(MS515) HEALTH AND FUNCTIONAL CAPACITY SURVEY [PILOT]

Preamble

Thank you for taking the time to complete this survey. This survey will ask about your health and how it affects your ability to carry out daily activities and/or work activities.

Q1_bone

Do you suffer from any of the following serious health problems? Check all that apply.
Bone, Joint, Muscle and Skin Problems

- ❑ Arthritis (1)
- ❑ Rheumatoid Arthritis (2)
- ❑ Back Pain due to spinal stenosis (3)
- ❑ Back Pain due to other causes (4)
- ❑ Neck Pain (5)
- ❑ Fibromyalgia (6)
- ❑ Lupus (7)
- ❑ Ehlers-Danlos Syndrome (8)
- ❑ Deformity of Limb (9)
- ❑ Amputation of Limb (10)
- ❑ Severe Burn (11)
- ❑ Other Muscle or Connective Tissue Disorder (please specify): (12)_____ [*Other*]
- ❑ Other Bone or Joint Disorder (please specify): (13)_____ [*Other*]
- ❑ Other Injury (please specify): (14)_____ [*Other*]
- ○ I do not suffer from any of these health problems (15) [*Exclusive*]

CONDITION	f('Q1_bone').any('1','2')	
	True	false
	Question Q1_bone_fu1()	

Q1_bone_fu1

[*Not required*]

You indicated that you have arthritis - what joints are affected?

[   ]

Condition f('Q1_bone').any('1','2')

f('Q1_bone').any('10')

True	false
Question Q1_bone_fu2()	

Q1_bone_fu2

Why was your limb amputated? Check all that apply.

❑ Result of a traumatic injury (1)
❑ Complications of diabetes (2)
❑ Complications of peripheral arterial disease (3)
○ None of the above (4) [*Exclusive*]

Condition f('Q1_bone').any('10')

Q1_nervous

Do you suffer from any of the following serious health problems? Check all that apply.

Nervous System and Sensory Problems

❑ Spinal Cord Injury (1)
❑ Multiple Sclerosis (2)
❑ Seizure Disorder (3)
❑ Parkinson's Disease (4)
❑ Stroke (or effects of a prior stroke) (5)
❑ Migraine (6)
❑ Blindness (7)
❑ Deafness (8)
❑ Nerve problem causing numbness or pain (for example, sciatica, diabetic neuropathy) (9)
❑ Other Nervous System Disorder (please specify): (10)_____ [*Other*]
○ I do not suffer from any of these health problems (11) [*Exclusive*]

f('Q1_nervous').any('1')

True	false

Question Q1_nervous_fu1()

Q1_nervous_fu1

[*Not required*]

Has your spinal cord injury resulted in paralysis? If so, which limbs?

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END Condition f('Q1_nervous').any('1')

CONDITION f('Q1_nervous').any('7')

True	false
Question Q1_nervous_fu2()	

Q1_nervous_fu2

[*Not required*]

What caused your vision loss?

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END Condition f('Q1_nervous').any('7')

CONDITION f('Q1_nervous').any('8')

True	false

Question Q1_nervous_fu3()

Q1_nervous_fu3

[*Not required*]

What caused your hearing loss?

END Condition f('Q1_nervous').any('8')

Q1_heart

Do you suffer from any of the following serious health problems? Check all that apply.

Heart and Circulatory System Problems

❑ Heart Failure (1)
❑ Coronary Artery Disease (for example, angina) (2)
❑ Heart Valve Dysfunction (3)
❑ Peripheral Arterial Disease (blocked or narrowed arteries that cause pain in your legs) (4)
❑ Abnormal Heart Rhythm requiring you to wear a pacemaker or defibrillator (5)
❑ Lymphedema (6)
❑ Other Heart or Circulatory System Disorder (please specify): (7)_____ [*Other*]
❍ I do not suffer from any of these health problems (8) [*Exclusive*]

Q1_lung

Do you suffer from any of the following serious health problems? Check all that apply.

Lung Problems

❑ Asthma (1)
❑ Chronic Obstructive Pulmonary Disease/Emphysema (2)
❑ Interstitial Lung Disease/Pulmonary Fibrosis (3)
❑ Pulmonary Hypertension (4)
❑ Other Lung Disease (please specify): (5)_____ [*Other*]
❍ I do not suffer from any of these health problems (6) [*Exclusive*]

Q1_gastro

Do you suffer from any of the following serious health problems? Check all that apply.

Gastrointestinal and Kidney Problems

❑ Crohn's Disease (1)
❑ Ulcerative Colitis (2)
❑ Liver Disease/Cirrhosis (3)
❑ Chronic Kidney Disease, not on dialysis (4)
❑ Chronic Kidney Disease, on dialysis (5)
❑ Other Gastrointestinal Disorder (please specify): (6)_____ [*Other*]
❑ Other Kidney or Bladder Disorder (please specify): (7)_____ [*Other*]
❍ I do not suffer from any of these health problems (8) [*Exclusive*]

Q1_infectious

Do you suffer from any of the following serious health problems? Check all that apply.

Infectious Diseases

❑ HIV (1)
❑ Hepatitis C (2)
❑ Other Infectious Disease (please specify): (3)_____ [*Other*]
❍ I do not suffer from any of these health problems (4) [*Exclusive*]

Q1_mental

Do you suffer from any of the following serious health problems? Check all that apply.

Mental Health and Substance Use Problems

❑ Schizophrenia (1)
❑ Bipolar Disorder (2)
❑ Depression (3)
❑ Anxiety (4)
❑ Attention Deficit/Hyperactivity Disorder (ADHD) (5)
❑ Post-Traumatic Stress Disorder (6)
❑ Personality Disorder (please specify): (7)_____ [*Other*]
❑ Alzheimer's Disease (8)
❑ Other Dementia (please specify): (9)_____ [*Other*]
❑ Other Mental or Cognitive Disorder (please specify): (10)_____ [*Other*]
❑ Alcohol Dependence (11)
❑ Opioid Dependence (12)
❑ Other Substance Use Disorder (please specify): (13)_____ [*Other*]
❍ I do not suffer from any of these health problems (14) [*Exclusive*]

Q1_other

Do you suffer from any of the following serious health problems? Check all that apply.

Other Serious Health Problems

❑ Cancer (1)
❑ Diabetes (2)
❑ Obesity (3)
❑ Down Syndrome (4)
❑ Cerebral Palsy (5)
❑ Sleep Disorder (6)
❑ Chronic Fatigue Syndrome (7)
❑ Chronic Pain (8)
❑ Sickle Cell Anemia (9)
❑ Immune Deficiency (10)
❑ Other Blood Disorder (please specify): (11)_____ [*Other*]
❑ Other Developmental Disorder (please specify): (12)_____ [*Other*]
❑ Other Health Problem (please specify): (13)_____ [*Other*]
❍ I do not suffer from these or any other health problems (14) [*Exclusive*]

CONDITION	f('Q1_other').any('2')	
	True	false
	Question Q1_other_fu1()	

Q1_other_fu1

[*Not required*]

Do you have nerve damage as a result of diabetes?

❍ Yes (1)
❍ No (2)
❍ Don't know (3)

END	Condition f('Q1_other').any('2')

CONDITION	f('Q1_other').any('1')	
	True	false

	Question Q1_other_fu2()

Q1_other_fu2

[*Open Text ◆ Not required*]

.cf-grid-layout__row:nth-child(2n) {   background-color: transparent; }

What type of cancer do you have? (1)   _____

Has the cancer spread to other parts of your body? (2)   _____

END	Condition f('Q1_other').any('1')

CONDITION	f('Q1_other').any('8')	
	true	false
	Question Q1_other_fu3()	

Q1_other_fu3

[*Not required*]

Where do you have pain?

END	Condition f('Q1_other').any('8')

CONDITION	True	false
	Condition f('Q1_bone').any('1','2','3','4','5','6','7','8','9','10','11','12','13','14') || f('Q1_nervous').any('1','2','3','4','5','6','7','8','9','10') || f('Q1_heart').any('1','2','3','4','5','6','7') ||	

f('Q1_lung').any('1','2','3','4','5') ||
f('Q1_gastro').any('1','2','3','4','5','6','7') ||
f('Q1_infectious').any('1','2','3') ||
f('Q1_mental').any('1','2','3','4','5','6','7','8','9','10','11','12','13')
|| f('Q1_other').any('1','2','3','4','5','6','7','8','9','10','11','12','13')

CONDITION

f('Q1_bone').any('1','2','3','4','5','6','7','8','9','10','11','12','13','14') ||
f('Q1_nervous').any('1','2','3','4','5','6','7','8','9','10') ||
f('Q1_heart').any('1','2','3','4','5','6','7') || f('Q1_lung').any('1','2','3','4','5') ||
f('Q1_gastro').any('1','2','3','4','5','6','7') || f('Q1_infectious').any('1','2','3') ||
f('Q1_mental').any('1','2','3','4','5','6','7','8','9','10','11','12','13') ||
f('Q1_other').any('1','2','3','4','5','6','7','8','9','10','11','12','13')

true	false
Question Q2()	

Q2

[*Not required*]

Of the health problems you mentioned, please indicate which conditions (up to 3) are the most severe. Please rank these conditions from most severe (number 1) to least severe (number 3). Please also indicate which, if any, of these health problems affect your ability to carry out daily activities.

