

Appendix D. Facsimiles of the 1984 SIPP Third Wave Questions on Disability Status

FUNCTIONAL LIMITATIONS

2a. Does ... have any difficulty seeing words and letters in ordinary newspaper print even when wearing glasses or contact lenses if ... usually wears them?	8336	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T17
b. Is ... able to do this at all?	8338	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM T17 Is ... a self-responder?	8340	1 <input type="checkbox"/> Yes — Mark 2c through 2e by observation 2 <input type="checkbox"/> No — ASK 2c through 2e
2c. Does ... have any difficulty hearing what is said in a normal conversation with another person? (Using a hearing aid if ... usually wears one.)	8342	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2e
d. Is ... able to do this at all?	8344	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Does ... have any trouble having his/her speech understood?	8346	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
MARK BY OBSERVATION IF APPARENT.	8348	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. Does ... generally use an aid to help ... get around such as crutches, a cane, or a wheelchair?	8348	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
4 a. These next questions ask whether ...'s health or condition affects ...'s ability to do certain activities. (If person uses special aids, ask about the ability to do the activity while using the special aids.) Does ... have any difficulty lifting and carrying something as heavy as 10 lbs., such as a full bag of groceries?	8350	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4c
b. Is ... able to do this at all?	8352	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Does ... have any difficulty walking for a quarter of a mile — about 3 city blocks?	8354	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4e
d. Is ... able to do this at all?	8356	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Does ... have any difficulty walking up a flight of stairs without resting?	8358	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4g
f. Is ... able to walk up a flight of stairs without the help of another person?	8360	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. Does ... have any difficulty getting around outside the house by ...'s self?	8362	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 6a
h. Does ... need the help of another person in order to get around outside the house?	8364	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
i. Does ... have any difficulty getting around inside the house by ...'s self?	8366	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4k
j. Does ... need the help of another person in order to get around inside the house?	8368	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
k. Does ... have any difficulty getting into and out of bed by ...'s self?	8370	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T18
l. Does ... need the help of another person in order to get in and out of bed?	8372	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

NEED FOR ASSISTANCE

CHECK ITEM T18	Refer to items 4h, 4j and 4l above.	8374	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 6a
Does . . . need the help of another person in order to get around or get in and out of bed?			
5a. You mentioned that . . . needed help (getting around/getting in and out of bed.)	Who usually helps . . . (get around/get in and out of bed)?	8376	1 <input type="checkbox"/> Relative
		8378	2 <input type="checkbox"/> Friend/neighbor
		8380	3 <input type="checkbox"/> Paid employee
		8382	4 <input type="checkbox"/> Someone from a nonprofit organization or agency
Mark (X) all that apply.			
		8384	5 <input type="checkbox"/> Relative
		8386	6 <input type="checkbox"/> Paid employee
		8388	7 <input type="checkbox"/> Other nonrelative
		8390	8 <input type="checkbox"/> Does not receive help — SKIP to 5c
ASK OR VERIFY —		8392	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Does . . . (or . . . 's family) pay for any of the help that . . . receives?	(SHOW FLASHCARD W)		
c. What health condition is the main reason . . . has trouble getting around?	Code Name of health condition	8394	Code Name of health condition
		8396	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6a. Because of . . . 's health, does . . . need help to do light housework such as washing dishes, straightening up, or light cleaning?			
b. Does . . . need help to prepare meals for . . . 's self?	8398	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
CHECK ITEM T19	Does . . . need help to do housework or prepare meals (is "Yes" marked in either 6a or 6b)?	8400	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 8a
7a. Who generally helps . . . with (housework/meal preparation)?	Mark (X) all that apply.	8402	1 <input type="checkbox"/> Relative
		8404	2 <input type="checkbox"/> Friend/neighbor
		8406	3 <input type="checkbox"/> Paid employee
		8408	4 <input type="checkbox"/> Someone from a nonprofit organization or agency
		8410	5 <input type="checkbox"/> Relative
		8412	6 <input type="checkbox"/> Paid employee
		8414	7 <input type="checkbox"/> Other nonrelative
		8416	8 <input type="checkbox"/> Does not receive help — SKIP to 7c
ASK OR VERIFY —		8418	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Does . . . (or . . . 's family) pay for any of the help that . . . receives with (housework/meal preparation)?			
c. During the past 4 months has . . . received any meals provided by a community service either delivered to home or served in a group setting?	8420	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
ASK OR VERIFY —			
(SHOW FLASHCARD W)		8422	Code Name of health condition
d. What health condition is the main reason . . . is unable to (do housework/prepare meals)?			
8a. Does . . . need help from others in looking after personal needs such as dressing, undressing, eating, or personal hygiene?	8424	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T20	
b. Who generally helps . . . with such things?	Mark (X) all that apply.	8426	1 <input type="checkbox"/> Relative
		8428	2 <input type="checkbox"/> Friend/neighbor
		8430	3 <input type="checkbox"/> Paid employee
		8432	4 <input type="checkbox"/> Someone from a nonprofit organization or agency
		8434	5 <input type="checkbox"/> Relative
		8436	6 <input type="checkbox"/> Paid employee
		8438	7 <input type="checkbox"/> Other nonrelative
		8440	8 <input type="checkbox"/> Does not receive help — SKIP to Check Item T20
ASK OR VERIFY —		8442	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Does . . . (or . . . 's family) pay for any of the help that . . . receives in looking after his/her personal needs?			

