



Central Statistics Office National Disability Survey, 2006 Child Questionnaire

Date of interview ____/____/____/2006

Time interview began
(24-hour clock)

 :

Time interview ended
(24-hour clock)

 :

Affix household ID label here

Note to interviewer:
Children are defined
as persons who were
aged under 18 years
on 23 April 2006.

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

Interviewer's signature

Date ____/____/2006

How was the interview conducted?

Direct interview

1

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

2

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

3

Interpreted interview (answers given to interpreter by respondent)

4

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



TO BE ASKED AFTER SECTION 1 IS COMPLETED



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

Summary of Multiple Disabilities

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

What do you consider to be your MAIN difficulty?

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

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

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

SECTION 1 Type of Disability

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

A Seeing (b210)

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

A1 Do you wear glasses or contact lenses? Yes No

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

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

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

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

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

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

Ask only for categories where A3 = 'No'

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

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

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

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

Age

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

Hereditary/genetic

1

An accident, injury or fall

2

A disease or illness

3

Stress

5

Other cause

6

No specific cause

7

Don't know

9

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

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

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

Show/read list. Mark one answer only.

Retinosa pigmentosa

1

Retinal detachment

2

Glaucoma

3

Cataracts

4

Diabetes

5

Other

7

Don't know or unspecified condition

9

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

B Hearing (b230)

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

B1 Do you use a hearing aid?

Yes

1

No

2

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

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

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

B3 Do you USE any of the following aids for your hearing difficulty? (b230)**Read list under B4. Mark 'Yes' or 'No' to each aid.****B4 Are there any of the following aids that you are aware that you need but do not have?****Ask only for categories where B3 = 'No'****Read list. Mark 'Yes' or 'No' to all that apply.**

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

B5 How well are you able to communicate with ... (d3)**P3 Interviewer: Show prompt card P3. Read list.**

Family members

Your friends

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

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

Other people

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

B6 At what age did you begin to have this difficulty?**If from birth enter X; if between birth and 1 year, enter 0; if unknown, enter 999**Age

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

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

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

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

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

- Conductive deafness ☐ 1
- Sensorineural deafness ☐ 2
- Other ☐ 3
- Don't know or unspecified condition ☐ 9

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

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

C Speech (d3)

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

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

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


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

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

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

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

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

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

C4 How well are you able to communicate with ... (d3)**P3 Interviewer:** Show prompt card P3. Read list.

Family members

Your friends

People providing everyday services, such as
shop assistants, café staff, bus drivers, bank staffHealth care professionals and service providers such as
doctors and home help workers

Other people

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

C5 At what age did you begin to have this difficulty? (d3)**If from birth enter X; if between birth and 1 year, enter 0; if unknown, enter 999**

Age _____

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

Hereditary/genetic

1

An accident, injury or fall

2

A disease or illness

3

Stress

5

Other cause

6

No specific cause

7

Don't know

9

P2 Interviewer: Show prompt
card P2. Read list. Mark one
response only. Classify age-related
in 'other cause' category.If 'a disease or illness'
go to C7; otherwise go to
Note to Interviewer
at end of section.**C7 Which disease or illness is the MAIN cause of your speech difficulty? (d3)**

Dyslexia

1

Dyspraxia

2

Autistic Spectrum Disorder

3

Cleft lip and palate

4

Deafness

5

Cerebral Palsy

6

Other

7

Don't know or unspecified condition

9

**Show/read list.
Mark one answer only.****Note to Interviewer:** For persons coded 3, 4 or 5 in question C1, mark 'C Speech'
as 'Completed' on the Disability Type Summary box on page 1.

D Mobility and Dexterity (d4 + d440)

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

Do you have difficulty ...

