### PHYSICAL FUNCTIONING - PFQ

**BOX 1A**

**CHECK ITEM PFQ.001:**
- IF AGE OF SP IS $\geq 20$, GO TO PFQ.048
- OTHERWISE, CONTINUE WITH BOX 1B.

**BOX 1B**

**CHECK ITEM PFQ.002:**
- IF SP $\leq 4$, CONTINUE.
- OTHERWISE, GO TO PFQ.020.

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**PFQ.010**  
The next set of questions is about limitations caused by any long-term physical, mental or emotional problem or illness. Please do not include temporary conditions, such as a cold.

Is {SP} limited in the kind or amount of play activities (he/she) can do because of a physical, mental or emotional problem?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
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</table>

**PFQ.015**  
Is {SP} able to take part at all in the usual kinds of play activities done by most children (his/her) age?

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<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
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<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
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<td>DON'T KNOW</td>
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</table>

**PFQ.020**  
{Do you/Does SP} have an impairment or health problem that limits {your/his/her} ability to {crawl, walk or play} {walk, run or play} {walk or run}?

**CAPI INSTRUCTION:**
- IF CHILD'S AGE = 1-4, DISPLAY "CRAWL, WALK OR PLAY".
- IF CHILD'S AGE = 5-15, DISPLAY "WALK, RUN OR PLAY".
- IF SP'S AGE = 16-19, DISPLAY "WALK OR RUN".

<table>
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<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
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<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
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</table>

**PFQ.030**  
Is this an impairment or health problem that has lasted, or is expected to last **12 months or longer**?

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>
CHECK ITEM PFQ.035:
IF SP AGE <= 17, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

PFQ.040  Does (SP) receive Special Education or Early Intervention Services?

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

CHECK ITEM PFQ.045:
GO TO END OF SECTION.

PFQ.048  The next set of questions is about limitations caused by any long-term physical, mental or emotional problem or illness. Please do not include temporary conditions, such as a cold [or pregnancy].

Does a physical, mental or emotional problem now keep (you/SP) from working at a job or business?

YES ...............................................................  1
NO .................................................................  2 (PFQ.056)
REFUSED .....................................................  7 (PFQ.056)
DON’T KNOW ................................................  9 (PFQ.056)

PFQ.050  {Are you/Is SP} limited in the kind or amount of work {you/s/he} can do because of a physical, mental or emotional problem?

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

PFQ.055  Because of a health problem, {do you/does SP} have difficulty walking without using any special equipment?

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

PFQ.056  {Are you/Is SP} limited in any way because of difficulty remembering or because {you/s/he} experience(s) periods of confusion?

YES ...............................................................  1
NO .................................................................  2
REFUSED .....................................................  7
DON’T KNOW ................................................  9
**BOX 1D**

CHECK ITEM PFQ.058:
IF 'YES' (CODE 1) IN PFQ.048, PFQ.050, PFQ.055, OR PFQ.056, GO TO PFQ.060.
OTHERWISE, CONTINUE.

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**PFQ.059**
(Are you/Is SP) **limited in any way** in any activity because of a physical, mental or emotional problem?

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

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**BOX 1E**

CHECK ITEM PFQ.059A:
IF SP AGE IS <=59 AND 'NO' (CODE 2) ENTERED IN PFQ.048, PFQ.056 **AND** PFQ.059, GO TO PFQ.090.
OTHERWISE, CONTINUE.
The next questions ask about difficulties (you/SP) may have doing certain activities because of a health problem. By "health problem" we mean any long-term physical, mental or emotional problem or illness (not including pregnancy).

By {yourself/himself/herself} and without using any special equipment, how much difficulty {do you/does SP} have . . .

HAND CARD PFQ1
DO NOT INCLUDE TEMPORARY CONDITIONS LIKE PREGNANCY OR BROKEN LIMBS.

CAPI INSTRUCTION:
IF PFQ.055 = ‘1’ (YES), DO NOT DISPLAY ‘B’ OR ‘C’.
IF SP FEMALE, DISPLAY ‘NOT INCLUDING PREGNANCY’.
RESPONSES: NO DIFFICULTY = 1, SOME DIFFICULTY = 2, MUCH DIFFICULTY = 3, UNABLE TO DO = 4, REFUSED = 7, DON’T KNOW = 9.

