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2<sup>nd</sup> Washington Group Meeting, Ottawa  
January 9-10, 2003

## **Questions used to identify persons with disabilities in non-ESS (European Statistical System) developed countries**

### **Australia: 2001 Disability Module (used in non-disability surveys)**

(Screener questions)

*I would now like to ask about any conditions you may have, that have lasted, or are likely to last, for six months or more. Do you have any of these conditions? Which ones?*

- (a) Sight problems not corrected by glasses or contact lenses
- (b) Hearing problems
- (c) Speech problems
- (d) Blackouts, fits, or loss of consciousness
- (e) Difficulty learning or understanding things
- (f) Limited use of arms or fingers
- (g) Difficulty gripping things
- (h) Limited use of legs or feet
- (i) Any condition that restricts physical activity or physical work (e.g. back problems, migraines)
- (j) Any disfigurement or deformity
- (k) Any mental illness for which help or supervision is required

*Still thinking of conditions lasting 6 months or more, are you restricted in everyday activities by any of these? Which ones?*

- (a) Shortness of breath, or difficulty breathing
- (b) Chronic or recurring pain
- (c) A nervous or emotional condition
- (d) Long term effects as a result of a head injury, stroke or other brain damage
- (e) Any other long term condition that requires treatment or medication
- (f) Any other long term condition such as arthritis, asthma, heart disease, Alzheimer's disease, dementia, etc.

(See addendum for remainder of disability module that includes these screener questions)

### **Australia: 1998 Test for 2001 Census**

*For each of the following, mark Yes or No: Does the person have difficulty...*

- (a) doing everyday activities such as eating, showering or dressing?
- (b) talking to or hearing other people?
- (c) learning or remembering things?
- (d) reading or understanding things?
- (e) walking, kneeling or climbing stairs?
- (f) living in independent housing without help from other people?

(g) Have difficulty doing any other things people of the same age usually do?

*What causes the difficulty shown in question 1 for the person?*

- (a) Short-term health condition (lasting less than six months)
- (b) Long-term health condition
- (c) Disability
- (d) Age
- (e) Difficulty with English language
- (f) Other cause – please specify
- (g) No difficulty

**Canada: 1991 and 1996 Census**

*Is this person limited in the kind or amount of activity that he/she can do because of a long-term physical condition, mental condition or health problem:*

(a) *at home?*

No, not limited

Yes, limited

(b) *at school or at work?*

No, not limited

Yes, limited

Not applicable

(c) *in other activities, for example, in transportation to or from work, or in leisure time activities?*

No, not limited

Yes, limited

*Does this person have any long-term disabilities or handicaps?*

Yes/No

**Canada: 2001 Census**

*Does this person have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?*

Yes, sometimes

Yes, often

No

*Does a physical condition or mental condition or health problem reduce the amount or the kind of activity this person can do:*

(a) *at home?*

Yes, sometimes

Yes, often

No

(b) *at work or at school?*

Yes, sometimes

Yes, often

No

(c) *in other activities, for example, in transportation or leisure?*

Yes, sometimes

Yes, often

No

### **Hungary: 1990 Census**

*Have you any physical, mental deficiency or deficiency of the sense organs?*

Yes / No

If so:

a) *Of what kind?*

Physically defective

Defective in motion

Mentally defective

Hard of hearing

Deaf

Defective speech

Dumb

Deaf and dumb

Defective eyesight

Blind in one eye

Blind

Other (specify)

b) *Did you attend any of the following schools?*

Yes / No

A school providing occupation

Auxiliary school

Primary school for blind persons

Primary school for deaf persons

Primary school improving motion

c) *Cause?*

Congenital

Accident

Other (Specify)

d) *When did it start?*

Congenital

At the age of \_\_\_ years

e) *Did it limit you in your work?*

Yes / No

*If so, what kind of work can (could) you do?*

Only manual

Only non-manual

Both

- None of them
- f) *Do you work at present?*
  - Yes / No
  - If so, what is the character of your working place?*
  - Protective working place
  - Working place of social character
  - Specialized enterprise
  - Other working place

**Israel: 1999/2000 Health Survey**

(Screener question)

*Does anyone in the household, aged 5 and over have a physical disability that makes it difficult for him to carry out day to day activities, such as: movement from place to place, eating, dressing, control over sphincters, etc. (disabilities lasting six months or more)*

- Yes
- No

(See addendum for remainder of disability module that includes this screener question)

