

BRFSS STATE AND TERRITORY QUESTIONS CONCERNING DISABILITY AND ACTIVITY LIMITATION



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The material contained in this document is presented for the sole purpose of educating and informing readers about BRFSS questions pertaining to people with disabilities. AAHD does not endorse the use of the questions listed in this document.

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OVERVIEW

The American Association on Health and Disability surveyed state and territorial BRFSS coordinators requesting copies of questions added to BRFSS concerning disability or activity limitation between 1999 and 2005. Response was very high. This report presents a compendium of responses.

BRFSS questions are presented in two formats. In Part A, the alphabetized state listing, you will find the questions asked by each state and the year(s) in which they were asked. In Part B, you will find the questions categorized according to their general content. The questions were categorized as follows: access, activity limitations, assistive equipment, attitudes on disability issues, nature of disability, and personal assistant. Within each category, the questions have been listed alphabetically with states and the years in which each was used. Similar questions were NOT combined. States which used identical wording for a given question are indicated. Standard response options for some questions can be found in Part A.

States varied in what they chose to include in their responses to AAHD's survey. Questions that are included may have been in the CDC core questions, in disability or quality of life categories, or in the CDC BRFSS disability or health related quality of life modules. Some questions were added by individual states and are unique to that state. This compendium does not include questions specific to Depression, Diabetes, Epilepsy or Pain, or any questions that some states used about activity limitations specific to those conditions. States were not requested to send questions regarding caregiving. Some states included such information and it is presented.

RESPONSE

Of 53 states and territories, 51 responded. Twenty-three (23) reported no added questions. One (1) non-responding state had information on its website indicating that there were no added questions. One territory did not respond, and conclusive information was not available on the internet.

States reporting "No" added questions: AK, DE, DC, GU, IL, IN, LA, MD, ME, MI, MN, MO, MS, NV, ND, OH, OK, SD, VT, VA, VI, WI, WY

Non-Response States whose questionnaires on website reveal no added questions: ME
Non-Response: PR

LIMITATIONS

Reporting of 2005 questions may have been uneven. Some states submitted added questions for 2005. Some states referred AAHD to websites where questions were posted, but 2005 questions were not posted. Therefore, the listing of 2005 questions may be incomplete. Some states chose not to list the specific questions they used, referring only to the CDC core and module. States reporting “no added questions” may have used the CDC Core and Disability Module questions, but did not use any questions unique to their state.

Optional BRFSS QOL Module Questions

The following questions are now included in the existing Optional BRFSS QOL Module:

1. Are you limited in any way in any activities because of any impairment or health problem?
2. What is the MAJOR impairment or health problem that limits your activities?
 - a. Arthritis / rheumatism
 - b. Back or neck problem
 - c. Fractures, bone / joint injury
 - d. Walking problem
 - e. Lung / breathing problem
 - f. Hearing problem
 - g. Eye / vision problem
 - h. Heart problem
 - i. Stroke problem
 - j. Hypertension / high blood pressure
 - k. Diabetes
 - l. Cancer
 - m. Depression / anxiety / emotional problem
 - n. Other impairment/problem
3. For HOW LONG have your activities been limited because of your major impairment or health problem? _____ (number)
 - a. Days
 - b. Weeks
 - c. Months
 - d. Years
4. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?
5. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

BRFSS State and Territory Questions Concerning Disability and Activity Limitation Listing by State, 1999 – 2005

TABLE OF CONTENTS

PART A

State/Territory

Alabama	8
Alaska	8
Arizona	8
Arkansas	9
California	11
Colorado	12
Connecticut	13
Delaware	13
District of Columbia	13
Florida	13
Georgia	13
Guam	14
Hawaii	14
Idaho	14
Illinois	14
Indiana	14
Iowa	14
Kansas	15
Kentucky	16
Louisiana	16
Maine	16
Maryland	16
Massachusetts	17
Michigan	19
Minnesota	19
Mississippi	19
Missouri	19
Montana	20

Nebraska	20
Nevada	21
New Hampshire	21
New Jersey	21
New Mexico	21
New York	23
North Carolina	24
North Dakota	26
Ohio	27
Oklahoma	27
Oregon	27
Pennsylvania	29
Puerto Rico	30
Rhode Island	30
South Carolina	32
South Dakota	32
Tennessee	32
Texas	33
Utah	34
Vermont	35
Virgin Islands	35
Virginia	35
Washington	36
West Virginia	39
Wisconsin	39
Wyoming	39
PART B	40
Categorical List of BRFSS Questions	42
PART C	51
State BRFSS Websites	52
Additional Questions of Interest to Disability And Health Researchers	54

Part A

QUESTIONS LISTED BY STATE/TERRITORY

BRFSS State and Territory Added Questions Related to Disability Listing by State, 1999 – 2005

Alabama

1. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? **Year(s) Used:** 2001
2. What is the farthest distance you can walk by yourself, without any special equipment or help from others? **Year(s) Used:** 2001
3. What is the MAJOR impairment or health problem that limits your activities? **Year(s) Used:** 2001
4. For HOW LONG have your activities been limited because of your major impairment or health problem? **Year(s) Used:** 2001
5. Because of any impairment or health problem, do you need the help of other person with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2001
6. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chore, doing necessary business, shopping, or getting around for other purposes? **Year(s) Used:** 2001
7. Is the assistance you receive to meet your routine needs: **Year(s) Used:** 2001
 - a. usually adequate
 - b. sometimes adequate
 - c. rarely adequate?
8. Is there anyone in your household who is LIMITED in any way in any activities because of physical, mental, or emotional problem or who uses special equipment? How old are these people? **Year(s) Used:** 2001
9. Earlier you reported that due to your impairment you need some assistance from another person with your PERSONAL CARE needs. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2001
10. Is the assistance you receive to meet your personal care needs: **Year(s) Used:** 2001
 - a. usually adequate
 - b. sometimes adequate
 - c. rarely adequate?
11. Earlier you reported that due to your impairment you need some assistance from another person with your ROUTINE needs. Who usually helps you with handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes? **Year(s) Used:** 2001

Alaska

No Added Questions

Arizona

1. Because of (this/any of these) mental or emotional problem(s) are you unable to work or limited in the kind of work or activity you can do? **Year(s) Used:** 2001

2. How much of the time does your vision limit you in recognizing people or objects across the street? **Year(s) Used:** 2002
3. How much of the time does your vision limit you in reading print like in a newspaper, magazine, recipe, menu, or numbers on the telephone? **Year(s) Used:** 2002
4. How much of the time does your vision limit you in watching television? **Year(s) Used:** 2002
5. Sometimes people provide care or assistance to others who are elderly, ill or disabled. During the past 30 days, did you provide any type of care or assistance to a relative or friend who is 60 years old or older? **Year(s) Used:** 2003
6. In the past 30 days, how much time have you missed at work or other responsibilities in order to provide the care? **Year(s) Used:** 2003
7. During the past 60 days, how often did you have difficulty arranging for transportation to get to the places you want or need to go? **Year(s) Used:** 2003
8. Because of any impairment or health problem, do you need someone to help with your personal care needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2003
9. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2003
10. Is the assistance you receive to meet your personal care needs from all sources: **Year(s) Used:** 2003
11. Because of any impairment or health problem, do you need someone to help in handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes? **Year(s) Used:** 2003
12. Who usually helps you with handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes? **Year(s) Used:** 2003
13. Is the assistance you receive to meet your routine needs from all sources: **Year(s) Used:** 2003
 - a. usually adequate
 - b. sometimes adequate
 - c. rarely adequate
14. During the past month, to what extent has epilepsy or its treatment interfered with your normal activities like working, school, or socializing with family or friends? **Year(s) Used:** 2005

Arkansas

1. Because of a health or physical problem, do you have any difficulty fully **bathing or showering** yourself without help or special equipment? **Year(s) Used:** 1999
2. What special assistance or equipment do you require for bathing, if any? **Check all that apply.** **Year(s) Used:** 1999
 - a. Use of special equipment (reacher, adapted back brush, adapted shampoo/soap dispensers, etc.)
 - b. Have adapted shower/tub environment (grab bars, anti-slip flooring, hand-held shower, shower bench, etc.)
 - c. Assistance from another person
3. Because of a health or physical problem, do you have any difficulty **dressing and grooming** yourself without help? **Year(s) Used:** 1999
4. Because of a health or physical problem, do you have any difficulty **eating food and drinking liquids** yourself without help? **Year(s) Used:** 1999

5. Because of a health or physical problem, do you have any difficulty **moving in and out of bed or a chair** without help? **Year(s) Used:** 1999
6. Because of a health or physical problem, do you have any difficulty **using the toilet** without help? **Year(s) Used:** 1999
7. Because of a health or physical problem, do you have any difficulty voluntarily controlling your **bladder**? **Year(s) Used:** 1999
8. Do bladder difficulties or fear of **bladder** accidents interfere with your: **Year(s) Used:** 1999
 - a. Activities of daily living
 - b. Leisure activities
 - c. Work activities
 - d. Personal relationships
9. What special assistance or equipment do you require when **urinating**? **Year(s) Used:** 1999 .
 - a. Use of special equipment (catheter; leg bag, etc.)
 - b. Have adapted toileting environment (modified toilet, grab bars, raised seat, etc.)
 - c. Assistance from another person
10. Because of a health or physical problem, do you have any difficulty voluntarily controlling your **bowels**? **Year(s) Used:** 1999
11. What special assistance or equipment do you require when evacuating the **bowels**? **Year(s) Used:** 1999
 - a. Use of special equipment (reacher, hygienic wipes, suppositories, etc.)
 - b. Have adapted toileting environment (bidet, modified toilet, grab bars, raised seat, etc.)
 - c. Assistance from another person
12. Because of a health or physical problem, do you have any difficulty walking on a level surface inside your home? **Year(s) Used:** 1999
13. Because of a health or physical problem, do you have any difficulty getting to places outside your home and not within walking distance without help? For example, travel alone on buses, taxis, or drive a car. Would you say that you have no difficulty, some difficulty, or you are unable to do it? **Year(s) Used:** 1999
14. Because of a health or physical problem, do you have any difficulty either writing or handling and **grasping small objects**? Would you say that you have no difficulty, some difficulty, or you are unable to do it? **Year(s) Used:** 1999
15. Do you wear a hearing aid every day? **Year(s) Used:** 1999
16. Can you hear most of the things people say (with a hearing aid if that is how you hear best)? **Year(s) Used:** 1999
17. Do you have vision in both eyes or only one eye? **Year(s) Used:** 1999
18. Can you see well enough to read newspaper print (with your glasses or contacts if that is how you see best)? **Year(s) Used:** 1999
19. What is the farthest distance that you can walk by yourself, without any special equipment or help from others? **Year(s) Used:** 2003, 2004, 2005
20. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2003, 2004, 2005

21. Because of any impairment or health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **Year(s) Used:** 2003, 2004, 2005
22. In past 30 days, how many days have you not been able to do what you wanted because of physical barriers in your environment like sidewalks, buildings, or houses that are too hard to get around in? **Year(s) Used:** 2005
23. Do bathing difficulties or fear of accidents during bathing interfere with your: **Year(s) Used:** 1999
 - a. Activities of daily living
 - b. Leisure activities
 - c. Work activities
 - d. Personal relationships
24. Earlier you said that there **(is a person in your / are people in your)** household who **(is/are)** limited because of an impairment or health problem. In order to better serve the needs of Arkansas residents, we would like to complete this interview later with that person. **Year(s) Used:** 1999
25. Is the person limited because of an impairment or health problem **(with the most recent birthday) if 2 or more** 18 or older? **Year(s) Used:** 1999
26. So that we may refer to that person more easily, may we have his or her first name? **Year(s) Used:** 1999
27. Would **(NAME)** be able to answer the questions on their own, or would he or she need someone to answer questions on his or her behalf? **Year(s) Used:** 1999
28. The information gathered in these interviews is very important to the state of Arkansas in evaluating and improving programs designed to meet the needs of people who are limited in their activities due to a health impairment or problem. Would you be able and willing to answer questions on behalf of **(Name)?** **Year(s) Used:** 1999
29. So that we may contact an adult who would be able to answer the questions on behalf of **<name>** may we please have their first name? **Year(s) Used:** 1999
30. When would be a good time of day to reach **(you / name / someone who could answer the questions)?** **Year(s) Used:** 1999

California

2003 California BRFSS – CDC Core questions and CDC optional QOL module

2002 California BRFSS – CDC Core questions and CDC optional QOL module

2001 California BRFSS – CDC Core questions

2000 California BRFSS – CDC Core question and CDC optional QOL module

1999 California BRFSS – CDC Core question

1. Are you limited in any way in any activities because of physical, mental, or emotional problems? **Year(s) Used:** 2004, 2005
2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheel chair, a special bed, or a special telephone? (include occasional use or use in certain circumstances) **Year(s) Used:** 2004, 2005

