

# PARTS

## 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*

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**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.**

- In a typical day, how much time do you spend **eating** meals?  
 *Over 3 hours*       *1 to 3 hours*       *Under 1 hour*
- Is your participation in meal preparation **limited** by ... **(Check all that apply.)**  
 *Illness*       *A physical impairment*       *Pain*       *Fatigue*       *Not limited*
- 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*
- How **satisfied** are you with your participation in meals?  
 *Very satisfied*       *Satisfied*       *Somewhat satisfied*       *Dissatisfied*
- How much **help from another person** do you need to eat a meal?  
 *A great deal*       *A moderate amount*       *Just a little*       *None*
- 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.**

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

<b>Living room</b>	<input type="checkbox"/> <i>More than 4</i>	<input type="checkbox"/> <i>1 to 4</i>	<input type="checkbox"/> <i>Less than 1</i>	<input type="checkbox"/> <i>Not applicable to my home</i>
<b>Dining room</b>	<input type="checkbox"/> <i>More than 4</i>	<input type="checkbox"/> <i>1 to 4</i>	<input type="checkbox"/> <i>Less than 1</i>	<input type="checkbox"/> <i>Not applicable to my home</i>
<b>Kitchen</b>	<input type="checkbox"/> <i>More than 4</i>	<input type="checkbox"/> <i>1 to 4</i>	<input type="checkbox"/> <i>Less than 1</i>	<input type="checkbox"/> <i>Not applicable to my home</i>
<b>Bathroom</b>	<input type="checkbox"/> <i>More than 4</i>	<input type="checkbox"/> <i>1 to 4</i>	<input type="checkbox"/> <i>Less than 1</i>	<input type="checkbox"/> <i>Not applicable to my home</i>
<b>Bedroom</b>	<input type="checkbox"/> <i>More than 4</i>	<input type="checkbox"/> <i>1 to 4</i>	<input type="checkbox"/> <i>Less than 1</i>	<input type="checkbox"/> <i>Not applicable to my home</i>
<b>Study</b>	<input type="checkbox"/> <i>More than 4</i>	<input type="checkbox"/> <i>1 to 4</i>	<input type="checkbox"/> <i>Less than 1</i>	<input type="checkbox"/> <i>Not applicable to my home</i>
<b>Basement</b>	<input type="checkbox"/> <i>More than 4</i>	<input type="checkbox"/> <i>1 to 4</i>	<input type="checkbox"/> <i>Less than 1</i>	<input type="checkbox"/> <i>Not applicable to my home</i>

- Is your participation in moving around your home **limited** by ... **(Check all that apply.)**  
 *Illness*       *A physical impairment*       *Pain*       *Fatigue*       *Not limited*
- 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*
- How **satisfied** are you with your participation in moving around your home?  
 *Very satisfied*       *Satisfied*       *Somewhat satisfied*       *Dissatisfied*
- How much **help from another person** do you need to move around your home?  
 *A great deal*       *A moderate amount*       *Just a little*       *None*
- 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

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**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	<input type="checkbox"/> Never*	<input type="checkbox"/> 1-2 times/month	<input type="checkbox"/> 1-2 times/week	<input type="checkbox"/> More than twice/week
Playing golf	<input type="checkbox"/> Never*	<input type="checkbox"/> 1-2 times/month	<input type="checkbox"/> 1-2 times/week	<input type="checkbox"/> More than twice/week
Playing basketball	<input type="checkbox"/> Never*	<input type="checkbox"/> 1-2 times/month	<input type="checkbox"/> 1-2 times/week	<input type="checkbox"/> More than twice/week
Skiing	<input type="checkbox"/> Never*	<input type="checkbox"/> 1-2 times/month	<input type="checkbox"/> 1-2 times/week	<input type="checkbox"/> More than twice/week
Racing	<input type="checkbox"/> Never*	<input type="checkbox"/> 1-2 times/month	<input type="checkbox"/> 1-2 times/week	<input type="checkbox"/> More than twice/week
Bowling	<input type="checkbox"/> Never*	<input type="checkbox"/> 1-2 times/month	<input type="checkbox"/> 1-2 times/week	<input type="checkbox"/> More than twice/week
Camping	<input type="checkbox"/> Never*	<input type="checkbox"/> 1-2 times/month	<input type="checkbox"/> 1-2 times/week	<input type="checkbox"/> More than twice/week
Going on nature trails	<input type="checkbox"/> Never*	<input type="checkbox"/> 1-2 times/month	<input type="checkbox"/> 1-2 times/week	<input type="checkbox"/> 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.

