORIAID. Do you use someone's help, assistive technologies or an animal aid to find your way when you go out? (multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
3. A specific device or animal aid

4. No aid

BORIBES.

If BORIAID=4: Do you need help to find your way when you go out?

If BORIAID<>4: Do you need more help to find your way when you go out?

(multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device or animal aid
3. No aid

end of Filter: if IADL=10:

Filter: if IADL=11: (difficulty using a telephone alone)

BTEL. How much difficulty do you have using a telephone alone?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BTELAID. Do you have someone's help to use the telephone or use a specially adapted telephone? **(multiple answers possible)**

1. Help from someone else (members of your entourage or healthcare professionals)
3. A specially adapted telephone
4. No aid

BTELBES.

If BTELAID=4: Do you need help to use the telephone?

If BTELAID<>4: Do you need more help to use the telephone?

(multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specially adapted telephone
3. No aid

end of Filter: if IADL=11:

Filter: if IADL=12: (difficulty using a computer alone)

BORDI. How much difficulty do you have using a computer alone?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BORDICF. Why do you have difficulty using a computer alone?

1. It is above all due to your state of health, a disability or old age
2. Other reasons (not used to it, etc.)

BORDIAID. Do you have someone's help to use a computer or use a specially

adapted computer? (multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
3. A specially adapted computer
4. No aid

BORDIBES. (multiple answers possible)

If BORDIAID=4: Do you need help to use a computer?

If BORDIAID<>4: Do you need more help to use a computer?

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specially adapted computer
3. No aid

end of Filter: if IADL=12:

***** End of questions on IADLs*****

Filter: For all of those concerned by module F:

BALE. Do you have difficulty calling for help in case of a problem?

1. No, no difficulty
2. Yes, some difficulty
3. Yes, great difficulty
4. I cannot do this alone

Variables automatically created by CAPI (used in other modules)

If the person has at least one great restriction in activity (at least one of the variables from BTOI to BTRA2 =1, 2 or 3 or at least one of the variables from BACHA to BORDI =1, 2 or 3 RESTRIC=1 if not RESTRIC=2

That is:

If NADL = 2 or NIADL= 2 or BTOI=1, 2 or 3 or BHAB=1, 2 or 3 or B1ALI=1, 2, or 3 or B2ALI=1, 2 or 3 or BELI=1, 2 or 3 or BTRA1=1, 2 or 3 or BTRA2=1, 2 or 3 or BACHA=1, 2 or 3 or BREP=1, 2 or 3 or BMEN1=1, 2 or 3 or BMEN2=1, 2 or 3 or BADM=1, 2 or 3 or BMED=1, 2 or 3 or BDEPI=1, 2 or 3 or BDEPE=1, 2 or 3 or BBUS=1, 2 or 3 or BORI=1, 2 or 3 or BTEL=1, 2 or 3 or BORDI=1, 2, or 3 THEN RESTRIC=1, if not RESTRIC=2

If the person has at least one great restriction in activity (at least one of the variables from BTOI to BTRA2 =2 or 3 or at least one of the variables from BACHA to BORDI =2 or 3) RESTRICFORT=1 if not RESTRICFORT =2

That is:

If NADL = 2 or NIADL= 2 or BTOI=2 or 3 or BHAB=2 or 3 or B1ALI=2,ou 3 or B2ALI=2 or 3 or BELI=2 or 3 or BTRA1=2 or 3 or BTRA2=2 or 3 or BACHA=2 or 3 or BREP=2 or 3 or BMEN1=2 or 3 or BMEN2=2 or 3 or BADM=2 or 3 or BMED=2 or 3 or BDEPI=2 or 3 or BDEPE=2 or 3 or BBUS=2 or 3 or BORI=2 or 3 or BTEL=2 or 3 or BORDI=2, or 3 THEN RESTRICFORT =1, if not RESTRICFORT =2

Filter: if the person has difficulty moving around in all of the rooms on a floor alone (if BDEPI=1,2 or 3-page 95 or if NIADL = 2):

BMOB. Do this require you to spend your days...?

1. ... in bed

2. ... in a chair (not a wheelchair)
3. ... neither one nor the other

Filter: For all of those concerned by module F: (RECAID to BREL^o):

RECAID. Due to a disability or health problem, are there people who help you accomplish other daily life tasks than those already mentioned?

1. Yes, one or more people from my entourage or healthcare professionals
3. No, but I need help
4. No, I don't need help
8. Refuses to answer

AUTAID. Due to a disability or health problem, are there people (spouse, family, non-professionals) who help you financially or practically or give you moral support?

1. Yes
2. No, but I need help
3. No, I don't need help
8. Refuses to answer

BPSY. Do psychological difficulties disturb your daily life?

1. No, never
2. Yes, sometimes
3. Yes, often
4. Yes, very often
8. Refuses to answer
9. Doesn't know

BSTIM. Think of daily life activities. Are there any someone must remind you to do or tell you to do (groom yourself, eat, etc.)

1. Yes
2. No
9. Doesn't know

BREL. Do you have problems in your daily life relating to others?

1. No, no difficulty
2. Yes, some difficulty
3. Yes, great difficulty
8. Refuses to answer

Module G – Family environment and aid

Relationships

Over the past 12 months, how often did you see one or more members of your family?

Read possible answers 1 to 6

1. Every day.....
2. One or more times a week (but not every day)
3. Several times a month (but not every week)
4. Once a month
5. At least once a year (but less than once a month)
6. Never.....
7. N/A (no family)
9. Doesn't know.....

F1RENC

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

Filter: if F1RENC =1, 2, 3, 4 or 5:

F2RENC. How many members of your family have you seen in the past month?

Read the possible answers, only one answer possible

1. none
2. one
3. two or three
4. four or five
5. 6 or more
9. Doesn't know

Over the past 12 months, how often have you seen one or another of your friends (including colleagues outside of professional obligations)?

Read possible answers 1 to 6

1. Every day.....
2. One or more times a week (but not every day)
3. Several times a month (but not every week)
4. Once a month
5. At least once a year (but less than once a month)
6. Never.....
7. N/A (no friends)
9. Doesn't know.....

F3RENC

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

Filter: if F3RENC =1, 2, 3, 4 or 5:

F4RENC. How many of your friends have you seen over the past month?

Read the possible answers, only one answer possible

1. none
2. one
3. two or three
4. four or five
5. 6 or more
9. Doesn't know

If NVTYPET <> 6: Do you know other residents?

If NVTYPET = 6: Do you know your neighbours (near your home)?

- 1. Yes, almost all of them
- 2. Yes, some of them
- 3. No, I haven't been living here long enough
- 4. No, for other reasons
- 5. N/A (no neighbours).....
- 9. Doesn't know.....

F5RENC

- 1
- 2
- 3
- 4

- 9

filter: if F5RENC<>5:

Over the past 12 months, have you had conflicts with your neighbours or arguments?

- 1. Yes
- 2. No

CONFLI

- 1
- 2

filter: if (F1RENC<>7 or F3RENC<>7) and APTE in (1,2):

Would you like to see your family or friends more often?

- 1. Yes
- 2. No
- 9. Doesn't know.....

F6RENC

- 1
- 2

- 9

Over the past 12 months, how often have you communicated over the phone, with text messages, the internet, mail, etc... with one or another of your family members? (only take contact with family members that do not live with you into account)

Read possible answers 1 to 6

- 1. Every day.....
- 2. One or more times a week (but not every day)
- 3. Several times a month (but not every week)
- 4. Once a month
- 5. At least once a year (but less than once a month)
- 6. Never.....
- 7. N/A (no family)
- 9. Doesn't know

F7RENC

- 1
- 2
- 3
- 4
- 5
- 6
- 7

Over the past 12 months, how often have you communicated over the phone, with text messages, the internet, mail, etc... with one or another of your friends?

Read possible answers 1 to 6

- 1. Every day.....
- 2. One or more times a week (but not every day)
- 3. Several times a month (but not every week)
- 4. Once a month
- 5. At least once a year (but less than once a month)
- 6. Never.....
- 7. N/A (no friends)
- 9. Doesn't know

F8RENC

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

Non-professional caregivers

GAIDFAM. Are there any non-professionals (family, friends...) who regularly help you accomplish certain daily life tasks (cleaning, meals, bathing, company...) or who aid you financially or practically or who give you moral support due to a health problem or disability?

1. Yes -> go to GDESFAM
2. Non -> go to the end of the module

GDESFAM. Who?

(10 entries possible)

G0IDENT: in this variable, automatically record the variable i with i going from 1 to 10 (1 for the first caregiver, 2 for the second...)

G2IDENT. Who?

1. Their partner (spouse, fiancé, friend, boyfriend...)
2. Their son / daughter
3. Their son-in-law / daughter-in-law
4. Their father / mother
5. Their father-in-law / mother-in-law
6. Their brother / sister
7. Their brother or sister's spouse
8. Their grandfather / grandmother
9. Their great grandfather / great grandmother
10. Their grandchild / great grandchild
11. Their grandchild's spouse / their great grandchild's spouse
12. Another member of their family
13. A colleague or ex-colleague
14. A neighbour
15. A friend
16. A volunteer (with no relationship to them)
17. Another member of their entourage

If G2IDENT=1 and If couple=1 or 2 and AGE CJ is not empty: do not ask GASEXE or GAAGE

If G2IDENT=4 and GASEXE=1 and if CPERE=1 and AGE PER is not empty: do not ask GAAGE

If G2IDENT=4 and GASEXE=2 and if CMERE=1 and AGE MER is not empty: do not ask GAAGE

GASEXE: What is their gender?

1. Male
2. Female

GAAGE: How old are they |_|_| (0-120) Doesn't know

GNPTYPEAIDE. Does [GPrenom] help you..... (multiple answers possible)

1. for daily life tasks like bathing, dressing, helping with housework...
2. through financial or practical aid

3. by giving you moral support

Filter: if the 10 NON-PROFESSIONAL CAREGIVER entries are filled in using CAPI:

GAUTRE. Do you have other non-professional caregivers?

1. Yes -> GRESNB
2. No -> module H

GRESNB. How many other non-professional caregivers?

|_|_| (two numerals)

Module H – Home fittings

The 2 following questions (DETAG and DASCEN) are to be directly filled in by the interviewer (without being asked).

On what floor is your room or home located?

1. On the ground floor.....
2. On the mezzanine or second floor
3. On the third floor
4. On the fourth floor
5. On the fifth floor
6. On the sixth floor or higher

DETAG.

- 1
- 2
- 3
- 4
- 5
- 6

Is there an elevator taking you to your room or home?

1. Yes
2. No

DASCEN

- 1
- 2

*******filter: only ask the following questions (DABAT to DLOGCOM) if the person is not in a vegetative state or coma (If APTER<> 0) *******

*******filter: ask the following questions if the person has difficulty leaving their home (BDEPE =1, 2 or 3 - page 95) OR if they have certain deficiencies (DEFQMOUV<>9-page 54) or DEFQVISU=1, 2 or 3-page 62 OR BDEP=2, 3 or 4 OR BESCAL=2, 3 or 4-page 79 *******

Do you have difficulty accessing the entrance of the establishment alone from the street?

0. N/A: too young.....
1. Yes, a little.....
2. Yes, a lot
3. Yes, I cannot do this alone
4. No
9. Doesn't know

DABAT

- 0
- 1
- 2
- 3
- 4
- 9

Do you have difficulty accessing your room or your home alone from the entrance of the establishment?