**Japan: 2001 National Survey on the Conditions of Persons with Physical Disabilities  
2000 National Survey on the Conditions of Persons with Mental Retardation**

(See addendum: Used medical/legal definition for disability determination)

**New Zealand: 2001 Census**

*Does a health problem, or a condition, you have (lasting 6 months or more) cause you difficulty with, or stop you doing:*

- (a) Everyday activities that people your age can usually do
- (b) Communicating, mixing with others or socializing
- (c) Any other activity that people your age can usually do
- (d) No difficulty with any of these

*Do you have any disability or handicap that is long-term (lasting 6 months or more)?*

- Yes
- No

**Poland: 1988 Census**

*Is the person's capacity for performing basic functions of a given age fully or partly limited by disability or a long lasting disease?*

- Yes, fully
- Yes, seriously
- No

*Has the person a certificate of CDE (Commission for Disability and Employment) on group of disability?*

- Yes – 1<sup>st</sup> group
- Yes – 2<sup>nd</sup> group
- Yes – 3<sup>rd</sup> group
- No

**Poland: 1996 POLHIS**

(Screener questions)

*Are you limited completely or seriously in major activities of daily life (up to your age) because of chronic disease or cripplehood?*

- Yes, completely
- Yes, seriously
- No

*Do you have a valid certificate of disability?*

- Yes, disability was stated as permanent
- Yes, disability was stated as temporary
- No
- Don't know (if proxy is reporting)

**United States: 1990 Census**

*Does this person have a physical, mental, or other health condition that has lasted 6 or more months and which:*

*(a) Limits the kind or amount of work this person can do at a job?*

- Yes
- No

*(b) Prevents this person from working at a job?*

- Yes
- No

*Because of a health condition that has lasted for 6 or more months, does this person have any difficulty:*

*(a) Going outside the home alone, for example, to shop or visit a doctor's office?*

- Yes
- No

*(b) Taking care of his or her own personal needs, such as bathing, dressing, or getting around inside the home?*

- Yes
- No

**United States: 2000 Census**

*Does this person have any of the following long-lasting conditions:*

*(a) Blindness, deafness, or a severe vision or hearing impairment?*

- Yes
- No

*(b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?*

Yes

No

*Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:*

*(a) Learning, remembering, or concentrating?*

Yes

No

*(b) Dressing, bathing, or getting around inside the home?*

Yes

No

*(c) (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?*

Yes

No

*(d) (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?*

Yes

No

## **Addendum: Disability Modules**

### **Australia: Disability Module**

**(Used in non-disability surveys to identify the population of persons with disability)**

(Screener questions)

*I would now like to ask about any conditions you may have, that have lasted, or are likely to last, for six months or more. Do you have any of these conditions?*

*Which ones?*

- (l) Sight problems not corrected by glasses or contact lenses
- (m) Hearing problems
- (n) Speech problems
- (o) Blackouts, fits, or loss of consciousness
- (p) Difficulty learning or understanding things
- (q) Limited use of arms or fingers
- (r) Difficulty gripping things
- (s) Limited use of legs or feet
- (t) Any condition that restricts physical activity or physical work (e.g. back problems, migraines)
- (u) Any disfigurement or deformity
- (v) Any mental illness for which help or supervision is required

*Still thinking of conditions lasting 6 months or more, are you restricted in everyday activities by any of these?*

*Which ones?*

- (g) Shortness of breath, or difficulty breathing
- (h) Chronic or recurring pain
- (i) A nervous or emotional condition
- (j) Long term effects as a result of a head injury, stroke or other brain damage
- (k) Any other long term condition that requires treatment or medication
- (l) Any other long term condition such as arthritis, asthma, heart disease, Alzheimer's disease, dementia, etc.

(Remainder of disability module)

*Because of the condition/conditions you have told me about, do you ever need help or supervision with any of these tasks?*

Self-care, for example:

- Bathing/showering
- Dressing/undressing
- Eating/feeding
- Going to the toilet
- Bladder/Bowel control

Mobility, for example:

- Moving around away from home
- Moving around at home
- Getting in or out of a bed or chair

Communication in own language, for example

Understanding/being understood by strangers, friends or family, including use of sign language/lip reading

*Do you always need help with these tasks?*

*Because of the condition/conditions you have told me about, do you ever have difficulty with any of these tasks?*

[Self-care, mobility and communication tasks as listed above]

