

PARTICIPATION SURVEY / MOBILITY

Survey date:	(MM/DD/YYYY	()			
This interview is completely vol to participate. The questions in 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 conti	•	•			
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)			

(MM/DD/YYYY)

Data check: Date - __

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.

<u>DRESSING</u>: 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 ☐ Fatique □ 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 moderate amount ☐ A great deal □ 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 □ Fatigue □ Pain □ 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

☐ A great deal

5. How much **help from another person** do you require for bathing?

☐ A moderate amount

6. How often do you use accommodations, adaptations, or special equipment to bathe?

 \square All of the time \square Most of the time \square Some of the time \square A little of the time

☐ Just a little

□ None

□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? □ Satisfied ☐ Very satisfied ☐ Somewhat satisfied ☐ Dissatisfied 5. How much **help from another person** do you require for bladder care? ☐ A moderate amount ☐ A great deal ☐ 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 ****************** 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 ☐ Not limited ☐ Fatigue 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

☐ Just a little

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

☐ A great deal

5. How much **help from another person** do you require for bowel care? ☐ A moderate amount

□ None

□Never

ME	MEALS: These questions about typical meals include preparation as well as eating.					
1.	In a typical day, how ☐ Over 3 hours	v much time do y □ 1 to 3 hou	•	•	Onder 1 hour	
2.	Is your participation ☐ Illness ☐	in meal prepara <i>A physical impai</i>		d by (C □ <i>Pain</i>	heck all that ap □ Fatigue	ply.) □ Not limited
3.	For meals, how mu (Choice includes when the choice includes when the choice includes when the choice includes in the choice in the choi		and with w		i.)	lity limitations? ☐ No choice
4.	How satisfied are y □ Very satisfied	ou with your par ☐ Satisfied	ticipation i		what satisfied	☐ Dissatisfied
5.	How much help fro □ <i>A great deal</i>	m another pers A modera	•			□ None
6.	How often do you u □All of the time □	se accommoda I <i>Most of the time</i>				
		******	*****	*****	*****	
ins	OVING AROUND IN side your home. The om or getting to an	nis includes get	ting out of	f bed, gettinເ		ut moving around going from room to
1.	How many waking					
	Living room	□More than 4	□1 to 4	□Less than		able to my home
	Dining room	□More than 4	□1 to 4	□Less than	1 □Not applic	able to my home
	Kitchen	□More than 4	□1 to 4	□Less than	1 □Not applic	able to my home
	Bathroom	□More than 4	□1 to 4	□Less than	1 □Not applic	able to my home
	Bedroom	□More than 4	□1 to 4	□Less than	1 □Not applic	able to my home
	Study	□More than 4	□1 to 4	□Less than	1 □Not applic	able to my home
	Basement	□More than 4	□1 to 4	□Less than	1 □Not applic	able to my home
2.	Is your participation ☐ /// // // // Illness ☐	in moving arour A physical impai		me limited by □ <i>Pain</i>	(Check al	I that apply.) □ Not limited
3.	When moving arous mobility limitations? • A lot of choice		es when, w		v you move arou	
4.	How satisfied are y □ Very satisfied	ou with your par □ Satisfied	ticipation i		und your home? what satisfied	☐ Dissatisfied
5.	How much help fro □ <i>A great deal</i>	m another pers A modera	•		•	ome? None
6.	How often do you u your home?	se accommoda	tions, ada	ntations or	snecial equinma	ent to move around

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.

