



Directorate of Demographic and Social Statistics
Demographic and Social Studies Unit
Demographic Surveys and Studies Division

DISABILITY - HEALTHCARE

HOUSEHOLD SECTION

2008 QUESTIONNAIRE

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TCM FA Questionnaire

FA: Address files

Block X. Location of the home

	RGES Administrative region
	NUMFA Number of the address file
	SSECH Sample code

For the questionnaire: SSECH= 10, 11, 12, 20, 21, 22, 30, 31, 32, 41, 42

	LE Loss of housing
--	---------------------------

- 0.

Do not allow values other than LE=0

	<u>BS HOUSEHOLD NUMBER WITHIN THE HOUSING STRUCTURE</u>
--	--

BS = 0 from the start then if all of the all the inhabitants of the housing structure make up the household questioned.

Do not allow values other than BS=0

	EC Splitting up of household
--	-------------------------------------

- 0. at the start (original household)
- 1, 2

Definition of a splitting up of household:

For this study, we shall consider that a splitting up of the household has occurred if the two individuals no longer live together, including when one of the two dies or is in an institution.

The following situations are possible:

- One of the individuals lives at the indicated address and the other has moved
- One of the individuals lives at the indicated address and the other is deceased or lives in an institution
- Both individuals moved, but each to a different address
- One of the two individuals moved and the other is deceased or lives in an institution

When a splitting up of the FA occurs (two individuals no longer living together), the FA with EC=0 will have RES code =ECM (splitting up of household): RES code created

When a splitting up of the FA occurs due to the separation of the two individuals, the FAs created will carry over all the variables from the initial FA up to the variable CHANGADR, which will be the first variable filled in by the interviewers.

	CLE Control key
--	------------------------

	NUMENQ Interviewer number
	DEP Department
	NCOM Name of the commune
	COMMENTA Commentary

	<u>AFFICHE DA: DISPLAY PREVIOUS DATA</u>
--	---

1. OK

	<u>NBIND NUMBER OF INDIVIDUALS</u>
--	------------------------------------

Possible values: 1 or 2

If SSECH= **10, 11, 12, 20, 21, 22, 30, 31, 32, 41, 42** NBIND is carried over from the previous data: NBIND=1 or 2

The interviewer must not be able to modify this variable

	<u>GHAND1 SEVERITY GROUP OF INDIVIDUAL 1'S DISABILITY</u>
--	---

GHAND1=1, 2, 3 or 4:

If SSECH= **10, 11, 12, 20, 21, 22, 30, 31, 32, 41, 42**: variable carried over from the previous data

The interviewer must not be able to modify this variable

	<u>NOI1VQS: INDIVIDUAL'S VQ NUMBER</u>
--	--

NOI1VQS=01

If SSECH= **10, 11, 12, 20, 21, 22, 30, 31, 32, 41, 42**: variable carried over from the previous data

The interviewer must not be able to modify this variable

	<u>PRENOM1BS: INDIVIDUAL 1'S NAME VQS</u>
--	---

If SSECH= **10, 11, 12, 20, 21, 22, 30, 31, 32, 41, 42**: variable carried over from the previous data

The interviewer must not be able to modify this variable

	<u>SEX1BS GENDER OF INDIVIDUAL 1 VQS</u>
--	--

If SSECH= **10, 11, 12, 20, 21, 22, 30, 31, 32, 41, 42**: variable carried over from the previous data

The interviewer must not be able to modify this variable

	<u>ANALIS1BS GENDER OF INDIVIDUAL 1 AT BIRTH VQS</u>
--	--

If SSECH= **10, 11, 12, 20, 21, 22, 30, 31, 32, 41, 42**: variable carried over from the previous data

The interviewer must not be able to modify this variable

If NBIND=2, variables GHAND2 to ANALIS2BS must be filled out

	<u>GHAND2 SEVERITY GROUP OF INDIVIDUAL 2'S DISABILITY</u>
--	---

GHAND2=1, 2, 3 or 4:

If SSECH= **10, 11, 12, 20, 21, 22, 30, 31, 32, 41, 42**: variable carried over from the previous data

The interviewer must not be able to modify this variable

	<u>NOI2VQS: INDIVIDUAL 2'S VQS NUMBER</u>
--	---

NOI2VQS=02

If SSECH= **10, 11, 12, 20, 21, 22, 30, 31, 32, 41, 42**: variable carried over from the previous data

The interviewer must not be able to modify this variable

	<u>PRENOM2BS: INDIVIDUAL 2'S FIRST NAME VQS</u>
--	---

--	--

If SSECH= **10, 11, 12, 20, 21, 22, 30, 31, 32, 41, 42**: variable carried over from the previous data
The interviewer must not be able to modify this variable

	<u>SEXE2BS GENDER OF INDIVIDUAL 2 VQS</u>
--	--

If SSECH= **10, 11, 12, 20, 21, 22, 30, 31, 32, 41, 42**: variable carried over from the previous data
The interviewer must not be able to modify this variable

	<u>ANALIS2BS GENDER OF INDIVIDUAL 2 AT BIRTH VQS</u>
--	---

If SSECH= **10, 11, 12, 20, 21, 22, 30, 31, 32, 41, 42**: variable carried over from the previous data
The interviewer must not be able to modify this variable

	<u>DEMEC MOVING VARIABLE MANAGED BY ADMINISTRATIVE FUNCTION</u>
--	--

DEMEC = blank for the original FA

DEMEC=1 when they moved outside the interviewer's zone: at time of transfer to another interviewer

DEMEC=3 when a temporary address was used for the questionnaire: at the time of transfer to another interviewer

If DEMEC = 1 (move)), reinitialise COMMENTA and ADRPROCHE for the missing value.

If DEMEC = 1 or 3: go to AFFICHADR

If DEMEC = missing value and if NBIND=1, go to REPERLOG

If DEMEC= missing value and if NBIND=2, go to REPERLOG

	<u>REPERLOG Location of housing</u>
--	--

Were you able to identify the housing in which the person(s) questioned live(s)?

Interviewer instructions: Classify the people designated who never lived at this address as 3.

- 1. Yes, and it still exists
- 2. Yes, and it was torn down or condemned
- 3. No, it is not known, impossible to identify
- 4. No, it was created through a manipulation error
- 5. No, the address file could not be processed before data collection was completed

If REPERLOG = 5 (not processed), go to FANONTRAIX

If REPERLOG=1, go to COMPARBA which becomes a calculated value

If REPERLOG=2 and NBIND=1, go to MOUVEMENT

If REPERLOG=2 and NBIND=2, go to LOGVIVRENS

If REPERLOG=3, go to LOGNONID

If REPERLOG = 4 (error), end and deletion of questionnaire. Go to ValidF

	<u>FANONTRAIX Reason the address file was not processed</u>
--	--

Why couldn't the address file be processed before data collection was completed?

(enter in plain text).....

End of the questionnaire. Go to Y16 validf

X3 (F)	LOGNONID Housing non-identified
X4 (O)	AUTLOGNO Housing non-identified (other)

(X3) As concerns the housing banner in the address file, would you say that:

Multiple answers possible

- 1. Is the image damaged?
- 2. Is the image field empty?
- 3. Is the writing undecipherable?
- 4. The address is not precise enough?
- 5. The address is incoherent with the situation in the field?
- 6. Other

If LOGNONID = 6: (X4) Specify in plain text

Go to MOUVEMENT if NBIND=1 or LOGVIVRENS if NBIND=2 “comment: I stand by this even if it appears strange, it works: the possible answers in MOUVEMENT and all the filters stemming from it must be modified: we actually want to know in what way the housing is impossible to identify: is this due to the access, is it impossible to locate the address or does the address not exist: this is pertinent in the VQS cases.”

If REPERLOG = 1 (housing structure identified): do not ask TYPVOIS and TYPLOG: these questions are asked in TYPVOISR and TYPLOGR

TYPVOIS	Type of dwellings in the housing structure's neighbourhood
---------	--

What types of dwellings are in the housing structure's neighbourhood?

1. Scattered houses, outside agglomerations
2. Houses in subdivisions, private housing estates or in the city
3. Buildings in the city (other than housing projects and high-rise housing developments)
4. Buildings in housing projects or high-rise housing developments
5. Mixed housing: both buildings and houses

TYPLLOG	Type of housing
---------	-----------------

What type of housing is it?

1. A farm, a pavilion or an independent house
2. A semi-detached townhouse, a row house or houses grouped in any other way
3. An apartment (including an independent room) in a building with two dwellings
4. An apartment (including an independent room) in a building with three to nine dwellings
5. An apartment (including an independent room) in a building with 10 or more dwellings
6. Precarious housing (caravan, trailer...)
7. Another type of housing

**If REPERLOG=1, assign COMPARBA=1. COMPARBA never take values 2 to 9
NBLE, LOGECLAT and ORIGECART are never filled in**

COMPARBA	Housing situation in relation to survey database
NBLE	Number of dwellings stemming from splits
LOGECLAT	Confirmation of household split

COMPARBA: In relation to the survey database, the housing

- 1. still exists and has neither merged nor split
- 2. absorbed one or more dwellings
- 3. absorbed one or more premises for uses other than habitation
- 4. is no longer ordinary housing (entirely transformed into offices or collective housing)
- 5. was an independent room that was reclaimed by the primary occupant
- 6. was absorbed by a neighbouring home
- 7. has (at least) one annexed room that became a distinct dwelling
- 8. was divided into several dwellings or partially converted into an independent office

If COMPARBA = 7 or 8:

NBLE: How many dwellings are there currently? 1 to 9

For the interviewer:

This dwelling has been broken up into (x) apartments. There will therefore be (x) distinct questionnaires. You must therefore create (x) dwellings from this dwelling:

NUMFA = ... Commune = ... Commenta = ...

To do this, you quit the questionnaire then:

Go into the Manage rounds menu

Click on the housing to divide

Enter E for split. This operation is to be done (x) times

Confirm the split: LOGECLAT = 1. In this case, the address file is discarded and you create NBLE new address files with:

- 9. results from split housing

for each new housing and LE = 1, 2 etc.

If COMPARBA ≠ 1:

	ORIGECART Origin of the difference in relation to the survey database
--	--

Variable not filled in: comparba being equal to 1

What is the origin of the difference in relation to the survey database?

- 1. The change in housing in relation to the survey database corresponds to an actual move
- 2. The change in housing in relation to the survey database is not real, it is an error in the database
- 9. I don't know

If COMPARBA = 4, 5, 6, 7 or 8, end of questionnaire. Go to Y16

If COMPARBA = 1, 2, 3 or 9:

	CHAMP Usual residence
--	------------------------------

Variable automatically assigned to HID (Disability, Functional Limitation and Dependency surveys) as it has no further significance

- 1. is always 1 for HID
- 2. unused
- 3. unused

	HABITA occupied housing
--	--------------------------------

Is the housing occupied?

- 1. Yes
- 2. No, it's vacant
- 9. I don't know

For HID, assign CHAMP=1

If HABITA = 2 CHAMP = 1 instead of 3 in TCM PRESENCE = 2 CATLOGAY = 4 go to MOUVEMENT
if NBIND=1 or to LOGVIVRENS if NBIND=2
if HABITA = 9 CHAMP = 1 PRESENCE = 2 go to MOUVEMENT if NBIND=1 or to LOGVIVRENS if
NBIND=2
if HABITA = 1 (yes):

	HABITB Occasional occupation
--	-------------------------------------

Is it occupied at least one month per year?

- 1. Yes
- 2. No
- 9. I don't know

For HID, assign CHAMP=1

If HABITB = 2 CHAMP = 1 instead of 3 in TCM go to MOUVEMENT if NBIND=1 or to LOGVIVRENS if
NBIND=2
If HABITB = 1 or 9:

	HABITC Usual residence
--	-------------------------------

Does the same household always reside here throughout the year?

- 1. Yes, it's a usual residence
- 2. No, the people are just transitory
- 9. I don't know

For HID, assign CHAMP=1

If HABITC = 1 CHAMP = 1 go to MOUVEMENT if NBIND=1 or to LOGVIVRENS if NBIND=2
If HABITC = 2 CHAMP = 1 instead of 3 in TCM
If HABITC = 9 CHAMP = 1

If HABITC = 2 or 9:

	PRESENCE Presence of an occupant
--	---

Did you meet anyone in the housing when you located it?

- 1. Yes
- 2. No

IF NBIND=1 and REPERLOG=1 or 2 or 3

	MOUVEMENT Household movement
--	-------------------------------------

PRENOM1BS Do they still reside at the address indicated on the FA?

- 1. yes, they still reside at the address indicated (or nothing suggests the contrary)
- 2. no, they changed addresses
- 3. no, they are deceased, go to the end of the questionnaire VALIDF
- 4. Impossible to reach the address
- 5. Impossible to locate the address
- 6. Address does not exist, address situated in a non-residential zone

If REPERLOG=1, only display items 1, 2 and 3

If REPERLOG=2, only display items 2 and 3

If REPERLOG=3, only display items 4, 5 and 6

If MOUVEMENT=3, 4, 5 or 6, go to Valid F

IF NBIND=2 and REPERLOG=1 or 2 or 3

	LOGIVRENS the two individuals live in the FA housing
--	---

Do PRENOM1BS and PRENOM2BS live together in the housing designated by the FA?

1. yes
2. no
3. impossible to reach the address
4. impossible de locate the address
5. address does not exist, address situated in a non-residential zone

If REPERLOG=1, only display possible answers 1 and 2

If REPERLOG=2, only display possible answer 2

If reperlog=3, only display 3, 4 and 5 onscreen to have:

3. impossible to reach the address
4. impossible de locate the address
5. Address does not exist, address situated in a non-residential zone

IF LOGVIVRENS=1, go to NCOM

If LOGVIVRENS=2, go to OU2IND (variable to create after LOGVIVRENS)

If LOGIVRENS=3, 4 or 5, go to Valid F

	OU2IND where are the two individuals
--	---

Where are PRENOM1BS and PRENOM2BS?

1. only one of the two individuals lives at the address indicated on the FA
2. they changed addresses
3. they are deceased
4. one is deceased and the other changed addresses

If OU2IND=1, launch the household splitting procedure to have one FA with EC=1 and EC=2, the original FA with EC=0 is ended here and the RES code is ECM: if AECLAT=1
 IF OU2IND=2, go to DEM2IND (variable to create after CHANGADR)

If OU2IND=3, go to ValidF

If OU2IND=4, launch the household splitting procedure to have one FA avec EC=1 and EC=2, the original FA with EC=0 is ended here and the RES code is ECM

If MOUVEMENT = 1 (no change in address):

	NCOM NAME OF THE COMMUNE
	CODCOMMU CODE OF THE COMMUNE

Assign NCOM by NCC (sample variable) and CODCOMMU by DEP COM (sample variables)

	TEMPDEM Transfer of the FA to another address
--	--

- 1. The questionnaire is feasible at this address
- 2. The questionnaire is feasible at another address (occasional residence, secondary residence)

If TEMPDEM=1, go to TYPVOISR

If TEMPDEM=2, go to TEMPADR

If EC=0 and MOUVEMENT = 2 (change of address) or if EC=(1 or 2) and OR2IND=1 or EC=1 and OU2IND=4 or EC=2 and OU2IND=2 (so NBIND=1) (the FA stemming from split of 2 individuals are initiated with the MOUVEMENT variable):

If Demec=blank , NBIND=1 and MOUVEMENT=2

	CHANGADR Type of new address
--	-------------------------------------

Where does PRENOM1BS currently live?

1. they live in France in other ordinary housing
2. they live in collective housing or an institution in France
3. they went abroad
4. they left without leaving a forwarding address

Always display possible answers 1 to 4

If CHANGADR = 1, go to NOUVADR

If CHANGADR = 2, go to CODECOMI

If CHANGADR = 3, go to PAYSETR

If CHANGADR = 4, go to end of questionnaire

If NBIND=2 and OU2IND=2 and DEMEC=blank, ask DEM2IND

If NBIND=2 and OU2IND=2 and DEMEC≠blank, display DEM2IND=1

	DEM2IND Type of new address
--	------------------------------------

1. they live together in other ordinary housing

2. they moved separately
3. they moved into collective housing or into an institution in France
4. they went abroad
5. they left without leaving a forwarding address

If DEM2IND=1, go to NOUVVOI

If DEM2IND=2, launch the household splitting procedure to have one FA with EC=1 and EC=2, the original FA with EC=0 is ended here and the RES code is ECM

If DEM2IND=3, 4 or 5, go to Validf

Display new addresses in case of move

If DEMEC=1 or 3, display AFFICHADR then RESIDMEN

If DEMEC=blank and ADRPROCH=1, go to RESNVADR

Follow-up of individuals and variables to display in HID

VARIABLES	INTERVIEWER 1				INTERVIEWER 2	
	CASE 1	CASE 2	CASE 3	CASE 4	CASE 2	CASE 4
RGES to COMMENTA	X	X	X	X	X	X
NBIND	X	X	X	X	X	X
GHAND1	X	X	X	X	X	X
NOI1VQS	X	X	X	X	X	X
PRENOM1BS	X	X	X	X	X	X
SEXE1BS	X	X	X	X	X	X
ANALIS1BS	X	X	X	X	X	X
GHAND2	X	X	X	X	X	X
NOI2VQS	X	X	X	X	X	X
PRENOM2BS	X	X	X	X	X	X
SEXE2BS	X	X	X	X	X	X
ANALIS2BS	X	X	X	X	X	X
DEMEC	X	X	X	X	X	X
REPERLOG AND WHAT FOLLOWS	X	X	X	X		
.....	X	X	X	X		
TEMPDEM	=2	=2			Return to blank	
CHANGADR			=1	=1		
AFFICHADR					X	X
TEMPVOI to VEREAL	X	X			X with VEREAL to 2	
RESIDMEN					X: item 1 reformulated (cases of DEMEC=3)	
NOUVVOI to VERDEM			X	X		X avec VERDEM

						to 2
ADRPROCH	=1	=2: transfer to interviewer 2	=1	=2: transfer to interviewer 2	Return to blank to fill in	Return to blank to fill in
RESESSAIS	X		X		X	X

If DEMEC=1, or 3:

AFFICHADR	Display the new address
-----------	-------------------------

If DEMEC=1

NOUVADR
CODECOM - COMMUNE
NOMX.

1. OK
- 2.

If NBIND=1, the title is: "New address of PRENOM1BS' household"

If NBIND=2, the title is: "New address of PRENOM1BS and PRENOM2BS' household"

Assign VERDEM=2 and do not make this variable accessible

and **Go to RESIDMEN for the transferred FA with DEMEC=1**

If DEMEC=3

TEMPADR
TEMPCCOM - TEMPCOMM
TEMPNOM.
1. OK

If NBIND=1, the title is: "New temporary address of PRENOM1BS' household"

If NBIND=2, the title is: "New temporary address of PRENOM1BS and PRENOM2BS' household"

Assign VEREAL=2 and do not make this variable accessible and go to RESIDMEN

Indicate the address at which the household can be questioned:(address in plain text)

What is the commune code in which the household can be questioned?.....(automatic codification)

If search fruitless

What is the name of the commune in which the household can be questioned?...(commune in plain text)

TEMPSNOM	Name
----------	------

What is the last name of the family in the household?

If DEMEC=missing value and (TEMPDEM=2)

If DEMEC=3 ,

VEREAL	Locking the address
--------	---------------------

Do you want to lock the address now?

1. Yes
2. No

WARNING! Ensure you have the correct address. Once locked, you will no longer have access to the address or the name you just entered.

As the collection posts are secured, assign VEREAL=2 and do not make this variable accessible

If DEMEC=blank and TEMPDEM = 2, go to X8: ADPROCHE

If DEMEC=1 or 3

	RESIDMEN Result of the new address
--	---

If NBIND=1, formulate the question and possible answers as follows:

In fact:

- 1. the individual actually lives (permanently or temporarily) at the address indicated
- 2. the individual lives at an entirely different address
- 3. the individual lives in collective housing or in an institution in France
- 4. the individual went abroad
- 5. the individual left without leaving a forwarding address
- 6. the individual is deceased
- 7. the dwelling is impossible to reach
- 8. the dwelling is impossible to locate

If NBIND=2, formulate the question and possible answers as follows, adding possible answers:

In fact:

- 1. Prénom1BS and Prénom2BS actually live (permanently or temporarily) at the address indicated
- 2. Prénom1BS and Prénom2BS live at an entirely different address
- 3. Prénom1BS and Prénom2BS live in collective housing or in an institution in France
- 4. Prénom1BS and Prénom2BS went abroad
- 5. Prénom1BS and Prénom2BS left without leaving a forwarding address
- 6. Prénom1BS and Prénom2BS are deceased
- 7. the dwelling is impossible to reach
- 8. the dwelling is impossible to locate
- 9. only one of the two lives at this address
- 10. Prénom1BS and Prénom2BS have separated and no longer live at this address
- 11. one is deceased and the other has moved

If RESIDMEN=1, and

if DEMEC=1, go to VERDEM

if DEMEC=3, assign ADRPROCHE=1 and go to TYPVOISR

If DEMEC=1 or 3 and RESIDMEN=2, go to NORVVOI

If RESIDMEN=3, go to CODECOMI

If RESIDMEN=4, go to PAYSETR

If RESIDMEN=5, go to SANSOU

If RESIDMEN=6, 7 or 8, go to VALIDF

If RESIDMEN=9, 10, 11, launch the household splitting procedure to have one FA with EC=1 and EC=2, the original FA with EC=0 is ended here and the RES code is ECM

If DEMEC=missing value and CHANGADR=1 or

If DEMEC=1 and RESIDMEN=2,

X6 (O)	NOUVADR New address CODECOM Code of the new commune COMMUNE New commune
--------	---

NOUVVOI: indicate the street number

NOUVVOIC: indicate any additional information after this number: a, b...

NOUVLIB: indicate the type of street:

Type the first characters to obtain the list of abbreviations

NOUVTYP: street code automatically assigned from the list of abbreviations

NOUVCOMP: indicate any additional address information

NOUVBAT: indicate the building number

NOUVESC: indicate the staircase number

NOUVENTG: indicate the floor

NOUVENTGL: indicate the location on the floor

NOUVPTE: indicate door number

CODECOM: codification of the new commune (selected from the list of communes)

COMMUNE: indicate the household's new commune

X7 (O)	NOMX Name
--------	-----------

What is the last name of the household's family?

X7b	VERDEM Locking the address
-----	----------------------------

Do you want to lock the address now?

1. Yes
2. No

WARNING! Ensure you have the correct address. Once locked, you will no longer have access to the address or the name you just entered.

As the collection posts are secured, assign VEREAL=2 and do not make this variable accessible

X8 (F)	ADRPROCHE Address close to the interviewer
--------	--

If NBIND=1, the title is:

Does Prénom1BS live near your sector and can you do the interview?

If NBIND=2, the title is:

Do Prénom1BS and Prénom2BS live close to your sector and can you do the interview?

If (ADRPROCHE = 1 and DEMEC = 3) or (ADRPROCHE=1 and DEMEC=blank and TEMPDEM=2) then display "You will interview this individual here ("TEMPCOMM"), but the questions relating to their housing concern their primary residence in "NCOM".

If (CHANGADR=1 or TEMPDEM=2) and ADRPROCHE=1, (this is only possible for the first interviewer), the second asks RESIDMEN: see individual follow-up chart and the list of variables to display in FA HID

This variable is created to enter the collection result when the interviewer observes the first move and declares they can continue the interview in their sector "ADRPROCHE=1". This is equivalent to the RESIDMEN variable when the FA is transferred to another interviewer (because the first interviewer cannot do the interview: the address is located outside their zone).

	RESNVADR Result of the new address
--	------------------------------------

If NBIND=1, formulate the question and possible answers as follows:

In fact:

1. **IF TEMPDEM=2**, the title is: the individual indeed lives temporarily at this new address
IF CHANGADR=1, the title is: the individual indeed lives at this new address
2. the individual lives at an entirely different address
3. the individual lives in collective housing or in an institution in France
4. the individual went abroad

5. the individual left without leaving a forwarding address
6. the individual is deceased
7. the dwelling is impossible to reach
8. the dwelling is impossible to locate

If NBIND=2, formulate the question and possible answers as follows, adding possible answers:

In fact:

1. **IF TEMPDEM=2**, the title is: Prénom1BS and Prénom2BS indeed live temporarily at this new address
IF CHANGADR=1, the title is: Prénom1BS and Prénom2BS indeed live at this new address
2. Prénom1BS and Prénom2BS live at an entirely different address
3. Prénom1BS and Prénom2BS live in collective housing or in an institution in France
4. Prénom1BS and Prénom2BS went abroad
5. Prénom1BS and Prénom2BS left without leaving a forwarding address
6. Prénom1BS and Prénom2BS are deceased
7. the dwelling is impossible to reach
8. the dwelling is impossible to locate
9. only one of the two lives at this address
10. Prénom1BS and Prénom2BS have separated and no longer live at this address
11. one is deceased and the other has moved

If CHANGADR=1 and RESNVADR=1, display a message indicating: "go see the address and unlock the address if necessary" then go to TYPVOISR

If TEMPDEM=2 and RESNVADR=1, display a message indicating: "go see the address and unlock the address if necessary" then go to TYPVOISR

If CHANGADR=1 and RESNVADR=2, display a message indicating: "go see and modify the address and unlock the address if necessary" then go to TYPVOISR

If TEMPDEM=2 and RESNVADR=2, display a message indicating: "go see and modify the address and unlock the address if necessary" then go to TYPVOISR

If CHANGADR=1 and RESNVADR=3, go to CODECOMI

If TEMPDEM=2 and RESNVADR=3, go to CODECOMI

If CHANGADR=1 and RESNVADR=4, go to PAYSETR

If TEMPDEM=2 and RESNVADR=4, go to PAYSETR

If CHANGADR=1 and RESNVADR=5, go to SANSOU

If TEMPDEM=2 and RESNVADR=5, go to SANSOU

If CHANGADR=1 and RESNVADR=6, 7, 8, go to VALIDF

If TEMPDEM=2 and RESNVADR=6, 7, 8, go to VALIDF

If CHANGADR=1 and RESNVADR =9, 10, 11, launch the household splitting procedure to have one FA with EC=1 and EC=2, is ended here and the RES code is ECM

If TEMPDEM=2 and RESNVADR =9, 10, 11, launch the household splitting procedure to have one FA with EC=1 and EC=2, is ended here and the RES code is ECM

The RESNVADR variable never takes the value 2: after having filled in the new address, the interviewer must enter RESNVADR=1 or 3 to 9, according to the situation.

If ADRPROCHE = 1 go to filter before X12

If ADRPROCHE = 2 go to valid F

If CHANGADR = 2 (in collective housing or an institution) or RESIDMEN=2:

X9 (F)	CODECOMI Code of the new commune COMMUNEI New commune
--------	--

Codification of the new commune

If search fruitless:

In which commune does the household currently live?

.....(commune in plain text)

Doesn't know authorised

Go to Y19

FA

If CHANGADR = 3 (abroad) or RESIDMEN=3:

X10 (F)	PAYSETR foreign country
---------	-------------------------

In which foreign country does the household currently live?

Country table, DOESN'T KNOW, REFUSES TO ANSWER

Go to Y19

If CHANGADR = 4 or 5 or REIFDMEN=4, 5, 6, 7:

X11 (F)	SANSOU where did household go
---------	-------------------------------

The household went to:

- 1. another independent dwelling
- 2. to an institution or collective housing
- 3. no information on the new address

Ask of everyone questioned:

Either MOUVEMENT= 1 or LOGVIVRENS=1 or RESIDMEN=1 or RESNVADR=1

X12 (F)	TYPVOISR Type of dwellings in the housing's neighbourhood
---------	---

What types of dwellings are in the housing's neighbourhood?

1. Scattered houses, outside agglomerations
2. Houses in subdivisions, private housing estates or in the city
3. Buildings in the city (other than housing projects and high-rise housing developments)
4. Buildings in housing projects or high-rise housing developments
5. Mixed housing: both buildings and houses

Ask of everyone questioned:

Either MOUVEMENT= 1 or LOGVIVRENS=1 or RESIDMEN=1 or RESNVADR=1

X13 (F)	TYPLOGR Type of housing
---------	-------------------------

Is this housing...?

1. A farm, a pavilion or an independent house
2. A semi-detached townhouse, a row house or houses grouped in any other way
3. An apartment (including an independent room) in a building with two dwellings
4. An apartment (including an independent room) in a building with three to nine dwellings
5. An apartment (including an independent room) in a building with 10 or more dwellings
6. Precarious housing (caravan, trailer...)
7. Another type of housing

Block Y. Approaching the household

Once the THL (Table of Housing Residents) is completed, there can be several households to interview. In this case, there is a simplified address file, comprised of the information from block Y, for the households other than that of the person contacted (generally the person who responds to the THL).

Y1 (F)	RESESSAIS Result of the attempts
---------------	---

- In the end:**
- 1. I contacted a member of the household
 - 2. I did not contact anyone, but someone was present during data collection
 - 3. No one was present during data collection
 - 4. The address file could not be processed before data collection was completed

the variables FANONTRAI and AUTFANON, which were masked during the CAPI test, should be turned back on: FAs can be created by mistake following a split that should not have been created.

If RESESSAIS = 4 (not processed):

Y3 (F)	FANONTRAI Reason the address file was not processed
Y4 (O)	AUTFANON Reason the address file was not processed

Why couldn't the address file be processed?

