PARTICIPATION SURVEY / MOBILITY

Survey date: ________________ (MM/DD/YYYY)

This interview is completely voluntary on your part. Thank you for agreeing to participate. The questions in this survey will take about 20-30 minutes of your time to answer.

This survey asks about participation in major life activities. It consists of 20 different areas of major life activities, and the questions are similar in each area. Please answer the questions using the framework of a typical day in the past 4 weeks. A typical day is neither your worst day nor your best day but represents most of your days during the past 4 weeks.

The definitions on the following page may help you answer these survey questions.

Thank you for continuing with the questionnaire.

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For Office Use Only

Participant ID Number: ___________  Survey Number: ______

Method of data collection:  □ Paper survey  □ Web-based survey

Data entry: Date - ________________ (MM/DD/YYYY)  ID - ______ (initials)

Data check: Date - ________________ (MM/DD/YYYY)  ID - ______ (initials)
**Choice** means having the opportunity to select freely from a number of available options concerning when, where, how, how often, and with whom you participate for each of the activities listed in this survey.

**Satisfaction** refers to how you feel about your participation in each of the activities listed in this survey.

**Importance** represents how much you value participating in the activities listed in this survey.

**Participation limitations** are health-related problems that interfere with your ability to do activities.

**Accommodations** are ways of changing your environment to make activities easier to do. Some examples are placing items within reach, arranging furniture so that you can move around more easily, scheduling preparation time for activities, or calling ahead to check on accessibility.

**Adaptations** are changes made to rooms or buildings, such as lowered shelves or widened doors, or the use of special devices, such as a raised toilet, hand-held shower, grab bars, a ramp, or a modified cutting board to secure food. Adaptations could also include choosing to purchase such things as a portable phone instead of a stationary phone, a long-handled shoehorn instead of a short one, or a refrigerator with a freezer on the side or bottom instead of on the top.

**Special equipment** is equipment made especially for people with mobility limitations, including, but not limited to, a wheelchair, scooter, walker, cane, crutches, orthotic or prosthetic device, reacher, communication board, sliding board, adapted vehicle, lift, or an accessible parking permit.

**Interdependence** is the connection between a person and the special equipment and/or personal assistance that person uses which allows for participation in activities. A person may use one or both, allowing for a greater level of participation than would be possible without either. The more effective the fit, the higher level of interdependence is achieved.
DRESSING: The next questions are about dressing. Dressing includes selecting, putting on and taking off clothing, and changing clothing during the day.

1. How much time do you require for dressing on a typical day?
   - More than 20 minutes
   - 10 to 20 minutes
   - Less than 10 minutes

2. Is your participation in dressing limited by … (Check all that apply.)
   - Illness
   - A physical impairment
   - Pain
   - Fatigue
   - Not limited

3. When dressing, how much choice do you have compared to others without mobility limitations? (Choice includes how often, when, where and how you dress.)
   - A lot of choice
   - Some choice
   - Little choice
   - No choice

4. How satisfied are you with your participation in dressing?
   - Very satisfied
   - Satisfied
   - Somewhat satisfied
   - Dissatisfied

5. How much help from another person do you require for dressing?
   - A great deal
   - A moderate amount
   - Just a little
   - None

6. How often do you use accommodations, adaptations, or special equipment to dress?
   - All of the time
   - Most of the time
   - Some of the time
   - A little of the time
   - Never

BATHING: The following questions are about bathing. Bathing includes taking a shower, a bath, or a sponge bath.

1. How much time do you require to bathe on a typical day? (This includes preparing to bathe.)
   - More than 20 minutes
   - 10 to 20 minutes
   - Less than 10 minutes

2. Is your participation in bathing limited by … (Check all that apply.)
   - Illness
   - A physical impairment
   - Pain
   - Fatigue
   - Not limited

3. When bathing, how much choice do you have compared to others without mobility limitations? (Choice includes how often, when, where and how you bathe.)
   - A lot of choice
   - Some choice
   - Little choice
   - No choice

4. How satisfied are you with your participation in bathing?
   - Very satisfied
   - Satisfied
   - Somewhat satisfied
   - Dissatisfied

5. How much help from another person do you require for bathing?
   - A great deal
   - A moderate amount
   - Just a little
   - None

6. How often do you use accommodations, adaptations, or special equipment to bathe?
   - All of the time
   - Most of the time
   - Some of the time
   - A little of the time
   - Never
BLADDER CARE: The next questions involve emptying your bladder, which includes getting to a bathroom, adjusting clothing, using accommodations, or using special equipment.

