

APPENDIX II:

TECHNOLOGY AND AGING PILOT SURVEY: INSTRUMENT FOR THE PILOT STUDY

Technology and Aging Pilot Survey

INSTRUMENT FOR THE PILOT STUDY

2/15/2005

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GLOBAL/GENERAL QUESTIONS ABOUT AT USE

We are interested in learning about the items you have and use to make your daily activities easier, safer, or so you can do them on your own.

1. In the last 30 days, have you used a cane, walker, wheelchair, or scooter, yes or no?
 - Yes
 - No
 - Don't know
 - Refused

2. In the last 30 days, have you used a hearing aid or a vision aid other than glasses, yes or no?
 - Yes
 - No
 - Don't know
 - Refused

3. Sometimes people have features in their home that help them to live there more easily, safely, or on their own. Does your home have _____

3.1 a ramp or handrails at the entrance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
3.2 a stair glide, chair lift, or support rails in the hallway?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
3.3 a bath or shower seat, raised toilet seat or grab bars in the bathroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

INTERVIEWER CHECK POINT: IF R ANSWERS YES TO Question 3.1, 3.2, OR 3.3, ASK Question 4, OTHERWISE GO TO 7.

4. Were all of these features there when you moved in or were some or all of them added?
 - All were there when moved in
 - Some or all were added
 - Don't know
 - Refused

5. In the last 30 days, did you use any of these features, yes or no?
 - Yes
 - No
 - Don't know
 - Refused

[NOTE: Question 6 HAS BEEN DELETED]

NEIGHBORHOODS AND TRANSPORTATION

7. Now I'd like to ask you some questions about your neighborhood. Does your neighborhood have sidewalks?

- Yes [GO TO 8]
 - No
 - Don't know
 - Refused
- } [GO TO 10]

8. Do any of the sidewalks in your neighborhood have cuts or ramps that may help someone in a wheelchair get on or off the curb?

- Yes
- No
- Don't know
- Refused

9. Do any of the sidewalks have uneven pavement, loose gravel or cracks?

- Yes
- No
- Don't know
- Refused

10. In the last 30 days, how often did you walk or ride in a wheelchair or scooter around your neighborhood? Would you say _____? [INTERVIEWER READ RESPONSE OPTIONS EXCEPT DON'T KNOW AND REFUSED]

- Every day or almost every day
- Several times per week
- Once a week
- Less than once a week
- Never
- Don't know
- Refused

11. The next questions are about how you get to and from places.

<p>11.1 In the last 30 days, did you drive yourself places in a car, truck or van?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes [GO TO 11.1a] <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused <p style="margin-left: 150px;">} [GO TO 11.2]</p>	<p>11.1a Does the car, truck or van that you used most often have _____?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">1) Hand controls, pedal extenders, or a steering adaptation</td> <td style="padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</td> </tr> <tr> <td style="padding: 2px;">2) A ramp or lift</td> <td style="padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</td> </tr> <tr> <td style="padding: 2px;">3) Enough room for a wheelchair</td> <td style="padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</td> </tr> </table> <p>[GO TO 11.3]</p>	1) Hand controls, pedal extenders, or a steering adaptation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	2) A ramp or lift	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	3) Enough room for a wheelchair	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
1) Hand controls, pedal extenders, or a steering adaptation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused						
2) A ramp or lift	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused						
3) Enough room for a wheelchair	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused						

<p>11.2 In the last 30 days, did you ride as a passenger with family or friends?</p> <p><input type="checkbox"/> Yes [GO TO 11.2a]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused } [GO TO 11.3]</p>	<p>11.2a Does the car, truck or van that you rode in most often have _____?</p> <table border="1"> <tr> <td data-bbox="659 296 1049 363">1) A ramp or lift</td> <td data-bbox="1057 296 1437 363"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</td> </tr> <tr> <td data-bbox="659 369 1049 436">2) Enough room for a wheelchair</td> <td data-bbox="1057 369 1437 436"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</td> </tr> </table> <p>[GO TO 11.3]</p>	1) A ramp or lift	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	2) Enough room for a wheelchair	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
1) A ramp or lift	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused				
2) Enough room for a wheelchair	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused				
<p>11.3 In the last 30 days, did you use a paratransit service or transportation for people with disabilities?</p> <p><input type="checkbox"/> Yes [GO TO 12]</p> <p><input type="checkbox"/> No [GO TO 11.3a]</p> <p><input type="checkbox"/> Don't know <input type="checkbox"/> Refused } [GO TO 12]</p>	<p>11.3a Is this service available in your neighborhood?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>[GO TO 12]</p>				

CHARACTERISTICS OF HOME

12. Next I have some questions about your home. How long have you lived in this home?
_____ Years or Since _____(Year)

13. Is your home part of a community especially for older or retired people or for people with disabilities?

- Yes [GO TO 14]
 - No
 - Don't know
 - Refused
- } GO TO 15]

14. Whether or not you use them, does this community offer any of the following services?

Services	
<p>14.1 Meals served in a group dining room</p> <p><input type="checkbox"/> Yes [GO TO 14.1a]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused [GO TO 14.2]</p>	<p>14.1a Did you use this service in the last 30 days?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>[GO TO 14.2 – NEXT SERVICE]</p>

<p>14.2 Help with bathing, dressing or eating <input type="checkbox"/> Yes [go to 14.2a] <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused [GO TO 14.3]</p>	<p>14.2a Did you use this service in the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused [GO TO 14.3 – NEXT SERVICE]</p>
<p>14.3 Nursing care or on-site nurse <input type="checkbox"/> Yes [go to 14.3a] <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused [GO TO 14.4]</p>	<p>14.3a Did you use this service in the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused [GO TO 14.4 – NEXT SERVICE]</p>
<p>14.4. Laundry service <input type="checkbox"/> Yes [GO TO 14.4a] <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused [GO TO 14.5]</p>	<p>14.4a Did you use this service in the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused [GO TO 14.5 – NEXT SERVICE]</p>
<p>14.5 Housekeeping service <input type="checkbox"/> Yes [GO TO 14.5a] <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused [GO TO 14.6]</p>	<p>14.5a Did you use this service in the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused [GO TO 14.6 – NEXT SERVICE]</p>
<p>14.6 Van or shuttle service <input type="checkbox"/> Yes [GO TO 14.6a] <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused [GO TO 15]</p>	<p>14.6a Did you use this service in the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused [GO TO 15]</p>

15. Is your home part of a building that has two or more apartments or units with a common or shared entrance?

Yes [GO TO 16 – NEXT PAGE]

No
 Don't know
 Refused
} [GO TO 22 - ENTRANCE TO HOME - PAGE 7]

ENTRANCE AND INSIDE OF BUILDING

16. Thinking about the entrance you use most often, do you have to use stairs or step up to get into your building from outside?

