

## Attachment 2- Testing Instrument/Physical & Social Barriers of Mobility-Impaired Persons

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**Note: The following questions are from the 1994-1995 National Health Interview Survey on Disability**

### [Physical Barriers]

The first set of questions are about the place you live.

1) Because of a physical impairment, do you have any difficulty –

- |  |     |    |
|--|-----|----|
| a) Entering or leaving your home?                    | Yes | No |
| b) Opening or closing any of the doors in your home? | Yes | No |
| c) Reaching or opening cabinets in your home?        | Yes | No |
| d) Using the bathroom in your home?                  | Yes | No |

2) Some residencies have special features to assist persons who have physical impairments or health problems. Whether you use them or not, does your residence have any of these features?

- |  |     |    |
|--|-----|----|
| a) Widened doorways or hallways?         | Yes | No |
| b) Ramps or street level entrances?      | Yes | No |
| c) Railings?                             | Yes | No |
| d) Automatic or easy to open doors?      | Yes | No |
| e) Accessible parking or drop-off site?  | Yes | No |
| f) Bathroom modifications?               | Yes | No |
| g) Kitchen modifications?                | Yes | No |
| h) Elevator, chair lift, or stair glide? | Yes | No |
| i) Alerting devices?                     | Yes | No |
| j) Any other special features?           | Yes | No |

**If Yes to all items in Q2 skip to Q4. Otherwise ask Q3 for items marked “No” in Q2.**

3) Which special features do you NEED to get around your home, but do not have?

- |  |     |    |
|--|-----|----|
| a) Widened doorways or hallways?         | Yes | No |
| b) Ramps or street level entrances?      | Yes | No |
| c) Railings?                             | Yes | No |
| d) Automatic or easy to open doors?      | Yes | No |
| e) Accessible parking or drop-off site?  | Yes | No |
| f) Bathroom modifications?               | Yes | No |
| g) Kitchen modifications?                | Yes | No |
| h) Elevator, chair lift, or stair glide? | Yes | No |
| i) Alerting devices?                     | Yes | No |
| j) Any other special features?           | Yes | No |

**[Transportation]**

The next questions are about getting around outside your home.

4) Some communities have special bus, cab or van services for people who have difficulty using the regular public transportation service. When using this special service, people can call ahead and ask to be picked up. Is such a service available in your area?

- Yes
- No (skip to Q7)

5) Have you used this special service in the past 12 months?

- Yes (skip to Q7)
- No

6) Why haven't you used this service in the past 12 months?

- a) Don't know how to use
- b) Need help from another person
- c) Can't use alone
- d) Can't use phone
- e) Don't have phone
- f) Can't read
- g) Illness
- h) Can't get reservation for service
- i) Hours of service inadequate

- j) Pickup unreliable/inconvenient
  - k) Cost
  - l) Denied use of service
  - m) Service not needed/wanted
  - n) Other reason
- 7) During the past 12 months, have you used local public transportation, such as a regular bus line, rapid transit, subway or street car?
- a) No public system available (Skip to 11)
  - b) Yes (Skip to Q9)
  - c) No (Go to Q8)
- 8) Does an impairment or health problem prevent or limit your use of the public transportation services?
- a) No public system available (Skip to Q11)
  - b) Yes (Go to Q9)
  - c) No (Skip to Q11)
- 9) Because of an impairment or health problem, during the past 12 months, did you have any difficulty using the local public transportation service?
- Yes
  - No
- 10) What types of difficulties did/would you have using the public transportation service?
- (DO NOT READ)
- a) Cognitive/mental problems (remembering where to go/knowing how to avoid trouble)
  - b) Fear
  - c) Vision
  - d) Hearing
  - e) Weather
  - f) Difficulty walking/can't walk
  - g) Wheelchair/scooter/access problems
  - h) Problems with other medical/assistive devices
  - i) Need help from another person
  - j) Hours inadequate
  - k) Cost
  - l) Other
  - m) DK

**[General Physical Barriers Outside the Home]**

11) Do you have any (other) problems getting around outside your home due to an impairment or health problem?