WORK DISABILITY

b. Does ...'s health or condition limit the kind or amount of work ... can do?	8452 1 <input type="checkbox"/> Yes — Mark "171" on ISS 2 <input type="checkbox"/> No — SKIP to 13a
c. In what year did ... become limited in the kind or amount of work that ... could do at a job?	8454 1 9 — If 1984 ask 9d, otherwise SKIP to 9e OR 1 <input type="checkbox"/> Person was limited before person became of working age — SKIP to 10a
d. In what month did ... become limited? Enter numeric code.	8456 <input type="text"/> <input type="text"/> Month
e. Was ... employed at the time ...'s work limitation began?	8458 1 <input type="checkbox"/> Yes — SKIP to 10a 2 <input type="checkbox"/> No
f. When was the last time ... worked before ...'s work limitation began?	8460 1 9 — OR 1 <input type="checkbox"/> Had never been employed before work limitation began
10a. What health condition is the main reason for ...'s work limitation? ASK OR VERIFY — (SHOW FLASHCARD W)	8462 Code <input type="text"/> <input type="text"/> Name of health condition _____
b. Was this condition caused by an accident or injury? ASK OR VERIFY —	8464 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T23
c. Where did the accident or injury take place — was it (Read categories) — Mark (X) only one.	8466 1 <input type="checkbox"/> On your job? 2 <input type="checkbox"/> During service in the Armed Forces? 3 <input type="checkbox"/> In your home? 4 <input type="checkbox"/> Somewhere else?
CHECK ITEM T23 Is "Worked" marked on the ISS?	8468 1 <input type="checkbox"/> Yes — SKIP to Check Item T24 2 <input type="checkbox"/> No
11a. Does ...'s health or condition prevent ... from working at a job or business?	8470 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 12a
b. In what year did ... become unable to work at a job?	8472 1 9 — If 1984 ask 11c, otherwise SKIP to 13a OR 1 <input type="checkbox"/> Has never been able to work at a job SKIP to 13a
c. In what month did ... become unable to work? Enter numeric code.	8474 <input type="text"/> <input type="text"/> Month } SKIP to 13a
CHECK ITEM T24 Refer to item 8a, page 4. Did ... usually work 35 or more hours per week during the reference period?	8476 1 <input type="checkbox"/> Yes — SKIP to 12b 2 <input type="checkbox"/> No
12a. Is ... now able to work at a full-time job or is ... only able to work part-time?	8478 1 <input type="checkbox"/> Full time 2 <input type="checkbox"/> Part time
b. Is ... now able to work regularly or is ... only able to work occasionally or irregularly?	8480 1 <input type="checkbox"/> Regularly 2 <input type="checkbox"/> Only occasionally or irregularly
12c. Is ... now able to do the same kind of work ... did before ...'s work limitation began?	8482 1 <input type="checkbox"/> Yes, able to do same kind of work 2 <input type="checkbox"/> No, not able to do same kind of work 3 <input type="checkbox"/> Did not work before limitation began