	Q2_textEntry -	Q2_limitsActivities - Limits daily activities?	
		Yes (1)	No (2)
1 (most severe): (1)	_____	⬚	⬚
2: (2)	_____	⬚	⬚
3: (3)	_____	⬚	⬚

Q3

[*Not required*]

Has your health or function gotten much worse in the past 12 months?

○ Yes (1)
○ No (2)

CONDITION

f('Q3')=='1'

true	False
Question Q3a()	

Q3a

[*Not required*]

Why has your health or function gotten worse?

END Condition f('Q3')=='1'

END Condition f('Q1_bone').any('1','2','3','4','5','6','7','8','9','10','11','12','13','14') || f('Q1_nervous').any('1','2','3','4','5','6','7','8','9','10') || f('Q1_heart').any('1','2','3','4','5','6','7') || f('Q1_lung').any('1','2','3','4','5') || f('Q1_gastro').any('1','2','3','4','5','6','7') || f('Q1_infectious').any('1','2','3') || f('Q1_mental').any('1','2','3','4','5','6','7','8','9','10','11','12','13') || f('Q1_other').any('1','2','3','4','5','6','7','8','9','10','11','12','13')

END Condition

Q4
Please indicate which if any of the following statements applies to you. Check all that apply.

❑ I have a serious mental illness that makes it difficult for me to perform daily activities (1)
❑ I am currently living in a hospital, nursing home or other medical facility (2)
❑ I am currently confined to a bed due to medical problems (3)
❑ I need help from others with getting in or out of a bed or chair (4)
❑ I need help from others with dressing (5)
❑ I need help from others with using the toilet (6)
❑ I need help from others with bathing/showering (7)
❑ I need help from others with eating (8)
❑ I have difficulty with controlling urination and/or my bowels (9)
❑ A doctor has told me that I will probably not live for more than 1 year (10)
○ None of these statements applies to me (11) [*Exclusive*]

CONDITION f('short_path').toBoolean() || f('Q4').any('1','2','3','4','5','6','7','8','9','10')

True	false
Question add credits, screened()	

STOP | **Screened** –

END | Condition f('short_path').toBoolean() || f('Q4').any('1','2','3','4','5','6','7','8','9','10')

Q4_eligible

Congratulations! You are eligible to complete the remainder of the survey and earn an additional $15, for a total of $20.

CONDITION

f('Q1_nervous').any('2','4','5','10') || f('Q1_mental').any('1','2','3','4','5','6','7','8','9','10') ||
f('Q1_other').any('4','5','12','13') ||
(f('Q1_bone').none('1','2','3','4','5','6','7','8','9','10','11','12','13','14','15') &&
f('Q1_nervous').none('1','2','3','4','5','6','7','8','9','10','11') &&
f('Q1_heart').none('1','2','3','4','5','6','7','8') && f('Q1_lung').none('1','2','3','4','5','6') &&
f('Q1_gastro').none('1','2','3','4','5','6','7','8') && f('Q1_infectious').none('1','2','3','4') &&
f('Q1_mental').none('1','2','3','4','5','6','7','8','9','10','11','12','13','14') &&
f('Q1_other').none('1','2','3','4','5','6','7','8','9','10','11','12','13','14'));

True	false
Question Thinking()	

intro_thinking

The following questions ask about your thinking abilities.

For each question, you should only indicate a limitation in your abilities if it hinders your daily life compared to most other people.

Q5

[*Not required*]

For how long can you focus your attention?

Only select the second or third option if you are severely limited because of a psychiatric, neurological, or developmental disorder.

○ I can focus my attention on a single source of information (an item, person, or event) for at least 30 minutes (1)
○ I can focus on a single source of information for longer than 5 minutes, but less than 30 minutes (2)
○ I am unable to focus on a single source of information for 5 minutes (3)

Q6

[*Not required*]

How well are you able to do multiple things at once?

Only select the second or third option if you are severely limited because of a psychiatric, neurological, or developmental disorder.

○ I can do multiple tasks at the same time (for example, drive a car in busy traffic) (1)
○ I have great difficulty with doing a task if there are other demands on my attention (for example, I cannot drive in busy traffic, but I can travel by bus in an urban area) (2)
○ I am not capable of doing more than one task at a time (3)

Q7

[*Not required*]

Which of the following best describes your memory?

Only select the second or third option if you are severely limited because of a psychiatric, neurological, or developmental disorder.

○ I can usually remember routine daily activities without difficulty; sometimes I use lists and reminders to help (1)
○ I cannot remember or complete ANY routine daily activities without lists or reminders (2)
○ I cannot remember what I need to do each day, even if I use a list or reminder (3)

Q8

[*Not required*]

Which of the following best describes how well you are able to estimate your abilities and limitations?

Only select the second or third option if you are severely limited because of a psychiatric, neurological, or developmental disorder.

○ I can usually correctly guess whether my abilities will allow me to do a specific task (1)
○ Often, I feel certain that I CAN do a particular task, but when I attempt the task it turns out that I'm not able to do it (2)
○ Often, I feel certain that I CANNOT do a particular task, but others tell me they think I can do it (3)

Q9

[*Not required*]

Are you able to plan and do simple, routine daily activities? (such as getting out of bed at the correct time, preparing meals, arriving on time to appointments)

Only select the second option if you are severely limited because of a psychiatric, neurological, or developmental disorder.

○ I can perform routine activities by myself without any difficulty (1)
○ I have difficulties with planning and doing simple activities (2)

CONDITION	f('Q9')=='2'	
	True	false

Question Q9a()

Q9a

What difficulties do you have with planning and doing simple, routine activities? Check all that apply.

❑ I cannot correctly estimate how long it will take to do something. (1)
❑ I am not able to prioritize important tasks, and often don't finish them. (2)
❑ I am not able to adequately monitor the progress of my activities (for example, after putting clothes in the washing machine, I forget about them for a long time) (3)
❑ I am not able to stop activities when I should (for example, I keep doing them when they are not working or no longer necessary) (4)
❑ I have other difficulties with planning and doing simple activities: (5)_____ [*Other*]

END | Condition f('Q9')=='2'

Q10

[*Not required*]

Are you able to independently do activities that are less routine, without help from others? (for example, managing finances, making medical appointments)

Only select the second option if you are severely limited because of a psychiatric, neurological, or developmental disorder.

❍ I am able to independently do activities that are less routine (1)
❍ I have difficulties with independently doing activities that are less routine (2)
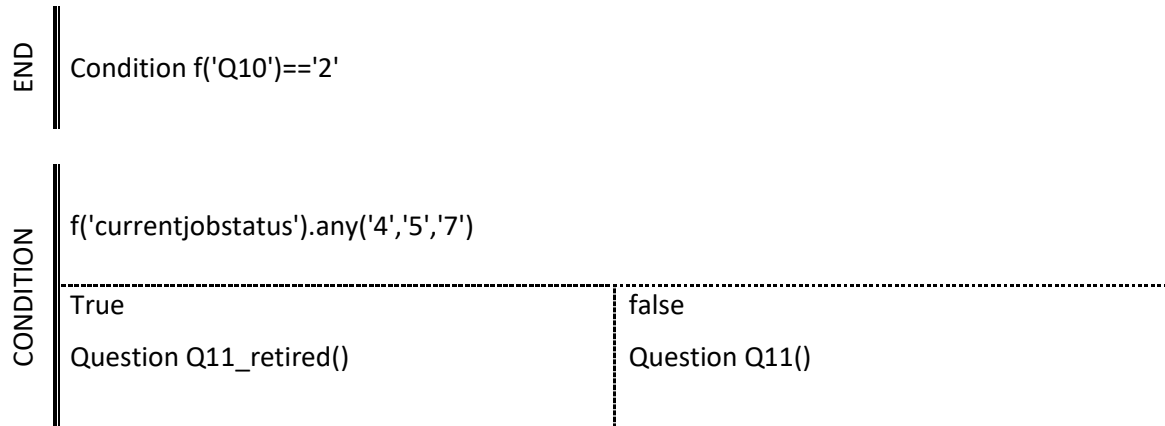
CONDITION | f('Q10')=='2'

True	false
Question Q10a()	

Q10a

What difficulties do you have with independently doing activities that are less routine? Check all that apply.