3. During the PAST YEAR, have you had ongoing or chronic pain in muscles, joints, or organs? **Year(s) Used:** 2005
4. How big a problem was it for you? **Year(s) Used:** 2005
5. During the past year, have you had problems getting out and going where you want to because of physical barriers in your environment, such as buildings that are too hard to get around in? **Year(s) Used:** 2005
6. How big a problem was it for you? **Year(s) Used:** 2005
7. How long have your activities been limited? **Year(s) Used:** 2004
8. Has this problem ever made it hard for you to get medical care? **Year(s) Used:** 2004
9. What problem or problems have you had getting medical care? **Year(s) Used:** 2004
 - a. Transportation
 - b. Lack of specialists I need
 - c. Wrong exam tables or other equipment
 - d. Lack of assistance (for example with removing clothing, moving)
 - e. Bad attitude/insensitivity of health workers
 - f. Costs/Insurance exclusions
 - g. Lack of time allotted for appt.
 - h. Others (specify) _____

Colorado

1. Are you limited in the kind or amount of work you can do because of any impairment or health problem? **Year(s) Used:** 2000
2. Are you limited in any way in any activities because of physical, mental, or emotional problems? **Year(s) Used:** 2002
3. Are you limited in any way in any activities because of any impairment or health problem? **Year(s) Used:** 2000
4. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? **Year(s) Used:** 2000
5. Do you use special equipment or help from others to get around? If so, what type(s) do you use? **Year(s) Used:** 2000
6. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? **Year(s) Used:** 2002
7. A disability can be physical, mental, emotional, or communication; do you consider yourself to have a disability? **Year(s) Used:** 2000
8. Is there anyone in your household who is LIMITED in any way in any activities because of any impairment or health problem? How old are these people? **Year(s) Used:** 2000
9. The possible responses are strongly disagree, disagree, agree, or strongly agree. **Year(s) Used:** 2002
 - a. Most employers will hire a person with a disability if he or she is qualified for the job.
 - b. There are too many handicapped parking spaces.
 - c. People with disabilities receive too much special treatment under the law (This question was asked January 2002 – June 2002).
 - d. You should not expect too much from people with disabilities.

- e. It is inappropriate for people with disabilities to have children. (This question was asked January 2002 – June 2002)
- f. Most people would be willing to accept a person with a PHYSICAL disability as a close friend.
- g. Most people would be willing to accept a person with a MENTAL disability as a close friend.
- h. Children with PHYSICAL disabilities should be integrated into regular classrooms.
- i. Children with MENTAL disabilities should be integrated into regular classrooms.
- j. People in a restaurant are uncomfortable being seated near a person with a PHYSICAL disability.
- k. People in a restaurant are uncomfortable being seated near a person with a MENTAL disability.
- l. Most people would be willing to accept a group home for people with PHYSICAL disabilities in their neighborhood. (This question was asked January 2002 – June 2002)
- m. Most people would be willing to accept a group home for people with MENTAL disabilities in their neighborhood. (This question was asked January 2002 – June 2002)

Connecticut

No Added Questions

Delaware

No Added Questions

District of Columbia

No Added Questions

Florida

1. Are you limited in any way in any activities because of any impairment or health problem? **Year(s) Used:** 2000
2. What is the major impairment or health problem that limits your activities? **Year(s) Used:** 2000, 2001
3. For how long have your activities been limited because of your major impairment or health problem? **Year(s) Used:** 2000, 2001
4. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2000, 2001
5. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **Year(s) Used:** 2000, 2001

Georgia

1. Do you have difficulty getting to the places you want or need to go outside the home? **Year(s) Used:** 2001
2. Do you have difficulty getting around inside the home without help from another person and without the use of special equipment? **Year(s) Used:** 2001

Guam

No Added Questions

Hawaii

1. Does your health *now* limit you in *moderate activities*, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? **Year(s) Used:** 2000
2. Does your health *now* limit you in climbing *several* flights of stairs? **Year(s) Used:** 2000

Idaho

In 2001, 2003, 2004, and 2005 Idaho included the BRFSS disability module.

1. What is your major impairment or health problem? **Year(s) Used:** 2001
2. For how long have your activities been limited because of your major impairment or health problem? **Year(s) Used:** 2001
3. Because of any impairment or health problem, do you need the help of other persons with you PERSONAL CARE needs such as eating, bathing, dressing or getting around the house? **Year(s) Used:** 2001
4. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping or getting around for other purposes? **Year(s) Used:** 2001

Illinois

No Added Questions

Indiana

No Added Questions

Iowa

1. Are you limited in the kind or amount of work you can do because of any impairment or health problem? **Year(s) Used:** 1999, 2000, 2001
2. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? **Year(s) Used:** 1999, 2000, 2001
3. If you use special equipment or help from others to get around, what type do you use? **Year(s) Used:** 1999, 2000, 2001
4. Using special equipment or help, what is the farthest distance that you can go? **Year(s) Used:** 1999, 2000, 2001

5. What is the farthest distance you can walk by yourself, without any special equipment or help from others? **Year(s) Used:** 1999, 2000, 2001
6. Is there anyone [else] in your household who is LIMITED in any way in any activities because of any impairment or health problem? How old are these people? **Year(s) Used:** 1999, 2000, 2001

Kansas

1. Are you limited in the kind or amount of work you can do because of any impairment or health problem? **Year(s) Used:** 1999, 2000
2. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? **Year(s) Used:** 1999, 2000
3. If you use special equipment or help from others to get around, what type do you use? **Year(s) Used:** 1999, 2000
4. Using special equipment or help, what is the farthest distance that you can go? **Year(s) Used:** 1999, 2000
5. What is the farthest distance you can walk by yourself, without any special equipment or help from others? **Year(s) Used:** 1999, 2000
6. Are you limited in any way in any activities because of any impairment or health problem? **Year(s) Used:** 1999, 2000
7. What is the MAJOR impairment or health problem that limits your activities? **Year(s) Used:** 1999, 2000
8. Is this impairment or health problem the result of a work-related illness or injury? **Year(s) Used:** 1999, 2000
9. For HOW LONG have your activities been limited because of your major impairment or health problem? **Year(s) Used:** 1999, 2000
10. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 1999, 2000
11. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **Year(s) Used:** 1999, 2000
12. During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation? **Year(s) Used:** 1999, 2000
13. Is there anyone in your household who is LIMITED in any way in any activities because of any impairment or health problem? How old are these people? **Year(s) Used:** 1999, 2000
14. Including yourself, how many people in your household have received medical care or are limited in any way in any activities as a result of an injury to their head or brain? **Year(s) Used:** 2003
15. Are you limited in any way in any activities because of physical, mental, or emotional problems? **Year(s) Used:** 2002
16. These next questions are about experiences you may have in your day-to-day life. How often do any of the following things happen to you? Would you say this happens: almost every day, at least once a week, a few times a month, a few times a year, less than once a year or never **Year(s) Used:** 2004

- a. You are treated with less respect than other people are.
- b. People act as if they think you are not smart.
- c. People act as if they're better than you are.
- d. You are called names or insulted.
- e. What do you think is the main reason for the negative experiences you have just told me about?
- f. Age
- g. Gender
- h. Race / Ethnicity
- i. Religion
- j. Weight
- k. Sexual Orientation
- l. Education or income level
- m. Physical disability status
- n. Some other aspect of physical appearance
- o. No particular reason / Reasons vary too much to say
- p. Other (Specify_____)

Kentucky

1. Are you limited in any way in any activities because of any impairment or health problem? **Year(s) Used: 2000**
 - a. Yes
 - b. No
 - c. Don't Know/Not Sure
 - d. Refused

2. What is the major impairment or health problem that limits your activities? **Year(s) Used: 2000**
 - a. Arthritis/Rheumatism
 - b. Back or neck problem
 - c. Fractures, bone/joint injury
 - d. Walking problem
 - e. Lung/breathing problem
 - f. Hearing problem
 - g. Eye/vision problem
 - h. Heart problem
 - i. Stroke problem
 - j. Hypertension/high blood pressure
 - k. Diabetes
 - l. Cancer
 - m. Depression/anxiety/emotional problem
 - n. Other impairment/problem
 - o. Don't know/ Not sure

Louisiana

No Added Questions

Maine

No Added Questions

Maryland

1. Are you limited in any way in any activities because of physical, mental, or emotional problems? **Year(s) Used:** 2001, 2003, 2004
2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheel chair, a special bed, or a special telephone? **Year(s) Used:** 2001, 2003, 2004
3. What is your major impairment or health problem? **Year(s) Used:** 2001
 - a. Arthritis / rheumatism
 - b. Back or neck problem
 - c. Fractures, bone / joint injury
 - d. Walking problem
 - e. Lung / breathing problem
 - f. Hearing problem
 - g. Eye / vision problem
 - h. Heart problem
 - i. Stroke problem
 - j. Hypertension / high blood pressure
 - k. Diabetes
 - l. Cancer
 - m. Depression / anxiety / emotional problem
 - n. Other impairment/problem
4. For HOW LONG have your activities been limited because of your major impairment or health problem? **Year(s) Used:** 2001
5. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2001
6. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, shopping, or getting around for other purposes? **Year(s) Used:** 2001
7. Earlier you reported that due to your impairment you need some assistance from another person with your PERSONAL CARE needs. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2001
8. Is the assistance you receive to meet your personal care needs from all sources? **Year(s) Used:** 2001
 - a. usually adequate
 - b. sometimes adequate
 - c. rarely adequate
9. Earlier you reported that due to your impairment you need some assistance from another person with your ROUTINE needs. Who usually helps you with handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes? **Year(s) Used:** 2001
10. Is the assistance you receive to meet your routine needs from all sources? **Year(s) Used:** 2001
 - a. usually adequate
 - b. sometimes adequate
 - c. rarely adequate

Massachusetts

1. Are you limited in the kind of or amount of work you can do because of impairment or health problem? **Year(s) Used:** 1999, 2000
2. Because of any impairment or health problem, do you have (any) trouble learning, remembering or concentrating? **Year(s) Used:** 1999, 2000, 2001, 2002, 2003, 2004, 2005
3. Would you describe yourself as having a/any disability of any kind? **Year(s) Used:** 1999, 2000, 2001, 2002, 2003, 2004, 2005

4. What is your major disability? **Year(s) Used:** 1999, 2000, 2001, 2002
5. If you use special equipment or help from others to get around, what type do you use? **Year(s) Used:** 1999, 2000
6. Using special equipment or help, what is the farthest distance you can go? **Year(s) Used:** 1999, 2000
7. What is farthest distance you can walk by yourself, without (any) special equipment or help from others? **Year(s) Used:** 1999, 2000, 2001, 2002, 2003, 2004, 2005
8. For how long have you had your main disability? **Year(s) Used:** 1999, 2000, 2001, 2002
9. Is there anyone (else) in your household who has a disability, or is limited in any way? How old are they? **Year(s) Used:** 1999, 2000, 2001
10. Would you say your disability is... 1=mild,2=moderate,3=severe,7=dk,9=ref **Year(s) Used:** 2000, 2001
11. Is this impairment or health problem the result of a work-related injury or illness? **Year(s) Used:** 1999
12. Would you say your limitation is... 1=mild, 2=moderate, 3=severe, 7=dk, 9=ref **Year(s) Used:** 1999, 2000, 2001
13. Are you limited in any way in any activities because of any impairment or health problem? **Year(s) Used:** 2001, 2003, 2004, 2005
14. Are you limited in any way in any activities because of any impairment or health problem? Because of physical, mental or emotional problems? **Year(s) Used:** 1999, 2000, 2002
15. What is the major impairment or health problem that limits your activities? **Year(s) Used:** 2001, 2002
16. For how long have your activities been limited because of your major impairment or health problem? or disability? **Year(s) Used:** 1999, 2000, 2001, 2002, 2003, 2004, 2005
17. Because of impairment, any impairment, health problem or disability) do you need the help of other persons with your personal care needs, such as eating, bathing, dressing or getting around the house? **Year(s) Used:** 1999, 2000, 2001, 2002, 2003, 2004, 2005
18. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house? (Due to impairment) **Year(s) Used:** 2000
19. Is the assistance you receive to meet your personal care needs: **Year(s) Used:** 2000
 - a. usually adequate
 - b. sometimes adequate
 - c. rarely adequate
20. Because of impairment: any impairment, health problem or disability, do you need the help of other persons in handling your routine needs, such as everyday household chores, business, shopping or getting around for other purposes? **Year(s) Used:** 1999, 2000, 2001, 2002, 2003, 2004, 2005
21. Who usually helps you with handling your routine needs, such as every day household chores, shopping, or getting around for other purposes? (Due to impairment) **Year(s) Used:** 2000
22. Is the assistance you receive to meet your routine needs: **Year(s) Used:** 2000
 - a. usually adequate
 - b. sometimes adequate
 - c. rarely adequate

23. Is there anyone (else) in your household who has a disability, or is limited in any way? How old are these people? **Year(s) Used:** 1999, 2000, 2001
24. Do you (now) have any health problems that requires you to use special equipment, such as a cane, a wheelchair, a special bed or a special telephone? **Year(s) Used:** 2001, 2002, 2003, 2004, 2005
25. Does household member have a disability, or is limited in any way? **Year(s) Used:** 1999
26. What is the major impairment or health problem that limits your activities? **Year(s) Used:** 2001, 2002
27. What is the major impairment or health problem that limits your activities or causes your disability? **Year(s) Used:** 2003, 2004

Michigan

No Added Questions

Minnesota

No Added Questions

Mississippi

No Added Questions

Missouri

Special study, 2001, of Missouri Adults Age 60 and Over:

These next questions are about limitations you may have in your daily life.

