FUNCTIONING (FNQ)
Target Group: SPs 5+

BOX 1

CHECK ITEM FNQ.005
IF SP AGE ≥ 18 YEARS, GO TO FNQ.400.
ELSE, CONTINUE.

FNQ.010 I would like to ask you some questions about difficulties {you/SP} may have.

{Do you/Does SP} wear glasses or contact lenses?

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

FNQ.020 {When wearing {your/his/her} glasses or contact lenses}, {do you/does SP} have difficulty seeing? Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

HAND CARD FNQ1

NO DIFFICULTY............................................ 1
SOME DIFFICULTY ...................................... 2
A LOT OF DIFFICULTY ................................. 3
CANNOT DO AT ALL ................................. 4
REFUSED ..................................................... 7
DON’T KNOW................................................ 9

CAPI INSTRUCTION:
IF YES (CODE 1) IN FNQ.010, DISPLAY “When wearing {your/his/her} glasses or contact lenses”

FNQ.030 {Do you/Does SP} use a hearing aid?

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON’T KNOW................................................ 9
FNQ.040 {When using {your/his/her} hearing aid}, {do you/does SP} have difficulty hearing sounds like peoples’ voices or music? [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]

HAND CARD FNQ1

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Difficulty</td>
<td>1</td>
</tr>
<tr>
<td>Some Difficulty</td>
<td>2</td>
</tr>
<tr>
<td>A Lot of Difficulty</td>
<td>3</td>
</tr>
<tr>
<td>Cannot Do At All</td>
<td>4</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>9</td>
</tr>
</tbody>
</table>

CAPI INSTRUCTION:
IF YES (CODE 1) IN FNQ.030, DISPLAY “When using {your/his/her} hearing aid”

FNQ.050 {Do you/Does SP} use any equipment or receive assistance for walking?

YES .................................................................. 1
NO .................................................................. 2 (FNQ.080)
Refused .................................................. 7 (FNQ.080)
Don’t Know .................................................. 9 (FNQ.080)

FNQ.060 Without {your/his/her} equipment or assistance, {do you/does SP} have difficulty walking 100 yards/meters on level ground? That would be about the length of 1 football field. Would you say {you have/SP has}: some difficulty, a lot of difficulty, or cannot do at all?

HAND CARD FNQ2

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
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<tr>
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<td>3 (FNQ.100)</td>
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<tr>
<td>Cannot Do At All</td>
<td>4 (FNQ.100)</td>
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<tr>
<td>Refused</td>
<td>7 (FNQ.100)</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>9 (FNQ.100)</td>
</tr>
</tbody>
</table>

FNQ.070 Without {your/his/her} equipment or assistance, {do you/does SP} have difficulty walking 500 yards/meters on level ground? That would be about the length of 5 football fields. [Would you say {you have/SP has}: some difficulty, a lot of difficulty, or cannot do at all?]

HAND CARD FNQ2

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some Difficulty</td>
<td>2 (FNQ.100)</td>
</tr>
<tr>
<td>A Lot of Difficulty</td>
<td>3 (FNQ.100)</td>
</tr>
<tr>
<td>Cannot Do At All</td>
<td>4 (FNQ.100)</td>
</tr>
<tr>
<td>Refused</td>
<td>7 (FNQ.100)</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>9 (FNQ.100)</td>
</tr>
</tbody>
</table>
FNQ.080 Compared with children of the same age, do you have difficulty walking 100 yards/meters on level ground? That would be about the length of 1 football field. Would you say you have: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

HAND CARD FNQ3

NO DIFFICULTY ............................................ 1
SOME DIFFICULTY ........................................ 2
A LOT OF DIFFICULTY ................................. 3 (FNQ.100)
CANNOT DO AT ALL ................................. 4 (FNQ.100)
REFUSED ................................................. 7
DON'T KNOW ............................................. 9

FNQ.090 Compared with children of the same age, do you have difficulty walking 500 yards/meters on level ground? That would be about the length of 5 football fields. Would you say you have: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

HAND CARD FNQ3

NO DIFFICULTY ............................................ 1
SOME DIFFICULTY ........................................ 2
A LOT OF DIFFICULTY ................................. 3
CANNOT DO AT ALL ................................. 4
REFUSED ................................................. 7
DON'T KNOW ............................................. 9

FNQ.100 When do you have difficulty being understood by people inside of this household? Would you say you have: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

HAND CARD FNQ3

NO DIFFICULTY ............................................ 1
SOME DIFFICULTY ........................................ 2
A LOT OF DIFFICULTY ................................. 3
CANNOT DO AT ALL ................................. 4
REFUSED ................................................. 7
DON'T KNOW ............................................. 9

FNQ.110 When do you have difficulty being understood by people outside of this household? Would you say you have: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?