0. N/A: too young.....
1. Yes, a little
2. Yes, a lot
3. Yes, I cannot do this alone
4. No
9. Doesn't know

DINBAT

- 0
- 1->DQGENE
- 2->DQGENE
- 3->DQGENE
- 4-> DNIV filter
- 9-> DNIV filter

If the person has difficulty accessing their home alone

“DINBAT = 1, 2 or 3”, or ‘DABAT= 1, 2 or 3”

Is this because....

(multiple answers possible)

show card 12

1. the staircase is difficult (too many steps, steps are too high, no handrail...)
2. it is difficult to enter the **establishment's front door**: (the intercom method (name identification), the doormat, the door's weight, opening the lock (pushing open the door and pushing a button at the same time))
3. it is difficult to go through the **entrance to the room or home**: (the intercom method (name identification), the doormat, the door's weight, opening the lock* (pushing open the door and pushing a button at the same time))
4. the elevator is ill-adapted (too small, there are still stairs to climb, the buttons are too high, no Braille...)
5. there is no elevator or it is often out of order
6. the access ramp is difficult (too steep, too slippery, too narrow).
7. there is no access ramp.....
8. the passageway on the ground floor is difficult to navigate (due to the nature of the ground, obstacles, insufficient width...)
9. there are no or insufficient signs
10. another element in the environment hampers you
11. nothing in the environment hampers you

DQGENE

1

2

3

4

5

6

7

8

9

10

11

*******end of filter: if the person has difficulty leaving their home (BDEPE =1, 2 or 3) OR if they have certain deficiencies (DEFQMOUV<>9 or DEFQVISU=1, 2 or 3) OR BDEP=2, 3 or 4 OR BESCAL=2, 3 or 4*******

Do you have any of the specially-adapted furniture or household fittings on the following list?

(multiple answers possible) read the possible answers

show card 13

4. Adapted toilets (height-adjustable, immobile but raised).....
5. An adapted bathroom (changing the bathtub to a shower or vice-versa, shower chair (attached to the wall), shower enlargement)
6. One or more adapted tables (tilting, adjustable, wheeled...)
7. An adapted kitchen (height-adjustable counters, furniture or shelves)
8. Adapted light devices such as a doorbell with a light signal.....
9. Support devices (hand bars, railings in the water closet, bathroom, bedroom)
10. home automation equipment: tools to open and close shutters, doors, windows, curtains
11. A hospital bed or electric bed.....
12. One or more adapted chairs.....
13. None of the above

DLOGCOM

4

5

6

7

8

9

10

11

12

13

*******End of filter: (DABAT to DLOGCOM) only if the person is not in a vegetative state or a coma (If APTER<> 0) *******

Module I - Accessibility

Do you usually go outside of the establishment?

**Interviewer instructions: going outside of the establishment does not include going to the building's garden – accept accompanied outings
read the possible answers**

- 1. Every day, or almost
- 2. At least once a week.....
- 3. More infrequently.....
- 4. Never

TDHDOM	
<input type="checkbox"/> 1 -> TSSOUV	
<input type="checkbox"/> 2 -> TSSOUV	
<input type="checkbox"/> 3 -> TRNODEP	
<input type="checkbox"/> 4 -> TRNODEP	

If “more infrequently or never” “TDHDOM = 3 or 4”,

Why? read the possible answers

- 1. Your state of health does not permit this
- 2. You do not need to go out
- 3. You do not want to go out.....
- 4. The idea of going out makes you anxious.....
- 5. The environment (public roads, thoroughfares, methods of transportation ...) is not adapted for you*.....
- 6. You do not have the human aid you need to go out.....
- 7. You do not have the assistive technologies you need to go out.....
- 8. Your entourage does not want you to go out.....
- 9. Other

TRNODEP	
<input type="checkbox"/> 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	

***Interviewer instructions: if the person does not understand, give examples of ill-adapted environments:**

A blind person could have difficulty crossing streets if there are not audible signals indicating the colour of the traffic lights. A person in a wheelchair could have great difficulty moving along the public roads.

Filter: if never, (if TDHDOM = 4) and APTE in (1, 2):

TENVSOR. Would you like to go out?

- 1. Yes -> skip to IMDPH
- 2. No -> skip to IMDPH.
- 9. Doesn't know-> skip to IMDPH.

*******Filter: only ask the following questions (TSSOUV to the end of module K (employment, -> bottom of page 123) if the person is not in a vegetative state or coma (if APTER<> 0); if not go to the beginning of module L (page 124) *******

*******filter: if age>=10 years old*******

Interviewer instructions: the answer must integrate all the constraints (except if otherwise specified) weighing upon the individuals, including those not related to their health or disability

Do you usually go outside...
...as often as you choose?

TSSOUV

1. Yes	<input type="checkbox"/> 1
2. No	<input type="checkbox"/> 2
8. Refuses to answer	<input type="checkbox"/> 8
9. Doesn't know.....	<input type="checkbox"/> 9

... where you choose?

1. Yes	<input type="checkbox"/> 1
2. No	<input type="checkbox"/> 2
8. Refuses to answer	<input type="checkbox"/> 8
9. Doesn't know.....	<input type="checkbox"/> 9

...at the time you choose?

1. Yes	<input type="checkbox"/> 1
2. No	<input type="checkbox"/> 2
8. Refuses to answer	<input type="checkbox"/> 8
9. Doesn't know.....	<input type="checkbox"/> 9

*****End of filter: if age>=10 years old*****

**In your usual outings, which mode(s) of transportation do you regularly use?
(multiple answers possible) read the possible answers**

1. Walking.....	<input type="checkbox"/> 1
2. A wheelchair	<input type="checkbox"/> 2
3. A bike (bike, motorcycle, scooter)	<input type="checkbox"/> 3
4. A tricycle (manual or motorised) or an adapted scooter	<input type="checkbox"/> 4
5. A personal car	<input type="checkbox"/> 5
6. Public transportation (bus, subway, suburban trains...)	<input type="checkbox"/> 6
7. A taxi.....	<input type="checkbox"/> 7
8. A special transportation service for people with reduced mobility	<input type="checkbox"/> 8
9. A light medical vehicle or a ambulance.....	<input type="checkbox"/> 9
10. The train	<input type="checkbox"/> 10
11. A vehicle from the institution.....	<input type="checkbox"/> 11
12. Another method of transportation	<input type="checkbox"/> 12
8. Refuses to answer	<input type="checkbox"/> 98
9. Doesn't know.....	<input type="checkbox"/> 99

Filter: if the person is limited (BLIMI = 1 or 2 module B1) or declared at least one restriction in activity (RESTRIC = 1 module F), ask TDGENE / if not go to TCOND

**When you go out on foot or in a wheelchair, are you hampered by...
(multiple answers possible) read the possible answers**

1. ...An ill-adapted public road, like cluttered sidewalks.....	<input type="checkbox"/> 1
2. ...The presence of stairs	<input type="checkbox"/> 2
3. ...The distance of the places you want to go	<input type="checkbox"/> 3
4. ...The absence of places to rest (benches, plateaus on slopes...)	<input type="checkbox"/> 4
5. ...The absence of public bathrooms or difficulty in accessing them.....	<input type="checkbox"/> 5
6. ...The absence of adapted information or signs (indications in Braille, sound signals, maps...).....	<input type="checkbox"/> 6

- | | |
|---|-----------------------------|
| 7. The landscape like a hill to climb | <input type="checkbox"/> 7 |
| 8. None of the above | <input type="checkbox"/> 8 |
| 98. Refuses to answer | <input type="checkbox"/> 98 |
| 99. Doesn't know..... | <input type="checkbox"/> 99 |

*****If establishment = USLD (NVTYPET= 3), go to TDTRAN*****

*****If not, if NVTYPET=1, 2, 4, 5, 6 or 7 *****

Filter: if age >= 16 years old:

Do you drive a car?

- 1. Yes, regularly
- 2. Yes, occasionally
- 3. No
- 98. Refuses to answer
- 99. Doesn't know.....

TCOND

- 1->TVAM
- 2->TVAM
- 3->TPCOND
- 98->TVAM
- 99->TVAM

If "no", "TCOND = 3",

Why don't you drive?

(multiple answers possible) read the possible answers

- 1. You don't need a car
- 2. You don't have a driver's license.....
- 3. You are unable to drive (illness, disability, accident...)
- 4. You prefer not to drive (fear of driving, doesn't like it, too old)
- 5. You have no opportunity to drive (another driver, other methods of transportation, no car...)
- 6. Your entourage advised you not to drive
- 7. You'd need an adapted vehicle.....
- 8. Other reasons
- 9. Doesn't know

TPCOND

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Do you have a car (belonging to you or your family) that has specialised fittings due to a disability or health problem you have?

(multiple answers possible)

- 0. N/A: doesn't have a car
- 1. Yes, for driving
- 2. Yes, for driver access.....
- 3. Yes, for passenger access
- 4. Yes, for transporting someone in a wheelchair
- 5. Yes, other fittings
- 6. No, but I need help
- 7. No, I don't need help.....
- 8. Refuses to answer
- 9. Doesn't know

TVAM

- 0-> TADAPT
- 1 > TVOTYP
- 2-> TVOTYP
- 3-> TVOTYP
- 4-> TVOTYP
- 5-> TVOTYP
- 6-> TADAPT
- 7-> TADAPT
- 8-> TADAPT
- 9-> TADAPT

Filter: if TVAM = 1, 2, 3, 4 or 5:

Is it...?

- 1. A special car (lowered floor, low speed...)
- 2. An adaptation for a normal automobile (driving adaptation, adaptation of the command systems, special seats, hoist, elevated tailgate...)
- 9. Doesn't know

TVOTYP

- 1
- 2
- 2

Filter: if age >= 18 years old and TPCOND <> 2:

Do you have an adapted driver's license (disabled driver's licence)?

- 1. Yes
- 2. No
- 9. Doesn't know

TADAPT

- 1
- 2
- 2

*****End of filter: if NVTYPE=1, 2, 4, 5, 6 or 7 *****

Filter: if age >= 10 years old:

Do you have difficulty using public transportation?

- 0. N/A: there is no or little public transportation
- 1. No
- 2. Yes, a little
- 3. Yes, a lot
- 4. Yes, I cannot use it
- 8. Refuses to answer
- 9. Doesn't know

TDTRAN

- 0
- 1
- 2->TQDIFF
- 3->TQDIFF
- 4->TQDIFF
- 8
- 9

yes

Is this due to... (multiple answers possible)

- 1. ... getting to the public transportation?
- 2. ... getting on or off the vehicles?
- 3. ... finding your itinerary on public transportation?
- 4. ... standing throughout the trip (lack of seats)?
- 5. ... other reasons (too hot, no bathrooms...)

TQDIFF

- 1
- 2
- 3
- 4
- 5

Filter: if the person is limited (BLIMI = 1 or 2 module B1-page 38) or declared at least one restriction in activity (RESTRIC = 1 module F-page 98), ask TTRSPE / if not, go to TACCES:

Do you use special transportation services for people with reduced mobility?

- 1. Yes
- 2. No, but I need help
- 3. No, I don't need help
- 8. Refuses to answer
- 9. Doesn't know

TTRSPE

- 1->TACCES
- 2->TNTRSPE
- 3->TACCES
- 8->TACCES
- 9->TACCES

If "No, but I need help", "TTRSPE = 2",

Why don't you use special transportation services for people with reduced mobility? (multiple answers possible)

- 1. It's too expensive
- 2. There are none that I know of
- 3. They are not sufficiently available
- 4. It's not practical (reservation methods...)
- 5. Other reason

TNTRSPE

- 1
- 2
- 3
- 4
- 5

Are there places that are hard or impossible for you to access like stores, community centres, public transportation...?