1. Are you LIMITED in any way in any activities because of any impairment or health problem? **Year(s) Used:** 2001
2. What is the MAJOR impairment or health problem that limits your activities? **Year(s) Used:** 2001
 - a. Arthritis/rheumatism
 - b. Back or neck problem
 - c. Fractures, bone/joint injury
 - d. Walking problem
 - e. Lung/breathing problem
 - f. Hearing problem
 - g. Eye/vision problem
 - h. Heart problem
 - i. Stroke problem
 - j. Hypertension/high blood pressure
 - k. Diabetes
 - l. Cancer
 - m. Depression/anxiety/emotional problem
 - n. Other impairment/problem
3. Because of any impairment or health problem, do you have any trouble learning, remembering or concentrating? **Year(s) Used:** 2001

Montana

1. Are you limited in any way in any activities because of physical, mental or emotional problems? **Year(s) Used:** 2001, 2002, 2003, 2004, 2005
2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? **Year(s) Used:** 2001, 2003, 2003, 2004, 2005
3. What is your major impairment or health problem? **Year(s) Used:** 2002
4. For how long have your activities been limited because of your major impairment or health problem? **Year(s) Used:** 2002
5. Because of your major impairment or health problem, do you need the help of other persons with your
6. PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2002
7. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2002
8. Is the assistance you receive to meet your personal care needs from all sources? **Year(s) Used:** 2002
9. Because of your major impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping or getting around for other purposes? **Year(s) Used:** 2002
10. Who usually helps you with handling your routine needs, such as everyday household chores, shopping or getting around for other purposes? **Year(s) Used:** 2002
11. Is the assistance you receive to meet your routine needs from all sources: **Year(s) Used:** 2002
12. If a person who uses special equipment, such as a wheelchair, came to visit you, could they get into your house without being carried up steps or over other obstacles? **Year(s) Used:** 2004
13. Because of an impairment or health problem, do you have any trouble learning, remembering or concentrating? **Year(s) Used:** 2005
14. On at least one of the three prior questions, you reported an impairment or problem that limited you in someway or required you to use special equipment. Have you had at least one such impairment or problem for more than six months? **Year(s) Used:** 2005
15. A disability can be physical, mental, emotional, or communication related. Do you consider yourself to have a disability? **Year(s) Used:** 2005

Nebraska

No Added Questions

Nevada

No Added Questions

New Hampshire

1. Are you limited in any way in any activities because of any impairment or health problem? **Year(s) Used:** 2000
2. What is the major impairment or health problem that limits your activities? **Year(s) Used:** 2000
3. For how long have your activities been limited because of your major impairment or health problem? **Year(s) Used:** 2000

New Jersey

1. Are you limited in any way in any activities because of any impairment or health problem? **Year(s) Used:** 1999
2. What is the major impairment or health problem that limits your activities? **Year(s) Used:** 1999
3. For how long have your activities been limited because of your major impairment or health problem? **Year(s) Used:** 1999
4. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 1999
5. Because of any impairment or health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **Year(s) Used:** 1999

New Mexico

1. New Mexico included caregiving questions in their response.
2. Are you limited in the kind or amount of work you can do because of any impairment or health problem? **Year(s) Used:** 1999
3. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? **Year(s) Used:** 1999
4. Now, thinking about the__ year old person with a limiting condition living in your household... Is this person a male or female? **Year(s) Used:** 1999, 2000, 2001
5. For how long have your activities been limited because of your major impairment or health problem? **Year(s) Used:** 1999, 2000, 2001
6. Is this impairment or health problem the result of a work-related illness or injury? **Year(s) Used:** 1999, 2000, 2001
7. Thinking about last week, for about how many hours did the following people provide help? **Year(s) Used:** 1999, 2000, 2001
 - a. Unpaid Family
 - b. Unpaid Others.
 - c. Paid Health Care Professionals
 - d. Paid Nonprofessionals
8. How familiar would you say you are with the daily activities of the person(s) that need help with personal care and routine needs? **Year(s) Used:** 1999, 2000, 2001

9. Are you limited in any way in any activities because of any impairment or health problem? **Year(s) Used:** 1999, 2000
10. What is the MAJOR impairment or health problem that limits your activities? **Year(s) Used:** 1999, 2000
11. Is it likely that your activity level will continue to be limited for three months or more? **Year(s) Used:** 1999, 2000
12. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 1999, 2000
13. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **Year(s) Used:** 1999, 2000
14. Earlier you reported that due to your impairment you need some assistance from another person with your PERSONAL CARE needs. Who helps you the most with your personal care needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2000
15. Is the assistance you receive to meet your personal care needs **Year(s) Used:** 2000
 - a. usually adequate
 - b. sometimes adequate
 - c. rarely adequate
16. Earlier you reported that due to your impairment you need some assistance from another person with your ROUTINE needs. Who helps you the most with handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes? **Year(s) Used:** 2000
17. Is the assistance you receive to meet your routine needs: **Year(s) Used:** 2000
 - a. usually adequate
 - b. sometimes adequate
 - c. rarely adequate
18. For HOW LONG have this person's activities been limited because of a major impairment or health problem? **Year(s) Used:** 1999, 2000, 2001
19. Is it likely that this person's activity level will continue to be limited for three months or more? **Year(s) Used:** 1999, 2000, 2001
20. Because of any impairment or health problem, does this person need the help of other persons with their PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 1999, 2000, 2001
21. Because of any impairment or health problem, does this person need the help of other persons in handling their ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **Year(s) Used:** 1999, 2000, 2001
22. For the next question please consider all persons in your household, as well as family members who don't live with you. How much did all of these persons pay last month to provide help with personal care and routine needs of this/these household member(s). **Year(s) Used:** 1999, 2000, 2001
 - a. Was the total amount spent: Less than \$100 per month.
 - b. Was the total amount spent: \$100 to \$500 per month.
 - c. Was the total amount spent: More than \$500 per month
24. Providing assistance to household members may be physically tiring, mentally/emotionally stressful, or financially demanding. Would you say that for you and other household members: 1999, 2000
 - a. Physically very tiring
 - b. Physically somewhat tiring
 - c. Physically not at all tiring

25. Providing assistance to household members is: **Year(s) Used:** 1999, 2000
 - a. Mentally/Emotionally very tiring
 - b. Mentally/Emotionally somewhat tiring
 - c. Mentally/Emotionally not at all tiring
26. Providing assistance to household members is: **Year(s) Used:** 1999, 2000
 - a. Financially very much of a problem
 - b. Financially somewhat of a problem
 - c. Financially not at all a problem
27. If you use special equipment or help from others to get around, what type do you use? **Year(s) Used:** 1999
28. Using special equipment or help, what is the farthest distance that you can go? **Year(s) Used:** 1999
29. What is the farthest distance you can walk by yourself, without any special equipment or help from others? **Year(s) Used:** 1999
30. Excluding yourself, are there any children or adults in your household who are LIMITED in any way in any activities because of any impairment or health problem? How old are these people? **Year(s) Used:** 1999

New York

1. Are you limited in any way in any activities because of physical, mental, or emotional problems? **Year(s) Used:** 2002
2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? **Year(s) Used:** 2002
3. Are you limited in the kind or amount of work you can do because of any impairment or health problem? **Year(s) Used:** 1999, 2000
4. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? **Year(s) Used:** 1999, 2000, 2001, 2004
5. If you use special equipment or help from others to get around, what type do you use? **Year(s) Used:** 1999, 2000, 2004
6. Using special equipment or help, what is the farthest distance that you can go? **Year(s) Used:** 1999, 2000
7. What is the farthest distance you can walk by yourself, without any special equipment or help from others? **Year(s) Used:** 1999, 2000, 2001
8. Is there anyone in your household who is LIMITED in any way in any activities because of any impairment or health problem? How old are these people? **Year(s) Used:** 1999, 2000, 2001
9. Is this impairment or health problem the result of a work-related illness or injury? **Year(s) Used:** 1999, 2000
10. Are you limited in any way in any activities because of any impairment or health problem? **Year(s) Used:** 1999, 2000, 2002
11. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 1999, 2000, 2001, 2002, 2004, 2005

12. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **Year(s) Used:** 1999, 2000, 2001, 2002, 2004, 2005
13. What is the MAJOR impairment or health problem that limits your activities? **Year(s) Used:** 1999, 2000, 2001
14. What is your MAJOR impairment or health problem? **Year(s) Used:** 2003, 2004
15. For how long have your activities been limited because of your major impairment or health problem? **Year(s) Used:** 1999, 2000, 2001, 2004
16. Earlier you reported that due to your impairment you need some assistance from another person with your PERSONAL CARE needs. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2000, 2001
17. Is the assistance you receive to meet your personal care needs: **Year(s) Used:** 2000, 2001
18. Earlier you reported that due to your impairment you need some assistance from another person with your ROUTINE needs. Who usually helps you with handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes? **Year(s) Used:** 2000, 2001
19. Is the assistance you receive to meet your routine needs? **Year(s) Used:** 2000, 2001

North Carolina

1. A disability can be physical, mental, emotional, or communication related. Do you consider yourself to have a disability? **Year(s) Used:** 1999, 2000, 2001, 2002, 2003, 2004, 2005
2. When did your disability begin? **Year(s) Used:** 1999, 2000, 2001
3. Are you limited in the kind or amount of work you can do because of any impairment or health problem? **Year(s) Used:** 1999, 2000
4. Because of any impairment or health problem do you have any trouble learning, remembering, or concentrating? **Year(s) Used:** 1999, 2000, 2001, 2002, 2003, 2004, 2005
5. If you use special equipment or help from others to get around, what type do you use? **Year(s) Used:** 1999, 2000
6. Using special equipment or help, what is the farthest distance that you can go? **Year(s) Used:** 1999, 2000
7. What is the farthest distance you can walk by yourself, without any special equipment or help from others? **Year(s) Used:** 1999, 2000, 2001
8. Are you limited in any way in any activities because of any impairment or health problem? **Year(s) Used:** 1999, 2000, 2002
9. What is the MAJOR impairment or health problem that limits your activities? **Year(s) Used:** 1999, 2000
 - a. Arthritis / rheumatism
 - b. Back or neck problem

- c. Fractures, bone / joint injury
 - d. Walking problem
 - e. Lung / breathing problem
 - f. Hearing problem
 - g. Eye / vision problem
 - h. Heart problem
 - i. Stroke problem
 - j. Hypertension / high blood pressure
 - k. Diabetes
 - l. Cancer
 - m. Depression / anxiety / emotional problem
 - n. Other impairment/problem
10. What is your MAJOR impairment or health problem that limits your activities? **Year(s) Used:** 2001
- a. Circulatory (heart)
 - b. Respiratory (lung)
 - c. Muskuloskeletal (arthritis)
 - d. Central Nervous System
 - e. Immunological
 - f. Metabolic/Digestive (diabetes)
 - g. Skin
 - h. Endurance
 - i. Unspecified Pain
 - j. Cancer
 - k. Mental/Emotional
 - l. Moving from place to place
 - m. Bodily Movement
 - n. Seeing
 - o. Hearing
 - p. Learning
 - q. Communicating
 - r. Personal Care
 - s. Routine Activities
 - t. Other Impairment/Problem
11. Is this impairment or health problem the result of a work-related illness or injury? **Year(s) Used:** 1999
12. For HOW LONG have your activities been limited because of your major impairment or health problem? **Year(s) Used:** 1999, 2000, 2001
13. How much does your disability, impairment, or health problem limit the amount or type of work you can do at a job, at school, or around the house? **Year(s) Used:** 1999, 2001
14. How much does your disability, impairment, or health problem limit you in other activities, such as sports, social and community life, or family life? **Year(s) Used:** 1999, 2001
15. Would you say that **poor access to public facilities** is a major problem, a minor problem, or not a problem for you? **Year(s) Used:** 1999
16. Would you say that **negative public attitudes toward your disability** are a major problem, a minor problem, or not a problem for you? **Year(s) Used:** 1999
17. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 1999, 2000, 2001, 2002
18. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **Year(s) Used:** 1999, 2000