WORKING INSIDE YOUR This topic includes was						ome.
1. How frequently do you 5 or more times a w	•					
2. Is your participation in I □ Illness □ A p	nousework or home ohysical impairmen				k all that app □ Not limited	
3. How important is it for □ <i>Very important</i>	you to participate i □Somewhat imp					nt
4. To participate in house compared to others wi and by whom the activ	thout mobility limita	ations? (Cho d.)	ice include	s how often,	when, how	
☐ A lot of choice	☐ Some choice	_	Little choice		☐ No choice	
_	red *NEVER to qu					
5. How satisfied are you Urry satisfied	with your participate Satisfied		work or hor Somewhat		nce? Dissatisfied	d
6. How much help from a □ A great deal	another person do □ A moderate an	•			□ None	
7. How often do you use a home maintenance ac □All of the time □Mo	tivities? ost of the time	Some of the	time □A	little of the tir		
**	*******	******	******	*****		
activities (for example, q				itdoor home	maintenance	е
1. How frequently do you □ 5 or more times a w					□ Nev	⁄er*
2. Is your participation in o □ Illness □ A p	outdoor home mair ohysical impairmen		•	•	I that apply.) □ Not limited	
3. How important is it for □ <i>Very important</i>	you to participate i □Somewhat impe				□Not importa	ınt
4. To participate in outdoo compared to others wi whom these activities	thout mobility limita			,		d by
☐ A lot of choice	☐ Some choice		Little choice)	☐ No choice	
~ If you ansv	wered *NEVER to	question 1 -	Go to LEA	VING YOUR	R HOME ~	
5. How satisfied are you □ <i>Very satisfied</i>	with your participate Satisfied		or home ma So <i>mewhat</i>		☐ Dissatisfied	d
6. How much help from a □ A great deal	another person do □ <i>A moderate an</i>	•	? Just a little		□ None	
7. How often do you use a home maintenance ac	tivities?					≙r

LEAVING YOUR HOME community (such as to		.	_	•	_	
 How frequently do y 3 or more times a Once or twice a da 	ou leave you day	r home? ☐ <i>Once or t</i> i	•	□Never		
2. Is your participation i ☐ Illness ☐ A	n leaving you A <i>physical imp</i>		by (Check all □ <i>Pain</i>	that apply ☐ Fatigu	•	
3. How important is it to □Very important	•	ve your home? hat important	□Somewhat unim	nportant 🗆	Not important	
4. To leave your home, limitations? (Choic□ A lot of choice	e includes ho ☐ Some o	w often, when, a choice	and how you leave ☐ <i>Little choice</i>	and where □	you go.) I No choice	
~ If you an	swered NEV	ER* to question	n 1 - Go to ACTIVI	E RECREA	TION ~	
 How satisfied are you Very satisfied 	ou with your p Satisfie	•	aving your home? Somewhat satis	sfied □	l Dissatisfied	
6. How much help from ☐ <i>A great deal</i>	•	•	ed to leave your ho Just a little		1 None	
7. How often do you use home? □All of the tin	me ⊒Most of	the time □Som	•	ttle of the ti	•	
ACTIVE RECREATION	: The follow	ing questions a	are about active re	ecreationa	l activities, such	
as a team sport or can	. •					
1. For the following act						
Swimming			oth \Box 1-2 times/wee			
Playing golf	□Never*	□1-2 times/mor	oth \Box 1-2 times/wee	ek ⊒More t	than twice/week	
Playing basketball			oth \Box 1-2 times/wee			
Skiing			oth \Box 1-2 times/wee			
Racing			oth \Box 1-2 times/wee			
Bowling			oth \Box 1-2 times/wee			
Camping	□Never*		$ath \Box 1-2 times/weak$			
Going on nature trails	□Never*	□1-2 times/mor	oth \Box 1-2 times/week	ek ⊡ More t	than twice/week	
2. Is your participation □ <i>Illness</i> □ <i>A</i>	in active reci A physical imp		•		at apply.) I Not limited	
3. How important is it for □ <i>Very important</i>		cipate in active nat important	recreational activition activition recreational activition recreased activition recreased activities activition activities activiti		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 c	hoice	☐ Little choice		1 No choice	
~ If you answered I	NEVER* to A	LL activities in	question 1 - Go to	o LEISURE	ACTIVITIES ~	
5. How satisfied are yo □ Very satisfied	u with your pa □ Satisfie	-	tive recreational ac		l Dissatisfied	
6. How much help from	•	son do you requ rate amount	uire? □ <i>Just a little</i>		1 None	
7. How often do you us recreational activities		lations, adapta	tions, or special e	quipment	for active	
□All of the time □I	□All of the time □Most of the time □Some of the time □A little of the time □Never					

<u>LEISURE ACTIVITIES</u>: The following questions are about leisure activities, such as spectator sports, playing cards and going to movies.