1. How much time do you require for bladder care on a typical day?
   - More than 60 minutes
   - 30 to 60 minutes
   - Less than 30 minutes

2. Is your participation in performing and managing bladder care limited by …
   (Check all that apply.)
   - Illness
   - A physical impairment
   - Pain
   - Fatigue
   - Not limited

3. For management of bladder care, how much choice do you have compared to others without mobility limitations? (Choice includes when, where and how care takes place.)
   - A lot of choice
   - Some choice
   - Little choice
   - No choice

4. How satisfied are you with your participation in bladder care?
   - Very satisfied
   - Satisfied
   - Somewhat satisfied
   - Dissatisfied

5. How much help from another person do you require for bladder care?
   - A great deal
   - A moderate amount
   - Just a little
   - None

6. How often do you use accommodations, adaptations, or special equipment for bladder care?
   - All of the time
   - Most of the time
   - Some of the time
   - A little of the time
   - Never

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BOWEL CARE: The next questions involve bowel care, which includes a bowel management routine and the use of any special equipment.

1. How much time do you require for bowel care in a typical week?
   - More than 3 hours
   - 1 to 3 hours
   - Less than 1 hour

2. Is your participation in performing and managing bowel care limited by …
   (Check all that apply.)
   - Illness
   - A physical impairment
   - Pain
   - Fatigue
   - Not limited

3. For management of bowel care, how much choice do you have compared to others without mobility limitations? (Choice includes when, where and how care takes place.)
   - A lot of choice
   - Some choice
   - Little choice
   - No choice

4. How satisfied are you with your participation in bowel care?
   - Very satisfied
   - Satisfied
   - Somewhat satisfied
   - Dissatisfied

5. How much help from another person do you require for bowel care?
   - A great deal
   - A moderate amount
   - Just a little
   - None

6. How often do you use accommodations, adaptations, or special equipment for bowel care?
   - All of the time
   - Most of the time
   - Some of the time
   - A little of the time
   - Never
MEALS: These questions about typical meals include preparation as well as eating.

1. In a typical day, how much time do you spend eating meals?
   - Over 3 hours
   - 1 to 3 hours
   - Under 1 hour

2. Is your participation in meal preparation limited by … (Check all that apply.)
   - Illness
   - A physical impairment
   - Pain
   - Fatigue
   - Not limited

3. For meals, how much choice do you have compared to others without mobility limitations? (Choice includes when, what, where and with whom you eat.)
   - A lot of choice
   - Some choice
   - Little choice
   - No choice

4. How satisfied are you with your participation in meals?
   - Very satisfied
   - Satisfied
   - Somewhat satisfied
   - Dissatisfied

5. How much help from another person do you need to eat a meal?
   - A great deal
   - A moderate amount
   - Just a little
   - None

6. How often do you use accommodations, adaptations, or special equipment to eat meals?
   - All of the time
   - Most of the time
   - Some of the time
   - A little of the time
   - Never

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MOVING AROUND INSIDE YOUR HOME: The following questions are about moving around inside your home. This includes getting out of bed, getting out of a chair, going from room to room or getting to another floor, such as the basement.

1. How many waking hours each day do you spend in the following rooms of your home?

<table>
<thead>
<tr>
<th>Room</th>
<th>More than 4</th>
<th>1 to 4</th>
<th>Less than 1</th>
<th>Not applicable to my home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dining room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kitchen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Is your participation in moving around your home limited by … (Check all that apply.)
   - Illness
   - A physical impairment
   - Pain
   - Fatigue
   - Not limited

3. When moving around your home, how much choice do you have compared to others without mobility limitations? (Choice includes when, where and how you move around.)
   - A lot of choice
   - Some choice
   - Little choice
   - No choice

4. How satisfied are you with your participation in moving around your home?
   - Very satisfied
   - Satisfied
   - Somewhat satisfied
   - Dissatisfied

5. How much help from another person do you need to move around your home?
   - A great deal
   - A moderate amount
   - Just a little
   - None

6. How often do you use accommodations, adaptations, or special equipment to move around your home?
   - All of the time
   - Most of the time
   - Some of the time
   - A little of the time
   - Never
FOR THE REMAINDER OF THIS SURVEY, please continue to complete questions for each activity. However, if you NEVER participate in a specific activity, follow the instructions regarding which questions you may skip.