*Even though you can do these self-care, mobility and communication tasks without difficulty, do you use any aids to assist with these tasks?*

*Because of the condition/conditions you have told me about, do you have any difficulties with education such as these?*

Not attending school/further study due to condition

Need time off school/study

Attend special classes/school

Other related difficulties

*Because of the condition/conditions you have told me about, do you have any difficulties with employment such as these?*

Type of job could do

Number of hours that can be worked

Finding suitable work

Needing time off work

Permanently unable to work

### **Israel: 1999/2000 Health Survey**

(Screener question)

*Does anyone in the household, aged 5 and over have a physical disability that makes it difficult for him to carry out day to day activities, such as: movement from place to place, eating, dressing, control over sphincters, etc. (disabilities lasting six months or more)*

Yes/No

(Remainder of disability module)

*Is he/she able to walk outside the home?*

Yes, alone

Yes, with the help of a person or an instrument

No, is confined at home

*What is the distance he is able to walk without difficulty?*

A few paces only

A distance of up to three buildings

A distance of over three buildings

*Is he/she able to climb stairs up one floor?*

Yes, without help

Yes, but must hold banister or be aided by a person or instrument

Is unable to go up or down stairs

*Can he/she dress himself?*

Yes, without difficulty

Yes, but with difficulty

Is unable to do so

*Can he/she wash his/her face and hands by himself?*

Yes, without difficulty

Yes, but with difficulty

Is unable to do so

*Can he/she sit down and get up from a chair by himself?*

Yes, without difficulty

Yes, but with difficulty

Is unable to do so

*Can he/she get in and out of bed by himself?*

Yes, without difficulty

Yes, but with difficulty

Is unable to do so

*Can he/she eat by himself, including cutting food?*

Yes, without difficulty

Yes, but with difficulty

Is unable to do so

*Does he/she suffer from inability to control his/her bladder?*

Yes / No

*How often does he/she loose control of his/her bladder?*

At least once a week

Less than once a week but at least once a month 3

Less than once a month

### **Japan: 2001 National Survey on the Conditions of Persons with Physical Disabilities**

A person with a disability is identified by a “Physically Disabled Person’s Certificate” issued by local government and a person with the probability of a disability is identified by a medical doctor. The criteria for identifying a person with a physical disability are based on the “Law for the Welfare of Physically Disabled Persons”. The “Law for the Welfare of Physically Disabled Persons” defines physical disability as follows:

*Permanent visual impairment as listed in the following:*

- 1) Visual acuity (as measured in accordance with the International Vision Test Chart and measured degree with correcting lenses; hereinafter the same) of both eyes being 0.1 or less
- 2) Visual acuity of one eye at 0.02 or less and the other at 0.6 or less
- 3) Visual field diameter 10 degree or less of both eyes
- 4) Visual field defect more than 50% of both eyes

*Permanent hearing impairment or impairment of balance function as listed in the following:*

- 1) More than 70dBHL in each ear
- 2) One ear more than 90dBHL, the other more than 50dBHL
- 3) Less than 50% of hearing intelligibility
- 4) Severe impairment of balance function

*Impairment of voice, speech, or mastication function:*

- 1) Total loss of voice, speech or mastication function
- 2) Severe and permanent impairment of voice, speech or mastication function

*Impairment of the limbs or trunk as listed in the following:*

- 1) Severe and permanent impairment of one upper limb, one lower or trunk
- 2) Loss of the thumb of one upper limb upward of the knuckle joint or less of two or more fingers of one upper limb including the forefinger upward of the knuckle joints
- 3) Loss of one lower limb upward of the lisfrane joint
- 4) Loss of all toes from both lower limbs
- 5) Severe impairment of the thumb of one upper limb or severe and permanent impairment of three or more fingers of one upper limb

In addition to the factor as listed in the foregoing, other impairments that are acknowledged to be of degree higher than the impairments as listed in 1) through 5) of the foregoing.

*Impairments of the functions of the heart, kidney, respiratory organs, bladder, rectum, small intestine and immune due to HIV, that are permanent, and acknowledged as being of a degree to cause extreme, limitations in daily living.*

**Japan: 2000 National Survey on the Conditions of Persons with Mental Retardation**

A person with a disability is identified by the Investigator or Interviewer. For the purpose of this survey, we define our subject population operationally as persons with mental retardations manifested during the development period (birth to 18 years of age). Persons must also display functional deficits in skills for daily life which require supportive services.