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

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

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

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

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

Ask only for categories where D5 = 'No'

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

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

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

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

Age _____

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

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

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

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

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

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

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

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

E Remembering and Concentrating (b144 + b140)

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

- E1 Do you have difficulty remembering to do important things? (b144)**
- E2 Do you often forget where you have put things? (b144)**
- E3 Do you have difficulty concentrating on doing something for 10 minutes? (b1400)**

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

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

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

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

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

Ask only for categories where E4 = 'No'

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

Medication (e1101)

Yes E4

No E4

1

2

**If NO
for E4,
then
ask E5**
➡

Yes E5

No E5

1

2

Products or technology for personal use in daily living,
eg automated reminders or calendars (e115)

1

2

1

2

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

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

Age _____

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

Hereditary/genetic

1

An accident, injury or fall

2

A disease or illness

3

Stress

5

Other cause

6

No specific cause

7

Don't know

9

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

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

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

Epilepsy

2

Stroke or hemiplegia

3

Traumatic or acquired brain injury

4

Other

5

Don't know or unspecified condition

9

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

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

F Intellectual and Learning (d1 + b117)

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

P1 Interviewer: Show prompt card P1.

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

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

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

No	Yes			
	Mild	Moderate	Severe	Profound
1	2	3	4	5

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

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

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

Ask only for categories where F5 = 'No'

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

Additional special teaching, such as, learning support teacher, resource teaching, classroom assistant (e355 + e360)

Special needs assistant (e360)

Occupational therapy (e5800)

Speech and language therapy (e5800)

Psychology service (e360)

Physiotherapy, instructor or educator (e5800)

Screen reading software, learning support software (e1301)

General products and technology for education not adapted or specifically designed, eg talking books, computer hardware or software (e1300)

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

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

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

Age _____

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

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

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

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

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

- Autistic Spectrum Disorder 1
- Attention Deficit Disorder 2
- Dyslexia or Specific Learning Difficulties (SLD) 3
- Down Syndrome 4
- Fragile X 5
- Pregnancy or birth problems 6
- Other 7
- Don't know or unspecified condition 9

Show/read list.
Mark one answer only.

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

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

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

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

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

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

G2 How frequently is this difficulty present?

P5 Interviewer: Show prompt card P5.

Occasionally	Often	Most or all of the time
1	2	3

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

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

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

Ask only for categories where G3 = 'No'

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

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

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

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

Age

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

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

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

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

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

Anxiety disorder, including phobia or neurosis

Depression

Bi-polar disorder

Addiction

Schizophrenia

Other

Don't know or unspecified condition

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

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

H Pain (b280)

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

H1 Because of constant or recurrent pain, do you have difficulty in the amount or the kind of everyday activities you can do? (b280, b289, d)**P1 Interviewer:** Show prompt card P1.

If response = 1, go to I1.

If response = 2, ask H2 **only** and then go to I1.

Otherwise go to H2 and ask the remaining questions in this section.

No difficulty	Some difficulty		A lot of difficulty	Cannot do at all
	Just a little	A moderate level		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

H2 Do you USE any of the following aids for your pain difficulty?**Read list under H3. Mark 'Yes' or 'No' to each aid.****H3 Are there any of the following aids or supports that you are aware that you need but do not have?****Ask only for categories where H2 = 'No'****Read list. Mark 'Yes' or 'No' to all that apply.**

Transcutaneous electrical nerve stimulation (TENS) (e5800)

Yes H2

No H2

Yes H3

No H3

Acupuncture (e5800)

Acupressure (e5800)

Pain management (e5800)

Massage (e5800)

Chiropractic (e5800)

Heated pads or muscle stimulator (e5800)

Alternative medicine, such as reflexology (e5800)

**If NO
for H2,
then
ask H3
➡****H4 Is your pain difficulty present ... (b280, b289)****P5 Interviewer:** Show prompt card P5.

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

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

Daily	<input type="text" value="1"/>
Once a week or more	<input type="text" value="2"/>
Less than once a week	<input type="text" value="3"/>
Never	<input type="text" value="4"/>

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

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

Age

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

Hereditary/genetic	<input type="text" value="1"/>
An accident, injury or fall	<input type="text" value="2"/>
A disease or illness	<input type="text" value="3"/>
Stress	<input type="text" value="5"/>
Other cause	<input type="text" value="6"/>
No specific cause	<input type="text" value="7"/>
Don't know	<input type="text" value="9"/>

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

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

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

Heart conditions, such as angina	<input type="text" value="1"/>
Arthritis (all forms)	<input type="text" value="2"/>
Back problems	<input type="text" value="3"/>
Cancer	<input type="text" value="4"/>
Migraine	<input type="text" value="5"/>
Other	<input type="text" value="6"/>
Don't know or unspecified condition	<input type="text" value="9"/>

Show/read list.
Mark one answer only.

