

# UnderStandingAmericaStudy

UAS 547: DISABILITY-RELATED GOODS AND SERVICES



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# 1 INTRODUCTION

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This UAS panel survey, titled "UAS 547: Disability-Related Goods and Services", first uses the Washington Group Short Set on Functioning - Enhanced (WG-SS Enhanced), along with self-reported information about disability, as a screener to identify UAS participants with disabilities. These individuals are asked questions focusing on items that people with disabilities may use for mobility, personal care, work, school, leisure, and community life. It also asks whether people with disabilities need these items, but don't use them. This survey is no longer in the field.

## **Funding information**

The contents of this survey were developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90IFRE0065). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this survey do not necessarily represent the policy of NIDILRR, ACL, or HHS, and you should not assume endorsement by the Federal Government.

The contents of this survey were developed pursuant to grant RDR18000003 from the US Social Security Administration (SSA) funded as part of the Retirement and Disability Research Consortium. Any opinions and conclusions expressed in research derived from this survey are solely those of the author(s) and do not represent the opinions or policy of SSA, any agency of the Federal Government, or NBER. Neither the United States Government nor any agency thereof, nor any of their employees, makes any warranty, express or implied, or assumes any legal liability or responsibility for the accuracy, completeness, or usefulness of the contents of this report. Reference herein to any specific commercial product, process or service by trade name, trademark, manufacturer, or otherwise does not necessarily constitute or imply endorsement, recommendation or favoring by the United States Government or any agency thereof.

## **1.1 Topics**

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This survey contains questions (among others) on the following topics: Diet Lifestyle, Health, Housing. A complete survey topic categorization for the UAS can be found [here](#).

## **1.2 Experiments**

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This survey did not include any experiments. A complete survey experiment categorization for the UAS can be found [here](#).

### 1.3 Citation

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Each publication, press release or other document that cites results from this survey must include an acknowledgment of UAS as the data source and a disclaimer such as, 'The project described in this paper relies on data from survey(s) administered by the Understanding America Study, which is maintained by the Center for Economic and Social Research (CESR) at the University of Southern California. The content of this paper is solely the responsibility of the authors and does not necessarily represent the official views of USC or UAS.' For any questions or more information about the UAS, contact Tania Gutsche, Project and Panel Manager, Center for Economic and Social Research, University of Southern California, at [tgutsche@usc.edu](mailto:tgutsche@usc.edu).

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## 2 SURVEY RESPONSE AND DATA

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### 2.1 Sample selection and response rate

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The sample selection for this survey was:

All active respondents.

As such, this survey was made available to 12695 UAS participants. Of those 12695 participants, 9057 completed the survey and are counted as respondents. Of those who are not counted as respondents, 42 started the survey without completing and 3596 did not start the survey. The overall response rate was 71.34%.

Note: We are unable to provide sample weights for a small number of UAS members (see the Sample and weighting section below for details). If they completed the survey, these members are included in the data set with a weight of zero, but accounted for in the computation of total sample size and survey response rate.%.

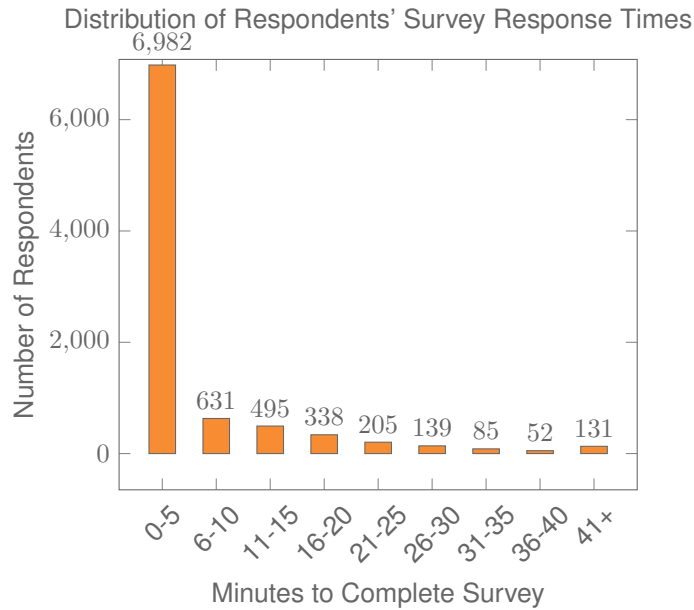
The detailed survey response rate is as follows:

UAS547 - Response Overview	
Size of selected sample	12695
Completed the survey	9057
Started but did not complete the survey	42
Did not start the survey	3596
Response rate	71.34%

### 2.2 Timings

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The survey took respondents an average of 6 minutes, and the full distribution of survey response times is available in the figure below. Times per question are available upon request.



## 2.3 Sample & Weighting

Sample weights for this survey are computed following the general UAS Weighting Procedure. Specifically, we use a two-step process where we first compute base weights, which correct for unequal probabilities of sampling UAS members, and then generate final, post-stratification weights, which align the sample to the reference population along certain socio-economic dimensions. These are gender (male/female), race and ethnicity (White/Black/Other/Hispanic/Native American), age (18-39/40-49/50-59/60+), education (High school or less/Some college/Bachelor or more), Census regions (Northeast/Midwest/West, excl. CA/CA, excl. LAC, LAC). Benchmark distributions for these variables are derived from the 6 most recent available Current Population Survey (CPS) Basic Monthly Survey with respect to the survey's completion date. The reference population considered for the weights is the U.S. population of adults age 18 and older.

This survey dataset may contain respondents with a weight of zero. These respondents belong to a small group of UAS members for whom sample weights cannot be computed due to non-probability recruitment for special projects. Hence, while they are accounted for in the total number of survey respondents, they do not contribute to any statistics using sample weights. More information is available from the UAS Weighting Procedure. Please contact UAS staff with any questions.

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### 3 STANDARD VARIABLES

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Each Understanding America Study data contains a series of standard variables, consisting of individual, household and sample identifiers, language indicator, time stamps and a rating by the respondent of how much he or she liked the survey:

- **uasid**: the identifier of the respondent. This identifier is assigned to a respondent at recruitment and stays with the respondent throughout each and every survey he/she participates in. When analyzing data from multiple surveys, the 'uasid' can be used to merge data sets.
- **uashhid**: the household identifier of the respondent. Every member is assigned a household identifier, stored in the variable 'uashhid'. For the primary respondent this identifier equals his or her 'uasid'. All other eligible members of the primary respondent's household (everyone who is 18 or older in the household) who become UAS respondents receive the 'uasid' of the primary respondent as their household identifier. The identifier 'uashhid' remains constant over time for all respondents. Thus it is always possible to find the original UAS household of an UAS panel member (even after they, for example, have moved out to form another household).
- **survhhid**: uniquely identifies the household a UAS panel member belongs to in a given survey. For instance, if the primary respondent and his/her spouse are both UAS members at the time of a given survey, they both receive the same 'survhhid' identifier for that survey. If they subsequently split, they receive two different 'survhhid' in subsequent surveys. They, however, always share the same 'uashhid'. The identifier 'survhhid' is set to missing (.) if no other household members are UAS panel members at the time of the survey. Since individuals can answer the same survey at different points in time (which can be relatively far apart if the survey is kept in the field for a prolonged time), it may be possible that, within the same data set, household members have different 'survhhid' reflecting different household compositions at the time they answered the survey. For instance, suppose that the primary respondent and his/her spouse are both UAS members. If the primary respondent answers the survey when he/she is living with the spouse, but the spouse answers the survey when the couple has split, they receive different 'survhhid'. Hence, the variable 'survhhid' identifies household membership of UAS panel members, at the time the respondent answers the survey. Note: in the My Household survey 'survhhid' is set to unknown (.u) for respondents who last participated in the My Household survey prior to January 21, 2015.
- **uasmembers**: is the number of other household members who are also UAS panel members at the time of the survey. Since individuals can answer the same survey at different points in time (which can be relatively far apart if the survey is kept in the field for a prolonged time), it may be possible that, within the same data set, the primary respondent of a household has a value of '0', whereas the second UAS household respondent has a value of '1'. Therefore 'uasmembers' should be interpreted as the

number of household and UAS panel members at the time the respondent answers the survey. Note: in the My Household survey 'uasmembers' is set to unknown (.u) for respondents who last participated in the My Household survey prior to January 21, 2015.

- **sampleframe**: indicates the sampling frame from which the household of the respondent was recruited. All UAS recruitment is done through address based sampling (ABS) in which samples are acquired based on postal records. Currently, the variable 'sampleframe' takes on four values reflecting four distinct sample frames used by the UAS over the year (in future data sets the number of sample frames used for recruitment may increase if additional specific populations are targeted in future recruitment batches):

1. U.S. National Territory: recruited through ABS within the entire U.S.
2. Areas high concentration Nat Ame: recruited through ABS in areas with a high concentration of Native Americans in the zip-code. Within these batches, individuals who are not Native Americans are not invited to join the UAS.
3. Los Angeles County: recruited through ABS within Los Angeles County.
4. California: recruited through ABS within California.

Note: prior to March 6, 2024 this variable was called sampletype and had the following value labels for the above list in UAS data sets:

1. Nationally Representative Sample: recruited through ABS within the entire U.S.
2. Native Americans: recruited through ABS in areas with a high concentration of Native Americans. Within these batches, individuals who are not Native Americans are not invited to join the UAS.
3. LA County: recruited through ABS within Los Angeles County.
4. California: recruited through ABS within California.

- **batch**: indicates the batch from which the respondent was recruited. Currently, this variable takes the following values (in future data sets the number of batches may increase as new recruitment batches are added to the UAS):

1. ASDE 2014/01
2. ASDE 2014/01
3. ASDE 2014/01
4. Public records 2015/05
5. MSG 2015/07
6. MSG 2016/01
7. MSG 2016/01
8. MSG 2016/01
9. MSG 2016/02



10. MSG 2016/03
11. MSG 2016/04
12. MSG 2016/05
13. MSG 2016/08
14. MSG 2017/03
15. MSG 2017/11
16. MSG 2018/02
17. MSG 2018/08
18. MSG 2019/04
19. MSG 2019/05
20. MSG 2019/11
21. MSG 2020/08
22. MSG 2020/10
23. MSG 2021/02
24. MSG 2021/08
25. MSG 2021/08
26. MSG 2022/02
27. MSG 2022/02
28. MSG 2022/08
29. MSG 2022/11
30. MSG 2022/11
31. MSG 2023/01
32. MSG 2023/06
33. MSG 2023/09
34. MSG 2023/10
35. MSG 2025/02

Note: prior to March 6, 2024 this variable had the following value labels for the above list in UAS data sets:

1. ASDE 2014/01 Nat.Rep.
2. ASDE 2014/01 Native Am.
3. ASDE 2014/11 Native Am.
4. LA County 2015/05 List Sample
5. MSG 2015/07 Nat.Rep.
6. MSG 2016/01 Nat.Rep. Batch 2

7. MSG 2016/01 Nat.Rep. Batch 3
8. MSG 2016/01 Nat.Rep. Batch 4
9. MSG 2016/02 Nat.Rep. Batch 5
10. MSG 2016/03 Nat.Rep. Batch 6
11. MSG 2016/04 Nat.Rep. Batch 7
12. MSG 2016/05 Nat.Rep. Batch 8
13. MSG 2016/08 LA County Batch 2
14. MSG 2017/03 LA County Batch 3
15. MSG 2017/11 California Batch 1
16. MSG 2018/02 California Batch 2
17. MSG 2018/08 Nat.Rep. Batch 9
18. MSG 2019/04 LA County Batch 4
19. MSG 2019/05 LA County Batch 5
20. MSG 2019/11 Nat. Rep. Batch 10
21. MSG 2020/08 Nat. Rep. Batch 11
22. MSG 2020/10 Nat. Rep. Batch 12
23. MSG 2021/02 Nat. Rep. Batch 13
24. MSG 2021/08 Nat. Rep. Batch 15
25. MSG 2021/08 Nat. Rep. Batch 16
26. MSG 2022/02 Nat. Rep. Batch 17 (priority)
27. MSG 2022/02 Nat. Rep. Batch 17 (regular)
28. MSG 2022/08 Nat. Rep. Batch 18
29. MSG 2022/11 LA County Batch 6
30. MSG 2022/11 Nat. Rep. Batch 20
31. MSG 2023/01 Nat. Rep. Batch 21
32. MSG 2023/06 Nat. Rep. Batch 22
33. MSG 2023-09 Native Am. Batch 3
34. MSG 2023-10 Nat. Rep. Batch 23

- **primary\_respondent:** indicates if the respondent was the first person within the household (i.e. to become a member or whether s/he was added as a subsequent member. A household in this regard is broadly defined as anyone living together with the primary respondent. That is, a household comprises individuals who live together, e.g. as part of a family relationship (like a spouse/child/parent) or in context of some other relationship (like a roommate or tenant).

- **hardware**: indicates whether the respondent ever received hardware or not. Note: this variable should not be used to determine whether a respondent received hardware at a given point in time and/or whether s/he used the hardware to participate in a survey. Rather, it indicates whether hardware was ever provided:
  1. None
  2. Tablet (includes Internet)
- **language**: the language in which the survey was conducted. This variable takes a value of 1 for English and a value of 2 for Spanish.
- **start\_date (start\_year, start\_month, start\_day, start\_hour, start\_min, start\_sec)**: indicates the time at which the respondent started the survey.
- **end\_date (end\_year, end\_month, end\_day, end\_hour, end\_min, end\_sec)**: indicates the time at which the respondent completed the survey.
- **cs\_001**: indicates how interesting the respondent found the survey.

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## 4 BACKGROUND DEMOGRAPHICS

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Every UAS survey data set includes demographic variables, which provide background information about the respondent and his/her household. Demographic information such as age, ethnicity, education, marital status, work status, state of residence, family structure is elicited every quarter through the “My Household” survey. The demographic variables provided with each survey are taken from the most recent ‘MyHousehold’ survey answered by the respondent. If at the time of a survey, the information in “My Household” is more than three months old, a respondent is required to check and update his or her information before being able to take the survey.

The following variables are available in each survey data set:

- **gender**: the gender of the respondent.
- **dateofbirth\_year**: the year of birth of the respondent.
- **age**: the age of the respondent at the start of the survey.
- **agerange**: if the respondent’s age cannot be calculate due to missing information, ‘agerange’ indicates the approximate age. Should a value for both the ‘age’ and ‘agerange’ be present, then ‘age’ takes precedence over ‘agerange’.
- **citizenus**: indicates whether the respondent is a U.S. citizen.
- **bornus**: indicates whether the respondent was born in the U.S.
- **stateborn**: indicates the state in which the respondent was born. This is set to missing (.) if the respondent was not born in the U.S.
- **countryborn**: indicates the country in which the respondent was born. This is set to missing (.) if the respondent was born in the U.S.
- **countryborn\_other**: indicates the country of birth if that country is not on the drop down list of countries shown to the respondent’.
- **statereside**: the state in which the respondent is living.
- **immigration\_status**: indicates whether the respondent is an immigrant. It takes one of the following values: 0 Non-immigrant, 1 First generation immigrant (immigrant who migrated to the U.S), 2 Second generation immigrant (U.S.-born children of at least one foreign-born parent), 3 Third generation immigrant (U.S.-born children of at least one U.S.-born parent, where at least one grandparent is foreign-born), or 4 Unknown immigrant status.
- **maritalstatus**: the marital status of the respondent.
- **livewithpartner**: indicates whether the respondent lives with a partner.

- **education**: the highest level of education attained by the respondent.
- **hisplatin**: indicates whether the respondent identifies him or herself as being Hispanic or Latino. This variable is asked separately from race.
- **hisplatinogroup**: indicates which Hispanic or Latino group a respondent identifies him or herself with. This is set to missing (.) if the respondent does not identify him or herself as being Hispanic or Latino.
- **white**: indicates whether the respondent identifies him or herself as white (Caucasian).
- **black**: indicates whether the respondent identifies him or herself as black (African-American).
- **nativeamer**: indicates whether the respondent identifies him or herself as Native American (American Indian or Alaska Native).
- **asian**: indicates whether the respondent identifies him or herself as Asian (Asian-American).
- **pacific**: indicates whether the respondent identifies him or herself as Native Hawaiian or Other Pacific Islander.
- **race**: indicates the race of the respondent as singular (e.g., '1 White' or '2 Black') or as mixed (in case the respondent identifies with two or more races). The value '6 Mixed' that the respondent answered 'Yes' to at least two of the single race categories. This variable is generated based on the values of the different race variables (white, black, nativeamer, asian, pacific). This composite measure is not conditional on hisplatin, so an individual may identify as Hispanic or Latino, and also as a member of one or more racial groups.
- **working**: indicates whether the respondent is working for pay.
- **sick\_leave**: indicates whether the respondent is not working because sick or on leave.
- **unemp\_layoff**: indicates whether the respondent is unemployed or on lay off.
- **unemp\_look**: indicates whether the respondent is unemployed and looking for a job.
- **retired**: indicates whether the respondent is retired.
- **disabled**: indicates whether the respondent has a disability.
- **lf\_other**: specifies other labor force status.
- **laborstatus**: indicates the labor force status of the respondent as singular (e.g., '1 Working for pay' or '2 On sick or other leave') or as mixed (in case the respondent selects two or more labor statuses). The value '8 Mixed' indicates that the respondent answered 'Yes' to at least two of the single labor force status variables. This variable is generated based on the values of the different labor status variables (working, sick\_leave, unempl\_layoff, unempl\_look, retired, disabled, lf\_other).

- **employmenttype**: indicates the employment type of the respondent (employed by the government, by a private company, a nonprofit organization, or self-employed). This is set to missing (.) if the respondent is not currently working or currently on sick or other leave.
- **workfullpart**: indicates whether the respondent works full or part-time. This is set to missing (.) if the respondent is not currently working or currently on sick or other leave.
- **hourswork**: indicates the number of hours the respondent works per week. This is set to missing (.) if the respondent is not currently working or currently on sick or other leave.
- **hhincome**: is the total combined income of all members of the respondent's household (living in their household) during the past 12 months.
- **anyhhmember**: indicates whether there were any members in the respondent's household at the time he/she answered the survey as reported by the respondent.
- **hhmembernumber**: indicates the number of household members in the respondent's household at the time of the survey as reported by the respondent. It may be that 'anyhhmember' is 'Yes', but 'hhmembernumber' is missing if the respondent did not provide the number of household members at the time of the survey.
- **hhmemberin\_#**: indicates whether a household member is currently in the household as reported by the respondent. Household members are never removed from the stored household roster and their information is always included in survey data sets. The order of the roster is the same order in which household members were specified by the respondent in the 'MyHousehold' survey. The order is identified by the suffix \_# (e.g., \_1 indicates the first household member, \_2 the second household member, etc.).