❑ I usually do not start activities myself (1)
❑ I usually do not set goals for myself (2)
❑ Even after deciding I want to do something, I have difficulty sticking with my plan and often stop before the job is done (3)
❑ Even after deciding I want to do something, I am unable to think of ways to do it (4)

❑ Even after deciding I want to do something, I am unable to decide which way of doing it is the best (5)
❑ After choosing an approach to doing something, I have great difficulty realizing when I've made the wrong choice (6)
❑ Even when I realize I've chosen the wrong way to do something, I have great difficulty with choosing a different way to do it (7)
❑ I have great difficulty with asking for help when I need it (8)
❑ I have other difficulties in doing activities independently: (9)_____ [*Other*]

END

Condition f('Q10')=='2'

CONDITION

f('currentjobstatus').any('4','5','7')

True	false
Question Q11_retired()	Question Q11()

Q11_retired

[*Not required*]

Do you have any other difficulties with thinking that might affect your ability to work in particular (if you chose to work)?

❍ Yes – please explain: (1)_____ [*Other*]
❍ No (2)

Q12_retired

Some people who have difficulties with thinking because of a medical condition need supports or accommodations in order to work at a job. Do you, or would you, need any of the following supports in order to work at a job (if you chose to work)?

Check all that apply, but only indicate supports that are needed due to a severe psychiatric, neurological or developmental disorder.

❍ No special supports needed because of my health and its impact on my thinking (1) [*Exclusive*]
❑ I can only do work that is completely planned out in advance by someone else, so that I am only following instructions and not making independent decisions (2)
❑ I can only do work that is mostly planned out in advance by someone else, so that I only sometimes need to make independent decisions (3)
❑ I need constant supervision and guidance to be able to do my job (4)
❑ I can only work in an environment without distractions from others (for example, colleagues talking to each other or operating machines) (5)
❑ I can only do work that is predictable, as I have difficulty dealing with changes in my environment or work content (6)

❑ I can only do work where there are few interruptions (7)
❑ I can only do work where deadlines, or times when I must work harder than usual, do not occur often (less than once a week) (8)
❑ I cannot do work that requires a fast pace the majority of the time (9)
❑ I cannot do work that places me at high physical risk (for example, from environmental hazards), because I have difficulty recognizing and protecting myself from risks (10)
❑ Other accommodations are needed due to my health and its impacts on my thinking:
(11)_____ [*Other*]

ELSE | f('currentjobstatus').any('4','5','7')

Q11

[*Not required*]

Do you have any other difficulties with thinking that might affect your ability to work in particular?

❍ Yes – please explain: (1)_____ [*Other*]
❍ No (2)

Q12

Some people who have difficulties with thinking because of a medical condition need supports or accommodations in order to work at a job. Do you, or would you, need any of the following supports in order to work at a job?

Check all that apply, but only indicate supports that are needed due to a severe psychiatric, neurological or developmental disorder.

❍ No special supports needed because of my health and its impact on my thinking (1) [*Exclusive*]
❑ I can only do work that is completely planned out in advance by someone else, so that I am only following instructions and not making independent decisions (2)
❑ I can only do work that is mostly planned out in advance by someone else, so that I only sometimes need to make independent decisions (3)
❑ I need constant supervision and guidance to be able to do my job (4)
❑ I can only work in an environment without distractions from others (for example, colleagues talking to each other or operating machines) (5)
❑ I can only do work that is predictable, as I have difficulty dealing with changes in my environment or work content (6)
❑ I can only do work where there are few interruptions (7)
❑ I can only do work where deadlines, or times when I must work harder than usual, do not occur often (less than once a week) (8)
❑ I cannot do work that requires a fast pace the majority of the time (9)
❑ I cannot do work that places me at high physical risk (for example, from environmental hazards), because I have difficulty recognizing and protecting myself from risks (10)
❑ Other accommodations are needed due to my health and its impacts on my thinking:
(11)_____ [*Other*]

intro_social

The following questions ask about interactions with other people.
For each question, you should only indicate a limitation in your abilities if it hinders your daily life compared to most other people.

Q13

[*Not required*]

Which of the following best describes how other peoples' emotional problems affect you?

Only select the second or third option if your feelings about other people's problems hinder your daily life compared to most other people.

❍ I feel sad about other peoples' problems, but these feelings do not affect my behavior or my ability to complete my activities (1)
❍ I am extremely sensitive to other peoples' problems and distracted by them; I can still complete my activities, but this requires a great deal of extra effort (2)
❍ I am so sensitive to other peoples' problems that I'm unable to distance myself from them and complete my activities (3)

Q14

[*Not required*]

Which of the following best describes how you express your feelings to others?

Only select the second or third option if your feelings about other people's problems hinder your daily life compared to most other people.

❍ I can express my feelings in a way that is clear and acceptable to others (1)
❍ I have difficulties with clearly and appropriately expressing my feelings, and I often confuse other people or make them uncomfortable (2)
❍ I have very little control over how I express my feelings (3)

Q15

[*Not required*]

Which of the following best describes your ability to cope with conflicts with difficult people?

Only select the second or third option if your feelings about other people's problems hinder your daily life compared to most other people.

❍ I can handle conflicts with difficult people (1)
❍ I can only handle conflicts with difficult people over the telephone or through letters or email (2)
❍ I can't tolerate or resolve these conflicts on my own (3)

Q16

[*Not required*]

Which of the following best describes your ability to work in teams?

Only select the second or third option if your feelings about other people's problems hinder your daily life compared to most other people.

❍ I have no difficulties working in teams (1)
❍ I can work in teams, but only if my tasks are clearly mine (2)
❍ I am unable to work in teams (3)

Q17

[*Not required*]
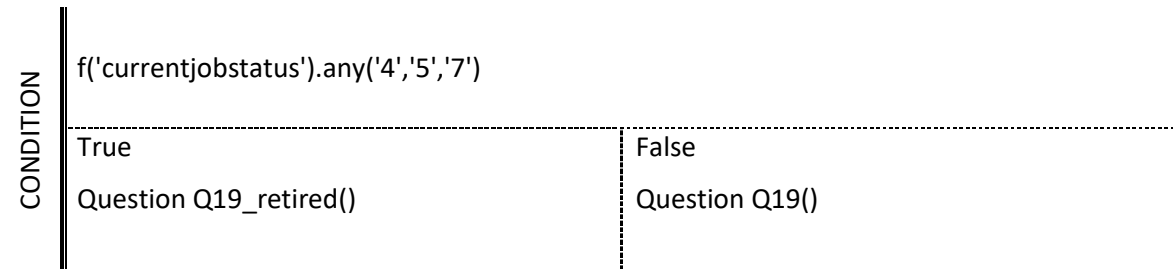
Which of the following best describes your ability to get yourself places?

❍ I am able to either drive myself in a car, ride a bicycle, walk, use a wheelchair independently, or use public transportation by myself (1)
❍ I need help from others to transport myself (2)

Q18

[*Not required*]

Are there any other ways your medical condition(s) affect your abilities to interact with people?

❍ Yes – please explain: (1)_____ [*Other*]
❍ No (2)

CONDITION	f('currentjobstatus').any('4','5','7')	
	True	False
	Question Q19_retired()	Question Q19()

Q19_retired

Please select which if any of the following supports/accommodations would be necessary for you to work at any job (if you chose to work), because of a psychiatric, neurological or developmental disorder. Check all that apply.

❍ No special supports needed (1) [*Exclusive*]
❑ I could only do work where there is little to no contact with customers or clients (2)
❑ I could only do work where I do not have to take care of people (e.g., patients) (3)
❑ I could only do work where there is little to no contact with colleagues (4)
❑ I could not do work that involves managing other people (5)
❑ Other accommodations would be needed due to my health and its impacts on my interactions with other people: (6)_____ [*Other*]

ELSE | f('currentjobstatus').any('4','5','7')

Q19

Please select which if any of the following supports/accommodations would be necessary for you to work at any job, because of a psychiatric, neurological or developmental disorder. Check all that apply.