- 1. Impossible to reach the housing
- 2. Other reason

If FANONTRAI = 2: (Y4) Specify in plain text

Go to Y17

If RESESSAIS = 3 (absence):

Y6 (F)	ABSENCE Nature of the household's absence
---------------	--

The absence is:

- 1. Usual and certain as of the first attempted contact (the person on vacation...)
- 2. Unusual but certain as of the first attempted contact
- 3. Unusual and uncertain until the end of data collection
- 9. I don't know

Go to Y17

If RESESSAIS = 2 (presence):

Y9 (F)	NONCONTA Reason for no contact
Y10 (O)	AUTNONCO Other reason for no contact

(Y9) Why didn't you contact anybody?

- 1. The inhabitants tried to avoid me
- 2. They were only rarely present at the housing (late at night...)
- 3. Other reason

If NONCONTA = 3 (other): (Y10) Specify in plain text

Go to Y17

If RESESSAIS = 1 (contact):

Y11 (F)	RESCONTA Result of the contact
----------------	---------------------------------------

What was the outcome of this contact?

- 1. The household agreed to the interview
- 2. Impossible to do the interview
- 3. The household refused an interview (overtly or not)
- 4. The interview could not be done before the end of data collection

If RESCONTA = 2 (impossible):

Y12 (O)	IMPOSSIB Interview impossible
Y13 (O)	AUTIMPOS Other reason for impossibility of interview

(Y12) Why was the interview impossible to do?

- 1. The person present is incapable of answering (child, someone outside household...)
- 2. The person present is ill, disabled...
- 3. The person present does not speak French
- 4. Other reason

If IMPOSSIB = 4 (other reason): **(Y13) Specify in plain text**

Go to Y17

If RESCONTA = 3 (refusal):

Y14 (F)	REFUS Reason for refusal
Y15 (O)	AUTREFUS Other reason for refusal

(Y14) In your opinion, why did the household refuse? Multiple answers possible

- 1. They mistrust surveys
- 2. They don't feel concerned by the theme of the survey
- 3. They survey addresses personal subjects
- 4. They don't have time for a survey
- 5. The survey takes too long
- 6. Another reason
- 9. I don't know

If REFUS = 6 (other): **(Y15) Specify in plain text**

Go to Y17

If RESCONTA = 4:

Y16 (O)	NONENT Reason the interview could not be done
----------------	--

Why wasn't the interview done? (*enter in plain text*)

	CATALOGAY Category of the housing in census context
--	--

- 1. main residence
- 2. dwelling used occasionally
- 3. secondary residence
- 4. vacant housing

	CATALOGAYP Main residence
	CATALOGAYNP Not main residence

If CHAMP = 1: Is this the household's main residence?

If CHAMP = 2: In your opinion, is this the household's main residence?

- 1. Yes
- 2. No
- 9. I don't know

If CATALOGAYP = 1 or 9 CATALOGAY = 1

If CATALOGAYP = 2 (Not main residence):

The dwelling is more

1. A leisure or vacation home?
2. An occasional dwelling for school or work?
9. I don't know

If CATALOGAYNP = 1 or 9 CATALOGAY = 3

If CATALOGAYNP = 2 CATALOGAY = 2

If CHAMP = 2, go to Valid F. If not:

	NHABY Number of inhabitants in the housing
--	---

How many people live in this housing in all? 1 to 20 (99 if unknown)

In all cases of “scrap”:

	VALIDF Validation of housing
--	------------------------------

- 1. I validate the ADDRESS FILE
- 2. I would like to go back over this housing

VALIDF: Error message if (VERDEM=2 or VERAL=2) and (VALIDF=1): “You cannot validate the address file if the addresses are not locked”.

End of questionnaire

If RESCONTA = 1 (agree): Opening a THL

RESQIn (takes value 1 or 2 depending upon whether it is individual 1 or individual 2 who answers)	Variable created after ACCEPT variable for each QI if NBIND=2, NBIND=1 If NBIND=1 or 2 This variable is a calculated variable that takes the following values: allow it to be visible but do not allow it to be modified <ul style="list-style-type: none"> 1. QI agreed 2. QI refused 3. QI impossible to do 4. deceased 5. went to an institution 6. left without a forwarding address 7. went abroad 8. partial individual questionnaire If NBIND=2 RESQIn=1 if ACCEPTn=1 RESQIn=2 if ACCEPTn=2 RESQIn=3 if ACCEPTn=3 RESQI1=4 and RESQI2=4 if OU2IND=3 or RESIDMEN=6 or RESNVADR=6 RESQI1=5 and RESQI2=5 if DEM2IND=3 or RESIDMEN=3 or RESNVADR=3 RESQI1=6 and RESQI2=6 if DEM2IND=5 or RESIDMEN=5 or RESNVADR=5 RESQI1=7 and RESQI2=7 if DEM2IND=4 or RESIDMEN=4 or RESNVADR=4 Filters to apply to this variable: If RESQIn=1, go to NOM If RESQIn=2, go to next QI or end of questionnaire If RESQIn=3, go to next QI or end of questionnaire If RESQI1=4 and RESQI2=4 go to VALIDF If RESQI1=5 and RESQI2=5 go to VALIDF If RESQI1=6 and RESQI2=6 go to VALIDF If RESQI1=7 and RESQI2=7 go to VALIDF RESQIn is recalculated at the end of the questionnaire: Therefore: if RESQIn=1, and validq=1, THEN RESQIn are respectively have a value of 1 after the calculation If RESQIn=1 and validq=blank THEN recalculated RESQIn has a value of 8.
---	--

	<p>If NBIND=1</p> <p>RESQI1=1 if ACCEPT1=1 RESQI1=2 if ACCEPT1=2 RESQI1=3 if ACCEPT1=3 RESQI1=4 if MOUVEMENT=3 or RESIDMEN=6 or RESNVADR=6 RESQI1=5 if CHANGADR=2 or RESIDMEN=3 or RESNVADR=3 RESQI1=6 if CHANGADR=4 or RESIDMEN=5 or RESNVADR=5 RESQI1=7 if CHANGADR=3 or RESIDMEN=4 or RESNVADR=4</p> <p>Filters to apply to this variable:</p> <p>If RESQI1=1, go to NOM If RESQI1=2,3, 4, 5, 6, 7 go to VALIDF</p> <p>RESQIn is recalculated at the end of the questionnaire:</p> <p>Therefore: if RESQIn=1, and validq=1, THEN RESQIn are respectively have a value of 1 after the calculation</p> <p>If RESQIn=1 and validq=blank THEN recalculated RESQIn has a value of 8.</p>
--	--

Control of basic variables

	NBUVIE	Number of households in the housing
	NUVAENQ	Number of households to interview in the housing
	UVAENQ	Household to interview
	CATLOGA	Category of housing in census context
	CATLOGB	Category of housing in household interview context

For each dwelling, the variables NBUVIE and NUVAENQ must be filled in.

For each household, the variables UVAENQ, CATLOGA and CATLOGB must be filled in

The basic variables are initialised as follows:

For each dwelling or household

At the end of Block X:

I) If COMPARBA in (1, 2, 3 or 9) and CHAMP = blank

Data collection is finished after Block X, but, as a "precaution", at the end, treat the situation the same way as for a household in its main residence that is impossible to reach (moreover, the result of the data collection is RES = IAJ). But it is not sufficient to enter this household in the field of the survey at the time of the data collection (UVAENQ = 1).

Block Y (approaching the household) is automatically filled in as follows:

RESESSAIS = 3

ABSENCE = blank

CATALOGAY = 1 (category of the housing declared by the interviewer in case of scrap)

NHABY = blank

The default values of the basic variables NBUVIE, NUVAENO, UVAENO, CATLOGA and CATLOGB are correct

2) If COMPARBA not in (1, 2, 3 or 9) or CHAMP = 2 or 3

The default values are corrected as follows:

$NBUVIE = 0$
 $NUVAENQ = 0$
 $UVAENQ = \text{blank}$
 $CATLOGA = \text{blank}$
 $CATLOGB = \text{blank}$

3) If CHAMP = 1 and if, at the end of Block Y, RESCONTA \neq 1 ("scrap")

CATLOGA

If $BS = n > 0$ If $CATLOGA0n \neq \text{blank}$ $CATLOGA = CATLOGA0n$
 if not, if $CATLOGAY \neq \text{blank}$ $CATLOGA = CATLOGAY$
 if not ($CATLOGAY = \text{blank}$) $CATLOGA = CATLOGA$

CATLOGB

If $BS = n > 0$ if $CATLOGB0n \neq \text{blank}$ $CATLOGB = CATLOGB0n$
 if not $(CATLOGB0n = \text{blank})$ $CATLOGB = CATLOGB$

=> then the variables `NBUVIE`, `NUVAENQ`, `UVAENQ` are updated (with the `OPTION_LOG` variable)

4) If not (**RESCONTA** = 1), the THL (Blocks C and D) will update the basic variables (see further down)

If RESCONTA = 1 (agree): Open a THL

TCM - Common trunk

OPTIONS CHOSEN:

OPTION_LOG=1: describe all the people living in the housing regardless of their age
OPTION_INDIV: Blocks F and G are asked of everyone in the housing
OPTION_L=1
OPTION_F=1 and OPTION_PROF=1
OPTION_G=1
OPTION_H=2
OPTION_I=1

A) Table of Housing Residents: (THL)

A0 (F)	JOURMOIS Confirmation of the date of microsurvey
--------	--

For the interviewer:

It is important that the date of your microsurvey (DATENQ) be correct at the time of the interview. Wait to be facing the person before you answer this question

Is today's date DD/MM/YYYY?

- 1. yes
- 2. no

If JOURMOIS = 2: Serious error. The date of your microsurvey is incorrect. Please update it
If JOURMOIS = 1:

We will begin by making a list of the people who usually live here and quickly describe them.

Block A. List and civil status of the housing's inhabitants

For the person responding (NOI = 1):

Let's begin with you

The questions are formulated with "you" and "your"...

For the other inhabitants

	NOI Individual Order Number
--	-----------------------------

01 for the person responding, then 02, 03 etc.

A1 (O)	PRENOM First name
--------	-------------------

(A1) What is their first name? *Fist name in plain text (15 characters maximum)*

A2 (F)	SEXE Gender
--------	-------------

(A2) What gender is PRENOM?

- 1. male
- 2. female

A3 (O)	DATENAIS Date of birth JNAIS Day of birth MNAIS Month of birth ANAIIS Year of birth AGE Exact age on day survey was taken AGEJANV Age on January 1 of year survey was taken
--------	--

(A3) PRENOM's date of birth? DD/MM/YYYY

For the interviewer:

This must always be filled in

If the day is unknown, enter15

If the month is unknown, enter 06 (June)
If the year is unknown, enter a realistic year

JNAIS, MNAIS and ANAIS are automatically assigned.

AGE and AGEJANV are automatically calculated.

If ANAIS = Year of survey: AGEJANV = 0.

If not: AGEJANV = Year survey was taken - 1 - ANAIS

A4 (F)	LNAIS Birthplace indicator
A5 (F)	DEPNAIS Department/territory of birth
A6 (F)	PAYSNAIS Name of country/region of birth
A7 (F)	CODEPAYS Identifier of country/region of birth
	NOMPAYS Numerical code of country/region of birth
	ALPHAPAY Alphabetic code of country/region of birth
	ANARRIV Year of move to France

(A4) Was PRENOM born

- 1. In France (metropolitan or French overseas departments and territories)?
- 2. Abroad?

If LNAIS = 1 (France):

(A5) In what department or territory?

trigram coding with the Department/Territory table

for DEPNAIS, doesn't know allowed

If LNAIS = 2 (abroad):

(A6) In what country?

trigram coding with the Country table

pour PAYSNAIS, doesn't know allowed

(A7) What year did PRENOM move to France?

1900 the current year

For the interviewer: If the person returned to their country before coming back to France, not the year they first moved

For ANARRIV, doesn't know allowed

A8 (F)	TYPOLOG Type of housing occupation
A9 (O)	JOURAN Number of days per year
A10 (O)	JOURSEM Number of days in the week
A11 (O)	MOISAN Number of months in the year
A12(O)	JOUR2AN Number of days in the year

(A8) Does PRENOM live here?

- (0. no (member of the household living elsewhere))
- 1. all year or almost? *Go to A13*
- 2. more on weekends or vacations?

⇒ (A8) Approximately how many days per year? *JOURAN (1 to 365)*

- 3. more during the week?

⇒ (A9) How many days per week? *JOURSEM (1 to 7)*

- 4. how many months in the year (including children in joint custody?)

⇒ (A10) How many months in the last year? *MOISAN (1 to 12)*

- 5. more rarely?

⇒ (A11) Approximately how many days in the last year? *JOUR2AN (1 to 365)*

Possible answer 0 is only active for option-log = 3: the person does not live in the housing and is a member of a household whose usual dwelling is elsewhere.

Non-blocking controls:

Limits included:	JOURAN	60 to 300
	JOURSEM	2 to 6
	MOISAN	2 to 10
	JOUR2AN	1 to 60

If JOURAN < 60 or JOURSEM < 2 or MOISAN < 2:

Warning active: According to the length of occupation declared, PRENOM should be classified as an occasional occupant (TYPOLOG=5). Modify TYPOLOG or the length of occupation

If JOURAN > 300 or JOURSEM > 6 or MOISAN > 10:

Warning active: According to the length of occupation declared, PRENOM should be classified as a permanent occupant (TYPOLOG=1). Modify TYPOLOG or the length of occupation

Warning active: According to the length of occupation declared, PRENOM should be classified elsewhere. Modify TYPOLOG or the length of occupation

NHAB	Number of inhabitants in the housing
------	--------------------------------------

from 0 to N. NHAB = NHAB + 1

A13 (F)	AUTLOG Existence of other dwellings
---------	-------------------------------------

If TYPOLOG = 1:

(A13) Does PRENOM also live elsewhere from time to time?

If TYPOLOG = 2 to 5:

(A13) Does PRENOM also live elsewhere?

- 1. yes
- 2. no

warning:

if TYPOLOG#1 and AUTLOG=2: According to the length of occupation declared, PRENOM should have another dwelling. Confirm

if AUTLOG=2 (no) skip to A18

if AUTLOG=1 (yes):

A14 (F)	LOGCOL Existence of collective housing
A15 (F)	TYPLOGCO Type collective housing

(A14) Does PRENOM usually live in an establishment like a boarding school, a residence, a retirement home...?

- 1. yes
- 2. no

if yes: (A15) Where? Multiple answers possible

- 1. in a barracks, a camp
- 2. in a boarding school
- 3. in university housing or dorms
- 4. in a young workers' hostel
- 5. in a penitentiary
- 6. in a sanatorium, a healthcare establishment or a hospital
- 7. in a retirement home or hospice
- 8. on a temporary public works construction site

A16 (F)	LOGIND Existence of individual housing
A17 (O)	NAUTLOG Number of other dwellings

(A16) Does PRENOM live in another individual dwelling?

- 1. yes
- 2. no

if yes: (A17) In how many other dwelling does PRENOM live? from 0 to 9

For the interviewer: If the answer is "I don't know", "several", "many", because the interviewee travels for their job and has no single housing, do not count these dwellings: NAUTLOG = 0

A18 (F)	AUTHAB Existence of another inhabitant in the housing
---------	---

(A18) Is there someone else that usually lives here, even if it is not regularly and they also live elsewhere?

- 1. yes
- 2. no, no one

Start Block A over for PRENOM

Block B Family situation

If NHAB=1: *I will now ask a few questions about your family situation*

If NHAB > 1: So there are NHAB people living in the dwelling. I will now ask a few questions about their respective family situations. Let's begin with you.

DEBSITFA Start of family situation block
--

- 1. OK

For the interviewee (NOI = 1), the questions are formulated with “you” and “your”...

For the other inhabitants:

Questions B1, B2 and B3 are only asked of those 15 years of age and more

B1 (F)	COUPLE Lives in a couple
B2 (O)	CONJOINT Identifier of partner

(B1) Does PRENOM currently live in a couple?

- 1. yes, with a person living in the housing
- 2. yes, with a person not living in the housing
- 3. no

Blocking message if NHAB= 1 and COUPLE= 1: You are the only inhabitant of this dwelling

if 1:

(B2) What is their first name?

NOI Order number of partner in CONJOINT

The symmetrical relationship is automatically established: questions B5 to B7 are only asked of the other partner, the corresponding variables are automatically filled in.

If AGE (CONJOINT) < 15, warning active: PRENOM's partner must be over 14

B3 (F)	ETAMATRI Legal marital status
--------	-------------------------------

(B3) What is PRENOM's legal marital status?

- 1. Single
- 2. Married or remarried, including legally separated
- 3. Widowed
- 4. Divorced

B4 (F)	MER1E Existence of the mother
B5 (F)	MER2E Identifier of the mother

(B4) Does PRENOM's mother live here?

- 1. yes, she lives here
- 2. no, she lives elsewhere
- 3. no, she is deceased
- 4. mother unknown
- 9. doesn't know

If MER1E = 1

(B5) What is her first name?

NOI Order number of mother in MER2E

If AGE (MER2E) < 15, warning active: PRENOM's mother must be over 14 years old
 If NHAB = 1 and MER2E = 1, blocking message: You are the only inhabitant in the dwelling

B6 (F)	PER1E Existence of the father
B7 (F)	PER2E Identifier of the father

(B6) Does PRENOM's father live here?

- 1. yes, he lives here
- 2. no, he lives elsewhere
- 3. no, he is deceased
- 4. father unknown
- 9. doesn't know

if PER1E = 1

(B7) What is his first name?

NOI Order number of father in PER2E

If AGE (PER2E) < 15, warning active: PRENOM's father must be over 14

If NHAB = 1 and PER1E = 1, blocking message: You are the only inhabitant in the dwelling

As for CONJOINT, the parent/child relationships are automatically symmetrised: if A is B's father, do not ask him to specify another relationship.

If NHAB > 1

Go back to the top of block B for the next person

Once information for the last person on the list has been filled in:

If at least one direct relationship has been established for everyone on the list, skip to block C.

A direct relationship has been established for PRENOM if 1) at least one of the variables CONJOINT, MER2E or PER2E is filled in, or 2) PRENOM is mentioned at least once by another person in, MER2E or PER2E.

If no direct links have been established for PRENOM:

B8 (SO)	LIENTYP Nature of the relationship
B9 (F)	LIENPERS Person concerned by the relationship

(B8) Can you specify a family relationship or relationship with someone living here?

Choose the most direct relationship and fill in:

1) nature of the relationship in LIENTYP

- 1. brother, sister
- 2. grandparent, grandchild
- 3. son-in-law, daughter-in-law, in-law
- 4. uncle, aunt, nephew, niece, cousin
- 5. no family relationship
- 6. friend
- 7. boarder, sub-letter, lodger, child being cared for (with no family relationship)
- 8. live-in housekeeper or employee
- 9. other (roommate...)

2) only if LIENTYP = 1 to 6:

(B9) What is the first name of the person concerned by this relationship?

Enter the NOI (Order number) of the person concerned by the relationship in LIENPERS

The relationship is automatically symmetrised: if A is B's grandfather, B is A's grandchild. Only ask one of the two people concerned

Ask the question for everyone without an established relationship.

Block C Household make-up

C1 (F)	APART	Existence of separate household budgets
C2 (O)	BS	Household's order number in the dwelling
C3 (O)	NPERSUV	Number of people in the household (several households)

A BS is filled in for the household to which each of the structure's inhabitants belong

- If NHAB = 1 (isolated person): BS = 0
 - if AUTLOG = 2 (no other dwelling), the dwelling is the person's main residence. Skip to Block L.
 - if AUTLOG = 1, skip to C6
- If NHAB > 1:

(C1) We will now establish who is a member of your household and who is not. Among the structure's inhabitants, are there people who, in daily life, have a separate household budget?

For the interviewer: At the slightest hesitation, specify:

Having a separate budget is when you do not bring resources into the household and you do not benefit from expenditures made for the household, besides expenditures made for the structure. People who have separate household budgets can belong to another household or make their own decisions about their spending and pay using their personal resources.

- 1. yes, certain people have separate household budgets
- 2. no, everyone has the same household budget

Assign APART=2 in HID: act as if everyone has one single budget

if no: for all the people on the list, BS = 0: this is always the case for HID

if yes: If NHAB = 2, skip to C4

If not:

Questions not asked due to the assignment of APART=2

(C2) So, the structure's inhabitants form several households. Let's talk about your household. Who is a member of your household, that is, who contributes to a common household budget with you or simply benefits from it?

For the interviewer: You must check PRENOM and the people that have a common household budget with them.

First name of the people concerned NOI Individuals' number order

- For the people concerned, BS = 1 and NPERSUV(1) = number of people with BS = 1

For the first person (PRENOM) on the list that does not have BS filled in:

(C3) Let's speak about PRENOM's household. Who living in the structure has a common household budget with PRENOM?

For the interviewer: You must check PRENOM and the people that have a common household budget with them.

First name of the people concerned NOI Individuals' number order

- For (PRENOM) and the people concerned, BS = 2 and NPERSUV(2) = number of people with BS = 2

Restate C3 so long as BS is not filled in for everyone: BS = 3, 4 etc.

C4 (F)	BSCTRLC Control separate budgets (1 st case) BSCTRLE Control separate budgets (2nd case) BSCTRLV Control separate budgets (3rd case)
C5 (F)	BSRELC Relaunch separate budgets (1 st case) BSRELE Relaunch separate budgets (2nd case) BSRELV Relaunch separate budgets (3rd case)

Control and relaunch separate budgets

Ist case: A and B live in a couple (for A: CONJOINT=B) and have separate budgets (BS(A) # BS(B)):

if A (or B) is interviewee:

(C4) You told me you and B(A) have separate budgets. Do you often participate in activities with B(A)), such as meals or outings?

if neither A nor B are interviewees:

(C4) You said that A and B have separate budgets. Do they often participate in activities together, such as meals or outings?

1. You
2. No

If no: validation

If yes:

(C5) So, there is a separate household budget and shared activities. Are you certain of your answer? People living in a structure that do not contribute resources to the household budget or benefit from the household budget's expenditures have separate household budgets. The existence of bank accounts or pocket money is not sufficient to constitute separate budgets. With this definition, can you confirm that A and B (you) have separate household budgets?

- | | | |
|--------|----|-----------------------------|
| 1. Yes | => | validation |
| 2. No | => | return to APART and correct |

2nd case: C is A and B's child (for C: MER2E=A or B and PER2E=A or B), is under 24 years old (AGE<24) and does not have another dwelling (AUTLOG=2) and has a separate household budget (BS(C) # BS(A or B))

if C is the interviewee:

(C4) You live with your parents (your father/your mother), but you told me you had separate budgets. Do you still eat most of your meals with them?

if C is not the interviewee:

(C4) C lives with their parents but you told me they have a separate budget. Do they still eat most of their meals with their parents?

1. yes
2. no

If no: validation

If yes:

(C5) Between C (you) and their (your) family, there is a shared life and a separate budget. Are you certain of your answer? People living in a structure that do not contribute resources to the household budget or benefit from the household budget's expenditures have separate household budgets. The existence of bank accounts or pocket money is not sufficient to constitute separate budgets. With this definition, can you confirm that C (you) has (have) separate budget?

- | | | |
|--------|----|-----------------------------|
| 1. Yes | => | validation |
| 2. No | => | return to APART and correct |

3rd case: C, A and B's child (pour C: MER2E=A or B and PER2E=A or B), is not a minor (AGE>24), has other ordinary housing (LOGIND=1) and has the same household budget (BS(C) = BS(A or B))

if C is the interviewee: You no longer live here with your parents and you told me you and they have the same household budget. (C4) Do you think your parents would be able to answer questions about your daily spending habits?

if C is not the interviewee:

(C4) C no longer lives here with their parents and you told me they share the same household budget with their parents. Do you think C's parents would be able to answer questions about their daily spending habits?

1. yes
2. no

If yes: validation

If no:

(C5) C (you) share(s) a household budget with their (your) parents, and yet they are not aware of C's (your) spending. Are you certain of your answer? People living in a structure that do not contribute resources to the household budget or benefit from the household budget's expenditures have separate household budgets. The

existence of bank accounts or pocket money is not sufficient to constitute separate budgets. With this definition, can you confirm that C (you) share(s) a household budget with their (your) parents?

- 1. Yes => validation
- 2. No => return to APART and correct

Once BS has been filled out for everyone:

Summary of the structure's occupants by household

C6 (F)	CONFIR Confirmation
--------	---------------------

(C6) Can you confirm this list?

According to the list we established together, the structure is inhabited by (max BS) households

➤ if (max BS)=1:

The household is composed of NHAB (=NUV) people:

List of the PRENOMs with (AGE) age, (LIENTYP) of (LIENPERS)

➤ if (max BS)>1:

The first household is composed of NUV(1) people, etc.

The second household is composed of NUV(2) people, etc.

- 1. yes
- 2. no

if no:

for the interviewer: serious error. Please correct the error in composition of the household(s). Return to THL if yes:

C7 (O)	PROPLOC Owner or titular lessee NOUVRINCI Order number of main household TYPLOGIND Type of independent housing
--------	--

the variable NOUVRINCI is initialised as NOUVRINCI = 0

- if (OPTION_PROPLOC = 1) and there is only one household in the dwelling (BS = 0), skip to C8
- if not, (OPTION_PROPLOC = 2 or several households in the dwelling):

(C7) Who is the primary occupant of this dwelling?

For the interviewer: In principle, this is the owner or titular lessee. Multiple answers possible

NOI order number of the person concerned in PROPLOC

NOUVRINCI = BS of the household to which PROPLOC belongs

If there are several owners or lessees, choose the household that spends the most time in the dwelling or the one with the larger NPERS or BS = 1 (the interviewee's household when there are several households)

For BS = NOUVRINCI: TYPLOGIND = 1: The household is the dwelling's main occupant

For the other households: TYPLOGIND = 2: The household is not the dwelling's main occupant

End of unasked questions due to APART=2

C8 (F)	CATLOGAC Category of the housing in census context
--------	--

For each household

- If, for all the members of the household, AUTLOG = 2 (no other dwelling), the dwelling is the household's main residence. CATLOGAC = 1, CATLOGB = 1
- If, for one or more members of the household, AUTLOG = 1 (another dwelling), the category for the household is undetermined. Use CATLOGB = 1 (usual or shared residence) as a default and ask the following question:

➤ If there is only one household in the dwelling:

(C8) For your household, is the dwelling we are in...

➤ If there are several households in the dwelling:

For each household concerned (PRENOM of the PROPLOC for the main household, PRENOM of the first person in the household for the other households):

(C8) In your opinion, for PRENOM's household, the dwelling we are in is...

- 1. a main residence?
- 2. a residence used occasionally?
- 3. a secondary residence or vacation home?

For the interviewer: If the interviewee hesitates, use the longest length of occupation as your criteria.

Block L Housing

L1 (O)	NPIECES Number of rooms in the housing
---------------	---

(L1) How many rooms does this dwelling have?

Count the number of rooms in the dwelling, such as the dining room, the living room, the bedroom, etc., regardless of their size. Only count the kitchen if it is larger than 12 m².

Do not count rooms such as the foyer, hallway, bathroom, laundry room, W.C. (toilet), veranda, nor rooms only used professionally, (atelier, doctor's office, etc.)

A combined kitchen/living room should be counted as one single room unless they are separated by a wall.

..... (from 1 to 20)

L2 (O)	SURFACE Size of the dwelling
---------------	-------------------------------------

(L2) How big is the dwelling?

This time, take all the rooms, including the hallway, kitchen, WC, bathroom into account. Do not take balconies, terraces, cellars, attics, parking spaces or rooms used only professionally into account.

..... (in m²)

If SURFACE = doesn't know:

L3 (O)	SURFTR Estimated size of the dwelling (in brackets)
---------------	--

(L3) Approximately how large do you estimate the dwelling to be?

1. less than 25 m²
2. from 25 to 40 m²
3. from 40 to 70 m²
4. de 70 to 100 m²
5. from 100 to 150 m²
6. more than 150 m²

Questions L4 up to and including L6 are to be asked of each household, beginning with the main household (NOUVPRINCIP)

For the interviewee's living unit: "your household". For the other households: "PRENOM's household".

L4 (O)	EMMENAG Year they moved in
---------------	-----------------------------------

(L4) What year did your household (PRENOM's household) move into this housing?

For the interviewer: In case the members of the household moved in separately, choose the date of the first occupant

In case of a departure from and a return to the dwelling, choose the date of the latest arrival.

BLOCKING control: if EMMENAG < ANAIS of the oldest member of the household (BS): message "the year they moved in is prior to the year the oldest member of the household was born. Make the necessary corrections."

Define the parameters of questions L5 to L7 according to the RGES variable.

If RGES ≠ 1, 2, 3 or 4:

L5 (F)	STOC Status of occupation
---------------	----------------------------------

(L5) Your household (PRENOM's household) occupies this dwelling as...

1. First-time buyers?
2. Non first-time buyers, including undivided co-ownership?
3. Usufructuary (without bare ownership) including life tenant?
4. Renter or sub-letter, that is, must pay rent even if this rent is paid by someone from outside the household?
5. Lodged at no charge, possibly paying service charges?

For the interviewer: people with bare ownership, even partial, should be classified as 1 or 2.

IF STOC = 1, 2 or 3:

L7 (F)	STOCP Status of occupation (owner)
---------------	---

(L7) Your household (PRENOM's household) occupies this dwelling...

1. As full owners, the members of the household sharing the totality of the ownership (usufructuary and bare ownership)?

2. As partial owners (as undivided co-ownership with people outside the household)?

If RGES = 1, 2, 3 or 4 (DOM):

L5 (F) STOC Status of occupation

(L5) Your household (PRENOM's household) occupies this dwelling as ...