19. Because of any impairment or health problem, do you need the help of other persons with your ROUTINE needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **Year(s) Used:** 2001, 2002
20. Have you ever heard or read anything about a law called the Americans with Disabilities Act, or ADA? **Year(s) Used:** 1999
21. Earlier you reported that due to your impairment you need some assistance from another person with your PERSONAL CARE needs. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2000
22. Is the assistance you receive to meet your personal care needs: **Year(s) Used:** 2000
23. Earlier you reported that due to your impairment you need some assistance from another person with your ROUTINE needs. Who usually helps you with handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes? **Year(s) Used:** 2000
24. Is the assistance you receive to meet your routine needs: **Year(s) Used:** 2000
25. Is there anyone in your household who is limited in any way in any activities because of any impairment, or health problem? How old are these people? **Year(s) Used:** 1999, 2000, 2001
26. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? **Year(s) Used:** 2002
27. People may provide regular care or assistance to an older adult who has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend who is 60 years of age or older? **Year(s) Used:** 2003, 2004
28. Did that person have a problem with memory loss or confusion or a disorder like Alzheimer's Disease? **Year(s) Used:** 2003, 2004
29. Are you limited in any way in any activities because of physical, mental, or emotional problems? **Year(s) Used:** 2001, 2002, 2003, 2004
30. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? **Year(s) Used:** 2001, 2002, 2003, 2004
31. Would you say that your disability is mild, moderate, or severe? **Year(s) Used:** 2004, 2005

North Dakota

1. Are you limited in any way in any activities because of physical, mental, or emotional problems? **Year(s) Used:** 2001, 2002, 2003
2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? **Year(s) Used:** 2001, 2002, 2003
3. What is your major impairment or health problem? **Year(s) Used:** 2002
4. For how long have your activities been limited because of your major impairment or health problem? **Year(s) Used:** 2002
5. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2002

6. Because of any impairment or health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping or getting around for other purposes? **Year(s) Used:** 2002

Ohio

No Added Questions

Oklahoma

No Added Questions

Oregon

1. Do you NOW have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? **Year(s) Used:** 2001, 2002, 2003, 2004, 2005
2. Are you limited in any way in any activities because of physical, mental, or emotional problems? **Year(s) Used:** 1999, 2000, 2001, 2002, 2003, 2004, 2005
3. Because of any impairment or health problem, do you have trouble learning, remembering, or concentrating? **Year(s) Used:** 1999, 2000, 2001, 2002, 2003, 2004, 2005
4. A disability can be physical, mental, emotional, or communication related. Do you consider yourself to have a disability? **Year(s) Used:** 2004
5. In the past 30 days, on how many days have you not been able to do what you wanted, because of physical barriers in your environment, such as buildings that are too hard to get around in? **Year(s) Used:** 2004
6. In the past 30 days, on how many days have you not been able to do what you wanted because of other people's attitudes towards you? **Year(s) Used:** 2004
7. In the past 30 days, on how many days have you not been able to do what you wanted because of government or business policies or rules? **Year(s) Used:** 2004
8. Are you limited in the kind or amount of work you can do because of any impairment or health problem? **Year(s) Used:** 1999, 2000, 2001, 2004
9. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL care needs such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 1999, 2000, 2001, 2002, 2003
10. Because of any impairment or health problem, do you need the help of other persons with your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **Year(s) Used:** 1999, 2000, 2001, 2002, 2003
11. For how long have your activities been limited because of your major impairment or health problem? **Year(s) Used:** 1999, 2000, 2001, 2002
12. What is your major impairment or health problem that limits your activities? **Year(s) Used:** 1999, 2000, 2001, 2002
13. What is the farthest distance you can walk by yourself, without any special equipment or help from other? **Year(s) Used:** 1999, 2000, 2001

14. Is there anyone in your household who is LIMITED in any way in any activities because of any physical, mental, or emotional problem or who uses special equipment? How old are these people? **Year(s) Used:** 2001
15. Is there anyone in your household who is LIMITED in any way in any activities because of any impairment or health problem? How old are these people? **Year(s) Used:** 2000
16. Are you concerned that you would lose Supplemental Security Income, known as SSI, Supplemental Security Disability Income, known as SSDA, or other sources of income if you went to work? **Year(s) Used:** 1999, 2001
17. Are you concerned that you would lose your subsidized housing if you went to work? **Year(s) Used:** 1999, 2001
18. Are you concerned that you would lose your Medicare or Medicaid coverage if you went to work? **Year(s) Used:** 1999, 2001
19. Are you concerned that you would not be able to find a job offering affordable health insurance as a benefit? **Year(s) Used:** 1999, 2001
20. Are you concerned that you would lose your subsidized personal attendant services if you went to work? **Year(s) Used:** 1999, 2001
21. Are you concerned that you would need additional attendant care services at home if you went to work? **Year(s) Used:** 1999, 2001
22. Are you concerned that you would not be able to take time off for health-related reasons? **Year(s) Used:** 1999, 2001
23. Are you concerned that you would need work accommodations, such as accessible work space? **Year(s) Used:** 1999, 2001
24. Are you concerned that you wouldn't have control over the pace or scheduling of work activities? **Year(s) Used:** 1999, 2001
25. Are you concerned that you don't have convenient or accessible transportation? **Year(s) Used:** 1999, 2001
26. Are you concerned that you wouldn't earn enough money to make up for the disability-related benefits that you would lose by becoming employed? **Year(s) Used:** 1999, 2001
27. Are you concerned that employers have negative attitudes toward people with disabilities? **Year(s) Used:** 1999, 2001
28. Are you concerned that your training or skills are not adequate to be employed? **Year(s) Used:** 1999, 2001
29. Are you concerned that there were no jobs available that you could perform? **Year(s) Used:** 1999, 2001
30. If you use special equipment or help from others to get around, what type do you use? **Year(s) Used:** 1999, 2000
31. Using special equipment or help, what is the farthest you can go? **Year(s) Used:** 1999, 2000
32. Earlier you reported that due to your impairment you need some assistance from another person with your PERSONAL care needs. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2000

33. Earlier you reported that due to your impairment you need some assistance from another person with your ROUTINE care needs. Who usually helps you with your routine care needs, such as everyday household chores, shopping, or getting around? **Year(s) Used:** 2000
34. What is the major impairment or health problem that limits the activity of the [second, third...fifth] disabled person in your home? **Year(s) Used:** 1999

Pennsylvania

1. Because of a health or physical problem, do you have any difficulty fully bathing or showering yourself without help? **Year(s) Used:** 1999
2. Because of a health or physical problem, do you have any difficulty dressing and grooming yourself without help? **Year(s) Used:** 1999
3. Because of a health or physical problem, do you have any difficulty eating food and drinking liquids yourself without help? **Year(s) Used:** 1999
4. Because of a health or physical problem, do you have any difficulty moving in and out of bed or a chair without help? **Year(s) Used:** 1999
5. Because of a health or physical problem, do you have any difficulty using the toilet without help? **Year(s) Used:** 1999
6. Because of a health or physical problem, do you have any difficulty voluntarily controlling your bladder or your bowels? **Year(s) Used:** 1999
7. Because of a health or physical problem, do you have any difficulty walking on a level surface inside your home? **Year(s) Used:** 1999
8. Because of a health or physical problem, do you have any difficulty getting to places outside your home and not within walking distance without help? **Year(s) Used:** 1999
9. Because of a health or physical problem, do you have any difficulty either writing or handling and grasping small objects? **Year(s) Used:** 1999
10. Do you wear a hearing aid every day? **Year(s) Used:** 1999
11. Can you hear most of the things people say (with a hearing aid if that is how you hear best)? **Year(s) Used:** 1999
12. Do you have vision in both eyes or only one eye? If you use glasses or contact lenses, please answer according to the way you see with them. **Year(s) Used:** 1999
13. Can you see well enough to read newspaper print (with your glasses or contacts if that is how you see best)? **Year(s) Used:** 1999
14. During the past month, to what extent has epilepsy or its treatment interfered with your normal activities like working, school, or socializing with family or friends? **Year(s) Used:** 2005

Puerto Rico

No Response

Rhode Island

1. Are you limited in the kind or amount of work you can do because of any impairment or health problem? **Year(s) Used:** 1999, 2000

2. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? **Year(s) Used:** 1999, 2000, 2001, 2003, 2004, 2005
3. If you use special equipment or help from others to get around, what type do you use? **Year(s) Used:** 1999, 2000
4. Using special equipment or help, what is the farthest distance that you can go? **Year(s) Used:** 1999, 2000
5. What is the farthest distance you can walk by yourself, without any special equipment or help from others? **Year(s) Used:** 1999, 2000, 2001
6. Are you limited in any way in any activities because of any impairment or health problem? **Year(s) Used:** 1999, 2000, 2001, 2002, 2003, 2005
7. Are you limited in any way in any activities because of physical, mental, or emotional problems? **Year(s) Used:** 2004
8. What is the MAJOR impairment or health problem that limits your activities? **Year(s) Used:** 1999, 2000
 - a. Arthritis/Rheumatism
 - b. Back or neck problem
 - c. Fractures, bone/joint injury
 - d. Walking problem
 - e. Lung/breathing problem
 - f. Hearing problem
 - g. Eye/vision problem
 - h. Heart problem
 - i. Stroke problem
 - j. Hypertension/high blood pressure
 - k. Diabetes
 - l. Cancer
 - m. Depression/anxiety/emotional problem
 - n. Other impairment/problem
 - o. Don't know/Not sure
9. What is your MAJOR impairment health problem? **Year(s) Used:** 2001, 2002, 2003, 2004
 - a. Arthritis / rheumatism
 - b. Back or neck problem
 - c. Fractures, bone / joint injury
 - d. Walking problem
 - e. Lung / breathing problem
 - f. Hearing problem
 - g. Eye / vision problem
 - h. Heart problem
 - i. Stroke problem
 - j. Hypertension / high blood pressure
 - k. Diabetes
 - l. Cancer
 - m. Depression / anxiety / emotional problem
 - n. Other impairment/problem
10. Is this impairment or health problem the result of a work related illness or injury? **Year(s) Used:** 1999
11. For HOW LONG have your activities been limited because of your major impairment or health problem? **Year(s) Used:** 1999, 2000, 2001, 2002, 2003, 2004

12. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 1999, 2000, 2001, 2002, 2003
13. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **Year(s) Used:** 1999, 2000, 2001, 2002, 2003
14. Would you say that you have a disability or health condition lasting more than 12 months? **Year(s) Used:** 1999
15. What is the disability or health condition lasting more than 12 months? **Year(s) Used:** 1999
16. Because of this disability or health condition, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 1999,
17. Because of this disability or health condition, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **Year(s) Used:** 1999
18. Earlier you reported that due to your impairment you need some assistance from another person with your PERSONAL CARE needs. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2000, 2001
19. Is the assistance you receive to meet your personal care needs: **Year(s) Used:** 2000, 2001
- usually adequate
 - sometimes adequate
 - rarely adequate
20. Is the assistance you receive to meet your personal care needs from all sources: **Year(s) Used:** 2001
- usually adequate
 - sometimes adequate
 - rarely adequate
21. Earlier you reported that due to your impairment you need some assistance from another person with your ROUTINE needs. Who usually helps you with handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes? **Year(s) Used:** 2000, 2001
22. Is the assistance you receive to meet your routine needs: **Year(s) Used:** 2000, 2001
- usually adequate
 - sometimes adequate
 - rarely adequate
23. Is the assistance you receive to meet your routine needs from all sources: **Year(s) Used:** 2001 Adequate?
24. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? **Year(s) Used:** 2001, 2002, 2003, 2004, 2005
25. Is there anyone in your household who is LIMITED in any way in any activities because of any impairment or health problem? How old are these people? **Year(s) Used:** 2000, 2001
26. Is there anyone in your household who is LIMITED in any way in any activities because of any impairment or health problem or who uses special equipment? How old are these people? **Year(s) Used:** 2001

South Carolina

1. Are you limited in the kind or amount of work you can do because of any impairment or health problem? **Year(s) Used:** 2000, 2001
2. Is this impairment or health problem the result of a work-related illness or injury? **Year(s) Used:** 2000, 2001
3. Because of any impairment or health problem, do you have any trouble learning, remembering or concentrating? **Year(s) Used:** 2000, 2001
4. What is the most important reason you have trouble learning or remembering or concentrating? **Year(s) Used:** 2000, 2001
5. Is there anyone in your household who is LIMITED in any way in any activities because of any physical, mental, or emotional problem or who uses special equipment? How old are these people? **Year(s) Used:** 2001
6. If you use any special equipment or help from others to get around, what type do you use? **Year(s) Used:** 2000
7. Using special equipment or help, what is the farthest distance you can go? **Year(s) Used:** 2000
8. What is the farthest distance you can walk by yourself, without any special equipment or help from others? **Year(s) Used:** 2000, 2001
9. For HOW LONG have your activities been limited because of your major impairment or health problem? **Year(s) Used:** 1998, 2000
10. Is there anyone else in your household who is limited in any way in any activities because of impairment or health problem? What are these people's ages? **Year(s) Used:** 2000