○ No special supports needed (1) [*Exclusive*]
❑ I could only do work where there is little to no contact with customers or clients (2)
❑ I could only do work where I do not have to take care of people (e.g., patients) (3)
❑ I could only do work where there is little to no contact with colleagues (4)
❑ I could not do work that involves managing other people (5)
❑ Other accommodations would be needed due to my health and its impacts on my interactions with other people: (6)_____ [*Other*]

END | Condition f('currentjobstatus').any('4','5','7')

END | Condition f('Q1_nervous').any('2','4','5','10') || f('Q1_mental').any('1','2','3','4','5','6','7','8','9','10') || f('Q1_other').any('4','5','12','13') || (f('Q1_bone').none('1','2','3','4','5','6','7','8','9','10','11','12','13','14','15') && f('Q1_nervous').none('1','2','3','4','5','6','7','8','9','10','11') && f('Q1_heart').none('1','2','3','4','5','6','7','8') && f('Q1_lung').none('1','2','3','4','5','6') && f('Q1_gastro').none('1','2','3','4','5','6','7','8') && f('Q1_infectious').none('1','2','3','4') && f('Q1_mental').none('1','2','3','4','5','6','7','8','9','10','11','12','13','14') && f('Q1_other').none('1','2','3','4','5','6','7','8','9','10','11','12','13','14'));

intro_senses

The following questions ask about your senses and communication skills.

CONDITION | f('currentjobstatus').any('4','5','7')

True	False
Question Q20_retired()	Question Q20()

Q20_retired

[*Not required*]

Do you have any problems with your vision that cannot be corrected by wearing glasses or contact lenses, and that might limit the types of work you could do, if you chose to work?

○ Yes (1)
○ No (2)

Q21_retired

[*Not required*]

Do you have any problems with your hearing that cannot be corrected with a hearing aid, and that might limit the types of work you could do, if you chose to work?

○ Yes (1)
○ No (2)

Q22_retired

[*Not required*]

Do you have any problems with speaking (such as stuttering, slow speech, problems making clear sounds, problems finding the right words to express your thoughts) that might limit the types of work you could do, if you chose to work?

○ Yes (1)
○ No (2)

ELSE | f('currentjobstatus').any('4','5','7')

Q20

[*Not required*]

Do you have any problems with your vision that cannot be corrected by wearing glasses or contact lenses, and that might limit the types of work you could do?

○ Yes (1)
○ No (2)

Q21

[*Not required*]

Do you have any problems with your hearing that cannot be corrected with a hearing aid, and that might limit the types of work you could do?

○ Yes (1)
○ No (2)

Q22

[*Not required*]

Do you have any problems with speaking that might limit the types of work you could do? (such as stuttering, slow speech, problems making clear sounds, problems finding the right words to express your thoughts)

○ Yes (1)
○ No (2)

Q23

[*Not required*]

Do you have any problems with writing due to a medical condition? (such as problems with moving your hand, a learning disability)

❍ Yes (1)
❍ No (2)

Q24

[*Not required*]

Do you have any problems with reading large amounts of material at a regular pace, due to a medical condition?

❍ Yes (1)
❍ No (2)

intro_physical

The following questions ask about your ability to tolerate different physical environments.

Please indicate whether you are unable to tolerate any of these environments as a result of a medical condition. Your answer should reflect what you are able or unable to tolerate because of your health, NOT what you would prefer to do.

Q25

[*Not required*]

Does your health allow you to be routinely exposed to temperatures greater than 95 degrees Fahrenheit for at least 5 minutes at a time?

❍ Yes (1)
❍ No (2)

Q26

[*Not required*]

Does your health allow you to be routinely exposed to temperatures lower than 5 degrees Fahrenheit (for example, a freezer room) for at least 5 minutes at a time, while wearing appropriate clothing?

❍ Yes (1)
❍ No (2)

Q27

[*Not required*]

Does your health allow you to be routinely exposed to drafts or other sudden air movements, while wearing appropriate clothing? (for example, on a subway platform, or in a place where external doors are regularly opened)

❍ Yes (1)
❍ No (2)

Q28

[*Not required*]

Does your health allow you to be routinely exposed to substances that make your skin wet or dirty, or that might cause skin irritation? (for example, working on a car, in the outdoors, or doing other activities where hands must frequently be cleaned)

❍ Yes (1)
❍ No (2)

Q29

[*Not required*]

Are you able to wear protective equipment? (such as a helmet, eye and face protection, headphones, gloves, reinforced shoes, etc.)

❍ Yes (1)
❍ No (2)

Q30

[*Not required*]

Does your health allow you to be routinely exposed to dust, smoke, gas or steam? (for example, working in a garage, working outside on a busy road, working in a factory)

❍ Yes (1)
❍ No (2)

Q31

[*Not required*]

Does your health allow you to be routinely exposed to noise levels high enough that protective equipment must be worn? (that is, where you cannot have a conversation with someone 3 feet away without raising your voice)

❍ Yes (1)
❍ No (2)

Q32

[*Not required*]

Does your health allow you to be routinely exposed to vibrations or jolts? (for example, sitting in a tractor)

❍ Yes (1)

○ No (2)

Q33

[*Not required*]

Do you have any other medical conditions that limit how well you can tolerate different physical environments? Check all that apply.

❑ Yes, allergies (2)
❑ Yes, I am at higher risk of getting infections (3)
❑ Yes, weakened skin (4)
❑ Yes, other: (5)_____ [*Other*]
○ No (1) [*Exclusive*]

CONDITION	f('currentjobstatus').any('1')	
	True	False
	Question Q33a()	

Q33a

[*Not required*]

Does your current job require you to work in any of the physical environments described in previous questions?

○ Yes (1)
○ No (2)

CONDITION	f('Q33a')=='1'	
	True	False
	Question Q33b()	

Q33b

[*Not required*]

Are there any specific accommodations that you receive in your current job to allow you to work in the physical environments that were mentioned in the previous questions?

○ Yes: (1)_____ [*Other*]
○ No (2)

Q34

[*Not required*]

Are any other specific accommodations needed to enable you to work in different physical environments (if you chose to work)?

○ Yes: (1)_____ [*Other*]
○ No (2)

Intro_movement

The following questions ask about movement.

Only indicate a limitation in your abilities if it hinders your daily life compared to most other people.

Q35

[*Not required*]

What is your hand preference or "handedness"?

○ Right (1)
○ Left (2)
○ Neither (3)

Q36

[*Not required*]

Does either side of your body (arms, hands, legs and/or feet) have difficulties with functioning?

Only indicate a limitation if it hinders your daily life compared to most other people.

○ Right (1)
○ Left (2)
○ Both (3)
○ Neither (4)

Q37

[*Not required*]

Do you have serious difficulties in using your hands and fingers in day-to-day life?

Only indicate a limitation if it hinders your daily life compared to most other people.

❍ Yes (1)
❍ No (2)

<table>
<tr><td rowspan="3" style="writing-mode: vertical-lr">CONDITION</td><td colspan="2">f('Q37')=='1'</td></tr>
<tr><td>true</td><td>False</td></tr>
<tr><td>Question Q37a()</td><td></td></tr>
</table>

Q37a

What difficulties do you have? Check all that apply.

❑ I have difficulty grasping round objects (such as a door knob)
(1)
❑ I have difficulty handling objects between the tips of 2 fingers and my thumb (for example, holding a pen)
(2)
❑ I have difficulty handling objects between the top of my index finger and my thumb (pincer grasp)
(3)
❑ I have limited grip strength with my fingers and thumb (for example, holding and turning a key)
(4)
❑ I have limited grip strength in my hand (for example, squeezing objects) (5)
❑ I have difficulty handling rod-shaped objects (for example, carrying a suitcase by its handle, using a hammer)
(6)
❑ I have difficulty making accurate, fine movements with my fingers and hands (for example, inserting a key into a lock, pulling a thread through the eye of a needle) (7)
❑ I have difficulty making repetitive movements with my fingers and hands (such as typing)

Image source: Peerenboom and Huysmans (2002) (8)

<table>
<tr><td rowspan="1" style="writing-mode: vertical-lr">END</td><td>Condition f('Q37')=='1'</td></tr>
</table>

Q38

[*Not required*]

Do you have any limitations in your sense of touch?

Only indicate a limitation if it hinders your daily life compared to most other people.

❍ Yes (1)
❍ No (2)

Q39

[*Not required*]

Do you have any difficulties working with a mouse and keyboard?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can use a mouse and keyboard for at most 2 hours per day, you should answer "approximately 1 hour per day".

❍ I am able to use a mouse and keyboard for the majority of the day (1)
❍ I can use a mouse and keyboard for approximately 4 hours per day (2)
❍ I can use a mouse and keyboard for approximately 1 hour per day (3)
❍ I can use a mouse and keyboard for no more than 30 minutes per day (4)

Q40

[*Not required*]

Do you have any difficulties in making twisting movements with your hands or arms? (for example, using a screwdriver, wringing out wet towels)

Only indicate a limitation if it hinders your daily life compared to most other people.