As an example, if the first household member is in the household at the time of the survey, 'hhmemberin\_1' is set to '1 HH Member 1 is in the HH'; if he/she has moved out, 'hhmemberin\_1' is set to '0 HH member 1 is no longer in the HH'. Since information of other household members (stored in the variables listed below) is always included in survey data sets, information about 'hhmemberin\_1' is available whether this person is still in the household or has moved out.

- **hhmembergen\_#**: indicates the gender of another household member as reported by the respondent.
- **hhmemberage\_#**: indicates the age of another household member. The age is derived from the month and year of birth of the household member as reported by the respondent.
- **hhmemberrel\_#**: indicates the relationship of the respondent to the other household member as reported by the respondent.

- **hhmemberuasid\_#**: is the 'uasid' of the other household member if this person is also a UAS panel member. It is set to missing (.) if this person is not a UAS panel member at the time of the survey. Since this identifier is directly reported by the respondent (chosen from a preloaded list), it may differ from the actual (correct) 'uasid' of the UAS member it refers to because of reporting error. Also, this variable should not be used to identify UAS members in a given household at the time of the survey. This is because the variables 'hhmemberuasid\_#' are taken from the most recent 'My Household' and changes in household composition involving UAS members may have occurred between the time of the respondent answered 'My Household' and the time the respondent answers the survey. To follow UAS members of a given household, it is advised to use the identifiers 'uashhid' and 'survhhid'.
- **lastmyhh\_date**: the date on which the demographics variables were collected through the 'My Household' survey.

In addition, data sets created after May 8, 2025 include an urbanicity variable. It is based on panel members' current census tract of residence and the 2010 Rural-Urban Commuting Area (RUCA) codes released by the US Department of Agriculture's Economic Research Service. To preserve confidentiality, the UAS collapses the 10 primary RUCA codes to 4 levels: Metropolitan, Micropolitan, Small/Rural, and Unknown. The Metropolitan level corresponds to primary RUCA codes 1-3, the Micropolitan level corresponds to RUCA codes 4-6, and the Small/Rural UAS classification corresponds to RUCA codes 7-10.

For detailed information and definitions of the 10 primary RUCA codes, please visit the USDA ERS Rural-Urban Commuting Area Codes site. Surveys conducted completely prior to May 8, 2025 will have an urbanicity data set available on request.

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## 5 MISSING DATA CONVENTIONS

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Data files provide so-called clean data, that is, answers given to questions that are not applicable anymore at survey completion (for example because a respondent went back in the survey and skipped over a previously answered question) are treated as if the questions were never asked. In the data files all questions that were asked, but not answered by the respondent are marked with (.e). All questions never seen by the respondent (or any dirty data) are marked with (.a). The latter may mean that a respondent did not view the question because s/he skipped over it; or alternatively that s/he never reached that question due to a break off. If a respondent did not complete a survey, the variables representing survey end date and time are marked with (.c). Household member variables are marked with (.m) if the respondent has less household members (e.g. if the number of household members is 2, any variables for household member 3 and up are marked with (.m)).

UAS provides data in STATA and CSV format. Stata data sets come with include variable labels that are not available in the CSV files. Value labels are provided for single-response answer option. In STATA these labels will include the labels 'Not asked' and 'Not answered' for (.a) and (.e), and will show in tabulations such as 'tab q1, missing'. For multiple-response questions a binary variable is created for each answer option indicating whether the option was selected or not. A summary variable is also provided in string format reflecting which options were selected and in which order. For example, if a question asked about favorite animals with options cat, dog, and horse, then if a respondent selected horse and then cat, the binary variables for horse and cat will be set to yes, while the overall variable would have a string value of '3-1'. If no answer was given, all binary variables and the summary variable will be marked with '.e'.

Questions that are asked multiple times are often implemented as so-called array questions. Supposing the name of such question was Q1 and it was asked in 6 different instances, your data set would contain the variables Q1\_1\_ to Q1\_6\_. To illustrate, if a survey asked the names of all children, then child\_1\_ would contain the name of the first child the respondent named and so on.

More information about the UAS data in general can be found on the UAS Data Pages web site.



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## 6 ROUTING SYNTAX

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The survey with routing presented in the next section includes all of the questions that make up this survey, the question answers when choices were provided, and the question routing. The routing includes descriptions of when questions are grouped, conditional logic that determines when questions are presented to the respondent, randomization of questions and answers, and fills of answers from one question to another.

If you are unfamiliar with conditional logic statements, they are typically formatted so that **if** the respondent fulfills some condition (e.g. they have a cellphone or a checking account), **then** they are presented with some other question or the value of some variable is changed. If the respondent does not fulfill the condition (e.g. they are not a cellphone adopter or they do not have a checking account), something **else** happens such as skipping the next question or changing the variable to some other value. Some of the logic involved in the randomization of questions or answers being presented to the respondent is quite complex, and in these instances there is documentation to clarify the process being represented by the routing.

Because logic syntax standards vary, here is a brief introduction to our syntax standards. The syntax used in the conditional statements is as follows: '=' is equal to, '<' is less than, '>' is greater than, and '!= ' is used for does not equal. When a variable is set to some number N, the statement looks like 'variable := N'.

The formatting of the questions and routing are designed to make it easier to interpret what is occurring at any given point in the survey. Question ID is the bold text at the top of a question block, followed by the question text and the answer selections. When a question or variable has associated data, the name links to the appropriate data page, so you can easily get directly to the data. Text color is used to indicate the routing: **red** is conditional logic, **gold** is question grouping, **green** is looping, and **orange** is used to document randomization and other complex conditional logic processes. The routing is written for a computer to parse rather than a human to read, so when the routing diverges significantly from what is displayed to the respondent, a screenshot of what the respondent saw is included.

The name of the randomization variables are defined in proximity to where they are put into play, and like the question ID the names of the randomization variables can be used to link directly to the associated data page.

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## 7 SURVEY WITH ROUTING

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**intro1** (intro in section Base)

This survey is designed to gather information about the items that people with disabilities use for getting around, personal care, work, school, leisure, or community life. We are also collecting information on whether people with disabilities need these items, but don't use them. Throughout the survey, if you don't know how much you spent on these items, please provide your best estimate.

*/\* The screener section is based on the Washington Group Short Set on Functioning - Enhanced (WG-SS Enhanced) (<https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-enhanced-wg-ss-enhanced/>), with additional self-reported disability questions. \*/*

Start of section **Screener**

screener\_begin := date("Y-m-d H:i:s")

eligible := '2'

**sc001a** (have difficulty seeing, even if wearing glasses in section Screener)

Do you have difficulty seeing, even if wearing glasses?

1 No - no difficulty

2 Yes - some difficulty

3 Yes - a lot of difficulty

4 Cannot do at all

98 I prefer not to respond

99 I don't know

**sc001b** (have difficulty hearing, even if using a hearing aid in section Screener)

Do you have difficulty hearing, even if using a hearing aid?

1 No - no difficulty

2 Yes - some difficulty

3 Yes - a lot of difficulty

4 Cannot do at all

98 I prefer not to respond

99 I don't know

**sc001c** (have difficulty walking or climbing steps in section Screener)

Do you have difficulty walking or climbing steps?

1 No - no difficulty

2 Yes - some difficulty

3 Yes - a lot of difficulty

4 Cannot do at all  
98 I prefer not to respond  
99 I don't know

**sc001d** (have difficulty remembering or concentrating in section Screener)

Do you have difficulty remembering or concentrating?

1 No - no difficulty  
2 Yes - some difficulty  
3 Yes - a lot of difficulty  
4 Cannot do at all  
98 I prefer not to respond  
99 I don't know

**sc001e** (have difficulty with self-care such as washing all over or dressing in section Screener)

Do you have difficulty with self-care such as washing all over or dressing?

1 No - no difficulty  
2 Yes - some difficulty  
3 Yes - a lot of difficulty  
4 Cannot do at all  
98 I prefer not to respond  
99 I don't know

**sc001f** (have difficulty communicating, for example understanding or being understood in section Screener)

Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

1 No - no difficulty  
2 Yes - some difficulty  
3 Yes - a lot of difficulty  
4 Cannot do at all  
98 I prefer not to respond  
99 I don't know

**IF sc001a IN (3,4) OR sc001b IN (3,4) OR sc001c IN (3,4) OR sc001d IN (3,4) OR sc001e IN (3,4) OR sc001f IN (3,4) THEN**

**| eligible := '1'**

**END OF IF**

**sc002** (how often feel worried, nervous or anxious in section Screener)

How often do you feel worried, nervous or anxious?

1 Daily  
2 Weekly  
3 Monthly  
4 A few times a year

5 Never  
98 I prefer not to respond  
99 I don't know

**IF not(sc002 IN (5,6,7)) THEN**

**sc003** (level of worried, nervous or anxious in section Screener)  
Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings?

1 A little  
2 A lot  
3 Somewhere in between a little and a lot  
98 I prefer not to respond  
99 I don't know

**IF sc002 = 1 OR sc003 = 2 THEN**

eligible := '1'

**END OF IF**

**END OF IF**

**sc004** (how often feel depressed in section Screener)  
How often do you feel depressed?

1 Daily  
2 Weekly  
3 Monthly  
4 A few times a year  
5 Never  
98 I prefer not to respond  
99 I don't know

**IF not(sc004 IN (5,6,7)) THEN**

**sc005** (level of depressed in section Screener)  
Thinking about the last time you felt depressed, how would you describe the level of these feelings?

1 A little  
2 A lot  
3 Somewhere in between a little and a lot  
98 I prefer not to respond  
99 I don't know

**IF sc004 = 1 OR sc005 = 2 THEN**

eligible := '1'

**END OF IF**

END OF IF

**sc006** (consider to be person with disability in section Screener)

Do you consider yourself to be a person with a disability?

1 Yes

2 No

98 I prefer not to respond

99 I don't know

IF **sc006** = 1 THEN

eligible := '1'

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**sc007** (how be person with disability in section Screener)

Please indicate how you self-identify (select all that apply):

1 Person living with a physical disability

2 Person living with a learning disability

3 Person living with a mental and/or psychological disability

4 Person living with a vision disability

5 Person living with a hearing disability

6 Person with an intellectual disability

7 Person with a developmental disability

8 Person living with a disability not listed above, please describe:

9 I prefer not to respond

**sc007.other** (other how be person with disability in section Screener)

STRING

END OF GROUP

END OF IF

**sc008** (receive Social Security Disability Benefits in section Screener)

Do you receive **disability benefits from Social Security**?

1 Yes

2 No

98 I prefer not to respond

99 I don't know

IF **sc008** = 1 THEN

eligible := '1'

**sc008a** (which program receive Social Security Disability Benefits in section Screener)

Do you know if the benefits are from the **Social Security Disability Insurance** or the **Supplemental Security Income** program?

```

1 Social Security Disability Insurance
2 Supplemental Security Income
3 I receive Social Security Disability Insurance and Supplemental Security Income
98 I prefer not to respond
99 I don't know

```

**END OF IF**

```

screener_end := date("Y-m-d H:i:s")
screener_time := strtotime(screener_end) - strtotime(screener_begin)

```

End of section **Screener**

**IF numberofcompletes = EMPTY THEN**

```

numberofcompletes := getNumberOfCompletes()

```

**END OF IF**

*/\* If a respondent is eligible for a follow up (as determined by the screener questions, indicated by variable eligible), they are asked about the items that people with disabilities use for getting around, personal care, work, school, leisure, or community life; as well as collecting information on whether people with disabilities need these items, but don't use them.*

*Note: A cap of n=2905 was placed on the number of respondents who could answer the follow up questions. However, that cap was not reached.*

*If the follow up questions are asked, the answers for the different blocks are stored as follows:*

- *Mobility variables: start with mb\* and ms\* (the ms\* variables are for services follow up questions).*
- *Assistive variables: start with as\**
- *Vision variables: start with vs\**
- *Hearing variables: start with hr\* and hrs\**
- *Personal services variables: start with ps\**
- *Interior modification variables: start with md\* and mds\**
- *Exterior modification variables: start with emd\**
- *Health services variables: start with he\**
- *Health goods variables: start with heg\**

- General goods variables: start with ge\*

Each of the select all that apply questions we ask appear in the data as a series of binary variables indicating if that option was selected or not. For example, mb001s1 to mb001s98 are those for the first mobility goods and services question. There is an accompanying variable mb001 which is a string containing all selected options separated by “-”.

If follow ups are asked, these are then captured in variables ending in:

- 001a: paid item or service out of pocket
- 001b: number of items/number of times service gotten
- 002c: number of items/number of times service would have gotten (in addition to what R indicated they are using right now)
- 002d: amount would pay for item/service if would have gotten (in addition to what R indicated they are using right now)
- 003c: number of items/number of times service would have gotten (when R indicated they are not using anything right now)
- 003d: amount would pay for item/service if would have gotten (when R indicated they are not using anything right now)

Follow up variables have an index indicator linking them to the option to which they correspond. For example, he003d\_amount\_1\_ correspond to the amount needed for the first option selected in he003d.

Note: if no one has selected an option yet in the main questions, then no follow up variables will exist with that index. For example, if he003d only options 1, 2 and 5 have been selected, those are the only he003d\_amount variables that exist in the data set.

\*/

IF eligible = 1 AND numberofcompletes < 1501 THEN

survey\_begin := date("Y-m-d H:i:s")

Start of section **Mobility**

**mb\_intro** (Section Mobility)

We want to know if you use any items to help you get around (or if you don't use them but need them) because of your disability or health condition. **Consider what you use or need for personal care, working, going to school, leisure, or community life.**

Fill code of question FLCheckAll executed

Fill code of question FLNeed executed

Fill code of question FLUse executed

Fill code of question FLMore executed

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**mb001\_dummy** (currently use to get around in section Mobility)

Do you currently (use) any of these items to help you get around?( Check all that apply.)

1 Manual or power wheelchair OR:

2 Mobility scooter OR:

3 Vehicle modifications, such as hand controls, ramps, raised roofs OR:

4 Repair to wheelchair, scooter, accessible vehicle, other OR:

5 Orthoses, braces, splints, artificial limbs OR:

6 Assistive walking devices, such as crutches, walkers OR:

7 Service animal for assisted mobility OR:

8 Care for service animal OR:

9 Other assistive mobility-related things you use OR:

98 I currently do not use any of these things

#### END OF GROUP

mb001 := mb001\_dummy

#### IF 9 IN mb001 THEN

**mb001\_other** (other currently use to get around in section Mobility)

What other items do you use to get around?

STRING

#### END OF IF

#### IF mb001 = RESPONSE AND mb001 != 98 THEN

LOOP FROM 1 TO 9

#### IF cnt IN mb001 THEN

mb\_index := cnt

Fill code of question FL\_mb001(mb\_index) executed

#### IF mb\_index IN (4,8) THEN

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**ms001a** (mobility services pay for item out-of-pocket in section Mobility)

When you last got this service ((**Manual or power wheelchair/Mobility scooter/Vehicle modifications, such as hand controls, ramps, raised roof/Repair to wheelchair, scooter, accessible vehicle, other/Orthoses, braces, splints, artificial limbs/Assistive walking devices, such as crutches, walkers/Service animal for assisted mobility/Care for service an-**



imal/^mb001\_other)), did you or your family pay for it out-of-pocket?

- 1 We paid some or all ourselves
- 2 We didn't pay anything ourselves
- 3 I don't know

END OF GROUP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**ms001b** (mobility services number of months in past 12 months in section Mobility)

In the past 12 months, how often did you use this service ((**Manual or power wheelchair/Mobility scooter/Vehicle modifications, such as hand controls, ramps, raised roof/Repair to wheelchair, scooter, accessible vehicle, other/Orthoses, braces, splints, artificial limbs/Assistive walking devices, such as crutches, walkers/Service animal for assisted mobility/Care for service animal/^mb001\_other**))? A rough estimate is fine.

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4
- 5 I don't know

**ms001b\_times** (mobility services number of times in past 12 months in section Mobility)

STRING

END OF GROUP

IF ms001a(mb\_index) = 1 THEN

Fill code of question FL\_ms\_period(mb\_index) executed

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**ms001a\_amount** (mobility services amount pay for service in section Mobility)

How much did you pay (**per day/per week/per month/each time**) for this service ((**Manual or power wheelchair/Mobility scooter/Vehicle modifications, such as hand controls, ramps, raised roof/Repair to wheelchair, scooter, accessible vehicle, other/Orthoses, braces, splints, artificial limbs/Assistive walking devices, such as crutches, walkers/Service animal for assisted mobility/Care for service animal/^mb001\_other**)). A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**ms001a.amount.dk** (don't know mobility services amount paid in section Mobility)

OR

1 I don't know

END OF GROUP

END OF IF

ELSE

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**mb001a** (mobility things pay for item out-of-pocket in section Mobility)

When you last got this item(s) ((**Manual or power wheelchair/Mobility scooter/Vehicle modifications, such as hand controls, ramps, raised roof/Repair to wheelchair, scooter, accessible vehicle, other/Orthoses, braces, splints, artificial limbs/Assistive walking devices, such as crutches, walkers/Service animal for assisted mobility/Care for service animal/~mb001.other**)), did you or your family pay for it yourselves?