- 1. Yes
- 2. No
- 8. Refuses to answer
- 9. Doesn't know

TACCES

- 1->TLIEU1
- 2 ->skip to IMDPH
- 8->skip to IMDPH
- 9->skip to IMDPH

TLIEU1 to TLIEU14:

Some places are difficult or impossible to access. Which places?

TLIEU1. The city or downtown

Yes/No/Doesn't know

TLIEU2. Public services (city hall, post office, CAF – family allowance fund, *sécurité sociale* – social healthcare insurance ...)

Yes/No/Doesn't know

TLIEU3. Stores or neighbourhood services (pharmacy, market, boutiques...)

Yes/No/Doesn't know

TLIEU4. The supermarket, mall

Yes/No/Doesn't know

TLIEU5. Schools or centres for higher education

Yes/No/Doesn't know

TLIEU6. Most of the places in which you applied for employment

Yes/No/Doesn't know

TLIEU7. Certain areas of your workplace

Yes/No/Doesn't know

TLIEU8. Places to walk, public gardens

Yes/No/Doesn't know

TLIEU9. Healthcare centres (dentist, doctor's office, hospital)

Yes/No/Doesn't know

TLIEU10. Restaurants, cafés

Yes/No/Doesn't know

TLIEU11. Places of leisure (movie theatres, theatres, sporting centres)

Yes/No/Doesn't know

TLIEU12. Loved ones' houses (friends, family...)

Yes/No/Doesn't know

TLIEU13. The polling station

Yes/No/Doesn't know

TLIEU14. The cemetery and places of worship

Yes/No/Doesn't know

TPACCES. Why? (multiple answers possible) read the possible answers

1. Because the physical environment is ill adapted: there is no access ramp or elevator, the stairs or passageway to the ground floor are impracticable
2. Because the signs are not adapted (*no Braille, indications too small...*)
3. Because the human interaction is not adapted (*communication difficulties, lack of listening or no one paying attention, too many interlocutors, non-specialised reception personnel...*)
4. Because the practical reception area is not adapted (the places are configured badly, no isolated reception window, no appropriately fitted waiting areas...)
5. Because there are no reserved parking places
6. Because it's hard to situate oneself (*no map, not enough directions...*)
7. Because people have negative attitudes (*mocking, rejection...*)
8. For other reasons

IMDPH. Have you heard of the Disabled Persons Departmental Office (*maison départementale des personnes handicapées – MDPH*)?

1. Yes
2. No -> go to the next module
9. Doesn't know -> go to the next module

filter: if IMDPH = 1:

IQMDPH. Where did you hear about this?

1. The hospital
2. Another healthcare professional (my general practitioner, a nurse, a physical therapist...)
3. My school
4. My employer (or the occupational physician)
5. One of city hall's social services
6. One of the *department's* social services
7. A member of my family
8. An association
9. A neighbour or loved one
10. An article in the press or on TV
11. Internet
12. Other
99. Doesn't know

Module J - Education

Module J was not asked of those in a vegetative state or coma (APTER_0=1)

Filter: (Question ETUDES page 33)

If ETUDES=1 that is, the person is in school: ask the SCLASS to STRSPE block

If ETUDES=2 that is, if the person is not in school:

- if they are under 3 years of age: skip to the next module page 114
- if they are 4 to 16 years of age: skip to SRNSCOL
- if they are 17 to 30 years of age: skip to SETFINIES
- if they are over 30 years of age: skip to SINTER

If ETUDES=0 that is, if the person could never study due to a health problem or disability:

- if they are under 6 years of age: skip to the next module page 114
- if not skip to SLIRE

If ETUDES=Doesn't know:

- if they are under 6 years of age: skip to the next module page 114
- if not skip to SLIRE

***** Bloc: if the person is not in school and if they are 4 - 30 years of age: (SETFINIES and SRNSCOL)***

Filter: If ETUDES=2 and 16 < age <= 30:

SETFINIES. Did you finish your schooling?

1. Yes -> skip to SINTER
2. No -> SRNSCOL
8. Refuses to answer -> SRNSCOL
9. Doesn't know -> SRNSCOL

Filter: If SETFINIES<>1 or (ETUDES=2 and 3 < age <=16):

SRNSCOL. Why aren't you in school?

1. Waiting for an opening -> SLIRE page 113
2. Needs physical therapy or a physical or therapeutic rehabilitation program
-> SLIRE page 113
3. The establishment requested ending the schooling -> SLIRE page 113
4. The parents requested ending schooling -> SLIRE page 113
5. In a specialized establishment (*IMP, IME, IMPRO, ITEP*) but not in school
-> SLIRE page 113
9. Other (moved...) ->SINTER page 113

******* end of block**

***** Bloc: if the person is in school: SCLASS to STRSPE**

Filter: If ETUDES=1

SCLASS. In what type of class or school are you registered?

(multiple answers possible)

0. N/A: home schooled, distance learning
1. An ordinary class in a grammar school, junior high school, high school, university

2. A special class in an ordinary primary school or nursery school (*classe d'intégration scolaire – CLIS*)
3. A special class in an ordinary junior high school or high school (*UPI: unité pédagogique d'intégration*)
4. A special class in an ordinary secondary school (*Section d'Enseignement Général et Professionnel Adapté - SEGPA, groupe classe-atelier - GCA*)
5. A specialised National Education - (*Éducation Nationale - EREA, ENP*) establishment
6. A specialized Ministry of Health or Ministry of Social Affairs establishment (*IMP – Medico-Pedagogic Institutes, IMPRO – Medico-Professional Institutes, IME – Medico-educational Institutes, Medico-Social establishments, Socio-Pedagogical establishments, medical establishments*)
7. A specialized establishment – unknown ministry
9. Doesn't know

FILTER: only asked if SCLASS=6:

STYPET. Specify the speciality of the establishment attended:

1. Establishment for people with intellectual disabilities
2. Therapeutic, educative and pedagogical institutions (*Institut thérapeutique, éducatif et pédagogique – ITEP, such as rehabilitation institutes*)
3. Motor education institutes
4. Establishments for the visually impaired
5. Establishments for the hearing impaired
6. Establishments for deaf and blind children
7. Establishments for the multiply disabled
8. Other
9. Doesn't know

Filter: if STYPET=8:

STYPETPRECIS. Specify? | _____ | (enter in plain text)

JSCOLAR. Are you attending classes at the learning centre in which you are registered?

1. Yes, all week
2. Yes, but only part time
3. No, not at all -> go to SLIRE
8. Refuses to answer
9. Doesn't know

SNIVEC. Type of education in progress

[Show card 14](#)

1. Nursery school (*including special classes for educational integration - CLIS, classes d'intégration scolaire*)
2. Primary school (*from first grade, cours préparatoire – CP to Fifth grade, cours moyen 2ème année - CM2, including CLIS (special classes for educational integration - classes d'intégration scolaire), including literacy classes and learning French*)
3. Lower secondary education (*most often in junior high school*)
4. Upper secondary education (in high school), preparing baccalaureates L, ES, S
5. Short-term technical or professional training

- 6. Education in classes or establishments adapted for or specialised in disabled children
- 7. Long-term technical or professional training
- 8. Higher education or higher technical education

→ **Filter:** do not ask the following question of those who are home schooled (SCLASS=0)

SPANS. In this school or establishment, are you a...

- 1. border..... 1
- 2. day pupil eating lunch at school..... 2
- 3. day pupil 3
- 4. it depends on the day (ex: sometimes boarder and sometimes day pupil eating lunch at school) 4
- 9. doesn't know 9

Filter: if SPENS=4:

SPENSPRECIS. Are you sometimes boarded in this school or establishment?

- 1. Yes
- 2. No

SMATSPA. Due to a disability or health problem, do you have individualised human help for your scholarship?

- 0. N/A (no health problems impeding scholarship) 0 → *STRFIN*
- 1. Yes, furnished by the school..... 1
- 2. Yes, but not furnished by the school..... 2
- 3. No, but I need this..... 3
- 4. No, I don't need this 4
- 8. Refuses to answer..... 8
- 9. Doesn't know 9

Filter If SMATSPA=1 or 2:

SMATSPAP. Do you have...? (multiple answers possible)

- 1. Special needs educational assistant, an educational assistant, a classroom assistant..... 1
- 2. Specialised services for home education and care (such as *services d'éducation spéciale et de soins à domicile* – or SSES) 2
- 3. Others..... 3

Filter If SMATSPA<>0:

SMATSPB. Due to a disability or health problem, do you benefit from special material for your scholarship?

- 0. N/A (no health problems impeding scholarship) 0
- 1. Yes, furnished by the school..... 1
- 2. Yes, but not furnished by the school..... 2
- 3. No, but I need this..... 3
- 4. No, I don't need this 4
- 8. Refuses to answer..... 8
- 9. Doesn't know 9

→ **Filter:** for those who are home schooled (SCLASS=0) →→→→→→→ *SINTER*

STRFIN. For your daily trip to school, do you benefit from financial aid due to your disability or health problem?

- 1. Yes 1
- 2. No, but I need one..... 2
- 3. No, I don't need one..... 3
- 8. Refuses to answer..... 8
- 9. Doesn't know 9

STRSPE. For your daily trip to school, do you benefit from a transportation service for persons with reduced mobility?

- 1. Yes 1
- 2. No, but I need one..... 2
- 3. No, I don't need one..... 3
- 9. Doesn't know 9

****** end of block: if the person is in school***** ;**

******Filter: If (ETUDES=1 and JSCOLAR<>3) or (ETUDES=2 and (AGE>30 or SETFINIES=1 or SRNSCOL=9)): SINTER and SPERTU******

SINTER.

IF sexe=1, Were you forced to interrupt your studies for medical reasons?

IF sexe=2, Were you forced to interrupt your studies for medical reasons? (not including normal pregnancy)

- 1. Yes, definitively 1
- 2. Yes, for at least three consecutive months..... 2
- 3. No 3
- 9. Doesn't know 9

Filter: If SINTER=3:

SPERTU. Was your (their) education disrupted due to a disability or health problems?

- 1. Yes 1
- 2. No 2
- 9. Doesn't know 9

******end of Filter: If (ETUDES=1 and JSCOLAR<>3) or (ETUDES=2 and (AGE>30 or SETFINIES=1 or SRNSCOL=9)): SINTER and SPERTU******

***** filter: if the person is over 5 years old and (does not have a diploma DIPLÔME<>3, 4, 5, 6, 7 and 8 - page 33) or ETUDES=0)*****

SLIRE. Do you (they) know how to read? (in French or in another language, including Braille)

- 1. Yes, fluently 1
- 2. Yes, but with difficulty 2
- 3. No 3
- 8. Refuses to answer 8

9. Doesn't know 9

SECRI. Do you (they) know how to write? (in French or in another language, including Braille)

- 1. Yes, with no difficulty..... 1
- 2. Yes, but with some difficulty..... 2
- 3. No..... 3
- 8. Refuses to answer 8
- 9. Doesn't know 9

SCOMPT. Do you (they) know how to count?