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WORKING INSIDE YOUR HOME: The following questions refer to working inside your home. This topic includes washing dishes, doing laundry, cleaning house, or making repairs.

1. How frequently do you participate in housework or home maintenance activities?
   ❑ 5 or more times a week   ❑ 3 to 4 times a week   ❑ 1 to 2 times a week   ❑ Never*

2. Is your participation in housework or home maintenance limited by … (Check all that apply.)
   ❑ Illness   ❑ A physical impairment   ❑ Pain   ❑ Fatigue   ❑ Not limited

3. How important is it for you to participate in housework or home maintenance?
   ❑ Very important    ❑ Somewhat important    ❑ Somewhat unimportant    ❑ Not important

4. To participate in housework or home maintenance activities, how much choice do you have compared to others without mobility limitations? (Choice includes how often, when, how and by whom the activities are completed.)
   ❑ A lot of choice    ❑ Some choice    ❑ Little choice    ❑ No choice

~ If you answered *NEVER to question 1 - Go to EXTERIOR MAINTENANCE ~

5. How satisfied are you with your participation in housework or home maintenance?
   ❑ Very satisfied    ❑ Satisfied    ❑ Somewhat satisfied    ❑ Dissatisfied

6. How much help from another person do you require?
   ❑ A great deal    ❑ A moderate amount    ❑ Just a little    ❑ None

7. How often do you use accommodations, adaptations, or special equipment for housework or home maintenance activities?
   ❑ All of the time    ❑ Most of the time    ❑ Some of the time    ❑ A little of the time    ❑ Never

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EXTERIOR MAINTENANCE: The following questions refer to outdoor home maintenance activities (for example, gardening or making exterior repairs).

1. How frequently do you participate in outdoor home maintenance activities?
   ❑ 5 or more times a week   ❑ 3 to 4 times a week   ❑ 1 to 2 times a week   ❑ Never*

2. Is your participation in outdoor home maintenance limited by … (Check all that apply.)
   ❑ Illness   ❑ A physical impairment   ❑ Pain   ❑ Fatigue   ❑ Not limited

3. How important is it for you to participate in outdoor home maintenance?
   ❑ Very important    ❑ Somewhat important    ❑ Somewhat unimportant    ❑ Not important

4. To participate in outdoor home maintenance activities, how much choice do you have compared to others without mobility limitations? (Choice includes how often, when, how and by whom these activities are completed.)
   ❑ A lot of choice    ❑ Some choice    ❑ Little choice    ❑ No choice

~ If you answered *NEVER to question 1 - Go to LEAVING YOUR HOME ~

5. How satisfied are you with your participation in outdoor home maintenance?
   ❑ Very satisfied    ❑ Satisfied    ❑ Somewhat satisfied    ❑ Dissatisfied

6. How much help from another person do you require?
   ❑ A great deal    ❑ A moderate amount    ❑ Just a little    ❑ None

7. How often do you use accommodations, adaptations, or special equipment for outdoor home maintenance activities?
   ❑ All of the time    ❑ Most of the time    ❑ Some of the time    ❑ A little of the time    ❑ Never
LEAVING YOUR HOME: The following questions are about leaving your home to go into the community (such as to go shopping or to the doctor). This includes getting into a vehicle.

1. How frequently do you leave your home?
   - □ 3 or more times a day
   - □ Once or twice a week
   - □ Never*
   - □ Once or twice a day
   - □ Once or twice a month

2. Is your participation in leaving your home limited by … (Check all that apply.)
   - □ Illness
   - □ A physical impairment
   - □ Pain
   - □ Fatigue
   - □ Not limited

3. How important is it for you to leave your home?
   - □ Very important
   - □ Somewhat important
   - □ Somewhat unimportant
   - □ Not important

4. To leave your home, how much choice do you have compared to others without mobility limitations? (Choice includes how often, when, and how you leave and where you go.)
   - □ A lot of choice
   - □ Some choice
   - □ Little choice
   - □ No choice

