

PHYSICAL FUNCTIONING - PFQ

BOX 1A

CHECK ITEM PFQ.001:
 IF AGE OF SP IS >= 20, GO TO PFQ.048
 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**?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

BOX 1BB

CHECK ITEM PFQ.035:

IF SP AGE <= 17, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

PFQ.040 Does {SP} receive Special Education or Early Intervention Services?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

BOX 1C

CHECK ITEM PFQ.045:

GO TO END OF SECTION.

PFQ.048 The next set of questions is about limitations caused by any long-term physical, mental or emotional problem or illness. Please do not include temporary conditions, such as a cold [or pregnancy].

Does a physical, mental or emotional problem **now** keep {you/SP} from working at a job or business?

- YES 1
- NO 2 (PFQ.056)
- REFUSED 7 (PFQ.056)
- DON'T KNOW 9 (PFQ.056)

PFQ.050 {Are you/Is SP} limited in the kind **or** amount of work {you/s/he} can do because of a physical, mental or emotional problem?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

PFQ.055 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.056 {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.048, PFQ.050, PFQ.055, OR PFQ.056, GO TO PFQ.060.
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.048, PFQ.056 **AND**
PFQ.059, GO TO PFQ.090.
OTHERWISE, CONTINUE.

PFQ.060

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.055 = '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, 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. **push or pull large objects like a living room chair?** _____

BOX 1F

CHECK ITEM PFQ.066:

IF 'SOME DIFFICULTY' (CODE 2), 'MUCH DIFFICULTY' (CODE 3), OR 'UNABLE TO DO' (CODE 4) IN PFQ.060 A THROUGH T, CONTINUE.
OTHERWISE, GO TO PFQ.090.

PFQ.067 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.060 A THROUGH L \leq 3, DISPLAY EACH ITEM NAME IN THE TEXT OF QUESTION. IF MORE THAN 3 ITEMS ARE CODED IN THIS MANNER DISPLAY "THESE ACTIVITIES" IN THE TEXT OF QUESTION.

ARTHRITIS/RHEUMATISM	10
BACK OR NECK PROBLEM	11
BIRTH DEFECT	12
CANCER	13
DEPRESSION/ANXIETY/EMOTIONAL PROBLEM.....	14
OTHER DEVELOPMENTAL PROBLEM (SUCH AS CEREBRAL PALSY)	15
DIABETES.....	16
FRACTURES, BONE/JOINT INJURY	17
HEARING PROBLEM.....	18
HEART PROBLEM.....	19
HYPERTENSION/HIGH BLOOD PRESSURE.....	20
LUNG/BREATHING PROBLEM	21
MENTAL RETARDATION	22
OTHER INJURY	23
SENILITY	24
STROKE PROBLEM	25
VISION/PROBLEM SEEING	26
WEIGHT PROBLEM.....	27
OTHER IMPAIRMENT/PROBLEM	28
REFUSED	77
DON'T KNOW	99

BOX 2

CHECK ITEM PFQ.068:

IF CODE 10-11 OR 13-28 IN PFQ.067, CONTINUE WITH LOOP 1.
OTHERWISE, GO TO PFQ.090.

LOOP 1:

ASK QUESTION PFQ.069 FOR EACH CONDITION MENTIONED IN PFQ.067
(CONDITION: 10-11 OR 13-28).

PFQ.069 How long have you had {CONDITION 10-11 or 13-28}?

CAPI INSTRUCTION:

IF CODE 28 IN PFQ.067, 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

BOX 3

END LOOP 1:

CYCLE ON NEXT CONDITION.

IF NO NEXT CONDITION, GO TO PFQ.090.

PFQ.090 {Do you/Does SP} now have any health problem that requires {you/him/her} to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9