1 We paid some or all ourselves

2 We didn't pay anything ourselves

3 I don't know

END OF GROUP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**mb001b** (mobility things how many of items get in past 12 months in section Mobility)

How many of these items ((**Manual or power wheelchair/Mobility scooter/Vehicle modifications, such as hand controls, ramps, raised roof/Repair to wheelchair, scooter, accessible vehicle, other/Orthoses, braces, splints, artificial limbs/Assistive walking devices, such as crutches, walkers/Service animal for assisted mobility/Care for service animal/~mb001.other**)) did you get in the past 12 months? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**mb001b.dk** (don't know mobility goods how many of items get in past year in section Mobility)

OR

1 I don't know

END OF GROUP

IF mb001a(mb\_index) = 1 THEN

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**mb001a.amount** (mobility things how much pay for item in section Mobility)  
Think about the last time you got this item(s) ((**Manual or power wheelchair/Mobility scooter/Vehicle modifications, such as hand controls, ramps, raised roof/Repair to wheelchair, scooter, accessible vehicle, other/Orthoses, braces, splints, artificial limbs/Assistive walking devices, such as crutches, walkers/Service animal for assisted mobility/Care for service animal/**^mb001.other)). How much did you or your family pay for it in total? A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**mb001a.amount\_dk** (don't know mobility goods amount paid in section Mobility)  
OR  
1 I don't know

END OF GROUP

END OF IF

END OF IF

END OF IF

END OF LOOP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**mb002.dummy** (what need to get around in section Mobility)  
In addition to what you use, do you think you (need) any other items to get around?  
Which ones?( Check all that apply.)  
1 Manual or power wheelchair OR:  
2 Mobility scooter OR:  
3 Vehicle modifications, such as hand controls, ramps, raised roofs OR:  
4 Repair to wheelchair, scooter, accessible vehicle, other OR:  
5 Orthoses, braces, splints, artificial limbs OR:  
6 Assistive walking devices, such as crutches, walkers OR:  
7 Service animal for assisted mobility OR:  
8 Care for service animal OR:  
9 Other assistive mobility-related things you use OR:

| 98 I do not need any of these things

END OF GROUP

mb002 := mb002.dummy

IF 9 IN mb002 THEN

**mb002.other** (specify what other need to get around in section Mobility)

What other items do you need to get around?

STRING

END OF IF

LOOP FROM 1 TO 9

IF cnt IN mb002 THEN

mb\_index := cnt

Fill code of question FL\_mb002(mb\_index) executed

IF mb\_index IN (4,8) THEN

**ms002c** (mobility services why not have it in section Mobility)

Why don't you have it ((**Manual or power wheelchair/Mobility scooter/Vehicle modifications, such as hand controls, ramps, raised roof/Repair to wheelchair, scooter, accessible vehicle, other/Orthoses, braces, splints, artificial limbs/Assistive walking devices, such as crutches, walkers/Service animal for assisted mobility/Care for service animal/^mb002.other**))? ( Check all that apply.)

- 1 It costs too much money
- 2 It is not available to buy
- 3 I didn't know about it until now
- 4 Other reason

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**ms002e** (mobility services how often use in section Mobility)

In the next 12 months, how often do you think you would use this service ((**Manual or power wheelchair/Mobility scooter/Vehicle modifications, such as hand controls, ramps, raised roof/Repair to wheelchair, scooter, accessible vehicle, other/Orthoses, braces, splints, artificial limbs/Assistive walking devices, such as crutches, walkers/Service animal for assisted mobility/Care for service animal/^mb002.other**)))? A rough estimate is fine.

- 1 Daily
- 2 Weekly
- 3 Monthly

4

5 I don't know

**ms002e.times** (mobility services number of times in past 12 months in section Mobility)  
STRING

END OF GROUP

IF 1 IN ms002c(mb\_index) THEN

Fill code of question FL\_ms\_period.2e(mb\_index) executed

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**ms002d.amount** (mobility services how much needed for service in section Mobility)

How much do you think you would pay (**per day/per week/per month/each time**) for this service ((**Manual or power wheelchair/Mobility scooter/Vehicle modifications, such as hand controls, ramps, raised roof/Repair to wheelchair, scooter, accessible vehicle, other/Orthoses, braces, splints, artificial limbs/Assistive walking devices, such as crutches, walkers/Service animal for assisted mobility/Care for service animal/~mb002\_other**))? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**ms002d.amount\_dk** (don't know mobility services amount needed in section Mobility)

OR

1 I don't know

END OF GROUP

END OF IF

IF 4 IN ms002c(mb\_index) THEN

**ms002c.other** (other mobility services why not have it in section Mobility)

What is the other reason you don't you have it ((**Manual or power wheelchair/Mobility scooter/Vehicle modifications, such as hand controls, ramps, raised roof/Repair to wheelchair, scooter, accessible vehicle, other/Orthoses, braces, splints, artificial limbs/Assistive walking devices, such as crutches, walkers/Service animal for assisted mobility/Care for service animal/~mb002\_other**)))?

| STRING

END OF IF

ELSE

**mb002c** (mobility things why not have it in section Mobility)

Why don't you have it ((**Manual or power wheelchair/Mobility scooter/Vehicle modifications, such as hand controls, ramps, raised roof/Repair to wheelchair, scooter, accessible vehicle, other/Orthoses, braces, splints, artificial limbs/Assistive walking devices, such as crutches, walkers/Service animal for assisted mobility/Care for service animal/mb002\_other**))? ( Check all that apply.)

- 1 It costs too much money
- 2 It is not available to buy
- 3 I didn't know about it until now
- 4 Other reason

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**mb002e** (mobility goods how many use in section Mobility)

How many of these item(s) ((**Manual or power wheelchair/Mobility scooter/Vehicle modifications, such as hand controls, ramps, raised roof/Repair to wheelchair, scooter, accessible vehicle, other/Orthoses, braces, splints, artificial limbs/Assistive walking devices, such as crutches, walkers/Service animal for assisted mobility/Care for service animal/mb002\_other**)) would you use in a year? A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**mb002e.dk** (don't know mobility goods how many use in section Mobility)  
OR

- 1 I don't know

END OF GROUP

IF 1 IN mb002c(mb.index) THEN

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**mb002d.amount** (mobility goods how much one item in section Mobility)

How much do you think it would cost you or your family to pay for **one** of these item(s) ((**Manual or power wheelchair/Mobility scooter/Vehicle modifications, such as hand controls, ramps, raised roof/Repair to wheelchair, scooter, accessible vehicle, other/Orthoses, braces, splints, artificial**

**limbs/Assistive walking devices, such as crutches, walkers/Service animal for assisted mobility/Care for service animal/mb002.other))** in total? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**mb002d.amount.dk** (don't know mobility goods amount needed in section Mobility)

OR

1 I don't know

END OF GROUP

END OF IF

IF 4 IN mb002c(mb.index) THEN

**mb002c.other** (other mobility things why not have it in section Mobility)

What is the other reason you don't you have it ((**Manual or power wheelchair/Mobility scooter/Vehicle modifications, such as hand controls, ramps, raised roof/Repair to wheelchair, scooter, accessible vehicle, other/Orthoses, braces, splints, artificial limbs/Assistive walking devices, such as crutches, walkers/Service animal for assisted mobility/Care for service animal/mb002.other**))?

STRING

END OF IF

END OF IF

END OF IF

END OF LOOP

ELSE

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**mb003.dummy** (what need mobility items in section Mobility)

You indicated that you do not use any items to help you get around. Do you think you (need) any of these?( Check all that apply.)

1 Manual or power wheelchair OR:

2 Mobility scooter OR:

3 Vehicle modifications, such as hand controls, ramps, raised roofs OR:

4 Repair to wheelchair, scooter, accessible vehicle, other OR:

5 Orthoses, braces, splints, artificial limbs OR:

6 Assistive walking devices, such as crutches, walkers OR:

7 Service animal for assisted mobility OR:

8 Care for service animal OR:  
9 Other assistive mobility-related things you use OR:  
98 I do not need any of these things

#### END OF GROUP

mb003 := mb003\_dummy

#### IF 9 IN mb003 THEN

**mb003.other** (specify other need to get around in section Mobility)  
What other items do you need to get around?  
STRING

#### END OF IF

#### LOOP FROM 1 TO 9

#### IF cnt IN mb003 THEN

mb\_index := cnt  
Fill code of question FL\_mb003(mb\_index) executed

#### IF mb\_index IN (4,8) THEN

**ms003c** (mobility services why not have it in section Mobility)  
Why don't you have it ((**Manual or power wheelchair/Mobility scooter/Vehicle modifications, such as hand controls, ramps, raised roof/Repair to wheelchair, scooter, accessible vehicle, other/Orthoses, braces, splints, artificial limbs/Assistive walking devices, such as crutches, walkers/Service animal for assisted mobility/Care for service animal/^mb003.other**))? ( Check all that apply.)  
1 It costs too much money  
2 It is not available to buy  
3 I didn't know about it until now  
4 Other reason

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**ms003e** (mobility services how often use in section Mobility)  
In the next 12 months, how often do you think you would use this service ((**Manual or power wheelchair/Mobility scooter/Vehicle modifications, such as hand controls, ramps, raised roof/Repair to wheelchair, scooter, accessible vehicle, other/Orthoses, braces, splints, artificial limbs/Assistive walking devices, such as crutches, walkers/Service animal for assisted mobility/Care for service animal/^mb003.other**))? A rough estimate is fine.  
1 Daily



2 Weekly  
3 Monthly  
4  
5 I don't know

**ms003e.times** (mobility services number of times in past 12 months in section Mobility)  
STRING

END OF GROUP

IF 1 IN ms003c(mb\_index) THEN

Fill code of question FL\_ms\_period.3e(mb\_index) executed

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**ms003d.amount** (mobility services how much needed for service in section Mobility)

How much do you think you would pay (per day/per week/per month/each time) for this service ((Manual or power wheelchair/Mobility scooter/Vehicle modifications, such as hand controls, ramps, raised roof/Repair to wheelchair, scooter, accessible vehicle, other/Orthoses, braces, splints, artificial limbs/Assistive walking devices, such as crutches, walkers/Service animal for assisted mobility/Care for service animal/~mb003\_other))? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**ms003d.amount.dk** (don't know mobility services amount needed in section Mobility)

OR

1 I don't know

END OF GROUP

END OF IF

IF 4 IN ms003c(mb\_index) THEN

**ms003c.other** (other mobility services why not have it in section Mobility)

What is the other reason you don't you have it ((Manual or power wheelchair/Mobility scooter/Vehicle modifications, such as hand controls, ramps, raised roof/Repair to wheelchair, scooter, accessible vehicle, other/Orthoses, braces, splints, artificial limbs/Assistive walking devices, such as crutches, walkers/Service animal for assisted mobility/Care

for service animal/^mb003\_other))?  
STRING

END OF IF

ELSE

**mb003c** (mobility things why not have it in section Mobility)  
Why don't you have it ((Manual or power wheelchair/Mobility scooter/Vehicle modifications, such as hand controls, ramps, raised roof/Repair to wheelchair, scooter, accessible vehicle, other/Orthoses, braces, splints, artificial limbs/Assistive walking devices, such as crutches, walkers/Service animal for assisted mobility/Care for service animal/^mb003\_other))?( Check all that apply.)  
1 It costs too much money  
2 It is not available to buy  
3 I didn't know about it until now  
4 Other reason

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**mb003e** (mobility goods how many use in section Mobility)  
How many of these item(s) ((Manual or power wheelchair/Mobility scooter/Vehicle modifications, such as hand controls, ramps, raised roof/Repair to wheelchair, scooter, accessible vehicle, other/Orthoses, braces, splints, artificial limbs/Assistive walking devices, such as crutches, walkers/Service animal for assisted mobility/Care for service animal/^mb003\_other)) would you use in a year? A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**mb003e.dk** (don't know mobility goods how many use in section Mobility)  
OR  
1 I don't know

END OF GROUP

IF 1 IN mb003c(mb.index) THEN

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**mb003d.amount** (mobility goods how much one item in section Mobility)  
How much do you think it would cost you or your family to pay for **one** of these item(s) ((Manual or power wheelchair/Mobility scooter/Vehicle modifications, such as hand controls, ramps, raised roof/Repair to wheelchair,

```

scooter, accessible vehicle, other/Orthoses, braces, splints, artificial
limbs/Assistive walking devices, such as crutches, walkers/Service
animal for assisted mobility/Care for service animal/^mb003_other)) in
total? A rough estimate is fine.
NUMBER (NO DECIMALS ALLOWED)

mb003d_amount_dk (don't know mobility goods amount needed in sec-
tion Mobility)
OR
1 I don't know

END OF GROUP

END OF IF

IF 4 IN mb003c(mb_index) THEN

    mb003c_other (other mobility things why not have it in section Mobility)
    What is the other reason you don't you have it ((Manual or power
    wheelchair/Mobility scooter/Vehicle modifications, such as hand con-
    trols, ramps, raised roof/Repair to wheelchair, scooter, accessible vehi-
    cle, other/Orthoses, braces, splints, artificial limbs/Assistive walking de-
    vices, such as crutches, walkers/Service animal for assisted mobility/Care
    for service animal/^mb003_other))?
    STRING

END OF IF

END OF IF

END OF IF

END OF LOOP
END OF IF

End of section Mobility

END OF IF

IF eligible = 1 AND numberofcompletes < 1501 THEN
    Start of section Assistive

    as_intro (Section Assistive)

```

We want to know if you use any other assistive goods and technologies (or if you don't use them but need them) because of your disability or health condition. **Consider what you use or need for getting around, personal care, working, going to school, leisure, or community life.**

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**as001\_dummy** (assistive currently use in section Assistive)

Do you currently (use) any of these assistive goods and technologies?( Check all that apply.)

- 1 Special tools for dressing, cooking or eating OR:
- 2 Computer accessories, such as expanded keyboards or eye gaze tracking devices OR:
- 3 Sitting or standing supports, such as postural supports, standing frame, or shower chair OR:
- 4 Wheelchair accessories, such as mobile arm supports or carrying bag OR:
- 5 Sports equipment, such as adaptive bikes or wheelchairs OR:
- 6 Communication devices, such as artificial larynx or fluency aids like SpeechEasy OR:
- 7 Communication software, such as speech generating software or letter boards OR:
- 8 Sensory aids, such as fidgets, chewelry, stim toys, weighted blankets OR:
- 9 Other assistive goods and technologies OR:
- 98 I currently do not use any of these things

#### END OF GROUP

as001 := as001\_dummy

#### IF 9 IN as001 THEN

**as001\_other** (assistive other currently use in section Assistive)

What other **assistive goods and technologies** do you currently use?

STRING

#### END OF IF

#### IF as001 = RESPONSE AND as001 != 98 THEN

LOOP FROM 1 TO 9

#### IF cnt IN as001 THEN

as\_index := cnt

Fill code of question FL\_as001(as\_index) executed

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**as001a** (assistive did you or your family pay for item out-of-pocket in section Assistive)

When you last got this item(s) ((**Special tools for dressing, cooking or eating/Computer accessories, such as expanded keyboards or eye gaze tracking devices/Sitting or standing supports, such as postural supports, standing frame, or shower chair/Wheelchair accessories, such as mobile arm supports or carrying bag/Sports equipment, such as adaptive bikes or wheelchairs/Communication devices, such as artificial larynx or fluency aids like SpeechEasy/Communication software, such as speech generating software or letter boards/Sensory aids, such as fidgets, chewelry, stim toys, weighted blankets/**^as001\_other)), did you or your family pay for it yourselves?

- 1 We paid some or all ourselves
- 2 We didn't pay anything ourselves
- 3 I don't know

END OF GROUP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**as001b** (assistive how many of items get in past 12 months in section Assistive)

How many of these items ((**Special tools for dressing, cooking or eating/Computer accessories, such as expanded keyboards or eye gaze tracking devices/Sitting or standing supports, such as postural supports, standing frame, or shower chair/Wheelchair accessories, such as mobile arm supports or carrying bag/Sports equipment, such as adaptive bikes or wheelchairs/Communication devices, such as artificial larynx or fluency aids like SpeechEasy/Communication software, such as speech generating software or letter boards/Sensory aids, such as fidgets, chewelry, stim toys, weighted blankets/**^as001\_other)) did you get in the past 12 months? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**as001b\_dk** (don't know assistive how many of items get in past year in section Assistive)

OR

- 1 I don't know

END OF GROUP

IF as001a(as\_index) = 1 THEN

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**as001a\_amount** (assistive amount how much did you or your family pay for item in section Assistive)

Think about the last time you got this item(s) ((**Special tools for dressing, cooking or eating/Computer accessories, such as expanded keyboards or eye gaze tracking devices/Sitting or standing supports, such as postural supports, standing frame, or shower chair/Wheelchair accessories, such as mobile arm supports or carrying bag/Sports equipment, such as adaptive bikes or wheelchairs/Communication devices, such as artificial larynx or fluency aids like SpeechEasy/Communication software, such as speech generating software or letter boards/Sensory aids, such as fidgets, chewelry, stim toys, weighted blankets/`as001\_other**)). How much did you or your family pay for it in total? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**as001a\_amount\_dk** (don't know assistive amount paid in section Assistive)

OR

1 I don't know

END OF GROUP

END OF IF

END OF IF

END OF LOOP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**as002\_dummy** (assistive what other need in section Assistive)

In addition to what you use, do you think you (need) any other assistive goods and technologies? Which ones?( Check all that apply.)

1 Special tools for dressing, cooking or eating OR:

2 Computer accessories, such as expanded keyboards or eye gaze tracking devices OR:

3 Sitting or standing supports, such as postural supports, standing frame, or shower chair OR:

4 Wheelchair accessories, such as mobile arm supports or carrying bag OR:

5 Sports equipment, such as adaptive bikes or wheelchairs OR:

6 Communication devices, such as artificial larynx or fluency aids like SpeechEasy OR:

7 Communication software, such as speech generating software or letter boards OR:

8 Sensory aids, such as fidgets, chewelry, stim toys, weighted blankets OR:

9 Other assistive goods and technologies OR:

| 98 I do not need any of these things

#### END OF GROUP

as002 := as002\_dummy

#### IF 9 IN as002 THEN

**as002\_other** (assistive other assistive goods and technologies need in section Assistive)

What other **assistive goods and technologies** do you need?

STRING

#### END OF IF

#### LOOP FROM 1 TO 9

#### IF cnt IN as002 THEN

as\_index := cnt

Fill code of question FL\_as002(as\_index) executed

**as002c** (assistive why not have it in section Assistive)

Why don't you have it ((**Special tools for dressing, cooking or eating/Computer accessories, such as expanded keyboards or eye gaze tracking devices/Sitting or standing supports, such as postural supports, standing frame, or shower chair/Wheelchair accessories, such as mobile arm supports or carrying bag/Sports equipment, such as adaptive bikes or wheelchairs/Communication devices, such as artificial larynx or fluency aids like SpeechEasy/Communication software, such as speech generating software or letter boards/Sensory aids, such as fidgets, chewelry, stim toys, weighted blankets/~as002\_other**))?( Check all that apply.)