- Yes
- No
- Don't know
- Refused

17. Is this entrance a common or shared entrance or is it an entrance directly into your home?

- Common or shared entrance [GO TO 18]
 - Entrance directly into home
 - Don't know
 - Refused
- } [GO TO 23]

18. Does this entrance have _____ ?

<p>18.1 Working lights on the pathway or outside the entrance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused 		
<p>18.2 Handrails leading to the entrance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused 		
<p>18.3 A ramp</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes [GO TO 18.3i] <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <p style="margin-left: 150px;">} [GO TO 18.4]</p>	<p>18.3i. Was the ramp there when you moved in or was it added?</p> <ul style="list-style-type: none"> <input type="checkbox"/> There when moved in <input type="checkbox"/> Added <input type="checkbox"/> Don't know <input type="checkbox"/> Refused <p>[GO TO 18.3a]</p>	<p>18.3a In the last 30 days when you left your home, did you use the ramp every time, most times, sometimes, rarely, or never?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Didn't leave home <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
<p>18.4 Automatic doors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes [GO TO 18.4i] <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <p style="margin-left: 150px;">} [GO TO 19]</p>	<p>18.4i. Were the automatic doors there when you moved in or were they added?</p> <ul style="list-style-type: none"> <input type="checkbox"/> There when moved in <input type="checkbox"/> Added <input type="checkbox"/> Don't know <input type="checkbox"/> Refused <p>[GO TO 18.4a]</p>	<p>18.4a In the last 30 days when you left your home, did you use the automatic doors every time, most times, sometimes, rarely, or never?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Didn't leave home <input type="checkbox"/> Don't know <input type="checkbox"/> Refused

19. Is your building more than one story?

- Yes [GO TO 20]
 - No
 - Don't know
 - Refused
- } [GO TO 24– INSIDE THE HOME – NEXT PAGE]

20. Is your home on the same floor as the entrance to the building you use most often?

- Yes [GO TO 24– INSIDE THE HOME – NEXT PAGE]
 - No
 - Don't know
 - Refused
- } [GO TO 21]

21. Does your building have an elevator?

- Yes
 - No
 - Don't know
 - Refused
- } [GO TO 24– INSIDE THE HOME – NEXT PAGE]

ENTRANCE TO HOME

22. Thinking about the entrance you use most often, do you have to use stairs or step up to get into your home from outside?

- Yes
- No
- Don't know
- Refused

23. Does this entrance have _____ ?

FEATURES		
<p>23.1 Working lights on the pathway or outside the entrance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes [GO TO 23.1a] <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <p style="margin-left: 150px;">} [GO TO 23.2]</p>	<p>23.1a Was the lighting there when you moved in or was it added?</p> <ul style="list-style-type: none"> <input type="checkbox"/> There when moved in <input type="checkbox"/> Added <input type="checkbox"/> Don't know <input type="checkbox"/> Refused <p>[GO TO 23.2 – NEXT FEATURE]</p>	
<p>23.2 Handrails leading to the entrance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes [GO TO 23.2a] <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <p style="margin-left: 150px;">} [GO TO 23.3]</p>	<p>23.2a Were the handrails there when you moved in or were they added?</p> <ul style="list-style-type: none"> <input type="checkbox"/> There when moved in <input type="checkbox"/> Added <input type="checkbox"/> Don't know <input type="checkbox"/> Refused <p>[GO TO 23.3 – NEXT FEATURE]</p>	

<p>23.3 A ramp</p> <p><input type="checkbox"/> Yes [GO TO 23.3a]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know } [GO TO 24] <input type="checkbox"/> Refused</p>	<p>23.3a Was the ramp there when you moved in or was it added?</p> <p><input type="checkbox"/> There when moved in <input type="checkbox"/> Added <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>[GO TO 23.3b]</p>	<p>23.3b In the last 30 days when you left your home, did you use the ramp every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Didn't leave home <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>
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INSIDE THE HOME

24. Now I'd like to ask you some questions about the inside of your home. Is your living space on more than one floor?

- Yes [GO TO 25]
 No
 Don't know } [GO TO 26 –PAGE 9]
 Refused

25. Whether or not you use them, does your home have _____ ?

<p>25.1 a bedroom, kitchen, and bath on same floor</p> <p><input type="checkbox"/> Yes [GO TO 25.1a]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know } [GO TO 25.2] <input type="checkbox"/> Refused</p>	<p>25.1a Was this feature there when you moved in or was it added?</p> <p><input type="checkbox"/> There when moved in <input type="checkbox"/> Added <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>[Read into "WHETHER OR NOT YOU USE IT, DOES YOUR HOME HAVE _____" AND FILL IN BLANK WITH ITEM IN 25.2</p>	
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<p>25.2 an elevator ?</p> <p><input type="checkbox"/> Yes [GO TO 25.2a]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 25.3]</p>	<p>25.2a Was the elevator there when you moved in or was it added?</p> <p><input type="checkbox"/> There when moved in <input type="checkbox"/> Added <input type="checkbox"/> Don't know <input type="checkbox"/> Refused [GO TO 25.2b]</p>	<p>25.2b In the last 30 days when you went upstairs or downstairs, did you use the elevator every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Didn't go upstairs <input type="checkbox"/> Don't know <input type="checkbox"/> Refused [Read intro "WHETHER OR NOT YOU USE IT, DOES YOUR HOME HAVE _____" AND FILL IN BLANK WITH ITEM IN 25.3]</p>
<p>25.3 a chair lift or stair glide?</p> <p><input type="checkbox"/> Yes [GO TO 25.3a]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 26]</p>	<p>25.3a Was the chair lift or stair glide there when you moved in or was it added?</p> <p><input type="checkbox"/> There when moved in <input type="checkbox"/> Added <input type="checkbox"/> Don't know <input type="checkbox"/> Refused [GO TO 25.3b]</p>	<p>25.3b In the last 30 days when you went upstairs or downstairs, did you use the chair lift or stair glide every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Didn't go up stairs <input type="checkbox"/> Don't know <input type="checkbox"/> Refused [GO TO 26]</p>

