

DISABILITY (DLQ)
Target Group: SPs 1+

DLQ.010 With this next set of questions, we want to learn about people who have physical, mental, or emotional conditions that cause serious difficulties with their daily activities. Though different, these questions may sound similar to ones I asked earlier.

{Are you/Is SP} deaf or {do you/does he/does she} have serious difficulty hearing?

YES.....	1
NO	2
REFUSED.....	7
DON'T KNOW	9

CAPI INSTRUCTION:

IF SP AGE >= 16, DISPLAY "YOU" AND "DO YOU".

IF SP AGE <16, DISPLAY "SP" AND "DOES HE/DOES SHE".

DLQ.020 {Are you/Is SP} blind or {do you/does he/does she} have serious difficulty seeing even when wearing glasses?

YES.....	1
NO	2
REFUSED.....	7
DON'T KNOW	9

CAPI INSTRUCTION:

IF SP AGE >= 16, DISPLAY "YOU" AND "DO YOU".

IF SP AGE <16, DISPLAY "SP" AND "DOES HE/DOES SHE".

BOX 1

CHECK ITEM DLQ.030:

IF SP AGE < 5, GO TO END OF SECTION.

OTHERWISE, CONTINUE.

DLQ.040 Because of a physical, mental, or emotional condition, {do you/does he/does she} have serious difficulty concentrating, remembering, or making decisions?

YES.....	1
NO	2
REFUSED.....	7
DON'T KNOW	9

CAPI INSTRUCTION:

IF SP AGE >= 16, DISPLAY "DO YOU".

IF SP AGE <16, DISPLAY "DOES HE/DOES SHE".

DLQ.050 {Do you/Does SP} have serious difficulty walking or climbing stairs?

YES.....	1
NO	2
REFUSED.....	7
DON'T KNOW.....	9

CAPI INSTRUCTION:

IF SP AGE >= 16, DISPLAY "DO YOU".

IF SP AGE <16, DISPLAY "DOES SP".

DLQ.060 {Do you/Does SP} have difficulty dressing or bathing?

YES.....	1
NO	2
REFUSED.....	7
DON'T KNOW.....	9

BOX 2

CHECK ITEM DLQ.070:

IF SP AGE < 15, GO TO END OF SECTION.

OTHERWISE, CONTINUE.

DLQ.080 Because of a physical, mental, or emotional condition, {do you/does he/does she} have difficulty doing errands alone such as visiting a doctor's office or shopping?

YES.....	1
NO	2
REFUSED.....	7
DON'T KNOW.....	9

CAPI INSTRUCTION:

IF SP AGE >= 16, DISPLAY "DO YOU".

IF SP AGE <16, DISPLAY "DOES HE/DOES SHE".

BOX 3

CHECK ITEM DLQ.090

IF SP AGE < 18 OR PROXY INTERVIEW, GO TO END OF SECTION.

OTHERWISE, CONTINUE.

DLQ.100 How often do you feel worried, nervous or anxious? Would you say daily, weekly, monthly, a few times a year, or never?

DAILY	1
WEEKLY	2
MONTHLY	3
A FEW TIMES A YEAR	4
NEVER	5
REFUSED.....	7
DON'T KNOW	9

DLQ.110 Do you take medication for these feelings?

YES.....	1
NO	2
REFUSED.....	7
DON'T KNOW	9

BOX 4

CHECK ITEM DLQ.120

IF DLQ.100 = 5, GO TO DLQ.140.

OTHERWISE, CONTINUE.

DLQ.130 Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings? Would you say a little, a lot, or somewhere in between?

A LITTLE.....	1
A LOT	2
SOMEWHERE IN BETWEEN A LITTLE AND A LOT.....	3
REFUSED.....	7
DON'T KNOW	9

DLQ.140 How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?

DAILY	1
WEEKLY	2
MONTHLY	3
A FEW TIMES A YEAR	4
NEVER	5
REFUSED.....	7
DON'T KNOW	9

DLQ.150 Do you take medication for depression?

INTERVIEWER: MEDICATION FOR DEPRESSION IN THIS QUESTION INCLUDES ALL PRESCRIPTION AND NON-PRESCRIPTION DRUGS.

YES.....	1
NO	2
REFUSED.....	7
DON'T KNOW.....	9

BOX 5

CHECK ITEM DLQ.160

IF DLQ.140 = 5, GO TO END OF SECTION.
OTHERWISE, CONTINUE.

DLQ.170 Thinking about the last time you felt depressed, how depressed did you feel? Would you say a little, a lot, or somewhere in between?

A LITTLE.....	1
A LOT	2
SOMEWHERE IN BETWEEN A LITTLE AND A LOT.....	3
REFUSED.....	7
DON'T KNOW.....	9