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

I Breathing (b440)

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

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

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

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

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

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

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

Ask only for categories where I2 = 'No'

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

Nebulisers (e1151)

Oxygen concentrator or cylinder or liquid oxygen (e1151)

Home ventilator, eg nippy ventilator, Bi-Pap (e1151)

Training in breathing techniques (e5800)

Humidifier (e1151)

Yes I2	No I2	If NO for I2, then ask I3	Yes I3	No I3
1	2		1	2
1	2		1	2
1	2		1	2
1	2		1	2
1	2		1	2

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

P5 Interviewer: Show prompt card P5.

Occasionally	Often	Most or all of the time
1	2	3

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

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

Age _____

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

Hereditary/genetic

1

An accident, injury or fall

2

A disease or illness

3

Stress

5

Other cause

6

No specific cause

7

Don't know

9

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

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

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

Cardiovascular disease

1

Bronchitis

2

Cystic fibrosis

3

Emphysema

4

Asthma

5

Chronic Obstructive Pulmonary (or lung) Disease (COPD)

6

Other

7

Don't know or unspecified condition

9

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

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

Instruction to Interviewer

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

If none of the categories in the Disability Type Summary box has been marked 'Completed', go to Section 10 and ask Questions 10.6 and 10.7 only.

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

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

SECTION 2 Caring and Help from Other Persons

Sections 2 to 10 to be answered by persons for whom at least one category in the Disability Type Summary box has been marked 'Completed'.

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

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

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

Taking a bath or shower by yourself (d5101)

Dressing yourself (d540)

Feeding yourself (d550)

Getting in and out of bed by yourself (d4201)

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

No difficulty	Some difficulty	A lot of difficulty	Cannot do at all
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

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

Yes No

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

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

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

Family who live with you (e310, e315)

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

Friend, neighbour (e320, e325)

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

Home help (e340)

Public health nurse (e340)

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

No	If YES, how often do you get help ...			
	Throughout the day	Daily	Weekly	Less often
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

2.4 Do you or your family pay for this help?

Yes No Don't know

2.5 Do you attend/receive any of the following care services?**Read list under 2.6. Mark 'Yes' or 'No' to each.****2.6 Are there any of the following care services that you are aware that you need but do not have?****Ask only for categories marked 'No' for 2.5.****Mark 'Yes' or 'No' to all that apply.**

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

2.7 In the past MONTH have you, because of your difficulty, needed help with any of your everyday activities which you were unable to get? (e3, d)Yes ☐ No ☐**If 'No' go to Section 4; otherwise go to 2.8****2.8 Why could you not get that help?****Read list. Mark 'Yes' or 'No' to each.**

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

SECTION 4 Transport (d470)

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

PRIVATE TRANSPORT (d4751, d4701)

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

	Do not regularly use	If YES, then what level of difficulty ...		
		No difficulty	Some difficulty	A lot/extreme difficulty
Private car as passenger (d4701)	1	2	3	4

P12 Interviewer:

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

If response = 1 go to 4.2.; otherwise go to 4.3.

For persons who do not regularly use a private car.

4.2 Is the reason you do not use a private car related to your disability? Yes 1 No 2

PUBLIC TRANSPORT (d470, e540)

Only ask children aged 5 years and over on 23 April 2006.

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

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

P12 Interviewer:

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

If response = 1 for ALL categories go to 4.4.
If response = 2 for ALL categories go to 4.6.
If response = 3 or 4 for ANY category go to 4.5.