26. Whether or not you use them, does your home have _____?

<p>26.1 Widened hallways or doorways (4 feet wide)</p> <p><input type="checkbox"/> Yes [GO TO 26.1a]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 26.2]</p>	<p>26.1a Was this feature there when you moved in or was it added?</p> <p><input type="checkbox"/> There when moved in <input type="checkbox"/> Added <input type="checkbox"/> Don't know <input type="checkbox"/> Refused [Read intro "WHETHER OR NOT YOU USE IT, DOES YOUR HOME HAVE _____" AND FILL IN BLANK WITH ITEM IN 26.2]</p>	
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<p>26.2 Support or grab rails in the hallway</p> <p><input type="checkbox"/> Yes [GO TO 26.2a]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 26.3]</p>	<p>26.2a Were these rails there when you moved in or were they added?</p> <p><input type="checkbox"/> There when moved in <input type="checkbox"/> Added <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>[GO TO 26.2b]</p>	<p>26.2b In the last 30 days, when you went down the hallway, did you use the rails every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>[Read into "WHETHER OR NOT YOU USE IT, DOES YOUR HOME HAVE _____" AND FILL IN BLANK WITH ITEM IN 26.3]</p>
<p>26.3 An emergency call or personal response system to help if you fall?</p> <p><input type="checkbox"/> Yes [GO TO 26.3a]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 27]</p>	<p>26.3a Was the system there when you moved in or was it added?</p> <p><input type="checkbox"/> There when moved in <input type="checkbox"/> Added <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>[GO TO 26.3b]</p>	<p>26.3b In the last 30 days, have you used this system to call for help?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>[GO TO 27]</p>

HOME: BATHROOM FEATURES, BATHING, TOILETING

27. The next questions are about the bathroom you use most often to bathe or shower. Whether or not you use them, does this bathroom have _____?

<p>27.1 a stall shower separate from a tub</p> <p><input type="checkbox"/> Yes [GO TO 27.1a]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 27.2]</p>	<p>27.1a Was this shower there when you moved in or was it added?</p> <p><input type="checkbox"/> There when moved in <input type="checkbox"/> Added <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>[GO TO 27.1b]</p>	<p>27.1b In the last 30 days, when you bathed or showered, did you use this shower every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>[Read intro "WHETHER OR NOT YOU USE IT, DOES THIS BATHROOM HAVE _____" AND FILL IN BLANK WITH ITEM IN 27.2]</p>
<p>27.2 grab bars in the shower or tub area</p> <p><input type="checkbox"/> Yes [GO TO 27.2a]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 27.3]</p>	<p>27.2a Were these grab bars there when you moved in or were they added?</p> <p><input type="checkbox"/> There when moved in <input type="checkbox"/> Added <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>[GO TO 27.2b]</p>	<p>27.2b In the last 30 days, when you bathed or showered did you use the grab bars every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>[Read intro "WHETHER OR NOT YOU USE IT, DOES THIS BATHROOM HAVE _____" AND FILL IN BLANK WITH ITEM IN 27.3]</p>

<p>27.3 a seat, bench, or stool for the shower or tub</p> <p><input type="checkbox"/> Yes [GO TO 27.3b]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 27.4]</p>		<p>27.3b In the last 30 days, when you bathed or showered, did you use this seat, bench, or stool every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>[Read into WHETHER OR NOT YOU USE IT, DOES THIS BATHROOM HAVE _____ " AND FILL IN BLANK WITH ITEM IN 27.4]</p>
<p>27.4 an extended, long or handheld showerhead</p> <p><input type="checkbox"/> Yes [GO TO 27.4a]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 27.5]</p>	<p>27.4a Was this feature there when you moved in or was it added?</p> <p><input type="checkbox"/> There when moved in <input type="checkbox"/> Added <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>[GO TO 27.4b]</p>	<p>27.4b In the last 30 days, when you bathed or showered, did you use this showerhead every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>[Read into WHETHER OR NOT YOU USE IT, DOES THIS BATHROOM HAVE _____ " AND FILL IN BLANK WITH ITEM IN 27.5]</p>
<p>27.5 enough space for a wheelchair to enter (about 3 ft) and turn around (about 5 ft x 5 ft)</p> <p><input type="checkbox"/> Yes [GO TO 27.5a]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 28]</p>	<p>27.5a Was this feature there when you moved in or was it added?</p> <p><input type="checkbox"/> There when moved in <input type="checkbox"/> Added <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>[GO TO 28]</p>	

28. Whether or not you use it, does the toilet you use most often have _____?

<p>28.1 grab bars around it</p> <p><input type="checkbox"/> Yes [GO TO 28.1a]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 28.2]</p>	<p>28.1a Were the grab bars there when you moved in or were they added?</p> <p><input type="checkbox"/> There when moved in <input type="checkbox"/> Added <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused [GO TO 28.1b]</p>	<p>28.1b In the last 30 days, when you used the toilet, did you use the bars every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused [Read intro "WHETHER OR NOT YOU USE IT, DOES THIS TOILET HAVE _____" AND FILL IN BLANK WITH ITEM IN 28.2]</p>
<p>28.2 A raised or modified seat</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused [GO TO 29]</p>		<p>[ITEM DELETED]</p>

29. Does your home have any other features that make your day-to-day activities easier, safer, or so that you can do them on your own?

- Yes [GO TO 30]
- No
 Don't know
 Refused } [GO TO 31-INTERVIEWER CHECKPOINT]

30. What feature is that? _____.

31. INTERVIEWER CHECKPOINT: [LIST FEATURES FROM QuestionS 18.3i, 18.4i, 23-28.1a THAT WERE THERE WHEN R MOVED IN.] DID R REPORT HAVING ANY FEATURES THAT WERE THERE WHEN THEY MOVED IN (QuestionS 23-28.1a)?