South Dakota

No Added Questions

Tennessee

1. Are you limited in any way in any activities because of any impairment or health problem? **Year(s) Used:** 2000
2. What is your major impairment or health problem that limits your activities? **Year(s) Used:** 2000
3. Does any impairment or health problem now keep you from working at a job or business? **Year(s) Used:** 2001
4. Are you limited in the kind or amount of work you can do because of any impairment or health problem? **Year(s) Used:** 2001
5. Does any impairment or health problem now keep you from doing any housework at all? **Year(s) Used:** 2001
6. Are you limited in the kind or amount of housework you can do because of any impairment or health problem? **Year(s) Used:** 2001

Texas

1. Are you limited in the kind or amount of work you can do because of any impairment or health problem? **Year(s) Used:** 1999, 2000, 2001
2. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? **Year(s) Used:** 1999
3. If you use special equipment or help from others to get around, what type do you use? **Year(s) Used:** 1999
4. Using special equipment or help, what is the farthest distance that you can go? **Year(s) Used:** 1999
5. What is the farthest distance you can walk by yourself, without any special equipment or help from others? **Year(s) Used:** 1999, 2001
6. What is the major impairment or health problem that limits your activities? **Year(s) Used:** 1999
7. Is this impairment or health problem the result of a work-related illness or injury? **Year(s) Used:** 1999
8. For how long have your activities been limited because of your major impairment or health problem? **Year(s) Used:** 1999
9. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs such as eating, dressing, or getting around the house? **Year(s) Used:** 1999, 2000, 2001
10. Because of any impairment or health problem, do you need the help of other persons with your ROUTINE needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **Year(s) Used:** 1999, 2000, 2001
11. Is there anyone (else) in your household who is limited in any way in any activities because of any impairment or health problems? **Year(s) Used:** 1999
12. Is there anyone [else] in your household is limited in any activities because of any physical, mental, or emotional problem or who uses special equipment? **Year(s) Used:** 2001
13. Earlier you reported that due to your impairment you need some assistance from another person with your PERSONAL CARE needs. Who usually helps you with your PERSONAL CARE needs...such as eating, dressing, or getting around the house? **Year(s) Used:** 2000
14. Is the assistance you receive to meet your personal care needs? **Year(s) Used:** 2000
 - a. usually adequate
 - b. sometimes adequate
 - c. rarely adequate
15. Earlier you reported that due to your impairment you need some assistance from another person with your Routine needs. Who usually helps you with your ROUTINE needs? **Year(s) Used:** 2000
16. Is the assistance you receive to meet your routine needs? **Year(s) Used:** 2000
 - a. usually adequate
 - b. sometimes adequate
 - c. rarely adequate
17. Are you limited in any way in any activities because of any impairment or health problem? **Year(s) Used:** 1999, 2000
18. What is your major impairment or health problem? **Year(s) Used:** 1999, 2000, 2001

19. For how long have you been limited because of your major impairment or health problem? **Year(s) Used:** 2000
20. Do you need help with your personal care needs such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2001, 2002
21. Do you need help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **Year(s) Used:** 2001, 2002

Utah

1. What is your major impairment or health problem that limits your activities? **Year(s) Used:** 2000
 - a. Arthritis / rheumatism
 - b. Back or neck problem
 - c. Fractures, bone / joint injury
 - d. Walking problem
 - e. Lung / breathing problem
 - f. Hearing problem
 - g. Eye / vision problem
 - h. Heart problem
 - i. Stroke problem
 - j. Hypertension / high blood pressure
 - k. Diabetes
 - l. Cancer
 - m. Depression / anxiety / emotional problem
 - n. Other impairment/problem
2. What is your major impairment or health problem? **Year(s) Used:** 2001, 2002, 2005
 - a. Arthritis / rheumatism
 - b. Back or neck problem
 - c. Fractures, bone / joint injury
 - d. Walking problem
 - e. Lung / breathing problem
 - f. Hearing problem
 - g. Eye / vision problem
 - h. Heart problem
 - i. Stroke problem
 - j. Hypertension / high blood pressure
 - k. Diabetes
 - l. Cancer
 - m. Depression / anxiety / emotional problem
 - n. Other impairment/problem
3. For how long have your activities been limited because of major impairment or health problem? **Year(s) Used:** 2000, 2001, 2002, 2005
4. Are you limited in any way in any activities because of physical, mental, or emotional problems? **Year(s) Used:** 2000, 2001, 2003, 2004, 2004, 2005
5. Are you limited in any way in any activities because of any impairment or health problem? **Year(s) Used:** 2002
6. Earlier you reported that due to your impairment you need some assistance from another person with your PERSONAL CARE needs. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2000, 2001
7. Is the assistance you receive to meet your personal care needs from all sources? **Year(s) Used:** 2000, 2001

- a. usually adequate
 - b. sometimes adequate
 - c. rarely adequate
 - i.
8. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2000, 2001
 9. Earlier you reported that due to your impairment you need some assistance from another person with your ROUTINE needs. Who usually helps you with your personal care needs, such as everyday household chores, shopping, or getting around for other purposes? **Year(s) Used:** 2000, 2001
 10. Is the assistance you receive to meet your routine needs? **Year(s) Used:** 2000, 2001
 - a. usually adequate
 - b. sometimes adequate
 - c. rarely adequate
 11. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? **Year(s) Used:** 2000, 2001
 12. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **Year(s) Used:** 2000, 2001, 2002, 2005
 13. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? **Year(s) Used:** 2001, 2003, 2004, 2005

Vermont

Vermont has used the core disability years during the years they appear in the core questionnaire as well as in some "off" years. Vermont did not specify for which years they have data.

Virgin Islands

No Added Questions

Virginia

No Added Questions. Virginia administered the Quality of Life and Caregiving modules in 2000.

Washington

1. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation? **Year(s) Used:** 1999, 2000
2. Are you limited in the kind or amount of work you can do because of any impairment or health problem? **Year(s) Used:** 1999, 2000, 2001, 2003
3. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? **Year(s) Used:** 1999, 2000, 2001
4. Do you use any special equipment or help from others to get around? What type of equipment or help do you use? **Year(s) Used:** 1999, 2000, 2001, 2003

5. Using special equipment or help, what is the farthest distance you can go? **Year(s) Used:** 1999, 2000
6. What is the farthest distance you can walk by yourself, without any special equipment or help from others? **Year(s) Used:** 1999, 2000, 2001
7. Are you limited in any activities because of any impairment or health problem? **Year(s) Used:** 1999, 2000
8. What is the MAJOR impairment or health problem that limits your activities? **Year(s) Used:** 1999, 2000
 - a. Arthritis / rheumatism
 - b. Back or neck problem
 - c. Fractures, bone / joint injury
 - d. Walking problem
 - e. Lung / breathing problem
 - f. Hearing problem
 - g. Eye / vision problem
 - h. Heart problem
 - i. Stroke problem
 - j. Hypertension / high blood pressure
 - k. Diabetes
 - l. Cancer
 - m. Depression / anxiety / emotional problem
 - n. Other impairment/problem
9. For HOW LONG have your activities been limited because of your major impairment or health problem? **Year(s) Used:** 1999, 2000, 2001, 2003
10. Is this impairment or health problem the result of a work-related illness or injury? **Year(s) Used:** 1999
11. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 1999, 2000, 2001
12. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **Year(s) Used:** 1999, 2000, 2001
13. How often you go outside your home? **Year(s) Used:** 1999
14. In the past month, have you been driving a car? Did you want to drive? Was your health condition or disability the main reason you did not? **Year(s) Used:** 1999
15. In the last month, did you generally get around and do the things in the community you like to do? Did you want to? Was your health condition or disability a reason you did not? **Year(s) Used:** 1999, 2000
16. How often is lack of affordable, convenient or accessible transportation a problem for you? **Year(s) Used:** 1999, 2000
17. How big a problem is this in making it harder for you to take part in activities that matter to you? **Year(s) Used:** 1999, 2000

18. How often is design and layout of community buildings or facilities a problem for you? **Year(s) Used:** 1999, 2000
19. How often is the design and layout of streets or walkways a problem for you? **Year(s) Used:** 1999, 2000
20. How often is fear for your safety a problem for you? **Year(s) Used:** 1999, 2000
21. How often is need for someone to provide assistance or interpreter services a problem for you? **Year(s) Used:** 1999, 2000
22. How often is the lack of money a problem for you? **Year(s) Used:** 1999, 2000
23. How often is inability to socialize or assert your needs a problem for you? **Year(s) Used:** 1999, 2000
24. How often do you experience negative public attitudes towards you? **Year(s) Used:** 1999, 2000
25. How often is having too little energy a problem for you? **Year(s) Used:** 1999, 2000
26. How satisfied you are with how often you get outside the house, for example going into town, using public transportation or driving? **Year(s) Used:** 1999
27. During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation? **Year(s) Used:** 1999, 2000
28. Is there anyone in your household who is LIMITED in any activities because of any impairment or health problem? How old is this person? **Year(s) Used:** 1999
29. How much does your health condition or disability limit you from getting around as much as you would like to: attending cultural or sports events, or socializing with friends outside your home? **Year(s) Used:** 2000
30. How often do you feel you experience prejudice or discrimination because of your disability or health problem? **Year(s) Used:** 2000
31. If you have encountered discrimination, how big a problem has it been for you? **Year(s) Used:** 2000
32. In the past month, have you been using public transportation? IF NO→Did you want to use public transportation? IF YES→Was your health condition or disability the main reason you did not? **Year(s) Used:** 2000
33. Earlier you reported that due to your impairment you need some assistance from another person with your PERSONAL CARE needs. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house? **Year(s) Used:** 2000
34. Is the assistance you receive to meet your personal care needs **Year(s) Used:** 2000
 - a. usually adequate
 - b. sometimes adequate
 - c. rarely adequate
35. Earlier you reported that due to your impairment you need some assistance from another person with your ROUTINE needs. Who usually helps you with handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes? **Year(s) Used:** 2000
36. A disability can be physical, mental, emotional, or communication-related. Do you consider yourself to have a disability? **Year(s) Used:** 2000, 2001, 2003

37. In the past 12 months, how often has the availability of health care services and medical care been a problem for you? **Year(s) Used:** 2001
38. In the past 12 months, how often have other people's attitudes toward you been a problem at home? **Year(s) Used:** 2001
39. In the past 12 months, how often have other people's attitudes toward you been a problem at school or work? **Year(s) Used:** 2001
40. In the past 12 months, how often did the policies and rules of businesses and organizations make problems for you? **Year(s) Used:** 2001
41. During the PAST YEAR, have you had and how big a problem was it for you? **Year(s) Used:** 2001, 2003
- a. Skin problems, such as pressure sores, ulcers, or rashes?
 - b. Periods of depression?
 - c. Bowel or bladder problems?
 - d. Respiratory Infections
 - e. Asthma
 - f. Muscle spasms
 - g. Chronic pain in muscles, joints, organs
 - h. Serious episodes of anxiety
 - i. Falls or other injuries
 - j. Extreme fatigue or persistent tiredness
 - k. Problems with eating or weight control
 - l. Sleep problems
 - m. Feelings of being isolated
 - n. Problems making or seeing friends
 - o. A lack of romantic relationships
 - p. Problems getting out & going where you want
 - q. Problems with physical fitness or keeping in shape
 - r. Difficulty finding a good job
 - s. Difficulty keeping a good job
42. Is your child/Are any of your children) limited or prevented in any way in (his or her/their) ability to do the things most children of the same age can do? **Year(s) Used:** 2001, 2003
43. Does your child receive services from a program called Special Educational Services? Children receiving these services often have an Individualized Education Plan. **Year(s) Used:** 2001
44. Do you have any of the following long lasting conditions: blindness, deafness, or a severe vision or hearing impairment? **Year(s) Used:** 2003
45. Do you have a long lasting condition that substantially limits one or more basic activities such as walking, climbing stairs, reaching, lifting or carrying? **Year(s) Used:** 2003
46. Do you have difficulty learning, remembering, or concentrating because of a physical, mental or emotional condition that has lasted 6 months or more? **Year(s) Used:** 2003
47. Do you have difficulty dressing, bathing, or getting around inside the home because of a physical, mental or emotional condition that has lasted 6 months or more? **Year(s) Used:** 2003
48. Do you have difficulty going outside the home alone to shop or visit a doctor's office because of a physical, mental or emotional condition that has lasted 6 months or more? **Year(s) Used:** 2003
49. Do you have difficulty working at a job or business because of a physical, mental or emotional condition that has lasted 6 months or more? **Year(s) Used:** 2003