- 1. Yes, with no difficulty..... 1
- 2. Yes, but with some difficulty..... 2
- 3. No..... 3
- 8. Refuses to answer 8
- 9. Doesn't know 9

*******end of filter: if the person is over 5 years old and does not have a diploma*******

Module K - Employment

Variables SITUA page 26, TRAVAIL page 26, RECHEMPOI page 27, ACTIVANTE page 26

filters:

If the person is under 15 years old=> go to module L1 (page 124)

If not:

If the person works (SITUA=1 or 2 or TRAVAIL=1) => only go through module EA.

If the person does not work (SITUA<>1 and <> 2 and TRAVAIL=2) AND is seeking employment (RECHEMPOI=1 or 2) AND has ever worked (ACTIVANTE =1) => go through modules EB and EC

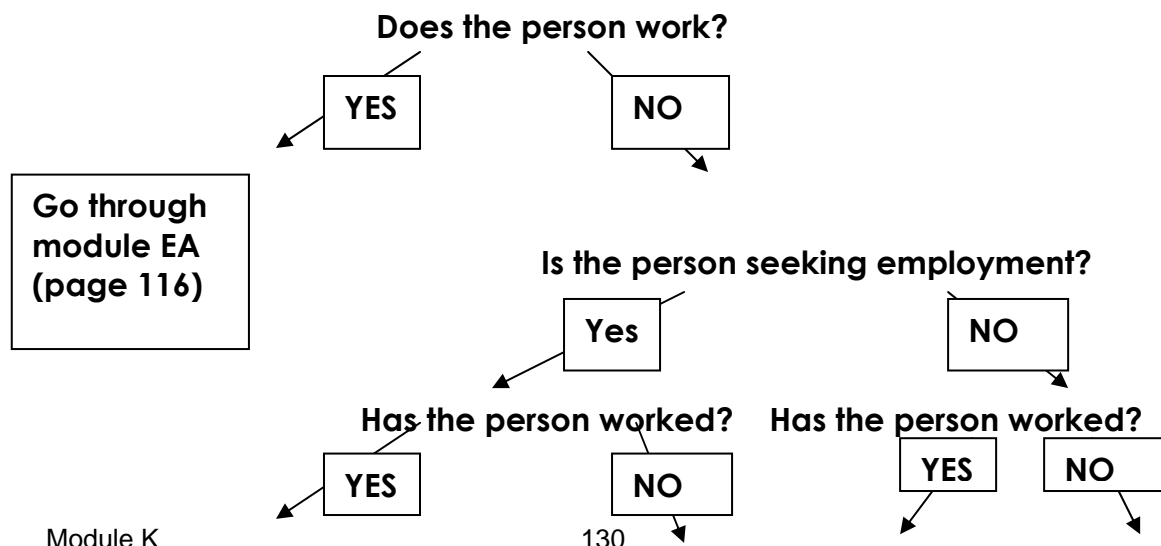
If the person does not work (SITUA<>1 and <> 2 and TRAVAIL=2) AND is seeking employment (RECHEMPOI=1 or 2) AND has never worked (ACTIVANTE =2) => only go through module EB.

If the person does not work (SITUA<>1 and <> 2 and TRAVAIL=2) AND is not seeking employment (RECHEMPOI=3) AND has ever worked (ACTIVANTE =1) AND is retired (SITUA =5) => only go through EC.

If the person does not work (SITUA<>1 and <> 2 and TRAVAIL=2) AND is not seeking employment (RECHEMPOI=3) AND has ever worked (ACTIVANTE =1) AND is not retired (SITUA <>5) => go to ORIENTATION block.

If the person does not work (SITUA<>1 and <> 2 and TRAVAIL=2) AND is not seeking employment (RECHEMPOI=3) AND has never worked (ACTIVANTE =2) and is 75 years old or less => go to ORIENTATION block.

If the person does not work (SITUA<>1 and <> 2 and TRAVAIL=2) AND is not seeking employment (RECHEMPOI=3) AND has never worked (ACTIVANTE =2) AND is over 75 years old, only ask the question ECINAC.



Go through modules EB
(page 120) and EC (page
122)

Go through
module EB (page
120)

If retired:
module EC
(page 122)
If not:
ORIENTATION
block
then module
EC or EB and
EC according
to ESOUHA

ORIENTATION
block if 75
years old or
less
then module
EB starting
with EBLIMIN

if 76 years old
or older,
module K

ORIENTATION BLOCK

filter (only for ECINAC): if the person has never worked (ACTIVANTE = 2):

ECINAC. If you have never had a professional activity, is this due to a health reason or disability?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

FILTER: if the person is under 75 years old

ESOUHA. Would you like to work or have you already found employment that will start later?

For the interviewer: if the person considers themselves to be too old, check 3 (the person does not want to work)

1. I already found employment that will start later
2. I want to work
3. I do not want to work
4. I am unfit for work due to health reasons
5. I have not yet finished school
8. Refuses to answer
9. Doesn't know

FILTER: if ESOUHA = 2, 3 or 4:

Certain people have encountered obstacles that have discouraged them from seeking employment. Tell us if some of the following descriptions apply to your situation:

For the interviewer: You can adapt the way you ask the questions by using the imperfect if the sentence doesn't seem to make sense when read in the present.

EACCTRA. You have difficulty accessing the workplace: there is too much transit time or the methods of transportation are not adapted; the places of employment are not easily accessible

1. Yes
2. No
8. Doesn't know
9. Refuses to answer

EAVFIN. The financial advantages of employment seem insufficient to you

1. Yes
2. No
8. Doesn't know
9. Refuses to answer

ERESFAM. Your family or personal responsibilities keep you from working (ex: cares for their children, helps a disabled or dependant family member...)

1. Yes
2. No

EDEC. You got discouraged after an unsuccessful job hunt

1. Yes
2. No
8. Doesn't know
9. Refuses to answer

EHIMP. You believe your disability or health problems are too serious to find

employment.

1. Yes 2. No 8. Doesn't know 9. Refuses to answer

***** End of FILTER: ESOUHA=2, 3*****

Then:

if ACTIVANTE=1 and ESOUHA = 1 (the person already found employment that will start later) go through module EB (page 120) and module EC (page 122)

if ACTIVANTE=1 and ESOUHA <> 1: go through module EC (page 122)

if ACTIVANTE=2 and AGE< 76: go through module EB starting with EBLIMIN

if ACTIVANTE=2 and AGE>75: end of module K, go to module L1 (page 124)

Module EA (Professional activity)

EMPLAD. Is your position that of a disabled worker in a specialised work centre for the disabled (such as a *Centre d'aide par le travail – CAT* or work assistance centre), a disabled-friendly company (such as a sheltered workshop) or an employment agency for home workers (*centre de distribution de travail à domicile – CDTD*)?

1. Yes, a disabled worker position in a specialised work centre for the disabled (*établissement et service d'aide par le travail – ESAT*, such as a *Centre d'aide par le travail – CAT* or work assistance centre)
2. Yes, a disabled worker position in a disabled-friendly company (such as a sheltered workshop) or an employment agency for home workers (*centre de distribution de travail à domicile – CDTD*)?
3. No

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

1. Full-time?... ..-> EATROU
2. Part-time? ..-> EATTAUX
9. Doesn't know.....-> EATROU

Filter: If EATEMP=2 ask the 3 following questions

EATTAUX. What is the rate of the part-time work?

1. Less than half-time (50%)
2. Half-time (50%)
3. Between 50 and 80%
4. 80%
5. More than 80%

EATTHER. Is this part-time due to medical reasons?

1. Yes --> EATROU
2. No --> EATRAIS

EATRAIS. What is the main reason you work part-time?

1. To practice another professional activity or take classes or be trained
2. Due to health reasons or a disability
3. You didn't find a full-time job
4. To take care of your children or another member of your family
5. To have more free time
6. For another reason

***** **end of filter EATEMP=2** *****

EATROU. How did you find your job?

(multiple answers possible)

1. Through my school, an organisation where I was trained
2. By taking an entrance exam or a test

3. Through personally contacting the employer or an unsolicited application
4. Through classified ads (newspaper, minitel, internet)
5. I was contacted by an employer
6. I started my own company
7. Through family, personal or professional connections
8. Through the *MDPH* or the *COTOREP*
9. Through the National Employment Agency (*ANPE*)
10. Through the *cap emploi* employment network
11. Through another placement agency
12. Through an association for the disabled
13. After an internship in the company
14. Following a temp placement in the company
15. Other method
98. Refuses to answer

EABS. Over the past 12 months, have you missed work due to a health problem (other than pregnancy)?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

filter: if yes, EABS = 1:

ENBJ. How many days?

- days Refuses to answer Doesn't know

*******filter: if APTE in (1, 2):*******

Filter: if the person declared an illness in the past 12 months (BMALA<>52 and DERM=1):

EACAUS. Was an illness you had over the past 12 months caused or worsened by your current or past employment?

1. Yes
2. No

Since you started working, have you had to, for medical reasons...

EACHENT...change companies?

1. Yes, once
2. Yes, several times
3. No
9. Doesn't know

EACHPRO ...change professions?

1. Yes, once
2. Yes, several times
3. No
9. Doesn't know

*******end of filter: if APTE in (1, 2):*******

EALIMIN. Due to a disability or health problem, are you limited in the nature or quantity of work you can do?

1. Yes, a little
2. Yes, a lot
3. No, not at all -> EAFINA
8. Refuses to answer
9. Doesn't know

filter: if EALIMIN=1 or 2:

EASITUA. When this limitation came about, you were...

1. ... at the same job you have today
2. ...in this company but in another position
3. ...employed elsewhere
4. ...in training (including initial training)
5. ...unemployed
6. ...in another situation
9. ...Doesn't know

EAFINA. Did your employment receive financing from the Association for the Management of Funding for the Integration of Disabled Persons (*Association nationale pour la Gestion du Fonds pour l'Insertion Professionnelle des Personnes Handicapées - AGEFIPH*) or from Fund for the Integration of Disabled Persons in the Public Service (*Fonds pour l'insertion des personnes handicapées dans la fonction publique - FIPHFP*)?

1. I've never heard of the AGEFIPH nor the FIPHFP
2. Yes, from the AGEFIPH
3. Yes, from the FIPHFP
4. No, but I needed it
5. No, I didn't need it

filter: if Yes (if EAFINA = 2 or 3):

EAIDEEMP. For what was this financing used?

(multiple answers possible)

1. Modified work station
2. Training
3. Fittings for access (ramps, elevator, doors...) or passageways
4. Starting bonus
5. Business development aid
6. Other

EAQUI. Who received this aid?

1. I received it directly
2. It was given to my employer
3. It was given to both
9. Doesn't know

filter: if No (if EAFINA=1, 4 or 5):

EAMEN. Due to a disability or health problem, was your work environment specially fitted or adapted?

1. Yes

2. No, but I need it
 3. No, I don't need it

FILTER: if EAMEN = 1 or 2 or EAFINA = 2, 3 or 4-> ask questions EAMENA to EAMENK

Do you receive....	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No, but I need it 3. <input type="checkbox"/> No, I don't need it
<u>EAMENA.</u> ...help from an assistant paid by the company?	_
<u>EAMENB.</u> ...support and understanding from your colleagues and your superior?	_
<u>EAMENC.</u> ...special material or adaptations to your work station?	_
<u>EAMEND.</u> ...adapted working hours or schedule?	_
<u>EAMENE.</u> ...transportation home/work or special or free parking?	_
<u>EAMENF.</u> ...a change in position?	_
<u>EAMENG.</u> ... specific vocational training?	_
<u>EAMENH.</u> ... redefinition of your workload (modified, different or lightened tasks)?	_
<u>EAMENI.</u> ... the opportunity to work from home?	_
<u>EAMENJ.</u> ... special fittings for accessing your workstation (ramp, elevator...)?	_
<u>EAMENK.</u> ...other fittings?	_

filter: if the question was not asked in the TCM

EACTIV. What is the activity of the establishment employing you (or that you direct)?