- Yes [GO TO 32]
 No [GO TO 34 INTERVIEWER CHECK POINT]

32. Thinking about the [READ LIST FEATURES FROM QuestionS 18.3i, 18.4i, 23-28.1a THAT WERE ALREADY IN HOME WHEN R MOVED IN], how important were these features in your decision to move there? Were they? [INTERVIEWER: READ OPTIONS EXCEPT DON'T KNOW AND REFUSED]:
- Very important
 - Somewhat important, or
 - Not at all important
 - Don't know
 - Refused
33. How important are these features to you now? Are they _____? [INTERVIEWER: READ OPTIONS EXCEPT DON'T KNOW AND REFUSED]?
- Very important
 - Somewhat important, or
 - Not at all important
 - Don't know
 - Refused
34. **INTERVIEWER CHECKPOINT 2: [LIST FEATURES FROM Question 18.3i, 18.4i, 23-28.1a THAT WERE ADDED AFTER R MOVED IN.] DID R REPORT ANY FEATURES WERE ADDED TO HIS/HER HOME AFTER MOVING THERE (QuestionS 18.3i, 18.4i, 23-28.1a)?**
- Yes [GO TO 35]
 - No [GO TO 41 – INDOOR AND OUTDOOR MOBILITY – PAGE 15]
35. Thinking about the [READ LIST FEATURES FROM QuestionS 18.3i, 18.4i, 23-28.1a THAT WERE ADDED AFTER R MOVED IN] that were added after you moved in, how important are these features to you now? Are they _____? [INTERVIEWER: READ OPTIONS EXCEPT DON'T KNOW AND REFUSED]
- Very important
 - Somewhat important, or
 - Not at all important
 - Don't know
 - Refused
36. Did you or your family pay some or all of the cost of adding these features?
- Yes [GO TO 37]
 - No
 - Don't know
 - Refused
- } [GO TO 40 – NEXT PAGE]
37. About how much did you and your family pay altogether? Was it more than \$500, less than \$500, or just about \$500?
- More than \$500 [GO TO Question 38]
 - Less than \$500 [GO TO Question 39]
 - Just about \$500
 - Don't know
 - Refused
- } [GO TO Question 40]

38. Was it more than \$1000, less than \$1000, or just about \$1000?

- More than \$1000
- Less than \$1000
- Just about \$1000
- Don't know
- Refused

} [GO TO Question 40]

39. Was it more than \$100, less than \$100, or just about \$100?

- More than \$100
- Less than \$100
- Just about \$100
- Don't know
- Refused

40. Did your health insurance or any other program pay for some or all of the cost of adding these features?

- Yes
- No
- Don't know
- Refused

[CONTINUE NEXT PAGE]

INDOOR AND OUTDOOR MOBILITY

41. INTERVIEWER CHECKPOINT AND INSTRUCTION: From question 15, is R's home part of a building that has two or more apartments or units with a common or shared entrance?

- Yes - GO TO 42 and use "building" or "home or building", where applicable, in the fill for questions 43 and table 44. Read the following statement before question 42** "The next questions are about getting around outside, inside your building, and inside your home."
- No - GO TO 43 and use "home" in the fill for question 43 and table 44. Read the following statement before question 43** "The next questions are about getting around both outside and inside your home."

42. In the last 30 days, how often have you left your apartment to do things *inside* your building? Was it _____? [INTERVIEWER: READ CATEGORIES EXCEPT DON'T KNOW OR REFUSED]

- Every day or almost every day
- Several times per week
- Once a week
- Less than once a week
- Never
- Don't know
- Refused

43. In the last 30 days, how often have you left your {home/building} to go outside?

- Every day or almost every day
- Several times per week
- Once a week
- Less than once a week
- Never
- Don't know
- Refused

[CONTINUE NEXT PAGE]

44.. In the last 30 days, did you use _____? [INTERVIEWER – IF ANSWER TO 43 IS NEVER GOES OUTSIDE, SKIP THE THIRD COLUMN OF QuestionS ABOUT USING ITEMS OUTSIDE]

<p>44.1 a cane</p> <p><input type="checkbox"/> Yes [GO TO 44.1a]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>} [GO TO 44.2]</p>	<p>44.1a. In the last 30 days, when you got out of a bed or chair, how often did you use your cane to help? Every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>[Read intro "IN THE LAST 30 DAYS, DID YOU USE _____" AND FILL IN BLANK WITH ITEM IN 44.2]</p>	<p>44.1b. In the last 30 days, when you walked around inside your {home/ home or building}, how often did you use your cane? Every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>	<p>44.1c In the last 30 days, when you left your {home/ building} how often did you use your cane? Every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>
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<p>44.2 a walker</p> <p><input type="checkbox"/> Yes [GO TO 44.2a]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 44.3]</p>	<p>44.2a. In the last 30 days, when you got out of a bed or chair, how often did you use your walker to help? Every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>[Read intro "IN THE LAST 30 DAYS, DID YOU USE _____" AND FILL IN BLANK WITH ITEM IN 44.3]</p>	<p>44.2b. In the last 30 days, when you walked around <i>inside</i> your {home/ home or building, } how often did you use your walker? Every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>	<p>44.2c In the last 30 days, when you <i>left your {home/ building }</i> how often did you use your walker? Every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>
<p>44.3 a wheelchair</p> <p><input type="checkbox"/> Yes [GO TO 44.3a]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 44.4]</p>	<p>44.3a In the last 30 days, when you got out of a bed or chair, how often did you use your wheelchair to help? Every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>[Read intro "IN THE LAST 30 DAYS, DID YOU USE _____" AND FILL IN BLANK WITH ITEM IN 44.4]</p>	<p>44.3b In the last 30 days, when you went around <i>inside</i> your {home/ home or building}, how often did you use your wheelchair? Every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>	<p>44.3c In the last 30 days, when you <i>left your {home/ building},</i> how often did you use your wheelchair? Every time, most times, sometimes, rarely, never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>

<p>44.4 a scooter</p> <p><input type="checkbox"/> Yes [GO TO 44.4b]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 44.5]</p>		<p>44.4b. In the last 30 days, when you went around <i>inside</i> your {home/ home or building}, how often did you use your scooter? Every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>[Read intro "IN THE LAST 30 DAYS, DID YOU USE _____" AND FILL IN BLANK WITH ITEM IN 44.5]</p>	<p>44.4c In the last 30 days, when you left your {home/ building}, how often did you use your scooter? Every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>
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<p>44.5 crutches</p> <p><input type="checkbox"/> Yes [GO TO 44.5b]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 44.6]</p>		<p>44.5b In the last 30 days, when you walked around <i>inside</i> your {home/ home or building}, how often did you use your crutches? Every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>[Read intro "IN THE LAST 30 DAYS, DID YOU USE _____" AND FILL IN BLANK WITH ITEM IN 44.6]</p>	<p>44.5c In the last 30 days, when you left your {home/ building}, how often did you use your crutches? Every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>
<p>44.6 a special "raising seat" or lift chair to help you get in and out of chairs</p> <p><input type="checkbox"/> Yes [GO TO 44.6a]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 44.7]</p>	<p>44.6a In the last 30 days, when you got in and out of chairs, how often did you use this seat? Every time, most time sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>[Read intro "IN THE LAST 30 DAYS, DID YOU USE _____" AND FILL IN BLANK WITH ITEM IN 44.7]</p>		