1. First-time buyers (including beneficiaries of Very Social Housing - *Logement Très Social - LTS* or Progressive Social Housing, *Logement Évolutif Social - LES*)?
 2. Non first-time buyers, including undivided co-ownership?
 3. Usufructuary (without bare ownership) including life tenant?
 4. Renter or sub-letter, that is, must pay rent even if this rent is paid by someone from outside the household?
 5. Lodged at no charge, possibly paying service charges?

For the interviewer: people with bare ownership, even partial, should be classified as 1 or 2.

IF STOC = 1 or 2:

L6 (F) LES Beneficiaries of LTS or LES housing

(L6) Does or did your household (PRENOM's household) benefit from LTS or LES housing?

- 1 . yes
 - 2 . no

If $STOC = 1, 2$ or 3 :

L7 (F)	STOCPDOM Status of occupation (DOM) STOCP Status of occupation
---------------	---

(L7) Does your household (PRENOM's household) occupy this dwelling...

- As full owners, the members of the household sharing the totality of the ownership (usufructuary and bare ownership)?
 - As partial owners (as undivided co-ownership with people outside the household)?***
 - As full owners of the dwelling but not the land?***

The variable STOCP is filled in automatically:

Regardless of RGES:

if STOC = 4 or 5;

L8 (F) PROPRI Ownership of the housing

(L8) Is the dwelling's owner:

1. The employer of a member of the household within the framework of company accommodation?
 2. A *HLM* (social rental housing sector) association (or similar organisations such as the *OPAC* - Low Income Housing Authority of Paris), public offices, housing companies, foundations)?
 3. An administration, a *Sécurité Sociale* (French Social Insurance) organisation, or an association under the Employers' funds for housing (*1 % patronal*)?
 4. A bank, an insurance company or another company in the public or private sectors?
 5. A family member?
 6. Another individual?
 7. Another case?

Block D Other housing

Block D opens if, for one or more members of the dwelling, NAUTLOG > 0 (other ordinary housing)

	NUMAUTLOG Order number of other housing
--	--

NUMAUTLOG = NUMAUTLOG + 1

From 0 to n.

D1 (O)	NOMLOG Name of the other housing
---------------	---

For the first dwelling:

(D1) You told me that one or more people here also live elsewhere. Let's talk about the first of these other dwellings. To do so, what would you like to call it?

For the following dwellings: (D1) What would you like to call it?

Examples: "PRENOM's" home, "name of a commune" home, "The cherry orchard", "My paradise", etc...

Housing in plain text

D2 (F)	LOCALOG Location of other housing
---------------	--

(D2) Is the housing NOMLOG

- 1. in France (including overseas departments)?
- 2. elsewhere?

if LOCALOG = 2, skip to D4

if LOCALOG = 1 (France):

D3 (F)	DEPALOG Department of the other housing
---------------	--

(D3) In which department?

For the interviewer: Enter the department code or the first few characters. If the department is not found, skip it, enter *Doesn't know* and add a note.

trigram coding using the Department/Territory table

D4 (F)	QUILOG Inhabitants of the other housing
---------------	--

(D4) Who among the dwelling in which we are right now lives in NOMLOG?

Multiple answers possible. Separate each response with a space

NOI of the people concerned

For all the people concerned:

D5 (F)	TYPOLOGD Type of occupation of the housing
---------------	---

(D5) PRENOM lives in NOMLOG

- 1. all year or almost?
- 2. more on weekends or vacations?
- 3. more during the week?
- 4. a few months per year (including the case of children in joint custody)?
- 5. more rarely?

➤ If the QUILOG list has at least one NOI = x with:
AGE (x) < 15 and
(MERE1E(x) = 1 and PERE1E(x) = 2) or (MERE1E(x) = 2 and PERE1E(x) = 1):

ask TYPOLOGD, then:

D6 (F)	AUTPARD Other parent's housing
---------------	---------------------------------------

(D6) Is this the other parent's housing?

- 1 yes
2 no

If no, continue as you normally would.
If yes:

The following variables are also filled in and displayed:

*EXTLOG = 1
NHABD = doesn't know
TLOGINDD = 2
CONTACTD = doesn't know*

*If BS(MERE2E or PERE2E) = BS(x):
UVLOG = 2
CATLOGAD = 2*

*If BS(MERE2E or PERE2E) ≠ BS(x)
UVLOG = 1
CATLOGAD = 1*

➤ If no:

D7 (F)	EXTLOG Other inhabitants of the housing
---------------	--

(D7) Do people that do not live here also live in NOMLOG?

- 1. yes
- 2. no
- 9. doesn't know

If EXTLOG = 2 or 9: The following variables are also filled in and displayed:

NHABD = number of people described in QUILOG

*If one household: TLOGINDD 1.
If not go to D9*

If EXTLOG = 1:

D8 (O)	NHABD Number of inhabitants in the housing
---------------	---

(D8) In all, how many people live in NOMLOG?

1 to x, 99 if doesn't know

Questions D9 to D12 are asked of each member of the household living in NOMLOG

For PRENOM and the other people in each household (BS) living in NOMLOG

NAUTLOG = NAUTLOG-1

Coherency test: NAUTLOG can be negative. Non-blocking message

For the first person PRENOM in each household living in NOMLOG:

D9 (F)	TLOGINDD Type of independent housing
---------------	---

(D9) Is the NOMLOG housing:

- 1. a dwelling in which PRENOM is the main occupant?
- 2. a dwelling in which the main occupant is another relative or a friend?

if EXTLOG = 2 or 9:

NOMLOG is:

- a usual residence not shared by the household: CATLOGBD = 2, if only some of the members live there
- a usual residence shared by the household: CATLOGBD = 1, if all members of the household live there

if EXTLOG = 1:

D10 (O)	UVLOG Belonging to a household living in the housing structure
----------------	---

(D10) In daily life, does PRENOM share a household budget with all or some of these people?

- 1. yes
- 2. no
- 9. doesn't know

if UVLOG = 2 or 9:

NOMLOG is:

- *a usual residence not shared by the household: CATLOGBD = 2, if only some of the members live there*
- *a usual residence shared by the household: CATLOGBD = 1, if all members of the household live there*

if UVLOG = 1:

- *if only part of the household lives there, PRENOM and the other people concerned belong to both households. In this case, NOMLOG's CATLOGBD = 3 (usual residence of a household not corresponding to the one described in block C)*
- *if all the members of the household described in block C live in NOMLOG and if LOCALOG = 1 (France metropolitan), NOMLOG is a usual residence shared by the entire household CATLOGBD = 1*
- *if all the members of the household described in block C live in NOMLOG and if LOCALOG = 2 (outside of France metropolitan), CATLOGBD = 3 (NOMLOG is a usual residence of a household not corresponding to the one described in block C)*

If CATLOGBD = 3, THEN CATLOGAD = 2 and skip to D12. If not:

For PRENOM2, first person of each household concerned, whether or not they live in NOMLOG:

D11 (F)	CATLOGAD Category of the housing in census context
----------------	--

(D11) For PRENOM2's household, NOMLOG is:

- 1. main residence
- 2. dwelling used occasionally
- 3. secondary residence
- 9. doesn't know

Blocking control: if CATLOGBD = 2 (non-shared residence), CATLOGAD ≠ 1 (not main residence)

D12 (F)	CONTACTD Possibility of contact in the housing
----------------	--

(D12) NOMLOG will not be interviewed, but would someone capable of answering the questionnaire be able to be contacted in this dwelling before (date of the end of data collection)?

For the interviewer: if the interviewee shows reticence or surprise, specify that this is only to measure the degree of occupation of the dwelling.

- 1. yes
- 2. no

D13 (F)	AUT2LOG Other housing
----------------	-----------------------

(D13) Is there another dwelling in which people that live here also reside?

- 1. yes
- 2. no

If yes, redo block D

If no:

FIND End of the description of other housing

For the interviewer: Enter 1 (OK) to continue

After filling in all the other housing:

Algorithm:

If CHAMPGEO = 1 (the entirety of France):

*If there is no NOMLOG housing structure having LOCALOG = 1,
THEN CATLOGB = 1 and CATLOGA = 1*

if not *CATLOGB = CATLOGB and CATLOGA = CATLOGA*

If CHAMPGEO = 2 (France metropolitan/French overseas departments):

*if RGES = 1 and if there is no NOMLOG housing having DEPALOG = 9A
 or if RGES = 2 and if there is no NOMLOG housing having DEPALOG = 9B
 or if RGES = 3 and if there is no NOMLOG housing having DEPALOG = 9C
 or if RGES = 4 and if there is no NOMLOG housing having DEPALOG = 9D
 or if RGES ≠ (1, 2, 3 or 4) and if there is no NOMLOG housing having DEPALOG ≠ (9A, 9B, 9C or 9D)*

if not **THEN** $CATLOGB = 1$ and $CATLOGA = 1$
 $CATLOGB = CATLOGB$ and $CATLOGA = CATLOGA$

Controls:

1. The number of independent dwellings in NAUTLOG from block A is equal to the number of other dwellings in block D in which the individual resides.
 2. The number of other dwellings ($\max(\text{NUMAUTLOG})$) is at least equal to the largest number of other dwellings declared in block A for an individual ($\max(\text{NAUTLOG})$).

Warning active on incoherence

For each household: summary of usual dwellings

For each dwelling occupied by the household, including the main dwelling (NUMAUTLOG = 0), we have the following variables filled in:

CATLOGA, CATLOGAD, CATLOGB, CATLOGBD, CONTACT (for NUMAUTLOG = 0, CONTACT = 1), NHAB and NHABD

Control of basic variables

In principle, every household has a main residence (CATLOGA = 1) and only one except for LOGCOL = 1 (the establishment is then their main residence). The fact is that there are also households with several or no main residence.

CATLOGB (usual residence) is automatically filled in, and it has priority as regards CATLOGA. This is a declared variable, and thus susceptible of not being answered or breaking from the afore-mentioned principle (the interviewee can very well declare having several or no main residence). If connecting the variables makes “incoherencies” appear, an active warning appears at the end of block D. The incoherency must, in principle, be corrected. If it is due to a data entry error, the interviewer corrects it. But if it is truly the interviewee’s declaration, the interviewer cannot correct anything. So as to avoid the incoherencies as much as possible and allow a correct fields measure:

I filling in CATLOGA, CATLOGB, CATLOGAD, CATLOGBD

CATLOGA

```

If BS = 0           if CATLOGA00 ≠ blank          CATLOGA = CATLOGA00
    if not (CATLOGA00 = blank):
        if CATLOGB00 = 2      THEN   CATLOGA = 2
        if CATLOGB00 = 1
            and if there is another dwelling having CATLOGAD = 1 and CATLOGBD = 1 THEN
                CATLOGA = 3
    if not           CATLOGA = CATLOGA

```

```

If BS = n > 0      if CATLOGA0n ≠ blank           CATLOGA = CATLOGA0n
    if not (CATLOGA0n = blank):
        if CATLOGB0n = 2      THEN   CATLOGA = 2
        if CATLOGB0n = 1
            and if there is another dwelling having CATLOGAD = 1 and CATLOGBD = 1 THEN
                CATLOGA = 3
    if not
        CATLOGA = CATLOGA

```

CATALOGR

then the CATLOGAD

If (CATLOGBD = 1 and CATLOGAD = blank) and (CATLOGA = 1 and CATLOGB = 1), THEN CATLOGAD = 3

2 corrections of incoherencies between CATLOGA(CATLOGAD) and CATLOGB(CATLOGBD)

If CATLOGA = 1 and CATLOGB = 2,
 If CATLOGAD = 1 and CATLOGBD = 2, THEN CATLOGA = 2
 CATLOGAD = 2

3 control of uniqueness of the main residence

- if (CATLOGA = 1 and CATLOGB = 1) and another dwelling having (CATLOGAD = 1 and CATLOGBD = 1):

message: the household has two main residences

If validation of message without correction:

```

        if TLOGINDD = 2      THEN    CATLOGAD = 3
        if not (TLOGINDD = 1 or blank):
            if TYPLOGIND = 2 THEN    CATLOGA = 3
            if not                  CATLOGA = 1 and CATLOGAD = 1
      
```
 - if (CATLOGA in (2, 3) and CATLOGB = 1) and no other housing having (CATLOGAD = 1 and CATLOGBD = 1):

message: the household does not have a main residence

If validation of message without correction message:

```

        if TLOGINDD = 2          THEN    CATLOGA = 1
        if not (TLOGINDD = 1 or blank)
            if TYPLOGIND = 2    THEN    CATLOGAD = 1
            if not                CATLOGA = 1
      
```

=> then the NBUVIE, NUVAENQ, UVAENQ variables are updated (with the option variable OPTION_LOG) **for all households, regardless of the result of the data collection.**

Therefore, if OPTION_LOG = 2 (interview in the main residences)

if CATLOGA = 1 and CATLOGB = 1, THEN UVAENQ = 1
if not UVAENO = 2

Determination of the households to interview

FINTHL End of the housing inhabitant table

The rest of the TCM depends upon the options declared in the beginning and the necessary information is provided by these variables

The interviewer must have this information onscreen for each household, and the decision to interview:

PRENOM's household (first person on the list of household members) **should (should not)** be interviewed

For the interviewer: Enter 1 (OK) to continue

If the household is not to be interviewed, the TCM is finished and the interview as well.

If the household is to interview, skip to block E.

Block E Main situation regarding employment and reference group

DEBUTE Beginning of block E

We will ask a few questions about the AGEMIN or more members (*if there is only one household to interview*) of your household (*if there are several households to interview*) of each household

For the interviewer: enter 1 (OK) to continue

For each member (PRENOM) that is AGEMIN or more of each household to interview:

E1 (SO) SITUA Main situation regarding employment

(E1) What is PRENOM's current situation regarding employment?

- 1. Has employment
- 2. Apprentice under contract or paid internship
- 3. Unemployed (whether or not they are registered as unemployed with the ANPE)
- 5. Retired or out of business or in early retirement
- 6. House wife or husband
- 7. Other situation (disabled person...)

Then:

If there is only one person having AGE > AGEMIN, questions E2 to E4 are not asked. The variables are automatically filled in and displayed

If not, for each household to interview:

E2 (O)	PRACT	Main breadwinner currently
E3 (F)	PREF	Reference person
E4 (F)	PCONJ	Partner of the reference person
	PRPERM	Permanence of the reference person
	PRAN	Main breadwinner throughout the year
	PRANPR	Main breadwinner throughout the year in the dwelling
	TGREF	Members of the reference group
	NUMGREF	Number of people in the reference group

(E2) Can you tell me who, in the household, actually makes the most money?

If the interviewee asks why this question is being asked

This is to determine to whom the questions on employment and education will be asked

If the interviewee asks what "currently" means:

Who, in the household, made the most money last month?

Multiple answers: if two people are tied, note the two people.

The interviewer checks the person or the people concerned. The order number (or numbers) is displayed onscreen in PRACT. The TGREF variable is supplied by PRACT the partners, if any.

(E3) Was this globally the case over the past twelve months, that is, since (month, last year)?

- 1. yes
- 2. no

if yes, PRAN = 1 and PRANPR = PRACT are automatically filled in. Skip to block F

if not:

(E4) Who has brought the most resources to the household over the past year?

- 1. a person in the household
- 2. a person outside the households

If PRAN = 1 (person in the household):

The interviewer checks off the people concerned (2 maximum). The order number(s) are displayed onscreen in PRANPR. The TGREF variable is supplied by PRANPR and the partners, if any.

Blocking message if PRANPR = PRACT: X. is already the main breadwinner.

If PRAN = 2 (a person outside the household), skip to Block F

E5 (F) VALIDT Validation of the THL

1. I validate the questionnaire
2. I would like to go back to the questionnaire

B) DUV: Description of the household (living unit)

If the household does not have only one person, go directly to F1. If not:
Repeat the THL data concerning the household

If the household is not that of the THL interviewee:

DUV0(F)	RECAP Confirmation of summary
----------------	--------------------------------------

(DUV0) According to the list we established with PRENOM, there are NPERS people in your household:
For each person

PRENOM, AGE years old, relationship, SITUA (**for those 15 years old and older**)

Relationship:

if CONJOINT filled in: PRENOM's partner (CONJOINT)

if MERE and/or PERE filled in: PRENOM (MER2E) and PRENOM's (PER2E) child

if not: PRENOM's LIENTYP (LIENPERS)

Then

That which we call the reference group is composed of PRENOMs

Is this correct?

- 1. yes
- 2. no

if no: return to the THL

If OPTION_INDIV = 1 (description of reference group) or (OPTION_INDIV = 2 and OPTION_LISTE = 1, description of all the people AGEMIN years of age or more plus), go to F1.

If OPTION_INDIV = 2 and OPTION_LISTE = 2:

DUV1(F)	LISTE List of the people described in Professional activity and cultural resources
----------------	---

For the interviewer: check the people concerned. Multiple answers possible

The list of all the people AGEMIN years of age or more is displayed. The interviewer fills in the LISTE variable with the NOI of the people to describe in Blocks F and G.

Block F Professional activity

DEBUTF	Beginning of the description of the professional activity
---------------	--

If there is only one household, the questions in blocks F and G for person NOI = 01 are formulated with "you" and not PRENOM

If there is only one person, skip to F1. If not:

We will now talk about the professional activities of the members of the household.

For the interviewer: enter 1 (OK) to continue

For the first person PRENOM:

If SITUA = 1 or 2 (employment, apprenticeship or paid internship): skip to F3

If not:

(F1) Does PRENOM currently work?

- 1. yes
- 2. no

If yes: skip to F3

If no:

F2 (F)	ACTIVANTE Past employment
---------------	----------------------------------

If SITUA = 5 (retired):

(F2) Can you confirm that PRENOM has been employed?

- 1. yes
- 2. no

If not:

(F2) Has PRENOM ever been employed, even if this was long ago?

- 1. yes
- 2. no
- 9. doesn't know

F3 (F)	RECHEMPLIOI Seeking employment or another job
---------------	--

(F3) Is PRENOM seeking employment (or another job)?

- 1. yes, has been for less than one year
- 2. yes, has been for one year or more
- 3. no
- 9. doesn't know

If ACTIVANTE = 2 (has never worked), skip to F28

If ACTIVANTE = 1 (has been employed), skip to F25

If not:

Questions F4-F24 address people who are employed (SITUA = 1 or 2 /page 36 or WORK=1 / page 37)

F4 (F)	STATUT employment status
---------------	---------------------------------

(F4) Is PRENOM:

- 1. A government employee?
- 2. An employee of a local government agency, housing project or public hospital?
- 3. An employee in a company, of an artisan or an association?
- 4. An employee of a private individual?
- 5. He (she) assists a family member in their work without salary?
- 6. Salaried head of a company, CEO, minority owner-manager, partner?
- 7. Self-employed or business owner?

If STATUT ≠ 5, skip to F7

If STATUT = 5:

F5 (F)	AIDE1E Person aided within in the household
F6 (F)	AIDE2E Person helped

(F5) Does the person PRENOM helps live in the household?

- 1. yes
- 2. no

If yes:

(F6) Who is it? NOI of the person helped

PRENOM's PROFESSION, SALARIES, ACTIVCOD and ACTIVLIB variables are identical to those of the person helped

If the person helped is one of the people described in the DUV, that is, according to the option chosen by the questionnaire's designer, in all cases, or only if they are part of the reference group, skip to F24

If the person helped is not one of the people described in the DUV, skip to F17

STATUT ≠ 5:

F7 (O)	PROFESSION Main profession
---------------	-----------------------------------

(F7) What is PRENOM's main profession?

In plain text (40 characters maximum)

Launch Sicore

RESULT OF THE TITLE VERIFICATION:

Display depending upon the case (the words in bold must appear in bold on the screen):

The profession title is **not recognized**.

The profession title is **imprecise**: you can go back to the title to modify it if necessary.

The profession title is **recognized**: you will now ask the questions needed to specify the employment.

Questions for when the title was not recognized and validated or when the option to ask all the questions was selected

If STATUT = 6 or 7 (not paid), skip to F11. If not:

F8 (SO)	TYPEMPL Type of employment
----------------	-----------------------------------

(F8) What type of employment does PRENOM have?

1. apprenticeship or professionalization contract
2. placed by a temp agency
3. paid internship in a company
4. government subsidized jobs (employment accompaniment contract, contact for the future, employment solidarity contract, SEJE or Support for Youths Employed in Enterprises contract...)
5. another fixed-term employment, CDD (fixed-term contract), seasonal work, short-term contract, temp work, etc.
6. permanent employment, CDI (permanent job contract) (including new employment contracts), permanent full-time employment in the civil service
7. full-time
8. part-time

F9 (F)	CLASSIF Employment classification
---------------	--

(F9) In their employment, is PRENOM classified as...

If STATUT = 3 or 4 (company employee):

- 1. unskilled or semiskilled worker?
- 2. skilled or highly skilled worker, technician in a workshop?
- 3. technician?
- 5. supervisor, administrative or commercial supervisor, salesperson (not manager)?
- 7. engineer, executive (not including executive directors or their direct assistants)?

- 9. office employee, store employee, service personnel?
- 10. executive director, direct assistant?

If STATUT = 1 or 2 (government employee, employee of a local government agency, housing project or public hospitals):

- 1. unskilled or semiskilled worker?
- 2. skilled or highly skilled worker?
- 3. technician?
- 4. Category B civil service personnel or personnel treated as such?
- 6. Category A civil service personnel or personnel treated as such?
- 8. Category C or D civil service personnel or personnel treated as such?

F10(SO)	FONCTION Main role
----------------	---------------------------

(F10) What is PRENOM's main role in their work?

1. production, worksite, operations
2. installation, repair, maintenance
3. caretaking, cleaning, housekeeping
4. materials handling, stocking, logistics
5. secretarial work, data entry, reception
6. management, accounting
7. sales representative, technical sales representative
8. studies, research and development, organization and methods
9. education
10. care giving
11. another role

skip to F12

F11 (F)	SALARIES Number of employees
----------------	-------------------------------------

If PRENOM is head of a company or self-employed (STATUT = 6 or 7):

(F11) How many employees does PRENOM have?

- 0. None
- 1. Less than 10 employees
- 2. 10 or more employees

F12 (SO)	ACTIVCOD Establishment's economic activity
F13 (SO)	ACTIVLIB Title of the establishment's economic activity

What is the activity of the establishment employing PRENOM or that PRENOM directs?

(F12) Hierarchical codification

If ACTIVCOD is filed in, skip to F11. If not, if there is a problem or a question as to which possible answer to check, ACTIVCOD = doesn't know and:

(F13) Activity declared in plain text (40 characters maximum)

Questions F14 to F16 are only asked of those persons having declared farming as their profession

(ACTIVCOD = 1.1.1)

F14 (O)	SUPH Size of the farm
F15 (O)	SUPA Size in ares

(F14) How large is PRENOM's farm (in hectares of useful agricultural surface)? If the area is smaller than 5 ha:

(F15) What is the precise size in ares?

F16 (F)	OPA Orientation of the agricultural products
----------------	---

(F16) What is the orientation of the agricultural products?

1. Polyculture (cultivation of arable land)
2. Market farming or horticulture
3. Vineyards or fruit trees
4. Breeding herbivores (cattle, ovine...)
5. Breeding seedeaters (poultry, pigs)

- 6. Polyculture – breeding
- 7. Breeding herbivores and seed eaters
- 8. Other

go to F25

If STATUT = 5: Questions F17 to F24

F17 (O)	PROFESSION Main profession
----------------	-----------------------------------

(F17) What is the main profession of the person PRENOM is helping?

In plain text (40 characters maximum)

Launch Sicore

RESULT OF THE TITLE VERIFICATION:

Display according to the case (the words in bold must appear in bold on the screen):

The profession title is **not recognized**.

The profession title is **imprecise**: you can go back to the title to modify it if necessary.

The profession title is **recognized**: you will now ask the questions needed to specify the employment.

F18 (F)	SALARIES Number of employees
----------------	-------------------------------------

(F18) How many people are employed by the person PRENOM helps?

- 0. None
- 1. Less than 10 employees
- 2. 10 or more employees

F19 (SO)	ACTIVCOD Establishment's economic activity
F20 (SO)	ACTIVLIB Title of the establishment's economic activity

What is the economic activity of the establishment directed by the person PRENOM helps?

(F19) Hierarchical codification

If ACTIVCOD filled in, skip F20. If not, if there is a problem or a question as to which possible answer to check, ACTIVCOD = doesn't know and:

(F20) Activity declared in plain text (40 characters maximum)

Questions F21 to F23 are asked of those having declared farming as their activity (ACTIVCOD = 1, 11 or 111).

If not, skip to F24

F21 (O)	SUPH Size of the farm
F22 (O)	SUPA Size in ares

(F21) How large is the farm belonging to the person PRENOM helps (in hectares of useful agricultural surface)?

...../doesn't know

If the area is smaller than 5 ha:

(F22) What is the precise size in ares?

...../doesn't know

F23 (F)	OPA Orientation of the agricultural products
----------------	---

(F23) What is the orientation of the agricultural products?

- Polyculture (cultivation of arable land)
- Market farming or horticulture
- Vineyards or fruit trees
- Breeding herbivores (cattle, ovine...)
- Breeding seedeaters (poultry, pigs)
- Polyculture – breeding
- Breeding herbivores and seed eaters
- Other

F24 (F)	AFTYPTRAV Type of work of unpaid family members
----------------	--

(F24) Did PRENOM work as a secretary, in sales or in accounting?

- 1. yes
- 2. no
- doesn't know

Questions F25-F27 are to be asked of those people who do not currently work but who have worked (ACTIVANTE=1).

If not, skip to F28.

F25 (F)	STATUTANTE Status in the most recent employment
----------------	--

(F25) In their most recent employment, was PRENOM:

- 1. A government employee?
- 2. An employee of a local government agency, housing project or public hospital?
- 3. An employee in a company, of an artisan or an association?
- 4. An employee of a private individual?
- 5. He (she) helps a family member in their work without being paid?
- 6. Salaried head of a company, CEO, minority owner-manager, partner?
- 7. Self-employed or business owner?

F26 (O)	PROFESSANTE Last profession
----------------	------------------------------------

If STATUTANTE ≠ 5:

(F26) What was PRENOM's last profession?

In plain text (40 characters au maximum)

...../doesn't know

If STATUTANTE = 5:

(F26) What was the profession of the person PRENOM helped?

In plain text (40 characters au maximum)

...../doesn't know

Launch Sicore

RESULT OF THE TITLE VERIFICATION:

Display depending upon the case (the words in bold must appear in bold on the screen):

The profession title is **not recognized**.

The profession title is **imprecise**: you can go back to the title to modify it if necessary.

The profession title is **recognized**: you will now ask the questions needed to specify the employment.

If STATUTANTE = 5 to 7 (unpaid): skip to F28

If STATUTANTE = 1 to 4 (paid):

F27 (F)	CLASSIFANTE Classification of the most recent employment
----------------	---

(F27) In their most recent employment PRENOM was classified as ...

If STATUTANTE = 3 or 4 (company employee):

- 1. unskilled or semiskilled worker?
- 2. skilled or highly skilled worker, technician in a workshop?
- 3. technician?
- 5. supervisor, administrative or commercial supervisor, salesperson (not manager)?
- 7. engineer, executive (not including executive directors or their direct assistants)?
- 9. office employee, store employee, service personnel?
- 10. executive director, direct assistant?

If STATUTANTE = 1 or 2 (government employee, employee of a local government agency, housing project or public hospitals):

- 1. unskilled or semiskilled worker?
- 2. skilled or highly skilled worker?
- 3. technician?
- 4. Category B civil service personnel?
- 6. Category A civil service personnel?
- 8. Category C or D civil service personnel?

*Questions F28-F30 are to be asked of those people whose partner is deceased (ETAMATRI = 3)
If this does not concern them, skip to Block G*

F28 (F)	STATUTCD Employment status of the deceased partner
----------------	---

(F28) Was PRENOM's partner:

- 1. A government employee?
- 2. An employee of a local government agency, housing project or public hospital?
- 3. An employee in a company, of an artisan or an association?
- 4. An employee of a private individual?
- 5. He (she) helps a family member in their work without being paid?
- 6. Salaried head of a company, CEO, minority owner-manager, partner?
- 7. Self-employed or business owner?
- 0. N/A (never worked, disabled...)

If STATUTCD = 0 or Doesn't know ➔ skip to Block G. If not:

F29 (O)	PROFESSCD Main profession of the deceased partner
----------------	--

If STATUTCD ≠ 5:

(F29) What was the main profession of PRENOM's partner?

In plain text (40 characters maximum)

If STATUTCD = 5:

(F29) What was the main profession of the person that PRENOM's partner helped?

In plain text (40 characters maximum)

Launch Sicore

RESULT OF THE TITLE VERIFICATION:

Display depending upon the case (the words in bold must appear in bold on the screen):

The profession title is **not recognized**.

The profession title is **imprecise**: you can go back to the title to modify it if necessary.

The profession title is **recognized**: you will now ask the questions needed to specify the employment.

If STATUTCD = 5 to 7 (unpaid): skip to Block G

If STATUTCD = 1 to 4 (paid):

F30 (F)	CLASSIFCD Employment classification of the deceased partner
----------------	--

(F30) In their employment, was PRENOM's partner classified as...

If STATUTCD = 3 or 4 (company employee):

- 1. unskilled or semiskilled worker?
- 2. skilled or highly skilled worker, technician in a workshop?
- 3. technician?
- 5. supervisor, administrative or commercial supervisor, salesperson (not manager)?
- 7. engineer, executive (not including executive directors or their direct assistants)?
- 9. office employee, store employee, service personnel?
- 10. executive director, direct assistant?

If STATUTCD = 1 or 2 (government employee, employee of a local government agency, housing project or public hospitals):

- 1. unskilled or semiskilled worker?
- 2. skilled or highly skilled worker?
- 3. technician?
- 4. Category B civil service personnel?
- 6. Category A civil service personnel?
- 8. Category C or D civil service personnel?