- 1 It costs too much money
- 2 It is not available to buy
- 3 I didn't know about it until now
- 4 Other reason

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**as002e** (assistive goods how many use in section Assistive)

How many of these item(s) ((**Special tools for dressing, cooking or eating/Computer accessories, such as expanded keyboards or eye gaze tracking devices/Sitting or standing supports, such as postural supports, standing frame, or shower chair/Wheelchair accessories, such as mobile arm supports or carrying bag/Sports equipment, such as adaptive bikes or wheelchairs/Communication devices, such as artificial larynx or fluency aids like SpeechEasy/Communication software, such as speech generating**

**software or letter boards/Sensory aids, such as fidgets, chewelry, stim toys, weighted blankets/^as002\_other))** would you use in a year? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**as002e\_dk** (don't know assistive goods how many use in section Assistive)

OR

1 I don't know

END OF GROUP

IF 1 IN as002c(as\_index) THEN

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**as002d\_amount** (assistive how much needed for item in section Assistive)

How much do you think it would cost you or your family to pay for **one** of these item(s) ((**Special tools for dressing, cooking or eating/Computer accessories, such as expanded keyboards or eye gaze tracking devices/Sitting or standing supports, such as postural supports, standing frame, or shower chair/Wheelchair accessories, such as mobile arm supports or carrying bag/Sports equipment, such as adaptive bikes or wheelchairs/Communication devices, such as artificial larynx or fluency aids like SpeechEasy/Communication software, such as speech generating software or letter boards/Sensory aids, such as fidgets, chewelry, stim toys, weighted blankets/^as002\_other))** in total? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**as002d\_amount\_dk** (don't know assistive amount needed in section Assistive)

OR

1 I don't know

END OF GROUP

END OF IF

IF 4 IN as002c(as\_index) THEN

**as002c\_other** (other assistive why not have it in section Assistive)

What is the other reason you don't you have it ((**Special tools for dressing, cooking or eating/Computer accessories, such as expanded keyboards or eye gaze tracking devices/Sitting or standing supports, such as postural supports, standing frame, or shower chair/Wheelchair accessories, such as mobile arm supports or carrying bag/Sports equipment, such as adaptive bikes**



or wheelchairs/Communication devices, such as artificial larynx or fluency aids like SpeechEasy/Communication software, such as speech generating software or letter boards/Sensory aids, such as fidgets, chewelry, stim toys, weighted blankets/^as002\_other))?

STRING

END OF IF

END OF IF

END OF LOOP

ELSE

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**as003\_dummy** (what need assistive in section Assistive)

You indicated that you do not use any assistive goods and technologies. Do you think you (need) any of these?( Check all that apply.)

1 Special tools for dressing, cooking or eating OR:

2 Computer accessories, such as expanded keyboards or eye gaze tracking devices OR:

3 Sitting or standing supports, such as postural supports, standing frame, or shower chair OR:

4 Wheelchair accessories, such as mobile arm supports or carrying bag OR:

5 Sports equipment, such as adaptive bikes or wheelchairs OR:

6 Communication devices, such as artificial larynx or fluency aids like SpeechEasy OR:

7 Communication software, such as speech generating software or letter boards OR:

8 Sensory aids, such as fidgets, chewelry, stim toys, weighted blankets OR:

9 Other assistive goods and technologies OR:

98 I do not need any of these things

END OF GROUP

as003 := as003\_dummy

IF 9 IN as003 THEN

**as003\_other** (other need assistive goods and technologies in section Assistive)

What other **assistive goods and technologies** do you need?

STRING

END OF IF

LOOP FROM 1 TO 9

IF cnt IN as003 THEN

as\_index := cnt

Fill code of question FL\_as003(as\_index) executed

**as003c** (assistive why not have it in section Assistive)

Why don't you have it ((**Special tools for dressing, cooking or eating/Computer accessories, such as expanded keyboards or eye gaze tracking devices/Sitting or standing supports, such as postural supports, standing frame, or shower chair/Wheelchair accessories, such as mobile arm supports or carrying bag/Sports equipment, such as adaptive bikes or wheelchairs/Communication devices, such as artificial larynx or fluency aids like SpeechEasy/Communication software, such as speech generating software or letter boards/Sensory aids, such as fidgets, chewelry, stim toys, weighted blankets/~as003\_other**))? (Check all that apply.)

- 1 It costs too much money
- 2 It is not available to buy
- 3 I didn't know about it until now
- 4 Other reason

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**as003e** (assistive goods how many use in section Assistive)

How many of these item(s) ((**Special tools for dressing, cooking or eating/Computer accessories, such as expanded keyboards or eye gaze tracking devices/Sitting or standing supports, such as postural supports, standing frame, or shower chair/Wheelchair accessories, such as mobile arm supports or carrying bag/Sports equipment, such as adaptive bikes or wheelchairs/Communication devices, such as artificial larynx or fluency aids like SpeechEasy/Communication software, such as speech generating software or letter boards/Sensory aids, such as fidgets, chewelry, stim toys, weighted blankets/~as003\_other**)) would you use in a year? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**as003e.dk** (don't know assistive goods how many use in section Assistive)

OR

- 1 I don't know

#### END OF GROUP

IF 1 IN as003c(as\_index) THEN

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**as003d\_amount** (assistive how much needed for item in section Assistive)

How much do you think it would cost you or your family to pay for **one** of these item(s) ((**Special tools for dressing, cooking or eating/Computer accessories, such as expanded keyboards or eye gaze tracking devices/Sitting or standing supports, such as postural supports, standing frame, or shower chair/Wheelchair accessories, such as mobile arm supports or carrying bag/Sports equipment, such as adaptive bikes or wheelchairs/Communication devices, such as artificial larynx or fluency aids like SpeechEasy/Communication software, such as speech generating software or letter boards/Sensory aids, such as fidgets, chewelry, stim toys, weighted blankets/**^as003\_other)) in total? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**as003d\_amount\_dk** (don't know assistive amount needed in section Assistive)

OR

1 I don't know

END OF GROUP

END OF IF

IF 4 IN as003c(as\_index) THEN

**as003c\_other** (other assistive why not have it in section Assistive)

What is the other reason you don't you have it ((**Special tools for dressing, cooking or eating/Computer accessories, such as expanded keyboards or eye gaze tracking devices/Sitting or standing supports, such as postural supports, standing frame, or shower chair/Wheelchair accessories, such as mobile arm supports or carrying bag/Sports equipment, such as adaptive bikes or wheelchairs/Communication devices, such as artificial larynx or fluency aids like SpeechEasy/Communication software, such as speech generating software or letter boards/Sensory aids, such as fidgets, chewelry, stim toys, weighted blankets/**^as003\_other))?

STRING

END OF IF

END OF IF

END OF LOOP

END OF IF

End of section **Assistive**

END OF IF

IF eligible = 1 AND numberofcompletes < 1501 THEN

Start of section **Vision**

IF sc001a IN (2,3,4) OR (sc006 = 1 AND 4 IN sc007) THEN

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**vs001\_dummy** (vision currently use in section Vision)

Do you currently (use) any of these vision-related assistive goods and technologies?(  
Check all that apply.)

1 High tech vision-related software, such as screen readers OR:

2 High tech vision-related hardware, such as writing electronic braille displays and  
magnifiers OR:

3 Low tech vision related items, such as high contrast markers, bump dots OR:

4 Long white cane including cane tips OR:

5 Other vision related-goods OR:

98 I currently do not use any of these things

END OF GROUP

vs001 := vs001\_dummy

IF 5 IN vs001 THEN

**vs001\_other** (vision other currently use in section Vision)

What other **vision-related assistive goods and technologies** do you currently use?

STRING

END OF IF

IF vs001 = RESPONSE AND vs001 != 98 THEN

LOOP FROM 1 TO 5

IF cnt IN vs001 THEN

vs\_index := cnt

Fill code of question FL\_vs001(vs\_index) executed

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**vs001a** (vision pay for item out-of-pocket in section Vision)

When you last got this item(s) ((**High tech vision-related software, such as screen readers/High tech vision-related hardware, such as writing electronic braille displays and magnifiers/Low tech vision related items, such as high contrast markers, bump dots/Long white cane including cane tips/^vs001\_other**)), did you or your family pay for it yourselves?

- 1 We paid some or all ourselves
- 2 We didn't pay anything ourselves
- 3 I don't know

END OF GROUP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**vs001b** (vision how many of items get in past 12 months in section Vision)

How many of these items ((**High tech vision-related software, such as screen readers/High tech vision-related hardware, such as writing electronic braille displays and magnifiers/Low tech vision related items, such as high contrast markers, bump dots/Long white cane including cane tips/^vs001\_other**)) did you get in the past 12 months? A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**vs001b\_dk** (don't know vision goods how many of items get in past year in section Vision)

OR

- 1 I don't know

END OF GROUP

IF vs001a(vs\_index) = 1 THEN

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**vs001a\_amount** (vision amount how much did you or your family pay for item in section Vision)

Think about the last time you got this item(s) ((**High tech vision-related software, such as screen readers/High tech vision-related hardware, such as writing electronic braille displays and magnifiers/Low tech vision related items, such as high contrast markers, bump dots/Long white cane including cane tips/^vs001\_other**)). How much did you or your family pay for it in total? A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**vs001a\_amount\_dk** (don't know vision goods amount paid in section Vision)

OR  
1 I don't know

END OF GROUP

END OF IF

END OF IF

END OF LOOP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**vs002\_dummy** (assistive what other need in section Vision)

In addition to what you use, do you think you (need) any other vision-related assistive goods and technologies? Which ones?( Check all that apply.)

- 1 High tech vision-related software, such as screen readers OR:
- 2 High tech vision-related hardware, such as writing electronic braille displays and magnifiers OR:
- 3 Low tech vision related items, such as high contrast markers, bump dots OR:
- 4 Long white cane including cane tips OR:
- 5 Other vision related-goods OR:
- 98 I do not need any of these things

END OF GROUP

vs002 := vs002\_dummy

IF 5 IN vs002 THEN

**vs002\_other** (vision other need in section Vision)

What other **vision-related assistive goods and technologies** do you need?

STRING

END OF IF

LOOP FROM 1 TO 5

IF cnt IN vs002 THEN

vs\_index := cnt

Fill code of question FL\_vs002(vs\_index) executed

**vs002c** (vision why not have it in section Vision)

Why don't you have it ((**High tech vision-related software, such as screen readers/High tech vision-related hardware, such as writing electronic braille**

**displays and magnifiers/Low tech vision related items, such as high contrast markers, bump dots/Long white cane including cane tips/^vs002\_other))?(**

Check all that apply.)

- 1 It costs too much money
- 2 It is not available to buy
- 3 I didn't know about it until now
- 4 Other reason

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**vs002e** (vision goods how many use in section Vision)

How many of these item(s) ((**High tech vision-related software, such as screen readers/High tech vision-related hardware, such as writing electronic braille displays and magnifiers/Low tech vision related items, such as high contrast markers, bump dots/Long white cane including cane tips/^vs002\_other**)) would you use in a year? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**vs002e\_dk** (don't know vision goods how many use in section Vision)

OR

- 1 I don't know

#### END OF GROUP

IF 1 IN vs002c(vs\_index) THEN

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**vs002d\_amount** (vision goods how much needed for item in section Vision)

How much do you think it would cost you or your family to pay for **one** of these item(s) ((**High tech vision-related software, such as screen readers/High tech vision-related hardware, such as writing electronic braille displays and magnifiers/Low tech vision related items, such as high contrast markers, bump dots/Long white cane including cane tips/^vs002\_other**)) in total? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**vs002d\_amount\_dk** (don't know vision goods amount needed in section Vision)

OR

- 1 I don't know

#### END OF GROUP

```

END OF IF

IF 4 IN vs002c(vs_index) THEN
    vs002c_other (other vision why not have it in section Vision)
    What is the other reason you don't you have it ((High tech vision-related software, such as screen readers/High tech vision-related hardware, such as writing electronic braille displays and magnifiers/Low tech vision related items, such as high contrast markers, bump dots/Long white cane including cane tips/~vs002_other))?
    STRING
END OF IF

END OF IF

END OF LOOP
ELSE
    GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

    vs003_dummy (what need assistive in section Vision)
    You indicated that you do not use any vision-related assistive goods and technologies. Do you think you (need) any of these?( Check all that apply.)

    1 High tech vision-related software, such as screen readers OR:
    2 High tech vision-related hardware, such as writing electronic braille displays and magnifiers OR:
    3 Low tech vision related items, such as high contrast markers, bump dots OR:
    4 Long white cane including cane tips OR:
    5 Other vision related-goods OR:
    98 I do not need any of these things

    END OF GROUP

    vs003 := vs003_dummy

    IF 5 IN vs003 THEN
        vs003_other (other need vision in section Vision)
        What other vision-related assistive goods and technologies do you need?
        STRING
    END OF IF

    LOOP FROM 1 TO 5

```



IF cnt IN vs003 THEN

vs\_index := cnt

Fill code of question FL\_vs003(vs\_index) executed

**vs003c** (vision why not have it in section Vision)

Why don't you have it ((**High tech vision-related software, such as screen readers/High tech vision-related hardware, such as writing electronic braille displays and magnifiers/Low tech vision related items, such as high contrast markers, bump dots/Long white cane including cane tips/^vs003\_other**))?(

Check all that apply.)

- 1 It costs too much money
- 2 It is not available to buy
- 3 I didn't know about it until now
- 4 Other reason

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**vs003e** (vision goods how many use in section Vision)

How many of these item(s) ((**High tech vision-related software, such as screen readers/High tech vision-related hardware, such as writing electronic braille displays and magnifiers/Low tech vision related items, such as high contrast markers, bump dots/Long white cane including cane tips/^vs003\_other**)) would you use in a year? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**vs003e\_dk** (don't know vision goods how many use in section Vision)

OR

- 1 I don't know

#### END OF GROUP

IF 1 IN vs003c(vs\_index) THEN

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**vs003d\_amount** (vision goods how much needed for item in section Vision)

How much do you think it would cost you or your family to pay for **one** of these item(s) ((**High tech vision-related software, such as screen readers/High tech vision-related hardware, such as writing electronic braille displays and magnifiers/Low tech vision related items, such as high contrast markers, bump dots/Long white cane including cane tips/^vs003\_other**)) in total? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

```

| | | | | vs003d_amount_dk (don't know vision goods amount needed in section
| | | | | Vision)
| | | | | OR
| | | | | 1 I don't know
| | | | |
| | | | | END OF GROUP
| | | | |
| | | | | END OF IF
| | | | |
| | | | | IF 4 IN vs003c(vs_index) THEN
| | | | |
| | | | | vs003c_other (other vision why not have it in section Vision)
| | | | | What is the other reason you don't you have it ((High tech vision-related soft-
| | | | | ware, such as screen readers/High tech vision-related hardware, such as
| | | | | writing electronic braille displays and magnifiers/Low tech vision related
| | | | | items, such as high contrast markers, bump dots/Long white cane includ-
| | | | | ing cane tips/^vs003c_other))?
| | | | | STRING
| | | | |
| | | | | END OF IF
| | | | |
| | | | | END OF IF
| | | | |
| | | | | END OF LOOP
| | | | |
| | | | | END OF IF
| | | | | END OF IF
| | | | |
| | | | | End of section Vision
| | | | |
| | | | |
| | | | | END OF IF
| | | | |
| | | | | IF eligible = 1 AND numberofcompletes < 1501 THEN
| | | | | Start of section Hearing
| | | | |
| | | | | GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN
| | | | |
| | | | | hr001_dummy (hearing currently use in section Hearing)
| | | | | Do you currently (use) any of these hearing-related assistive goods and technologies?(
| | | | | Check all that apply.)
| | | | |
| | | | | 1 Hearing aids OR:
| | | | | 2 Cochlear implant OR:
| | | | | 3 Hearing aid or Cochlear implant repair OR:

```

4 Other hearing related-goods OR:  
98 I currently do not use any of these things

END OF GROUP

hr001 := hr001\_dummy

IF 4 IN hr001 THEN

**hr001\_other** (hearing other currently use in section Hearing)  
What other **hearing-related assistive goods and technologies** do you currently use?  
STRING

END OF IF

IF hr001 = RESPONSE AND hr001 != 98 THEN

LOOP FROM 1 TO 4

IF cnt IN hr001 THEN

hr\_index := cnt  
Fill code of question FL\_hr001(hr\_index) executed

IF cnt = 3 THEN

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**hrs001a** (hearing services pay for item out-of-pocket in section Hearing)  
When you last got this service ((**Hearing aids/Cochlear implant/Hearing aid or Cochlear implant repair/~hr001\_other**)), did you or your family pay for it out-of-pocket?  
1 We paid some or all ourselves  
2 We didn't pay anything ourselves  
3 I don't know

END OF GROUP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**hrs001b** (hearing services number of months in past 12 months in section Hearing)  
In the past 12 months, how often did you use this service ((**Hearing aids/Cochlear implant/Hearing aid or Cochlear implant repair/~hr001\_other**))? A rough estimate is fine.  
1 Daily  
2 Weekly  
3 Monthly

4

5 I don't know

**hrs001b\_times** (health services number of times in past 12 months in section Hearing)  
STRING

END OF GROUP

IF hrs001a(hr\_index) = 1 THEN

Fill code of question FL\_hrs\_period(hr\_index) executed

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**hrs001a\_amount** (hearing services amount pay for item in section Hearing)  
How much did you pay (**per day/per week/per month/each time**) for this service ((**Hearing aids/Cochlear implant/Hearing aid or Cochlear implant repair/^hr001\_other**)). A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**hrs001a\_amount\_dk** (don't know hearing amount paid in section Hearing)  
OR  
1 I don't know

END OF GROUP

END OF IF

ELSE

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**hr001a** (hearing pay for item out-of-pocket in section Hearing)  
When you last got this item(s) ((**Hearing aids/Cochlear implant/Hearing aid or Cochlear implant repair/^hr001\_other**)), did you or your family pay for it yourselves?  
1 We paid some or all ourselves  
2 We didn't pay anything ourselves  
3 I don't know

END OF GROUP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**hr001b** (hearing how many of items get in past 12 months in section Hearing)  
How many of these items ((**Hearing aids/Cochlear implant/Hearing aid or Cochlear implant repair/^hr001\_other**)) did you get in the past 12 months? A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**hr001b.dk** (don't know hearing how many of items get in past year in section Hearing)  
OR  
1 I don't know

END OF GROUP

IF hr001a(hr\_index) = 1 THEN

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**hr001a\_amount** (hearing amount how much did you or your family pay for item in section Hearing)  
Think about the last time you got this item(s) ((**Hearing aids/Cochlear implant/Hearing aid or Cochlear implant repair/^hr001\_other**)). How much did you or your family pay for it in total? A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**hr001a\_amount.dk** (don't know hearing amount paid in section Hearing)  
OR  
1 I don't know

END OF GROUP

END OF IF

END OF IF

END OF IF

END OF LOOP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**hr002.dummy** (assistive what other need in section Hearing)

In addition to what you use, do you think you (need) any other hearing-related assistive goods and technologies? Which ones?( Check all that apply.)