Hierarchical codification

In case of difficulty or hesitation as to the answer to check:

Activity declared in plain text (40 characters maximum).....

Filter: if the person is an employee (if STATUT= 1, 2, 3, 4 or 6 (page 27):

EANBSAL. Approximately how many employees are there in the company for which you work?

1. No employees
 2. 1 to 9 employees

3. 10 to 19 employees
4. 20 to 49 employees
5. 50 to 499 employees
6. 500 employees or more
9. Doesn't know

EASTAG. Over the past 12 months, have you been in an internship or taken professional training courses?

1. Yes-> DEBSITUN
2. No.....-> skip to module L1
9. Doesn't know.....-> skip to module L1

filter if YES, (if EASTAG = 1):

DEBSITUN. The day before the first day of your training, you were...

if several internships, describe the last

Interviewer: if the person is a salaried head of company or minority owner-manager check 1

1. a business owner or aiding a family member in their work without salary
2. employed (other than head of company)
3. unemployed
4. inactive
9. Doesn't know

FINCHO. This training was financed by (including registration fees, pedagogic fees, transportation fees and housing engendered by the training)...

interviewer: read items 1 to 6 (multiple answers possible)

1. ...yourself or a family member
2. ...your employer, a joint registered collection agency (*OPCA*) or management funds for an individual training leave (*FONGECIF*)
3. ...the state, region or other territorial collectivity
4. ...the *UNEDIC* (National Interprofessional Union for Employment in Industry and Trade), the *ASSEDIC* (Association for Employment in Industry and Trade)
5. ...the *ANPE* (National Employment Agency), the *APEC* (National Employment Agency for Executives)
6. ...the *Agefiph* (Association for the Management of Funding for the Integration of Disabled Persons) or the *FIPHFP* (Fund for the Integration of Disabled Persons in the Public Service)
7. ...other
9. ...Doesn't know

→ *Filter. for those who answered the module EA* →→ **skip to module L1 page 124**

Module EB (seeking employment)

EBCIRC. For what reason are you currently unemployed?

0. You never worked-> EBTEMP
1. You finished school-> EBTEMP
2. You finished an internship.....-> EBTEMP
3. You left a temp job or fixed-term work (*CDD*, fixed term contract or seasonal work)
4. You lost a temp job or fixed-term work (*CDD*, fixed term contract or seasonal work)
5. You left or lost a casual job (odd job)
6. You lost your job: mass layoff or abolition of job
7. You lost your job: discharge
8. You quit
9. You are in early retirement (paid by the ASSEDIC - the unemployment insurance scheme or the company)
10. You retired
11. You ceased your professional activity for personal reasons
12. Other case
98. Refuses to answer-> EBTEMP
99. Doesn't know-> EBTEMP

filter if the person lost or quit their job (if EBCIRC = 3, 4, 5, 6, 7, 8, 9, 10, 11, 12): **EBPER. Was this loss or cessation linked to a health problem, a draining job or an accident? (multiple answers possible)**

1. Yes, I was the victim of an accident
2. Yes, I had another health problem
3. Yes, I was drained by work
4. No.....-> EBTEMP
8. Refuses to answer.....-> EBTEMP
9. Doesn't know.....-> EBTEMP

filter: If Yes (if EBPER = 1, 2 or 3):

EBRES. Did this health problem or accident lead to... **(multiple answers possible)**

1. A long-term sick leave
2. An invalidity judgement
3. Being declared unfit for employment
4. No, none of the above

filter: If the person had a long-term sick leave (if EBPER = 1):

EBACCI. Was this due to...

1. A workplace accident (not including transit accidents)?
2. A workplace accident that happened on the home – work transit?
3. Another traffic accident
4. Another accident
9. Doesn't know

then -> EBTEMP

EBTEMP. How long have you been seeking employment?

- 1. Less than 3 months
- 2. 3 months to less than 6 months
- 3. 6 months to 1 year
- 4. 1 year to less than 1 and 1/2 years
- 5. 1 and 1/2 years to less than 2 years
- 6. 2 years to less than 3 years
- 7. 3 years or more
- 8. Refuses to answer
- 9. Doesn't know

EBDEMA. In the past month, have you taken steps to find employment?

- 1. Yes
- 2. No
- 8. Refuses to answer
- 9. Doesn't know

limitation module (EBLIMIN to FINCHOB)

EBLIMIN. Due to a disability or health problem, are you limited in the nature or quantity of work you can do?

- 1. Yes, a little
- 2. Yes, a lot
- 3. No, not at all -> EBAMEN
- 8. Refuses to answer -> EBAMEN
- 9. Doesn't know -> EBAMEN

filter: if Yes (if EBLIMIN=1 or 2):

EBSITUA. When this limitation came about, you were...

- 1. ...at the same job you have today
- 2. ...in this company but in another position
- 3. ...employed elsewhere
- 4. ...in training (including initial training)
- 5. ...unemployed
- 6. ...in another situation
- 9. ...Doesn't know

EBAMEN. Due to a disability or health problem, in order to access a job, do you need special fittings, adapted work conditions or an adapted work environment?

- 1. Yes
- 2. No
- 8. Refuses to answer
- 9. Doesn't know

filter: if Yes, EBAMEN = 1: You need...

EBAMENA help from an assistant paid by the company?	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
EBAMENB ... support and understanding from your colleagues and your superior?	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
EBAMENC ... special material or adaptations to your work station?	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No

EBAMEND ... adapted working hours or schedule?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
EBAMENE ... transportation home/work or special or free parking?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
EBAMENF ... specific vocational training?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
EBAMENG ... the opportunity to work from home?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
EBAMENH ... special fittings for accessing your workstation (ramp, elevator...)?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
EBAMENI ... other fittings?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

EBSTAG. In the past 12 months, have you had an internship or taken vocational training classes?

1. Yes -> DEBSITUNB
2. No -> module EC

filter if YES EBSTAG = 1:

DEBSITUNB. The day before the first day of your training, you were...

if several internships, describe the last

Interviewer: if the person is a salaried head of company or minority owner-manager check 1

1. ...a business owner or aiding a family member in their work without salary
2. ...employed (other than head of company)
3. ...unemployed
4. ...inactive
9. ...Doesn't know

FINCHOB. This training was financed by (including registration fees, pedagogic fees, transportation fees and housing engendered by the training)...

interviewer: read items 1 to 6 (multiple answers possible)

1. ...yourself or a family member
2. ...your employer, a joint registered collection agency (*OPCA*) or management funds for an individual training leave (*FONGECIF*)
3. ...the state, region or other territorial collectivity
4. ...the *UNEDIC* (National Interprofessional Union for Employment in Industry and Trade), the *ASSEDIC* (Association for Employment in Industry and Trade)
5. ...the *ANPE* (National Employment Agency), the *APEC* (National Employment Agency for Executives)
6. ...the *Agefiph* (Association for the Management of Funding for the Integration of Disabled Persons) or the *FIPHFP* (Fund for the Integration of Disabled Persons in the Public Service)
7. ...other
9. ...Doesn't know

Module EC (Previous professional activity)

*****filter: if APTE in (1, 2):*****

Filter: if the person declared an illness in the past 12 months (BMALA<>52 and DERM=1):

ECCAUS. Was an illness you had over the past 12 months caused or worsened by your current or past employment?

1. Yes
2. No

Since you started working, have you had to, for medical reasons...

ECCHENT. ... change companies?

1. Yes, once
2. Yes, several times
3. No
9. Doesn't know

ECCHPRO. ... change professions?

1. Yes, once
2. Yes, several times
3. No
9. Doesn't know

ECDATE. What year did you cease your last professional activity?

|_|_|_|_| Year Doesn't know (control: ANAIS< ECDATE <= AENQ)

ECDURE. How long did you work?

|_|_|_| Years Doesn't know (Control: ECDURE<age of the interviewee)

*****end of filter: if APTE in (1, 2):*****

Filter: for people having answered module EB, skip to module L1, if not, continue

ECIRC. For what reasons did you cease your activity?

1. You finished a fixed-term contract
2. You were fired
3. You quit
4. You are in early retirement (paid by the ASSEDIC - the unemployment insurance scheme or the company)
5. You retired
6. You ceased your professional activity for personal reasons
7. Another reason
9. Doesn't know

ECPER. Was this loss or cessation linked to a health problem, a draining job or an accident? (multiple answers possible)

1. Yes, I was the victim of an accident
2. Yes, I had another health problem
3. Yes, I was drained by work

- 4. No -> go to module L1
- 8. Refuses to answer -> go to module L1
- 9. Doesn't know -> go to module L1

filter: If Yes (if ECPER = 1, 2 or 3):

ECRES. Did this health problem or accident lead to... (multiple answers possible)

- 1. A long-term sick leave
- 2. An invalidity judgement
- 3. Being declared unfit for employment
- 4. No, none of the above

filter: If the person was the victim of an accident (if ECPER =1):

ECACCI. Was it...

- 1. ...a workplace accident (not including transit accidents)?
- 2. ...a workplace accident that happened on the home – work transit?
- 3. ...another traffic accident
- 4. ...another accident

*******End of filter: only ask the following questions (TSSOUV to end of module K (employment) if the person is not in a vegetative state or in a coma (if APTER<> 0) *******

Module L1- Income-financial aid

We will now speak about your income and allowances

RALLOC. Do you currently receive (or does your family receive for you) one of the following benefits:

Interviewer instructions: multiple answers possible

If the person is a beneficiary and the benefits are paid to the institution, do not check anything.

The interviewer shows Card 16

Revenue

1. Daily subsistence allowance from the *sécurité sociale* (sick leave)
2. Allowance for Disabled Adults (*AAH*) paid by the *CAF* or the *MSA* (with a supplement if needed: an increase for autonomous life or a guaranteed income for the disabled)
3. Disability allowance, inability to work allowance, supplementary allowance for those needing 24-hour care. Paid by healthcare insurance (*CPAM, MSA, CNRACL*, etc...) (with supplementary disability allowance)
4. Disability allowance following a workplace accident paid by healthcare insurance (*CPAM, MSA*, etc...)
5. Allowance paid by insurance or mutual insurance policy
6. Military disability compensation

Personal aid benefits

7. Personalised autonomy allowance (*APA*) paid by the Departmental Council
8. Compensation allowance for home care (*Allocation compensatrice pour tierce personne - ACTP*) paid by the Departmental Council
9. Compensation benefits (*Prestation de compensation - PCH*) paid by the Departmental Council
10. Education allowance for children with disabilities (*Allocation d'éducation de l'enfant handicapé - AEEH*), ex- special education allowance (*Allocation d'éducation spéciale - AES*) paid by the Caisse d'allocations familiales - *CAF* or the *MSA*
11. Other allowance or benefits
12. None

Note: eligibility for departmental social aid is directly requested from the managers of the establishments dealing with this type of care

filter: If other allowance (if RALLOC = 11):

RQALLOC. Which one?