1.	For the following leisi	ure activities,	please indica	te ho w	often y	ou do then	1.		
D	ining out	□Never*	□1-2 times/i	month	□1-2 tin	nes/week [⊒Mor€	e than	twice/week
Α	ttending movies	□Never*	□1-2 times/i	month	□1-2 tin	nes/week [⊒Mor€	e than	twice/week
Α	ttending concerts	<i>□Never*</i>	□1-2 times/i	month	□1-2 tin	nes/week [⊿Mor€	e than	twice/week
Р	laying cards	<i>□Never*</i>	□1-2 times/i	month	□1-2 tin	nes/week [⊿Mor€	e than	twice/week
Р	laying board games	<i>□Never*</i>	□1-2 times/i	month	□1-2 tin	nes/week [⊒Mor€	e than	twice/week
٧	latching sports	<i>□Never*</i>	□1-2 times/i	month	□1-2 tin	nes/week [⊒Mor€	e than	twice/week
R	eading	<i>□Never</i> *	□1-2 times/i	month	□1-2 tin	nes/week [<u> Mor€</u>	e than	twice/week
Н	obbies	<i>□Never*</i>	□1-2 times/i	month	□1-2 tin	nes/week [⊒Mor€	e than	twice/week
2.	ls your participation i ☐ <i>Illness</i> ☐ <i>A</i>	in leisure acti <i>physical imp</i>		•	(Ch Pain			ly.) 1 Not I	imited
3.	How important is it fo □ <i>Very important</i>	•	cipate in leisu nat important			at unimporta	ant □	Not in	nportant
4.	To participate in leisur mobility limitations? participate in leisure	(Choice inclu			•	•			
	□ A lot of choice	☐ Some c	hoice	$\Box L$	ittle cho	ice		No c	hoice
_	~ If you answered N						KING	VACA	TIONS ~
5.	How satisfied are you □ Very satisfied	u with your pa □ Satisfied	•			s? at satisfied		l Dissa	atisfied
6.	How much help from □ <i>A great deal</i>	•	•		participa <i>lust a litti</i>			1 None)
7.	How often do you use activities?	accommoda	ations, adapt	ations	, or spe	cial equipı	ment f	for leis	ure
	□All of the time □M		ne			IA little of th		e [⊒Never
T/	KING VACATIONS:	The next au	estions are a	bout t	aking va	acations a	wav fi	rom h	ome.
	How often do you tal	ke a vacation	?				_		⊐ Never*
2.	Is your participation		acation limited		(Ch		t appl		imited
3.	How important is it to □Very important	•	e a vacation? nat important	□s	omewha	at unimporta	ant 🗆	ìNot in	nportant
4.	When taking a vacation limitations? (Choice A lot of choice		w, where, whe	en and	•	en you take	a vac)
	∼ If you	ı answered N	NEVER* to qι	estion	1 - Go	to SOCIAL	JZING	} ~	
5.	How satisfied are you ☐ Very satisfied	ou with your p □ Satisfied	•	_		ion? at satisfied	C	🛚 Dissa	atisfied
6.	How much help fro n □ <i>A great deal</i>	•	e rson do you l rate amount	•	to take l			l None)
7.	How often do you use □All of the time □N								acation? ⊒ <i>Never</i>

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.) ☐ A physical impairment Pain □ Illness ☐ Fatique □ Not limited 3. How **important** is it for you to participate in social activities? □Somewhat important □Somewhat unimportant □Not important □Very 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? ☐ Satisfied ☐ Somewhat satisfied ☐ Verv satisfied ☐ Dissatisfied 6. How much help from another person do you require to socialize? ☐ A moderate amount ☐ A great deal ☐ 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 ****************** 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? □ No (Go to NEXT ACTIVITY - INTIMACY.) ☐ Yes (Continue.) □ 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? □Somewhat important □Very 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 ☐ No choice ☐ Little choice 6. How satisfied are you with your participation in parenting/grandparenting activities? ☐ Satisfied ☐ Somewhat satisfied ☐ Very 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?

