

**PHYSICAL FUNCTIONING - PFQ**  
**Target Group: SPs 1+**

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

<b>BOX 1B</b>
<b>CHECK ITEM PFQ.002:</b> 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.035A:**  
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/s/he} 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

**BOX 1E**

**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.

PFQ.061  
a-t

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.

CAP I 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. **pushing or pulling large objects like a living room chair? \_\_\_\_\_**

**BOX 1F**

**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  $\leq 3$ , 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 <b>DEVELOPMENTAL</b> 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/has SP} had {CONDITION 10-11 or 13-28}?

G/Q/U

a-r

CAPI INSTRUCTION:

IF CODE 28 IN PFQ.063, THE FILL SHOULD BE {THE OTHER CONDITION YOU MENTIONED}.

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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

**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?

YES ..... 1

NO ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9