PHYSICAL FUNCTIONING - PFQ  
Target Group: SPs 1+

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?

<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>
</tr>
</tbody>
</table>

**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?

<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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</tbody>
</table>

**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?

<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>
</tr>
</tbody>
</table>

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?

<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>
</tr>
</tbody>
</table>
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.
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. pushing or pulling large objects like a living room chair?
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.

<table>
<thead>
<tr>
<th>Condition/Impairment</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis/Rheumatism</td>
<td>10</td>
</tr>
<tr>
<td>Back or Neck Problem</td>
<td>11</td>
</tr>
<tr>
<td>Birth Defect</td>
<td>12</td>
</tr>
<tr>
<td>Cancer</td>
<td>13</td>
</tr>
<tr>
<td>Depression/Anxiety/Emotional Problem</td>
<td>14</td>
</tr>
<tr>
<td>Other Developmental Problem (such as Cerebral Palsy)</td>
<td>15</td>
</tr>
<tr>
<td>Diabetes</td>
<td>16</td>
</tr>
<tr>
<td>Fractures, Bone/Joint Injury</td>
<td>17</td>
</tr>
<tr>
<td>Hearing Problem</td>
<td>18</td>
</tr>
<tr>
<td>Heart Problem</td>
<td>19</td>
</tr>
<tr>
<td>Hypertension/High Blood Pressure</td>
<td>20</td>
</tr>
<tr>
<td>Lung/Breathing Problem</td>
<td>21</td>
</tr>
<tr>
<td>Mental Retardation</td>
<td>22</td>
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<tr>
<td>Other Injury</td>
<td>23</td>
</tr>
<tr>
<td>Senility</td>
<td>24</td>
</tr>
<tr>
<td>Stroke Problem</td>
<td>25</td>
</tr>
<tr>
<td>Vision/Problem Seeing</td>
<td>26</td>
</tr>
<tr>
<td>Weight Problem</td>
<td>27</td>
</tr>
<tr>
<td>Other Impairment/Problem</td>
<td>28</td>
</tr>
<tr>
<td>Refused</td>
<td>77</td>
</tr>
<tr>
<td>Don't Know</td>
<td>99</td>
</tr>
</tbody>
</table>
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}.

|___|___|___|
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