West Virginia

1. Because of a health or physical problem, do you have any difficulty fully bathing or showering yourself without help? **Year(s) Used:** 1999
2. Because of a health or physical problem, do you have any difficulty dressing and grooming yourself without help? **Year(s) Used:** 1999
3. Because of a health or physical problem, do you have any difficulty eating food and drinking liquids yourself without help? **Year(s) Used:** 1999
4. Because of a health or physical problem, do you have any difficulty moving in and out of bed or a chair without help? **Year(s) Used:** 1999
5. Because of a health or physical problem, do you have any difficulty using the toilet without help? **Year(s) Used:** 1999
6. Because of a health or physical problem, do you have any difficulty voluntarily controlling your bladder or your bowels? **Year(s) Used:** 1999
7. Because of a health or physical problem, do you have any difficulty walking on a level surface inside your home? **Year(s) Used:** 1999
8. Because of a health or physical problem, do you have any difficulty getting to places outside your home and not within walking distance without help? **Year(s) Used:** 1999
9. Because of a health or physical problem, do you have any difficulty either writing or handling and grasping small objects **Year(s) Used:** 1999
10. Do you wear a hearing aid every day? **Year(s) Used:** 1999
11. Can you hear most of the things people say (with a hearing aid if that is how you hear best)? **Year(s) Used:** 1999
12. Do you have vision in both eyes or only one eye? **Year(s) Used:** 1999
13. Can you see well enough to read newspaper print (with your glasses or contacts if that is how you see best)? **Year(s) Used:** 1999
14. During the past 12 months, were you limited in any way, in any activities because of back pain? **Year(s) Used:** 2000

Wisconsin

No Added Questions

Wyoming

No Added Questions

Part B

BRFSS STATE AND TERRITORY QUESTIONS CONCERNING DISABILITY AND ACTIVITY LIMITATION

Listed by Category

BRFSS STATE AND TERRITORY QUESTIONS CONCERNING DISABILITY AND ACTIVITY LIMITATION BY CATEGORY, ARRANGED ALPHABETICALLY

1. Access

1. Because of a health or physical problem, do you have any difficulty getting to places outside your home and not within walking distance without help? For example, travel alone on buses, taxis, or drive a car. Would you say that you have no difficulty, some difficulty, or you are unable to do it? **AR:** 1999
2. Because of a health or physical problem, do you have any difficulty getting to places outside your home and not within walking distance without help? **PA:** 1999 **WV:** 1999
3. During the past year, have you had problems getting out and going where you want to because of physical barriers in your environment, such as buildings that are too hard to get around in? **CA:** 2005
4. Has this problem ever made it hard for you to get medical care? **CA:** 2004
5. How big a problem was it for you? **CA:** 2005
6. How often is design and layout of community buildings or facilities a problem for you? **WA:** 1999, 2000
7. How often is fear for your safety a problem for you? **WA:** 1999, 2000
8. How often is lack of affordable, convenient or accessible transportation a problem for you? **WA:** 1999, 2000
9. How often is the design and layout of streets or walkways a problem for you? **WA:** 1999, 2000
10. How often is the lack of money a problem for you? **WA:** 1999, 2000
11. How often you go outside your home? **WA:** 1999
12. How satisfied you are with how often you get outside the house, for example going into town, using public transportation or driving? **WA:** 1999
13. If a person who uses special equipment, such as a wheelchair, came to visit you, could they get into your house without being carried up steps or over other obstacles? **MT:** 2004
14. In the past 12 months, how often has the availability of health care services and medical care been a problem for you? **WA:** 2001
15. In the past 30 days, how many days have you not been able to do what you wanted because of physical barriers in your environment like sidewalks, buildings, or houses that are too hard to get around in? **AR:** 2005
16. In the past 30 days, on how many days have you not been able to do what you wanted, because of physical barriers in your environment, such as buildings that are too hard to get around in? **OR:** 2004
17. In the past month, have you been driving a car? Did you want to drive? Was your health condition or disability the main reason you did not? **WA:** 1999
18. In the past month, have you been using public transportation? IF NO- Did you want to use public transportation? IF YES- Was your health condition or disability the main reason you did not? **WA:** 2000
19. What problem or problems have you had getting medical care? **CA:** 2004
20. Would you say that poor access to public facilities is a major problem, a minor problem, or not a problem for you? **NC:** 1999

Activity Limitations

1. Are you limited in any activities because of any impairment or health problem? **WA:** 1999, 2000
2. Are you limited in any way in any activities because of any impairment or health problem? **CO:** 2000 **FL:** 2000 **KS:** 1999, 2000 **KY:** 2000 **MA:** 2001, 2003, 2004, 2005 **MO:** 2001 **NH:** 2000 **NJ:** 1999 **NM:** 1999, 2000 **NY:** 1999, 2000, 2002 **NC:** 1999, 2000, 2002 **RI:** 1999, 2000, 2001, 2002, 2003, 2005 **TN:** 2000 **TX:** 1999, 2000 **UT:** 2002
3. Are you limited in any way in any activities because of any impairment or health problem? Because of physical, mental or emotional problems? **MA:** 1999, 2000, 2002
4. Are you limited in any way in any activities because of physical, mental, or emotional problems? **CA:** 2004, 2005 **CO:** 2002 **KS:** 2002 **MD:** 2001, 2003, 2004 **MT:** 2001, 2002, 2003, 2004, 2005 **NY:** 2002 ? **NC:** 2001, 2002, 2003, 2004 **ND:** 2001, 2002, 2003 **OR:** 1999, 2000, 2001, 2002, 2003, 2004, 2005 **RI:** 2004 **UT:** 2000, 2001, 2003, 2004, 2004, 2005
5. Are you limited in the kind or amount of housework you can do because of any impairment or health problem? **TN:** 2001
6. Are you limited in the kind or amount of work you can do because of any impairment or health problem? **CO:** 2000 **IA:** 1999, 2000, 2001 **KS:** 1999, 2000 **MA:** 1999, 2000 **NM:** 1999 **NY:** 1999, 2000 **NC:** 1999, 2000 **OR:** 1999, 2000, 2001, 2004 **RI:** 1999, 2000 **SC:** 2000, 2001 **TN:** 2001 **TX:** 1999, 2000, 2001 **WA:** 1999, 2000, 2001, 2003
7. Because of any impairment or health problem, does this person need the help of other persons with their PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? **NM:** 1999, 2000, 2001
8. Because of (this/any of these) mental or emotional problem(s) are you unable to work or limited in the kind of work or activity you can do? **AZ:** 2001
9. Because of a health or physical problem, do you have any difficulty **dressing and grooming** yourself without help? **AR:** 1999 **PA:** 1999 **WV:** 1999
10. Because of a health or physical problem, do you have any **difficulty eating food and drinking liquids** yourself without help? **AR:** 1999 **PA:** 1999 **WV:** 1999
11. Because of a health or physical problem, do you have any difficulty either writing or handling and grasping small objects? **PA:** 1999 **WV:** 1999
12. Because of a health or physical problem, do you have any difficulty either writing or handling and grasping small objects? Would you say that you have no difficulty, some difficulty, or you are unable to do it? **AR:** 1999
13. Because of a health or physical problem, do you have any difficulty fully **bathing or showering** yourself without help or special equipment? **AR:** 1999
14. Because of a health or physical problem, do you have any difficulty fully bathing or showering yourself without help? **PA:** 1999 **WV:** 1999
15. Because of a health or physical problem, do you have any difficulty **moving in and out of bed or a chair** without help? **AR:** 1999 **PA:** 1999 **WV:** 1999
16. Because of a health or physical problem, do you have any difficulty **using the toilet** without help? **AR:** 1999 **PA:** 1999 **WV:** 1999
17. Because of a health or physical problem, do you have any difficulty voluntarily controlling your bladder or your bowels? **PA:** 1999 **WV:** 1999
18. Because of a health or physical problem, do you have any difficulty voluntarily controlling your **bladder**? **AR:** 1999
19. Because of a health or physical problem, do you have any difficulty voluntarily controlling your **bowels**? **AR:** 1999
20. Because of a health or physical problem, do you have any difficulty walking on a level surface inside your home? **AR:** 1999 **PA:** 1999 **WV:** 1999

21. Because of any impairment of health problem, do you need the help of other persons with your ROUTINE needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **TX:** 1999, 2000, 2001
22. Because of any impairment or health problem, do you need someone to help in handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes? **AZ:** 2003
23. Because of any impairment or health problem, do you need someone to help with your personal care needs, such as eating, bathing, dressing, or getting around the house? **AZ:** 2003
24. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **AL:** 2001 **FL:** 2000, 2001 **ID:** 2001 **KS:** 1999, 2000 **MD:** 2001 **NC:** 1999, 2000, 2001, 2002 **ND:** 2002 **NJ:** 1999 **NM:** 1999, 2000 **NY:** 1999, 2000, 2001, 2002, 2004, 2005 **RI:** 1999, 2000, 2001, 2002, 2003 **UT:** 2000, 2001, 2002, 2005 **WA:** 1999, 2000, 2001
25. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs such as eating, bathing, dressing or getting around the house? **AL:** 2001 **AR:** 2003, 2004, 2005 **FL:** 2000, 2001 **ID:** 2001 **KS:** 1999, 2000 **MD:** 2001 **NC:** 1999, 2000, 2001, 2002 **ND:** 2002 **NJ:** 1999 **NM:** 1999, 2000 **NY:** 1999, 2000, 2001, 2002, 2004, 2005 **OR:** 1999, 2000, 2001, 2002, 2003 **RI:** 1999, 2000, 2001, 2002, 2003 **UT:** 2000, 2001 **WA:** 1999, 2000, 2001
26. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs such as eating, dressing, or getting around the house? **TX:** 1999, 2000, 2001
27. Because of any impairment or health problem, do you need the help of other persons with your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **OR:** 1999, 2000, 2001, 2002, 2003
28. Because of any impairment or health problem, does this person need the help of other persons in handling their ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **NM:** 1999, 2000, 2001
29. Because of impairment, any impairment, health problem or disability do you need the help of other persons with your personal care needs, such as eating, bathing, dressing or getting around the house? **MA:** 1999, 2000, 2001, 2002, 2003, 2004, 2005
30. Because of impairment: any impairment, health problem or disability, do you need the help of other persons in handling your routine needs, such as everyday household chores, business, shopping or getting around for other purposes? **MA:** 1999, 2000, 2001, 2002, 2003, 2004, 2005
31. Because of this disability or health condition, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **RI:** 1999
32. Because of this disability or health condition, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? **RI:** 1999,
33. Because of your major impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping or getting around for other purposes? **MT:** 2002
34. Do bathing difficulties or fear of accidents during bathing interfere with your: **AR:** 1999
35. Do bladder difficulties or fear of **bladder** accidents interfere with your: **AR:** 1999
36. Do you have a long lasting condition that substantially limits one or more basic activities such as walking, climbing stairs, reaching, lifting or carrying? **WA:** 2003
37. Do you have difficulty dressing, bathing, or getting around inside the home because of a physical, mental or emotional condition that has lasted 6 months or more? **WA:** 2003
38. Do you have difficulty getting to the places you want or need to go outside the home? **GA:** 2001

39. Do you have difficulty working at a job or business because of a physical, mental or emotional condition that has lasted 6 months or more? **WA:** 2003
40. Does any impairment or health problem now keep you from doing any housework at all? **TN:** 2001
41. Does any impairment or health problem now keep you from working at a job or business? **TN:** 2001
42. Does your health *now* limit you in climbing *several* flights of stairs? **HI:** 2000
43. Does your health *now* limit you in *moderate activities*, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? **HI:** 2000
44. During the past 12 months, were you limited in any way, in any activities because of back pain? **WV:** 2000
45. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation? **WA:** 1999, 2000
46. During the past 60 days, how often did you have difficulty arranging for transportation to get to the places you want or need to go? **AZ:** 2003
47. Excluding yourself, are there any children or adults in your household who are LIMITED in any way in any activities because of any impairment or health problem? How old are these people? **NM:** 1999
48. For HOW LONG have this person's activities been limited because of a major impairment or health problem? **NM:** 1999, 2000, 2001
49. For how long have you been limited because of your major impairment or health problem? **TX:** 2000
50. For how long have your activities been limited because of major impairment or health problem? **UT:** 2000, 2001, 2002, 2005
51. For HOW LONG have your activities been limited because of your major impairment or health problem? **AL:** 2001 **FL:** 2000, 2001 **ID:** 2001 **KS:** 1999, 2000 **MD:** 2001 **MT:** 2002 **NC:** 1999, 2000, 2001 **ND:** 2002 **NH:** 2000 **NJ:** 1999 **NM:** 1999, 2000, 2001 **NY:** 1999, 2000, 2001, 2004 **OR:** 1999, 2000, 2001, 2002 **RI:** 1999, 2000, 2001, 2002, 2003, 2004 **SC:** 1998, 2000 **TX:** 1999 **WA:** 1999, 2000, 2001, 2003
52. For how long have your activities been limited because of your major impairment or health problem? or disability? **MA:** 1999, 2000, 2001, 2002, 2003, 2004, 2005
53. How big a problem is this in making it harder for you to take part in activities that matter to you? **WA:** 1999, 2000
54. How long have your activities been limited? **CA:** 2004
55. How much does your disability, impairment, or health problem limit the amount or type of work you can do at a job, at school, or around the house? **NC:** 1999, 2001
56. How much does your disability, impairment, or health problem limit you in other activities, such as sports, social and community life, or family life? **NC:** 1999, 2001
57. How much does your health condition or disability limit you from getting around as much as you would like to: attending cultural or sports events, or socializing with friends outside your home? **WA:** 2000
58. How much of the time does your vision limit you in reading print like in a newspaper, magazine, recipe, menu, or numbers on the telephone? **AZ:** 2002
59. How much of the time does your vision limit you in recognizing people or objects across the street? **AZ:** 2002
60. How much of the time does your vision limit you in watching television? **AZ:** 2002
61. In the last month, did you generally get around and do the things in the community you like to do? Did you want to? Was your health condition or disability a reason you did not? **WA:** 1999, 2000