~ If you answered NEVER* to question 1 - Go to ACTIVE RECREATION ~

5. How satisfied are you with your participation in leaving your home?
   - □ Very satisfied
   - □ Satisfied
   - □ Somewhat satisfied
   - □ Dissatisfied

6. How much help from another person do you need to leave your home?
   - □ A great deal
   - □ A moderate amount
   - □ Just a little
   - □ None

7. How often do you use accommodations, adaptations, or special equipment to leave your home?
   - □ All of the time
   - □ Most of the time
   - □ Some of the time
   - □ A little of the time
   - □ Never

ACTIVE RECREATION: The following questions are about active recreational activities, such as a team sport or camping.

1. For the following active recreational activities, please indicate how often you do them.
   - Swimming
     - □ Never*
     - □ 1-2 times/month
     - □ 1-2 times/week
     - □ More than twice/week
   - Playing golf
     - □ Never*
     - □ 1-2 times/month
     - □ 1-2 times/week
     - □ More than twice/week
   - Playing basketball
     - □ Never*
     - □ 1-2 times/month
     - □ 1-2 times/week
     - □ More than twice/week
   - Skiing
     - □ Never*
     - □ 1-2 times/month
     - □ 1-2 times/week
     - □ More than twice/week
   - Racing
     - □ Never*
     - □ 1-2 times/month
     - □ 1-2 times/week
     - □ More than twice/week
   - Bowling
     - □ Never*
     - □ 1-2 times/month
     - □ 1-2 times/week
     - □ More than twice/week
   - Camping
     - □ Never*
     - □ 1-2 times/month
     - □ 1-2 times/week
     - □ More than twice/week
   - Going on nature trails
     - □ Never*
     - □ 1-2 times/month
     - □ 1-2 times/week
     - □ More than twice/week

2. Is your participation in active recreational activities limited by … (Check all that apply.)
   - □ Illness
   - □ A physical impairment
   - □ Pain
   - □ Fatigue
   - □ Not limited

3. How important is it for you to participate in active recreational activities?
   - □ Very important
   - □ Somewhat important
   - □ Somewhat unimportant
   - □ Not important

4. To participate in active recreational activities, how much choice do you have compared to others without mobility limitations? (Choice includes how, where, when, how often, and with whom you participate in activities.)
   - □ A lot of choice
   - □ Some choice
   - □ Little choice
   - □ No choice

~ If you answered NEVER* to ALL activities in question 1 - Go to LEISURE ACTIVITIES ~

5. How satisfied are you with your participation in active recreational activities?
   - □ Very satisfied
   - □ Satisfied
   - □ Somewhat satisfied
   - □ Dissatisfied

6. How much help from another person do you require?
   - □ A great deal
   - □ A moderate amount
   - □ Just a little
   - □ None

7. How often do you use accommodations, adaptations, or special equipment for active recreational activities?
   - □ All of the time
   - □ Most of the time
   - □ Some of the time
   - □ A little of the time
   - □ Never
LEISURE ACTIVITIES: The following questions are about leisure activities, such as spectator sports, playing cards and going to movies.

1. For the following leisure activities, please indicate how often you do them.

<table>
<thead>
<tr>
<th>Leisure Activity</th>
<th>Never*</th>
<th>1-2 times/month</th>
<th>1-2 times/week</th>
<th>More than twice/week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dining out</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attending movies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attending concerts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playing cards</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playing board games</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watching sports</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hobbies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Is your participation in leisure activities limited by ... (Check all that apply.)

- Illness
- A physical impairment
- Pain
- Fatigue
- Not limited

3. How important is it for you to participate in leisure activities?

- Very important
- Somewhat important
- Somewhat unimportant
- Not important

4. To participate in leisure activities, how much choice do you have compared to others without mobility limitations? (Choice includes how, where, when, how often, and with whom you participate in leisure activities.)

- A lot of choice
- Some choice
- Little choice
- No choice

   ~ If you answered NEVER* to ALL activities in question 1 - Go to TAKING VACATIONS ~

5. How satisfied are you with your participation in leisure activities?

- Very satisfied
- Satisfied
- Somewhat satisfied
- Dissatisfied

6. How much help from another person do you require to participate?

- A great deal
- A moderate amount
- Just a little
- None

7. How often do you use accommodations, adaptations, or special equipment for leisure activities?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- Never

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TAKING VACATIONS: The next questions are about taking vacations away from home.

