# DISABILITIES MODULE

The next question asks about your disability overall.

| | |  | |  | |  |
|---|---|---|---|---|---|---|
| | | Not at all | A Little | Moderately | Mostly | Totally |
| 27G | Does your disability have a negative (bad) effect on your day-to-day life? | 1 | 2 | 3 | 4 | 5 |

The following questions ask about how you have felt about certain things, how much certain things have applied to you, and how satisfied you have been about various parts of your life over the last two weeks

| | |  | |  | |  |
|---|---|---|---|---|---|---|
| | | Not at all | A Little | Moderately | Mostly | Totally |
| 28 | Do you feel that some people treat you unfairly? | 1 | 2 | 3 | 4 | 5 |
| 29 | Do you need someone to stand up for you when you have problems? | 1 | 2 | 3 | 4 | 5 |
| 30 | Do you worry about what might happen to you in the future?<br>*For example, thinking about not being able to look after yourself, or being a burden to others in the future.* | 1 | 2 | 3 | 4 | 5 |

| | |  | |  | |  |
|---|---|---|---|---|---|---|
| | | Not at all | A Little | Moderately | Mostly | Totally |
| 31 | Do you feel in control of your life?<br>*For example, do you feel in charge of your life?* | 1 | 2 | 3 | 4 | 5 |
| 32 | Do you make your own choices about your day-to-day life?<br>*For example, where to go, what to do, what to eat.* | 1 | 2 | 3 | 4 | 5 |
| 33 | Do you get to make the big decisions in your life?<br>*For example, like deciding where to live, or who to live with, how to spend your money.* | 1 | 2 | 3 | 4 | 5 |
| 34 | Are you satisfied with your ability to communicate with other people?<br>*For example, how you say things or get your point across, the way you understand others, by words or signs.* | 1 | 2 | 3 | 4 | 5 |
| 35 | Do you feel that other people accept you? | 1 | 2 | 3 | 4 | 5 |
| 36 | Do you feel that other people respect you?<br>*For example, do you feel that others value you as a person and listen to what you have to say?* | 1 | 2 | 3 | 4 | 5 |

| | |  | |  | |  |
|---|---|---|---|---|---|---|
| | | Not at all | A Little | Moderately | Mostly | Totally |
| 37 | Are you satisfied with your chances to be involved in social activities?<br><br>For example, meeting friends, going out for a meal, going to a party etc. | 1 | 2 | 3 | 4 | 5 |
| 38 | Are you satisfied with your chances to be involved in local activities?<br><br>*For example, being part of what is happening in your local area or neighbourhood.* | 1 | 2 | 3 | 4 | 5 |
| 39 | Do you feel that your dreams, hopes and wishes will happen?<br><br>*For example, do you feel you will get the chance to do the things you want, or get the things you wish for, in your life?* | 1 | 2 | 3 | 4 | 5 |

**Do you have any comments about the questionnaire?**