- 1 Hearing aids OR:
- 2 Cochlear implant OR:
- 3 Hearing aid or Cochlear implant repair OR:
- 4 Other hearing related-goods OR:
- 98 I do not need any of these things

#### END OF GROUP

hr002 := hr002.dummy

#### IF 4 IN hr002 THEN

**hr002.other** (hearing other need in section Hearing)

What other **hearing-related assistive goods and technologies** do you need?

STRING

#### END OF IF

#### LOOP FROM 1 TO 4

#### IF cnt IN hr002 THEN

hr\_index := cnt

Fill code of question FL\_hr002(hr\_index) executed

#### IF cnt = 3 THEN

**hrs002c** (hearing services why not have it in section Hearing)

Why don't you have it ((**Hearing aids/Cochlear implant/Hearing aid or Cochlear implant repair/~hr002.other**))? ( Check all that apply.)

- 1 It costs too much money
- 2 It is not available to buy
- 3 I didn't know about it until now
- 4 Other reason

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**hrs002e** (hearing services how often use in section Hearing)

In the next 12 months, how often do you think you would use this service ((**Hearing aids/Cochlear implant/Hearing aid or Cochlear implant repair/~hr002.other**))? A rough estimate is fine.

- 1 Daily
- 2 Weekly

3 Monthly  
4  
5 I don't know

**hrs002e.times** (health services number of times in 12 months in section Hearing)  
STRING

END OF GROUP

IF 1 IN hrs002c(hr\_index) THEN

Fill code of question FL\_hrs\_period\_2e(hr\_index) executed

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**hrs002d.amount** (hearing services how much needed for service in section Hearing)  
How much do you think you would pay (**per day/per week/per month/each time**) for this service ((**Hearing aids/Cochlear implant/Hearing aid or Cochlear implant repair/~hr002.other**))? A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**hrs002d.amount.dk** (don't know hearing services amount needed in section Hearing)  
OR  
1 I don't know

END OF GROUP

END OF IF

IF 4 IN hrs002c(hr\_index) THEN

**hrs002c.other** (other hearing services why not have it in section Hearing)  
What is the other reason you don't you have it ((**Hearing aids/Cochlear implant/Hearing aid or Cochlear implant repair/~hr002.other**))?  
STRING

END OF IF

ELSE

**hr002c** (hearing why not have it in section Hearing)  
Why don't you have it ((**Hearing aids/Cochlear implant/Hearing aid or Cochlear implant repair/~hr002\_other**))? (Check all that apply.)  
1 It costs too much money  
2 It is not available to buy  
3 I didn't know about it until now  
4 Other reason

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**hr002e** (hearing goods how many use in section Hearing)  
How many of these item(s) ((**Hearing aids/Cochlear implant/Hearing aid or Cochlear implant repair/~hr002\_other**)) would you use in a year? A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**hr002e.dk** (don't know hearing goods how many use in section Hearing)  
OR  
1 I don't know

END OF GROUP

IF 1 IN hr002c(hr\_index) THEN

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**hr002d\_amount** (hearing goods how much needed for item in section Hearing)  
How much do you think it would cost you or your family to pay for **one** of these item(s) ((**Hearing aids/Cochlear implant/Hearing aid or Cochlear implant repair/~hr002\_other**)) in total? A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**hr002d\_amount.dk** (don't know hearing amount needed in section Hearing)  
OR  
1 I don't know

END OF GROUP

END OF IF

IF 4 IN hr002c(hr\_index) THEN

**hr002c\_other** (other hearing why not have it in section Hearing)  
What is the other reason you don't you have it ((**Hearing aids/Cochlear im-plant/Hearing aid or Cochlear implant repair/~hr002\_other**))?



```

| | | | STRING
| | | | END OF IF
| | | | END OF IF
| | | | END OF IF
| | | | END OF IF
| | | | END OF LOOP
ELSE
GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN
| | | | hr003_dummy (what need assistive in section Hearing)
| | | | You indicated that you do not use any hearing-related assistive goods and technolo-
| | | | gies. Do you think you (need) any of these?( Check all that apply.)
| | | |
| | | | 1 Hearing aids OR:
| | | | 2 Cochlear implant OR:
| | | | 3 Hearing aid or Cochlear implant repair OR:
| | | | 4 Other hearing related-goods OR:
| | | | 98 I do not need any of these things
| | | |
| | | | END OF GROUP
| | | |
| | | | hr003 := hr003_dummy
| | | |
| | | | IF 4 IN hr003 THEN
| | | | | hr003_other (other need hearing in section Hearing)
| | | | | What other hearing-related assistive goods and technologies do you need?
| | | | | STRING
| | | | | END OF IF
| | | |
| | | | LOOP FROM 1 TO 4
| | | |
| | | | IF cnt IN hr003 THEN
| | | | |
| | | | | hr_index := cnt
| | | | | Fill code of question FL_hr003(hr_index) executed
| | | | |
| | | | | IF cnt = 3 THEN
| | | | | |
| | | | | | hrs003c (hearing services why not have it in section Hearing)
| | | | | | Why don't you have it ((Hearing aids/Cochlear implant/Hearing aid or Cochlear
| | | | | | implant repair/~hr003_other))? ( Check all that apply.)
| | | | | | 1 It costs too much money

```

- 2 It is not available to buy
- 3 I didn't know about it until now
- 4 Other reason

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**hrs003e** (hearing services how often use in section Hearing)

In the next 12 months, how often do you think you would use this service ((Hearing aids/Cochlear implant/Hearing aid or Cochlear implant repair/~hr003\_other))? A rough estimate is fine.

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4
- 5 I don't know

**hrs003e.times** (health services number of times in 12 months in section Hearing)  
STRING

#### END OF GROUP

IF 1 IN hrs003c(hr\_index) THEN

Fill code of question FL\_hrs\_period\_3e(hr\_index) executed

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**hrs003d.amount** (hearing services how much needed for service in section Hearing)

How much do you think you would pay (per day/per week/per month/each time) for this service ((Hearing aids/Cochlear implant/Hearing aid or Cochlear implant repair/~hr003\_other))? A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**hrs003d.amount.dk** (don't know hearing services amount needed in section Hearing)

- OR
- 1 I don't know

#### END OF GROUP

END OF IF

IF 4 IN hrs003c(hr\_index) THEN

**hrs003c.other** (other hearing services why not have it in section Hearing)  
What is the other reason you don't you have it ((**Hearing aids/Cochlear implant/Hearing aid or Cochlear implant repair/~hr003.other**))?  
STRING

END OF IF

ELSE

**hr003c** (hearing why not have it in section Hearing)  
Why don't you have it ((**Hearing aids/Cochlear implant/Hearing aid or Cochlear implant repair/~hr003.other**))? (Check all that apply.)  
1 It costs too much money  
2 It is not available to buy  
3 I didn't know about it until now  
4 Other reason

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**hr003e** (hearing goods how many use in section Hearing)  
How many of these item(s) ((**Hearing aids/Cochlear implant/Hearing aid or Cochlear implant repair/~hr003.other**)) would you use in a year? A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**hr003e.dk** (don't know hearing goods how many use in section Hearing)  
OR  
1 I don't know

END OF GROUP

IF 1 IN hr003c(hr\_index) THEN

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**hr003d.amount** (hearing goods how much needed for item in section Hearing)  
How much do you think it would cost you or your family to pay for **one** of these item(s) ((**Hearing aids/Cochlear implant/Hearing aid or Cochlear implant repair/~hr003.other**)) in total? A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**hr003d.amount.dk** (don't know hearing goods amount needed in section Hearing)

```

| OR
| 1 I don't know
|
| END OF GROUP
|
| END OF IF
|
| IF 4 IN hr003c(hr_index) THEN
|
|   hr003c_other (other hearing why not have it in section Hearing)
|   What is the other reason you don't you have it ((Hearing aids/Cochlear im-
|   plant/Hearing aid or Cochlear implant repair/~hr003_other))?
|   STRING
|
|   END OF IF
|
| END OF IF
|
| END OF IF
|
| END OF LOOP
| END OF IF
|
| End of section Hearing
|
| END OF IF

IF eligible = 1 AND numerofofcompletes < 1501 THEN
  Start of section Personal

  ps_intro (Section Personal)
  This section will ask you about some personal assistive services you might use (or if you
  don't use them but need them) because of your disability or health condition. Consider
  what you use or need for getting around, personal care, working, going to school,
  leisure, or community life.

  GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

  ps001_dummy (personal assistive currently use in section Personal)
  Do you currently (use) any of these personal assistive services?( Check all that apply.)

  1 Caregivers, personal care assistants, home health aide OR:
  2 Educational specialist, training to use assistive technology OR:

```

3 Visual or sign language interpretation services OR:  
4 Assisted living, nursing home, or day care services OR:  
5 Other personal assistive services OR:  
98 I currently do not use any of these services

#### END OF GROUP

ps001 := ps001\_dummy

#### IF 5 IN ps001 THEN

**ps001\_other** (personal assistive other currently use in section Personal)  
What other **assistive services** (not mobility or primarily medical related) do you currently use?  
STRING

#### END OF IF

#### IF ps001 = RESPONSE AND ps001 != 98 THEN

##### LOOP FROM 1 TO 5

#### IF cnt IN ps001 THEN

ps\_index := cnt  
Fill code of question FL\_ps001(ps\_index) executed

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**ps001a** (personal assistive services pay for item out-of-pocket in section Personal)  
When you last got this service ((**Caregivers, personal care assistants, home health aides/Educational specialist, training to use assistive technology/Visual or sign language interpretation services/Assisted living, nursing home, or day care services/ps001\_other**)), did you or your family pay for it out-of-pocket?  
1 We paid some or all ourselves  
2 We didn't pay anything ourselves  
3 I don't know

#### END OF GROUP

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**ps001b** (personal assistive services number of months in past 12 months in section Personal)  
In the past 12 months, how often did you use this service ((**Caregivers, personal care assistants, home health aides/Educational specialist, training**

to use assistive technology/Visual or sign language interpretation services/Assisted living, nursing home, or day care services/^ps001\_other))? A rough estimate is fine.

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4
- 5 I don't know

**ps001b\_times** (personal services number of times in past 12 months in section Personal)  
STRING

END OF GROUP

IF ps001a(ps\_index) = 1 THEN

Fill code of question FL\_ps\_period(ps\_index) executed

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**ps001a\_amount** (personal assistive services amount pay for item out-of-pocket in section Personal)

How much did you pay (**per day/per week/per month/each time**) for this service ((**Caregivers, personal care assistants, home health aides/Educational specialist, training to use assistive technology/Visual or sign language interpretation services/Assisted living, nursing home, or day care services/^ps001\_other**)). A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**ps001a\_amount.dk** (don't know personal goods amount paid in section Personal)

OR

- 1 I don't know

END OF GROUP

END OF IF

END OF IF

END OF LOOP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**ps002\_dummy** (personal assistive what other need in section Personal)

In addition to what you use, do you think you (need) any other personal assistive services? Which ones?( Check all that apply.)

- 1 Caregivers, personal care assistants, home health aide OR:
- 2 Educational specialist, training to use assistive technology OR:
- 3 Visual or sign language interpretation services OR:
- 4 Assisted living, nursing home, or day care services OR:
- 5 Other personal assistive services OR:
- 98 I do not need any of these services

#### END OF GROUP

ps002 := ps002\_dummy

#### IF 5 IN ps002 THEN

**ps002\_other** (personal assistive other need in section Personal)

What other **assistive services** (not mobility or primarily medical related) do you need?

STRING

#### END OF IF

#### LOOP FROM 1 TO 5

#### IF cnt IN ps002 THEN

ps\_index := cnt

Fill code of question FL\_ps002(ps\_index) executed

**ps002c** (personal assistive services why not have it in section Personal)

Why don't you have it ((**Caregivers, personal care assistants, home health aides/Educational specialist, training to use assistive technology/Visual or sign language interpretation services/Assisted living, nursing home, or day care services/ps002\_other**))? ( Check all that apply.)

- 1 It costs too much money
- 2 It is not available to buy
- 3 I didn't know about it until now
- 4 Other reason

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**ps002e** (personal goods how many use in section Personal)

In the next 12 months, how often do you think you would use this service ((**Caregivers, personal care assistants, home health aides/Educational specialist, training to use assistive technology/Visual or sign language**

**interpretation services/Assisted living, nursing home, or day care services/^ps002\_other))**? A rough estimate is fine.

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4
- 5 I don't know

**ps002e\_times** (personal services number of times in 12 months in section Personal)  
STRING

END OF GROUP

IF 1 IN ps002c(ps\_index) THEN

Fill code of question FL\_ps\_period\_2e(ps\_index) executed

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**ps002d\_amount** (personal goods how much needed for item in section Personal)

How much do you think you would pay (**per day/per week/per month/each time**) for this service ((**Caregivers, personal care assistants, home health aides/Educational specialist, training to use assistive technology/Visual or sign language interpretation services/Assisted living, nursing home, or day care services/^ps002\_other**))? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**ps002d\_amount\_dk** (don't know personal goods amount needed in section Personal)

OR

- 1 I don't know

END OF GROUP

END OF IF

IF 4 IN ps002c(ps\_index) THEN

**ps002c\_other** (other personal assistive services why not have it in section Personal)

What is the other reason you don't you have it ((**Caregivers, personal care assistants, home health aides/Educational specialist, training to use assistive technology/Visual or sign language interpretation services/Assisted living,**



```

| nursing home, or day care services/^ps002_other))?
| STRING
|
| END OF IF
|
| END OF IF
|
| END OF LOOP
ELSE
GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN
|
| ps003_dummy (what need personal assistive in section Personal)
| You indicated that you do not use any personal assistive services. Do you think you
| (need) any of these?( Check all that apply.)
|
| 1 Caregivers, personal care assistants, home health aide OR:
| 2 Educational specialist, training to use assistive technology OR:
| 3 Visual or sign language interpretation services OR:
| 4 Assisted living, nursing home, or day care services OR:
| 5 Other personal assistive services OR:
| 98 I do not need any of these services
|
| END OF GROUP
|
| ps003 := ps003_dummy
|
| IF 5 IN ps003 THEN
|
| ps003_other (other need personal assistive in section Personal)
| What other assistive services (not mobility or primarily medical related) do you
| need?
| STRING
| END OF IF
|
| LOOP FROM 1 TO 5
|
| IF cnt IN ps003 THEN
|
| ps_index := cnt
| Fill code of question FL_ps003(ps_index) executed
|
| ps003c (personal assistive services why not have it in section Personal)
| Why don't you have it ((Caregivers, personal care assistants, home health
| aides/Educational specialist, training to use assistive technology/Visual or
| sign language interpretation services/Assisted living, nursing home, or day

```

**care services/^ps003\_other))?( Check all that apply.)**

- 1 It costs too much money
- 2 It is not available to buy
- 3 I didn't know about it until now
- 4 Other reason

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**ps003e** (personal goods how many use in section Personal)

In the next 12 months, how often do you think you would use this service ((**Caregivers, personal care assistants, home health aides/Educational specialist, training to use assistive technology/Visual or sign language interpretation services/Assisted living, nursing home, or day care services/^ps003\_other**))? A rough estimate is fine.

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4
- 5 I don't know

**ps003e\_times** (personal services number of times in 12 months in section Personal)

STRING

#### END OF GROUP

**IF 1 IN ps003c(ps\_index) THEN**

Fill code of question FL\_ps\_period\_3e(ps\_index) executed

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**ps003d\_amount** (personal goods how much needed for item in section Personal)

How much do you think you would pay (**per day/per week/per month/each time**) for this service ((**Caregivers, personal care assistants, home health aides/Educational specialist, training to use assistive technology/Visual or sign language interpretation services/Assisted living, nursing home, or day care services/^ps003\_other**))? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**ps003d\_amount.dk** (don't know personal goods amount needed in section Personal)

OR

```

| 1 I don't know
|
| END OF GROUP
|
| END OF IF
|
| IF 4 IN ps003c(ps_index) THEN
|
|   ps003c_other (other personal assistive services why not have it in section Personal)
|   What is the other reason you don't you have it ((Caregivers, personal care assistants, home health aides/Educational specialist, training to use assistive technology/Visual or sign language interpretation services/Assisted living, nursing home, or day care services/^ps003c_other))?
|   STRING
|
|   END OF IF
|
| END OF IF
|
| END OF LOOP
|
| END OF IF
|
| End of section Personal
|
| END OF IF
|
| IF eligible = 1 AND numerofcompletes < 1501 THEN
|   Start of section Interiormodification
|
|   md_intro (Section Interiormodification)
|   This section asks if you have made any changes to your home (or if you haven't, but need to make changes) because of your disability or health condition. Consider what you use or need for getting around, personal care, working, going to school, leisure, or community life.
|
|   GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN
|
|   md001_dummy (made any of changes to home because of disability in section Interiormodification)
|   Have you made any of these changes to the interior of your home?( Check all that apply.)
|   1 Chair or stair lifts OR:

```

2 Chair or stair lifts repair OR:  
 3 Elevator OR:  
 4 Elevator repair OR:  
 5 Installing ADA compliant bathroom OR:  
 6 Lowering cabinets, sinks, mirrors, thermostats OR:  
 7 Adding non-slip flooring, matts, furniture pads OR:  
 8 Indoor wheelchair ramps, widening doors and/or hallways OR:  
 9 Door openers OR:  
 10 Modifying electrical fixtures, adaptive switches, smoke detectors OR:  
 11 Talking appliances such as dishwasher, microwaves, toasters, ovens OR:  
 12 Other interior accessibility modifications OR:  
 98 I have not made any of these home modifications

#### END OF GROUP

md001 := md001\_dummy

#### IF 12 IN md001 THEN

**md001\_other** (modification other interior accessibility modifications in section Interior-modification)

What other interior accessibility modifications did you make?