□Some of the time □A little of the time

□All of the time □Most of the time

□Never

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.) ☐ A physical impairment ☐ Pain ☐ Fatique ☐ Not limited 3. How **important** is it for you to participate in intimacy? □Somewhat important □Very 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 □ I ittle choice □ No choice ~ If you answered NEVER* to guestion 1 - Go to RELIGIOUS ACTIVITIES ~ 5. How **satisfied** are you with your participation in intimacy? ☐ Verv 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 intimacv? □All of the time □Most of the time □Some of the time □*A* little of the time □Never ********************** 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.) ☐ A physical impairment □ Illness □ Pain ☐ Fatique ☐ Not limited 3. How **important** is it for you to participate in religious activities? □Somewhat important □Verv 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? ☐ Verv 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

<u>INTIMACY</u>: This topic includes initiating or maintaining a romantic relationship, responding to

<u>COMMUNITY ACTIVITIES</u>: 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 yo ■ <i>More than 5 hours a</i>		pating in con 1-5 hours	•	ivities? □ None *	
2	. Is your participation □ <i>Illness</i> □ <i>A p</i>	in community a hysical impairn			(Check all tha □ Fatigue	t apply.) □ Not limited
3	. How important is it for □ <i>Very important</i>	, , ,		•		□Not important
4	. How much choice do without mobility limitation participate.)					
	☐ A lot of choice	☐ Some choice	ce	☐ Little ch	oice	☐ No choice
			-		to EMPLOYME	NT ~
5	. How satisfied are you ☐ <i>Very satisfied</i>	with your parti	icipation in c		ictivities? hat satisfied	☐ Dissatisfied
6	. How much help from ∈ □ <i>A great deal</i>	another perso ☐ A moderate	•	•	ittle	□ None
7	 How often do you use in community activities 		ions, adapta	ations, or s	special equipme	ent to participate
	□All of the time □Mo				□A little of the ti	me □Never

EΝ	IPLOYMENT: The nex	ct questions a	re about bar	t-time or ti	un-ume work.	
		•	•			stion 2.)
	Are you currently emp	loyed?	☐ Yes (Cont	inue.) 🗖		estion 2.)
		· vork do you do ek, how many	□ Yes (Cont ?	inue.) 🗖 u work?		Less than 10
1.	Are you currently emp 1a. What type of w 1b. In a typical wee <i>More than</i> Is your participation in	vork do you do ek, how many 40	Yes (Cont? hours do yo 31 to 40 imited by	u work?	No* (Go to que	
1.	Are you currently emp 1a. What type of w 1b. In a typical wee <i>More than</i> Is your participation in	vork do you do ek, how many 40 employment l hysical impairn you to work?	Yes (Content of the Property o	u work? (Check	No* (Go to que 11 to 30 all that apply.) □ Fatigue	Less than 10
1. 2.	Are you currently emp 1a. What type of w 1b. In a typical wee <i>More than</i> Is your participation in Illness A p How important is it for Very important How much choice do y limitations? (Choice in	vork do you do ek, how many 40 n employment l hysical impairm you to work? Somewhat i	Yes (Content of the Property o	u work? (Check Pain Somewrit compared much and h	11 to 30 all that apply.) □ Fatigue nat unimportant to others withous	☐ Less than 10☐ Not limited☐ Not important ut mobility
1. 2.	Are you currently emp 1a. What type of war and the second	vork do you do ek, how many 40 employment I hysical impairm you to work? Somewhat it you have about ncludes when,	Yes (Content of the content of the c	u work? (Check Pain Somewhat compared much and head head head head head head head hea	11 to 30 all that apply.) Fatigue at unimportant to others withous you work.)	□ Less than 10 □ Not limited □Not important ut mobility □ No choice
1. 2. 3.	Are you currently emp 1a. What type of well 1b. In a typical weel 1 More than Is your participation in Illness	vork do you do ek, how many 40 n employment I hysical impairm you to work? Somewhat is you have about ncludes when, and some choice answered NO?	Yes (Content of the property o	u work? (Check Pain Somewhat compared much and head head head head head head head hea	11 to 30 all that apply.) □ Fatigue nat unimportant to others withous	□ Less than 10 □ Not limited □Not important ut mobility □ No choice
1. 2. 3.	Are you currently emp 1a. What type of war and the second	vork do you do ek, how many 40 n employment I hysical impairm you to work? Somewhat is you have about ncludes when, and some choice answered NO?	Yes (Content of the property o	u work? (Check Pain Somewhat compared much and head head head head head head head hea	11 to 30 all that apply.) Fatigue at unimportant to others withous you work.)	□ Less than 10 □ Not limited □Not important ut mobility □ No choice
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1. 2. 3. 5.	Are you currently emp 1a. What type of well 1b. In a typical weel 1 More than Is your participation in Important is it for Important How important is it for Important How much choice do you important A lot of choice If you are you Important How satisfied are you Important How much help from a	vork do you do ek, how many 40 n employment I hysical impairm you to work? Somewhat it you have about a cludes when, Some choice answered NO with your partice Satisfied another person A moderate	Yes (Content of the policy of	u work? (Check Pain Somewhat compared much and hand hand hand hand hand hand hand	11 to 30 all that apply.) Fatigue nat unimportant to others withoutous you work.) poice VOLUNTEERIN that satisfied acipate in work?	□ Less than 10 □ Not limited □Not important ut mobility □ No choice IG ~ □ Dissatisfied □ None