Dining out	<input type="checkbox"/> <b>Never*</b>	<input type="checkbox"/> 1-2 times/month	<input type="checkbox"/> 1-2 times/week	<input type="checkbox"/> More than twice/week
Attending movies	<input type="checkbox"/> <b>Never*</b>	<input type="checkbox"/> 1-2 times/month	<input type="checkbox"/> 1-2 times/week	<input type="checkbox"/> More than twice/week
Attending concerts	<input type="checkbox"/> <b>Never*</b>	<input type="checkbox"/> 1-2 times/month	<input type="checkbox"/> 1-2 times/week	<input type="checkbox"/> More than twice/week
Playing cards	<input type="checkbox"/> <b>Never*</b>	<input type="checkbox"/> 1-2 times/month	<input type="checkbox"/> 1-2 times/week	<input type="checkbox"/> More than twice/week
Playing board games	<input type="checkbox"/> <b>Never*</b>	<input type="checkbox"/> 1-2 times/month	<input type="checkbox"/> 1-2 times/week	<input type="checkbox"/> More than twice/week
Watching sports	<input type="checkbox"/> <b>Never*</b>	<input type="checkbox"/> 1-2 times/month	<input type="checkbox"/> 1-2 times/week	<input type="checkbox"/> More than twice/week
Reading	<input type="checkbox"/> <b>Never*</b>	<input type="checkbox"/> 1-2 times/month	<input type="checkbox"/> 1-2 times/week	<input type="checkbox"/> More than twice/week
Hobbies	<input type="checkbox"/> <b>Never*</b>	<input type="checkbox"/> 1-2 times/month	<input type="checkbox"/> 1-2 times/week	<input type="checkbox"/> More than twice/week

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 need 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.)

- In a week, how **frequently** do you have intimate relations with another person?  
 More than four times  1 - 4 times  Less than once  Never\*
- Is your **participation** in intimacy limited by ... (Check all that apply.)  
 Illness  A physical impairment  Pain  Fatigue  Not limited
- How **important** is it for you to participate in intimacy?  
 Very important  Somewhat important  Somewhat unimportant  Not important
- 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 ~
- How **satisfied** are you with your participation in intimacy?  
 Very satisfied  Satisfied  Somewhat satisfied  Dissatisfied
- How much **help from another person** do you need to participate in intimacy?  
 A great deal  A moderate amount  Just a little  None
- 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.

- How much **time** do you spend on participation in religious activities?  
 More than 5 hours a week  1-5 hours a week  None\*
- Is your **participation** in religious activities limited by ... (Check all that apply.)  
 Illness  A physical impairment  Pain  Fatigue  Not limited
- How **important** is it for you to participate in religious activities?  
 Very important  Somewhat important  Somewhat unimportant  Not important
- 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 ~
- How **satisfied** are you with your participation in religious activities?  
 Very satisfied  Satisfied  Somewhat satisfied  Dissatisfied
- How much **help from another person** do you require?  
 A great deal  A moderate amount  Just a little  None
- 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*

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**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.**)
  - 1a. **What kinds** of volunteer activities do you do? \_\_\_\_\_
  - 1b. 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

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**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

\*\*\*\*\*

Participant ID Number: \_\_\_\_\_

Survey Number: \_\_\_\_\_

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!***