Yes

No (Skip to Q13)

DK

12) What (other) problems do you have getting around outside your home?

(DO NOT READ)

- a) Cognitive/mental problems (remembering where to go/knowing how to avoid trouble)
- b) Fear
- c) Vision
- d) Hearing
- e) Weather
- f) Difficulty walking/can't walk
- g) Wheelchair/scooter/access problems
- h) Problems with other medical/assistive devices
- i) Need help from another person
- j) Hours inadequate
- k) Cost
- l) Other
- m) DK

Anything else?

**[Work Barriers]**

These next questions are about working for pay or profit.

13) Do you now work at a job or business? Yes No DK

**If "Yes" ask Q14-17, If "No" skip to Q18**

14) In order to work, do you NEED any of these special features at your worksite, regardless of whether or not you actually have them:

- a) Handrails or ramps? Yes No DK
- b) Accessible parking or an accessible transportation stop close to the building? Yes No DK
- c) An elevator Yes No DK
- d) An elevator designed for persons with special needs? Yes No DK

- e) A work station specially adapted for your use?      Yes   No   DK
- f) A restroom designed for persons with special needs?      Yes   No   DK
- g) An automatic door?      Yes   No   DK

**Ask for each “yes” response in question 14**

15) Do you have (feature) at work?

- a) Handrails or ramps?      Yes   No   DK
- b) Accessible parking or an accessible transportation stop close to the building?      Yes   No   DK
- c) An elevator      Yes   No   DK
- d) An elevator designed for persons with special needs?      Yes   No   DK
- e) A work station specially adapted for your use?      Yes   No   DK
- f) A restroom designed for persons with special needs?      Yes   No   DK
- g) An automatic door?      Yes   No   DK

16) IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment, or disability?

- Yes
- No
- Not Sure
- DK

17) IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been –

- a) Refused employment?      Yes   No   DK

- b) Refused a promotion                      Yes No DK
- c) Refused a transfer?                      Yes No DK
- d) Refused access to training              Yes No DK  
    programs?

**Skip to question 21**

18) [If no to Q13, ask]. In order to work, would you NEED any of these special features at your worksite?

- a) Handrails or ramps?                      Yes No DK
- b) Accessible parking or an                      Yes No DK  
    accessible transportation stop  
    close to the building?
- c) An elevator                                      Yes No DK
- d) An elevator designed for persons        Yes No DK  
    with special needs?
- e) A work station specially adapted        Yes No DK  
    for your use?
- f) A restroom designed for persons        Yes No DK  
    with special needs?
- g) An automatic door?                        Yes No DK

19) IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment, or disability?

- Yes
- No
- Not Sure
- DK

20) IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been –

- e) Refused employment?                      Yes   No   DK
- f) Refused a promotion                      Yes   No   DK
- g) Refused a transfer?                      Yes   No   DK
- h) Refused access to training              Yes   No   DK  
    programs?

**[Social Activities]**

The next questions are about various activities you may have participated in.

21) DURING THE PAST 2 WEEKS, did you –

- a) Get together socially with friends or neighbors?                      Yes   No   DK
- b) Talk with friends or neighbors on the telephone?                      Yes   No   DK
- c) Get together with ANY relatives not including those living with you?                      Yes   No   DK
- d) Talk with ANY relatives on the telephone not including those living with you?                      Yes   No   DK
- e) Go to church, temple, or another place or worship for services or other activities?                      Yes   No   DK
- f) Go to a show or movie, sports event, club meeting, class, or other group event?                      Yes   No   DK
- g) Go out to eat at a restaurant?                      Yes   No   DK

22) Regarding your present social activities, do you feel that you are doing about enough, too much, or would you like to be doing more?

- a) Doing about enough
- b) Doing too much
- c) Would like to be doing more

**[Identity]**

23) Do you consider yourself to be disabled? (Yes/No)

24) Would other people consider you to have a disability? (Yes/No)