FINF	End of the description of professional activity
-------------	--

FINF	End of the description of professional activity
-------------	--

For the interviewer: hit 1 (OK) to continue

Block G Cultural resources

DEBUTG	Beginning of the description of cultural resources
--------	--

For the interviewer: hit 1 (OK) to continue

G1 (F)	NATIO1N Nationality indicator
G2 (SO)	NATIO2N Nationality

(G1) Is PRENOM...

- 1. French by birth, including nationality reinstatement?
- 2. French by naturalization, marriage, declaration or by so opting at age 18?
- 3. Foreigner?
- 4. Stateless?

Two answers are possible (1 and 3 or 2 and 3)

If Natio1n ≠ 3, go to G3. If Natio1n = 3 (Foreigner):

(G2) What is PRENOM's nationality?

trigram coding with the nationalities table. Multiple answers are possible

If APTE=3, Authorise Doesn't know

G9 (F)	ETUDES Education in progress
--------	------------------------------

(G9) Is PRENOM enrolled in a learning establishment (including distance learning, apprenticeship, special needs education: IMP – Medico-Pedagogic Institutes, IMPRO – Medico-Professional Institutes, IME – Medico-educational Institutes, ITEP – Therapeutic, Educational and Pedagogic Institutes...)?

Interviewer instructions: check the box YES if the child is in special needs education (IMP, IMPRO, IME, ITEP) even if the child is receiving basic apprenticeship instead of schooling (for example, in the case of children with a major mental disability).

- 0. Has never been enrolled in a learning establishment due to a health problem or disability
=> go to RSAL
 - 1. Yes
 - 2. No

If ETUDES = 2 (no), skip to G11. If ETUDES = 1 (Yes):

(G10) Is this within the framework of their initial education?

(by initial education, we mean education completed in a Postgraduate institution, *école supérieure*, university, high school, elementary school, apprentice training centre or primary school with no interruptions lasting over one year)

- 1. yes
- 2. no, within the framework of training after an interruption in schooling lasting for over one year

If FORMINIT= 1 (initial education), skip to G13. If not:

G11 (O)	ANFINETU Year initial education was ended
G12 (O)	AGFINETU Age at the end of initial education

(G11) What year did PRENOM finish their initial education?

- 0. no schooling

If ANFINETU = 0, AGFINETU=00 and SCOLARITE = 1, skip to the next person or (last person), skip to block H

If not: (from 1880 to 2010)

AGFINETU is calculated automatically: = ANFINETU - ANAIS

If doesn't know ANFINETU:

(G12) How old was PRENOM when they ended their initial education? from 01 to 99 -

G13 (F)	DIPLOME Highest diploma obtained
G14 (F)	SCOLARITE Schooling
G15 (F)	DIPLOM1E CAP (vocational training qualification)
G16 (F)	DIPLOM2E BAC (Baccalaureate)
G17 (F)	DIPLOM3E Bac+2 (Associate's degree)
G18 (F)	DIPLOM4E Higher than Bac+2

(G13) What diplomas does PRENOM have? (Multiple answers are possible)

- 1 No diploma
(G14)
if FORMINIT = 1: **What is the highest level of education reached by PRENOM?**
if not: **How far did PRENOM go in school?**
 - 1 No schooling, but literate, learned French
 - 2 Went to grammar school
 - 3 Went to junior high school (6th to 9th grade)
 - 4 Went further than junior high school in their schooling
 - 5 No diploma, no other information given
- 2
 - 1 CEP (certificate of primary studies) or foreign equivalent diploma
- 3
 - 1 *Brevet des collèges* or BEPC (general certificate of secondary education), *brevet élémentaire* (elementary certificate) or foreign equivalent diploma
- 4 *Certificat d'aptitudine professionnelle* - certificate of professional aptitude) or *BEP* (*Brevet d'études professionnelles* - certificate of professional studies) or other certificate at this level

(G15) Specify which CAP, BEP or other certificate at this level was obtained (Multiple answers are possible)

- 1 CAP, CAPA, with a *mention complémentaire* (special specialization) on the CAP
- 2 BEP, BEPA, with a *mention complémentaire* (special specialization) on the BEP
- 3 Other diplomas or qualifications at the CAP or BEP level: *brevet de compagnon* (craftsman certificate), practical nursing certificate, caregiver, 1st degree AFPA (National Association for Adult Vocational Training) qualification...
- 4 Doesn't know which CAP or BEP level diploma was obtained
- 5 Technician's or professional or other degree at this level
(G16) Specify the technician's or professional baccalaureate or other diploma at this level obtained (Multiple answers are possible)
 - 1 Technical Baccalaureate (series F, G, H, SMS, STI, STL, STT)
 - 2 Professional Baccalaureate
 - 3 *Brevet professionnel* (Professional certificate) or *Brevet de technicien* (technician's certificate) or *Brevet de maîtrise* (certificate of mastery), BEA, *Brevet d'enseignement agricole* (agricultural certificate), BEC, *Brevet d'enseignement commercial* (commercial certificate), BEI, *Brevet d'enseignement industriel* (industrial training certificate) BEH, *Brevet d'enseignement hôtelier* (hotel management training certificate) BSEC, *Brevet supérieur d'enseignement commercial* (advanced commercial training certificate)
 - 4 Doesn't know which diploma on the technical or professional baccalaureate level

- 6
 - 1 General Baccalaureate (series A, B, C, D, E, ES, L, S), *brevet supérieur* (advanced certificate), *capacité en droit* (basic legal qualification), DAEU (university entrance diploma), or foreign diploma at this level
- 7 Bac + 2 level diploma

(G17) Specify which Bac+2 level diploma was obtained (Multiple answers are possible)

- 1 *Diplôme de 1^{er} cycle universitaire* (diploma obtained after 2 years of university)
 - 2 BTS (*Brevet de Technicien Supérieur* - superior technician certificate), DUT (*Diplôme Universitaire de Technologie* - technological university diploma), DEUST (*Diplôme d'Etudes Universitaires Scientifiques et Techniques* – University diploma for scientific and technical studies) or equivalent
 - 3 Diploma of social professions or of health, bac+2 level (nurse,...)
 - 4 Doesn't know which BAC +2 level diploma
 - 8 Diplomas of a higher level than Bac + 2
- (G18) Specify which diplomas superior to Bac+2 level was obtained** (Multiple answers are possible)
- 1. University graduate degree (associate's degree, master's degree...)

- 2. Engineering or business degree from a *Grande Ecole* (school of superior studies, admission to which is highly competitive)
- 3. Postgraduate university programme (DES, *Diplôme d'études secondaires* – diploma of secondary studies, DEA, *Diplôme d'études approfondies* - master of advanced studies, DESS, *Diplôme d'études supérieures spécialisées* - post-graduate diploma, masters), doctorate (medicine, pharmacy, dental)
- 4 Other postgraduate doctorate programme besides healthcare professions
- 5 Doesn't know which diploma superior to Bac+2 level was obtained

FING	End of the description of cultural resources
------	--

For the interviewer: hit 1 (OK) to continue

Block I Income

DEBUTI	Beginning of the description of income
--------	--

If NBIND=1: We will now talk about the resources in PRENOM1BS' household.

If NBIND=2: We will now talk about the resources in PRENOM1BS and PRENOM2BS' household.

For the interviewer: enter 1 (OK) to continue

I1(F) I2 (F) I3 (F) I4 (F) I5 (F) I6 (F) I7 (F) I8 (F) I9 (F) I10 (F) I11 (F) I12 (F)	RSAL Salary, wages and bonuses RNSAL Income from self-employed professional activity (freelance, liberal profession...) RCHO Unemployment benefits RRET Pensions, early retirement RMAL Sickness or disability benefits RFAM Family allowances and stipends RLOG Housing benefits, housing allowance RRMI Rent and tenant farming RFIN Interest, savings account income, dividends RTRA Alimony, aid received from parents, family or friends TYPTRA Type of aid received
--	---

(I1) In your household, is there currently one or more people receiving the following income:

(I1) Salaries, wages and bonuses

including the 13th month (year-end bonus equal to one month's salary), paid vacations, overtime, daily subsistence allowance, remuneration for temporary employment, secondary activities, salaries of directors who are employees of their companies, profit sharing and holdings.

(I2) Income from self-employed professional activity (freelance, liberal profession...)?

(I3) Unemployment benefits?

(I4) Pensions, early retirement?

including old age pension, veteran's pension, survivors' benefits pension

(I5) Sickness or disability benefits?

AAH (Allowance for Disabled Adults), disability allowance, allowance related to dependency, daily subsistence allowance...

(I6) Family allowances and stipends?

Family allowance, supplementary family allowance, young child allowance, childcare allowance, single parent allowance, family aid allowance, parental education allowance, back to school allowance, scholarships...

(I7) Housing benefits, housing allowance?

(I8) RMI (Revenue Minimum d'Insertion - guaranteed minimum income allowance)?

(I9) Rent and tenant farming?

If you have property or land you rent out

(I10) Interest, savings account income, dividends?

That your saving accounts can generate, such as a *livret A* (tax-free savings account), *PEL* (*Plan d'Epargne Logement*, savings account to buy property), *PEP* (*Plan d'Epargne Populaire* – a tax-free savings account only available to those not paying income tax), *Codevi* (*Compte pour le Developpement Industriel* - industrial development account), for example

For each type of income:

- 1. yes
- 2. no
- 8. refuses to answer

o (I11) Alimony, regular financial aid from parents, family or friends, including paying of rent, either directly or indirectly?

- 1. yes
- 2. no

If $RTTRA = 1$ (yes)

(I12) What types of aid? (Multiple answers possible)

1. paying of rent, either directly or indirectly
2. alimony
3. another regular financial aid

I13(F)	TOTREVEN Average monthly income (amount) UM Monetary unit
--------	---

If you take all the types of income that you just mentioned into account, even if the income of certain persons is missing, what is the current monthly amount for the totality of your household?

This means net income (not including social contributions and the C.S.G. – Contribution Générale Sociale, general social contribution) before taxes

If your income fluxgates, give an average

amount:(from 1 to 99,999)
monetary unit: 1. euros
 2. francs

if $TOTREVEN$ is not declared, go to I15.

If not:

I14(F)	ITOTREV Sufficiency income indicators
--------	--

Does this amount account for all of the income for all members of your household?

- 1. yes
- 2. no

if $ITOTREV = 1$, go to I16.

If not:

I15(F)	TRANCHRE Average monthly income (bracket)
--------	--

If you cannot give the exact amount of your income, how much do you estimate it to be for an average month?

Show card 0

This means net income (not including social contributions and the C.S.G. – Contribution Générale Sociale, general social contribution) before taxes

- | | |
|--|---------------------------------------|
| • 1. less than 400 € | (less than 2,600 F) |
| • 2. from 400 € to less than 600 € | (from 2,600 F to less than 3,900 F) |
| • 3. from 600 € to less than 800 € | (from 3,900 F to less than 5,200 F) |
| • 4. from 800 € to less than 1,000 € | (from 5,200 F to less than 6,600 F) |
| • 5. from 1,000 € to less than 1,200 € | (from 6,600 F to less than 7,900 F) |
| • 6. from 1,200 € to less than 1,500 € | (from 7,900 F to less than 9,800 F) |
| • 7. from 1,500 € to less than 1,800 € | (from 9,800 to less than 11,800 F) |
| • 8. from 1,800 € to less than 2,000 € | (from 11,800 F to less than 13,100 F) |
| • 9. from 2,000 € to less than 2,500 € | (from 13,100 F to less than 16,400 F) |
| • 10. from 2,500 € to less than 3,000 € | (from 16,400 F to less than 19,700 F) |
| • 11. from 3,000 € to less than 4,000 € | (from 19,700 to less than 26,200 F) |
| • 12. from 4,000 € to less than 6,000 € | (from 26,200 to less than 39,400 F) |
| • 13. from 6,000 € to less than 10,000 € | (from 39,400 F to less than 65,600 F) |
| • 14. 10,000 € or more | (65,600 F or more) |
| • 98. refuses to answer | |
| • 99. doesn't know | |

Blocking control: if $TOTREVEN$ and $TRANCHRE$ are declared, verify that $TOTREVEN$ is less than or equal to the upper limit $TRANCHRE$'s upper limit. If this is not the case, blocking message "The income declared is superior to the bracket declared" Rectify.

Non-blocking control: if TOTREVEN or TRANCHRE are filled in and all the types of RSAL etc. = 2, message
"An amount of income is declared without indicating the nature of the revenue. Confirm or rectify"
If not, return to the corresponding question, rectify and confirm again

I6(F)	CONFREV Confirmation of declared income
-------	---

So, your household has an income of TOTREVEN!!UM (or, depending upon the previous response, TRANCHRE) per month.
Is this correct?

1. yes
2. no

FINI	End of the description of income
------	----------------------------------

For the interviewer: enter 1 (OK) to continue

The TCM classification system is finished.

The block's questionnaire opens. BLOCK W

BLOCK W

After FINI and before NOIENQ, add the following screen for the interviewer:

If NBIND=1

Screen: PRENOM1BS, whose gender is SEXE1BS, born in ANAIS1BS, should be interviewed

And assign NOIENQ=NOI1VQS

If NBIND=2

Screen: PRENOM1BS, whose gender is SEXE1BS, born ANAIS1BS and PRENOM2BS, whose gender is SEXE2BS, born in ANAIS2BS should be interviewed

Create a variable: CHOINOI

If CHOINOI=1, assign NOIENQ with NOI1VQS

IF CHOINOI=2, assign NOIENQ with NOI2VQS

After NOIENQ, add:

VERIFICATION OF THE PERSON TO INTERVIEW:

In this section, the idea is to guide the interviewer through the verification of the person to interview. With this in mind, we will compare the information we have on the individual to interview with those collected in the list of housing residents.

PRIOR VARIABLES TO BE RECUPERATED IN THE SURVEY DATABASE OR THE SAMPLE:

IF NBIND=1

- PRENOM1BS: first name of the person to interview
- SEXE1BS: gender of the person to interview
- ANAIS1BS: year of birth of the person to interview

Put these in the same format as the variables in the common trunk: PRENOM, SEXE and ANAIS

If NBIND=2, you must verify for each individual questionnaire

- PRENOM1BS: first name of the person to interview
- SEXE1BS: gender of the person to interview
- ANAIS1BS: year of birth of the person to interview

- PRENOM2BS: first name of the person to interview
- SEXE2BS: gender of the person to interview
- ANAIS2BS: year of birth of the person to interview

If PRENOMnBS = PRENOM of individual J from THL and
SEXEnBS = SEXE[J] and ANAISnBS = ANAIS[J]

➔ VERIFIN

If PRENOMnBS = PRENOM of individual J from THL and
SEXEnBS ↔ SEXE[J] or ANAISnBS ↔ ANAIS[J]

VERIFA For the interviewer:

In principle, you should interview <PRENOMnBS>, whose gender is <SEXEnBS>, born in <ANAISnBS>. But in the table of housing residents, this person's gender is <SEXE[J]>, born in <ANAIS[J]>. Can you confirm that this is the person to interview?

Interviewer instructions: if necessary, correct the errors observed in the THL

1. Yes 1 ➔ APARTBIS
2. No 2 ➔ End of questionnaire

IF NBIND=1 AND VERIFA1=1, GO TO APARTBIS

IF NBIND=1 AND VERIFA2=2, GO TO VALIDQ

IF NBIN=2 AND IF VERIFA1 =1 AND VERIFA2=1, GO TO APARTBIS

IF NBIN=2 AND IF VERIFA1=1 AND VERIFA2=2, GO TO APARTBIS

IF NBIN=2 AND IF VERIFA1=2 AND VERIFA2=1, GO TO APARTBIS

IF NBIN=2 AND IF VERIFA1=2 AND VERIFA2=2, GO TO VALIDQ

If PRENOMnBS ↔ PRENOM of all the individuals from the THL, then:

VERIFB For the interviewer:

In principle, you should interview <PRENOMnBS>, whose gender is <SEXEnBS>, born in <ANAISnBS>. They are not in the table of housing residents. Are you certain of the first names of the people in the THL?

1. Yes 1 ➔ QUIREPON D
2. No, go to the list to rectify a first name 2 ➔ Return to the THL list

If NBIND=1 and VERIFB1=1, go to QUIREPON1

IF NBIND=2 and VERIFB1=1, go to QUIREPON1 or VERIFB2=1: go to QUIREPON2

QUIREPOND For the interviewer:

In principle, you should interview <PRENOMnBS>, whose gender is <SEXEnBS>, born in <ANAISnBS>.

Check off the person to interview if you recognise them (close spelling of first name and same year of birth or close)

Blaise Instruction: Display the list of people in the THL

1. <PRENOM1>, <SEXE1>, born in <ANAIS1> 1
 2. <PRENOM2>, <SEXE2>, born in <ANAIS2> 2
 - 3
 - 4
 - 5
 - 6
 - 7
- ➔ APPARTB IS

If NBIND=1 and QUIREPON1=99, go to VALIDQ

If NBIND=2 and:

If QUIREPON1=99 and VERIFA2=1, go to APARTBIS

If QUIREPON1=99 and VERIFA2=2, go to VALIDQ

If VERIFA1=1 and QUIREPON2=99, go to APARTBIS

If VERIFA1=2 and QUIREPON2=99, go to VALIDQ

If QUIREPON1=99 and QUIREPON2=99, go to VALIDQ

In summary:

Go to APARTBIS if the interviewer recognises at least one of the two individuals or if the recognition is automatic, i.e.:

- If NBIND=1 and VERIFA1≠2 or QUIREPON1≠99

Or

- If NBIND=2 and:

- (VERIFA1≠2 and QUIREPON1≠99) and (VERIFA2≠2 and QUIREPON2≠99)

or

- (VERIFA1=2 or QUIREPON1=99) and (VERIFA2≠2 and QUIREPON2≠99)

or

- (VERIFA1≠2 and QUIREPON1≠99) and (VERIFA2=2 or QUIREPON2=99)

Go to VALIDQ if the interviewer does not recognise either of the two individuals i.e.:

- If NBIND=1 and VERIFA1=2 or QUIREPON1=99

- If NBIND=2 and (VERIFA1=2 or QUIREPON1=99) and (VERIFA2=2 or QUIREPON2=99)

For the rest, use the variables PRENOM, SEXE and ANAIS from the THL for first name, gender and year of birth and not those from the survey database

*** If there are at least two residents in the housing *** if NBHAB>1

C1 / APARTBIS We will now see who is part of your household and who is not. Are there, among the residence's habitants, people who have separate household budgets for their daily life?

For the interviewer, at the slightest hesitation, specify:

"Having a separate budget is when you do not bring resources into the household and you do not benefit from expenditures made for the household, besides expenditures made for the structure. People who have separate household budgets can belong to another household or make their own decisions about their spending and pay using their personal resources."

1. Yes, certain people have separate household budgets 1
2. No, everyone has the same household budget 2

If APARTBIS=1, go to APARTQUI

If APARTBIS=2, go to ACCEPT

If yes, description of households residing in the dwelling:

C2 - C3 -APARTQUI

So, the structure's inhabitants form several households. Let's talk about your household.

Who is a member of your household, that is, who contributes to a common household budget with you or simply benefits from it?

NOI	PRENOM

ACCEPT For the interviewer:

In the end, <PRENOM [J]>'s questionnaire was...?

1. accepted..... 1
2. refused 2
3. impossible to do 3

If NBIND=1, assign ACCEPT=1: the TCM is not filled in if the person refuses or IAJ and has no proxy

If NBIND=2, display the possible answers for each individual

NOM If SEXE=1: What is <PRENOM [J]>'s last name?
If SEXE=2: What is <PRENOM [J]>'s maiden name?

40
characters

Module Z - Proxy Section

ABSENCE. At the time the interviewer made contact, does [PRENOM] live in the dwelling?

Interviewer instructions: consider that a person lives in the dwelling if they sleep there at night

1. Yes -> REPOND
2. No -> ABSENCEDEUREE

ABSENCEDEUREE. Was the length of this absence from the dwelling over 3 weeks?

1. Yes -> LIEU
2. No -> REPOND

filter: if Yes to ABSENCEDEUREE:

LIEU. Where was [PRENOM] for that period of absence lasting over 3 weeks?

1. In a psychiatric establishment
2. In a convalescence institution/rest home
3. In another healthcare establishment (hospital...)
4. In a residential care home (for disabled workers)
5. In a sheltered home or occupational centre
6. In a specialised home (for the disabled)
7. In a medicalized residence
8. In another collective living establishment (barracks, boarding school, residence, temporary work site...)
9. Away on a business trip or travelling
10. Elsewhere

filter: if Elsewhere (if LIEU=10):

LIEUPRECIS. Specify? | _____ | (enter in plain text)

Interviewer instructions: if this is an institution or community, take precise note of the kind (ex: temporary stay at an EHPAD - Establishments for Housing Dependent Elderly Persons)

The interviewer fills in the other questions in module Z without asking them

REPOND. Who is answering the questionnaire?

1. The person is answering for themselves (or with help from an interpreter who is translating their answers) -> go to module B1, page 54
2. The person is answering with help from someone else -> go to TIERS block
3. Someone else -> go to PROXY block

TIERS Block

THAND. Is there a TIERS present due to a disability or health problem the person has? (multiple answers possible)

0. Too young
1. Yes, a motor problem
2. Yes, sensory impairment
3. Yes, a mental disability
4. Yes, a psychic disability
5. Yes, another disability
6. Yes, a health problem
7. No

TLIEN. What is the relationship between the TIERS and the person?**Are they...?**

1. Their partner
2. Their father
3. Their mother
4. A child (over 18)
5. Another member of their family
6. Another member of their household (but not their family)
7. A professional caregiver (nurse, nurse's aid...)
8. Another person

-> Go to module B1

PROXY Block**PLIEN. What is the relationship between the PROXY and the person?****Are they...?**

1. Their partner
2. Their father
3. Their mother
4. A child (over 18)
5. Another member of their family
6. Another member of their household (but not their family)
7. A professional caregiver (nurse, nurse's aid...)
8. Another person

PRAIS. Why is there a PROXY?

1. The individual is under 16 years of age -> Go to module B1
2. The individual is between 16 and 18 years of age and their parents don't want them to respond -> Go to module B1
3. The proxy says the person wouldn't want to answer the questionnaire-> Go to PHAND
4. The individual declares they are not able to answer -> Go to PHAND
5. The individual is absent for 3 weeks or more -> Go to PHAND

PHAND. Is this due to a disability or health problem the person has?**(multiple answers possible)**

1. Yes, a motor problem
2. Yes, sensory impairment
3. Yes, a mental disability
4. Yes, a psychic disability
5. Yes, a disability
6. Yes, a health problem
7. No

-> Go to module B1

Module B1 - Health - Mini European module

Intro1: We will now speak about your health

BSANTE. What is your general state of health?

Read the possible answers

1. Very good
2. Good
3. Pretty good
4. Bad
5. Very bad
8. Refuses to answer
9. Doesn't know

BCHRO. Have you ever had a chronic or long-term illness or health problem?

Interviewer instructions: A chronic disease is a disease that lasted or can last for a period of at least 6 months.

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

BLIMI. Have you been limited in activities people ordinarily perform for at least 6 months due to a health problem?

1. Yes, very limited
2. Yes, limited but not very
3. No, not limited at all
8. Refuses to answer
9. Doesn't know

Filter: if the person is a woman between ages 16 and 50:

BGROSS. Are you currently pregnant?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

Module B2 – Health – The illness card

Present card 1 from the card section

BMALA. Have you ever had one of these illnesses or health problems?

Interviewer instructions: there is no reference period, you must note down all the illnesses this person has ever had

- Refuses to answer
- Doesn't know

If they have had none of these illnesses or health problems or refuse to answer or don't know, go to question **BSYMP1T (see page 59)**

The card is displayed in CAPI and the interviewer checks the illnesses named and if the illnesses named are 21, 49, 50 or 51 the interviewer also notes down the name of the illness.

Cardiovascular disease or problems

- 1: Myocardial infarction
- 2: Coronary artery disease, angina pectoris, (besides myocardial infarction)
- 3: Hypertension
- 4: Cerebrovascular accident, stroke (cerebral haemorrhage, cerebral thrombosis)
- 5: Heart failure
- 6: Lower limb arteritis (arterial disease)
- 7: Varicose veins, varicose ulcer, vein deficiency
- 8: Arrhythmia
- 9: Haemorrhoids

Cancer

- 10: Cancer (all malignant tumours including leukaemia and lymphomas)

Respiratory diseases

- 11: Asthma (including allergic)
- 12: Chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema
- 13: Allergic rhinitis (hay fever), allergic conjunctivitis

Diseases or problems concerning bones and joints

- 14: Lumbar pain(kidney pain) and other chronic back problems
- 15: Neck pain and other chronic cervical anomalies
- 16: Scoliosis, kyphosis, spinal cord deformities
- 17: Rheumatoid arthritis
- 18: Other arthrosis (inflammation of the joints)
- 19: Arthrosis of the knee (joint degeneration)
- 20: Arthrosis of the hip
- 21: Arthrosis in other locations
- 22: Osteoporosis

Digestive diseases or problems

- 23: Stomach or duodenum ulcer
- 24: Cirrhosis of the liver, chronic liver disease
- 25: Food allergies

Endocrinial et metabolic diseases

- 26: Diabetes
- 27: Thyroid problems (hyperthyroidism, hypothyroidism, goitre)

Neurological diseases or problems

- 28: Serious headaches, migraines
- 29: Epilepsy
- 30: Alzheimer's and other similar diseases
- 31: Parkinson's disease
- 32: Multiple sclerosis

Psychic or mental diseases or problems

- 33: Chronic anxiety
- 34: Chronic depression
- 35: Autism
- 36: Schizophrenia
- 37: Down syndrome

Urinary or genital diseases or problems

- 38: Urinary incontinence (urinary leaks)
- 39: Urinary calculus
- 40: Cystitis, frequent urinary infections
- 41: Prostate adenoma

Skin disease or problems

- 42: Psoriasis
- 43: Skin allergies, eczema,
- 44: Eschar

Eye disease or problems

- 45: Cataract
- 46: Glaucoma
- 47: Strabismus

Other illnesses

- 48: Permanent injuries or residual effects caused by an accident
- 49: Other neurological problems
- 50: Other psychic or mental problems
- 51: Other disease(s) (example: genetic disorders...)

52: No illnesses or health problems

Filter: If BMALA=21:

B21MP Specify the other locations50 characters

Filter: If BMALA=49:

B49MP Specify the other neurological problems50 characters

Filter: If BMALA=50:

B50MP Specify the other psychic or mental problems50 characters

Filter: If BMALA = 51: (maximum of 10 additional complementary illnesses)

Loop j going from 1 to 10 maximum

BAUTM. Specify ... 1st illness50 characters

BSUIT. Other illness to declare

Yes -> add to j

No -> exit the loop

Then for each illness named (BMALA and BAUTM), ask the questions "MEDD"- "DERM"- "TRAIT" and the additional questions if need be (ex: for the disease diabetes, ask MEDD, DERM, TRAIT then BADIA, BTdia and BANN)

(the additional question blocks are on this page and the following pages, except for those on cancer which have been inserted into this block to take the order in which to ask the questions into account)

MEDD. Did a doctor make this diagnosis?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

DERM. Have you had this illness in the past 12 months?

Interviewer instructions for cancer: if the person is in remission and has been in remission for a year or more, indicate that the person has not had the disease in 12 months

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

FILTER: For those who declared having cancer (BMALA=10 in the illness card): ask BCANL and BCANA, if not, skip to TRAIT

BCANL. Where is the cancer located? (multiple answers possible)

1. Lung
2. Prostate
3. Breast
4. Colon, rectum
5. Skin
6. Kidney, bladder
7. Throat, larynx, mouth
8. Blood (lymphoma, leukaemia, Hodgkin's disease, melanoma...)
9. Uterus
10. Other

BCANA. How old were you when you were diagnosed? (If you have had several types of cancer, we are speaking of the last one you had)

/____/____ years old check: the answer must be <= the person's age

- Refuses to answer
 Doesn't know

TRAIT. Have you been treated for this illness in the last 12 months?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

Beginning of the additional question blocks

FILTER: For those who declared a permanent injury or residual effects caused by an accident (BMALA=48 on the illness card):

BMTC. Are you referring to residual effects from a cranial trauma?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

FILTER: For those who declared having a cataract (BMALA=45 on the illness card):

BCATA. Have you had an operation?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

FILTER: For those who declared having diabetes (BMALA=26 on the illness card):

Interviewer instructions: do not count diabetes insipidus:

You are to take the conventional form of diabetes, or diabetes mellitus, which can also be called type 1 diabetes or type 2 diabetes. However, if someone specifies themselves that they have diabetes INSIPIDEUS: uncheck BMALA=26.

BADIA. How old were you the first time a doctor told you that you had diabetes?