HAND CARD FNQ3

NO DIFFICULTY ............................................ 1
SOME DIFFICULTY ........................................ 2
A LOT OF DIFFICULTY ................................. 3
CANNOT DO AT ALL ................................. 4
REFUSED ................................................. 7
DON'T KNOW ............................................. 9
FNQ.120 Compared with children of the same age, {do you/does SP} have difficulty learning things? [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]

HAND CARD FNQ3

NO DIFFICULTY ............................................ 1
SOME DIFFICULTY ........................................ 2
A LOT OF DIFFICULTY ................................. 3
CANNOT DO AT ALL ................................. 4
REFUSED ..................................................... 7
DON'T KNOW ................................................ 9

FNQ.130 Compared with children of the same age, {do you/does SP} have difficulty controlling {your/his/her} behavior? [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]

HAND CARD FNQ3

NO DIFFICULTY ............................................ 1
SOME DIFFICULTY ........................................ 2
A LOT OF DIFFICULTY ................................. 3
CANNOT DO AT ALL ................................. 4
REFUSED ..................................................... 7
DON'T KNOW ................................................ 9

FNQ.140 How often {do you feel/does SP seem} very anxious, nervous or worried? Would you say daily, weekly, monthly, a few times a year or never?

DAILY ............................................................ 1
WEEKLY ........................................................ 2
MONTHLY ..................................................... 3
A FEW TIMES A YEAR ................................. 4
NEVER .......................................................... 5
REFUSED ..................................................... 7
DON'T KNOW ................................................ 9

FNQ.150 How often {do you feel/does SP seem} very sad or depressed? Would you say daily, weekly, monthly, a few times a year or never?

DAILY ............................................................ 1 (END OF SECTION)
WEEKLY ........................................................ 2 (END OF SECTION)
MONTHLY ..................................................... 3 (END OF SECTION)
A FEW TIMES A YEAR ................................. 4 (END OF SECTION)
NEVER .......................................................... 5 (END OF SECTION)
REFUSED ..................................................... 7 (END OF SECTION)
DON'T KNOW ................................................ 9 (END OF SECTION)
Now I am going to ask you some questions about your ability to do different activities, and how you have been feeling.

Do you wear glasses or contact lenses?

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

Do you have difficulty seeing (even if wearing glasses or contact lenses)? Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

HAND CARD FNQ3

NO DIFFICULTY............................................ 1
SOME DIFFICULTY ...................................... 2
A LOT OF DIFFICULTY ................................. 3
CANNOT DO AT ALL ................................. 4
REFUSED ..................................................... 7
DON’T KNOW................................................ 9

CAPI INSTRUCTION:
IF YES (CODE 1) IN FNQ.400, DISPLAY “even if wearing glasses or contact lenses”

Do you use a hearing aid?

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

Do you have difficulty hearing (even if using a hearing aid)? Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

HAND CARD FNQ3

NO DIFFICULTY............................................ 1
SOME DIFFICULTY ...................................... 2
A LOT OF DIFFICULTY ................................. 3
CANNOT DO AT ALL ................................. 4
REFUSED ..................................................... 7
DON’T KNOW................................................ 9

CAPI INSTRUCTION:
IF YES (CODE 1) IN FNQ.420, DISPLAY “even if using a hearing aid”
FNQ.440  Do you/Does SP have difficulty walking or climbing steps? [Would you say no difficulty, some difficulty, a lot of difficulty, or (you/he/she) cannot do this at all?]

HAND CARD FNQ3

NO DIFFICULTY.................................  1
SOME DIFFICULTY ...............................  2
A LOT OF DIFFICULTY.........................  3
CANNOT DO AT ALL .........................  4
REFUSED ........................................  7
DON'T KNOW.................................  9

FNQ.450 Using your/his/her usual language, do you/does SP have difficulty communicating, for example, understanding or being understood? [Would you say no difficulty, some difficulty, a lot of difficulty, or (you/he/she) cannot do this at all?]