STRING

#### END OF IF

#### IF md001 = RESPONSE AND md001 != 98 THEN

LOOP FROM 1 TO 12

#### IF cnt IN md001 THEN

md\_index := cnt

Fill code of question FL\_md001(md\_index) executed

#### IF cnt IN (2,4) THEN

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**mds001a** (interior modification services pay for item out-of-pocket in section Interior modification)

When you last got this service ((**Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts, furniture pads/Indoor wheelchair ramps, widening doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches, smoke detectors/Talking appliances such as dishwasher, microwaves, toasters, ovens/^md001\_other**)), did you or your family pay for it out-of-pocket?

- 1 We paid some or all ourselves
- 2 We didn't pay anything ourselves
- 3 I don't know

#### END OF GROUP

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**mds001b** (interior modification services number of months in past 12 months in section Interiormodification)

In the past 12 months, how often did you use this service ((**Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts, furniture pads/Indoor wheelchair ramps, widening doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches,smoke detectors/Talking appliances such as dishwasher, microwaves, toasters, ovens/^md001\_other**))? A rough estimate is fine.

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4
- 5 I don't know

**mds001b.times** (interior modification services number of times in past 12 months in section Interiormodification)

STRING

#### END OF GROUP

IF mds001a(md\_index) = 1 THEN

Fill code of question FL\_mds\_period(md\_index) executed

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**mds001a.amount** (interior modification services amount pay for item in section Interiormodification)

How much did you pay (**per day/per week/per month/each time**) for this service ((**Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts, furniture pads/Indoor wheelchair ramps, widening doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches,smoke detectors/Talking appliances such as dishwasher, microwaves, toasters, ovens/^md001\_other**)). A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**mds001a.amount\_dk** (don't know interior modification services amount paid in section Interiormodification)

OR

1 I don't know

END OF GROUP

END OF IF

ELSE

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**md001a** (modification did you or your family pay for item out-of-pocket in section Interiormodification)

When you last got this item(s) ((Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts, furniture pads/Indoor wheelchair ramps, widening doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches,smoke detectors/Talking appliances such as dishwasher, microwaves, toasters, ovens/^md001.other)), did you or your family pay for it yourselves?

1 We paid some or all ourselves

2 We didn't pay anything ourselves

3 I don't know

END OF GROUP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**md001b** (modification how many of items get in past 12 months in section Interiormodification)

How many of these items ((Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts, furniture pads/Indoor wheelchair ramps, widening doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches,smoke detectors/Talking appliances such as dishwasher, microwaves, toasters, ovens/^md001.other)) did you get in the past 12 months? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**md001b.dk** (don't know interior modification goods how many of items

get in past year in section Interiormodification)  
OR  
1 I don't know

END OF GROUP

IF md001a(md\_index) = 1 THEN

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**md001a\_amount** (modification amount how much did you or your family pay for item in section Interiormodification)  
Think about the last time you got this item(s) ((**Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts, furniture pads/Indoor wheelchair ramps, widening doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches,smoke detectors/Talking appliances such as dishwasher, microwaves, toasters, ovens/~md001\_other**)). How much did you or your family pay for it in total? A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**md001a\_amount\_dk** (don't know interior modification goods amount paid in section Interiormodification)  
OR  
1 I don't know

END OF GROUP

END OF IF

END OF IF

END OF IF

END OF LOOP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**md002\_dummy** (modification what need because of disability to help you complete daily living activities in section Interiormodification)  
In addition to the changes you made, do you think you (need) to make any other changes to the interior of your home? Which ones?( Check all that apply.)  
1 Chair or stair lifts OR:  
2 Chair or stair lifts repair OR:

3 Elevator OR:  
 4 Elevator repair OR:  
 5 Installing ADA compliant bathroom OR:  
 6 Lowering cabinets, sinks, mirrors, thermostats OR:  
 7 Adding non-slip flooring, matts, furniture pads OR:  
 8 Indoor wheelchair ramps, widening doors and/or hallways OR:  
 9 Door openers OR:  
 10 Modifying electrical fixtures, adaptive switches, smoke detectors OR:  
 11 Talking appliances such as dishwasher, microwaves, toasters, ovens OR:  
 12 Other interior accessibility modifications OR:  
 98 I do not need to make any of these home modifications

#### END OF GROUP

md002 := md002\_dummy

#### IF 12 IN md002 THEN

**md002\_other** (modification other interior accessibility need in section Interior modification)

What other interior accessibility modifications do you need?

STRING

#### END OF IF

#### LOOP FROM 1 TO 12

#### IF cnt IN md002 THEN

md\_index := cnt

Fill code of question FL\_md002(md\_index) executed

#### IF cnt IN (2,4) THEN

**mds002c** (interior modification services why not have it in section Interior modification)

Why don't you have it ((Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts, furniture pads/Indoor wheelchair ramps, widening doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches, smoke detectors/Talking appliances such as dishwasher, microwaves, toasters, ovens/^md002\_other))?( Check all that apply.)

1 It costs too much money

2 It is not available to buy

3 I didn't know about it until now



4 Other reason

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**mds002e** (interior modification services how often use in section Interior modification)

In the next 12 months, how often do you think you would use this service ((Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts, furniture pads/Indoor wheelchair ramps, widening doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches, smoke detectors/Talking appliances such as dishwasher, microwaves, toasters, ovens/^md002\_other))? A rough estimate is fine.

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4
- 5 I don't know

**mds002e\_times** (interior modification services number of times in 12 months in section Interior modification)

STRING

#### END OF GROUP

IF 1 IN mds002c(md\_index) THEN

Fill code of question FL\_mds\_period\_2e(md\_index) executed

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**mds002d\_amount** (interior modification services how much needed for service in section Interior modification)

How much do you think you would pay (per day/per week/per month/each time) for this service ((Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts, furniture pads/Indoor wheelchair ramps, widening doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches, smoke detectors/Talking appliances such as dishwasher, microwaves, toasters, ovens/^md002\_other))? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**mds002d\_amount\_dk** (don't know interior modification services amount

needed in section Interior modification)

OR

1 I don't know

END OF GROUP

END OF IF

IF 4 IN mds002c(md\_index) THEN

**mds002c\_other** (other interior modification services why not have it in section Interior modification)

What is the other reason you don't you have it ((**Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts, furniture pads/Indoor wheelchair ramps, widening doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches, smoke detectors/Talking appliances such as dishwasher, microwaves, toasters, ovens/**md002\_other))?

STRING

END OF IF

ELSE

**md002c** (modification why not have it in section Interior modification)

Why don't you have it ((**Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts, furniture pads/Indoor wheelchair ramps, widening doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches, smoke detectors/Talking appliances such as dishwasher, microwaves, toasters, ovens/**md002\_other))?( Check all that apply.)

1 It costs too much money

2 It is not available to buy

3 I didn't know about it until now

4 Other reason

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**md002e** (interior modification goods how many use in section Interior modification)

How many of these item(s) ((**Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts,**

furniture pads/Indoor wheelchair ramps, widening doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches, smoke detectors/Talking appliances such as dishwasher, microwaves, toasters, ovens/^md002.other)) would you use in a year? A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

md002e\_dk (don't know interior modification goods how many use in section Interior modification)  
OR  
1 I don't know

END OF GROUP

IF 1 IN md002c(md\_index) THEN

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

md002d\_amount (interior modification goods how much needed for item in section Interior modification)  
How much do you think it would cost you or your family to pay for **one** of these item(s) ((Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts, furniture pads/Indoor wheelchair ramps, widening doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches, smoke detectors/Talking appliances such as dishwasher, microwaves, toasters, ovens/^md002.other)) in total? A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

md002d\_amount\_dk (don't know interior modification goods amount needed in section Interior modification)  
OR  
1 I don't know

END OF GROUP

END OF IF

IF 4 IN md002c(md\_index) THEN

md002c\_other (other modification why not have it in section Interior modification)  
What is the other reason you don't you have it ((Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts, furniture pads/Indoor wheelchair ramps, widening

```

doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches, smoke detectors/Talking appliances such as dishwasher, microwaves, toasters, ovens/^(md002_other))?
STRING
END OF IF
END OF IF
END OF IF
END OF LOOP
ELSE
GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN
md003_dummy (what modifications need in section Interior modification)
You indicated that you did not make any changes to the interior of your home. Do you think you (need) to make any of these changes?( Check all that apply.)
1 Chair or stair lifts OR:
2 Chair or stair lifts repair OR:
3 Elevator OR:
4 Elevator repair OR:
5 Installing ADA compliant bathroom OR:
6 Lowering cabinets, sinks, mirrors, thermostats OR:
7 Adding non-slip flooring, mats, furniture pads OR:
8 Indoor wheelchair ramps, widening doors and/or hallways OR:
9 Door openers OR:
10 Modifying electrical fixtures, adaptive switches, smoke detectors OR:
11 Talking appliances such as dishwasher, microwaves, toasters, ovens OR:
12 Other interior accessibility modifications OR:
98 I do not need to make any of these home modifications
END OF GROUP
md003 := md003_dummy
IF 12 IN md003 THEN
md003_other (modification other interior accessibility need in section Interior modification)
What other interior accessibility modifications do you need to?
STRING
END OF IF
LOOP FROM 1 TO 12

```

IF cnt IN md003 THEN

md\_index := cnt

Fill code of question FL\_md003(md\_index) executed

IF cnt IN (2,4) THEN

**mds003c** (interior modification services why not have it in section Interior modification)

Why don't you have it ((Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts, furniture pads/Indoor wheelchair ramps, widening doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches, smoke detectors/Talking appliances such as dishwasher, microwaves, toasters, ovens/~md003\_other))?( Check all that apply.)

- 1 It costs too much money
- 2 It is not available to buy
- 3 I didn't know about it until now
- 4 Other reason

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**mds003e** (interior modification services how often use in section Interior modification)

In the next 12 months, how often do you think you would use this service ((Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts, furniture pads/Indoor wheelchair ramps, widening doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches, smoke detectors/Talking appliances such as dishwasher, microwaves, toasters, ovens/~md003\_other))? A rough estimate is fine.

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4
- 5 I don't know

**mds003e.times** (interior modification services number of times in 12 months in section Interior modification)

STRING

END OF GROUP

IF 1 IN mds003c(md\_index) THEN

Fill code of question FL\_mds\_period\_3e(md\_index) executed

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**mds003d\_amount** (interior modification services how much needed for service in section Interiormodification)

How much do you think you would pay (per day/per week/per month/each time) for this service ((Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts, furniture pads/Indoor wheelchair ramps, widening doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches,smoke detectors/Talking appliances such as dishwasher, microwaves, toasters, ovens/^md003\_other))? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**mds003d\_amount\_dk** (don't know interior modification services amount needed in section Interiormodification)

OR

1 I don't know

END OF GROUP

END OF IF

IF 4 IN mds003c(md\_index) THEN

**mds003c\_other** (other interior modification services why not have it in section Interiormodification)

What is the other reason you don't you have it ((Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts, furniture pads/Indoor wheelchair ramps, widening doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches,smoke detectors/Talking appliances such as dishwasher, microwaves, toasters, ovens/^md003\_other))?

STRING

END OF IF

ELSE

**md003c** (modification why not have it in section Interior modification)

Why don't you have it ((Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts, furniture pads/Indoor wheelchair ramps, widening doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches, smoke detectors/Talking appliances such as dishwasher, microwaves, toasters, ovens/^md003\_other))?( Check all that apply.)

- 1 It costs too much money
- 2 It is not available to buy
- 3 I didn't know about it until now
- 4 Other reason

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**md003e** (interior modification goods how many use in section Interior modification)

How many of these item(s) ((Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts, furniture pads/Indoor wheelchair ramps, widening doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches, smoke detectors/Talking appliances such as dishwasher, microwaves, toasters, ovens/^md003\_other)) would you use in a year? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**md003e.dk** (don't know interior modification goods how many use in section Interior modification)

OR

- 1 I don't know

#### END OF GROUP

IF 1 IN md003c(md\_index) THEN

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**md003d.amount** (interior modification goods how much needed for item in section Interior modification)

How much do you think it would cost you or your family to pay for **one** of these item(s) ((Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts, furniture pads/Indoor wheelchair ramps, widening doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches, smoke detectors)

tors/Talking appliances such as dishwasher, microwaves, toasters, ovens/^md003\_other)) in total? A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**md003d\_amount\_dk** (don't know interior modification goods amount needed in section Interiormodification)  
OR  
1 I don't know

END OF GROUP

END OF IF

IF 4 IN md003c(md\_index) THEN

**md003c\_other** (other modification why not have it in section Interiormodification)  
What is the other reason you don't you have it ((**Chair or stair lifts/Chair or stair lifts repair/Elevator/Elevator repair/Installing ADA compliant bathroom/Lowering cabinets, sinks, mirrors, thermostats/Adding non-slip flooring, matts, furniture pads/Indoor wheelchair ramps, widening doors and/or hallways/Door openers/Modifying electrical fixtures, adaptive switches,smoke detectors/Talking appliances such as dishwasher, microwaves, toasters, ovens/^md003\_other**))?  
STRING

END OF IF

END OF IF

END OF IF

END OF LOOP

END OF IF

End of section **Interiormodification**

END OF IF

IF eligible = 1 AND numberofcompletes < 1501 THEN

Start of section **Exteriormodification**

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN



**emd001\_dummy** (made any of changes to home because of disability in section Exteriormodification)

Have you made any of these changes to the exterior of your home?( Check all that apply.)

- 1 Outdoor wheelchair ramps OR:
- 2 Porch railings or lift OR:
- 3 Widening paths or changing landscape for residence access OR:
- 4 Outdoor lighting including motion sensors OR:
- 5 Other exterior accessibility modifications OR:
- 98 I have not made any of these home modifications

#### END OF GROUP

emd001 := emd001\_dummy

#### IF 5 IN emd001 THEN

**emd001\_other** (modification other exterior accessibility modifications in section Exteriormodification)

What other exterior accessibility modifications did you make?

STRING

#### END OF IF

#### IF emd001 = RESPONSE AND emd001 != 98 THEN

LOOP FROM 1 TO 5

#### IF cnt IN emd001 THEN

emd\_index := cnt

Fill code of question FL\_emd001(emd\_index) executed

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**emd001a** (modification did you or your family pay for item out-of-pocket in section Exteriormodification)

When you last got this item(s) ((**Outdoor wheelchair ramps/Porch railings or lift/Widening paths or changing landscape for residence access/Outdoor lighting including motion sensors/^emd001\_other**)), did you or your family pay for it yourselves?

- 1 We paid some or all ourselves
- 2 We didn't pay anything ourselves
- 3 I don't know

#### END OF GROUP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**emd001b** (modification how many of items get in past 12 months in section Exteriormodification)

How many of these items ((**Outdoor wheelchair ramps/Porch railings or lift/Widening paths or changing landscape for residence access/Outdoor lighting including motion sensors/^emd001\_other**)) did you get in the past 12 months? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**emd001b\_dk** (don't know exterior modification goods how many of items get in past year in section Exteriormodification)

OR

1 I don't know

END OF GROUP

IF emd001a(emd\_index) = 1 THEN

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**emd001a\_amount** (modification amount how much did you or your family pay for item in section Exteriormodification)

Think about the last time you got this item(s) ((**Outdoor wheelchair ramps/Porch railings or lift/Widening paths or changing landscape for residence access/Outdoor lighting including motion sensors/^emd001\_other**)).

How much did you or your family pay for it in total? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**emd001a\_amount\_dk** (don't know exterior modification goods amount paid in section Exteriormodification)

OR

1 I don't know

END OF GROUP

END OF IF

END OF IF

END OF LOOP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**emd002\_dummy** (exterior modification what other need in section Exteriormodification)

In addition to the changes you made, do you think you (need) to make any other changes to the exterior of your home? Which ones?( Check all that apply.)

1 Outdoor wheelchair ramps OR:

2 Porch railings or lift OR:

3 Widening paths or changing landscape for residence access OR:

4 Outdoor lighting including motion sensors OR:

5 Other exterior accessibility modifications OR:

98 I do not need to make any of these home modifications

#### END OF GROUP

emd002 := emd002\_dummy

#### IF 5 IN emd002 THEN

**emd002\_other** (modification other exterior accessibility need in section Exteriormodification)

What other exterior accessibility modifications do you need?

STRING

#### END OF IF

#### LOOP FROM 1 TO 5

#### IF cnt IN emd002 THEN

emd\_index := cnt

Fill code of question FL\_emd002(emd\_index) executed

**emd002c** (modification why not have it in section Exteriormodification)

Why don't you have it ((**Outdoor wheelchair ramps/Porch railings or lift/Widening paths or changing landscape for residence access/Outdoor lighting including motion sensors/^emd002\_other**))?( Check all that apply.)

1 It costs too much money

2 It is not available to buy

3 I didn't know about it until now

4 Other reason

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**emd002e** (exterior modification goods how many use in section Exteriormodification)

How many of these item(s) ((**Outdoor wheelchair ramps/Porch railings or lift/Widening paths or changing landscape for residence access/Outdoor lighting including motion sensors/^emd002\_other**)) would you use in a year?

```

A rough estimate is fine.
NUMBER (NO DECIMALS ALLOWED)

emd002e.dk (don't know exterior modification goods how many use in section Exteriormodification)
OR
1 I don't know

END OF GROUP

IF 1 IN emd002c(emd_index) THEN

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

emd002d.amount (exterior modification goods how much needed for item in section Exteriormodification)
How much do you think it would cost you or your family to pay for one of these item(s) ((Outdoor wheelchair ramps/Porch railings or lift/Widening paths or changing landscape for residence access/Outdoor lighting including motion sensors/^emd002_other)) in total? A rough estimate is fine.
NUMBER (NO DECIMALS ALLOWED)

emd002d.amount.dk (don't know exterior modification goods amount needed in section Exteriormodification)
OR
1 I don't know

END OF GROUP

END OF IF

IF 4 IN emd002c(emd_index) THEN

emd002c.other (other modification why not have it in section Exteriormodification)
What is the other reason you don't you have it ((Outdoor wheelchair ramps/Porch railings or lift/Widening paths or changing landscape for residence access/Outdoor lighting including motion sensors/^emd002_other))?
STRING

END OF IF

END OF IF

END OF LOOP
ELSE

```

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**emd003\_dummy** (what modifications need in section Exteriormodification)

You indicated that you did not make any changes to the exterior of your home. Do you think you (need) to make any of these changes?( Check all that apply.)