❍ Yes (1)
❍ No (2)

Q41

[*Not required*]

Do you have any difficulties in extending your arms?

 Image source: Peerenboom and Huysmans (2002)

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can extend your arm only 45 degrees, you should answer "I cannot extend my arms at all".

❍ I can fully extend at least one of my arms to reach objects farther than 2 feet from my shoulder (as in the left side of the image) (1)
❍ I cannot fully extend either of my arms, but at least one of my arms can be extended most of the way, so I can reach objects about 2 feet from my shoulder (2)
❍ The furthest I can extend either of my arms is to a 90 degree angle at my elbow (halfway between touching my shoulder and fully extending my arm, as in the right side of the image) (3)
❍ I cannot extend my arms at all (4)

CONDITION	f('Q41').any('1','2','3')	
	True	False
	Question Q42()	

Q42

How many times per minute can you extend your arm?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can extend your arms at most 15 times per minute, you should answer "10 times per minute".

○ At least 20 times per minute (once every 3 seconds) (1)
○ 10 times per minute (once every 6 seconds) (2)
○ 8 times per minute (once every 8 seconds) (3)
○ 5 times per minute (once every 12 seconds) (4)

END | Condition f('Q41').any('1','2','3')

Q43

Do you have any difficulties bending your upper body forward?

Image source: Peerenboom and Huysmans (2002)

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can bend forward to an angle of 75 degrees, you should answer "60 degrees".

○ I can bend forward to an angle of 90 degrees, allowing me to pick up a piece of paper from the floor (1)
○ I can bend forward to an angle of 60 degrees, allowing me to pick up a grocery bag from the floor (2)
○ I can bend forward to an angle of 45 degrees, allowing me to pick up items from the seat of a chair (3)
○ I cannot bend forward at all (4)

CONDITION | f('Q43').any('1','2','3')

True	False
Question Q44()	

Q44

How many times per minute can you bend your upper body forward?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can bend forward at most 8 times per minute, you should answer "5 times per minute".

○ At least 10 times per minute (once every 6 seconds) (1)
○ 5 times per minute (once every 12 seconds (2)
○ 3 times per minute (once every 20 seconds) (3)
○ 1 time per minute (4)

END   Condition f('Q43').any('1','2','3')

Q45

[*Not required*]

Do you have any difficulties rotating your upper body to the side by at least 45 degrees, as shown in the image below? (for example, to look behind you when riding a bicycle, or to grab an item from the back seat of the car when sitting in the front).
Image source: Peerenboom and Huysmans (2002)

○ Yes (1)
○ No (2)

Q46

[*Not required*]

Do you have any difficulties pulling or pushing objects?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can pull or push 15 lbs, you should answer "10 lbs".

○ I can pull or push an object weighing 30 lbs (for example, a door that is stuck) (1)
○ I can pull or push an object weighing 20 lbs (for example, a full trash container) (2)
○ I can pull or push an object weighing 10 lbs (for example, a small suitcase) (3)
○ I cannot pull or push at all (4)

Q47

[*Not required*]

Do you have any difficulties lifting or carrying objects? ("carrying" is defined as holding an object for at least 10 seconds, or walking at least 3 feet while holding the object)

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can carry 15 lbs, you should answer "10 lbs".

○ I can lift/carry approximately 30 lbs (the weight of a preschool child) at least 5 times per hour. (1)
○ I can lift/carry approximately 20 lbs (the weight of a toddler) at least 5 times per hour. (2)
○ I can lift/carry approximately 10 lbs (the weight of a sack of potatoes) at least 5 times per hour. (3)
○ I can lift/carry approximately 2 lbs (the weight of a quart of milk) at least 5 times per hour. (4)

Q48

[*Not required*]

Do you have any difficulty frequently handling (that is lifting/carrying) light objects (for example, objects weighing 2 lbs, such as a quart of milk)?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can handle light objects 7 times per minute, you should answer "5 times per minute".

○ I can handle light objects at least 10 times per minute (1)
○ I can handle light objects 5 times per minute (2)
○ I can handle light objects 3 times per minute (3)
○ I can handle light objects once a minute (4)

Q49

[*Not required*]

Do you have any difficulties with frequently (either 10 times per hour, or for up to 1 hour per day) handling heavy loads?

○ I can handle heavy loads weighing 30 lbs at least 10 times per hour, or for up to 1 hour per day (1)
○ I am unable to handle such loads (2)

Q50

[*Not required*]

Do you have any difficulties with head movements?

Definitions of head movements are:
Flexing up: looking up towards the sky
Flexing down: looking down towards the ground
Flexing to the side: tilting head to the side
Rotating to the side: looking over your shoulder

For illustration, the left figure shows a person flexing his neck up and down.
The middle figure shows a person flexing his neck to the side by 25 degrees.
The right figure shows a person rotating his head sideways by 45 degrees.

Image source: Peerenboom and Huysmans (2002)

○ No difficulties; I am able to flex my neck up, down or to the side by at least 30 degrees; and I am able to rotate my head sideways by at least 45 degrees. (1)
○ Yes I have difficulties; I am unable to move my neck or head in these ways. (2)

CONDI   f('Q50')=='2'

True	False
Question Q50a()	

Q50a

What limitations do you have with head movements?

Definitions of head movements are:
Flexing up: looking up towards the sky
Flexing down: looking down towards the ground
Flexing to the side: tilting head to the side
Rotating to the side: looking over your shoulder

For illustration, the left figure shows a person flexing his neck up and down.
The middle figure shows a person flexing his neck to the side.
The right figure shows a person rotating his head sideways.

❍ I am somewhat limited in moving my head (1)
❍ I am severely limited in flexing or rotating my head to the side (2)
❍ I am severely limited in flexing or rotating my head to the side, and flexing up or down (3)

END Condition f('Q50')=='2'

Q51

[*Not required*]

How do you move your body from place to place?

❍ I walk independently (1)
❍ I walk using a cane or walker for help (2)
❍ I use a wheelchair without help from others (3)
❍ I am unable to move my body from place to place without help from others (4)

CONDITION

f('Q51').any('1','2','3')

true	False
Condition f('Q51')=='3'	

CONDI

f('Q51')=='3'

true	False
Question Q52wc()	Question Q52()

Q52wc

[*Not required*]

Do you have any limitations in how long you can use a wheelchair at one time, without stopping?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can use a wheelchair for 45 minutes, you should answer "30 minutes".

○ I can use a wheelchair for 1 hour at a time without stopping (1)
○ I can use a wheelchair for 30 minutes at a time without stopping (2)
○ I can use a wheelchair for 15 minutes at a time without stopping (3)
○ I can use a wheelchair for only 5 minutes at a time without stopping (4)

Q53wc

[*Not required*]

What is the total amount of wheelchair use you can do in an 8-working day?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can use a wheelchair for 2 hours, you should answer "1 hour".

○ I can use a wheelchair for most of an 8-hour working day (1)
○ I can use a wheelchair for a total of 4 hours per day (2)
○ I can use a wheelchair for a total of 1 hour per day (3)
○ I can use a wheelchair for less than 30 minutes per day (4)

ELSE f('Q51')=='3'

Q52

[*Not required*]

Do you have limitations in how long you can walk at one time, without stopping?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can walk for 45 minutes, you should answer "30 minutes".

○ I can walk for 1 hour at a time without stopping (1)
○ I can walk for 30 minutes at a time without stopping (2)
○ I can walk for 15 minutes at a time without stopping (3)
○ I can walk for only 5 minutes at a time without stopping (4)

Q53

[*Not required*]

What is the total amount of walking you can do in an 8-hour working day?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can walk for 2 hours, you should answer "1 hour".

○ I can walk for most of an 8-hour working day (1)
○ I can walk for a total of 4 hours per day (2)
○ I can walk for a total of 1 hour per day (3)
○ I can walk for less than 30 minutes per day (4)

END

Condition f('Q51')=='3'

CONDITION

f('Q51').any('1','2')

true	False
Question Q54()	

Q54

[*Not required*]

Do you have difficulties going up and down stairs?

○ I can go up and down at least 2 flights of stairs in one go, at least 4 times per hour (1)
○ I can go up and down at least 1 flight of stairs in one go (2)
○ I can either go up or go down at least 1 flight of stairs in one go (3)
○ I can only go up or down a few steps at most in one go (4)

Q55

[*Not required*]

Do you have difficulties climbing a ladder or stepladder?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can go up and down a tall ladder only once an hour, you should answer "I can go up and down a stepladder".