HAND CARD FNQ3

NO DIFFICULTY.................................  1
SOME DIFFICULTY ...............................  2
A LOT OF DIFFICULTY.........................  3
CANNOT DO AT ALL .........................  4
REFUSED ........................................  7
DON'T KNOW.................................  9

FNQ.460 Do you/Does SP have difficulty remembering or concentrating? [Would you say no difficulty, some difficulty, a lot of difficulty, or (you/he/she) cannot do this at all?]

HAND CARD FNQ3

NO DIFFICULTY.................................  1
SOME DIFFICULTY ...............................  2
A LOT OF DIFFICULTY.........................  3
CANNOT DO AT ALL .........................  4
REFUSED ........................................  7
DON'T KNOW.................................  9

FNQ.470 Do you/Does SP have difficulty with self-care, such as washing all over and dressing? [Would you say no difficulty, some difficulty, a lot of difficulty, or (you/he/she) cannot do this at all?]

HAND CARD FNQ3

NO DIFFICULTY.................................  1
SOME DIFFICULTY ...............................  2
A LOT OF DIFFICULTY.........................  3
CANNOT DO AT ALL .........................  4
REFUSED ........................................  7
DON'T KNOW.................................  9
FNQ.480  {Do you/Does SP} have difficulty raising a 2 liter bottle of water or soda from waist to eye level? [Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she} cannot do this at all?]

HAND CARD FNQ3

NO DIFFICULTY............................................  1
SOME DIFFICULTY .............................  2
A LOT OF DIFFICULTY .......................  3
CANNOT DO AT ALL ............................  4
REFUSED ................................................  7
DON'T KNOW.......................................  9

FNQ.490  {Do you/Does SP} have difficulty using {your/his/her} hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles? [Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she} cannot do this at all?]

HAND CARD FNQ3

NO DIFFICULTY............................................  1
SOME DIFFICULTY .............................  2
A LOT OF DIFFICULTY .......................  3
CANNOT DO AT ALL ............................  4
REFUSED ................................................  7
DON'T KNOW.......................................  9

FNQ.500  Because of a physical, mental, or emotional condition, {do you/does SP} have difficulty doing errands alone such as visiting a doctor's office or shopping? [Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she} cannot do this at all?]

HAND CARD FNQ3

NO DIFFICULTY............................................  1
SOME DIFFICULTY .............................  2
A LOT OF DIFFICULTY .......................  3
CANNOT DO AT ALL ............................  4
REFUSED ................................................  7
DON'T KNOW.......................................  9

FNQ.510  How often {do you/does SP} feel worried, nervous, or anxious? Would you say...

daily, ..............................................................  1
weekly..........................................................  2
monthly .........................................................  3
a few times a year, or .........................  4
never?..........................................................  5 (FNQ.530)
REFUSED .....................................................  7 (FNQ.530)
DON'T KNOW.............................................  9 (FNQ.530)
FNQ.520 Thinking about the last time {you/SP} felt worried, nervous, or anxious, how would {you/he/she} describe the level of these feelings? Would you say…

- a little, ............................................................ 1
- a lot, or........................................................... 2
- somewhere in between a little and a lot?...... 3
- REFUSED ..................................................... 7
- DON’T KNOW............................................... 9

FNQ.530 How often {do you/does SP} feel depressed? Would you say…

- daily, .............................................................. 1
- weekly,.......................................................... 2
- monthly,......................................................... 3
- a few times a year, or .................................... 4
- never?........................................................... 5  (FNQ.550)
- REFUSED ..................................................... 7  (FNQ.550)
- DON’T KNOW............................................... 9  (FNQ.550)

FNQ.540 Thinking about the last time {you/SP} felt depressed, how depressed did {you/he/she} feel? Would you say…

- a little, ............................................................ 1
- a lot, or........................................................... 2
- somewhere in between a little and a lot?...... 3
- REFUSED ..................................................... 7
- DON’T KNOW............................................... 9

FNQ.550 {Do you/Does SP} have difficulty participating in social activities such as visiting friends, attending clubs and meetings, going to parties? Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she} cannot do this at all?

HAND CARD FNQ3

- NO DIFFICULTY............................................ 1
- SOME DIFFICULTY ................................. 2
- A LOT OF DIFFICULTY ............................. 3
- CANNOT DO AT ALL ................................. 4
- REFUSED ..................................................... 7
- DON’T KNOW............................................... 9

FNQ.560 {Are you/Is SP} limited in the kind or amount of work {you/he/she} can do because of a physical, mental, or emotional problem?

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