/____/____ years old check: the answer must be <= the person's age

- Refuses to answer
 Doesn't know

BTDIA. Are you currently being treated for diabetes with INSULIN INJECTIONS?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

If Yes:

BANN. For how many years? /____/____ year(s) Doesn't know
check: the answer must be <= the person's age

**FILTER: For those who declared having had a cerebrovascular accident (BMALA=4 on the illness card):
BACV. How old were you when you had this (if several: the last) cerebrovascular accident (stroke)?**

/ ___ / ___ years old check: the answer must be <= the person's age

- Refuses to answer
- Doesn't know
- Refuses to answer
- Doesn't know

BACVS. Do you currently have residual effects from this (or these) accident(s)?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

If Yes (if BACVS=1): BACVSQ. What are they? (multiple answers are possible)

1. Hemiplegia or hemiparesia (total or partial paralysis of an upper limb and a lower limb on the same side)
2. Paralysis of one single limb
3. Tetraplegia (paralysis of 4 limbs)
4. Balance problems
5. Sensory problems
6. Language or speaking problems, difficulties articulating or pronouncing words (aphasia, dysarthria)
7. Visual problems
8. Problems swallowing (swallowing the wrong way, aspiration)
9. Impaired consciousness
10. Memory problems
11. Urinary incontinence
12. Other:

If Other (if BACVSQ=12), BACVSP. Specify:

End of the additional questions block

At this stage, we have finished the questions asked illness per illness

Filter: If the person works (SITUA=1 or 2 or TRAVAIL=1 - page 26) or if the person has ever worked (ACTIVANTE=1 - page 26) and if the person has declared at least one illness in the BMALA question

BMP. Was one of your illnesses recognized as an occupational disease?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

filter: if BMP=1:

If yes, which one?

BM1P. |_|_| number from 1 to 51

For questions 49, 50, and 51, present the modalities in the following way:

49. Other neurological disorders: "display the disorder specified in B49MP"

50. Other psychic and mental problems: "display the problem specified in B50MP"

51. Other illnesses. "Display all the illnesses specified in BAUTM"

Anticipate 2 occupational diseases at most

End of Filter: If the person works (SITUA=1 or 2 or TRAVAIL=1 s(pages 36-37-38)) or if the person has ever worked (ACTIVANTE=1 (page 38))

Questions asked of everyone:

Over the past 12 months, have you repeatedly had... Interviewer instructions: if the person answers YES verify that the person really has the symptoms repeatedly	1. Yes 2. No 9. Doesn't know
BSYMP1T ... problems sleeping?.....	__
BSYMP2T ... fatigue?.....	__
BSYMP3T ... a loss of appetite or anorexia or bulimia?.....	__
BSYMP4T ... heartburn, gastric or oesophageal reflux?.....	__
BSYMP5T ... palpitations, tachycardia?.....	__
BSYMP6T ... faintness, light-headedness, dizziness, vertigo (seeing stars)?.....	__
BSYMP7T ... shortness of breath (problems breathing)?.....	__
BSYMP8T ... colitis, chronic intestinal pain, constipation?...	__
BSYMP9T ... stress?.....	__
BSYMP10T... another symptom?.....	__

Filter: if BSYMP10T=Yes:

BSYMP10Q. What is it? (specify in plain text) | _____ 50 characters

Module B3 - Health – Recourse to treatments, prevention

Oral health

BSBD1. Would you say your oral health (mouth, teeth, gums) is...?

read the possible answers

1. Very good
2. Good
3. Average
4. Bad
5. Very bad
8. Refuses to answer
9. Doesn't know

FILTER: If the person is at least 5 years old (if AGE >= 5 years old):

BSBD2. Do you have...?

read the possible answers

(do not ask questions 3 and 4 if 5 <= AGE <= 15)

1. All of your teeth intact
2. All of your teeth, some of which were treated or replaced
3. Lost part of your teeth, but you still have enough left to chew easily without a dental prosthesis (do not take wisdom teeth or baby teeth into account)
4. Lost all or most of your teeth
8. Refuses to answer
9. Doesn't know

FILTER: If the person is at least 18 and has not lost all of their teeth (if AGE>=18 years old and BSBD2<>4):

BSBD3. Do you have one of the following dental problems?

(multiple answers possible) read the possible answers

1. Unfilled cavities
2. Receding gums
3. Frequent dental abscesses
4. None of the above
8. Refuses to answer
9. Doesn't know

Daily life accidents

BAVC1. In the past 3 months, were you the victim of one or more accidents or traumas necessitating care from a healthcare professional (such as a doctor, pharmacist, nurse physical therapist...):

1. Yes..... -> skip to BAVC2
2. Non..... -> skip to BGEN (page 62)
8. Refuses to answer..... -> skip to BGEN (page 62)
9. Doesn't know..... -> skip to BGEN (page 62)

Concerning the last accident or traumatism:

Filter: If the person works (SITUA=1 or 2 – page 36 or TRAVAIL=1 - page 37) or if the person has ever worked (ACTIVANTE=1 - page 38)

BAVC2. Was this a workplace accident, recognized as such? (including accidents while commuting)

1. Yes
2. No
3. No professional activity during the past 3 months
8. Refuses to answer
9. Doesn't know

BAVC3. Where did this accident occur?**read the possible answers**

1. At home (at your home or someone else's, including the garden, garage...)
2. Elsewhere than at home (street, store, park, sports centre, museum...)
8. Refuses to answer
9. Doesn't know

What were you doing at the time of this accident or traumatism?**BAVC4a. Did it occur while commuting?**

1. Yes.....->skip to BAVC4ap
2. No.....->skip to BAVC4b
8. Refuses to answer.....->skip to BAVC4b
9. Doesn't know.....->skip to BAVC4b

FILTER: If yes (If BAVC4a=1):**BAVC4ap. How? (car, motorcycle, moped, scooter, bike, roller-skates or rollerblades, walking, other):** _____ Refuses to answer Doesn't know****Filter: If AGE>=3 years old: (if not, go to BAVC5)******BAVC4b. Do you play a sport?**

1. Yes->skip to BAVC4bp
2. No->skip to BAVC4c
8. Refuses to answer->skip to BAVC4c
9. Doesn't know ...->skip to BAVC4c

FILTER: If yes (If BAVC4b=1):**BAVC4bp. Which one?** _____ 50 characters Refuses to answer Doesn't know**BAVC4ba. Was this supervised, in a club, in a school setting, etc?**

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

BAVC4c. Did you have another activity?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

****End of Filter: If AGE>=3 years old *********BAVC5. How were you injured?****read the possible answers**

1. You fell (collapsed)
2. You received a shock, a blow
3. You were cut, pricked, bitten, penetrated by a foreign body
4. You were intoxicated (through ingestion, inhalation, other...)
5. You suffocated, drowned
6. You were burned, were in an explosion
7. Other types of accidents
8. Refuses to answer
9. Doesn't know

BAVC6. In the 48 hours following this accident or traumatism, were you limited in your usual activities?**read the possible answers**

1. Yes, severely limited
2. Yes, limited
3. No, not at all
8. Refuses to answer
9. Doesn't know

Recourse to treatment

BGEN. (define the parameters of the question according to age)

If age>15: In the past 12 months, did you consult a general practitioner for yourself?

If age<=15: In the past 12 months, have you seen a generalist or paediatrician at least once for yourself?

1. Yes.....-> BGENNBB
2. No.....-> BSPE
8. Refuses to answer.....-> BSPE
9. Doesn't know....-> BSPE

filter if YES:

BGENNBB. How many times in the past 12 months? |_|_| (1 - 99)

Refuses to answer Doesn't know

BSPE. In the past 12 months, have you consulted a specialist for yourself?

1. Yes.....-> BSPETYP
2. No.....-> BHOP
8. Refuses to answer-> BHOP
9. Doesn't know....-> BHOP

BSPETYP. Which one?

(multiple answers possible) read the possible answers

1. Ophthalmologist
2. Gynaecologist
3. Cardiologist
4. Surgeon or anaesthesiologist
5. Phlebologist,
6. Endocrinologist or diabetologist
7. Neurologist
8. Psychiatrist
9. Dermatologist
10. Rheumatologist
11. Others
98. Refuses to answer
99. Doesn't know

filter: if Others (if BSPETYP=11):

BSPETYP1A. What other specialist did you consult? _____ (Enter the name in plain text)

BSPETYP1AUT. Did you consult another?

1. Yes-> BSPETYP2A
2. No-> BHOP

BSPETYP2A. Which one? _____ (enter the name in plain text)

BSPETYP2AUT. Did you consult another?

1. Yes-> BSPETYP3A
2. No-> BHOP

BSPETYP3A. Which one? _____ (enter the name in plain text)

BSPETYP2A. Which one? _____ (**enter the name in plain text**)

BSPETYP2AUT. Did you consult another?

1. Yes-> BSPETYP3A
2. No-> BHOP

BSPETYP3A. Which one? _____ (**enter the name in plain text**)

BHOP. In the past 12 months, were you hospitalized for at least one night?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

In the past 12 months, did you, yourself, consult a...

BCONS0 ... a dentist

Yes\No\Refuses to answer\Doesn't know

BCONS1 ... a medical laboratory, a, X-ray centre

Yes\No\Refuses to answer\Doesn't know

BCONS2 ... a physical therapist

Yes\No\Refuses to answer\Doesn't know

BCONS3 ... a nurse or a midwife (except during any hospitalisations, in a laboratory, in an X-ray centre or at home)

Yes\No\Refuses to answer\Doesn't know

BCONS4 ... a nutritionist

Yes\No\Refuses to answer\Doesn't know

BCONS5 ... a speech therapist

Yes\No\Refuses to answer\Doesn't know

BCONS7 ... an occupational therapist

Yes\No\Refuses to answer\Doesn't know

BCONS8 ... a psychologist or an psychotherapist

Yes\No\Refuses to answer\Doesn't know

BCONS9 ... a chiropodist or a podiatrist

Yes\No\Refuses to answer\Doesn't know

BCONS10 ... a homeopath

Yes\No\Refuses to answer\Doesn't know

BCONS11 ... an acupuncturist

Yes\No\Refuses to answer\Doesn't know

BCONS12 ... an chiropractor or an osteopath

Yes\No\Refuses to answer\Doesn't know

BCONS13 ... a phytotherapist

Yes\No\Refuses to answer\Doesn't know

BCONS14 ... another paramedical healthcare professional

Yes\No\Refuses to answer\Doesn't know

B2REC. In the past 12 months, have you had to renounce surgical or dental medical care even though you really needed it?

read the possible answers

1. Yes, several times-> skip to B2RECa
2. Yes, once-> skip to B2RECa
3. No, never-> skip to BVACC1, next page
4. Other-> skip to BVACC1, next page
8. Refuses to answer-> skip to BVACC1, next page
9. Doesn't know-> skip to BVACC1, next page

FILTER: If YES to B2REC, ask questions B2RECA and B2RECB:

B2RECA. As for the last time you renounced medical care, was it...

read the possible answers

1. A hospitalisation (including day hospitalisation and home hospitalisation)
2. Dental or orthodontic care
3. Consulting a general practitioner
4. Consulting a specialist
8. Refuses to answer
9. Doesn't know

B2RECB. What was the main reason?

1. I couldn't afford it (too expensive or not adequately reimbursed by my health insurance)
2. The waiting period for obtaining an appointment was too long
3. I had no referral
4. I didn't have time
5. I live too far away / there are not enough methods of transportation / too hard to get there
6. I'm afraid of doctors, dentists, the hospital and/or treatment
7. I wanted to wait and see if it would go away by itself
8. I didn't know a good specialist, a good general practitioner or a good dentist
9. For other reasons
98. Refuses to answer
99. Doesn't know

FILTER: If B2RECA =2 (renouncing dental or orthodontic care):

B2RECC. Was this...?

read the possible answers

1. Having a dental prosthesis (a bridge, a crown...) or dentures put in or taken care of
2. Having an orthodontic apparatus put in or taken care of
3. Getting a cavity filled
4. Going to the dentist in general
8. Refuses to answer
9. Doesn't know

Preventative actions

Vaccinations

Introduction: I would now like to ask you some questions about vaccinations.

BVACC1. Do you believe you're up to date with your vaccinations?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

BVACC2. Do you have a written document on which the vaccinations you've had are documented?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

BVACC3. If AGE >= 10 years old: Have you been vaccinated against Hepatitis B in the past 10 years?

If AGE < 10 years old: Have you been vaccinated against Hepatitis B since you were born?

read the possible answers

1. Yes, three or more
2. Yes, less than 3 doses
3. Yes, but does not know the number of doses
4. No
8. Refuses to answer
9. Doesn't know

BVACC4. Have you ever gotten a flu vaccination?

1. Yes->skip to BVACC4a
2. No->skip to BHTA, next page
8. Refuses to answer->skip to BHTA, next page
9. Doesn't know->skip to BHTA, next page

FILTER: If answers YES to BVACC4, ask questions BVACC4A and BVACC4B:

BVACC4A. When was the last time you got one?

read the possible answers

1. This year (since the beginning of the year).-> BVACC4b
2. Last year.....-> BVACC4b
3. The year before last-> skip to BHTA
8. Refuses to answer-> skip to BHTA
9. Doesn't know-> skip to BHTA

filter: if this year or last year (if BVACC4a=1 or 2):

BVACC4B. Can you tell me what month you went?

Month (1-12)

Refuses to answer Doesn't know

Medical Examinations

Filter: If AGE >= 18 years old: question block BHTA-BHTAA-BCHOL-BCHOLA:

BHTA. Has your blood pressure ever been taken by a healthcare professional?

1. Yes->skip to BHTAa
2. No->skip to BCHOL
8. Refuses to answer.....->skip to BCHOL
9. Doesn't know->skip to BCHOL

FILTER: If YES, ask BHTAA questions:

BHTAA. When was your blood pressure taken for the last time?

read the possible answers

1. Less than a year ago
2. Less than 5 years ago
3. More than 5 years ago
8. Refuses to answer
9. Doesn't know

BCHOL. Have you ever had your cholesterol level tested?

1. Yes
2. No.....->skip to BMAM if woman 18 years old or older or BCOLO1 if not
3. Doesn't know ...->skip to BMAM if woman 18 years old or older or BCOLO1 if not
4. Refuses to answer->skip to BMAM if woman 18 years old or older or BCOLO1 if not

FILTER: If YES, ask BCHOLA question:

BCHOLA. When was it last tested?

read the possible answers

Only one single answer is possible: skip to the next question as soon as you have a positive answer

1. Less than 1 year ago
2. Less than 2 years ago
3. Less than 3 years ago
4. More than 3 years ago
8. Refuses to answer
9. Doesn't know

FILTER: BLOCK only for women 18 to 80 years of age:

BMAM. Have you ever had a mammogram, that is, a breast X-ray?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

FILTER: If YES, ask question BMAMA:

BMAMA. When was your last mammogram?

read the possible answers

Only one single answer is possible: skip to the next question as soon as you have a positive answer

1. Less than 1 year ago
2. Less than 2 years ago
3. Less than 3 years ago
4. More than 3 years ago
8. Refuses to answer
9. Doesn't know

BFROT. Have you ever had a pap smear?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

FILTER: If YES, asks question BFROTA:

BFROTA. When was your last one?

read the possible answers

Only one single answer is possible: skip to the next question as soon as you have a positive answer

1. Less than 1 year ago
2. Less than 2 years ago
3. Less than 3 years ago
4. More than 3 years ago
8. Refuses to answer
9. Doesn't know

FILTER: BLOCK “Colon cancer” only for adults (18 years old and older):

BCOLO1. Have you even been tested for colon and rectal cancer (or intestinal cancer) by looking for blood in your stools (Hemoccult faecal occult blood test or Magstream test)?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

FILTER: If YES, ask BCOLO1A:

BCOLO1A. When was your last test?

read the possible answers

Only one single answer is possible: skip to the next question as soon as you have a positive answer

1. Less than 1 year ago
2. Less than 2 years ago
3. Less than 3 years ago
4. More than 3 years ago
8. Refuses to answer
9. Doesn't know

BCOLO2. Have you ever had a colonoscopy (examination of the colon and the rectum)?

read the possible answers

1. Yes after screening for blood in my stool
2. Yes, as ordered by a doctor
3. No
8. Refuses to answer
9. Doesn't know

FILTER: If YES (BCOLO2=1 or 2), ask BCOLO2A:

BCOLO2A. When was your last colonoscopy?

read the possible answers

Only one single answer is possible: skip to the next question as soon as you have a positive answer

1. Less than 1 year ago
2. Less than 2 years ago
3. Less than 3 years ago
4. More than 3 years ago
8. Refuses to answer
9. Doesn't know

DETERMINANTS OF HEALTH

BTAIL. How tall are you in cm?

cm 20 to 250 Refuses to answer Doesn't know

Interviewer instructions: ask the weight before pregnancy for pregnant women.

BPDS. How much do you weigh?

kg 5 to 200 Refuses to answer Doesn't know

Nutrition

Filter: if AGE>= 3 years old and APTER <> 0 ask the BNUT1 through BNUT4B

BNUT1. Do you eat fruit (including 100% pure juice fruit juice) every day?

1. Yes->skip to BNUT1A
2. No->skip to BNUT1B
8. Refuses to answer->skip to BNUT2
9. Doesn't know->skip to BNUT2

Filter: if yes to BNUT1:

BNUT1A. How much do you eat per day?

Interviewer instructions: 1 portion of fruit = 1 apple or 1 fruit salad or 1 bunch of grapes or 1 fruit compote

1. 1 portion
2. 2 portions
3. 3 portions
4. 4 portions or more
8. Refuses to answer
9. Doesn't know

Filter: if no to BNUT1:

BNUT1B. How much do you eat per week?

read the possible answers

1. 4 to 6 portions per week,
2. 2 to 3 portions per week
3. one portion per week or less
4. none
8. Refuses to answer
9. Doesn't know

BNUT2. Do you eat vegetables (except potatoes) every day?

1. Yes->skip to BNUT2A
2. No->skip to BNUT2B
8. Refuses to answer->skip to BNUT3
9. Doesn't know->skip to BNUT3

Filter: if yes to BNUT2:

BNUT2A. How many do you eat per day?

Interviewer instructions: 1 portion of vegetables = 1 “portion” of green beans or 1 tomato salad as an appetizer or a portion of ratatouille or a mixed salad

1. 1 portion
2. 2 portions
3. 3 portions
4. 4 portions or more
8. Refuses to answer
9. Doesn't know

Filter: if no to BNUT2:

BNUT2B. How much do you eat per week?

read the possible answers

1. 4 to 6 portions per week,
2. 2 to 3 portions per week
3. one portion per week or less
4. None

8. Refuses to answer
9. Doesn't know

BNUT3. Do you eat dairy products every day?

Interviewer instructions: take milk, cheese, yoghurt, cottage cheese, and fromage blanc but not milky desserts like crèmes and flans into account

1. Yes->skip to BNUT3A
2. No->skip to BNUT3B
8. Refuses to answer->skip to BNUT4
9. Doesn't know->skip to BNUT4

Filter: if yes to BNUT3:

BNUT3A. How much do you eat per day?

Interviewer instructions: 1 portion of dairy products = 1 yoghurt or 1 glass of milk or 2 fromage blancs

1. 1 dairy product
2. 2 dairy products
3. 3 dairy products
4. 4 dairy products or more
8. Refuses to answer
9. Doesn't know

Filter: if no to BNUT3:

BNUT3B. How much do you eat per week?

read the possible answers

1. 4 to 6 dairy products
2. 2 to 3 dairy products
3. 1 dairy product per week or less
4. None
8. Refuses to answer
9. Doesn't know

BNUT4. Do you eat meat, poultry, ham, eggs, fish or other fish products every day?

Interviewer instructions: Charcuterie is not included in this category

1. Yes->skip to BNUT4A
2. No->skip to BNUT4B
8. Refuses to answer->skip to module C page 69
9. Doesn't know->skip to module C page 69

Filter: if yes to BNUT4:

BNUT4A. How many times a day do you eat them?

Interviewer instructions: 1 portion of meat=1 slice of ham or 1 steak or 2 eggs

1. Once
2. Twice
3. Three times
4. Four times or more
8. Refuses to answer
9. Doesn't know

Filter: if no to BNUT4:

BNUT4B. How many times per week?

read the possible answers

1. 4 to 6 times per week,
2. 2 to 3 times per week
3. Once a week or less
4. Never
8. Refuses to answer
9. Doesn't know

Module C - Deficiencies

Here is **card 1** on illnesses, used several times in this module (same card as used in module B2):

Cardiovascular disease or problems

- 1: Myocardial infarction
- 2: Coronary artery disease, angina pectoris, (besides myocardial infarction)
- 3: Hypertension
- 4: Cerebrovascular accident, stroke (cerebral haemorrhage, cerebral thrombosis)
- 5: Heart failure
- 6: Lower limb arteritis (arterial disease)
- 7: Varicose veins, varicose ulcer, vein deficiency
- 8: Arrhythmia
- 9: Haemorrhoids

Cancer

- 10: Cancer (all malignant tumours including leukaemia and lymphomas)

Respiratory diseases

- 11: Asthma (including allergic)
- 12: Chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema
- 13: Allergic rhinitis (hay fever), allergic conjunctivitis

Diseases or problems concerning bones and joints

- 14: Lumbar pain(kidney pain) and other chronic back problems
- 15: Neck pain and other chronic cervical anomalies
- 16: Scoliosis, kyphosis, spinal cord deformities
- 17: Rheumatoid arthritis
- 18: Other arthrosis (inflammation of the joints)
- 19: Arthrosis of the knee (joint degeneration)
- 20: Arthrosis of the hip
- 21: Arthrosis in other locations
- 22: Osteoporosis

Digestive diseases or problems

- 23: Stomach or duodenum ulcer
- 24: Cirrhosis of the liver, chronic liver disease
- 25: Food allergies

Endocrinial et metabolic diseases

- 26: Diabetes
- 27: Thyroid problems (hyperthyroidism, hypothyroidism, goitre)

Neurological diseases or problems

- 28: Serious headaches, migraines
- 29: Epilepsy
- 30: Alzheimer's and other similar diseases
- 31: Parkinson's disease
- 32: Multiple sclerosis

Psychic or mental diseases or problems

- 33: Chronic anxiety
- 34: Chronic depression
- 35: Autism

36: Schizophrenia
37: Down syndrome

Urinary or genital diseases or problems

38: Urinary incontinence (urinary leaks)
39: Urinary calculus
40: Cystitis, frequent urinary infections
41: Prostate adenoma

Skin disease or problems

42: Psoriasis
43: Skin allergies, eczema,
44: Eschar

Eye disease or problems

45: Cataract
46: Glaucoma
47: Strabismus

Other illnesses

48: Permanent injuries or residual effects caused by an accident
49: Other neurological problems
50: Other psychic or mental problems
51: Other disease(s)

Introduction: We will now talk about the concrete consequences of your illnesses or other health problems. Do not take temporary problems into account.

***** Motor problems *****;

DEFQMOUV. Do you have one of the following motor problems?

**Present CARD 2 from the card section
(multiple answers possible)**

0. In a vegetative state or in a coma
1. Total paralysis of one or more body parts
2. Partial paralysis of one or more body parts.....
3. Amputation
4. Great discomfort in the joints (pain, stiffness, limitation of movement)
5. Limitation in muscle power.....
6. Uncontrollable or involuntary movement
7. Balance problems.....
8. Other problems limiting movement.....
9. None of the above

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

FILTER: If DEFQMOUV = 8 (other problems):

DPMOUV. Specify? enter in plain text |_____|

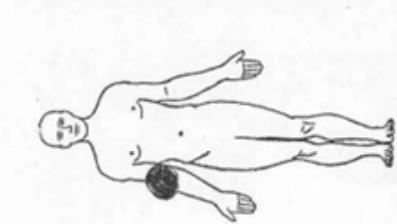
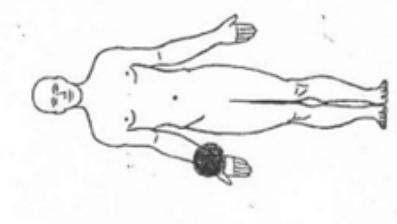
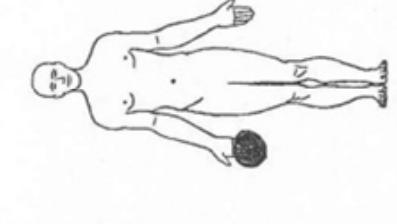
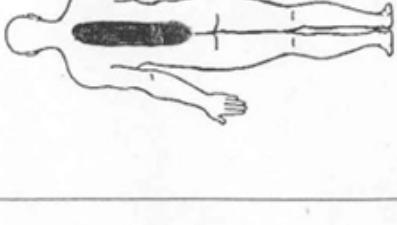
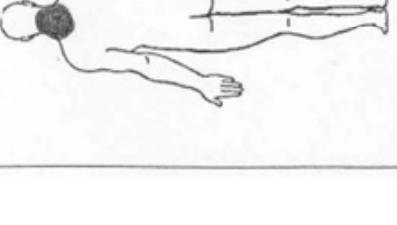
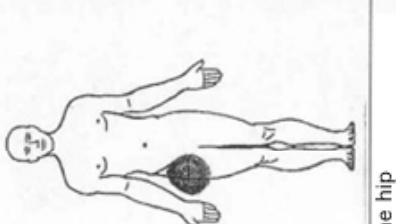
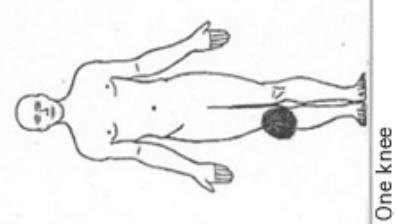
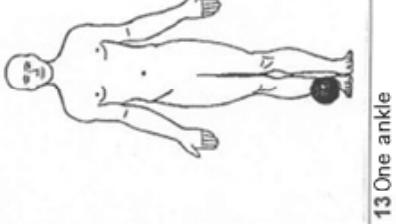
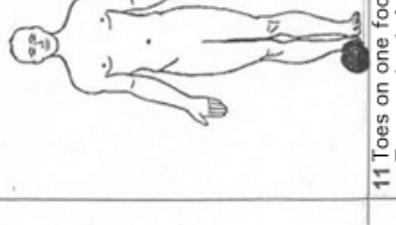
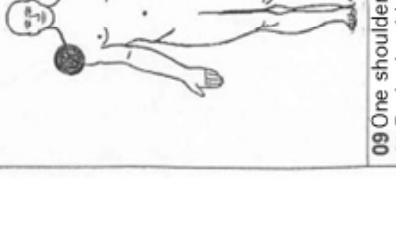
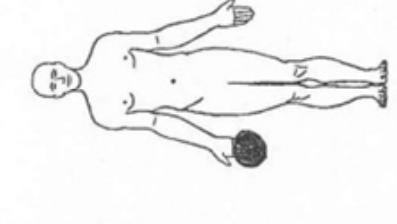
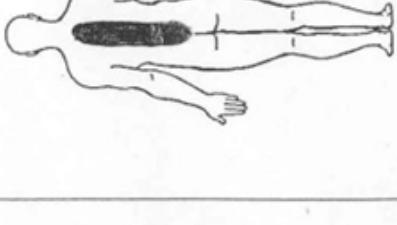
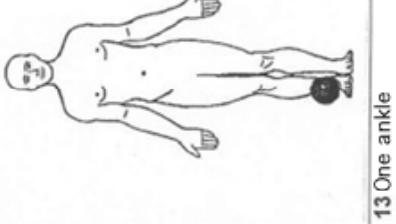
Filter: If DEFQMOUV=9 go to B1VUE (page 78)

If not, continue

card 3 AFFECTED JOINTS

AFFECTED JOINTS CARD

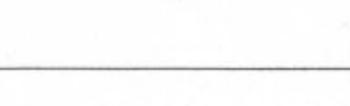
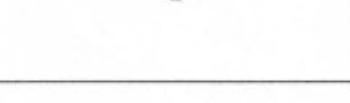
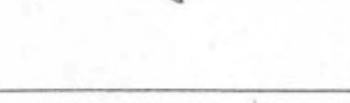
The zones where the affected joints are located are in grey.
Point to the drawing representing your situation (multiple answers possible)

01 Neck		02 Back (or part of back)		03 Fingers on one hand		05 One wrist		07 One elbow	
04 Fingers on both hands		06 Both wrists		08 Both elbows		09 One shoulder		10 Both shoulders	
01 One ankle		13 One ankle		15 One knee		17 One hip		18 Both hips	
02 Both ankles		14 Both ankles		16 Both knees		18 Both hips			
09 One foot		11 Toes on one foot		13 Toes on both feet		15 One knee			
10 Both feet		12 Toes on both feet		14 Both feet		16 Both knees			

carte 4 PARALYSIS OR LIMITATION OF MUSCULAR STRENGTH

PARALYSIS OR LIMITATION OF MUSCULAR POWER

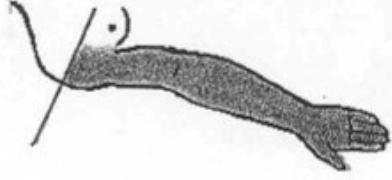
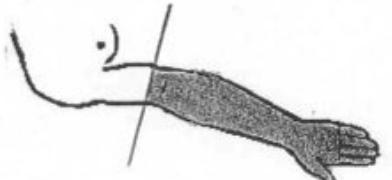
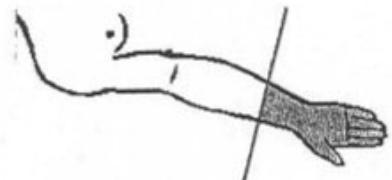
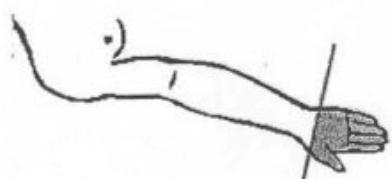
The paralysed zones or zones where the muscular power is limited are in grey. Point to the drawing representing your situation (multiple answers possible)

	01 Four limbs		
	02 Two lower limbs	03 Upper and lower limbs on the same side (right or left)	04 Upper limb (right or left)
			05 Lower limb (right or left)
			
			
			
			
			
			
			
			
			
			
			
			
			

carte 5 AMPUTATION

AMPUTATION CARD

The amputation level is depicted with a line.
Point to the drawing representing your situation (multiple answers possible)

	01 Phalanges or fingers on one hand 02 Phalanges or fingers on both hands	03 One hand below the wrist 04 Both hands below the wrists	05 One hand above the wrist 06 Both hands above the wrists	07 One arm above the elbow 08 Both arms above the elbows	09 One arm shoulder level 10 Both arms shoulder level
					
					
					
	11 Phalanges or toes on one foot 12 Phalanges or toes on both feet	13 One foot below the ankle 14 Both feet below the ankles	15 One foot above the ankle 16 Both feet above the ankles	17 One leg above the knee 18 Both legs above the knees	19 One leg at hip level 20 Both legs at hip level

Filter: if DEFQMOUV = 1:

Show CARD 4 from the card section (multiple answers possible)

DEF1PARA. Which part(s) of your body are completely paralysed?