1 Outdoor wheelchair ramps OR:

2 Porch railings or lift OR:

3 Widening paths or changing landscape for residence access OR:

4 Outdoor lighting including motion sensors OR:

5 Other exterior accessibility modifications OR:

98 I do not need to make any of these home modifications

#### END OF GROUP

emd003 := emd003\_dummy

#### IF 5 IN emd003 THEN

**emd003\_other** (modification other exterior accessibility need in section Exteriormodification)

What other exterior accessibility modifications do you need to?

STRING

#### END OF IF

#### LOOP FROM 1 TO 5

#### IF cnt IN emd003 THEN

emd\_index := cnt

Fill code of question FL\_emd003(emd\_index) executed

**emd003c** (modification why not have it in section Exteriormodification)

Why don't you have it ((**Outdoor wheelchair ramps/Porch railings or lift/Widening paths or changing landscape for residence access/Outdoor lighting including motion sensors/**emd003\_other))?( Check all that apply.)

1 It costs too much money

2 It is not available to buy

3 I didn't know about it until now

4 Other reason

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**emd003e** (exterior modification goods how many use in section Exteriormodification)

How many of these item(s) ((**Outdoor wheelchair ramps/Porch railings or lift/Widening paths or changing landscape for residence access/Outdoor**

**lighting including motion sensors/^emd003.other))** would you use in a year?  
A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**emd003e.dk** (don't know exterior modification goods how many use in section Exteriormodification)  
OR  
1 I don't know

END OF GROUP

IF 1 IN emd003c(emd\_index) THEN

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**emd003d.amount** (exterior modification goods how much needed for item in section Exteriormodification)  
How much do you think it would cost you or your family to pay for **one** of these item(s) ((**Outdoor wheelchair ramps/Porch railings or lift/Widening paths or changing landscape for residence access/Outdoor lighting including motion sensors/^emd003.other**)) in total? A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**emd003d.amount.dk** (don't know exterior modification goods amount needed in section Exteriormodification)  
OR  
1 I don't know

END OF GROUP

END OF IF

IF 4 IN emd003c(emd\_index) THEN

**emd003c.other** (other modification why not have it in section Exteriormodification)  
What is the other reason you don't you have it ((**Outdoor wheelchair ramps/Porch railings or lift/Widening paths or changing landscape for residence access/Outdoor lighting including motion sensors/^emd003.other**))?  
STRING

END OF IF

END OF IF

END OF LOOP

END OF IF

End of section **Exteriormodification**

END OF IF

IF eligible = 1 AND numberofcompletes < 1501 THEN

Start of section **Health**

**he\_intro** (Section Health)

This section asks about any physical or mental health-related goods and services you may use (or if you don't use them but need them) because of your disability or health condition. **Consider what you use or need for getting around, personal care, working, going to school, leisure, or community life.**

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**he001\_dummy** (health services currently use in section Health)

Do you currently (use) any of these health-related services?( Check all that apply.)

1 Medical specialists services such as allergists, dermatologists, cardiologists OR:

2 Mental health therapy/counseling services OR:

3 Physical or occupational therapy services OR:

4 Chiropractor, acupuncture, or massage OR:

5 Addiction and psychiatric rehabilitation services OR:

6 Sexuality services, like intimate care or medically assisted sex OR:

7 Fertility or assistive reproduction treatments OR:

8 Eligibility assessments for services or benefits OR:

9 Paratransit or transit to get to medical visits OR:

10 Other physical and mental health care related services OR:

98 I do not use any of these health related services

END OF GROUP

he001 := he001\_dummy

IF 10 IN he001 THEN

**he001\_other** (health services other currently use in section Health)

What other physical and mental health-related services do you currently use?

STRING

END OF IF

IF he001 = RESPONSE AND he001 != 98 THEN

LOOP FROM 1 TO 10

IF cnt IN he001 THEN

he\_index := cnt

Fill code of question FL\_he001(he\_index) executed

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**he001a** (health services pay for item out-of-pocket in section Health)

When you last got this item(s) ((**Medical specialists services such as allergists, dermatologists, cardiologists/Mental health therapy/counseling services/Physical or occupational therapy services/Chiropractor, acupuncture, or massage/Addiction and psychiatric rehabilitation services/Sexuality services, like intimate care or medically assisted sex/Fertility or assistive reproduction treatments/Eligibility assessments for services or benefits/Paratransit or transit to get to medical visits/`he001\_other`**)), did you or your family pay for it yourselves?

- 1 We paid some or all ourselves
- 2 We didn't pay anything ourselves
- 3 I don't know

END OF GROUP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**he001b** (health services number of months in past 12 months in section Health)

In the past 12 months, how often did you use this service ((**Medical specialists services such as allergists, dermatologists, cardiologists/Mental health therapy/counseling services/Physical or occupational therapy services/Chiropractor, acupuncture, or massage/Addiction and psychiatric rehabilitation services/Sexuality services, like intimate care or medically assisted sex/Fertility or assistive reproduction treatments/Eligibility assessments for services or benefits/Paratransit or transit to get to medical visits/`he001\_other`**))? A rough estimate is fine.

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4
- 5 I don't know

**he001b\_times** (health services number of times in past 12 months in section Health)

STRING



END OF GROUP

IF he001a(he\_index) = 1 THEN

Fill code of question FL\_he\_period(he\_index) executed

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**he001a\_amount** (health services amount pay for item in section Health)  
How much did you pay (**per day/per week/per month/each time**) for this service ((**Medical specialists services such as allergists, dermatologists, cardiologists/Mental health therapy/counseling services/Physical or occupational therapy services/Chiropractor, acupuncture, or massage/Addiction and psychiatric rehabilitation services/Sexuality services, like intimate care or medically assisted sex/Fertility or assistive reproduction treatments/Eligibility assessments for services or benefits/Paratransit or transit to get to medical visits/^he001.other**)). A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**he001a\_amount\_dk** (don't know health services amount paid in section Health)  
OR  
1 I don't know

END OF GROUP

END OF IF

END OF IF

END OF LOOP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**he002\_dummy** (health goods and services what need in section Health)  
In addition to what you use, do you think you (need) any other health-related services? Which ones?( Check all that apply.)  
1 Medical specialists services such as allergists, dermatologists, cardiologists OR:  
2 Mental health therapy/counseling services OR:  
3 Physical or occupational therapy services OR:  
4 Chiropractor, acupuncture, or massage OR:  
5 Addiction and psychiatric rehabilitation services OR:  
6 Sexuality services, like intimate care or medically assisted sex OR:  
7 Fertility or assistive reproduction treatments OR:  
8 Eligibility assessments for services or benefits OR:

9 Paratransit or transit to get to medical visits OR:  
10 Other physical and mental health care related services OR:  
98 I do not need any of these health related services

#### END OF GROUP

he002 := he002.dummy

#### IF 10 IN he002 THEN

**he002\_other** (health services other need in section Health)

What other physical and mental health-related services do you need?

STRING

#### END OF IF

#### LOOP FROM 1 TO 10

#### IF cnt IN he002 THEN

he\_index := cnt

Fill code of question FL\_he002(he\_index) executed

**he002c** (health services why not have it in section Health)

Why don't you have it ((**Medical specialists services such as allergists, dermatologists, cardiologists/Mental health therapy/counseling services/Physical or occupational therapy services/Chiropractor, acupuncture, or massage/Addiction and psychiatric rehabilitation services/Sexuality services, like intimate care or medically assisted sex/Fertility or assistive reproduction treatments/Eligibility assessments for services or benefits/Paratransit or transit to get to medical visits/~he002\_other**))? ( Check all that apply.)

- 1 It costs too much money
- 2 It is not available to buy
- 3 I didn't know about it until now
- 4 Other reason

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**he002e** (health services how often use in section Health)

In the next 12 months, how often do you think you would use this service ((**Medical specialists services such as allergists, dermatologists, cardiologists/Mental health therapy/counseling services/Physical or occupational therapy services/Chiropractor, acupuncture, or massage/Addiction and psychiatric rehabilitation services/Sexuality services, like intimate care or medically assisted sex/Fertility or assistive reproduction treatments/Eligibility assessments for services or benefits/Paratransit or transit to get to medical visits/~he002\_other**))? A rough estimate is fine.

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4
- 5 I don't know

**he002e\_times** (health services number of times in 12 months in section Health)  
STRING

#### END OF GROUP

IF 1 IN he002c(he\_index) THEN

Fill code of question FL\_he\_period\_2e(he\_index) executed

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**he002d\_amount** (health services how much needed for service in section Health)

How much do you think you would pay (per day/per week/per month/each time) for this service ((Medical specialists services such as allergists, dermatologists, cardiologists/Mental health therapy/counseling services/Physical or occupational therapy services/Chiropractor, acupuncture, or massage/Addiction and psychiatric rehabilitation services/Sexuality services, like intimate care or medically assisted sex/Fertility or assistive reproduction treatments/Eligibility assessments for services or benefits/Paratransit or transit to get to medical visits/~he002\_other))? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**he002d\_amount\_dk** (don't know health services amount needed in section Health)

OR

1 I don't know

#### END OF GROUP

END OF IF

IF 4 IN he002c(he\_index) THEN

**he002c\_other** (other health services why not have it in section Health)

What is the other reason you don't you have it ((Medical specialists services such as allergists, dermatologists, cardiologists/Mental

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health therapy/counseling services/Physical or occupational therapy ser-
vices/Chiropractor, acupuncture, or massage/Addiction and psychiatric re-
habilitation services/Sexuality services, like intimate care or medically as-
sisted sex/Fertility or assistive reproduction treatments/Eligibility assess-
ments for services or benefits/Paratransit or transit to get to medical vis-
its/^he002_other)))?
STRING

END OF IF

END OF IF

END OF LOOP
ELSE
GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

he003_dummy (what need health services because of disability to do things in your
home or outside in section Health)
You indicated that you do not use any health-related services. Do you think you (need)
any of these?
1 Medical specialists services such as allergists, dermatologists, cardiologists OR:
2 Mental health therapy/counseling services OR:
3 Physical or occupational therapy services OR:
4 Chiropractor, acupuncture, or massage OR:
5 Addiction and psychiatric rehabilitation services OR:
6 Sexuality services, like intimate care or medically assisted sex OR:
7 Fertility or assistive reproduction treatments OR:
8 Eligibility assessments for services or benefits OR:
9 Paratransit or transit to get to medical visits OR:
10 Other physical and mental health care related services OR:
98 I do not need any of these health related services

END OF GROUP

he003 := he003_dummy

IF 10 IN he003 THEN
he003_other (other need health services in section Health)
What other physical and mental health-related services do you need?
STRING
END OF IF