→ enter in plain text

Filter: if one or more allowances:

RMPREST. How much do you estimate the total amount of allowances that you receive DIRECTLY in an average month?

The interviewer shows Card 15 | ____ |

filter: If you were attributed a PCH (if RALLOC=9):

RPCH. Which element(s) of the PCH do you receive? (multiple answers possible)

1. Human aid
2. Technical aid
3. Home or vehicle fittings
4. Specific or exceptional aid
5. Animal aid
8. Refuses to answer
9. Doesn't know

filter: If the interviewee is under 18 years old, (age<18), skip to module L2 next page, if not, continue

RGEST. Do you handle your resources alone?

1. Yes, alone or with your partner (but you could handle them alone)
2. Yes, but with help from a relative or friend
3. Yes, but with help from someone else (association, social worker), a guardian or a judge
4. No, someone else manages your resources (because you cannot handle them alone)
8. Refuses to answer
9. Doesn't know

RPROCU. Have you given power of attorney to your loved ones?

1. Yes, to one or more members of my family
2. Yes, to another person (friend, association, social worker, establishment...)
3. No
8. Refuses to answer
9. Doesn't know

filter: If TUTEUR=2 (the person has no guardian)

RPJUR. Are you under the guardianship of social services, under the protection of the court or another legal protection regime?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

FILTER: if the person is under guardianship (if RPJUR=YES):

RPROJU.

If APTÉ=1 or 2: You declared that you were under a legal protection regime, which one?

If APTE=3: Under which legal protection regime has “prénom” been placed?

(multiple answers possible)

2. Legal guardianship
3. Under the protection of the court
4. Control on adult social benefits (*Tutelle aux prestations sociales adultes* - TPSA)
5. Other
8. Refuses to answer
9. Doesn't know

filter: if the person is under guardianship (if RPROJU =2):

RQPROJU.

If APTE=1 or 2: You declared having been placed under guardianship, is this...?

If APTE=3: Under what type of guardianship was “prénom” placed?

1. ... limited guardianship
2. ... adapted guardianship (according to the ward's needs)
3. ... full guardianship
4. ... another type of guardianship
8. Refuses to answer
9. Doesn't know

Module L2 - Income-financial aid

RAMAL. To what social insurance (healthcare) regime do you belong?

The interviewer shows Card 17

Regimes linked to the general social insurance scheme	Regimes non-linked to the general social insurance scheme
<ol style="list-style-type: none"> 1. <input type="checkbox"/> General employee scheme 2. <input type="checkbox"/> Civil servants and state workers 3. <input type="checkbox"/> Local government workers or public hospital staff 4. <input type="checkbox"/> EDF-GDF (French Electricity and Gas Board) workers 5. <input type="checkbox"/> Students 6. <input type="checkbox"/> Basic Universal Medical Coverage (CMU) 7. <input type="checkbox"/> State medical aid 8. <input type="checkbox"/> Disabled adults receiving the disabled Adult allowance (<i>allocation adulte handicapé - AAH</i>) 9. <input type="checkbox"/> Disabled veterans 10. <input type="checkbox"/> Those receiving a disability pension from social security 11. <input type="checkbox"/> Local Alsace-Moselle Regime 12. <input type="checkbox"/> Another specific regime belonging to the general scheme 13. <input type="checkbox"/> General scheme with no other indications 	<ol style="list-style-type: none"> 14. <input type="checkbox"/> AS Agricultural scheme (farm employees) 15. <input type="checkbox"/> AMEXA agricultural regime (farm owners) 16. <input type="checkbox"/> 16. Healthcare insurance for independent professions (<i>Assurance maladie des professions indépendantes - AMPI or CANAM</i>, still called the independent social scheme or <i>régime social indépendant - RSI</i>) 17. <input type="checkbox"/> SNCF, MINES, RATP (national train and public transportation workers) 18. <input type="checkbox"/> Other private schemes 19. <input type="checkbox"/> Cross border workers (<i>French or foreign</i>) 20. <input type="checkbox"/> MSA with no other indications 99. <input type="checkbox"/> Doesn't know

RCMU. Do you currently have supplementary Universal Medical Coverage?

1. Yes -> if the person is 60 years old or older skip to RAPA if not skip to RCOTOR
2. No
8. Refuses to answer
9. Doesn't know

***** filter if RCMU <> Yes: *****

REXOTM- Does social security reimburse 100% of your medical costs (that is, are you exonerated from co-payments)?

1. Yes, for the totality of my treatment

- 2. Yes, but only for a portion of my treatment
- 3. No
- 8. Refuses to answer
- 9. Doesn't know

RAMAC. Do you have a supplementary health insurance policy (mutual, insurance...)?

- 1. Yes
- 2. No
- 8. Refuses to answer
- 9. Doesn't know

filter: if Yes to RAMAC:

RQAMAC. With which mutual or insurance company?

Interviewer instructions: if the person is not sure of the exact name of their mutual/insurance policy or cannot remember, suggest they take out their insurance card (or third-party payer card) as the exact name of their mutual is on this document

Enter in plain text | _____ |

Doesn't know

***** end of filter if RCMU <> Yes: *****

RCOTOR. Have you ever (or has someone else on your behalf) submitted an application to the *MDPH (Maisons départementales des personnes handicapées, Departmental institute for the disabled)* or la *COTOREP (Technical Commission for Professional Orientation and Reclassification)* or the *CDES (Departmental commissions for special education)*? **(multiple answers possible)**

- 1. Yes, the *MDPH*-> RCOT
- 2. Yes, the *COTOREP*.....-> RCOT
- 3. Yes, the *CDES*.....-> RCOT
- 4. No-> RCARTE (page 130)
- 8. Refuses to answer-> RCARTE (page 130)
- 9. Doesn't know-> RCARTE (page 130)

RCOI. Have you already received a ruling from *MDPH, the COTOREP* or the *CDES*?

You can answer 1 and 2: you can go before the commissions several times

- 1. Yes, a positive ruling.....-> R1COOB
- 2. Yes, a negative ruling-> R1COOB
- 3. No-> RQADRE (page 130)
- 8. Refuses to answer.....-> RQADRE (page 130)
- 9. Doesn't know-> RQADRE (page 130)

R1COOB. How long did you have to wait to receive a ruling from the *MDPH, the COTOREP* or the *CDES*?

Interviewer instructions: if they went before the MDPH, the COTOREP or the CDES several times, take the last time

|_|_| Doesn't know

if R1COOB <> Doesn't know: R2COOB. 1. month(s) 2. year(s)

RTCOT. What degree of disability did the MDPH or the COTOREP or the CDES recognise?

|_|_| (format 0-100) Refuses to answer Doesn't know

******* filter: If positive judgement from MDPH, COTOREP or CDES (if RCOT=1):***** if not go to RQADRE (page 130) *******

RCODAT. What year did you first obtain a positive judgement from the MDPH, the COTOREP or the CDES?

|_|_|_|_| Doesn't know
(control ANAIS=< RCODAT <= AENQ)

if RCODAT= Doesn't know, ask RCOANN, if not, go to RCOTB
RCOANN. Approximately how old were you?

|_|_|_| Doesn't know
(control: RCOANN<=AGE)

RCOTB. What did the MDPH, the COTOREP or the CDES award you?
Show card 18 (multiple answers possible)

For everyone

1. Allocation of an allowance or benefit
2. Allocation of a disability or priority parking card

For children

3. Guidance to a medico-pedagogical establishment (including *ITEP, ex IR*)
4. Guidance to the regular school system
5. Allocation of an aid by a Special Education and Home Care Service (*SESSAD, SSES*)
6. Allocation of a special needs education assistant
7. Allocation of adapted pedagogical materials

For adults

8. Recognition as a disabled worker (*RQTH*)
9. Guidance to a sheltered workshop (a specialised work centre for the disabled, *ESAT*)
10. Guidance to a regular work environment
11. Guidance to a professional reintegration centre (professional rehabilitation or pre-orientation *centre, Cap emploi* employment network, *ex EPSR*)
12. Guidance to a residential care home for disabled workers
13. Guidance to a sheltered home or occupational centre
14. Guidance to an establishment for disabled adults (*MAS*)
15. Guidance to a medical establishment for disabled adults (*FAM*)

filter: If RCOTB=8 (Recognition as a disabled worker):

RTRAV. If you obtained an *RQTH* before 2006, how was your disability classified?

1. Category A
2. Category B
3. Category C
7. N/A: *RQTH* obtained after 2006
9. Doesn't know

filter: if the person works (if SITUA=1 or 2 or TRAVAIL=1 - page 26):

RDEMARCH. Did your employer take steps to have the seriousness of your disability recognised?

1. Yes
2. No
9. Doesn't know

end of filter: If RCOTB=8 (disabled worker)

filter: If RCOTB= 9, 11, 12, 13, 14 or 15 (guidance to a specialised establishment):

RCORES. Were you able to take advantage of the guidance to an establishment for disabled adults?

1. Yes
2. No, there was no room
3. No, the establishment was too far away
4. No, I preferred to remain at home

filter: If RCORES=1, 2 or 3 ask R1COATT and R2COATT:

R1COATT. (define the question's parameters according to the answer to RCORES)

If RCORES=1: How long did you have to wait?

If RCORES=2, 3: How long have you been waiting?

Interviewer instructions: this refers to the time between the date of the request and today's date (if the person is still waiting) or the date they obtained it

__|__| (format 0-99) Doesn't know

filter: If R1COATT<>Doesn't know:

R2COATT. 1. Month(s) 2. Year(s)

End of filter: If RCOTB= 9, 11, 12, 13, 14 or 15 (guidance to a specialised establishment)

filter: If RCOTB=3 (guidance to a medico-pedagogical establishment)

RCDTYP. What type of medico-pedagogical establishment was this?

1. Establishment for people with intellectual disabilities
2. Therapeutic, educative and pedagogical institutions (*Institut thérapeutique, éducatif et pédagogique – ITEP*, such as rehabilitation institutes)
3. Motor education institutes
4. Establishments for the visually impaired
5. Establishments for the hearing impaired
6. Establishments for deaf and blind children
7. Establishments for the multiply disabled
8. Other
9. Doesn't know

RCDRES. Were you able to take advantage of this?

1. Yes
2. No, there was no room
3. No, the establishment was too far away
4. No, I preferred to remain at home

filter: If RCDRES=1, 2 or 3 ask R3COATT and R4COATT:

R3COATT. (define the question's parameters according to the answer to

RCDRES)

If RCDRES=1: How long did you have to wait?

If RCDRES=2, 3: How long have you been waiting?

Interviewer instructions: this refers to the time between the date of the request and today's date (if the person is still waiting) or the date they obtained it

__|__| (format 0-99)

Doesn't know

filter: If R3COATT<>Doesn't know:

R4COATT. 1. Month(s) 2. Year(s)

End of filter: If RCOTB=3 (Guidance to a medico-pedagogical establishment)

****** end of filter: If the MDPH, the COTOREP the CDES returned a positive decision (if RCOT=1):******

filter: If APTE in (1,2):

RQADRE. Who directed you towards the MDPH, the COTOREP or the CDES?