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

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

Yes No

If 'Yes' go to 4.5; otherwise go to 4.6

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

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

ACCESSIBILITY

	Yes	No
Service is not available in your area (d4702)	<input type="text" value="1"/>	<input type="text" value="2"/>
Service not available when you want to travel (d4702)	<input type="text" value="1"/>	<input type="text" value="2"/>
Available service is not accessible (d4702)	<input type="text" value="1"/>	<input type="text" value="2"/>
Unsure how to use available service	<input type="text" value="1"/>	<input type="text" value="2"/>
Difficulty transferring from one transport service to another (d470)	<input type="text" value="1"/>	<input type="text" value="2"/>
Getting to bus or Luas stops, train or DART stations (d4)	<input type="text" value="1"/>	<input type="text" value="2"/>
Getting on or off the vehicle(s) (d470)	<input type="text" value="1"/>	<input type="text" value="2"/>

INFORMATION

Lack of information about availability of the service (d4702)	<input type="text" value="1"/>	<input type="text" value="2"/>
Lack of information about accessibility of the available service (d4702)	<input type="text" value="1"/>	<input type="text" value="2"/>
Seeing or understanding signs or notices (d3151)	<input type="text" value="1"/>	<input type="text" value="2"/>
Hearing or understanding announcements (d3151)	<input type="text" value="1"/>	<input type="text" value="2"/>

ISSUES USING THE SERVICE

Overcrowding (d4702)	<input type="text" value="1"/>	<input type="text" value="2"/>
Attitudes of people providing the service(s) (e445)	<input type="text" value="1"/>	<input type="text" value="2"/>
You need someone to accompany you because of your disability (e3)	<input type="text" value="1"/>	<input type="text" value="2"/>

SPECIALISED TRANSPORT (e5401)

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

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

P12 Interviewer:

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

SECTION 5 Built Environment Accessibility

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

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

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

Ask only for categories where 5.1 = 'No'

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

	Yes 5.1	No 5.1		Yes 5.2	No 5.2
Access adaptations, eg ramp at doorway, widened doors (e1550)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	If NO for 5.1, then ask 5.2 ➡	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Bathroom adaptations (e1551)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2
Kitchen adaptations (e1551)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2
A lift, a stair-lift (e1201)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2
A hoist or similar device (e1201)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2
Visual alert systems, alarms or audio warning devices (e155)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2

SECTION 6 Education (d810-d839)

The next few questions are on education.

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

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

Before school age (including from birth) (d815)

1

Primary (d820)

2

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

3

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

4

Third level or post Leaving Certificate (d830)

5

Had already left full-time education before onset of disability

6

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

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

Interviewer: If response to 6.1 = 6, go to Section 8. Otherwise go to 6.2.

6.2 Which of the following classes are you currently attending?

Read list. Mark one response only.

Mainstream/regular primary (d820)

1

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

2

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

3

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

4

Special primary or special secondary school (d820)

5

Third level (mainstream) (d830)

6

Home tuition (d810)

7

Finished full-time education (d839)

8

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

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

Mainstream/regular primary (d820)

Yes

No

1

2

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

1

2

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

1

2

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

1

2

Special primary or special secondary school (d820)

1

2

Third level (mainstream) (d830)

1

2

Home tuition (d810)

1

2

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

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

Accessible transport (e5400)

Accessible buildings (e1500)

Accessible or adapted classrooms or equipment (e1501)

Accessible toilets (e1501)

Yes, need(ed)...		No
and was available	but was not available	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Personal assistant (e340)

Note-takers or readers (e360)

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

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

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

Large print reading materials, magnifiers or braille (e1300)

Talking books (e1300)

Recording equipment or portable note-takers (e1301)

Personal computer (PC) (e1301)

Yes, need(ed)...		No
and was available	but was not available	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Not at all

☐

Less than 3 months

☐

3 to 12 months

☐

More than one year

☐

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

6.7 Has a professional assessment ever been done to determine your educational needs?

If 'No' go to Section 8; otherwise go to 6.8.

Yes ☐

No ☐

6.8 Who completed this assessment?

Psychologist or psychiatrist

☐

Social worker

☐

Special education teacher

☐

Speech or language therapist

☐

Other professional or specialist

☐

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

Ask 6.9 and 6.10 only of persons who have left full-time education, ie whose response to 6.2 was 8.

6.9 Because of your disability, did you stop your education sooner than you wanted to or sooner than other children your age? (d839) Yes No

If 'Yes' go to 6.10; otherwise go to Section 8.