a. managing {your/his/her} money [such as keeping track of {your/his/her} expenses or paying bills]? ___
b. walking for a quarter of a mile [that is about 2 or 3 blocks]? ___
c. walking up 10 steps without resting? ___
d. stooping, crouching, or kneeling? ___
e. lifting or carrying something as heavy as 10 pounds [like a sack of potatoes or rice]? ___
f. doing chores around the house [like vacuuming, sweeping, dusting, or straightening up]? ___
g. preparing {your/his/her} own meals? ___
h. walking from one room to another on the same level? ___
i. standing up from an armless straight chair? ___
j. getting in or out of bed? ___
k. eating, like holding a fork, cutting food or drinking from a glass? ___
l. dressing {yourself/himself/herself}, including tying shoes, working zippers, and doing buttons? ___
m. standing or being on {your/his/her} feet for about 2 hours? ___
n. sitting for about 2 hours? ___
o. reaching up over {your/his/her} head? ___
p. using {your/his/her} fingers to grasp or handle small objects? ___
q. going out to things like shopping, movies, or sporting events? ___
r. participating in social activities [visiting friends, attending clubs or meetings or going to parties]? ___
s. doing things to relax at home or for leisure [reading, watching TV, sewing, listening to music]? ___
t. push or pull large objects like a living room chair? ___
CHECK ITEM PFQ.066:
IF 'SOME DIFFICULTY' (CODE 2), 'MUCH DIFFICULTY' (CODE 3), OR 'UNABLE TO DO' (CODE 4) IN PFQ.060 A THROUGH T, CONTINUE.
OTHERWISE, GO TO PFQ.090.

PFQ.067
What condition or health problem causes {you/SP} to have difficulty with or need help with {NAME OF UP TO 3 ACTIVITIES/these activities}?

HAND CARD PFQ2
ENTER ALL THAT APPLY UP TO 5 BUT DO NOT PROBE.
DO NOT ENTER 'OLD AGE' AS CONDITION -- IF OLD AGE IS REPORTED, PROBE FOR ANY OTHER CONDITION.

CAPI INSTRUCTION:
IF THE TOTAL NUMBER OF ITEMS CODED 'SOME DIFFICULTY' (CODE 2), 'MUCH DIFFICULTY' (CODE 3), OR 'UNABLE TO DO' (CODE 4) IN PFQ.060 A THROUGH L <=3, DISPLAY EACH ITEM NAME IN THE TEXT OF QUESTION. IF MORE THAN 3 ITEMS ARE CODED IN THIS MANNER DISPLAY "THESE ACTIVITIES" IN THE TEXT OF QUESTION.

- ARTHRITIS/RHEUMATISM ...................... 10
- BACK OR NECK PROBLEM ..................... 11
- BIRTH DEFECT .................................. 12
- CANCER .......................................... 13
- DEPRESSION/ANXIETY/EMOTIONAL PROBLEM ............................................. 14
- OTHER DEVELOPMENTAL PROBLEM (SUCH AS CEREBRAL PALSY) .......... 15
- DIABETES ....................................... 16
- FRACTURES, BONE/JOINT INJURY ......... 17
- HEARING PROBLEM ......................... 18
- HEART PROBLEM .................................. 19
- HYPERTENSION/HIGH BLOOD PRESSURE .................. 20
- LUNG/BREATHING PROBLEM .................. 21
- MENTAL RETARDATION ...................... 22
- OTHER INJURY .................................. 23
- SENILITY ......................................... 24
- STROKE PROBLEM ............................. 25
- VISION/PROBLEM SEEING .................. 26
- WEIGHT PROBLEM ............................ 27

OTHER IMPAIRMENT/PROBLEM ................................................................. 28

- REFUSED ......................................... 77
- DON'T KNOW ...................................... 99
CHECK ITEM PFQ.068:
IF CODE 10-11 OR 13-28 IN PFQ.067, CONTINUE WITH LOOP 1.
OTHERWISE, GO TO PFQ.090.

LOOP 1:
ASK QUESTION PFQ.069 FOR EACH CONDITION MENTIONED IN PFQ.067
(CONDITION: 10-11 OR 13-28).

PFQ.069 How long have you had [CONDITION 10-11 or 13-28]?  

CAPI INSTRUCTION:
IF CODE 28 IN PFQ.067, THE FILL SHOULD BE [THE OTHER CONDITION YOU MENTIONED].

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</table>
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

SINCE BIRTH................................................ 666
REFUSED ..................................................... 777
DON'T KNOW ............................................... 999

ENTER UNIT

DAYS............................................................. 1
WEEKS ......................................................... 2
MONTHS....................................................... 3
YEARS .......................................................... 4
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

END LOOP 1:
CYCLE ON NEXT CONDITION.
IF NO NEXT CONDITION, GO TO PFQ.090.

PFQ.090 {Do you/Does SP} now have any health problem that requires {you/him/her} to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

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