1. The hospital
2. Another healthcare professional (my general practitioner, a nurse, a physical therapist...) or a healthcare centre, a clinic...
3. My school
4. My employer (or the occupational physician)
5. One of city hall's social services
6. One of the department's social services
7. An association
8. A member of my family
9. A neighbour or loved one
10. Another person or organisation
11. Nobody, it was my own initiative
99. Doesn't know

For everyone:

RCARTE. Do you have a disability or priority parking card?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

filter: If yes, the person has a disability or priority parking card (if RCARTE=1):

RTYPE. Which one? (multiple answers possible)

1. A disability card (*orange*)
2. A priority card for the disabled (*mauve*) or a "difficulty standing upright" (*green*)
3. A priority card for those with work-related disabilities (with a blue or red diagonal line)
4. A disabled war veteran pensioner card (with a blue or red diagonal line)

5. A priority parking card (European card) or a special badge (*such as a disabled civilian or GIC – grand invalide civile or a disabled war veteran GIG – grand invalide de guerre*)
9. Doesn't know

Filter:

if the person works (SITUA=1 or 2 or TRAVAIL=1 - page 26)

AND

If they were recognised as a disabled worker (if RCOTB=8 - page 128)

or if they have the AAH (if RALLOC=2 - page 124 in module L1)

or if they have a disability or priority card (if RTYPE=1, 2, 3 or 4):

AND

if APTE in (1, 2):

RTHEMP. Does your employer know that you have been recognised as a disabled worker or have AAH or disability classification or incapacity recognition?

1. Yes

2. No

9. Doesn't know

Module M – Leisure Activities

*****Filter: only ask the questions in module M if the person is not in a vegetative state or coma (if APTER<> 0)

MSPORT. In the past twelve months, have you participated in a sports activity [whether or not this was within the framework of an association]?

1. Yes
2. No
9. Doesn't know

filter: if Yes (if MSPORT=1):

MSPORTFREQ. Was this:

1. Regularly or throughout the year
2. From time to time throughout the year
3. Only at times or over vacations
4. Occasionally or rarely
9. Doesn't know

MBRIJAR. In the past twelve months, have you done home improvement or gardening? (besides small handiwork or repairs)

1. Yes
2. No
9. Doesn't know

filter: if Yes (if MBRIJAR =1):

MBRIJARFREQ. Was this:

1. Regularly or throughout the year
2. From time to time throughout the year
3. Only at times or over vacations
4. Occasionally or rarely
9. Doesn't know

MBRODCOUT. In the past twelve months, have you sewn, knitted or done embroidery? (besides mending, darning and repairs)

1. Yes
2. No
9. Doesn't know

filter: if MBRODCOUT =1 (yes):

MBRODCOUTFREQ. Was this:

1. Regularly or throughout the year
2. From time to time throughout the year
3. Only at times or over vacations
4. Occasionally or rarely
9. Doesn't know

MARTIS. In the past twelve months, have you done an artistic activity [whether or not this was within the framework of an association]? (music, painting, theatre, drawing, photography, etc.)

1. Yes
2. No
9. Doesn't know

filter: if MARTIS =1 (yes):

MARTISFREQ. Was this:

1. Regularly or throughout the year
2. From time to time throughout the year
3. Only at times or over vacations
4. Occasionally or rarely
9. Doesn't know

MTELE. In the past twelve months, have you watched television, at your home or elsewhere? (including recorded TV shows)

1. Yes, every day or almost
2. Yes, from time to time or rarely
3. No
9. Doesn't know

filter: if Yes (if MTELE =1):

MTELEFREQ. Approximately how many hours per day?

1. Less than 2 hours
2. From 2 to 4 hours
3. More than 4 hours
9. Doesn't know

MDISQUE. In the past twelve months, have you listened to cds, records or music tapes at your home or elsewhere? (rented, borrowed or recorded)
Besides music played in the institution (background music)

1. Yes
2. No
9. Doesn't know

filter: if Yes (if MDISQUE =1):

MDISQUEFREQ. Was this:

1. Every day or almost
2. One or more times a week (including the weekend)
3. Only at times or over vacations
4. Occasionally or rarely
9. Doesn't know

MLECT. In the past twelve months, (and besides professional or school obligations), have you read any books?

Besides comic books, magazines and books read to children

1. Yes
2. No
9. Doesn't know

filter: if Yes (if MLECT =1):

MLECTFREQ. Approximately how many books?

1. Less than 6
2. From 6 to less than 12
3. From 12 to 24 (that is, between 1 and 2 per month)
4. More than 24 (that is, more than 2 books per month)
9. Doesn't know

MCINE. In the past twelve months, have you been to see a movie?

Multiple answers possible

1. Yes, to shows offered by the institution
2. Yes, on my own initiative outside of the institution
3. No

9. Doesn't know

filter: if Yes (if MCINE =1):

MCINEFREQ. Approximately how many times over the year?

(count the totality of shows proposed by the institution and on the person's own initiative)

1. Less than 6 times
2. From 6 to less than 12 times
3. 12 times or more (that is, at least once a month)
9. Doesn't know

MCONC. In the past twelve months, have you been to a concert or musical performance? (classical music, variety, jazz, rock, opera, musical comedy, ballet, etc)

Multiple answers possible

1. Yes, to shows offered by the institution
2. Yes, on my own initiative outside of the institution
3. No

9. Doesn't know

MMUSEXPO. In the past twelve months, have you visited a museum or an exposition?

Multiple answers possible

1. Yes, events offered by the institution
2. Yes, on my own initiative outside of the institution
3. No

9. Doesn't know

MACITSOC. Do you participate in social activities (board games, group lottery tickets, going to a café...)?

1. Yes, every day
2. Yes, at least once a week
3. Yes, at least once a month
4. Yes, more rarely
5. No, never
8. Refuses to answer
9. Doesn't know

MREPAS. Do you have meals with friends or family (to which you invited others or were invited)?

1. Yes, every day
2. Yes, at least once a week
3. Yes, at least once a month
4. Yes, more rarely
5. No, never
8. Refuses to answer
9. Doesn't know

Filter: if age>=18:

Interviewer instructions: a person is considered to have voted in an election if they voted in at least one of the two rounds of the election

MVOTE. Did you vote in the last presidential or general election?

1. Yes, in both elections
2. Yes, in one of the two elections
3. No, in neither of the two elections
4. N/A: does not have the right to vote (foreigner, person under guardianship...)
8. Refuses to answer
9. Doesn't know

MASSOC. Do you participate in one of the following activities? (Multiple answers possible)

The interviewer shows Card 19

1. Artistic, cultural or musical association
2. Sports association
3. Old age club or other association for the elderly
4. Veterans
5. Associations for the disabled or the family of disabled persons
6. Parent-teacher associations
7. Other associations
8. Union or political activity
9. Another kind of volunteer work
10. None of these activities
99. Doesn't know

Then for each activity, ask the MASAC question:

Interviewer instructions: a person who pays membership dues to an association is a simple member.

MASAC. Are you...

1. Simple member
2. Active participant
3. Other
9. Doesn't know

MVAC. You go on vacation... read the possible answers

1. Several times a year
2. Every year or almost
3. About every other year

4. More rarely
5. Never
8. Refuses to answer
9. Doesn't know

filter: if APTE in (1, 2):

MLOIS. We just spoke about a few activities. Would you like to participate in more?

1. Yes
2. No -> skip to module N
2. Doesn't know -> skip to module N

filter: if Yes (if MLOIS=1):

MEMP. You'd like to have more activities, what keeps you from doing more?

(Multiple answers possible – read the possible answers)

1. You have insufficient income
2. You don't have time
3. Your health problems or disability keep you from doing so
4. Other peoples' attitude or behaviour keeps you from doing so
5. The activities are in places that are hard or impossible for you to access
6. You feel you're in danger
7. None of the above reasons

*******End of filter: only ask the questions in module M if the person is not in a vegetative state or coma (If APTE<> 0) *******

Module N - Discrimination

Module N was not asked of those in a vegetative state or coma (APTER_0=1)

filter: if APTE in (1, 2): ask NDISCR, if not, go to module O

Interviewer instructions: if the person hesitates or is not sure they understood the question, give the following examples.

If the interviewee is a child: for example, a child can be teased by their classmates if they wear a brace.

If the interviewee is an adult: for example, a person can lose their job or be passed over for a promotion due to their gender, the colour of their skin or their state of health.

NDISCR. In your life, have you ever been teased, kept out of something, treated unfairly or been refused something that is your right?

1. Yes
2. No -> skip to module O, page 137
9. Doesn't know -> skip to module O, page 137

filter: if YES: NDISCR=1

NCHAND. Was this due to your state of health of a disability?

1. Yes
2. No -> skip to module O, page 137

***** The rest of the module concerns those people who answered NCHAND=Yes ******

NCAUS. Was this due to...?

(Multiple answers possible) read the possible answers

1. Your appearance (physical or linked to devices you wear)
2. Peoples' prejudices about your disability or state of health (value judgements as to your abilities or incomprehension regarding your disability or state of health)
3. Limitations linked to your disability or state of health (need of human aid, being slow, difficulties communicating)
4. Any behaviour you may have exhibited that appeared uncommon to others
5. None of the above reasons

NREL. This negative behaviour occurred...

(Multiple answers possible) read the possible answers

1. When dealing with an administration
2. When seeking employment
3. When seeking housing
4. When interacting with your neighbours
5. When interacting with a salesperson

6. When with your family
7. In an amorous relationship
8. When you wanted to join a club, an association or a group
9. When you were applying for a bank loan or taking out an insurance policy
10. In another situation

NLIEU. Did you experience this negative behaviour...?

(Multiple answers possible) read the possible answers

1. In your workplace
2. Where you attend school (school or university)
3. In the street, a public place or public transportation
4. In a leisure activity setting (movie theatre, theatre, sports centre)
5. In a restaurant or a café
6. Somewhere else

NTYPE. What sort of negative behaviour was this?

(Multiple answers possible) read the possible answers

1. You were insulted, mocked
2. You were excluded
3. You were treated unfairly
4. You were refused something that was your right

NCONS. Did this behaviour have any of the following consequences on your life?

(Multiple answers possible) read the possible answers

1. It made you sad, depressed or demoralised
2. It had other negative consequences on your health (loss of sleep, loss of appetite, fatigue...)
3. You spent less time with others (withdrawal)
4. You renounced participating in activities or projects (ex: you stopped seeking employment or going to restaurants...)
5. It had other negative consequences on your life
6. It had no negative consequences on your health or your life

NDEM. Have you taken steps to defend yourself?

1. Yes, you lodged a complaint
2. Yes, you took other steps (going to your superior or the authorities)
3. No

*****FILTER: If this behaviour occurred while seeking employment (if NREL=2):**

NRECHA. Do you believe you were refused employment due to your state of health or a disability?

1. Yes
2. No
9. Doesn't know

NRECHB. When you were applying for employment, did you mention your health problem or disability?

1. Yes, before the first interview
2. Yes, but after the first interview
3. No
9. Doesn't know

***** end of filter: if NREL=2 *****

Module O – End of questionnaire

Civil status of social security eligibility collection

As mentioned in the brochure you received, your civil status was collected so as to gather useful information about your healthcare consumption in the last twelve months directly from the National healthcare fund and to carry out long-term studies on life expectancy. This information will then be deleted and will not appear in the strictly anonymous files at our researchers' disposition. This data collection is only carried out for those persons having given their consent.

If you use another social healthcare insurance (*sécurité sociale*) number (because you are covered under their policy) for your healthcare consumption, the corresponding civil status must also be collected.

OQUINIR. Is the *sécurité sociale* number you use... ?

1. Your own *sécurité sociale* number
3. No, it's not yours, you are covered under their policy (particularly for children)

fill out the eligibility file if the answer is 2

*******filter: if OQUINIR = 2*******

Can you give me:

ONOM1. The last name of the person (the maiden name for women) whose *sécurité sociale* number is used for your reimbursements?