Assistive Equipment

1. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheel chair, a special bed, or a special telephone? (include occasional use or use in certain circumstances) **CA:** 2004, 2005
2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheel chair, a special bed, or a special telephone? **CO:** 2002 **MA:** 2001, 2002, 2003, 2004, 2005 **MD:** 2001, 2003, 2004 **MT:** 2001, 2003, 2003, 2004, 2005 **NC:** 2002 **NC:** 2001, 2002, 2003, 2004 **ND:** 2001, 2002, 2003 **NY:** 2002 **OR:** 2001, 2002, 2003, 2004, 2005 **RI:** 2001, 2002, 2003, 2004, 2005 **UT:** 2001, 2003, 2004, 2005
3. Do you use any special equipment or help from others to get around? What type of equipment or help do you use? **WA:** 1999, 2000, 2001, 2003
4. Do you use special equipment or help from others to get around? If so, what type(s) do you use? **CO:** 2000
5. Do you wear a hearing aid every day? **AR:** 1999 **PA:** 1999 **WV:** 1999
6. If you use any special equipment or help from others to get around, what type do you use? **IA:** 1999, 2000, 2001 **KS:** 1999, 2000 **MA:** 1999, 2000 **NC:** 1999, 2000 **NM:** 1999 **NY:** 1999, 2000, 2004 **OR:** 1999, 2000 **RI:** 1999, 2000 **SC:** 2000 **TX:** 1999
7. Using special equipment or help, what is the farthest distance that you can go? **IA:** 1999, 2000, 2001 **KS:** 1999, 2000 **MA:** 1999, 2000 **NC:** 1999, 2000 **NM:** 1999 **NY:** 1999, 2000 **OR:** 1999, 2000 **RI:** 1999, 2000 **SC:** 2000 **TX:** 1999 **WA:** 1999, 2000
8. Using special equipment or help, what is the farthest you can go? **OR:** 1999, 2000
9. What is the farthest distance that you can walk by yourself, without any special equipment or help from others? **AL:** 2001 **AR:** 2003, 2004, 2005 **IA:** 1999, 2000, 2001 **KS:** 1999, 2000 **MA:** 1999, 2000, 2001, 2002, 2003, 2004, 2005 **NC:** 1999, 2000, 2001 **NM:** 1999 **NY:** 1999, 2000, 2001 **OR:** 1999, 2000, 2001 **RI:** 1999, 2000, 2001 **SC:** 2000, 2001 **TX:** 1999, 2001 **WA:** 1999, 2000, 2001

Attitudes on Disability Issues

1. Are you concerned that employers have negative attitudes toward people with disabilities? **OR:** 1999, 2001
2. Are you concerned that there were no jobs available that you could perform? **OR:** 1999, 2001
3. Are you concerned that you don't have convenient or accessible transportation? **OR:** 1999, 2001
4. Are you concerned that you would lose Supplemental Security Income, known as SSI, Supplemental Security Disability Income, known as SSDA, or other sources of income if you went to work? **OR:** 1999, 2001
5. Are you concerned that you would lose your Medicare or Medicaid coverage if you went to work? **OR:** 1999, 2001
6. Are you concerned that you would lose your subsidized housing if you went to work? **OR:** 1999, 2001
7. Are you concerned that you would lose your subsidized personal attendant services if you went to work? **OR:** 1999, 2001
8. Are you concerned that you would need additional attendant care services at home if you went to work? **OR:** 1999, 2001
9. Are you concerned that you would need work accommodations, such as accessible work space? **OR:** 1999, 2001

10. Are you concerned that you would not be able to find a job offering affordable health insurance as a benefit? **OR:** 1999, 2001
11. Are you concerned that you would not be able to take time off for health-related reasons? **OR:** 1999, 2001
12. Are you concerned that you wouldn't earn enough money to make up for the disability-related benefits that you would lose by becoming employed? **OR:** 1999, 2001
13. Are you concerned that you wouldn't have control over the pace or scheduling of work activities? **OR:** 1999, 2001
14. Are you concerned that your training or skills are not adequate to be employed? **OR:** 1999, 2001
15. Have you ever heard or read anything about a law called the Americans with Disabilities Act, or ADA? **NC:** 1999
16. How often do you experience negative public attitudes towards you? **WA:** 1999, 2000
17. How often do you feel you experience prejudice or discrimination because of your disability or health problem? **WA:** 1999, 2000
18. If you have encountered discrimination, how big a problem has it been for you? **WA:** 2000
19. In the past 12 months, how often did the policies and rules of businesses and organizations make problems for you? **WA:** 2001
20. In the past 12 months, how often have other people's attitudes toward you been a problem at home? **WA:** 2001
21. In the past 12 months, how often have other people's attitudes toward you been a problem at school or work? **WA:** 2001
22. In the past 30 days, on how many days have you not been able to do what you wanted because of government or business policies or rules? **OR:** 2004
23. In the past 30 days, on how many days have you not been able to do what you wanted because of other people's attitudes towards you? **OR:** 2004
24. The possible responses are strongly disagree, disagree, agree, or strongly agree. **CO:** 2002
 - a. Most employers will hire a person with a disability if he or she is qualified for the job
 - b. There are too many handicapped parking spaces.
 - c. People with disabilities receive too much special treatment under the law (This question was asked January 2002 – June 2002).
 - d. You should not expect too much from people with disabilities.
 - e. It is inappropriate for people with disabilities to have children. (This question was asked January 2002 – June 2002)
 - f. Most people would be willing to accept a person with a PHYSICAL disability as a close friend
 - g. Most people would be willing to accept a person with a MENTAL disability as a close friend.
 - h. Children with PHYSICAL disabilities should be integrated into regular classrooms
 - i. Children with MENTAL disabilities should be integrated into regular classrooms
 - j. People in a restaurant are uncomfortable being seated near a person with a PHYSICAL disability.
 - k. People in a restaurant are uncomfortable being seated near a person with a MENTAL disability
 - l. Most people would be willing to accept a group home for people with PHYSICAL disabilities in their neighborhood. (This question was asked January 2002 – June 2002)
 - m. Most people would be willing to accept a group home for people with MENTAL disabilities in their neighborhood. (This question was asked January 2002 – June 2002)
25. These next questions are about experiences you may have in your day-to-day life. How often do any of the following things happen to you? Would you say this happens: almost every day, at least once a week, a few times a month, a few times a year, less than once a year or never **KS:** 2004
26. Would you say that negative public attitudes toward your disability are a major problem, a minor problem, or not a problem for you? **NC:** 1999

Nature of Disability

1. A disability can be physical, mental, emotional, or communication related. Do you consider yourself to have a disability? **CO:** 2000 **MT:** 2005 **NC:** 1999, 2000, 2001, 2002, 2003, 2004, 2005 **OR:** 2004 **WA:** 2000, 2001, 2003
2. Because of any impairment or health problem, do you have any trouble learning, remembering or concentrating? **MT:** 2005 **NC:** 1999, 2000, 2001, 2002, 2003, 2004, 2005 **MA:** 1999, 2000, 2001, 2002, 2003, 2004, 2005 **MO:**2001 **SC:** 2000, 2001 **CO:** 2000 **IA:** 1999, 2000, 2001 **KS:** 1999, 2000 **NY:** 1999, 2000, 2001, 2004 **RI:** 1999, 2000, 2001, 2003, 2004, 2005 **TX:** 1999 **WA:** 1999, 2000, 2001 **AL:** 2001 **NM:** 1999 **OR:** 1999, 2000, 2001, 2002, 2003, 2004, 2005
3. Can you hear most of the things people say (with a hearing aid if that is how you hear best)? **AR:** 1999 **PA:** 1999 **WV:** 1999
4. Can you see well enough to read newspaper print (with your glasses or contacts if that is how you see best)? **AR:** 1999 **PA:** 1999 **WV:** 1999
5. Did that person have a problem with memory loss or confusion or a disorder like Alzheimer's Disease? **NC:** 2003, 2004
6. Do you have any of the following long lasting conditions: blindness, deafness, or a severe vision or hearing impairment? **WA:** 2003
7. Do you have vision in both eyes or only one eye? **AR:** 1999 **WV:** 1999
8. Do you have vision in both eyes or only one eye? If you use glasses or contact lenses, please answer according to the way you see with them. **PA:** 1999
9. Does household member have a disability, or is limited in any way? **MA:** 1999
10. Does your child receive services from a program called Special Educational Services? Children receiving these services often have an Individualized Education Plan. **WA:** 2001
11. During the PAST YEAR, have you had and how big a problem was it for you? **WA:** 2001, 2003
12. During the PAST YEAR, have you had ongoing or chronic pain in muscles, joints, or organs? **CA:** 2005
13. Earlier you said that there **(is a person in your / are people in your)** household who **(is/are)** limited because of an impairment or health problem. In order to better serve the needs of Arkansas residents, we would like to complete this interview later with that person. **AR:** 1999
14. For how long have you had your main disability? **MA:** 1999, 2000, 2001, 2002
15. How often is having too little energy a problem for you? **WA:** 1999, 2000
16. How often is inability to socialize or assert your needs a problem for you? **WA:** 1999, 2000
17. Including yourself, how many people in your household have received medical care or are limited in any way in any activities as a result of an injury to their head or brain? **KS:** 2003
18. Is it likely that this person's activity level will continue to be limited for three months or more? **NM:** 1999, 2000, 2001
19. Is it likely that your activity level will continue to be limited for three months or more? **NM:** 1999, 2000
20. Is the person limited because of an impairment or health problem **(with the most recent birthday) if 2 or more** 18 or older? **AR:** 1999
21. Is there anyone (else) in your household who has a disability, or is limited in any way? How old are these people? **MA:** 1999, 2000, 2001
22. Is there anyone (else) in your household who has a disability, or is limited in any way? How old are they? **MA:** 1999, 2000, 2001