	Do you currently serve as a volunteer?	I Yes (Continue.)
	1a. What kinds of volunteer activities do	
	1b. How often do you volunteer?	■ Monthly
	Is your participation in volunteering limited b ☐ Illness ☐ A physical impairment	
3.	. How important is it for you to volunteer? □Very important □Somewhat importar	t □Somewhat unimportant □Not important
4.	. To volunteer, how much choice do you have of (Choice includes when, where and how you wanted A lot of choice ☐ Some choice	compared to others without mobility limitations? volunteer.) Little choice No choice
	~ If you answered NO* to quest	tion 1 - Go to MANAGING MONEY ~
5.	. How satisfied are you with your participation ☐ <i>Very satisfied</i> ☐ <i>Satisfied</i>	in volunteering? ☐ Somewhat satisfied ☐ Dissatisfied
6.	. How much help from another person do you □ <i>A great deal</i> □ <i>A moderate amoun</i>	
7.	. How often do you use accommodations, add in volunteering?	
	□All of the time □Most of the time □Som	e of the time □A little of the time □Never
bu ob	IANAGING MONEY: These questions involvudget, paying bills, balancing a checkbook, btaining a loan.	e managing money, which includes making a going to the bank, filing insurance forms, or
1.	. How much time do you spend on money mar □ <i>More than 5 hours a week</i> □ 1 to 5	agement activities? hours a week □ Non e*
2.	Is your participation in money management ☐ <i>Illness</i> ☐ <i>A physical impairment</i>	activities limited by (Check all that apply.) □ Pain □ Fatigue □ Not limited
3.	. How important is it for you to participate in m □Very important □Somewhat importan	oney management? at □Somewhat unimportant □Not important
	. To participate in money management, how m without mobility limitations? (Choice includes v □ A lot of choice □ Some choice	uch choice do you have compared to others vhen, where, how and with whom you participate.) \[\begin{align*} \text{Little choice} & \begin{align*} \text{No choice} \end{align*}
	~ If you answered NONE* to	question 1 - Go to NEXT PAGE ~
5.	How satisfied are you with your participation ☐ Very satisfied ☐ Satisfied	in money management activities? ☐ Somewhat satisfied ☐ Dissatisfied
6.	. How much help from another person do you □ <i>A great deal</i> □ <i>A moderate amoun</i>	•
7.		e of the time

rticipant ib Number:	Survey Number:		
If you had physical assistance from what is that person's relationship to	another person in completing this survey, you?		
☐ No one helped me ☐ Family member ☐ Friend			
☐ Paid personal attendant☐ Other			

THIS IS THE END OF THE SURVEY. THANK YOU VERY MUCH FOR YOUR TIME AND EFFORT!