_____ Refuses to answer Doesn't know

If Refuses to answer or Doesn't know in ONOM1 => go to question OACNIR2B

OPRENOM1. Their first name?

_____ Refuses to answer Doesn't know

OSEXE1. Their gender

1. Male?
2. Female?

ODATENAIS1. Their date of birth?

|_|_| |_|_| |_|_|_|_| Refuses to answer Doesn't know

OPAYS1NAIS1. Their place of birth?

1. In France (metropolitan or French overseas departments and territories)?... =>go to OCOMNAIS1
2. Abroad?.....=> go to OPAYS1NAIS2

9. Doesn't know

filter: If in France (OPAYS1NAIS1=1):

OCOMNAIS1. Their commune of birth? _____

- Refuses to answer
- Doesn't know

filter: if abroad (OPAYS1NAIS1=2):

OPAYS1NAIS2. In which country? ... _____

- Doesn't know

***** **end of filter: if OQUINIR = 2** *****

OACNIR2B. Are some of your reimbursements made to another person?

- 1. Yes (particularly for children) => continue (ONOM2)
- 2. No => go to question ENQUAL

***** **filter: if Yes (OACNIR2B=1)** *****

Can you give me:

ONOM2. The last name of the second person (their maiden name for women) whose *sécurité sociale* number is used for your reimbursements?

_____ Refuses to answer Doesn't know

If Refuses to answer or Doesn't know in ONOM2 => go to question ENQUAL

OPRENOM2. Their first name?

_____ Refuses to answer Doesn't know

OSEXE2. Their gender

- 1. Male?
- 2. Female?

ODATENAIS2. Their date of birth?

|_|_| |_|_| |_|_|_|_|_| Refuses to answer Doesn't know

OPAYS2NAIS1. Their place of birth?

- 1. In France (metropolitan or French overseas departments and territories)?....=> go to OCOMNAIS2
- 2. Abroad?.....=> go to OPAYS2NAIS2
- 9. Doesn't know

filter: if in France (OPAYS2NAIS1=1):

OCOMNAIS2. Their commune of birth? _____

- Refuses to answer
- Doesn't know

filter: if abroad (OPAYS2NAIS1=2):
OPAYS2NAIS2. In which country? ...

Doesn't know

*******end of filter if OACNIR2B= 1 *******

******* qualitative study *******

*******filter: if APTE=1 or 2 (the person answered alone or with someone's help)**

ENQUAL. Would you accept to do a follow-up interview with a researcher sent by the Insee to delve more deeply into certain subjects in the study?

1. Yes
2. No

*******end of filter if APTE=1 or 2 *******

OHAND.

For the interviewer: (display in blue)

Did you observe that the person has a disability or health problem that the questionnaire was not able to pick up?

1. Yes -> OHANDET
2. No -> OREM

filter: if OHAND=Yes:

OHANDET.

For the interviewer

Is this...

(Multiple answers possible)

1. ...a motor problem
2. ...a visual impairment
3. ...a hearing impairment
4. ...a mental disability
5. ...a psychic disability
6. ...another disability
7. ...another health problem

OREM.

For the interviewer: (display in blue)

Do you have any comments as to how the interview proceeded?

CADRIND. For the interviewer: (display in blue)

Was the data framing questionnaire (hard copy) filled out by the establishment (ward) for PRENOM?

1. Yes => part 3
2. No => end of the questionnaire

**Part 3: Data entry by the interviewer of the
DATA FRAMING questionnaire**

DATEARR. On what date did the person enter the establishment?

day month year

if DATEARR≠blank and CADRIND=blank, assign CADRIND=1 (allow managing partial interviews: cases where individuals abandon the interview before it is done)

LOGAV. Where did the person live just before entering this establishment?

[If the interviewee is a child who lives in their own home, which is also that of a family member, check answer 2](#)

1. at their own home
2. at a family member's home (including that of their parents)
3. in a foster family
4. in another collective residence (including rehabilitation and convalescence homes)
5. in a hospital
6. other
9. doesn't know

Filter: If LOGAV = 4 (another collective residence):

DATECOLL. When did the person start living in a collective residence?

year

LIEUDOM1. When the person lived in their own home, was this...

1. in France
2. abroad
9. doesn't know

LIEUDOM2. In which department was this? _____

9. Doesn't know

LIEUDOM3. In which country? _____

9. Doesn't know

****** Filter: if the person is 60 years of age or more ******

RGIR- What is their GIR disability index classification?

1. GIR1
2. GIR2
3. GIR3

- 4. GIR4
- 5. GIR5
- 6. GIR6
- 9. Doesn't know

TAPA. Does the person receive the Personalised Autonomy Allowance (APA)?

- 1. Yes
- 2. No
- 9. Doesn't know

Filter: If TAPA=1

TAPAETB. Is this aid paid directly to the establishment?

- 1. Yes
- 2. No
- 9. Doesn't know

Filter: If TAPA=2 or 9

RAPA- Was a request made for a Personalised Autonomy Allowance (APA)?

- 1. Yes
- 2. No => INVALID
- 9. Doesn't know => INVALID

filter: if RAPA=1:

RAPADEC- What was the decision?

- 1. The decision has yet to be given
- 2. Allocation of the allowance
- 9. Doesn't know

****** end of Filter: if the person is 60 years of age or more ******

**INVALID. Was there a disability classification or incapacity recognition?
(accorded by social healthcare insurance - *sécurité sociale*, the COTOREP or CDES, the army, mutual insurance companies...)**

- 1. Yes
- 2. No
- 9. Doesn't know

filter: if INVALID=1:

Was this ...	At what rate (or range)?	Since what year?
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<p>IN1VAL... a degree of disability determined by the <i>Sécurité Sociale</i> (1st, 2nd or 3rd degree)?</p> <p>1. <input type="checkbox"/> Yes -> fill out the two following columns: If the exact degree is known, fill out "TAUX1" If the degree is only known by range, fill out "TAUX1TRANCHE"</p> <p>2. <input type="checkbox"/> No -> skip to the next line 9. <input type="checkbox"/> Doesn't know</p>	<p> _ _ TAUX1 TAUX1TRANCHE between _ _ and _ _ </p>	<p> _ _ _ _ DATE1</p>
<p>IN2VAL... a degree of disability linked to a workplace accident?</p> <p>1. <input type="checkbox"/> Yes -> fill out the two following columns: If the exact degree is known, fill out "TAUX2" If the degree is only known by range, fill out "TAUX2TRANCHE"</p> <p>2. <input type="checkbox"/> No -> skip to the next line 9. <input type="checkbox"/> Doesn't know</p>	<p> _ _ TAUX2 TAUX2TRANCHE between _ _ and _ _ </p>	<p> _ _ _ _ DATE2</p>
<p>IN3VAL ... a degree of disability determined by a <i>COTOREP</i>, a <i>CDES</i> or a <i>MDPH</i>?</p> <p>1. <input type="checkbox"/> Yes -> fill out the two following columns: If the exact degree is known, fill out "TAUX3" If the degree is only known by range, fill out "TAUX3TRANCHE"</p> <p>2. <input type="checkbox"/> No -> skip to the next line 9. <input type="checkbox"/> Doesn't know</p>	<p> _ _ TAUX3 TAUX3TRANCHE between _ _ and _ _ </p>	<p> _ _ _ _ DATE3</p>
<p>IN4VAL ... a degree linked to a disabled military pension?</p> <p>1. <input type="checkbox"/> Yes -> fill out the two following columns: If the exact degree is known, fill out "TAUX4" If the degree is only known by range, fill out "TAUX4TRANCHE"</p> <p>2. <input type="checkbox"/> No -> skip to the next line 9. <input type="checkbox"/> Doesn't know</p>	<p> _ _ TAUX4 TAUX4TRANCHE between _ _ and _ _ </p>	<p> _ _ _ _ DATE4</p>

<p>IN5VAL ... a rate of permanent incapacity determined by an insurance company?</p> <p>1. <input type="checkbox"/> Yes -> fill out the two following columns: If the exact degree is known, fill out "TAUX5" If the degree is only known by range, fill out "TAUX5TRANCHE"</p> <p>2. <input type="checkbox"/> No -> skip to the next line</p> <p>9. <input type="checkbox"/> Doesn't know</p>	<p> _ _ TAUX5</p> <p>TAUX5TRANCHE</p> <p>between _ _ </p> <p>and _ _ </p>	<p> _ _ _ _ DATE5</p>
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For everyone:

M1. What is the total amount (in euros) of the financial participation borne by the person?

Do not include the cents.

/ _ / _ / _ / _ / _ / _ / _ / euros

M1a. Per ... (Unit of time):

1. day
2. week
3. month

If the amount is 0, put 0 for M1 and check possible answer 3 in M1A (0 euros per month)

What does this fee include?

If the amount M1 is 0, the questions are not applicable (check box "N/A" for M2A, M2B, M2C, M2D and M2E).

M2a. Boarding and maintenance (including individual room)

1. Yes
2. No
9. Doesn't know
0. N/A for your institution

M2b. Dependence fee

1. Yes
2. No
9. Doesn't know
0. N/A for your institution

M2c. Daily hospital rate

1. Yes
2. No

- 9. Doesn't know
- 0. N/A for your institution

M2d. Additional fee for events, activities, special outings, etc.

- 1. Yes
- 2. No
- 9. Doesn't know
- 0. N/A

M2e Other additional fees or other types of costs

- 1. Yes
- 2. No
- 9. Doesn't know
- 0. N/A for your institution

Filter: if M2e=1,

M2f. specify Enter in plain text | _____ |

Who are the people or what are the organisations that participate in paying these costs?

M3a. The person

- 1. Yes
- 2. No
- 8. Refuses to answer
- 9. Doesn't know

M3b. Their family or loved ones

- 1. Yes
- 2. No
- 8. Refuses to answer
- 9. Doesn't know

If Yes (if M3b=1):

M4. Do you directly receive your family or loved ones' participation?

- 1. Yes
- 2. No
- 8. Refuses to answer

M3c. A mutual insurance policy or an insurance policy

- 1. Yes
- 2. No
- 8. Refuses to answer
- 9. Doesn't know

If Yes (if M3c=1):

M5. Do you directly receive the participation from a mutual insurance or insurance policy?

- 1. Yes
- 2. No

8. Refuses to answer

M3d. Another person or organisation.

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

If Yes (if M3d=1):

M3e: Specify the identity of this person or organisation:

M6. Do you directly receive their participation?

1. Yes
2. No
8. Refuses to answer

Filter: If NVTYPET= 6 or 7) => end of "framing data"

If not (if NVTYPET=1, 2, 3, 4 or 5):

R1 Does this person receive departmental social aid?

1. Yes
2. No
9. Doesn't know
0. N/A (MAS)

Filter: If R1=1:

R1a. Do you directly receive this aid?

1. Yes
2. No
9. Doesn't know
0. N/A (MAS)

Filter: if NVTYPET=1, 2,3 or 4):

R2 Does this person receive personalised housing aid (*aide personnalisée au logement - APL*) or social housing aid (*aide au logement sociale - ALS*)?

1. Yes
2. No
9. Doesn't know
0. N/A (MAS)

Filter: If R2=1:

R2a. Do you directly receive this aid?

1. Yes
2. No
9. Doesn't know
0. N/A (MAS)