1. Four limbs
2. Two lower limbs
3. An upper and lower limb on the same side (right or left)
4. An upper limb (right and/or left)
5. A lower limb (right or left)
6. Facial paralysis
7. One hand
8. Both hands
9. One forearm
10. Both forearms
11. One foot
12. Both feet
13. One leg
14. Both legs

Filter: if DEFQMOUV =2:

Show CARD 4 from the card section (multiple answers possible)

DEF2PARA. Which part(s) of your body are partially paralysed?

1. Four limbs
2. Two lower limbs
3. An upper and lower limb on the same side (right or left)
4. An upper limb (right and/or left)
5. A lower limb (right or left)
6. Facial paralysis
7. One hand
8. Both hands
9. One forearm
10. Both forearms
11. One foot
12. Both feet
13. One leg
14. Both legs

Filter: if DEFQMOUV = 5:

Show CARD 4 from the card section (multiple answers possible)

DEF5PARA. Which part(s) of your body are affected by a limitation of muscle power?

1. Four limbs
2. Two lower limbs
3. An upper and lower limb on the same side (right or left)
4. An upper limb (right and/or left)
5. A lower limb (right or left)
6. Facial paralysis

7. One hand
8. Both hands
9. One forearm
10. Both forearms
11. One foot
12. Both feet
13. One leg
14. Both legs

Filter: if DEFQMOUV = 3:

Amputation - Show CARD 5 from the card section (multiple answers possible)

DEFAMPUT. Which part(s) of your body are affected?

1. Phalange or finger on one hand
2. Phalange or finger on both hands
3. One hand below the wrist
4. Both hands below the wrist
5. One hand above the wrist
6. Both hands above the wrists
7. One arm below the elbow
8. Both arms below the elbows
9. One arm at shoulder level
10. Both arms at shoulder level
11. Phalanges or toes on one foot
12. Phalanges or toes on both feet
13. One foot below the ankle
14. Both feet below the ankle
15. One foot above the ankle
16. Both feet above the ankles
17. One leg below the knee
18. Both feet below the knees
19. One leg at hip level
20. Both legs at hip level

Filter: if DEFQMOUV = 4:

Discomfort in the joints (pain, stiffness, limitation of movement)

Show CARD 3 from the card section (multiple answers possible)

DEFARTI. Which part(s) of your body are affected?

1. Neck
2. Back (or part of back)
3. Fingers on one hand
4. Fingers on both hands
5. One wrist
6. Both wrists
7. One elbow
8. Both elbows
9. One shoulder
10. Both shoulders
11. Toes on one foot

12. Toes on both feet
13. One ankle
14. Both ankles
15. One knee
16. Both knees
17. One hip
18. Both hips

Filter: if DEFQMOUV = 6:

DEFINCONT. Which part(s) of your body is (are) affected by uncontrollable or involuntary movement? (multiple answers possible)

- 1 Upper limbs
- 2 Lower limbs
- 3 Face

FILTER If DEFQMOUV = 6 or 8: ⇒ go to B1VUE (page 78)

*** ask the next question block (D1PROPM to DEFMP) if DEFQMOUV = 0, 1, 2, 3, 4, 5 or 7 *****

If there are multiple answers, describe the 2 most serious (in order of decreasing seriousness: 0, 1, 2, 3, 4, 5, 7)***

D1PROBM.

How long (in months or years) have you had this motor problem? ([problem X])
since /__/_ Doesn't know

Interviewer instructions: if the interviewee has difficulty calculating, check 'doesn't know'

D2PROBM. Time unit

- 1 month(s) 2 year(s)

If D1PROBM = Doesn't know

DAPROBM. Approximately how old were you when this motor problem appeared? ([problem X])

I was /__/_ years old. check: DAPROBM <= age of the interviewee

FILTER: in cases where the problem began at birth or before the age of 5:

DEFMOT. Is it more precisely related to a complication in your mother's pregnancy or delivery ([problem X])?

1. Yes → skip to ILLNESS BLOCK
2. No → skip to TRAUMATISM, ACCIDENT, AGGRESSION BLOCK

TRAUMATISM, ACCIDENT, AGGRESSION BLOCK

DEFMAC. Was this motor problem caused by a traumatism, an accident or an aggression? ([problem X])

1. Yes
2. No → go to ILLNESS BLOCK

FILTER: If DEFMAC = 1 and if the person declared a "permanent injury or residual effect caused by an accident" (BMALA48 from card 1 in module B2):

DEFMACL. Is this related to the injury caused by an accident that you declared earlier? ([problem X])

- 1. Yes
- 2. No

FILTER: If DEFMAC = 1:

DEFMNAT. What sort of traumatism, accident or aggression was it? ([problem X])

Show card 6 from the card section

- 1. Workplace accident
- 2. Traffic accident
- 3. Home accident (that happened at home, including doing home repairs or gardening)
- 4. Sporting accident
- 5. Another daily life accident (that occurred doing leisure activities, in shops, in museums, on walks, in school besides PE, etc.)
- 6. Medical operation or results of a medical treatment
- 7. Attempted suicide
- 8. Abuse as a child
- 9. Domestic violence, between partners
- 10. Another aggression, including acts of war
- 11. Another type of traumatism

Skip to block OTHER CAUSES

ILLNESS BLOCK

DEFMMA. Was this motor problem caused by an illness or other health problem? ([problem X])

1. Yes -> DEFMMAC
2. No -> go to OTHER CAUSES BLOCK

DEFMMAC. Is this an illness or other health problem you've already mentioned? ([problem X])

1. Yes -> DEFMMAN
2. No -> return to the illness list
8. Refuses to answer -> skip to OTHER CAUSES BLOCK

DEFMMAN. Which one? ([problem X])

Skip to OTHER CAUSES BLOCK

OTHER CAUSES BLOCK

Filter: if the person has ever worked (SITUA=1 or 2 or TRAVAIL=1 or ACTIVANTE = 1 in TCM):

DMACTI . Did your work conditions play a role in or contribute to worsening this motor problem? ([problem X])

1. Yes -> DMACTIP
2. No -> DMCVIE
8. Refuses to answer -> DMCVIE
9. Doesn't know -> DMCVIE

filter: if Yes (if DMACTI = 1):

DMACTIP. Is it more specifically due to...

The interviewer reads the possible answers

1. Physically difficult work conditions
2. Being exposed to pollutants
3. Stress, harassment
4. Other cause related to work conditions
8. Refuses to answer
9. Doesn't know

DMACTIA. If other, specify:

DMCVIE. Did your living conditions or another important event in your life play a role or contribute to worsening this motor problem? ([problem X])

1. Yes -> DMCVIEP
2. No -> DEFMAUT
8. Refuses to answer -> DEFMAUT
9. Doesn't know -> DEFMAUT

filter: if DMCVIE = 1:

DMCVIEP. It was more specifically...

The interviewer reads the possible answers

1. Financial problems

2. Family problems (such as the death of a loved one)
3. Loss of employment, long-term unemployment or forced inactivity
4. Other cause related to living conditions
8. Refuses to answer
9. Doesn't know

DMCVIEA. If other, specify:.....

DEFMAUT. Is there something else that could have provoked or worsened this motor problem? ([problem X])

1. Yes -> DEFMP
2. No -> B1VUE
8. Refuses to answer -> B1VUE
9. Doesn't know -> B1VUE

filter: if DEFMAUT = 1:

DEFMP. What is it? Enter in plain text | _____ |

***** End of filter DEFQMOUV =0,1,2,3,4,5 or 7 (motor problems) *****

***** Seeing problems *****;

B1VUE. Do you wear glasses or contact lenses?

1. Yes
2. No

DEFVISU.

If B1VUE=Do you have problems seeing without your contacts or glasses?

If B1VUE=2 Do you have seeing problems?

- 1 Yes ⇒ go to DEFQVISU
- 2 No ⇒ go to B1OUI, page 80
- 8 Refuses to answer ⇒ go to B1OUI, page 80
- 9 Doesn't know ⇒ go to B1OUI, page 80

FILTER: If DEFVISU = 1:

DEFQVISU. Is this related to one (or several) of the following problems?

Interviewer instructions: The interviewer reads the possible answers (multiple answers possible)

1. Blind (or just perceives light))
2. Visually impaired (**Interviewer instructions:** for a serious visual deficiency without being blind).....
3. One eye sees nothing or practically nothing
4. Problems seeing near or far but neither visually impaired nor blind
5. Limitation of the visual field (no peripheral vision or cannot see in part of the visual field)
6. Other visual problem (trouble seeing colours, visual fatigue)

- 1
- 2
- 3
- 4
- 5
- 6

8. Refuses to answer
 9. Doesn't know.....

8
 9

FILTER: If DEFQVISU = 6 (Other visual problem):

DPVISU. Specify: Enter in plain text | _____ |

FILTER If DEFQVISU = 4, 6, 8 or 9: ⇒ go to B1YES (page 80)

****The D1PROBV to DEFVP question block is only gone through once for the most serious answer to the question DEFQVISU among the answers 1, 2, 3 or 5 (in order of decreasing seriousness: 1,2,3,5) *******

D1PROBV.

How long (in months or years) have you had this seeing problem? ([problem X])
 for /__/_ / Doesn't know

Interviewer instructions: if the interviewee has trouble calculating, check 'doesn't know'

D2PROBV. Unit of time

1. month(s) 2. year(s)

If D1PROBV = Doesn't know

DAPROBV. At approximately what age did this seeing problem appear? ([problem X])

When I was /__/_ years old. authorise Doesn't know

check: DAPROBV <=age of the interviewee

FILTER: in cases where the problem dates to birth or before the age of 5:

DEFVUE. Is this more specifically due to a complication in your mother's pregnancy or delivery?
 ([problem X])

- | | |
|--------|---|
| 1. Yes | -> skip to ILLNESS BLOCK |
| 2. No | -> skip to TRAUMATISM, ACCIDENT, AGGRESSION BLOCK |

TRAUMATISM, ACCIDENT, AGGRESSION BLOCK

DEFVAC. Was this seeing problem caused by a traumatism, an accident or an aggression?
 ([problem X])

1. Yes
 2. No -> go to ILLNESS BLOCK

FILTER: If DEFVAC = 1 and if the person declared a "permanent injury or residual effect caused by an accident" (BMALA48 from card 1 in module B2):

DEFVACL. Is this related to the injury caused by an accident that you declared earlier? ([problem X])

1. Yes
 2. No

FILTER: if DEFVAC = 1:

DEFVNAT. What type of traumatism, accident or aggression was it? ([problem X])

Show card 6 from the card section

1. Workplace accident
2. Traffic accident
3. Home accident (that happened at home, including doing home repairs)

or gardening)

4. Sporting accident
5. Another daily life accident (that occurred doing leisure activities, in shops, in museums, on walks, in school besides PE, etc.)
6. Medical operation or results of a medical treatment
7. Attempted suicide
8. Abuse as a child
9. Domestic violence, between partners
10. Another aggression, including acts of war
11. Another type of traumatism

skip to DEFVAUT

ILLNESS BLOCK

DEFVMA. Was this seeing problem caused by an illness or other health problem? ([problem X])

1. Yes
2. No -> go to DEFVAUT
9. Doesn't know -> go to DEFVAUT

FILTER: If DEFVMA = 1:

DEFVMAC- Was this an illness or other health problem previously mentioned? ([problem X])

1. Yes -> DEFVMAN
2. No -> return to the list of illnesses
8. Refuses to answer -> DEFVAUT

FILTER: if DEFVMAC = 1:

DEFVMAN . Which one? ([problem X])

Go to DEFVAUT

DEFVAUT. Is there anything else that could have caused or worsened this seeing problem? ([problem X])

1. Yes -> DEFVP
2. No -> B1OUI
8. Refuses to answer -> B1OUI
9. Doesn't know -> B1OUI

DEFVP. What is it?

Enter in plain text | _____ |

***** end of filter DEFQVISU = 1, 2, 3 or 5 (seeing problems)***** ;

***** Hearing problems***** ;

B1OUI. Do you wear an assistive listening device?

- 1. Yes -> TYPAUD
- 2. No, but I need one -> DEFQAUDI
- 3. No, I don't need one -> DEFAUDI
- 8. Refuses to answer -> DEFAUDI
- 9. Doesn't know -> DEFAUDI

Filter: if Yes, the person wears an assistive listening device (if B1OUI=1)

TYPAUD. What kind?

- 1. Hearing aid
- 2. Cochlear implant
- 3. Other

Filter: If No, the person says they do not need one or if they do not answer (if B1OUI=3,8 or 9)

DEFAUDI. Do you have hearing problems (hard of hearing, humming in the ears...)?

1. Yes
2. No ⇒ go to DEFPAROL (page 83)
8. Refuses to answer ⇒ go to DEFPAROL (page 83)
9. Doesn't know ⇒ go to DEFPAROL (page 83)

FILTER: If DEFQAUDI = 1 or B1OUI=1 or B1OUIB=2:

DEFQAUDI. Is this related to one (or several) of the following problems?

Interviewer instructions: read the possible answers, multiple answers possible

1. Complete deafness (in both ears)
2. Hard of hearing (Interviewer instructions: serious hearing problems but not deafness)
3. Deafness in one ear
4. Another hearing problem but not hard of hearing or deaf.....
5. Other hearing problem (humming, whistling, tinnitus...)
8. Refuses to answer
9. Doesn't know

- 1
- 2
- 3
- 4
- 5
- 8
- 9

FILTER: If DEFQAUDI = 5 (Other hearing problem):

DPAUDI. Specify. enter in plain text | _____ |

FILTER If DEFQAUDI = 4, 5, 8 or 9: ⇒ go to DEFPAROL (page 83)

****The D1PROBA to DEFAP question block is only gone through once for the most serious answer to the question DEFQAUDI among the answers 1, 2 or 3 (in order of decreasing seriousness: 1,2,3) *******

D1PROBA.

D1PROBA.

How long have you had this hearing problem? ([problem X])

for /__/_/ Doesn't know

Interviewer instructions: if the interviewee has trouble calculating, check 'doesn't know'

D2PROBA. Unit of time

1 month(s) 2 year(s)

If **D1PROBA** = Doesn't know

DAPROBA. At approximately what age did this hearing problem appear?
([problem X])

When I was /__/_/ years old. Doesn't know

check: DAPROBA <= age of the interviewee

FILTER: in cases where the problem dates to birth or before the age of 5:

DEFAUD. Is this more specifically due to a complication in your mother's pregnancy or delivery?
([problem X])

1. Yes -> skip to ILLNESS BLOCK
2. No -> skip to TRAUMATISM, ACCIDENT, AGGRESSION BLOCK

TRAUMATISM, ACCIDENT, AGGRESSION BLOCK

**DEFAAC - Was this hearing problem caused by a traumatism, an accident or an aggression?
([problem X])**

1. Yes

2. No -> go to ILLNESS BLOCK

Filter: if DEFAAC = 1 and if the person declared a “permanent injury or residual effect caused by an accident” (MALA48 from card 1 in module B2):

DEFAACL- Is this related to the injury caused by an accident that you declared earlier? ([problem X])

1. Yes
2. No

FILTER: if DEFAAC = YES:

DEFANAT. What type of traumatism, accident or aggression was it? ([problem X])

Show card 6 from the card section

1. Workplace accident
2. Traffic accident
3. Home accident (that happened at home, including doing home repairs or gardening)
4. Sporting accident
5. Another daily life accident (that occurred doing leisure activities, in shops, in museums, on walks, in school besides PE, etc.)
6. Medical operation or results of a medical treatment
7. Attempted suicide
8. Abuse as a child
9. Domestic violence, between partners
10. Another aggression, including acts of war
11. Another type of traumatism

skip to DEFAAUT

ILLNESS BLOCK

DEFAMA. Was this hearing problem caused by an illness or other health problem? ([problem X])

1. Yes -> go to DEFAMAC
2. No -> go to DEFAAUT
9. Doesn't know -> go to DEFAAUT

DEFAMAC- Was this an illness or other health problem previously mentioned? ([problem x])

1. Yes -> DEFAAN
2. No -> return to the list of illnesses
8. Refuses to answer -> DEFAAUT

DEFAAN. Which one? ([problem x])

Skip to DEFAAUT

DEFAAUT. Is there anything else that could have caused or worsened this hearing problem? ([problem x])

1. Yes -> DEFAP
2. No -> DEFPAROL

8. Refuses to answer -> DEFPAROL
9. Doesn't know -> DEFPAROL

DEFAP. What is it?

Enter in plain text | _____ |

***** end of filter DEFQAUDI = 1, 2 or 3 (hearing problems)*****

DEFPAROL – Do you have speech problems?

- | | |
|----------------------|-------------------|
| 1. Yes | ⇒ go to DEFQPAROL |
| 2. No | ⇒ go to DEFPSY |
| 8. Refuses to answer | ⇒ go to DEFPSY |
| 9. Doesn't know | ⇒ go to DEFPSY |

FILTER: If yes

DEFQPAROL – Is it more specifically...

Interviewer instructions: read the possible answers, multiple answers possible

- | | |
|--|----------------------------|
| 1. Dumb (mute) | <input type="checkbox"/> 1 |
| 2. Problems with oral expression: aphasia, dysphasia, difficulties choosing or combining words | <input type="checkbox"/> 2 |
| 3. Vocal cord impairment, laryngectomy..... | <input type="checkbox"/> 3 |
| 4. Stuttering..... | <input type="checkbox"/> 4 |
| 5. Other problems with speech or oral language | <input type="checkbox"/> 5 |
| 8. Refuses to answer..... | <input type="checkbox"/> 8 |
| 9. Doesn't know | <input type="checkbox"/> 9 |

Filter if DEFQPAROL = 5 (Other problems with speech or oral language):

DEFPPAROL. Specify: Enter in plain text | |

FILTER If DEFQPAROL= 8 or 9: ⇒ go to DEFPSY

****The D1PROBPtoDEFPP question block is only gone through once for the most serious answer to the question DEFQPAROL among the answers 1, 2, 3, 4 or 5 (in order of decreasing seriousness: 1,2,3,4,5) *****

D1PROBP.

How long (in months or years) have you had this speech problem? ([problem X])
for /__/_ Doesn't know

Interviewer instructions: if the interviewee has trouble calculating, check 'doesn't know'

D2PROBP. Unit of time

1. month(s) 2. year(s)

If D1PROBP = doesn't know

DAPROBP. At approximately what age did this seeing problem appear? ([problem X])

When I was /__/_ years old. authorise doesn't know
check: DAPROBP <= age of the interviewee

Introduction: We will now ask you about the direct cause or causes of this speech problem.

FILTER: in cases where the problem dates to birth or before the age of 5:

DEFPARO - Is this more specifically due to a complication in your mother's pregnancy or delivery?
([problem X])

1. Yes -> skip to ILLNESS BLOCK
2. No -> skip to TRAUMATISM, ACCIDENT, AGGRESSION BLOCK

TRAUMATISM, ACCIDENT, AGGRESSION BLOCK

DEFPAC - Was this speech problem caused by a traumatism, an accident or an aggression?
([problem x])

1. Yes
2. No -> go to ILLNESS BLOCK
9. Doesn't know -> go to ILLNESS BLOCK

FILTER: If DEFPAC = 1 and if the person declared a "permanent injury or residual effect caused by an accident" (BMALA48 from card 1 in module B2):

DEFPACL - Is this related to the injury caused by an accident that you declared earlier?

([problem x])

1. Yes
2. No

FILTER: if DEFPAC = 1:

DEFPNAT - What type of traumatism, accident or aggression was it? ([problem X])

Show card 6 from the card section

1. Workplace accident
2. Traffic accident
3. Home accident (that happened at home, including doing home repairs or gardening)
4. Sporting accident
5. Another daily life accident (that occurred doing leisure activities, in shops, in museums, on walks, in school besides PE, etc.)
6. Medical operation or results of a medical treatment
7. Attempted suicide
8. Abuse as a child
9. Domestic violence, between partners
10. Another aggression, including acts of war
11. Another type of traumatism

skip to DEFPAUT

ILLNESS BLOCK

DEFPMA- Was this speech problem caused by an illness or other health problem?
([problem x])

1. Yes -> go to DEFPMAC
2. No -> go to DEFPAUT

DEFPMAC- Was this an illness or other health problem previously mentioned?
([problem x])

1. Yes -> DEFPMAN
2. No -> return to the list of illnesses
8. Refuses to answer -> DEFPAUT

DEFPMAN. What was it? ([problem x])

Skip to DEFPAUT

DEFPAUT. Is there anything else that could have caused or worsened this speech problem?
([problem x])

- | | |
|----------------------|-----------|
| 1. Yes | -> DEFPP |
| 2. No | -> DEFPSY |
| 8. Refuses to answer | -> DEFPSY |
| 9. Doesn't know | -> DEFPSY |

DEFPP. What? enter in plain text | _____ |

***** end of filter DEFQPAROL = 1, 2, 3, 4 or 5 (speech problems)*****

***** Psychological disorders *****

DEFPSY: Do you have one of the following problems?

Interviewer instructions: show card 7 from the card section

card 7 from the card section

1. Problems in orientation time or space
2. Significant memory disorders (short or long term)
3. Mood disorders (discouragement, demotivation)
4. Anxiety disorders
5. Problems relating to others (irritability, social phobia, feelings of being attacked)
6. Learning disorders
7. Comprehension problems
8. Mental retardation
9. Other mental disorder → DEFPSY1P
10. Other psychic disorder → DEFPSY2P
11. Other disorder → DEFPSY3P
12. No disorders

If DEFPSY = 9,

DEFPSY1P. Specify: | _____ | enter in plain text

If DEFPSY = 10,

DEFPSY2P. Specify: | _____ | enter in plain text

If DEFPSY = 11

DEFPSY3P. Specify : | _____ | enter in plain text

FILTER: if at least one box was checked (DEFPSY=1, 2, 6, 7, 8, 9) continue

If not ⇒ skip to DEFAUTRE

Interviewer instructions: ask the following questions only once, encompassing all the answers DEFPSY checked among 1, 2, 6, 7, 8 and 9.

D1PROBPSY.

How long (in months or years) have you had this (these) problem(s)? (review the problems checked among 1, 2, 6, 7, 8 and 9)

for /__/_/ Doesn't know

Interviewer instructions: if the interviewee has trouble calculating, check 'doesn't know'

D2PROBPSY. Unit of time

1 month(s) 2 year(s)

If D1PROBPSY = doesn't know

DAPROBPSY. At approximately what age did this (these) problem(s) appear? (review the problems checked among 1, 2, 6, 7, 8 and 9)

When I was /__/_/ years old. Doesn't know

check: DAPROBPSY <= age of the interviewee

FILTER: in cases where the problem dates to birth or before the age of 5:

DEFOPSY - Is this more specifically due to a complication in your mother's pregnancy or delivery?
(review the problems checked among 1, 2, 6, 7, 8 and 9)

1. Yes -> skip to ILLNESS BLOCK
2. No -> skip to TRAUMATISM, ACCIDENT, AGGRESSION BLOCK

TRAUMATISM, ACCIDENT, AGGRESSION BLOCK

DEFPSYAC – Was this (were these) problem(s) caused by a traumatism, an accident or an aggression? (review the problems checked among 1, 2, 6, 7, 8 and 9)

1. Yes
2. No -> go to ILLNESS BLOCK

FILTER: If DEFPSYAC = 1 and if the person declared a “permanent injury or residual effect caused by an accident” (MALA48 from card 1 in module B2):

DEFPSYACL - Is this related to the injury caused by an accident that you declared earlier? ([problem X]) (review the problems checked among 1, 2, 6, 7, 8 and 9)

1. Yes
2. No

FILTER: if DEFPSYAC = 1:

DEFPSYNAT - What sort of traumatism, accident or aggression was it? (review the problems checked among 1, 2, 6, 7, 8 and 9)

Show card 6 from the card section

1. Workplace accident
2. Traffic accident
3. Home accident (that happened at home, including doing home repairs or gardening)
4. Sporting accident
5. Another daily life accident (that occurred doing leisure activities, in shops, in museums, on walks, in school besides PE, etc.)
6. Medical operation or results of a medical treatment
7. Attempted suicide
8. Abuse as a child
9. Domestic violence, between partners
10. Another aggression, including acts of war
11. Another type of traumatism

skip to OTHER CAUSES BLOCK

ILLNESS BLOCK

DEFPSYMA - Was this (were these) problem(s) caused by an illness or other health problem? ([problem X]) (review the problems checked among 1, 2, 6, 7, 8 and 9)

1. Yes -> go to DEFPSYMAC
2. No -> go to OTHER CAUSES BLOCK

DEFPSYMAC - Is this an illness or other health problem you've already mentioned? (review the problems checked among 1, 2, 6, 7, 8 and 9)

1. Yes -> DEFPSYMAN
2. No -> return to the illness list
8. Refuses to answer -> skip to OTHER CAUSES BLOCK

DEFPSYMAN. Which one? ([problem x])

Skip to OTHER CAUSES BLOCK

OTHER CAUSES BLOCK

Filter: Go through OTHER CAUSES BLOCK only if APTE in (1,2)

Filter: if the person has ever worked (SITUA=1 or 2 or TRAVAIL=1 or ACTIVANTE = 1 in TCM):

DPSYACTI Did your work conditions play a role in or contribute to worsening this (these) problem(s)? ([problem X]) (review the problems checked among 1, 2, 6, 7, 8 and 9)

1. Yes -> DPSYACTIP
2. No -> DPSYCVIE
8. Refuses to answer
9. Doesn't know

filter: if DPSYACTI = 1:

DPSYACTIP- Is it more specifically due to...

The interviewer reads the possible answers

1. Physically difficult work conditions
2. Being exposed to pollutants
3. Stress, harassment
4. Other cause related to work conditions
8. Refuses to answer
9. Doesn't know

DPSYACTIA. If other, specify:.....

DPSYCVIE. Did your living conditions or another important event in your life play a role or contribute to worsening this (these) problem(s)? (review the problems checked among 1, 2, 6, 7, 8 and 9)

1. Yes -> DPSYCVIEP
2. No -> DEFPSYAUT
8. Refuses to answer -> DEFPSYAUT
9. Doesn't know -> DEFPSYAUT

filter: if DPSYCVIE =1:

DPSYCVIEP- It was more specifically...

The interviewer reads the possible answers

1. Financial problems
2. Family problems (such as the death of a loved one)
3. Loss of employment, long-term unemployment or forced inactivity
4. Other cause related to living conditions
8. Refuses to answer
9. Doesn't know

If Other: **DPSYCVIEA.** specify:.....

DEFPSYAUT. Is there something else that could have provoked or worsened this (these) problem(s)? (review the problems checked among 1, 2, 6, 7, 8 and 9)

1. Yes -> DEFPSYP
2. No -> DEFAUTRE
8. Refuses to answer -> DEFAUTRE
9. Doesn't know -> DEFAUTRE

DEFPSYP. What is it? enter in plain text | _____ |

*****end of filter: if DEFPSY=1, 2, 6, 7, 8, 9* (psychological disorders)*****

DEFAUTRE. Do you have other health problems besides the problems or illnesses previously mentioned?

Interviewer instructions: including aesthetic deficiencies such as a cleft lip, strawberry mark...

- 1. Yes -> DEFAUT1
- 2. No -> skip to module D
- 8. Refuses to answer -> skip to module D
- 9. Doesn't know -> skip to module D

filter: if DEFAUTRE=1: Which one(s)?

DEFAUT1. Deficiency 1: enter in plain text | _____ |

DEFAUT2. Deficiency 2: enter in plain text | _____ |

DEFAUT3. Deficiency 3: enter in plain text | _____ |

Module D - Assistive technologies

IntroD: We will now speak about the assistive technologies that you use for your daily activities.

Show card 8 from the card section

DPROTU. Can you tell me what assistive technologies/prostheses you wear/use?

The card is displayed in CAPI and the interviewer checks the boxes

Prostheses and implants

1. Hip prosthesis
2. Knee prosthesis
3. Upper limb prosthesis (*artificial finger, hand or arm*)
4. Lower limb prosthesis except hip and knee (*artificial foot or leg*)
5. Other prosthesis (*glass eye, breast prosthesis, nose prosthesis...*)

orthotics for supporting, aiding and correcting body position

6. Trunk or spinal column orthotics (*corset...*)
7. Upper limb orthotics
8. Lower limb orthotics (*orthopaedic shoes...*)
9. Other orthotics for supporting, aiding and correcting body position

personal hygiene and protection aids

10. Catheter or urine collection (*urine evacuation systems*)
11. Absorbent protection (*incontinence undergarments*)
12. Adapted clothes
13. Aids for ostomates (*pouches, absorbent pads*)

aids for personal mobility

mobility aids

14. Canes or crutches
15. White cane
16. Walker
17. Manual wheelchair
18. Electric wheelchair
19. Tricycle (*manual or motorized*)
20. Adapted scooter
21. Animal help like a guide dog
22. Other aids for walking or getting around alone

aids for transfers (going from a bed to a wheelchair or turning over in bed)

23. Boards, lifting binders, harnesses
24. Patient lift
25. Other aids for going from a bed to a wheelchair

treatment aids

26. Respiratory assistance (*respirator, aspirator, oxygen therapy*)
27. Treatment for a circulatory affection (*anti-oedema stockings, compression stockings...*)
28. Dialysis equipment
29. Injection equipment (*syringe or needle, perfusion pump, insulin pump...*)
30. Equipment for check-ups (*blood or urine tests, blood pressure...*)
31. Pacemaker
32. Anti-eschar equipment anti-escarres (*cushions, mattresses...*)
33. Other treatment aid

34. No assistive technology/prostheses

DPROTB. Can you tell me which assistive technologies/prostheses you will need?