○ I can go up and down a tall ladder (10 feet tall), at least 5 times per hour (1)
○ I can go up and down a stepladder (5 feet tall), at least 5 times per hour (2)
○ I can go up and down a single step or stepstool, at least 5 times per hour (3)
○ I am unable to go up or down a single step (4)

Q56

[*Not required*]

Do you have any difficulties with crawling on hands and knees?

◯ I can crawl for 1 minute at a time, at least 10 times per hour (1)
◯ I am unable to crawl this much (2)

Q57

[*Not required*]

Do you have any difficulties kneeling or squatting?

◯ I can kneel or squat briefly at least once an hour, for at least 4 hours a day (1)
◯ I am unable to kneel or squat this much (2)

END | Condition f('Q51').any('1','2')

END | Condition f('Q51').any('1','2','3')

Q58

[*Not required*]

Which of the following best describes the pace at which you complete activities?

Only select the second option if you are severely limited because of a psychiatric, neurological, or developmental disorder or physical health problems.

◯ I complete most activities at a similar pace as my peers. (1)
◯ For multiple different types of activities, I work more slowly than my peers. (2)

Q59

[*Not required*]

Do you have any other difficulties with movement due to a medical condition?

◯ Yes: (1)_____ [*Other*]
◯ No (2)

Intro_holding

The following questions ask about your ability to hold certain positions, and any difficulties you may have holding positions because of a medical condition.

Only indicate a limitation in your abilities if it hinders your daily life compared to most other people.

Q60

[*Not required*]

Do you have any limitations in how long you can sit on a chair at one time?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can sit for 45 minutes, you should answer "30 minutes".

○ I can sit for 2 hours without needing to get up (1)
○ I can sit for 1 hour without needing to get up (2)
○ I can sit for 30 minutes without needing to get up (3)
○ I can sit no more than 15 minutes without needing to get up (4)

Q61

[*Not required*]

What is the total amount of sitting you can do in an 8-hour working day (not at one time, but over the course of the day)?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can sit for 6 hours, you should answer "at least 4 hours".

○ I can sit for at least 8 hours (1)
○ I can sit for most of the working day, but no more than 8 hours (2)
○ I can sit for at least 4 hours (3)
○ I cannot sit for more than 4 hours (4)

Q62

[*Not required*]

Do you have any limitations in how long you can stand at one time?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can stand for 45 minutes, you should answer "30 minutes".

○ I can stand for 1 hour without resting (1)
○ I can stand for 30 minutes without resting (2)
○ I can stand for 15 minutes without resting (3)
○ I can stand for no more than 5 minutes without resting (4)
○ I cannot stand (5)

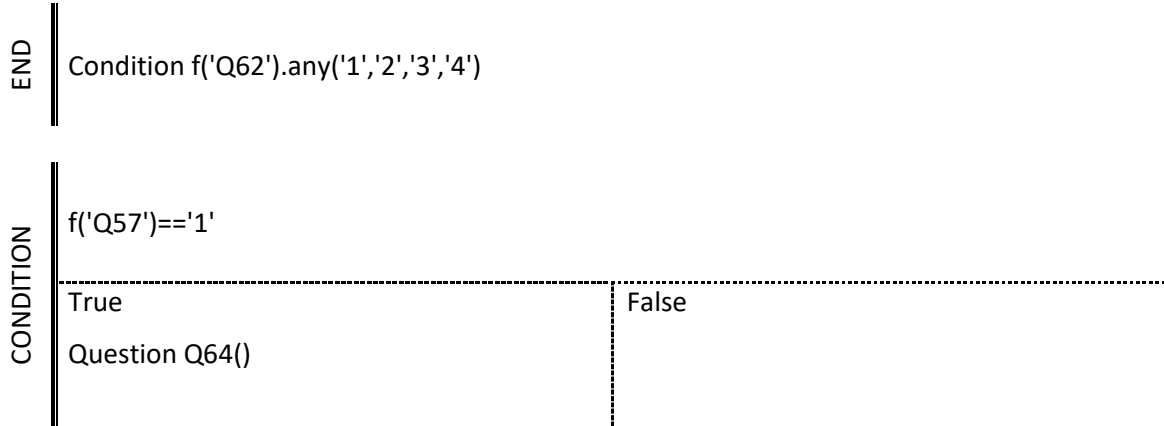| CONDITION	f('Q62').any('1','2','3','4')	
	true	False
	Question Q63()	
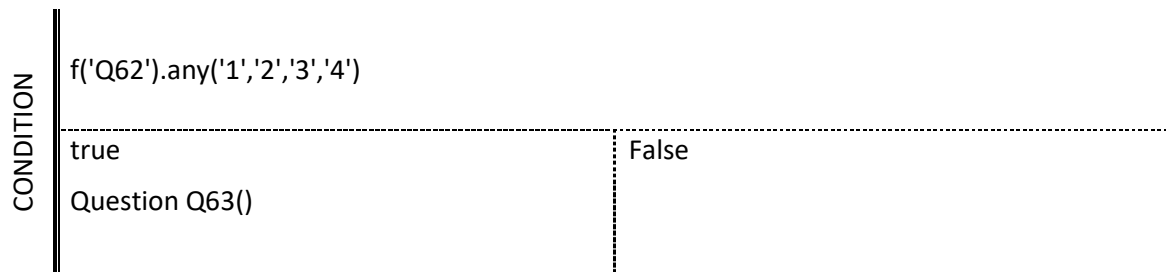
Q63

[*Not required*]

What is the total amount of standing you can do in an 8-hour working day (not at one time, but over the course of the day)?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can stand for 2 hours, you should answer "I can stand for up to 1 hour".

◯ I can stand for most of an 8-hour working day (1)
◯ I can stand for up to 4 hours (2)
◯ I can stand for up to 1 hour (3)
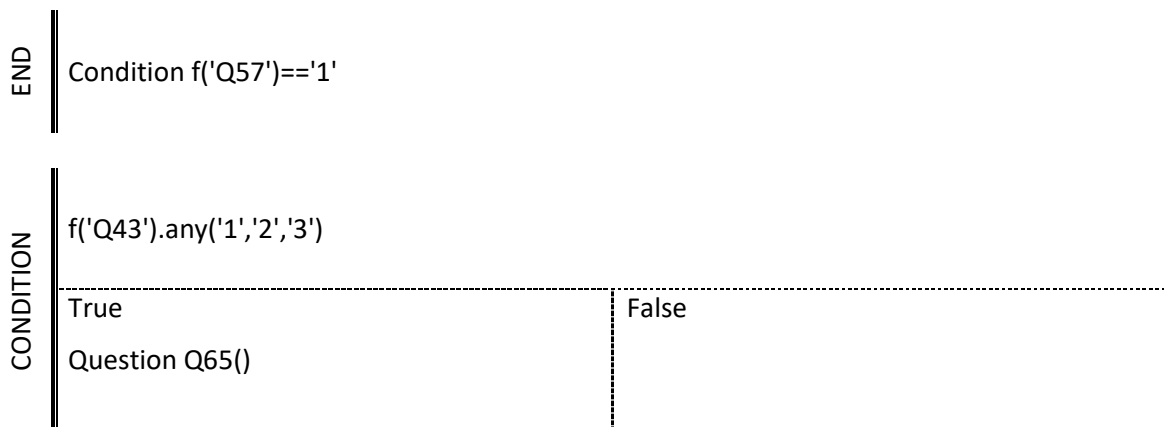◯ I can stand for no more than 30 minutes (4)

END | Condition f('Q62').any('1','2','3','4')

CONDITION | f('Q57')=='1'

| True | False |
| Question Q64() | |

Q64

[*Not required*]

Do you have difficulties with being active in a kneeling or squatting position for at least 5 minutes at a time, twice an hour? (for example, while gardening)

◯ Yes (1)
◯ No (2)

END | Condition f('Q57')=='1'

CONDITION | f('Q43').any('1','2','3')

| True | False |
| Question Q65() | |

Q65

[*Not required*]

Do you have difficulties with being active in a position where your upper body is either bent forward or twisted to the side, for at least 5 minutes at a time, twice an hour? (for example, while sweeping the floor)

○ Yes (1)
○ No (2)

END | Condition f('Q43').any('1','2','3')

Q66

[*Not required*]

Do you have difficulties with keeping at least one of your arms lifted above shoulder height (for example, while hanging up curtains, changing a lightbulb), for at least 5 minutes at a time, twice an hour?