<p>44.7 a trapeze or sling to get in and out of bed</p> <p><input type="checkbox"/> Yes [GO TO 44.7a]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 45]</p>	<p>44.7a In the last 30 days, when you got in and out of bed, how often did you use the trapeze or sling? Every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused [GO TO 45]</p>		
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CONTINUE NEXT PAGE

45. Are there *other* items that you have used in the last 30 days to get around more easily, safely, or on your own?

- Yes [GO TO 46]
 - No
 - Don't know
 - Refused
- } [GO TO 47]

46. What is that? (specify) _____.

47. Sometimes people have things to help them get around that they no longer use. Do you have a cane, walker, wheelchair, or scooter that you haven't used in the last 30 days?

- Yes [GO TO 47b]
 - No
 - Don't know
 - Refused
- } [GO TO 49]

47b. Which is it that you have and no longer use?

47.1 A cane?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/>
47.2 A walker?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/>
47.3 A wheelchair?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/>
47.4 A scooter?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/>

48. I'm going to read you several statements. Please tell me which statement or statements describe why you no longer use {this/these} items? [INTERVIEWER – READ ALL STATEMENTS]

- 1. I got better and don't need anything to get around
- 2. I use something else
- 3. It is too hard or painful to use
- 4. It's broken or needs to be fixed or adjusted
- 5. Some other reason (specify _____)

OTHER DEVICES:

49. The next questions are about some other items that you may use to make your daily activities easier, safer, or so that you can do them on your own. In the last 30 days, have you used _____?

49.1 A hearing aid or other hearing device	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
49.2 Glasses or contacts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
49.3 Vision aids other than glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
49.4 A reacher or grabber	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
49.5 A special bed or chair to sleep in	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
49.6 A portable commode, bedpan or disposable diapers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
49.7 a modified washer or dryer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
49.8 adapted utensils or appliances for cooking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
49.9 a motorized or electric scooter at the grocery store	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

50. Are there any *other* items that you use to do daily activities more easily, safely or on your own?

Yes. [GO TO 51]

No

Don't know

Refused

} [GO TO 52 – INTERVIEWER CHECK POINT]

51. What is that? (specify) _____.

**52. INTERVIEWER CHECKPOINT: [LIST ITEMS USED IN QuestionS 44.1-44.7, 49.1-49.9]
DID R REPORT USING ANY ITEMS IN QuestionS 44.1-44.7, 49.1- 49.9?**

Yes [GO TO 53]

No [GO TO 58 – INTERVIEWER CHECKPOINT – NEXT PAGE]

53. You told me that you used _____ [READ LIST ITEMS USED IN QuestionS 44.1-44.7, 49.1-49.9] in the last 30 days. Did you or your family pay some or all of the cost to buy or rent these items?

Yes [GO TO 54]

No

Don't know

Refused

} [GO TO 57 – NEXT PAGE]

54. About how much did you and your family pay altogether? Was it more than \$500, less than \$500, or just about \$500?

More than \$500 [GO TO 55]

Less than \$500 [GO TO 56]

Just about \$500

Don't know

Refused

} [GO TO 57 – NEXT PAGE]

55. Was it more than \$1000, less than \$1000, or just about \$1000?

More than \$1000

Less than \$1000

Just about \$1000

Don't know

Refused

} [GO TO 57 – NEXT PAGE]

56. Was it more than \$100, less than \$100, or just about \$100?

More than \$100

Less than \$100

Just about \$100

Don't know

Refused

57. Did your health insurance or any other program pay for some or all of the cost of these items?

- Yes
- No
- Don't know
- Refused

58. INTERVIEWER CHECKPOINT: [LIST ITEMS AND FEATURES R INDICATED USING] DOES R USE ONE OR MORE ITEMS OR USE ONE OR MORE FEATURES IN THEIR HOME TO HELP THEM DO THEIR DAILY ACTIVITIES? INCLUDE ITEMS AND FEATURES 18.3a, 18.4a, 23.3b, 25.2b, 25.3b, 26.2b, 26.3, 27.1b, 27.2b, 27.3b, 27.4b, 28.1b, 44.1-44.7, 49.1-49.9.

- Yes [GO TO 59 – EFFECTIVENESS/PARTICIPATION]
- No [GO TO 61 - COMPUTERS – NEXT PAGE]

EFFECTIVENESS/PARTICIPATION

59. You told me that you use [LIST ITEMS AND FEATURES THAT R USES]. The next questions are about how much these items have affected your life.

	No more	A little more	A lot more	Does not apply	Don't Know	Refused
59.1 Because you use these items, how much safer do you feel when you do your daily activities? No more, a little more, a lot more?	1	2	3	4	88	99
59.2 Because you use these items, how much more control do you have over your daily activities?	1	2	3	4	88	99
59.3 Because you use these items, how much more often do you take part in activities you enjoy? No more, a little more, or a lot more?	1	2	3	4	88	99

60. Because you use these items,

	No less	A little less	A lot less	Does not apply	Don't Know	Refused
60.1 How much less painful is it for you to do your daily activities? No less, a little less, a lot less, or does this not apply to you?	1	2	3	4	88	99
60.2 Because you use these items, how much less tiring is it for you to do your daily activities?	1	2	3	4	88	99

	No less	A little less	A lot less	Does not apply	Don't Know	Refused
60.3 Because you use these items, how much less do you rely on others in your daily activities? No less, a little less, a lot less, or does this not apply to you?	1	2	3	4	88	99
60.4 Because you use these items, how much less time does it take for you to do your daily activities?	1	2	3	4	88	99

COMPUTERS

61. The next questions are about computers and telephones. Do you currently use a computer?

- Yes [GO TO 63]
 No
 Don't know
 Refused
- } [GO TO 62]

62. Do you use a system other than a computer to access the internet or send e-mail? Other systems may include things like WebTV.