The card is displayed in CAPI

Show card 8 from the card section

****Filter: if the person has seeing problems (if DEFQVISU=1, 2, 3, 5 or 6 - module C, page 78) ****

Do you (they) use a magnifying glass, an electronic enlarger, a reading matching or another optical or electro-optical aid?

Read the possible answers

1. Yes
2. No, but I need one
3. No, I don't need one.....
7. N/A : too young
9. Doesn't know.....

DOPTIQ

- 1
- 2
- 3
- 7
- 9

Do you (they) use a speech recognition or speech synthesis system, a touch screen or other computer interface?

Read the possible answers

1. Yes
2. No, but I need one
3. No, I don't need one.....
7. N/A : too young
9. Doesn't know.....

DORDIN

- 1
- 2
- 3
- 7
- 9

Have you learned Braille?

1. Yes
2. Non
7. N/A: too young
9. Doesn't know.....

DAPBRA

- 1
- 2
- 7
- 9

Filtre : if the person knows Braille (if DAPBRA = 1) :

Do you (they) use Braille for reading and/or writing?

1. Yes
2. No
9. Doesn't know

DLIBRA

- 1
- 2
- 9

Do you (they) use output in Braille (terminal pads, printers, notepads...)? **Read the possible answers**

1. Yes
2. No, but I need one.....
3. No, I don't need one.....
7. N/A : too young
9. Doesn't know

DECrita

- 1
- 2
- 3
- 7
- 9

***** **end of Filter: if DEFQVISU=1,2, 3, 5 or 6 (module C)**

Filter: if the person has trouble speaking (if DEFPAROL=1 - module C, page 83):

Do you (they) use a speech generator, a voice amplifier or another device to speak?

Read the possible answers

1. Yes
2. No, but I need one
3. No, I don't need one
7. N/A : too young
9. Doesn't know.....

DVOIX

- 1
- 2
- 3
- 7
- 9

Filter: if the person is not blind (if DEFQVISU <>1 - module C, page 78):

Do you (they) understand or use sign language?

Read the possible answers

1. Yes, I use it.....
2. Yes, I understand it but don't use it
3. No, I don't know it but want to learn it
4. No, I don't know it and don't need it
7. N/A: too young
9. Doesn't know

DSIGNE

- 1
- 2
- 3
- 4
- 7
- 9

***** **Filter: if the person has hearing problems (if DEFAUDI = 1 or B1OUI=1 or B1OUIB=1)-module C, page 80)*******

Due to a bug, people wearing a hearing aid or who declared they needed one were not interviewed (the filter for these questions should have been: if DEFAUDI=1 or B1OUI=1 or 2).

Do you (they) use adapted audio-visual equipment for the hard of hearing? (CEEFAZ decoder...)

Read the possible answers

1. Yes
2. No, but I need one
3. No, I don't need one
7. N/A : too young
9. Doesn't know.....

DAUDIO

- 1
- 2
- 3
- 7
- 9

Do you (they) use induction loop amplifiers, a voice amplifier or another device to hear? **Read the possible answers**

1. Yes
2. No, but I need one
3. No, I don't need one
7. N/A : too young

DOUIE

- 1
- 2
- 3
- 9

***** end of Filter: if DEFAUDI = 1

***** Filter: if the person has problems affecting their upper limbs: *****

if DEF1PARA=1, 3, 4, 7, 8, 9, 10 (complete paralysis)

OR if DEF2PARA=1, 3, 4, 7, 8, 9, 10 (partial paralysis)

OR if DEF5PARA=1, 3, 4, 7, 8, 9, 10, 15 (limitation in muscle power)

OR if DEFAMPUT=1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (amputation)

OR if DEFARTI=3, 4, 5, 6, 7, 8, 9, 10 (discomfort in the joints)

Module C questions page 74 and page 75

Do you (they) use adapted writing aid equipment?

[Read the possible answers](#)

1. Yes

2. No, but I need one.....

3. No, I don't need one

9. Doesn't know

DECRITB

1

2

3

9

Do you (they) use remote controls, grippers, a telemanipulator, a robotic system or another device to grab or handle things remotely?

[Read the possible answers](#)

1. Yes

2. No, but I need one.....

3. No, I don't need one

9. Doesn't know

DMANIP

1

2

3

9

Do you (they) use a head wand, a mouth stick or another system compensating for hand or finger function?

[Read the possible answers](#)

1. Yes

2. No, but I need one.....

3. No, I don't need one

9. Doesn't know

DDOIGT

1

2

3

9

Filter: if the person is not blind (if DEFQVISU <>1 - module C, page 78):

Do you (they) use a book holder, a page-turner or another device to aid reading?

[Read the possible answers](#)

1. Yes

2. No, but I need one.....

3. No, I don't need one

9. Doesn't know

DLECTU

1

2

3

9

*****end of Filter (problems affecting their upper limbs)*****

Interviewer instructions: a remote alarm is used to summon assistance if needed (in case of a fall, for example). Not to be confused with a home burglar alarm or an alarm system in an institution.

BALARM Do you use a remote alarm?

Read the possible answers

1. Yes
2. No, but I need one
3. No, I don't need one
9. Doesn't know

Do you (they) use other special equipment or assistive technologies... not previously mentioned for a health problem or a disability ?

Read the possible answers

1. Yes
2. No, but I need one
3. No, I don't need one
9. Doesn't know

DAUTEQ

- 1
- 2
- 3
- 9

If DAUTEQ=yes: Which ones? (note the equipment or aids mentioned hereafter in plain text)

**DEQUIP1
DEQUIP2
DEQUIP3
DEQUIP4
DEQUIP5**

Filter: if the person declared needing assistive technologies (if DPROTB<>34 or DOPTIQ=2 or DORDIN=2 or DECRITA=2 or DVOIX=2 or DAUDIO=2 or DOUIE=2 or DECRITB=2 or DMANIP=2 or DDOIGT=2 or DLECTU=2 or BALARM=2 or DAUTEQ=2) :

I'd like you to think of all the aids and specialised equipment you need but don't have. Why don't you have these aids?
(multiple answers possible) Read the possible answers

1. It's not covered by your insurance/mutual
2. It's insufficiently covered by insurance/mutual
3. It's too expensive
4. Your state of health isn't serious enough
5. You don't know how to get it
6. It's not available
7. You don't think it will be useful on a permanent basis
8. Other reason
9. Doesn't know

DBESAP

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Filter: if DBESAP=8:

DBESAPCL. Specify (enter in plain text) |_____|

Module E - Functional limitations

Limitations

Now I would like you to think about the problems you encounter on a daily basis. Ignore temporary or short-term problems.

Interviewer instructions: By “assistive technologies”, we mean an instrument, equipment or a system adapted for or specially designed to compensate for a limitation in activity.

*******Filter: if the person is not blind (if DEFQVISU<>1 - page 78):*******

B2VUE

If B1VUE=1: Can you clearly see the printed characters in a newspaper with your contacts or glasses?

If B1VUE=2: Can you clearly see the printed characters in a newspaper?

The interviewer reads the possible answers

1. Yes, with no difficulty
2. Yes, with some difficulty
3. Yes, with great difficulty
4. No, not at all
5. N/A: too young
9. Doesn't know

B3VUE

If B1VUE=1: Can you clearly see someone's face from 4 meters away (from across the street) with your contacts or glasses?

If B1VUE=2: Can you clearly see someone's face from 4 meters away (from across the street)?

1. Yes, with no difficulty
2. Yes, with some difficulty
3. Yes, with great difficulty
4. No, not at all
5. N/A: too young
9. Doesn't know

*******end of Filter: if DEFQVISU<>1:*******

*******Filter: if the person is not completely deaf (if DEFQAUDI<>1, page 81):*******

B2OUI

If B1YES = 1: Can you hear what is being said in a conversation between several people with your hearing aid?

If B1OUI=1: Can you hear what is being said in a conversation between several people?

1. Yes, with no difficulty
2. Yes, with some difficulty
3. Yes, with great difficulty
4. No, not at all
5. N/A: too young
9. Doesn't know

BDEP. Can you walk 500 meters over a flat surface without help from a person, cane or an assistive technology?

1. Yes, with no difficulty.....-> go to BESCAL
2. Yes, with some difficulty.....-> go to BDEPCOMP
3. Yes, with great difficulty.....-> go to BDEPCOMP
4. No, not at all.....-> go to BDEPCOMP
5. N/A: too young.....-> go to BESCAL

BDEPCOMP. And can you walk 500 meters over a flat surface with help from a cane or an assistive technology?

1. Yes, with no difficulty
2. Yes, but I still have some difficulty
3. No, not at all
4. I do not use an assistive technology to walk

BESCAL. Can you climb and descend a flight of stairs without help from a person, a cane, a ramp or an assistive technology?

1. Yes, with no difficulty
2. Yes, with some difficulty
3. Yes, with great difficulty
4. No, not at all
5. N/A: too young

BBRAS. Can you raise your arm (to reach a high object, for instance)?

1. Yes, with no difficulty
2. Yes, with some difficulty
3. Yes, with great difficulty
4. No, not at all
5. N/A: too young

BSOU. Can you use your hands and fingers without assistive technologies (for example, to open a door, turn faucets, grab a crayon, use scissors...)?

1. Yes, with no difficulty
2. Yes, with some difficulty
3. Yes, with great difficulty
4. No, not at all
5. N/A: too young

BMAIN. Can you pick up an object with each hand without assistive technologies?

The interviewer reads the possible answers

1. Yes, with no difficulty
2. Yes, but only with my dominant hand
3. Yes, but only with my non-dominant hand
4. No, not at all
5. N/A: too young

Filter: If the person has problems using their hands or arms (if BBRAS=2,3 or 4 or BSOU=2,3 or 4 or BMAIN=2, 3 or 4):

BCOMPBRAS. And can you use your arms, hands or fingers using assistive technologies?

1. Yes, with no difficulty
2. Yes, but I still have some difficulty
3. No, not at all
4. I do not use assistive technologies for my arms or hands

BAGEN. Can you bend or kneel without help from a person or assistive technologies?

1. Yes, with no difficulty-> go to BPOIDS
2. Yes, with some difficulty.....-> go to BAGEN COMP
3. Yes, with great difficulty.....-> go to BAGEN COMP
4. No, not at all.....-> go to BAGEN COMP
5. N/A: too young.....-> go to BPOIDS

BAGENCOMP. And can you bend or kneel with help from a person or assistive technologies?

1. Yes, with no difficulty
2. Yes, but I still have some difficulty
3. No, not at all
4. I do not use assistive technologies to bend or kneel

BPOIDS. Can you carry a 5-kilogram grocery bag for 10 meters without help from a person or an assistive technology?

1. Yes, with no difficulty
2. Yes, with some difficulty
3. Yes, with great difficulty
4. No, not at all
5. N/A: too young

B1MORD. Do you wear dentures?

1. Yes
2. No

B2MORD.

If B1MORD=1: Can you bite and chew hard food such as a firm apple (when wearing your dentures)?

If B1MORD=2: Can you bite and chew hard food such as a firm apple?

1. Yes, with no difficulty
2. Yes, with some difficulty
3. Yes, with great difficulty
4. No, not at all
5. N/A: too young

B1ELI. Can you control your bowel movements and urination?

1. Yes, with no difficulty.....-> BTEMPS
2. Yes, with some difficulty.....-> B2ELI
3. Yes, with great difficulty.....-> B2ELI
4. No, not at all.....-> B2ELI
5. N/A: too young.....-> BTEMPS
8. Refuses to answer.....-> BTEMPS

B2ELI. Can you manage alone when this happens?

1. Yes, with no difficulty
2. Yes, but I still have some difficulty
3. I can't at all
4. I use no aid
8. Refuses to answer
9. Doesn't know

Psychic, intellectual and mental functional limitations

Filter: if age<5 years old=>go to module F (page 97)

BTEMPS. Do you sometimes forget what time of day it is?

The interviewer reads the possible answers

1. No
2. Yes, sometimes
3. Yes, often
9. Doesn't know

BMEM. During the course of a day, do you ever have memory lapses?

Interviewer instructions: Meaning an average day and not the day of the survey

1. No
2. Yes, sometimes
3. Yes, often
9. Doesn't know

BCONC. Do you have difficulty concentrating for more than 10 minutes?

1. No
2. Yes, sometimes
3. Yes, often
9. Doesn't know

BVIEQ. Do you have difficulty resolving every day problems (like locating yourself on a map or counting money)?

1. No
2. Yes, sometimes
3. Yes, often
9. Doesn't know

BSAVOIR. Do you have difficulty learning new things (for instance, do you have great difficulty concentrating, integrating new information, problems that impair your learning abilities...) whether this is at school, vocational training, during a leisure activity...?

1. No
2. Yes, sometimes
3. Yes, often
9. Doesn't know

BCOMP. Do you have difficulty understanding others or making yourself understood by others (besides difficulty due to speaking different languages)?

1. No
2. Yes, sometimes
3. Yes, often

9. Doesn't know

BDANGA. Does your conduct ever expose you to danger?

Interviewer instructions: do not take into account exposure to danger due only to seeing problems

- 1. No
- 2. Yes, sometimes
- 3. Yes, often
- 9. Doesn't know

BDANGR. Do people tell you that you are too impulsive or too aggressive?

- 1. No
- 2. Yes, sometimes
- 3. Yes, often
- 9. Doesn't know

Module F - Restrictions in activity

Filter: if the person is in an vegetative state or a coma (if APTER = 0), or for children under 5 years of age => skip to module G (page 109)

Preamble: We will now speak about difficulties you may encounter in your activities of daily living (ADL) and the aids you have to help you perform them as well as any you might need.
The word aid refers to human help, assistive technologies and household fittings/adaptations.
Once again, do not take temporary problems into account.

**ADL.: Can you, even with difficulty, perform one of these activities alone?
(several answers possible)**

**Do not take cases in which the parent says that the child is too young (for example, using the bathroom alone for an infant) into account
show card n°9**

1. Bathe alone (take a bath or shower)
2. Dress and undress alone
3. Cut your food and pour yourself a drink alone
4. Eat and drink alone, once the food is ready
5. Use the bathroom alone
6. Lie down in and get up from bed alone
7. Sit down in and get up from a chair alone
8. No difficulty in performing any of these activities

Filter: if age>=15 :

IADL. Do you have difficulty doing the following activities alone?

(multiple answers possible)

Do not take cases in which the parent says that the child is too young (for example, performing common administrative processes) into account

If the person has never used a computer, do not check box 12: Using a computer alone because the question is not applicable.

show card 10

1. Shop alone
2. Prepare your meals alone
3. Do common household chores (wash dishes, laundry, iron, straighten up...) alone
4. Do less common chores alone (odd jobs around the house, clean the floors...)
5. Do common administrative processes alone
6. Take your medication alone
7. Move around in all of the rooms on a floor alone
8. Leave your home alone
9. Use a method of transportation alone (take a personal car, call a taxi, take public transportation)
10. Find your way alone when you go out
11. Use a telephone alone

- 12. Use a computer alone
- 13. No difficulty in performing any of these activities

Filter: if ADL=1: (difficulty bathing alone)

BTOI. How much difficulty do you have bathing alone (taking a bath or a shower)?

- 1. Some difficulty
- 2. Great difficulty
- 3. I cannot do this alone

BTOIPART. Do you have difficulty washing...

- 1. Your upper body (including your face, arms and hands)
- 2. Your lower body (including your feet)
- 3. Both your upper and lower body

BTOIAID. Do you use someone's help, assistive technologies or special fittings in your room or home to bathe? (multiple answers possible)

- 1. Help from your entourage
- 2. Help from a professional
- 3. A specific device
- 4. Special fittings in your room or home
- 5. No aid

BTOIBES.

If BTOIAID=5: Do you need help to bathe?

**If BTOIAID<>5: Do you need more help to bathe?
(multiple answers possible)**

- 1. Help from someone else (members of your entourage or healthcare professionals)
- 2. A specific device
- 3. Special fittings in your room or home
- 4. No aid

end of Filter: if ADL=1:

Filter: if ADL=2: (difficulty dressing and undressing alone)

BHAB. How much difficulty do you have dressing and undressing alone?

- 1. Some difficulty
- 2. Great difficulty
- 3. I cannot do this alone

BHABPART. You have difficulty... (multiple answers possible)

- 1. putting clothes on over your head or arms
- 2. buttoning clothing or putting on a belt, suspenders or bra
- 3. pulling clothes up (including socks)
- 4. putting on your shoes
- 5. doing everything

BHABAID. Do you get help form someone or use an assistive technology to dress

and undress? (multiple answers possible)

1. Help from your entourage
2. Help from a professional
3. A specific device
4. No aid

BHABBES.

If BHABAID=4: Do you need help to dress and undress?

If BHABAID<>4: Do you need more help to dress and undress?

(multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. No help

end of Filter: if ADL=2:

Filter: if ADL=3: (difficulties cutting food and pouring yourself a drink)

B1ALI. How much difficulty do you have cutting food and pouring yourself a drink?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

B1ALIAID. Do you need help from someone or an assistive technology to cutting food and pouring yourself a drink? (multiple answers possible)

1. Help from your entourage
2. Help from a professional
3. A specific device
4. No aid

B1ALIBES.

If B1ALIAID=4: Do you need help cutting food and pouring yourself a drink?

If B1ALIAID<>4: Do you need more help cutting food and pouring yourself a drink?

(multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. No aid

end of Filter: if ADL=3:

Filter: if ADL=4: (difficulty eating and drinking alone)

B2ALI. How much difficulty do you have eating and drinking alone once the food is ready?

1. Some difficulty

2. Great difficulty
3. I cannot do this alone

B2ALIAID. Do you need help from someone or an assistive technology to eat and drink, once the food is ready? (**multiple answers possible**)

- 1.Help from your entourage
- 2.Help from a professional
- 3.A specific device
4. No aid

BALI3BES.

If B2ALIAID=4: Do you need help eating and drinking, once the food is ready?

If B2ALIAID<>4: Do you need more help eating and drinking, once the food is ready?

(**multiple answers possible**)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. No aid

end of Filter: if ADL=4:

Filter: if ADL=5: (difficulty using the bathroom alone)

BELI. How much difficulty do you have using the bathroom alone?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BELIAID. Do you have someone's help, an assistive technology or special fittings in your bathroom or home to use the toilet? (**multiple answers possible**)

1. Help from your entourage
2. Help from a professional
3. A specific device
4. Special fittings in your room or home
5. No aid

BELIBES.

If BELIAID=5: Do you need help using the bathroom?

If BELIAID<>5: Do you need more help using the bathroom?

(**multiple answers possible**)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. Special fittings in your room or home
4. No aid

end of Filter: if ADL=5:

Filter: if ADL=6: (difficulty lying down in and getting out of bed alone)

BTRA1. How much difficulty do you have lying down in and getting out of bed alone?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BTRA1AID. Do you use someone's help, assistive technologies or special fittings in your room or home lying down in and getting out of bed? (multiple answers possible)

1. Help from your entourage
2. Help from a professional
3. A specific device
4. Special fittings in your room or home
5. No aid

BTRA1BES.

If BTRA1AID=5: Do you need help lying down in and getting out of bed?

If BTRA1AID<>5: Do you need more help lying down in and getting out of bed? (multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. Special fittings in your room or home
4. No aid

end of Filter: if ADL=6:

Filter: if ADL=7: (difficulty sitting down in and getting up from a chair alone)

BTRA2. How much difficulty do you have sitting down in and getting up from a chair alone?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BTRA2AID. Do you use someone's help, assistive technologies or special fittings in your room or home to sit down in and get up from a chair? (multiple answers possible)

1. Help from your entourage
2. Help from a professional
3. A specific device
4. Special fittings in your room or home
5. No aid

BTRA2BES.

If BTRA2BES=5: Do you need help to sit down in and get up from a chair?
If BTRA2BES<>5: Do you need more help to sit down in and get up from a chair?
(multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. Special fittings in your room or home
4. No aid

end of Filter: if ADL=7:

Filter: if IADL=1: (difficulty shopping alone)

BACHA. How much difficulty do you have shopping alone?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BACHACF. Why do you have difficulty shopping alone?

1. It is above all due to your state of health, a disability or old age
2. Other reasons (not used to it, etc.)

BACHAAID. Do you need help from someone or an assistive technology to shop?
(multiple answers possible)

1. Help from your entourage
2. Help from a professional
3. A specific device
4. No aid

BACHABES.

If BACHAAID=4: Do you need help shopping?

If BACHAAID<>4: Do you need more help shopping?

(multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. No aid

end of Filter: if IADL=1:

Filter: if IADL=2: (difficulty preparing their meals alone)

BREP. How much difficulty do you have preparing your meals alone?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BREPCF. Why do you have difficulty preparing your meals alone?

1. It is above all due to your state of health, a disability or old age

2. Other reasons (not used to it, etc.)

BREPAID. Do you use someone's help, assistive technologies or special fittings in your room or home to prepare your meals? (multiple answers possible)

1. Help from your entourage
2. Help from a professional
3. A specific device
4. Special fittings in your room or home
5. No aid

BREPBES. (multiple answers possible)

If BREPAID=5: Do you need help to prepare your meals?

If BREPAID<>5: Do you need more help to prepare your meals?

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. Special fittings in your room or home
4. No aid

end of Filter: if IADL=2:

Filter: if IADL=3: (difficulty doing common household chores alone)

BMEN1. How much difficulty do you have doing common household chores (doing dishes, washing clothes, ironing, straightening up...)?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BMEN1CF. Why do you have difficulty doing common household chores (doing dishes, washing clothes, ironing, straightening up...)?

1. It is above all due to your state of health, a disability or old age
2. Other reasons (not used to it, etc.)

BMEN1AID. Do you use someone's help, assistive technologies or special fittings in your room or home doing common household chores (doing dishes, washing clothes, ironing, straightening up...)? (multiple answers possible)

1. Help from your entourage
2. Help from a professional
3. A specific device
4. Special fittings in your room or home
5. No aid

BMEN1BES. (multiple answers possible)

If BMEN1AID =5: Do you need help doing common household chores (doing dishes, washing clothes, ironing, straightening up...)?

If BMEN1AID <>5: Do you need more help doing common household chores (doing dishes, washing clothes, ironing, straightening up...)?

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. Special fittings in your room or home
4. No aid

end of Filter: if IADL=3:

Filter: if IADL=4: (difficulty doing odd jobs alone)

BMEN2. How much difficulty do you have doing less common chores alone (odd jobs, sewing, etc.)?

1. Some difficulty -> go to BMEN2CF
2. Great difficulty -> go to BMEN2CF
3. I cannot do this alone -> go to BMEN2AID

BMEN2CF. Why do you have difficulty doing less common chores alone (odd jobs, sewing, etc.)?

1. It is above all due to your state of health, a disability or old age
2. Other reasons (not used to it, etc.)

BMEN2AID. Do you have someone's help or use assistive technologies or special fittings in your room or home to do less common chores alone (odd jobs, sewing, etc.)? (multiple answers possible)

1. Help from your entourage
2. Help from a professional
3. A specific device
4. Special fittings in your room or home
5. No aid

BMEN2BES. (multiple answers possible)

If BMEN2AID=5: Do you need help doing less common chores alone (odd jobs, sewing, etc.)?

If BMEN2AID<>5: Do you need more help doing less common chores alone (odd jobs, sewing, etc.)??

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. Special fittings in your room or home
4. No aid

end of Filter: if IADL=4:

Filter: if IADL=5: (difficulty doing administrative processes alone)

BADM. How much difficulty do you have doing common administrative processes alone?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BADMCF. Why do you have difficulty doing common administrative processes alone?

1. It is above all due to your state of health, a disability or old age
2. Other reasons (not used to it, etc.)

BADMAID. Do you need help from someone or an assistive technology to do common administrative processes? (multiple answers possible)

1. Help from your entourage
2. Help from a professional

3. A specific device
4. No aid

BADMBES. **(multiple answers possible)**

If BADMAID=4: Do you need help to do common administrative processes?

If BADMAID<>4: Do you need more help to do common administrative processes?

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. No aid

end of Filter: if IADL=5:

Filter: if IADL=6: (difficulty taking their medication alone)

BMED. **How much difficulty do you have taking your medication alone?**

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BMEDAID. **Do you need help from someone or an assistive technology to take your medication? (multiple answers possible)**

1. Help from your entourage
2. Help from a professional
3. A specific device
4. No aid

BMEDBES.

If BMEDAID =4: Do you need help to take your medication?

If BMEDAID <>4: Do you need more help to take your medication? (multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. No aid

end of Filter: if IADL=6:

Filter: if IADL=7: (difficulty moving around the different rooms)

BDEPI. **How much difficulty do you have to move around in all the rooms on a floor alone?**

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BDEPIAID. **Do you use someone's help, assistive technologies or special fittings in your room or home to move around in all the rooms on a floor?**

(multiple answers possible)

1. Help from your entourage
2. Help from a professional

3. A specific device
4. Special fittings in your room or home
5. No aid

BDEPIBES.

If BDEPIAID=5: Do you need help to move around in all the rooms on a floor?

If BDEPIAID<>5: Do you need more help to move around in all the rooms on a floor?

(multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. Special fittings in your room or home
4. No aid

end of Filter: if IADL=7:

Filter: if IADL=8: (difficulty leaving their room or home alone)

BDEPE. How much difficulty do you have leaving your room or home alone?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BDEPEAID. Do you use someone's help, assistive technologies or special fittings to leave your room or home alone? (multiple answers possible)

1. Help from your entourage
2. Help from a professional
3. A specific device
4. Special fittings in your room or home
5. No aid

BDEPEBES.

If BDEPEAID=5: Do you need help to leave your room or home alone?

If BDEPEAID<>5: Do you need more help to leave your room or home alone?

(multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. Special fittings
5. No aid

end of Filter: if IADL=8:

Filter: if IADL=9: (difficulty using a method of transportation alone)

BBUS. How much difficulty do you have using a method of transportation alone (taking a personal car, calling a taxi, taking public transportation)?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BBUSAID. Do you need help from someone or an assistive technology to use a method of transportation (taking a personal car, calling a taxi, taking public transportation)? (**multiple answers possible**)

1. Help from your entourage
2. Help from a professional
3. A specific device
4. No aid

BBUSBES.

If BBUSAID=4: Do you need help using a method of transportation (taking a personal car, calling a taxi, taking public transportation)?

If BBUSAID<>4: Do you need more help using a method of transportation (taking a personal car, calling a taxi, taking public transportation)? (**multiple answers possible**)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device
3. No aid

end of Filter: if IADL=9:

Filter: if IADL=10: (difficulty finding their way alone)

BORI. How much difficulty do you have finding your way alone when you go out?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BORIAID. Do you use someone's help, assistive technologies or an animal aid to find your way when you go out? (**multiple answers possible**)

1. Help from your entourage
2. Help from a professional
3. A specific device
4. No aid

BORIBES.

If BORIAID=4: Do you need help to find your way when you go out?

If BORIAID<>4: Do you need more help to find your way when you go out? (**multiple answers possible**)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specific device or animal aid
3. No aid

end of Filter: if IADL=10:

Filter: if IADL=11: (difficulty using a telephone alone)

BTEL. How much difficulty do you have using a telephone alone?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BTELAID. Do you have someone's help to use the telephone or use a specially adapted telephone? (multiple answers possible)

1. Help from your entourage
2. Help from a professional
3. A specific device
4. No aid

BTELBES.

If BTELAID=4: Do you need help to use the telephone?

If BTELAID<>4: Do you need more help to use the telephone?

(multiple answers possible)

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specially adapted telephone
3. No aid

end of Filter: if IADL=11:

Filter: if IADL=12: (difficulty using a computer alone)

BORDI. How much difficulty do you have using a computer alone?

1. Some difficulty
2. Great difficulty
3. I cannot do this alone

BORDICF. Why do you have difficulty using a computer alone?

1. It is above all due to your state of health, a disability or old age
2. Other reasons (not used to it, etc.)

BORDIAID. Do you have someone's help to use a computer or use a specially adapted computer? (multiple answers possible)

1. Help from your entourage
2. Help from a professional
3. A specially adapted computer
4. No aid

BORDIBES. (multiple answers possible)

If BORDIAID=4: Do you need help to use a computer?

If BORDIAID<>4: Do you need more help to use a computer?

1. Help from someone else (members of your entourage or healthcare professionals)
2. A specially adapted computer
3. No aid

end of Filter: if IADL=12:

BALE. Do you have difficulty calling for help in case of a problem?

1. No, no difficulty
2. Yes, some difficulty
3. Yes, great difficulty
4. I cannot do this alone

Variables automatically created by CAPI (used in other modules)

If the person is helped by a caregiver from their entourage for at least one of the previously mentioned activities AIDENT=1 if not AIDENT=2.