LOOP FROM 1 TO 10

```

IF cnt IN he003 THEN

he\_index := cnt

Fill code of question FL\_he003(he\_index) executed

**he003c** (health services why not have it in section Health)

Why don't you have it ((**Medical specialists services such as allergists, dermatologists, cardiologists/Mental health therapy/counseling services/Physical or occupational therapy services/Chiropractor, acupuncture, or massage/Addiction and psychiatric rehabilitation services/Sexuality services, like intimate care or medically assisted sex/Fertility or assistive reproduction treatments/Eligibility assessments for services or benefits/Paratransit or transit to get to medical visits/~he003\_other**))? ( Check all that apply.)

- 1 It costs too much money
- 2 It is not available to buy
- 3 I didn't know about it until now
- 4 Other reason

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**he003e** (health services how often use in section Health)

In the next 12 months, how often do you think you would use this service ((**Medical specialists services such as allergists, dermatologists, cardiologists/Mental health therapy/counseling services/Physical or occupational therapy services/Chiropractor, acupuncture, or massage/Addiction and psychiatric rehabilitation services/Sexuality services, like intimate care or medically assisted sex/Fertility or assistive reproduction treatments/Eligibility assessments for services or benefits/Paratransit or transit to get to medical visits/~he003\_other**))? A rough estimate is fine.

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4
- 5 I don't know

**he003e.times** (health services number of times in 12 months in section Health)

STRING

END OF GROUP

IF 1 IN he003c(he\_index) THEN

Fill code of question FL\_he\_period\_3e(he\_index) executed

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**he003d\_amount** (health services how much needed for service in section Health)

How much do you think you would pay (**per day/per week/per month/each time**) for this service ((**Medical specialists services such as allergists, dermatologists, cardiologists/Mental health therapy/counseling services/Physical or occupational therapy services/Chiropractor, acupuncture, or massage/Addiction and psychiatric rehabilitation services/Sexuality services, like intimate care or medically assisted sex/Fertility or assistive reproduction treatments/Eligibility assessments for services or benefits/Paratransit or transit to get to medical visits/^he003\_other**))? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**he003d\_amount\_dk** (don't know health services amount needed in section Health)

OR

1 I don't know

END OF GROUP

END OF IF

IF 4 IN he003c(he\_index) THEN

**he003c\_other** (other health services why not have it in section Health)

What is the other reason you don't you have it ((**Medical specialists services such as allergists, dermatologists, cardiologists/Mental health therapy/counseling services/Physical or occupational therapy services/Chiropractor, acupuncture, or massage/Addiction and psychiatric rehabilitation services/Sexuality services, like intimate care or medically assisted sex/Fertility or assistive reproduction treatments/Eligibility assessments for services or benefits/Paratransit or transit to get to medical visits/^he003\_other**))?

STRING

END OF IF

END OF IF

END OF LOOP

END OF IF

End of section **Health**

END OF IF

IF eligible = 1 AND numberofcompletes < 1501 THEN

Start of section **Healthgoods**

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**heg001\_dummy** (health goods currently use in section Healthgoods)

Do you currently (use) any of these health-related goods?( Check all that apply.)

1 Prescription medications OR:

2 Technologies to manage health or administer medication OR:

3 Vitamins, supplements, and medical foods OR:

4 Emotional support animals OR:

5 Functional electrical stimulation (e.g WalkAide, L300 Go) OR:

6 Medical parts or equipment like ventilators, test strips OR:

7 Medical marijuana OR:

8 Over-the-counter medications OR:

9 Sedation during medical/dental procedures OR:

10 Other physical and mental health care related goods OR:

98 I do not use any of these health related goods

END OF GROUP

heg001 := heg001\_dummy

IF 10 IN heg001 THEN

**heg001\_other** (health goods other currently use in section Healthgoods)

What other physical and mental health-related goods do you currently use?

STRING

END OF IF

IF heg001 = RESPONSE AND heg001 != 98 THEN

LOOP FROM 1 TO 10

IF cnt IN heg001 THEN

heg\_index := cnt

Fill code of question FL\_heg001(heg\_index) executed

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**heg001a** (health goods pay for item out-of-pocket in section Healthgoods)  
When you last got this item(s) ((**Prescription medications/Technologies to manage health or administer medication/Vitamins, supplements, and medical foods/Emotional support animals/Functional electrical stimulation (e.g WalkAide, L300 Go)/Medical parts or equipment like ventilators, test strips/Medical marijuana/Over-the-counter medications/Sedation during medical/dental procedures/**^heg001\_other)), did you or your family pay for it yourselves?

- 1 We paid some or all ourselves
- 2 We didn't pay anything ourselves
- 3 I don't know

END OF GROUP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**heg001b** (health goods how many of items get in past 12 months in section Healthgoods)  
How many of these items ((**Prescription medications/Technologies to manage health or administer medication/Vitamins, supplements, and medical foods/Emotional support animals/Functional electrical stimulation (e.g WalkAide, L300 Go)/Medical parts or equipment like ventilators, test strips/Medical marijuana/Over-the-counter medications/Sedation during medical/dental procedures/**^heg001\_other)) did you get in the past 12 months?  
A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**heg001b\_dk** (don't know health goods how many of items get in past year in section Healthgoods)  
OR  
1 I don't know

END OF GROUP

IF heg001a(heg\_index) = 1 THEN

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**heg001a\_amount** (health goods how much pay for item in section Healthgoods)  
Think about the last time you got this item(s) ((**Prescription medications/Technologies to manage health or administer medication/Vitamins, supplements, and medical foods/Emotional support animals/Functional electrical stimulation (e.g WalkAide, L300 Go)/Medical parts or equipment**



like ventilators, test strips/Medical marijuana/Over-the-counter medications/Sedation during medical/dental procedures/^heg001\_other)). How much did you or your family pay for it in total? A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**heg001a\_amount\_dk** (don't know health goods amount paid in section Healthgoods)  
OR  
1 I don't know

END OF GROUP

END OF IF

END OF IF

END OF LOOP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**heg002\_dummy** (health goods what need in section Healthgoods)  
In addition to what you use, do you think you (need) any other health-related goods? Which ones?( Check all that apply.)  
1 Prescription medications OR:  
2 Technologies to manage health or administer medication OR:  
3 Vitamins, supplements, and medical foods OR:  
4 Emotional support animals OR:  
5 Functional electrical stimulation (e.g WalkAide, L300 Go) OR:  
6 Medical parts or equipment like ventilators, test strips OR:  
7 Medical marijuana OR:  
8 Over-the-counter medications OR:  
9 Sedation during medical/dental procedures OR:  
10 Other physical and mental health care related goods OR:  
98 I do not need any of these health related goods

END OF GROUP

heg002 := heg002\_dummy

IF 10 IN heg002 THEN

**heg002\_other** (health goods other need in section Healthgoods)  
What other physical and mental health-related goods do you need?  
STRING

END OF IF

LOOP FROM 1 TO 10

IF cnt IN heg002 THEN

heg\_index := cnt

Fill code of question FL\_heg002(heg\_index) executed

**heg002c** (health goods why not have it in section Healthgoods)

Why don't you have it ((**Prescription medications/Technologies to manage health or administer medication/Vitamins, supplements, and medical foods/Emotional support animals/Functional electrical stimulation (e.g WalkAide, L300 Go)/Medical parts or equipment like ventilators, test strips/Medical marijuana/Over-the-counter medications/Sedation during medical/dental procedures/^heg002\_other**))? (Check all that apply.)

- 1 It costs too much money
- 2 It is not available to buy
- 3 I didn't know about it until now
- 4 Other reason

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**heg002e** (health goods how many use in section Healthgoods)

How many of these item(s) ((**Prescription medications/Technologies to manage health or administer medication/Vitamins, supplements, and medical foods/Emotional support animals/Functional electrical stimulation (e.g WalkAide, L300 Go)/Medical parts or equipment like ventilators, test strips/Medical marijuana/Over-the-counter medications/Sedation during medical/dental procedures/^heg002\_other**)) would you use in a year? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**heg002e\_dk** (don't know health goods how many use in section Healthgoods)

OR

- 1 I don't know

END OF GROUP

IF 1 IN heg002c(heg\_index) THEN

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**heg002d\_amount** (health goods how much needed for item in section Health-goods)

How much do you think it would cost you or your family to pay for **one** of these item(s) ((**Prescription medications/Technologies to manage health or administer medication/Vitamins, supplements, and medical foods/Emotional support animals/Functional electrical stimulation (e.g WalkAide, L300 Go)/Medical parts or equipment like ventilators, test strips/Medical marijuana/Over-the-counter medications/Sedation during medical/dental procedures/~heg002\_other**)) in total? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**heg002d\_amount\_dk** (don't know health goods amount needed in section Healthgoods)

OR

1 I don't know

END OF GROUP

END OF IF

IF 4 IN heg002c(heg\_index) THEN

**heg002c\_other** (other health goods why not have it in section Healthgoods)

What is the other reason you don't you have it ((**Prescription medications/Technologies to manage health or administer medication/Vitamins, supplements, and medical foods/Emotional support animals/Functional electrical stimulation (e.g WalkAide, L300 Go)/Medical parts or equipment like ventilators, test strips/Medical marijuana/Over-the-counter medications/Sedation during medical/dental procedures/~heg002\_other**))?

STRING

END OF IF

END OF IF

END OF LOOP

ELSE

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**heg003\_dummy** (what need health goods in section Healthgoods)

You indicated that you do not use any health-related goods. Do you think you (need) any of these?( Check all that apply.)

1 Prescription medications OR:

2 Technologies to manage health or administer medication OR:

3 Vitamins, supplements, and medical foods OR:

4 Emotional support animals OR:  
5 Functional electrical stimulation (e.g WalkAide, L300 Go) OR:  
6 Medical parts or equipment like ventilators, test strips OR:  
7 Medical marijuana OR:  
8 Over-the-counter medications OR:  
9 Sedation during medical/dental procedures OR:  
10 Other physical and mental health care related goods OR:  
98 I do not need any of these health related goods

#### END OF GROUP

heg003 := heg003\_dummy

#### IF 10 IN heg003 THEN

**heg003\_other** (other need health goods in section Healthgoods)  
What other physical and mental health-related goods do you need?  
STRING

#### END OF IF

#### LOOP FROM 1 TO 10

#### IF cnt IN heg003 THEN

heg\_index := cnt  
Fill code of question FL\_heg003(heg\_index) executed

**heg003c** (health goods why not have it in section Healthgoods)  
Why don't you have it ((**Prescription medications/Technologies to manage health or administer medication/Vitamins, supplements, and medical foods/Emotional support animals/Functional electrical stimulation (e.g WalkAide, L300 Go)/Medical parts or equipment like ventilators, test strips/Medical marijuana/Over-the-counter medications/Sedation during medical/dental procedures/~heg003\_other**))? (Check all that apply.)

- 1 It costs too much money
- 2 It is not available to buy
- 3 I didn't know about it until now
- 4 Other reason

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**heg003e** (health goods how many use in section Healthgoods)  
How many of these item(s) ((**Prescription medications/Technologies to manage health or administer medication/Vitamins, supplements, and medical foods/Emotional support animals/Functional electrical stimulation (e.g WalkAide, L300 Go)/Medical parts or equipment like ventilators, test**

**strips/Medical marijuana/Over-the-counter medications/Sedation during medical/dental procedures/~heg003\_other))** would you use in a year? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**heg003e\_dk** (don't know health goods how many use in section Healthgoods)

OR

1 I don't know

END OF GROUP

IF 1 IN heg003c(heg\_index) THEN

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**heg003d\_amount** (health goods how much needed for item in section Healthgoods)

How much do you think it would cost you or your family to pay for **one** of these item(s) ((**Prescription medications/Technologies to manage health or administer medication/Vitamins, supplements, and medical foods/Emotional support animals/Functional electrical stimulation (e.g WalkAide, L300 Go)/Medical parts or equipment like ventilators, test strips/Medical marijuana/Over-the-counter medications/Sedation during medical/dental procedures/~heg003\_other**)) in total? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**heg003d\_amount\_dk** (don't know health goods amount needed in section Healthgoods)

OR

1 I don't know

END OF GROUP

END OF IF

IF 4 IN heg003c(heg\_index) THEN

**heg003c\_other** (other health goods why not have it in section Healthgoods)

What is the other reason you don't you have it ((**Prescription medications/Technologies to manage health or administer medication/Vitamins, supplements, and medical foods/Emotional support animals/Functional electrical stimulation (e.g WalkAide, L300 Go)/Medical parts or equipment like ventilators, test strips/Medical marijuana/Over-the-counter medications/Sedation during medical/dental procedures/~heg003\_other**))?

| | STRING  
 | | END OF IF  
 | | END OF IF  
 | | END OF LOOP  
 | | END OF IF  
 End of section **Healthgoods**  
 END OF IF

IF eligible = 1 AND numerofofcompletes < 1501 THEN

Start of section **General**

**ge\_intro** (Section General)

This section asks if you spend more money on anything else because of your disability or health condition. **Consider what you need for getting around, personal care, working, going to school, leisure, or community life.**

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**ge001\_dummy** (spend any more because of disability in section General)

Do you spend (more) on any of these things than you would if you did not have your disability or health condition?( Check all that apply.)

1 Housing or rent costs OR:

2 Heating or electricity costs OR:

3 Food costs, such as prepared foods, delivery services OR:

4 Transportation costs, such as gas, car insurance, taxi, or ride-share OR:

5 Technology costs, such as smartphones, smart devices, including repair or replacement OR:

6 Home maintenance costs, such as handyperson, cleaning services, equipment such as vacuum robot OR:

7 Childcare costs such as daycare, nanny OR:

8 Legal costs, such as lawyer fees, benefits assistance OR:

9 Various item costs, such as straws, tailored clothes, pads, sun protection OR:

10 Accessibility costs, such as for accessible seating at events, paying tips for airport assistance OR:

11 Preventative care costs such as personal protective equipment or frequent check ups OR:

12 Other costs for other general goods and services OR:

| 98 I do not spend more on any of these things

END OF GROUP

ge001 := ge001\_dummy

IF 12 IN ge001 THEN

| **ge001\_other** (modification other home modifications in section General)

| What other general items do you need to spend more money than people without disabilities?

| STRING

END OF IF

IF ge001 = RESPONSE AND ge001 != 98 THEN

| LOOP FROM 1 TO 12

| IF cnt IN ge001 THEN

| ge\_index := cnt

| Fill code of question FL\_ge001(ge\_index) executed

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

| **ge001a\_amount** (general items amount how much more spend in section General)

| In the past 12 months, how much more did you or your family spend on this ((Housing or rent costs/Heating or electricity costs/Food costs, such as prepared foods, delivery services/Transportation costs, such as gas, car insurance, taxi, or ride-share/Technology costs, such as smartphones, smart devices, including repair or replacement/Home maintenance costs, such as handyperson, cleaning services, equipment such as vacuum robot/Childcare costs such as daycare, nanny/Legal costs, such as lawyer fees, benefits assistance/Various item costs, such as straws, tailored clothes, pads,sun protection/Accessibility costs, such as for accessible seating at events, paying tips for airport assistance/Preventative care costs such as personal protective equipment or frequent check ups/^ge001\_other))? A rough estimate is fine.

| NUMBER (NO DECIMALS ALLOWED)

| **ge001a\_amount\_dk** (don't know general amount more spend in section General)

| OR

| 1 I don't know

| END OF GROUP

| END OF IF

END OF LOOP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**ge002\_dummy** (general items need to spend more on in section General)

In addition to what you spend more on, do you think you (need) to spend (more) on any other things because of your disability or health condition but can't afford it?(Check all that apply.)

1 Housing or rent costs OR:

2 Heating or electricity costs OR:

3 Food costs, such as prepared foods, delivery services OR:

4 Transportation costs, such as gas, car insurance, taxi, or ride-share OR:

5 Technology costs, such as smartphones, smart devices, including repair or replacement OR:

6 Home maintenance costs, such as handyperson, cleaning services, equipment such as vacuum robot OR:

7 Childcare costs such as daycare, nanny OR:

8 Legal costs, such as lawyer fees, benefits assistance OR:

9 Various item costs, such as straws, tailored clothes, pads, sun protection OR:

10 Accessibility costs, such as for accessible seating at events, paying tips for airport assistance OR:

11 Preventative care costs such as personal protective equipment or frequent check ups OR:

12 Other costs for other general goods and services OR:

98 I do not need to spend more on any of these things

END OF GROUP

ge002 := ge002\_dummy

IF 12 IN ge002 THEN

**ge002\_other** (general items other need spend more on because of disability in section General)

What other general items do you need to spend more money than people without disabilities?

STRING

END OF IF

LOOP FROM 1 TO 12



IF cnt IN ge002 THEN

ge\_index := cnt

Fill code of question FL\_ge002(ge\_index) executed

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**ge002d\_amount** (general how much one item in section General)

How much more do you think it would cost you or your family to pay for this ((Housing or rent costs/Heating or electricity costs/Food costs, such as prepared foods, delivery services/Transportation costs, such as gas, car insurance, taxi, or ride-share/Technology costs, such as smartphones, smart devices, including repair or replacement/Home maintenance costs, such as handyperson, cleaning services, equipment such as vacuum robot/Childcare costs such as daycare, nanny/Legal costs, such as lawyer fees, benefits assistance/Various item costs, such as straws, tailored clothes, pads,sun protection/Accessibility costs, such as for accessible seating at events, paying tips for airport assistance/Preventative care costs such as personal protective equipment or frequent check ups/^ge002\_other)) in a year? A rough estimate is fine.

NUMBER (NO DECIMALS ALLOWED)

**ge002d\_amount\_dk** (don't know general amount needed in section General)

OR

1 I don't know

END OF GROUP

END OF IF

END OF LOOP

ELSE

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**ge003\_dummy** (what general items spend more on because of disability in section General)

You indicated that you did not spend more on any of these things. Do you think you (need) to spend (more) on any of these things because of your disability or health condition but can't afford it?( Check all that apply.)

1 Housing or rent costs OR:

2 Heating or electricity costs OR:

3 Food costs, such as prepared foods, delivery services OR:

4 Transportation costs, such as gas, car insurance, taxi, or ride-share OR:

5 Technology costs, such as smartphones, smart devices, including repair or replace-

ment OR:  
 6 Home maintenance costs, such as handyperson, cleaning services, equipment such as vacuum robot OR:  
 7 Childcare costs such as daycare, nanny OR:  
 8 Legal costs, such as lawyer fees, benefits assistance OR:  
 9 Various item costs, such as straws, tailored clothes, pads, sun protection OR:  
 10 Accessibility costs, such as for accessible seating at events, paying tips for airport assistance OR:  
 11 Preventative care costs such as personal protective equipment or frequent check ups OR:  
 12 Other costs for other general goods and services OR:  
 98 I do not need to spend more on any of these things

#### END OF GROUP

ge003 := ge003\_dummy

#### IF 12 IN ge003 THEN

**ge003\_other** (other general items what need to spend more on in section General)  
 What other general items do you need to spend more money than people without disabilities?  
 STRING

#### END OF IF

#### LOOP FROM 1 TO 12

#### IF cnt IN ge003 THEN

ge\_index := cnt  
 Fill code of question FL\_ge003(ge\_index) executed

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**ge003d\_amount** (general how much one item in section General)  
 How much more do you think it would cost you or your family to pay for this  
 ((Housing or rent costs/Heating or electricity costs/Food costs, such as prepared foods, delivery services/Transportation costs, such as gas, car insurance, taxi, or ride-share/Technology costs, such as smartphones, smart devices, including repair or replacement/Home maintenance costs, such as handyperson, cleaning services, equipment such as vacuum robot/Childcare costs such as daycare, nanny/Legal costs, such as lawyer fees, benefits assistance/Various item costs, such as straws, tailored clothes, pads, sun protection/Accessibility costs, such as for accessible seating at events, paying tips for airport assistance/Preventative care costs such as personal protective equipment or frequent check ups/^(ge003\_other))

in a year? A rough estimate is fine.  
NUMBER (NO DECIMALS ALLOWED)

**ge003d\_amount.dk** (don't know general amount needed in section General)  
OR  
1 I don't know

END OF GROUP

END OF IF

END OF LOOP

END OF IF

End of section **General**

END OF IF

IF eligible = 1 AND numberofcompletes < 1501 THEN

Start of section **Financial**

**fin001** (disability-related costs make it more difficult to make financial ends meet in section Financial)

Do your disability-related costs make it more difficult for you to make financial ends meet?

- 1 Yes
- 2 No
- 3 Not relevant

**fin002** (ever gone into debt to pay for disability-related costs in section Financial)

Have you ever gone into debt to pay for your disability-related costs?

- 1 Yes
- 2 No
- 3 Not relevant

**fin003** (ever cut amount you or your household spends on food to help pay for disability-related costs in section Financial)

Have you ever cut the amount you or your household spends on food to help pay for your disability-related costs?

- 1 Yes
- 2 No
- 3 Not relevant

**fin004** (ever been unable to make rent or mortgage payments because of disability-related costs in section Financial)

Have you ever been unable to make rent or mortgage payments because of your disability-related costs?

- 1 Yes
- 2 No
- 3 Not relevant

**fin005** (thinking about disability-related costs make feel anxious in section Financial)

Does thinking about your disability-related costs make you feel anxious?

- 1 Yes
- 2 No
- 3 Not relevant

**fin006** (cost of disability related goods and services changed in section Financial)

Do you think that the prices for the disability-related goods and services that you need are *higher/lower/about the same* as two years ago?

- 1 Higher prices
- 2 Lower prices
- 3 About the same prices
- 4 Not relevant

**IF fin006 = 1 THEN**

**fin007** (higher prices impacted ability to afford the items you need in section Financial)

Have these higher prices on disability-related goods and services impacted your ability to afford the items you need?

- 1 Yes
- 2 No
- 3 Not relevant

**fin008** (higher prices impacted ability to make ends meet in section Financial)

Have these higher prices on disability-related goods and services impacted your ability to make ends meet?

- 1 Yes
- 2 No
- 3 Not relevant

**END OF IF**

**IF sc008 = 1 THEN**

**fin009** (Social Security Disability adjustment helped make ends meet in section Financial)

Social Security Disability benefits increased by 8.7% in 2023 to help with rising living costs. Has the adjustment been enough to help maintain your household's standard of

living compared to last year?

- 1 Yes, fully
- 2 Yes, somewhat
- 3 No
- 4 I don't know

#### GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

**fin010** (anyone provide unpaid assistance or care in section Financial)

Does anyone, such as a family member, friend, or someone else, provide unpaid assistance or care for you because of your disability or health condition? This could be help with things like personal tasks, transportation to appointments, managing your health, or other daily activities.

- 1 No
- 2 Yes, daily
- 3 Yes, weekly
- 4 Yes, monthly
- 5 Yes, less than once a month
- 6 Yes,
- 7 I prefer not to respond
- 8 I don't know

**fin010\_times** (times past 12 months provide unpaid assistance or care in section Financial)

STRING

#### END OF GROUP

**IF fin010 IN (,2,3,4,5) THEN**

**fin011** ( how much time unpaid caregiver spend assisting in typical day in section Financial)

On average, how much time does your unpaid caregiver spend assisting you in a typical day?

- 1 Less than 1 hour
- 2 1-2 hours
- 3 3-4 hours
- 4 5-6 hours
- 5 More than 6 hours
- 6 It varies greatly
- 7 I prefer not to respond
- 8 I don't know

**END OF IF**

**END OF IF**

**fin012** (area currently living in section Financial)

How would you describe the area where you currently live?

- 1 Urban
- 2 Suburban
- 3 Rural
- 98 I prefer not to respond
- 99 I don't know

**fin013** (current health care coverage in section Financial)

Which of the following best describes your primary health insurance coverage?

- 1 Insurance provided through an employer or purchased directly from an insurance company or marketplace
- 2 Medicaid or a state-sponsored health program (such as Medi-Cal in California or MassHealth in Massachusetts)
- 4 Medicare
- 5 Other government-sponsored program (such as IHS, TRICARE)
- 6 No health insurance coverage
- 98 I prefer not to respond
- 99 I don't know

End of section **Financial**

END OF IF

IF eligible = 1 AND numberofcompletes < 1501 THEN

```
survey_end := date("Y-m-d H:i:s")
survey_time := strtotime(survey_end) - strtotime(survey_begin)
reward := '8'
```

Start of section **Closing**

**CS\_001** (HOW PLEASANT INTERVIEW in section Closing)

Could you tell us how interesting or uninteresting you found the questions in this interview?

- 1 Very interesting
- 2 Interesting
- 3 Neither interesting nor uninteresting
- 4 Uninteresting
- 5 Very uninteresting

**CS\_003** (comments in section Closing)

Do you have any other comments on the interview? Please type these in the box below.(If you have no comments, please click next to complete this survey.)

STRING

End of section **Closing**

**ELSE**

reward := '3'

**earlyexit** (Section Base)

Thank you for your time! We don't have any further questions for you at this moment.

Start of section **Closing**

**CS\_001** (HOW PLEASANT INTERVIEW in section Closing)

Could you tell us how interesting or uninteresting you found the questions in this interview?

- 1 Very interesting
- 2 Interesting
- 3 Neither interesting nor uninteresting
- 4 Uninteresting
- 5 Very uninteresting

**CS\_003** (comments in section Closing)

Do you have any other comments on the interview? Please type these in the box below.(If you have no comments, please click next to complete this survey.)

STRING

End of section **Closing**

**END OF IF**

/\* Please note that although question CS\_003 is listed in the routing, the answers are not included in the microdata in the event identifiable information is captured. Cleaned responses are available by request. \*/