○ Yes (1)
○ No (2)

CONDITION

f('Q50')=='1' || f('Q50')=='2' && f('Q50a')=='1'	
true	False
Question Q67()	

Q67

[*Not required*]

Do you have any difficulties with holding your head in a specific position (either tilted up/down/sideways by at least 15 degrees, or rotated to the side by 30 degrees)? Please tell us the total amount of time in an 8-hour working day you can spend in this position, allowing for breaks.

Definitions of head movements are:
 Flexing up: looking up towards the sky
 Flexing down: looking down towards the ground
 Flexing to the side: tilting head to the side
 Rotating to the side: looking over your shoulder

 For illustration, the left figure shows a person flexing his neck up and down.
 The middle figure shows a person flexing his neck to the side.
 The right figure shows a person rotating his head sideways.

Image source: Peerenboom and Huysmans (2002)

○ I can keep my head in a specific position for most of an 8-hour working day (1)

○ I can keep my head in a specific position for up to 4 hours (2)
○ I can keep my head in a specific position for up to 1 hour (3)
○ I can keep my head in a specific position for no more than 30 minutes (4)

END | Condition f('Q50')=='1' || f('Q50')=='2' && f('Q50a')=='1'

Q68

[*Not required*]

Do you have any other difficulties with holding your body in specific positions due to a medical condition?
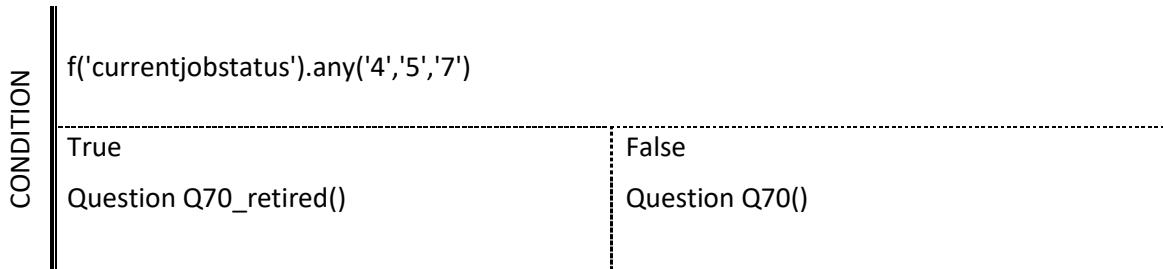
○ Yes (1)_____ [*Other*]
○ No (2)

Intro_working

The following questions ask about what hours you are capable of working, and whether you would need any accommodations due to a medical condition.

Q69

[*Not required*]

In your current or last job, did you work between midnight and 6 am at least 4 times a year?

○ Yes (1)
○ No (2)
○ I have never worked (3)

CONDITION | f('currentjobstatus').any('4','5','7')

True	False
Question Q70_retired()	Question Q70()

Q70_retired

[*Not required*]

If you chose to work, are there any limits on the total number of hours you could work each day, due to a medical condition?

○ I can work at least 8 hours per day on average (1)
○ I can work for approximately 6 hours per day on average (2)
○ I can work for approximately 4 hours per day on average (3)
○ I can work for at most 2 hours per day on average (4)

Q71_retired

[*Not required*]

If you chose to work, are there any limits on the total number of hours you could work each week, due to a medical condition?

○ I can work at least 40 hours per week on average (1)
○ I can work for approximately 30 hours per week on average (2)
○ I can work for approximately 20 hours per week on average (3)
○ I can work for approximately 10 hours per week on average (4)

Q72_retired

[*Not required*]

If you chose to work, are there any other limitations in the hours you could work, due to a medical condition?

○ Yes (1)_____ [*Other*]
○ No (2)

ELSE f('currentjobstatus').any('4','5','7')

Q70

[*Not required*]

Are there any limits on the total number of hours you could work each day, due to a medical condition?

○ I can work at least 8 hours per day on average (1)
○ I can work for approximately 6 hours per day on average (2)
○ I can work for approximately 4 hours per day on average (3)
○ I can work for at most 2 hours per day on average (4)

Q71

[*Not required*]

Are there any limits on the total number of hours you could work each week, due to a medical condition?

○ I can work at least 40 hours per week on average (1)
○ I can work for approximately 30 hours per week on average (2)
○ I can work for approximately 20 hours per week on average (3)
○ I can work for approximately 10 hours per week on average (4)

Q72

[*Not required*]

Are there any other limitations in the hours you could work, due to a medical condition?

○ Yes (1)_____ [*Other*]

○ No (2)

END | Condition f('currentjobstatus').any('4','5','7')

CONDITION

f('currentjobstatus').any('1')

| True | False |
| Question Q73() | |

Q73

[*Open Text ◆ Numeric ◆ Not required ◆ Lower limit type=GreaterOrEqual ◆ Upper limit type=SmallerOrEqual ◆ Total Digits=4 ◆ Decimal places=2*]

Over the past 12 months how many days in total were you absent from work for health-related reasons?

(1) _____

END | Condition f('currentjobstatus').any('1')

Intro_education

The next part of this survey asks a little more detail about your education, skills and work experience.

Q74

[*Not required*]

What is the highest level of school you have completed or the highest degree you have received?

○ Kindergarten (1)
○ 1st, 2nd, 3rd, 4th, 5th, or 6th grade (2)
○ 7th, 8th, or 9th grade (3)
○ 10th, 11th, or 12th grade - but no diploma received (4)
○ High school diploma or equivalent (GED) (5)
○ Some college, but no degree (6)
○ Associate degree in college – Occupational/vocational program (7)
○ Associate degree in college – Academic program (8)
○ Bachelor's Degree (BA, BS, AB) (9)
○ Master's Degree (MA, MS, MEng, Med, MSW, MBA) (10)
○ Doctoral Degree (PhD, ScD, EdD) (11)
○ Professional School Degree (MD, DDS, DVM, LLB, JD) (12)

CONDITION

f('Q74').any('7','8','9','10','11','12')

true	False
Question Q74a()	

Q74a

Does your educational degree(s) specialize in any of the fields below? Check all that apply.

Please note that this list is not intended to be exhaustive - if your specialization does not appear or you are not sure which field to select, select "None of the above" and describe your specialization as best you can.

❑ Administration (such as business administration, accounting) (1)
❑ Agriculture (such as agriculture, forestry, fishing) (2)
❑ Art and culture (such as language, literature, fine arts, performing arts, visual arts) (3)
❑ Commercial (such as marketing, advertising, banking, insurance) (4)
❑ Health care (such as medicine, dentistry, nursing, social work) (5)
❑ Services (such as education, culinary arts, sports and recreation, tourism) (6)
❑ Technical (such as engineering and technology, electronics, architecture, transportation) (7)
❍ None of the above, please specify: (8)_____ [*Exclusive* ◆ *Other*]

END

Condition f('Q74').any('7','8','9','10','11','12')

Q75

[*Not required*]

Do you have an active professional certification, or a state or industry license? (such as a real estate license, medical assistant certification, teaching certification, IT certification, etc.). Do not include business licenses, such as a liquor or vending license.

❍ Yes (1)
❍ No (2)

CONDITION

f('Q75')=='1'

true	False
Question Q75a()	

Q75a

Does your certificate/license specialize in any of the fields below? Check all that apply.

Please note that this list is not intended to be exhaustive - if your specialization does not appear or you are not sure which field to select, select "None of the above" and describe your specialization as best you can.

❑ Administration (such as business administration, accounting) (1)
❑ Agriculture (such as agriculture, forestry, fishing) (2)
❑ Art and culture (such as language, literature, fine arts, performing arts, visual arts) (3)
❑ Commercial (such as marketing, advertising, banking, insurance) (4)
❑ Health care (such as medicine, dentistry, nursing, social work) (5)
❑ Services (such as education, culinary arts, sports and recreation, tourism) (6)
❑ Technical (such as engineering and technology, electronics, architecture, transportation) (7)
◯ None of the above, please specify: (8)_____ [*Exclusive* ⬥ *Other*]

END ‖ Condition f('Q75')=='1'

Q76

[*Not required*]

Are you able to use a computer to read and answer emails?

◯ Yes (1)
◯ No (2)

Q77

[*Not required*]

What best describes your ability to speak English?

◯ English is my first language and I am fully fluent (1)
◯ I have a strong accent that others have difficulty understanding, and/or I sometimes can't express what I want to say (2)

Q78

[*Not required*]

Do you have an active driver's license?

◯ Yes (1)
◯ No (2)

CONDITION ‖ f('Q78')=='1'

| true | False |

Question Q78a()

Q78a

[*Open Text ⬥ Numeric ⬥ Not required ⬥ Lower limit type=GreaterOrEqual ⬥ Upper limit=100 ⬥ Upper limit type=Smaller*]

At what age did you get your drivers' license?