1. How often do you take a vacation?

- More than twice a year
- Once or twice a year
- Less than once a year
- Never*

2. Is your participation in taking a vacation limited by ... (Check all that apply.)

- Illness
- A physical impairment
- Pain
- Fatigue
- Not limited

3. How important is it for you to take a vacation?

- Very important
- Somewhat important
- Somewhat unimportant
- Not important

4. When taking a vacation, how much choice do you have compared to others without mobility limitations? (Choice includes how, where, when and how often you take a vacation.)

- A lot of choice
- Some choice
- Little choice
- No choice

   ~ If you answered NEVER* to question 1 - Go to SOCIALIZING ~

5. How satisfied are you with your participation in taking a vacation?

- Very satisfied
- Satisfied
- Somewhat satisfied
- Dissatisfied

6. How much help from another person do you require to take a vacation?

- A great deal
- A moderate amount
- Just a little
- None

7. How often do you use accommodations, adaptations, or special equipment for a vacation?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- Never
SOCIALIZING: The next questions are about socializing with people. This includes visiting with friends or family at home, at the homes of others, or at social events.

1. How frequently do you socialize with others?
   - Daily / Almost daily
   - 3 - 4 times a week
   - 1 - 2 times a week
   - Less than once a week

2. Is your participation in social activities limited by ... (Check all that apply.)
   - Illness
   - A physical impairment
   - Pain
   - Fatigue
   - Not limited

3. How important is it for you to participate in social activities?
   - Very important
   - Somewhat important
   - Somewhat unimportant
   - Not important

4. When socializing, how much choice do you have compared to others without mobility limitations? (Choice includes how often, when, how and with whom you socialize.)
   - A lot of choice
   - Some choice
   - Little choice
   - No choice

5. How satisfied are you with your participation in socializing?
   - Very satisfied
   - Satisfied
   - Somewhat satisfied
   - Dissatisfied

6. How much help from another person do you require to socialize?
   - A great deal
   - A moderate amount
   - Just a little
   - None

7. How often do you use accommodations, adaptations, or special equipment to socialize?
   - All of the time
   - Most of the time
   - Some of the time
   - A little of the time
   - Never

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PARENTING: The following questions involve parenting, which includes spending time with children, grandchildren or others with whom you have a parenting relationship.

1. Do you participate in parenting or grandparenting activities?
   - Yes (Continue.)
   - No (Go to NEXT ACTIVITY - INTIMACY.)
   - NA - no children/grandchildren (Go to NEXT ACTIVITY - INTIMACY.)

2. How frequently do you participate in a parenting/grandparenting activity?
   - Daily / Almost daily
   - 3 - 4 times a week
   - 1 - 2 times a week
   - Less than once a week

3. Is your participation in parenting/grandparenting activities limited by ... (Check all that apply.)
   - Illness
   - A physical impairment
   - Pain
   - Fatigue
   - Not limited

4. How important is it for you to participate in parenting/grandparenting activities?
   - Very important
   - Somewhat important
   - Somewhat unimportant
   - Not important

5. To participate in parenting/grandparenting activities, how much choice do you have compared to others without mobility limitations? (Choice includes when, where, how and with whom.)
   - A lot of choice
   - Some choice
   - Little choice
   - No choice

6. How satisfied are you with your participation in parenting/grandparenting activities?
   - Very satisfied
   - Satisfied
   - Somewhat satisfied
   - Dissatisfied

7. How much help from another person do you require to participate in parenting/grandparenting activities?
   - A great deal
   - A moderate amount
   - Just a little
   - None

8. How often do you use accommodations, adaptations, or special equipment to participate in parenting/grandparenting activities?
   - All of the time
   - Most of the time
   - Some of the time
   - A little of the time
   - Never
INTIMACY: This topic includes initiating or maintaining a romantic relationship, responding to physical intimacy, performing consensual sexual acts, or maintaining an intimate sexual relationship. Intimacy involves not only sexual intercourse but also any physical closeness with another person. Your responses will be kept confidential, and you may refuse to answer any or all of these questions.

Do you wish to continue with this section?
☐ Yes (Continue below.)  ☐ No (Go to RELIGIOUS ACTIVITIES.)