6.10 Why did you stop your full-time education sooner than you wanted to or sooner than other children your age? (d839)

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

	Yes	No
Inadequate transport (d470 + 5400)	<input type="text" value="1"/>	<input type="text" value="2"/>
Building or classroom equipment not suited or adapted to your needs (e150)	<input type="text" value="1"/>	<input type="text" value="2"/>
Did not have the personal or learning support you needed (e1)	<input type="text" value="1"/>	<input type="text" value="2"/>
Felt isolated socially	<input type="text" value="1"/>	<input type="text" value="2"/>
Found learning difficult; found it hard to keep up (d1 + b140)	<input type="text" value="1"/>	<input type="text" value="2"/>
Not interested in school or course (b1301)	<input type="text" value="1"/>	<input type="text" value="2"/>
Poor health	<input type="text" value="1"/>	<input type="text" value="2"/>
Became eligible for social welfare allowance (e5750)	<input type="text" value="1"/>	<input type="text" value="2"/>

SECTION 8 Social Participation (d9)

This section will collect information on your social participation.

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

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

	Yes	No
Go out with family or friends eg to a cinema, a park, football match (d9202 + d9205)	<input type="text" value="1"/>	<input type="text" value="2"/>
Spend time with friends for recreation/play	<input type="text" value="1"/>	<input type="text" value="2"/>
Visit friends or relatives in their homes (d9205)	<input type="text" value="1"/>	<input type="text" value="2"/>
Have friends or family to visit you in your home (d9205)	<input type="text" value="1"/>	<input type="text" value="2"/>
Phone, text, write or email family or friends (d9205)	<input type="text" value="1"/>	<input type="text" value="2"/>
Use the Internet to get information (e5600)	<input type="text" value="1"/>	<input type="text" value="2"/>

8.2 Are your main social activities with ...

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

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

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

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

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

If response = 1 for **ALL** categories, go to Section 9. Otherwise go to 8.4.

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

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

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

SECTION 9 Sport and Exercise (d9201)

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

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

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

Yes ☐

No ☐

If 'Yes' go to 9.2;
otherwise go to 9.5.

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

Five or more times a week ☐

Three to four times a week ☐

One or two times a week ☐

Less often ☐

Tick one category only.

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

Less than 30 minutes per session ☐

30 to 60 minutes per session ☐

Over 60 minutes per session ☐

Tick one category only.

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

No effort (no increase in breathing rate) ☐

Light effort (mild increase in breathing rate) ☐

Moderate effort (noticeable increase in breathing rate) ☐

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

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

Tick one category only.

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

Yes ☐ No ☐

SECTION 10 General and Demographic Information

The last remaining questions cover general and demographic information.

10.1 Are you registered with the ...

Read list.

	Yes	No	Don't know
National Physical and Sensory Disability Database (NPSDD)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
National Intellectual Disability Database (NIDD)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>

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

GENERAL HEALTH

How would you describe your ...

	Very good	Good	Fair	Bad	Very bad
10.3 General health	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
10.4 Stamina (b1300)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

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

STATE BENEFITS

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

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

	Yes	No
Disability benefit	<input type="text" value="1"/>	<input type="text" value="2"/>
Disability allowance	<input type="text" value="1"/>	<input type="text" value="2"/>
Other disability welfare payment	<input type="text" value="1"/>	<input type="text" value="2"/>
Medical card	<input type="text" value="1"/>	<input type="text" value="2"/>
Doctor-only card	<input type="text" value="1"/>	<input type="text" value="2"/>
Long-term illness card or book	<input type="text" value="1"/>	<input type="text" value="2"/>
Other	<input type="text" value="1"/>	<input type="text" value="2"/>

DEMOGRAPHIC INFORMATION

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

10.6 What is your date of birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>
dd	mm	yyyy

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

10.8 What is your PPS Number?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Questions 10.9 and 10.10 to be completed by interviewer at end of interview.

ACCOMMODATION CHECKLIST

10.9 Is this ...?

A private residence

1

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

2

10.10 Type of dwelling ...

Bungalow

1

House with 2 or more storeys

2

Ground floor flat

3

Flat/apartment/maisonette on upper storey, with lift

4

Flat/apartment/maisonette on upper storey, no lift

5