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”.