1. In a week, how frequently do you have intimate relations with another person?
☐ More than four times  ☐ 1 - 4 times  ☐ Less than once  ☐ Never*

2. Is your participation in intimacy limited by ... (Check all that apply.)
☐ Illness  ☐ A physical impairment  ☐ Pain  ☐ Fatigue  ☐ Not limited

3. How important is it for you to participate in intimacy?
☐ Very important  ☐ Somewhat important  ☐ Somewhat unimportant  ☐ Not important

4. To participate in intimacy, how much choice do you have compared to others without mobility limitations? (Choice includes how often, when, how and with whom.)
☐ A lot of choice  ☐ Some choice  ☐ Little choice  ☐ No choice

~ If you answered NEVER* to question 1 - Go to RELIGIOUS ACTIVITIES ~

5. How satisfied are you with your participation in intimacy?
☐ Very satisfied  ☐ Satisfied  ☐ Somewhat satisfied  ☐ Dissatisfied

6. How much help from another person do you need to participate in intimacy?
☐ A great deal  ☐ A moderate amount  ☐ Just a little  ☐ None

7. How often do you use accommodations, adaptations, or special equipment to participate in intimacy?
☐ All of the time  ☐ Most of the time  ☐ Some of the time  ☐ A little of the time  ☐ Never

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RELIGIOUS ACTIVITIES: The following questions are about participation in religious activities. This topic includes attending weekly religious services or classes, as well as singing in a choir.

1. How much time do you spend on participation in religious activities?
☐ More than 5 hours a week  ☐ 1-5 hours a week  ☐ None*

2. Is your participation in religious activities limited by ... (Check all that apply.)
☐ Illness  ☐ A physical impairment  ☐ Pain  ☐ Fatigue  ☐ Not limited

3. How important is it for you to participate in religious activities?
☐ Very important  ☐ Somewhat important  ☐ Somewhat unimportant  ☐ Not important

4. How much choice do you have about participating in religious activities compared to others without mobility limitations? (Choice includes when, where, how and with whom.)
☐ A lot of choice  ☐ Some choice  ☐ Little choice  ☐ No choice

~ If you answered NONE* to question 1 - Go to COMMUNITY ACTIVITIES ~

5. How satisfied are you with your participation in religious activities?
☐ Very satisfied  ☐ Satisfied  ☐ Somewhat satisfied  ☐ Dissatisfied

6. How much help from another person do you require?
☐ A great deal  ☐ A moderate amount  ☐ Just a little  ☐ None

7. How often do you use accommodations, adaptations, or special equipment to participate in religious activities?
☐ All of the time  ☐ Most of the time  ☐ Some of the time  ☐ A little of the time  ☐ Never
COMMUNITY ACTIVITIES: These questions involve participation in community activities, such as voting, attending community meetings, serving on a community board, or communicating with government officials.

1. How much time do you spend participating in community activities?
   - More than 5 hours a week
   - 1-5 hours a week
   - None*

2. Is your participation in community activities limited by ... (Check all that apply.)
   - Illness
   - A physical impairment
   - Pain
   - Fatigue
   - Not limited

3. How important is it for you to participate in community activities?
   - Very important
   - Somewhat important
   - Somewhat unimportant
   - Not important

4. How much choice do you have about participating in community activities compared to others without mobility limitations? (Choice includes when, where, how and with whom you participate.)
   - A lot of choice
   - Some choice
   - Little choice
   - No choice

   ~ If you answered NONE* to question 1 - Go to EMPLOYMENT ~

5. How satisfied are you with your participation in community activities?
   - Very satisfied
   - Satisfied
   - Somewhat satisfied
   - Dissatisfied

6. How much help from another person do you require?
   - A great deal
   - A moderate amount
   - Just a little
   - None

7. How often do you use accommodations, adaptations, or special equipment to participate in community activities?
   - All of the time
   - Most of the time
   - Some of the time
   - A little of the time
   - Never

EMPLOYMENT: The next questions are about part-time or full-time work.