DISABILITY STATUS OF CHILDREN

<p>25a. Do any of . . . 's children (under 18) have a long lasting physical condition that limits their ability to walk, run, or play?</p>	<p>8542 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 26a</p>						
<p>b. Which children? Enter children by age, oldest first.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black;"> <p>8544 Person No. <input type="text"/> Name _____</p> </td> <td style="width: 33%; border-right: 1px solid black;"> <p>8546 Person No. <input type="text"/> Name _____</p> </td> <td style="width: 33%;"> <p>8548 Person No. <input type="text"/> Name _____</p> </td> </tr> </table>	<p>8544 Person No. <input type="text"/> Name _____</p>	<p>8546 Person No. <input type="text"/> Name _____</p>	<p>8548 Person No. <input type="text"/> Name _____</p>			
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<p>(SHOW FLASHCARD W) c. What health condition is the main reason (Name of child) has this difficulty?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black;"> <p>8550 Code <input type="text"/> Name of condition _____</p> </td> <td style="width: 33%; border-right: 1px solid black;"> <p>8552 Code <input type="text"/> Name of condition _____</p> </td> <td style="width: 33%;"> <p>8554 Code <input type="text"/> Name of condition _____</p> </td> </tr> </table>	<p>8550 Code <input type="text"/> Name of condition _____</p>	<p>8552 Code <input type="text"/> Name of condition _____</p>	<p>8554 Code <input type="text"/> Name of condition _____</p>			
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<p>26a. Do any of . . . 's children (under 18) have a long lasting mental or emotional problem that limits their ability to learn (or do regular schoolwork)?</p>	<p>8556 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T30</p>						
<p>b. Which children? Enter children by age, oldest first.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black;"> <p>8558 Person No. <input type="text"/> Name _____</p> </td> <td style="width: 33%; border-right: 1px solid black;"> <p>8560 Person No. <input type="text"/> Name _____</p> </td> <td style="width: 33%;"> <p>8562 Person No. <input type="text"/> Name _____</p> </td> </tr> </table>	<p>8558 Person No. <input type="text"/> Name _____</p>	<p>8560 Person No. <input type="text"/> Name _____</p>	<p>8562 Person No. <input type="text"/> Name _____</p>			
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<p>CHECK ITEM T30 Are any children 5–17 years old listed in 25b or 26b?</p>	<p>8564 1 <input type="checkbox"/> Yes — Ask 27 for each child 5–17 years old listed in 25b or 26b 2 <input type="checkbox"/> No — SKIP to Check Item C1, page 59</p>						
<p>27. 1a (Name of child) able to attend a regular school? Enter children by age, oldest first.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black;"> <p>8566 Person No. <input type="text"/> Name _____</p> </td> <td style="width: 33%; border-right: 1px solid black;"> <p>8568 Person No. <input type="text"/> Name _____</p> </td> <td style="width: 33%;"> <p>8570 Person No. <input type="text"/> Name _____</p> </td> </tr> <tr> <td style="border-right: 1px solid black;"> <p>8572 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> </td> <td style="border-right: 1px solid black;"> <p>8574 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> </td> <td> <p>8576 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> </td> </tr> </table>	<p>8566 Person No. <input type="text"/> Name _____</p>	<p>8568 Person No. <input type="text"/> Name _____</p>	<p>8570 Person No. <input type="text"/> Name _____</p>	<p>8572 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>8574 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>8576 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
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<p>8572 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>8574 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>8576 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>					

CONDITION LIST

FLASHCARD W

HEALTH CONDITIONS

Code	Condition
01	— Arthritis or rheumatism
02	— Back or spine problems (including chronic stiffness or deformity of the back or spine)
03	— Blindness or vision problems (difficulty seeing well enough to read a newspaper, even with glasses on)
04	— Cancer
05	— Deafness or serious trouble hearing
06	— Diabetes
07	— Heart trouble (including heart attack (coronary), hardening of the arteries (arteriosclerosis))
08	— Hernia or rupture
09	— High blood pressure (hypertension)
10	— Kidney stones or chronic kidney trouble
11	— Lung or respiratory trouble (asthma, bronchitis, emphysema, respiratory allergies, tuberculosis or other lung trouble)
12	— Mental illness
13	— Mental retardation
14	— Missing legs, feet, arms, hands, or fingers
15	— Nervous or emotional problems, or alcohol or drug problems
16	— Paralysis of any kind
17	— Senility (Alzheimer's Disease)
18	— Stiffness or deformity of the foot, leg, arm, or hand
19	— Stomach trouble (including ulcers, gallbladder or liver conditions)
20	— Stroke
21	— Thyroid trouble or goiter
22	— Tumor, cyst or growth
23	— Other (Specify)