- Yes [GO TO 68]
 No
 Don't know
 Refused
- } [GO TO 69 - TELEPHONES – PAGE 26]

63. Have any changes been made to the computer you use most often so you can use it more easily, safely, or on your own?

- Yes [GO TO 64]
 No [GO TO 68- WHAT IS COMPUTER USED FOR- PAGE 26]
 Don't know [GO TO 64]
 Refused [GO TO 68- WHAT IS COMPUTER USED FOR- PAGE 26]

64. Does this computer have _____ ?

COMPUTER FEATURES	
64.1 An extra large keyboard, buttons, or letters	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
64.2 An on screen keyboard or touch screen	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
64.3 Speech recognition software	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
64.4 Something other than a mouse to point at the screen	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
64.5 Screen magnifier or Software to enlarge objects on screen	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
64.6 Screen reader software	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

65. Does your computer have any *other* features that allow you to use it more easily, safely, or on your own?

- Yes [GO TO 66]
 - No
 - Don't know
 - Refused
- } [GO TO 67]

66. What is that feature? _____.

67. Could you use your computer if it did not have any of the features you just told me about?

- Yes
- Yes, but with difficulty
- No
- Don't know
- Refused

68. In the last 30 days, did you use the {computer / other system} for:

68.1 Banking and managing household finances	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
68.2 Work related to your business or profession	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
68.3 Shopping for groceries	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
68.4 Shopping for things other than groceries	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
68.5 Ordering prescriptions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
68.6 Looking up health related information	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

TELEPHONES

69. Do you have a cordless phone?

- Yes
- No
- Don't know
- Refused

70. Do you have a cell phone?

- Yes [GO TO 71]
 - No
 - Don't know
 - Refused
- } [GO TO 72]

71. How often do you use your cell phone? Do you use it _____ [READ RESPONSE CATEGORIES EXCEPT DON'T KNOW AND REFUSED]

- for all or most of your calls
- for some of your calls
- rarely or for emergencies only OR
- Do you never use your cell phone
- Don't know
- Refused

72. Did you get or change any of the telephones in your house so that you can make calls more easily or on your own?
- Yes [GO TO 73]
 - No [GO TO 77]
 - Don't know [GO TO 73]
 - Refused [GO TO 77]

73. Do any of your telephones have _____?

73.1 Headphones	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
73.2 Large buttons	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
73.3 An amplifier or speaker phone	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
73.4 TTY or text display device	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
73.5 A flashing ringer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
73.6 Voice activation/speech recognition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
73.7 a picture or video screen to see the person you are talking to	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

74. Do any of your telephones have any *other* features that allow you to use it more easily or on your own?
- Yes [GO TO 75]
 - No
 - Don't know
 - Refused
- } [GO TO 76]

75. What is that feature? _____.

76. Could you make or get telephone calls if your telephone did not have any of the features you just told me about?
- Yes
 - Yes, but with difficulty
 - No
 - Don't know
 - Refused

77. In the last 30 days, did you use your telephone for:
[READ EACH RESPONSE OPTION AND WAIT FOR A YES/NO ANSWER]:

77.1 Banking and managing household finances	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
77.2 Work related to your business or profession	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
77.3 Shopping for groceries	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
77.4 Shopping for things other than groceries	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
77.5 Ordering prescriptions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

FUNCTIONAL LIMITATIONS AND DAILY ACTIVITIES

78. Now please tell me a little about how much difficulty you have doing the following by yourself and without using any items or home features to help you. How much difficulty do you have_____.

	None	Some	A lot	Unable	Doesn't do	Don't know	Refused
78.1 stooping, crouching, or kneeling? none, some, or a lot or are you unable to do that?	0	1	2	3	4	88	99
78.2 reaching up over your head?	0	1	2	3	4	88	99
78.3 reaching out as if to shake someone's hand?	0	1	2	3	4	88	99
78.4 using your fingers to grasp or handle objects?	0	1	2	3	4	88	99
78.5 walking up 10 steps without resting?	0	1	2	3	4	88	99
78.6 standing up from a couch without using your arms to push up?	0	1	2	3	4	88	99
78.7 standing or being on your feet for 2 hours?	0	1	2	3	4	88	99
78.8 walking a quarter of a mile on a smooth floor, like you might find at a shopping mall?	0	1	2	3	4	88	99
78.9 remembering everyday things like names of people you know or places you've been	0	1	2	3	4	88	99
78.10 seeing words on the page the size of ordinary newsprint	0	1	2	3	4	88	99

IF ANY ANSWER TO 78.1-78.10 IS = 1, 2, 3 OR 4 ASK 78.11. OTHERWISE GO TO 79.1.

78.11 What condition or health problem causes you to have difficulty with these activities?
(FILL IN TEXT; LIST ALL CONDITIONS MENTIONED; DO NOT PROBE)

HELP AND DIFFICULTY WITH SELECT DAILY ACTIVITIES

The next questions are about help you receive with your daily activities and how well you can do the activities on your own.