1. Are you currently employed?  
   - Yes (Continue.)
   - No* (Go to question 2.)

1a. What type of work do you do?  
1b. In a typical week, how many hours do you work?
   - More than 40
   - 31 to 40
   - 11 to 30
   - Less than 10

2. Is your participation in employment limited by ... (Check all that apply.)
   - Illness
   - A physical impairment
   - Pain
   - Fatigue
   - Not limited

3. How important is it for you to work?
   - Very important
   - Somewhat important
   - Somewhat unimportant
   - Not important

4. How much choice do you have about employment compared to others without mobility limitations? (Choice includes when, where, how much and how you work.)
   - A lot of choice
   - Some choice
   - Little choice
   - No choice

   ~ If you answered NO* to question 1 - Go to VOLUNTEERING ~

5. How satisfied are you with your participation in work?
   - Very satisfied
   - Satisfied
   - Somewhat satisfied
   - Dissatisfied

6. How much help from another person do you require to participate in work?
   - A great deal
   - A moderate amount
   - Just a little
   - None

7. How often do you use accommodations, adaptations or special equipment to participate in work?
   - All of the time
   - Most of the time
   - Some of the time
   - A little of the time
   - Never
**VOLUNTEERING:** The next questions are about part-time or full-time volunteering.

1. Do you currently serve as a volunteer?  [ ] Yes (Continue.)  [ ] No* (Go to question 2.)
   a. What kinds of volunteer activities do you do? ________________________________
   b. How often do you volunteer?  
      [ ] Daily  [ ] Weekly  [ ] Monthly  [ ] Yearly

2. Is your participation in volunteering limited by ...  (Check all that apply.)
   [ ] Illness  [ ] A physical impairment  [ ] Pain  [ ] Fatigue  [ ] Not limited

3. How important is it for you to volunteer?
   [ ] Very important  [ ] Somewhat important  [ ] Somewhat unimportant  [ ] Not important

4. To volunteer, how much choice do you have compared to others without mobility limitations?  
   (Choice includes when, where and how you volunteer.)
   [ ] A lot of choice  [ ] Some choice  [ ] Little choice  [ ] No choice
   ~ If you answered NO* to question 1 - Go to MANAGING MONEY ~

5. How satisfied are you with your participation in volunteering?
   [ ] Very satisfied  [ ] Satisfied  [ ] Somewhat satisfied  [ ] Dissatisfied

6. How much help from another person do you require to participate in volunteering?
   [ ] A great deal  [ ] A moderate amount  [ ] Just a little  [ ] None

7. How often do you use accommodations, adaptations or special equipment to participate in volunteering?
   [ ] All of the time  [ ] Most of the time  [ ] Some of the time  [ ] A little of the time  [ ] Never

**MANAGING MONEY:** These questions involve managing money, which includes making a budget, paying bills, balancing a checkbook, going to the bank, filing insurance forms, or obtaining a loan.

1. How much time do you spend on money management activities?
   [ ] More than 5 hours a week  [ ] 1 to 5 hours a week  [ ] None*

2. Is your participation in money management activities limited by ...  (Check all that apply.)
   [ ] Illness  [ ] A physical impairment  [ ] Pain  [ ] Fatigue  [ ] Not limited

3. How important is it for you to participate in money management?
   [ ] Very important  [ ] Somewhat important  [ ] Somewhat unimportant  [ ] Not important

4. To participate in money management, how much choice do you have compared to others without mobility limitations?  
   (Choice includes when, where, how and with whom you participate.)
   [ ] A lot of choice  [ ] Some choice  [ ] Little choice  [ ] No choice
   ~ If you answered NONE* to question 1 - Go to NEXT PAGE ~

5. How satisfied are you with your participation in money management activities?
   [ ] Very satisfied  [ ] Satisfied  [ ] Somewhat satisfied  [ ] Dissatisfied

6. How much help from another person do you require?
   [ ] A great deal  [ ] A moderate amount  [ ] Just a little  [ ] None

7. How often do you use accommodations, adaptations, or special equipment to participate in managing money?
   [ ] All of the time  [ ] Most of the time  [ ] Some of the time  [ ] A little of the time  [ ] Never

************************************************************************************
If you had physical assistance from another person in completing this survey, what is that person’s relationship to you?

- No one helped me
- Family member
- Friend
- Paid personal attendant
- Other ____________________________________________________

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THIS IS THE END OF THE SURVEY.

THANK YOU VERY MUCH FOR YOUR TIME AND EFFORT!