(1) _____

END

Condition f('Q78')=='1'

CONDITION

f('currentjobstatus').any('1')

True	False
Question Q79()	

Q79

[*Not required*]

What is your job title now? The title your employer uses?

Q80

[*Open Text ⬥ Not required*]

What sort of work do you do? Can you describe at least 3 usual activities or duties at this job? Please provide as many details as you can.

Activity 1: (1) _____
Activity 2: (2) _____
Activity 3: (3) _____
Activity 4: (4) _____
Activity 5: (5) _____

CONDITION

True	False
Info error_q80 ()	

error_q80

You did not give at least 3 activities/duties. Your answers are important to us. Please return to the previous question and answer it to the best of your ability.

END | Condition

Q81

[*Not required*]

Thinking about your MAIN paid job, what kind of business or industry do you work in? That is, what do they make or do at the place where you work?

○ Agriculture, Forestry, Fishing, and Hunting (1)
○ Mining, Quarrying, and Oil and Gas Extraction (2)
○ Utilities (3)
○ Construction (4)
○ Manufacturing (5)
○ Wholesale Trade (6)
○ Retail Trade (7)
○ Transportation and Warehousing (8)
○ Information (9)
○ Finance and Insurance (10)
○ Real Estate and Rental and Leasing (11)
○ Professional, Scientific, and Technical Services (12)
○ Management of Companies and Enterprises (13)
○ Administrative and Support and Waste Management and Remediation (14)
○ Educational Services (15)
○ Health Care and Social Assistance (16)
○ Arts, Entertainment, and Recreation (17)
○ Accommodation and Food Services (18)
○ Other Services (except Public Administration) (19)
○ Public Administration (20)

END | Condition f('currentjobstatus').any('1')

Q82

[*Not required*]

List up to three job titles you've had, and the number of years (rounded down) that you worked in each of them. Start with the job that you did for the most years in total.

	Q82_jobtitle - Job Title	Q82_yearsexperience - Years of Experience
1 (1)	_____	_____
2 (2)	_____	_____
3 (3)	_____	_____

CONDITION

f('currentjobstatus').any('1')

true	False
Question Q83()	

Q83

[*Numeric ◆ Not required ◆ Lower limit=0 ◆ Lower limit type=GreaterOrEqual ◆ Upper limit=168 ◆ Upper limit type=SmallerOrEqual ◆ Total Digits=3*]

How many hours per week do you usually work? If you are not currently working, enter "0."

Q84

[*Numeric ◆ Not required ◆ Lower limit=0 ◆ Lower limit type=GreaterOrEqual ◆ Upper limit=52 ◆ Upper limit type=SmallerOrEqual*]

How many weeks per year do you usually work? Do not count vacation weeks. If you are not currently working, enter "0."

Q85

[*Not required*]

Which category represents the total amount of money you expect to earn from your main job over 12 months, before taxes?

❍ Less than $5,000 (1)
❍ $5,000 to $7,499 (2)
❍ $7,500 to $9,999 (3)
❍ $10,000 to $12,499 (4)
❍ $12,500 to $14,999 (5)
❍ $15,000 to $19,999 (6)
❍ $20,000 to $24,999 (7)

○ $25,000 to $29,999 (8)
○ $30,000 to $34,999 (9)
○ $35,000 to $39,999 (10)
○ $40,000 to $49,999 (11)
○ $50,000 to $59,999 (12)
○ $60,000 to $74,999 (13)
○ $75,000 to $99,999 (14)
○ $100,000 to $124,999 (15)
○ $125,000 to $199,999 (16)
○ $200,000 or more (17)

END | Condition f('currentjobstatus').any('1')

Q86

Based on your current financial situation, how would you pay for an emergency expense that costs $400? If you would use more than one method, please check all that apply.

❑ Put it on my credit card and pay it off in full at the next statement (1)
❑ Put it on my credit card and pay it off over time (2)
❑ Use the money currently in my bank account, or with cash (3)
❑ Use money from a loan or other line of credit (4)
❑ Borrow money from a friend or family member (5)
❑ Use a payday loan, deposit advance, or overdraft (6)
❑ Sell something (7)
❑ I would not be able to pay for the expense right now (8)
❑ Other: (9)_____ [*Other*]

Intro_health_disability

The final part of this survey asks about what health and disability benefits you have applied for and/or are receiving.

Q87

What is your current source of health insurance? Check all that apply.

❑ Private insurance through my employer or union (1)
❑ Private insurance through a family member's employer or union (2)
❑ Private insurance, not through any employer or union (3)
❑ Medicare (4)
❑ Medicaid (5)
❑ Veterans Affairs (VA) Health Care (6)
❑ TRICARE (7)
❑ Other (please specify): (8)_____ [*Other*]
○ I do not have health insurance (9) [*Exclusive*]

Q88

Are you currently receiving any of the following types of disability benefits? Check all that apply.

❑ Social Security Disability Insurance (SSDI) (1)
❑ Supplemental Security Income (SSI) (2)
❑ Veterans' disability compensation (3)
❑ Military disability benefits (4)
❑ Disability payments from your employer (5)
❑ Disability payments from private insurance (6)
❑ Disability benefits from other source (please describe: (7)_____ [*Other*]
❍ I am not currently receiving disability benefits (8) [*Exclusive*]

CONDITION	f('Q88').any('8')	
	True	False
	Question Q89()	Question Q89a()

Q89

In the past 12 months, have you applied for disability benefits through any of the following programs? Check all that apply.

❑ Social Security Disability Insurance (SSDI) (1)
❑ Supplemental Security Income (SSI) (2)
❑ Veterans' disability compensation (3)
❑ Military disability benefits (4)
❑ Disability payments from your employer (5)
❑ Disability payments from private insurance (6)
❑ Disability benefits from other source (please describe): (7)_____ [*Other*]
❍ I have not applied for disability benefits in the past 12 months (8) [*Exclusive*]

CONDITION	f('Q89').any('1','2','3','4','5','6','7')	
	True	False
	Question Q90()	

Q90

[*Not required*]

What is the status of your application to the program(s)?

	Awaiting decision (1)	Rejected, planning to appeal (2)	Rejected, not planning to appeal (3)	Awarded benefits (4)
Social Security Disability Insurance (SSDI) (1)	⬚	⬚	⬚	⬚
Supplemental Security Income (SSI) (2)	⬚	⬚	⬚	⬚
Veterans' disability compensation (3)	⬚	⬚	⬚	⬚
Military disability benefits (4)	⬚	⬚	⬚	⬚
Disability payments from your employer (5)	⬚	⬚	⬚	⬚
Disability payments from private insurance (6)	⬚	⬚	⬚	⬚
^f('Q89_7_other')^ (7)	⬚	⬚	⬚	⬚

END ‖ Condition f('Q89').any('1','2','3','4','5','6','7')

ELSE ‖ f('Q88').any('8')

Q89a

In the past 12 months, have you applied for disability benefits through any other program? Please check all that apply.

❑ Social Security Disability Insurance (SSDI) (1)
❑ Supplemental Security Income (SSI) (2)
❑ Veterans' disability compensation (3)
❑ Military disability benefits (4)
❑ Disability payments from your employer (5)
❑ Disability payments from private insurance (6)
❑ Disability benefits from other source (please describe): (7)_____ [*Other*]
❍ I have not applied for disability benefits in the past 12 months (8) [*Exclusive*]

CONDITION ‖ f('Q89a').any('1','2','3','4','5','6','7')

True	False
Question Q90a()	

Q90a

[*Not required*]

What is the status of your application to the program(s)?

	Awaiting decision (1)	Rejected, planning to appeal (2)	Rejected, not planning to appeal (3)	Awarded benefits (4)
Social Security Disability Insurance (SSDI) (1)	▢	▢	▢	▢
Supplemental Security Income (SSI) (2)	▢	▢	▢	▢
Veterans' disability compensation (3)	▢	▢	▢	▢
Military disability benefits (4)	▢	▢	▢	▢
Disability payments from your employer (5)	▢	▢	▢	▢
Disability payments from private insurance (6)	▢	▢	▢	▢
^f('Q89_7_other')^ (7)	▢	▢	▢	▢

END ‖ Condition f('Q89a').any('1','2','3','4','5','6','7')

END ‖ Condition f('Q88').any('8')

STOP ‖ **Complete** –

CS_001 - CS_001

[*Not required*]

Could you tell us how interesting or uninteresting you found the questions in this interview?

○ Very interesting (1)
○ Interesting (2)
○ Neither interesting nor uninteresting (3)
○ Uninteresting (4)
○ Very uninteresting (5)