2003-04 Questionnaire

PHYSICAL FUNCTIONING - PFQ_C

BOX 1A

CHECK ITEM PFQ.001:
IF AGE OF SP IS >= 20, GO TO PFQ.049
OTHERWISE, CONTINUE WITH BOX 1B.

BOX 1B

CHECK ITEM PFQ.002:
IF SP <= 4, CONTINUE.
OTHERWISE, GO TO PFQ.020.

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?

YES ............................................................... 1
NO ................................................................. 2 (PFQ.020)
REFUSED ..................................................... 7 (PFQ.020)
DON'T KNOW................................................ 9 (PFQ.020)

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

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

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".

YES ............................................................... 1
NO ................................................................. 2 (BOX 1BB)
REFUSED ..................................................... 7 (BOX 1BB)
DON'T KNOW................................................ 9 (BOX 1BB)
PFQ.030 Is this an impairment or health problem that has lasted, or is expected to last **12 months or longer**?

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

**BOX 1BB**

CHECK ITEM PFQ.036:
IF SP AGE <= 17, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

PFQ.041 Does (SP) receive Special Education or Early Intervention Services?

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

**BOX 1C**

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

PFQ.049 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
REFUSED ..................................................... 7
DON'T KNOW................................................ 9

PFQ.051 {Are you/Is SP} limited in the kind or amount of work (you/she) can do because of a physical, mental or emotional problem?

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW................................................ 9
PFQ.054  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.057  {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.049, PFQ.051, PFQ.054, OR PFQ.057, GO TO PFQ.061.
OTHERWISE, CONTINUE.

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
CHECK ITEM PFQ.059A:
IF SP AGE IS <=59 AND ‘NO’ (CODE 2) ENTERED IN PFQ.049, PFQ.057 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.054 = ‘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, DO NOT DO THIS ACTIVITY = 5, 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? __

<table>
<thead>
<tr>
<th>BOX 1F</th>
</tr>
</thead>
</table>

CHECK ITEM PFQ.066A:
IF 'SOME DIFFICULTY' (CODE 2), 'MUCH DIFFICULTY' (CODE 3), OR 'UNABLE TO DO' (CODE 4) IN PFQ.061 A THROUGH T, CONTINUE.
OTHERWISE, GO TO PFQ.090.
PFQ.063  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.061 A THROUGH T <=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
**BOX 2**

**CHECK ITEM PFQ.068A:**
IF CODE 10-11 OR 13-28 IN PFQ.063, CONTINUE WITH LOOP 1.
OTHERWISE, GO TO PFQ.090.

**LOOP 1:**
ASK QUESTION PFQ.069 FOR EACH CONDITION MENTIONED IN PFQ.063
(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.063, THE FILL SHOULD BE {THE OTHER CONDITION YOU MENTIONED}.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**BOX 3**

**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?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTER</td>
</tr>
</tbody>
</table>

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

DON'T KNOW ........................................ 9