23. Is there anyone (else) in your household who is limited in any way in any activities because of any impairment or health problems? **TX:** 1999
24. Is there anyone [else] in your household is limited in any activities because of any physical, mental, or emotional problem or who uses special equipment? **TX:** 2001
25. Is there anyone [else] in your household who is LIMITED in any way in any activities because of any impairment or health problem? How old are these people? **IA:** 1999, 2000, 2001
26. Is there anyone else in your household who is limited in any way in any activities because of impairment or health problem? What are these people's ages? **SC:** 2000
27. Is there anyone in your household who is LIMITED in any activities because of any impairment or health problem? How old is this person? **WA:** 1999
28. Is there anyone in your household who is LIMITED in any way in any activities because of any impairment or health problem or who uses special equipment? How old are these people? **RI:** 2001
29. Is there anyone in your household who is LIMITED in any way in any activities because of any impairment or health problem? How old are these people? **CO:** 2000 **KS:** 1999, 2000 **NC:** 1999, 2000, 2001 **NY:** 1999, 2000, 2001 **OR:** 2000 **RI:** 2000, 2001
30. Is there anyone in your household who is LIMITED in any way in any activities because of any physical, mental, or emotional problem or who uses special equipment? How old are these people? **AL:** 2001 **OR:** 2001 **SC:** 2001
31. Is this impairment or health problem the result of a work related illness or injury? **KS:** 1999, 2000 **MA:** 1999 **NC:** 1999 **NM:** 1999, 2000, 2001 **NY:** 1999, 2000 **RI:** 1999 **SC:** 2000, 2001 **TX:** 1999 **WA:** 1999
32. Is your child/(Are any of your children) limited or prevented in any way in (his or her/their) ability to do the things most children of the same age can do? **WA:** 2001, 2003
33. Now, thinking about the__ year old person with a limiting condition living in your household, Is this person a male or female? **NM:** 1999, 2000, 2001
34. On at least one of the three prior questions, you reported an impairment or problem that limited you in someway or required you to use special equipment. Have you had at least one such impairment or problem for more than six months? **MT:** 2005
35. People may provide regular care or assistance to an older adult who has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend who is 60 years of age or older? **NC:** 2003, 2004
36. PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? **MT:** 2002
37. So that we may contact an adult who would be able to answer the questions on behalf of <name> may we please have their first name? **AR:**1999
38. So that we may refer to that person more easily, may we have his or her first name? **AR:**1999
39. The information gathered in these interviews is very important to the state of Arkansas in evaluating and improving programs designed to meet the needs of people who are limited in their activities due to a health impairment or problem. Would you be able and willing to answer questions on behalf of (Name)? **AR:** 1999
40. What is the disability or health condition lasting more than 12 months? **RI:** 1999
41. What is the major impairment or health problem that limits the activity of the [second, third...fifth] disabled person in your home? **OR:** 1999
42. What is the major impairment or health problem that limits your activities or causes your disability? **MA:** 2003, 2004
43. What is the major impairment or health problem that limits your activities? **AL:** 2001 **FL:** 2000, 2001 **KY:** 2000 **MO:** 2001 **NC:** 1999, 2000 **MA:** 2001, 2002 **NH:** 2000 **NM:** 1999, 2000 **NY:**1999, 2000, 2001 **RI:** 1999, 2000 **TX:** 1999 **WA:** 1999, 2000 **KS:** 1999, 2000

44. What is the most important reason you have trouble learning or remembering or concentrating? **SC:** 2000, 2001
45. What is your major disability? **MA:** 1999, 2000, 2001, 2002
46. What is your MAJOR impairment or health problem that limits your activities? **OR:** 1999, 2000, 2001, 2002 **NC:** 2001 **TN:** 2000 **UT:** 2000
47. What is your major impairment or health problem? **ID:** 2001 **MD:** 2001 **MT:** 2002 **ND:** 2002 **NY:** 2003, 2004 **RI:** 2001, 2002, 2003, 2004 **TX:** 1999, 2000, 2001 **UT:** 2001, 2002, 2005
48. When did your disability begin? **NC:** 1999, 2000, 2001
49. Would you describe yourself as having a/any disability of any kind? **MA:** 1999, 2000, 2001, 2002, 2003, 2004, 2005
50. Would you say that you have a disability or health condition lasting more than 12 months? **RI:** 1999
51. Would you say that your disability is mild, moderate, or severe? **NC:** 2004, 2005 **MA:** 2000, 2001
52. Would you say your limitation is... 1=mild, 2=moderate, 3=severe **MA:** 1999, 2000, 2001

Personal Assistance

1. Do you have difficulty getting around inside the home without help from another person and without the use of special equipment? **GA:** 2001
2. Do you need help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? **TX:** 2001, 2002
3. Do you need help with your personal care needs such as eating, bathing, dressing, or getting around the house? **TX:** 2001, 2002
4. Earlier you reported that due to your impairment you need some assistance from another person with your PERSONAL CARE needs. Who helps you the most with your personal care needs, such as eating, bathing, dressing, or getting around the house? **AL:** 2001 **MD:** 2001 **NC:** 2000 **NM:** 2000 **NY:** 2000, 2001 **OR:** 2000 **RI:** 2000, 2001 **UT:** 2000, 2001 **WA:** 2000
5. Earlier you reported that due to your impairment you need some assistance from another person with your ROUTINE needs. Who usually helps you with handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes? **AL:** 2001 **MD:** 2001 **NC:** 2000 **NM:** 2000 **NY:** 2000, 2001 **RI:** 2000, 2001 **UT:** 2000, 2001 **WA:** 2000
6. Earlier you reported that due to your impairment you need some assistance from another person with your PERSONAL CARE needs. Who usually helps you with your PERSONAL CARE needs...such as eating, dressing, or getting around the house? **TX:** 2000
7. Earlier you reported that due to your impairment you need some assistance from another person with your ROUTINE care needs. Who usually helps you with your routine care needs, such as everyday household chores, shopping, or getting around? **OR:** 2000
8. Earlier you reported that due to your impairment you need some assistance from another person with your Routine needs. Who usually helps you with your ROUTINE needs? **TX:** 2000
9. For the next question please consider all persons in your household, as well as family members who don't live with you. How much did all of these persons pay last month to provide help with personal care and routine needs of this/these household member(s). **NM:** 1999, 2000, 2001
10. How familiar would you say you are with the daily activities of the person(s) that need help with personal care and routine needs? **NM:** 1999, 2000, 2001
11. How often is need for someone to provide assistance or interpreter services a problem for you? **WA:** 1999, 2000
12. In the past 30 days, how much time have you missed at work or other responsibilities in order to provide the care? **AZ:** 2003

13. Is the assistance you receive to meet your personal care needs **AL:** 2001 **MA:** 2000 **NC:** 2000 **NM:** 2000 **NY:** 2000, 2001 **RI:** 2000, 2001 **TX:** 2000 **WA:** 2000
14. Is the assistance you receive to meet your personal care needs from all sources: **AZ:** 2003 **MD:** 2001 **MT:** 2002 **RI:** 2001 **UT:** 2000, 2001
15. Is the assistance you receive to meet your routine needs from all sources: **AZ:** 2003 **MD:** 2001 **MT:** 2002
16. Is the assistance you receive to meet your routine needs from all sources: **RI:** 2001 Adequate?
17. Is the assistance you receive to meet your routine needs: **AL:** 2001 **MA:** 2000 **NC:** 2000 **NM:** 2000 **NY:** 2000, 2001 **RI:** 2000, 2001 **TX:** 2000 **UT:** 2000, 2001
18. Providing assistance to household members is: **NM:**1999, 2000
19. Providing assistance to household members may be physically tiring, mentally/emotionally stressful, or financially demanding. Would you say that for you and other household members: **NM:**1999, 2000
20. Sometimes people provide care or assistance to others who are elderly, ill or disabled. During the past 30 days, did you provide any type of care or assistance to a relative or friend who is 60 years old or older? **AZ:** 2003
21. Thinking about last week, for about how many hours did the following people provide help? **NM:** 1999, 2000, 2001
22. What special assistance or equipment do you require for bathing, if any? Check all that apply. **AR:** 1999
23. What special assistance or equipment do you require when evacuating the **bowels**? **AR:** 1999
24. What special assistance or equipment do you require when **urinating**? **AR:** 1999
25. Who usually helps you with handling your routine needs, such as everyday household chores, shopping or getting around for other purposes? **AZ:** 2003 **MA:** 2000 **MT:** 2002
26. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house? **AZ:** 2003 **MA:** 2000 **MT:** 2002

Part C

STATE BRFSS WEBSITES

ADDITIONAL QUESTIONS

STATE BRFSS WEBSITES:

Alabama	http://www.adph.org/CANCER_REGISTRY/default.asp?TemplateNbr=0&DeptID=102&TemplateId=604
Alaska	http://www.epi.hss.state.ak.us/hp/brfss/
Arizona	http://www.azdhs.gov/plan/brfs/
Arkansas	http://www.healtharkansas.com/
California	http://www.surveymethods.com/clients.asp?ID=9
Colorado	http://www.cdph.state.co.us/hs/brfss/index.html
Connecticut	http://www.dph.state.ct.us/Publications/BCH/PSCM/brfss_2003.pdf
Delaware	http://www.dhss.delaware.gov/dhss/dph/dpc/brfsurveys.html
District of Columbia	http://app.doh.dc.gov/services/administration_offices/phsa/behavioral_risk/brfssample.shtm
Florida	http://www.doh.state.fl.us/disease_ctrl/epi/brfss/index.htm
Georgia	http://health.state.ga.us/epi/brfss/index.asp
Guam	none found
Hawaii	http://www.hawaii.gov/health/statistics/brfss/index.html
Idaho	http://health.state.ga.us/epi/brfss/index.asp
Illinois	http://app.idph.state.il.us/brfss/
Indiana	http://www.in.gov/isdh/dataandstats/brfss/brfss_index.htm
Iowa	http://www.idph.state.ia.us/brfss/
Kansas	http://www.kdhe.state.ks.us/brfss/index.html
Kentucky	http://chfs.ky.gov/dph/epi/brfss.htm
Louisiana	http://www.opd.dhh.state.la.us/chronicdisease/behavioralrisk/index.html
Maine	http://www.maine.gov/dhhs/bohodr/brfsspage.htm
Maryland	http://www.marylandbrfss.org/cgi-bin/broker
Massachusetts	http://www.mass.gov/dph/bhsre/cdsp/brfss/brfss.htm
Michigan	http://www.michigan.gov/mdch/0,1607,7-132-2944_5327-12702--,00.html
Minnesota	http://www.health.state.mn.us/divs/fh/mch/familyplanning/taskforce/brfss.html
Mississippi	http://www.msdh.state.ms.us/brfss/index.htm
Missouri	http://www.dhss.mo.gov/BRFSS/index.html
Montana	http://www.dphhs.mt.gov/hpsd/BRFSS/html/questionnaires.htm
Nebraska	none found
Nevada	http://health2k.state.nv.us/nihds/brfss/

New Hampshire	http://www.dhhs.state.nh.us/DHHS/HSDM/behavioral-risk.html
New Jersey	http://www.state.nj.us/health/chs/brfss.htm
New Mexico	http://www.health.state.nm.us/by_topic.html
New York	http://www.nyhealth.gov/nysdoh/brfss/index.htm
North Carolina	http://www.schs.state.nc.us/SCHS/brfss/index.html
North Dakota	http://www.health.state.nd.us/brfss/
Ohio	http://www2.odh.ohio.gov/odhprograms/behrisk/behrisk1.htm
Oklahoma	http://www.health.state.ok.us/program/cds/brfss.html
Oregon	http://egov.oregon.gov/DHS/ph/chs/brfs/index.shtml
Pennsylvania	http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=175&q=201869
Puerto Rico	none found
Rhode Island	http://www.health.ri.gov/chic/statistics/brfss_questionnaires.php
South Carolina	http://www.scdhec.gov/hs/epidata/brfss_index.htm
South Dakota	http://www.state.sd.us/doh/Stats/index.htm
Tennessee	http://www2.state.tn.us/health/statistics/AboutHS/brfss.htm
Texas	http://www.dshs.state.tx.us/chs/brfss/default.shtml
Utah	http://health.utah.gov/oph/OPHA_BRFSS.htm
Vermont	http://www.healthyvermonters.info/hs/brfss/brfss.shtml
Virgin Islands	none found
Virginia	http://www.vahealth.org/Data_Statistics.asp
Washington	http://www.doh.wa.gov/EHSPHL/CHS/CHS-Data/brfss/brfss_homepage.htm
West Virginia	none found
Wisconsin	http://www.dhfs.wisconsin.gov/stats/BRFS.htm
Wyoming	http://wdh.state.wy.us/brfss/index.asp

ADDITIONAL QUESTIONS OF INTEREST TO DISABILITY AND HEALTH RESEARCHERS

Pain

1. During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation?
2. During the PAST YEAR, have you had ongoing or chronic pain in muscles, joints, or organs?
3. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
4. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work or recreation?
5. During the PAST YEAR, have you had: and how big a problem was it for you?
 - a. skin problems, such as pressure sores, ulcers, or rashes?..
 - b. periods of depression?
 - c. bowel or bladder problems?
 - d. Respiratory Infections
 - e. Asthma
 - f. Muscle spasms
 - g. Chronic pain in muscles, joints, organs
 - h. Serious episodes of anxiety
 - i. Falls or other injuries
 - j. Extreme fatigue or persistent tiredness
 - k. Problems with eating or weight control
 - l. Sleep problems
 - m. Feelings of being isolated
 - n. Problems making or seeing friends
 - o. a lack of romantic relationships
 - p. Problems getting out & going where you want
 - q. problems with physical fitness or keeping in shape
 - r. Difficulty finding a good job
 - s. Difficulty keeping a good job
6. During the past 12 months, were you limited in any way, in any activities because of back pain?

Energy

1. How often is having too little energy a problem for you?
2. The next 3 questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks
 - a. Have you felt calm and peaceful?
 - b. Did you have a lot of energy?
 - c. Have you felt downhearted and blue?
3. The next 3 questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks
 - a. Have you felt calm and peaceful?
 - b. Did you have a lot of energy?
 - c. Have you felt downhearted and blue?

4. During the past 30 days, for about how many days have you felt VERY HEALTHY and FULL OF ENERGY?
5. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

Depression

1. During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED? .
2. In the past 2 weeks, how often have you been depressed or down?