<p>79.1a In the last 30 days, did anyone help you get out of a bed or chair?</p> <p> <input type="checkbox"/> Yes [GO TO 79.1b] <input type="checkbox"/> No <input type="checkbox"/> Don't Know } [GO TO 79.1c] <input type="checkbox"/> Refused </p>	<p>79.1b In the last 30 days, when you got out of a bed or chair, how often did you get help? Every time, most times, sometimes, rarely, or never?</p> <p> <input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused </p>	<p>79.1c [Using your READ LIST OF ITEMS IN Question 44.1a (cane) 44.2a (walker) 44.3a (wheelchair) 44.6a (raising seat) 44.7a (trapeze/sling)] 49.5 (special chair or bed) h/How much difficulty do you have getting out of a bed or chair by yourself?</p> <p> <input type="checkbox"/> None <input type="checkbox"/> Some } [GO TO 79.2a] <input type="checkbox"/> A lot <input type="checkbox"/> Unable <input type="checkbox"/> Never does without help } [GO TO 79.1d] <input type="checkbox"/> Don't know <input type="checkbox"/> Refused [GO TO 79.2a] </p>	<p>79.1d. [Using your READ LIST OF ITEMS IN Question 44.1a (cane) 44.2a (walker) 44.3a (wheelchair) 44.6a (raising seat) 44.7a (trapeze/sling), 49.5 (special chair or bed)] c/Could you get out of a bed or chair by yourself?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused </p>
<p>79.2a In the last 30 days, did anyone help you get around your {home/ home or building}?</p> <p> <input type="checkbox"/> Yes [GO TO 79.2b] <input type="checkbox"/> No <input type="checkbox"/> Don't Know } [GO TO 79.2c] <input type="checkbox"/> Refused </p>	<p>79.2b. In the last 30 days, when you went around your {home/ home or building}, how often did you get help? Every time, most times, sometimes, rarely, or never?</p> <p> <input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused </p>	<p>79.2c. [Using your READ LIST OF ITEMS IN Question 44.1b (cane) 44.2b (walker) 44.3b (wheelchair) 44.4b (scooter) 44.5b (crutches) 25.2b (elevator) 25.3b (stair lift) 26.2b (rails in hallway)] h/How much difficulty do you have getting around your {home/home or building} by yourself?</p> <p> <input type="checkbox"/> None <input type="checkbox"/> Some } [GO TO 79.3a] <input type="checkbox"/> A lot <input type="checkbox"/> Unable <input type="checkbox"/> Never does without help } [GO TO 79.2d] <input type="checkbox"/> Don't know <input type="checkbox"/> Refused [GO TO 79.3a] </p>	<p>79.2d [Using your READ LIST OF ITEMS IN Question 44.1b (cane) 44.2b (walker) 44.3b (wheelchair) 44.4b (scooter) 44.5b (crutches) 25.2b (elevator) 25.3b (stair lift) 26.2b (rails in hallway)] c/Could you get around your {home/home or building} by yourself?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused </p>

<p>79.3a In the last 30 days, did anyone help you leave your {home/building}?</p> <p><input type="checkbox"/> Yes [GO TO 79.3b]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 79.3c]</p>	<p>79.3b. In the last 30 days, when you left your {home/building}, how often did you get help? Every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>	<p>79.3c [Using your READ LIST OF ITEMS IN Question 44.1c (cane) 44.2c (walker) 44.3c (wheelchair) 44.4c (scooter) 44.5c (crutches) 18.3a (ramp) 23.3b (ramp)] h/How much difficulty do you have leaving your {home/building} by yourself?</p> <p><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> Unable } [GO TO 79.4a]</p> <p><input type="checkbox"/> Never does without help <input type="checkbox"/> Don't know <input type="checkbox"/> Refused } [GO TO 79.3d]</p> <p>[GO TO 79.4a]</p>	<p>79.3d [Using your READ LIST OF ITEMS IN Question 44.1c (cane) 44.2c (walker) 44.3c (wheelchair) 44.4c (scooter) 44.5c (crutches) 18.3a (ramp) 23.3b (ramp)] c/Could you leave your {home/building} by yourself?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>
<p>79.4a In the last 30 days, did anyone help you bathe or shower?</p> <p><input type="checkbox"/> Yes [GO TO 79.4b]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 79.4c]</p>	<p>79.4b. In the last 30 days, when you bathed or showered, how often did you get help? Every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>	<p>79.4c. [Using your READ LIST OF ITEMS IN Question 27.2b (grab bars), 27.3b (shower seat), 27.4b (handheld shower)] 27.1b (stall shower)] how much difficulty do you have bathing by yourself?</p> <p><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> Unable } [GO TO 79.5a]</p> <p><input type="checkbox"/> Never does without help <input type="checkbox"/> Don't know <input type="checkbox"/> Refused } [GO TO 79.4d]</p> <p>[GO TO 79.5a]</p>	<p>79.4d. [Using your READ LIST OF ITEMS IN Question 27.2b (grab bars), 27.3b (shower seat), 27.4b (handheld shower)] 27.1b (stall shower)] c/Could you bathe by yourself?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>

<p>79.5a In the last 30 days, did anyone help you use the toilet, including getting on and off?</p> <p><input type="checkbox"/> Yes [GO TO 79.5b]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>} [GO TO 79.5c]</p>	<p>79.5b. In the last 30 days, when you used the toilet, how often did you get help? Every time, most times, sometimes, rarely, or never?</p> <p><input type="checkbox"/> Every time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>	<p>79.5c. [Using your READ LIST OF ITEMS USED 28.1b (grab bars), 28.2 (modified seat)], how much difficulty do you have using the toilet by yourself, including getting on and off?</p> <p><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> Unable <input type="checkbox"/> Never does without help <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>} [GO TO 80.1a] } [GO TO 79.5d] [GO TO 80.1a]</p>	<p>79.5d. [Using your READ LIST OF ITEMS USED 28.1b (grab bars), 28.2 (modified seat)], c/Could you use the toilet by yourself?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>
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INSTRUMENTAL ACTIVITIES OF DAILY LIVING

<p>80.1a In the last 30 days, did you prepare any meals?</p> <p><input type="checkbox"/> Yes [GO TO 80.1b]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 80.1c]</p>	<p>80.1b. How much difficulty do you have preparing meals by yourself?</p> <p><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> Unable } [GO TO 80.2a]</p> <p><input type="checkbox"/> Never does without help <input type="checkbox"/> Don't know <input type="checkbox"/> Refused [GO TO 80.2a] } [GO TO 80.1c]</p>	<p>80.1c. Could you prepare meals by yourself?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>
<p>80.2a In the last 30 days, did you shop for groceries?</p> <p><input type="checkbox"/> Yes [GO TO 80.2b]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 80.2c]</p>	<p>80.2b. [Using your READ LIST OF ITEMS USED 44.1c (cane) 44.2c (walker) 44.3c (wheelchair) 44.4c (scooter) 44.5c (crutches) 49.9 (motorized scooter)], h/How much difficulty do you have shopping for groceries by yourself?</p> <p><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot } [GO TO 80.3a]</p> <p><input type="checkbox"/> Unable <input type="checkbox"/> Never does without help <input type="checkbox"/> Don't know <input type="checkbox"/> Refused } [GO TO 80.2c]</p> <p>[GO TO 80.3a]</p>	<p>80.2c. [Using your READ LIST OF ITEMS USED 44.1c (cane) 44.2c (walker) 44.3c (wheelchair) 44.4c (scooter) 44.5c (crutches) 49.9 (motorized scooter)], c/Could you shop for groceries by yourself?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>

<p>80.3a In the last 30 days, did you spend any time managing your money, such as keeping track of expenses or paying bills?</p> <p><input type="checkbox"/> Yes [GO TO 80.3b]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 80.3c]</p>	<p>80.3b. [Using your READ LIST OF ITEMS USED 49.3 VISION AIDS OTHER THAN GLASSES, 77.1 TELEPHONE, 68.1COMPUTER/OTHER SYSTEM h/How much difficulty do you have managing your money by yourself?</p> <p><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> Unable } [GO TO 80.4a]</p> <p><input type="checkbox"/> Never does without help <input type="checkbox"/> Don't know <input type="checkbox"/> Refused } [GO TO 80.3c] [GO TO 80.4a]</p>	<p>80.3c. [Using your READ LIST OF ITEMS USED VISION AIDS OTHER THAN GLASSES, TELEPHONE, COMPUTER/OTHER SYSTEM]. c/Could you manage your money by yourself?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>
<p>80.4a In the last 30 days, did you go places outside of walking distance?</p> <p><input type="checkbox"/> Yes [GO TO 80.4b]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused } [GO TO 81]</p>	<p>80.4b. [Using your 11.1 car, 11.3 paratransit service, or 14.6a shuttle] How much difficulty do you have getting places outside of walking distance by yourself?</p> <p><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> Unable } [GO TO 81]</p> <p><input type="checkbox"/> Never does without help <input type="checkbox"/> Don't know <input type="checkbox"/> Refused } [GO TO 80.3c] [GO TO 81]</p>	<p>80.4 c. [Using your car, paratransit service, or shuttle] c/Could you get places outside of walking distance by yourself?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>

DEMOGRAPHIC INFORMATION

Now I have some final questions about your background.

81. Just to confirm, in what month, day, and year were you born?

MONTH / DAY / YEAR

- Don't know } [GO TO 81a]
 Refused }

81a How old were you on your last birthday?

YEARS OLD

- Don't know
 Refused

82. Sex of Respondents - Interviewer determined or if necessary ask respondent to confirm:
And just to confirm, are you male or female?

- Male
 Female

83. What is your marital status? Are you now married, widowed, divorced, separated, or have you never been married?

- Now married
 Widowed
 Divorced
 Separated
 Never been married
 Don't know
 Refused

84. What is the highest degree or level of school you have COMPLETED?
[INTERVIEWER – MARK ONE BOX.]

- No schooling completed
 Nursery school to 4th grade
 5th grade or 6th grade
 7th grade or 8th grade
 9th grade
 10th grade
 11th grade
 12th grade – **NO DIPLOMA**
 HIGH SCHOOL GRADUATE – high school
 DIPLOMA or the equivalent (*for example: GED*)
 Some college , no degree
- Associate degree (*for example: AA, AS*)
 Bachelor's degree (*for example: BA, AB, BS*)
 Master's degree (*for example: MA, MS, MEng, MEd, MSW, MBA*)

- Professional degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)
- Don't know
- Refused

85. What is your present job status? Are you working now, temporarily laid off, unemployed and looking for work, disabled and unable to work, retired, a homemaker, or something else?

- Working now
- Temporarily laid off
- Unemployed and looking for work
- Disabled and unable to work
- Retired and not working
- Homemaker
- Something else
- Don't know
- Refused

86. Are you Spanish, Hispanic, or Latino?

- Yes
- No
- Don't know
- Refused

87. What race or races do you consider yourself to be? [INTERVIEWER: RESPONDENT MAY GIVE MORE THAN ONE RACE.]

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other
- Don't know
- Refused

88. About how much was your household income for 2004? Was it more than \$25,000, less than \$25,000, or just about \$25,000?

- Less than \$25,000 [GO TO 89]
- More than \$25,000 [GO TO 90]
- Just about \$25,000 [END INTERVIEW]
- Don't know
- Refused

89. Was it more than \$15,000, less than \$15,000, or just about \$15,000?

- Less than \$15,000
 - More than \$15,000
 - Just about \$15,000
 - Don't know
 - Refused
- } [END INTERVIEW]

90. Was it more than \$50,000, less than \$50,000, or just about \$50,000?
- Less than \$50,000
 - More than \$50,000
 - Just about \$50,000
 - Don't know
 - Refused

END INTERVIEW

DEVELOPMENT OF AN ASSISTIVE TECHNOLOGY AND ENVIRONMENTAL ASSESSMENT INSTRUMENT FOR NATIONAL SURVEYS: FINAL REPORT

Files Available for This Report

Part I: Recommended Modules and Instrument Development Process

HTML: <http://aspe.hhs.gov/daltcp/reports/ATEAdevI.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/ATEAdevI.pdf>

Also available separately:

Module A. Survey Modules to Measure Assistive Technology and the Home Environment: Recommended 8-10 Minute Modules

<http://aspe.hhs.gov/daltcp/reports/ATEAdevI-A.pdf>

Module B. Survey Modules to Measure Assistive Technology and the Home Environment: Recommended 2-3 Minute Module

<http://aspe.hhs.gov/daltcp/reports/ATEAdevI-B.pdf>

Part II: Pilot Study Results for Recommended Items

HTML: <http://aspe.hhs.gov/daltcp/reports/ATEAdevII.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/ATEAdevII.pdf>

Also available separately:

Module A. Home Environment Module

<http://aspe.hhs.gov/daltcp/reports/ATEAdevII-A.pdf>

Module B. Mobility and Other Devices Module

<http://aspe.hhs.gov/daltcp/reports/ATEAdevII-B.pdf>

Module C. Effectiveness/Participation Module

<http://aspe.hhs.gov/daltcp/reports/ATEAdevII-C.pdf>

Module D. Communication Technology Module

<http://aspe.hhs.gov/daltcp/reports/ATEAdevII-D.pdf>

Module E. Residual ADL and IADL Difficulty Module

<http://aspe.hhs.gov/daltcp/reports/ATEAdevII-E.pdf>

Appendix I. Crosswalk of Question Numbers from Pilot Test and Final Recommended Modules

<http://aspe.hhs.gov/daltcp/reports/ATEAdevII-apI.pdf>

Appendix II. Technology and Aging Pilot Survey: Instrument for the Pilot Study

<http://aspe.hhs.gov/daltcp/reports/ATEAdevII-apII.pdf>