That is:

**If BTOIAID=1 or BHABAID=1 or B1ALIAID=1 or B2ALIAID=1 or BELIAID=1 or BTRA1AID=1 or BTRA2AID=1 or (BACHACF=1 and BACHAAID=1) or (BREPCF=1 and BREPAID=1) or (BMEN1CF=1 and BMEN1AID=1) or (BMEN2CF=1 and BMEN2AID=1) or (BADMCF=1 and BADMAID=1) or BMEDAID=1 or BDEPIAID=1 or BDEPEAID=1 or BBUSAID=1 or BORIAID=1 or BTELAID=1 or (BORDICF=1 and BORDIAID=1) THEN
AIDENT=1, if not AIDENT=2**

If the person is helped by a caregiver from their entourage for at least one of the previously mentioned activities AIDPR =1 if not AIDPR=2 :

That is:

If BTOIAID=2 or BHABAID=2 or B1ALIAID=2 or B2ALIAID=2 or BELIAID=2 or BTRA1AID=2 or BTRA2AID=2 or BACHAAID=2 or BREPAID=2 or BMEN1AID=2 or BMEN2AID=2 or BADMAID=2 or BMEDAID=2 or BDEPIAID=2 or BDEPEAID=2 or BBUSAID=2 or BORIAID=2 or BTELAID=2 or BORDIAID=2 THEN AIDPR =1, if not AIDPR =2

If the person has at least one restriction in activity (at least one of the variables from BTOI to BTRA2 =1, 2, or 3 or at least one of the variables from BACHA to BALE =1,2, or 3 RESTRIC=1 if not RESTRIC=2

That is:

If BTOI=1, 2, or 3 or BHAB=1, 2, or 3 or B1ALI=1, 2, or 3 or B2ALI=1, 2, or 3 or BELI=1, 2, or 3 or BTRA1=1, 2, or 3 or BTRA2=1, 2, or 3 or BACHA=1, 2, or 3 or BREP=1, 2, or 3 or BMEN1=1, 2, or 3 or BMEN2=1, 2, or 3 or BADM=1, 2, or 3 or BMED=1, 2, or 3 or BDEPI=1, 2, or 3 or BDEPE=1, 2, or 3 or BBUS=1, 2, or 3 or BORI=1, 2, or 3 or BTEL=1, 2, or 3 or BORDI=1, 2, or 3 THEN RESTRIC=1, if not RESTRIC=2

If the person has at least one great restriction in activity (at least one of the variables from to BTRA2 =2, or 3 or at least one of the variables from BACHA to BALE =2 or 3) RESTRICFORT=1 if not RESTRICFORT =2

That is:

If BTOI=2, or 3 or BHAB=2, or 3 or B1ALI=2, or 3 or B2ALI=2, or 3 or BELI=2, or 3 or BTRA1=2, or 3 or BTRA2=2, or 3 or BACHA=2, or 3 or BREP=2, or 3 or BMEN1=2, or 3 or BMEN2=2, or 3 or BADM=2, or 3 or BMED=2, or 3 or BDEPI=2, or 3 or BDEPE=2, or 3 or BBUS=2, or 3 or BORI=2, or 3 or BTEL=2, or 3 or BORDI=2, or 3 THEN RESTRICFORT =1, if not RESTRICFORT =2

**Filter: if the person has difficulty moving around in all of the rooms on a floor alone
(if BDEPI=1, 2 or 3-page 104:**

BMOB. Do this require you to spend your days...?

1. ... in bed
2. ... in a chair (not a wheelchair)
3. ... neither one nor the other

RECAID. Due to a disability or health problem, are there people who help you accomplish other daily life tasks than those already mentioned, including those people with whom you live?
(several answers possible)

- 1. Yes, one of the people in my entourage
 - 2. Yes, one of the professional helpers
 - 3. No, but I need help
 - 4. No, I don't need help
 - 8. Refuses to answer

AUTAID. Due to a disability or health problem, are there people (spouse, family, non-professionals) who help you financially or practically or give you moral support, including those with whom you live?

1. Yes
 3. No, but I need help
 4. No, I don't need help
 8. Refuses to answer

BPSY. Do psychological difficulties disturb your daily life?

1. No, never
 2. Yes, sometimes
 3. Yes, often
 4. Yes, very often
 8. Refuses to answer
 9. Doesn't know

BSTIM. Think of daily life activities. Are there any someone must remind you to do or tell you to do (groom yourself, eat, etc.)

1. Yes
 2. No
 3. Doesn't know

BREL. Do you have problems in your daily life relating to others?

- 1. No, no difficulty
 - 2. Yes, some difficulty
 - 3. Yes, great difficulty
 - 8. Refuses to answer

Module G - Family environment and aid

Filter: If born in France including French overseas departments), that is, if LNAIS=1 (page 22):

CCONAI. What is your Commune of birth?

Couple (questions COUPLE and ETAMATRI page 24)

➔ Filter: if the person lives in a couple (COUPLE = 1 - page 24)
➔➔➔➔➔➔➔➔➔➔➔➔➔➔➔➔ ➔ CDATCO

For widows(ers) "ETAMATRI = 3" not living in a couple "COUPLE = 3":

In what year did your (their) partner die?

CDATDC

Don't know
→ CCOPIN

For divorced persons "ETAMATRI = 4" not living in a couple "COUPLE = 3":

In what year was your divorce (separation) finalised?

CDATSE

→ CCOPIN

For single persons not living in a couple "ETAMATRI = 1" and "COUPLE = 3":

Have you ever lived in a couple?

1. Yes
2. No
8. Refuses to answer
9. Don't know

CCOUAV

1 → CCOPIN
 2 → CCOPIN
 8
 9

Only for those people living in the housing in a couple "COUPLE = 1":

What year did you (they) start living with your (their) partner?

CDATCO

Don't know
→ CFRERE

Only for those people not living in a couple "COUPLE=3":

Do you (they) currently have a fiancé, boyfriend, friend, partner?

1. Yes
2. No
8. Refuses to answer
9. Don't know

CCOPIN

1
 2
 8
 9

Brothers and sisters

How many living brothers do you (they) have today, including half-brothers?

CFRERE

number 0 to 25

How many living sisters do you (they) have today, including half-sisters?

CSOEUR

number 0 to 25

Children

Filter: if the person is 16 years old or older:

How many living sons do you (they) have today, including adopted children?

CFILS

number 0 to 15

How many living daughters do you (they) have today, including adopted children?

CFILLES

number 0 to 15

Relationships

Over the past 12 months, how often did you see one or more members of your family?

Read possible answers 1 to 6

1. Every day.....
2. One or more times a week (but not every day)
3. Several times a month (but not every week)
4. Once a month
5. At least once a year (but less than once a month)
6. Never.....
7. N/A (no family)

F1RENC

- 1
- 2
- 3
- 4
- 5
- 6
- 7

Filter: if F1RENC =1, 2, 3, 4 or 5:

F2RENC. How many members of your family have you seen in the past month?

Read the possible answers, only one answer possible

1. none
2. one
3. two or three
4. four or five
5. 6 or more

Over the past 12 months, how often have you seen one or another of your friends (including colleagues outside of professional obligations)?

Read possible answers 1 to 6

1. Every day.....
2. One or more times a week (but not every day)
3. Several times a month (but not every week)
4. Once a month
5. At least once a year (but less than once a month)
6. Never.....
7. N/A (no family)

F3RENC

- 1
- 2
- 3
- 4
- 5
- 6
- 7

Filter: if F3RENC =1, 2, 3, 4 or 5:

F4RENC. How many of your friends have you seen over the past month?

Read the possible answers, only one answer possible

1. none
2. one
3. two or three
4. four or five
5. 6 or more

Do you know your neighbours?

1. Yes, almost all of them
2. Yes, some of them.....
3. No, I haven't been living here long enough
4. No, for other reasons
5. N/A (no neighbours).....

F5RENC

- 1
- 2
- 3
- 4
- 5

filter: if F5RENC<>5:

CONFLI. Over the past 12 months, have you had conflicts with your neighbours or arguments?

1. Yes
2. No

filter: if F1RENC<>7 or F3RENC<>7:

Would you like to see your family or friends more often?

1. Yes
2. No
9. Doesn't know.....

F6RENC
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 9

filter for the rest of the module:

if the person declared having aid (i.e: AIDENT=1 or AIDPR =1 - module F page 107) or needing aid for at least one of the activities described in module F (i.e: If BTOIBES=1 or BHABBES=1 or B1ALIBES=1 or B2ALIBES=1 or BELIBES=1 or BTRA1BES=1 or BTRA2BES=1 or BACHABES=1 or BREPBES=1 or BMEN1BES=1 or BMEN2BES=1 or BADMBES=1 or BMEDBES=1 or BDEPIBES=1 or BDEPEBES=1 or BBUSBES=1 or BORIBES=1 or BTELBES=1 or BORDIBES=1)

OR

if the person declared having aid or needing aid for other activities (RECAID=1, 2 or 3 - module F page 108)

OR

if the person declared having aid or needing financial, practical aid or moral support (AUTAID=1 or 2 - module F page 108)

OR

If the person has a serious disability: has difficulty performing at least one of the activities described in module F (RESTRICFORT=1 - module F page 108) or is greatly limited (BLIMI = 1 - module B1 page 54)

OR

If the person is 70 years old or more

=> then continue with this module; if not => go to module H

Simplified socio-professional category card: Card 11

code	Enter in plain text
1	Farmer
2	Head of a company with 10 or more employees
3	Artisan, retailer
4	Liberal profession
5	Semiskilled worker, farm worker
6	Skilled worker, chauffeur
7	First-line supervisor, foreman
8	Technician, drafter, salesperson
9	Administrative or commercial supervision of businesses
10	Intermediate civil service professional, teacher, social worker, nurse
11	Business executive, engineer
12	Civil service manager, professor, intellectual or artistic professional
13	Office employee, secretary
14	Commerce employee, salesperson, service employees, maintenance

	worker, cleaning woman, child care worker
15	Civil servant, nurse's aide

Filter PER1E = 2: if the father is alive and does not live in the same dwelling, ask the following questions, if not, skip to mother	Filter MER1E = 2: if the mother is alive and does not live in the same dwelling, ask the following questions, if not, skip to partner	Filter COUPLE = 2: if they have a partner who does not live in the same dwelling, ask the following questions, if not, skip to brothers and sisters
Father - Assign NOI 21	Mother - Assign NOI 22	Partner - Assign NOI 23
We will now talk about your father who does not live in the same dwelling	We will now talk about your mother who does not live in the same dwelling	We will now talk about your partner who does not live in the same dwelling
What is his first name? PRENOMP	What is her first name? PRENOMM	What is their first name? PRENOMCJ
How old is he? AGEPER <input type="text"/> years old <input type="checkbox"/> Don't know	How old is she? AGEMER <input type="text"/> years old <input type="checkbox"/> Don't know	How old are they? <input type="text"/> years old <input type="checkbox"/> Don't know AGECJ
Does he live... DOMPER 1. in the same building 2. on the same street 3. in the same commune 4. in the same department 5. in the same region 6. elsewhere in France 7. abroad 8. Refuses to answer 9. Don't know	Does she live... DOMMER 1. in the same building 2. on the same street 3. in the same commune 4. in the same department 5. in the same region 6. elsewhere in France 7. abroad 8. Refuses to answer 9. Don't know	Do they live... DOMCJ 1. in the same building 2. on the same street 3. in the same commune 4. in the same department 5. in the same region 6. elsewhere in France 7. abroad 8. Refuses to answer 9. Don't know
Currently, what is PRENOMP's main situation regarding employment? <u>ACTIPER</u> <input type="checkbox"/> 1. Has paid work (including Apprentice under contract) <input type="checkbox"/> 2. Student, pupil, in training or in an unpaid internship <input type="checkbox"/> 3. Unemployed (whether or not they are registered as unemployed with the ANPE) <input type="checkbox"/> 4. Retired or out of business or in early retirement <input type="checkbox"/> 5. House wife or husband <input type="checkbox"/> 6. Other situation (disabled person...) <input type="checkbox"/> 9. Don't know	Currently, what is PRENOMM's main situation regarding employment? <u>ACTIMER</u> <input type="checkbox"/> 1. Has paid work (including Apprentice under contract) <input type="checkbox"/> 2. Student, pupil, in training or in an unpaid internship <input type="checkbox"/> 3. Unemployed (whether or not they are registered as unemployed with the ANPE) <input type="checkbox"/> 4. Retired or out of business or in early retirement <input type="checkbox"/> 5. House wife or husband <input type="checkbox"/> 6. Other situation (disabled person...) <input type="checkbox"/> 9. Don't know	Currently, what is PRENOM's main situation regarding employment? <u>ACTICJ</u> <input type="checkbox"/> 1. Has paid work (including Apprentice under contract) <input type="checkbox"/> 2. Student, pupil, in training or in an unpaid internship <input type="checkbox"/> 3. Unemployed (whether or not they are registered as unemployed with the ANPE) <input type="checkbox"/> 4. Retired or out of business or in early retirement <input type="checkbox"/> 5. House wife or husband <input type="checkbox"/> 6. Other situation (disabled person...) <input type="checkbox"/> 9. Don't know
if he doesn't work (if ACTIPER ≠1): has PRENOMP ever been employed, even if this was long ago? <u>ACTPAPER</u> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't know	if she doesn't work (if ACTIMER ≠1): has RENOMM ever been employed, even if this was long ago? <u>ACTPAMER</u> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't know	If they don't work (if ACTICJ ≠1): Has RENOMCJ ever been employed, even if this was long ago? <u>ACTPACJ</u> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Don't know
has ever been employed or is employed (if ACTIPER=1 or ACTPAPER=1): PRENOMP works or was last	has ever been employed or is employed (if ACTIMER=1 or ACTPAMER=1): PRENOMM works or was last	has ever been employed or is employed (if ACTICJ=1 or ACTPACJ=1): PRENOMCJ works or was last

<p>employed as...</p> <p><u>CSPER.</u></p> <p>Show card 11</p> <p>(simplified socio-professional category card)</p> <p><input type="checkbox"/> Don't know</p>	<p>employed as...</p> <p><u>CSMER.</u></p> <p>Show card 11</p> <p>(simplified socio-professional category card)</p> <p><input type="checkbox"/> Don't know</p>	<p>employed as...</p> <p><u>CSCJ.</u></p> <p>Show card 11</p> <p>(simplified socio-professional category card)</p> <p><input type="checkbox"/> Don't know</p>
---	---	--

filter: if CFRERE>0 or CSOEUR>0:

Intros: We will now talk about your **brothers and sisters who do not live with you.**
(10 records possible)

BROTHERS SISTERS BLOCK

Assign the NOI 24, 25, etc (33 maximum)

GFSPRENOM. What is their first name? _____

GFSSEX. What is their gender?

1. Male
2. Female

GFSAGE. How old are they?

| ____ | years old (1-110) Don't know

Filter: if the person has children (CFILS>0 or CFILLE>0)

Introff: We will now talk about your children.

(10 records possible)

CHILDREN BLOCK

GECOHAB. Do they live on the same dwelling in which you live?

1. Yes..... -> go to **GEENFANTSbis** and get the correct NOI from the TCM
2. Non..... -> go to **GEPRENOM** and assign NOI 34, 35, etc (43 maximum)
8. Refuses to answer..... -> skip to **next child** or to **GAIDFAM** if you're on the last child

GEPRENOM. What is their first name? _____

GESEX. What is their gender?

1. Male
2. Female

GEAGE. How old are they? | ____ | years old Don't know

GEDOM. Do they live...

1. in the same building
2. on the same street
3. in the same commune
4. in the same department
5. in the same region
6. elsewhere in France
7. abroad
8. Refuses to answer
9. Don't know

Filter: if the child is under 15 years old => skip to next child, If not => continue

GESITUA. What is [GEPRENOM]'s main situation regarding employment?

- 1. Has paid work (including Apprentice under contract)
- 2. Student, pupil, in training or in an unpaid internship
- 3. Unemployed (whether or not they are registered as unemployed with the ANPE)
- 4. Retired or out of business or in early retirement
- 5. House wife or husband
- 6. Other situation (disabled person...)
- 9. Doesn't know

Filter: if GEPRENOM is not employed (if GESITUA<>1):

GETRAV. Has [GEPRENOM] ever been employed, even if this was long ago?

- 1. Yes
- 2. No
- 9. Don't know

Filter: if GEPRENOM has ever been employed or is employed (GESITUA=1 or GETRAV=1):

Show card 11

GECS.: If GESITUA=1: [GEPRENOM] is employed as...

If GETRAV =1: [GEPRENOM] was last employed as...

authorise: Don't know

GECOUPLE. Does [GEPRENOM] live in a couple?

- 1. Yes
- 2. No
- 9. Don't know

filter: if GEAGE>15 years old:

GEENFANTS. How many children does [GEPRENOM] have?

| | children (0 to 15) Don't know

filter: if GECOUPLE=1:

GECJSITUA. Currently, what is [GEPRENOM]'s partner's main situation regarding employment?

- 1. Has paid work (including Apprentice under contract)
- 2. Student, pupil, in training or in an unpaid internship
- 3. Unemployed (whether or not they are registered as unemployed with the ANPE)
- 4. Retired or out of business or in early retirement
- 5. House wife or husband
- 6. Other situation (disabled person...)
- 9. Don't know

if GECOHAB=2 (child not living with them): skip to next child

*******filter: if GECOHAB=1*******

get the correct NOI from the TCM: which means you should be able to link questions GEENFANTSbis and GECJSITUABIS with the child's NOI.

filter: if AGE (variable from TCM)>15 years old:

GEENFANTSbis. How many children does [GEPRENOM] have?

| | children (0 to 15) Don't know

filter: if COUPLE=1 or 2 (page 24):

GECJSITUABIS. Currently, what is [GEPRENOM]'s partner's main situation regarding employment?

- 1. Has paid work (including Apprentice under contract)
- 2. Student, pupil, in training or in an unpaid internship
- 3. Unemployed (whether or not they are registered as unemployed with the ANPE)
- 4. Retired or out of business or in early retirement
- 5. House wife or husband
- 6. Other situation (disabled person...)
- 9. Don't know

*******end of filter: if GECOHAB=1*******

Aid and caregivers Module

***** NON-PROFESSIONAL CAREGIVERS BLOCKS: 3 BLOCKS *****

filter: if AIDENT=2 and RECAID =2 and AUTAID =2 (module F - pages 107 and 108):

GAIDFAM. Are there any non-professionals (family, friends...) who regularly help you accomplish certain daily life tasks (cleaning, meals, bathing, company...) or who aid you financially or practically or who give you moral support due to a health problem or disability, including people who live with you?

Interviewer instructions: module F – restrictions in activity – can include aid coming from people living together (partners, parents, etc.)

1. Yes -> go to GDESCFAM
2. No -> go to GDESCPROF

filter: if AIDENT=1 or RECAID =1 or AUTAID =1 (module F- pages 107 and 108) or GAIDFAM=1:

GDESCFAM. We will now talk about any non-professionals (family, friends...) who regularly help you accomplish certain daily life tasks (cleaning, meals, bathing, company...) or who aid you financially or practically or who give you moral support due to a health problem or disability, including people who live with you.
Who are these people?

Interviewer instructions: module F – restrictions in activity – can include aid coming from people living together (partners, parents, etc.)

(10 records possible)

BLOCK 1 NON-PROFESSIONAL CAREGIVERS

Display the list of NOIs and PRENOMs of the people described in the TCM and in the family description section (parents, partners, children, brothers/sisters) in CAPI.

G0IDENT: in this variable i, automatically record i going from 1 to 10 (1 for the first non-professional caregiver, 2 for the next...)

G1IDENT: What is the caregiver's NOI?

variable with 2 (2 numbers) NOI |_|_| this is either one of the previously assigned NOIs (i.e: the individual was described in the TCM or in the family section of this module) or number 00

Interviewer instructions:

Case 1: the caregiver is one of the people on the displayed list: note their number (NOI)

Case 2: the caregiver is the child of one of the people on the displayed list: note their parent's number (NOI) in the list.

Case 3: the caregiver is the partner of one of the people on the displayed list: note their partner's number (NOI) in the list.

Case 4: in other cases, check NOI 00.

G1IDENTBIS. Letter? can only have a value of C, E or R (insert a control and do not allow empty)

Interviewer instructions:

Case 1 (continuation of instructions): if the caregiver is one of the people on the displayed list: enter the letter R

Case 2 (continuation of instructions): if the caregiver is the child of one of the people on the displayed list: enter the letter E (pour enfant)

Case 3 (continuation of instructions): if the caregiver is the partner of one of the people on the displayed list: enter the letter C (pour conjoint)

Case 4 (continuation of instructions): in other cases, enter the letter R

Filter: if G1IDENT=00

G2IDENT. Is this...?

1. another member of your family
2. a friend
3. a neighbour

filter: if the number for G1IDENT=00 or if the letter for G1IDENT =C or E:

GPRENOM. What is their first name?

GASEXE: What is their gender?

1. Male
2. Female

GAAGE. How old are they? |_|_| (0-120) Don't know

If not: automatically fill in the variable GPRENOM in CAPI

Filter: if the 10 recordings for NON-PROFESSIONAL CAREGIVERS are filled in CAPI:

GAUTRE. Do you have other non-professional caregivers?

1. Yes -> GCOHABNB
2. No -> BLOCK 2 NON-PROFESSIONAL CAREGIVERS

GCOHABNB. How many other non-professional caregivers do you have living with you?

|_|_| (two-digit number)

GPASCOHABNB. How many other non-professional caregivers do you have not living with you?

|_|_| (two-digit number)

BLOCK 2 NON-PROFESSIONAL CAREGIVERS

ADDITIONAL Questions for each of the caregivers described in BLOCK 1

GintroDes: We will now specify the aid given to you by [GPRENOM]

GNPTYPEAIDE. [GPRENOM] helps you (multiple answers possible)

1. with daily life tasks like bathing, dressing, help with household chores...
2. with financial or practical aid
3. by giving you moral support

*****Filter If GNPTYPEAIDE =1:*****

GNPAIDE. [GPRENOM] helps you with...

1. personal care (bathing, dressing, meals)
2. household chores (cleaning, making meals)
3. manage your budget, take care of paperwork and administrative processes
4. ensuring you have someone with you, company
5. by checking what you do
6. going to see the doctor, taking care of your health problems
7. shopping, buying medicine
8. other activities (*reading for the blind, translation for the deaf...*)

Filter: If the caregiver does not live with the person (if G1IDENT >20 or if G1IDENT=00 or if G1IDENTBIS=C or E):

FREQ1AID. How often does [GPRENOM] come to your house to help you?

Number of times: |__|__| (0-99)

FREQ2AID. Unit of time: FREQ1AID times per... 1. day 2. week 3. month

NBHSE. In all, how many hours does [GPRENOM] help you per "FREQ2AID" / per week (for those living together?)

|__|__| hours Don't know

REMUN. Do you financially compensate or pay [GPRENOM] for the aid they give you?

1. Yes
2. No
9. Don't know

*****end of Filter If GNPTYPEAIDE =1:*****

Filter If GNPTYPEAIDE =2:

TYQAIDE. What financial or practical aid does aide [GPRENOM] give you?

1. Pays your rent
2. Gives you housing for free or for a very low cost to you
3. Work in the dwelling
4. Pays some of your expenses (shopping, bills...)
5. Pays professional aid
6. Donates a certain sum of money
7. Other type of aid
9. Don't know

If other TYPQAIDE = 7,

TYPAUT. Specify: |_____|

Intro:

If $NBIND=1$: The INSEE and the DREES are carrying out another survey (the caregivers survey) on all of the non-professional caregivers we just described together.

Therefore, the INSEE needs the contact information for these caregivers.

If $NBIND=2$: The INSEE and the DREES are carrying out another survey (the caregivers survey) on a sampling of the non-professional caregivers that we just described together. Therefore, the INSEE needs the contact information for the caregivers who could be questioned for this survey if the caregivers are chosen through a random drawing.

BLOCK 3 NON-PROFESSIONAL CAREGIVERS

Ask additional questions for each of the caregivers described in ***BLOCK 1 NON-PROFESSIONAL CAREGIVERS***

GENQUETEAIDANTS. This variable is automatically filled in by CAPI. It has a value of 1 if we do the caregivers survey and 0 if not.

Do the caregivers survey for the following SSECH:

10, 11, 12, 30, 31, 32 therefore **GENQUETEAIDANTS =0** when **SSECH=20, 21, 22, 41, 42**

Do the caregivers survey on all of the non-professional caregivers not living with the person (G1IDENT not in (01,20) or G1IDENTBIS in (E ,C) described in *BLOCK 1 NON-PROFESSIONAL CAREGIVERS*****

Do the caregivers survey on the first 3 non-professional caregivers not living with the person (G1IDENT in number (01,20) and G1IDENTBIS=R) described in *BLOCK 1 NON-PROFESSIONAL CAREGIVERS*****

*****Filter if GENQUETEAIDANTS =1*******

GADREFAM.

if G1IDENT in (01,20) and G1IDENTBIS=R (i.e: the caregiver resides in the dwelling): Do you agree to give us the contact information for [GPRENOM] so that we can contact them for the caregivers survey?

If not(G1IDENT not in (01,20) or G1IDENTBIS in (E ,C)): Do you agree to give us the contact information for [GPRENOM] so that we can contact them for the caregivers survey?

1. Yes
2. No-> skip to the next non-professional caregiver or to GDESPROF if you're on the last one

filter: if GADREFAM=1:

**info1. if G1IDENT in (01,20) and G1IDENTBIS=R (i.e: the caregiver lives in the dwelling) [GPRENOM] lives with the person
if not: [GPRENOM] does not live with the person**

This person should be questioned within the framework of the HID Caregivers survey:

Please copy the attached identifier:

RGES:	[RGES]
SSECH:	[SSECH]
NUMFA:	[NUMFA]
CLE:	[CLE]
LE:	[LE]
BS:	[BS]
EC:	[EC]
NUM INDIVIDU:	[NUM INDIVIDU]
G0IDENT:	[G0IDENT]

as well as the person's contact information into the designated file.

Filter: if G1IDENT in (01,20) and G1IDENTBIS=R (i.e: the caregiver lives in the dwelling); recopy the contact information from the hard copy FA being that the caregiver lives with the person.

If not (G1IDENT number not in (01,20)): ask for the caregiver's contact information.

Then skip to the next non-professional caregiver or to GDESPROF if you're on the last one

*****end of Filter if GENQUETEAIDANTS =1*******

G1DATFAM. How long have you been aided by one or more non-professional caregiver(s) (family, friends...)

|__|__| (0-99)

Don't know

G2DATFAM. Unit of time:

1. month(s)
2. year(s)

add a control on the age (if G2DATFAM=2 and G1DATFAM>age, display a blocking message)

filter: if G1DATFAM= Don't know:

G3DATFAM. Has it been?

1. Less than a year
2. For a year or more but less than 5 years
3. More than 5 years

***** END OF THE NON-PROFESSIONAL CAREGIVERS BLOCKS *****

***** PROFESSIONAL CAREGIVERS BLOCK *****

*****filter: IF AIDPR =1 or RECAID =2 (module F, page 107 and 108)*****

GDESPROF. We will now talk about the professionals that regularly help you perform certain daily life tasks due to a health problem or disability

6 recordings possible

DESCRIPTION OF PROFESSIONAL CAREGIVERS BLOCK

AIDEPRO. Who is this?

1. A nurse, a nursing service
2. A nurse's aid
3. another paramedical professional (nurse's aid, occupational therapist, physical therapist, speech-language pathologist...)
4. A home caregiver, a home helper, a personal care assistant, home carer, specialized transportation services for the disabled
5. A social caregiver (social worker, Special educator...)
6. A psychologist, psychomotrician, ...
7. Others

AIDEPROQ. If others, (if aidepro=7) specify:

| _____ |

TYPAIDPRO. They help you with... (multiple answers possible)

1. personal care (bathing, dressing, meals)
2. household chores (cleaning, making meals)
3. manage your budget, take care of paperwork and administrative processes
4. ensuring you have someone with you, company
5. by checking what you do
6. going to see the doctor, taking care of your health problems
7. shopping, buying medicine
8. other activities (*reading for the blind, translation for the deaf...*)

FREQ1AIDP. How often do they come to your house to help you? |__|__|

FREQ2AIDP. Unit of time: *FREQ1AIDP per...* 1. day 2. week 3. month

NBHSP. In all, how many hours do they help you per "FREQ2AIDP"?

|__|__| hours Don't know

REMUNP. How is the person paid for the aid they give you for performing daily life tasks?

1. By you, yourself
2. by your parents
3. By another person (family, friends)
4. By a public institution (city hall...)

- | |
|---|
| 5. <input type="checkbox"/> By a private institution (association...) |
| 9. <input type="checkbox"/> Don't know |

G1DATPROF. How long have you been aided by one or more professional caregiver(s)?

|_|_| (0-99) Don't know

G2DATPROF. Unit of time

1. month(s)
2. year(s)

(blocking control for age: if G2DATPROF =2 and G1DATPROF >age)

filter: if G1DATPROF = Don't know:

G3DATPROF. Has it been...?:

1. For under a year
2. For more than a year but less than 5 years
3. For more than 5 years

*****end of filter: if AIDPR =1 or RECAID =2*****

***** END OF PROFESSIONAL CAREGIVERS BLOCK *****

Module H – Home fittings

The 2 following questions (DETAG and DASCEN) are to be filled in directly by the interviewer (without being asked).

Filter: if the person lives in a building (TYPLOGR=3, 4 or 5 - page 15):

On what floor does the person live?	DETAG.
1. On the ground floor	<input type="checkbox"/> 1
2. On the mezzanine or second floor	<input type="checkbox"/> 2
3. On the third floor	<input type="checkbox"/> 3
4. On the fourth floor	<input type="checkbox"/> 4
5. On the fifth floor	<input type="checkbox"/> 5
6. On the sixth floor or higher	<input type="checkbox"/> 6

Filter: if the person lives in a building (TYPLOGR=3, 4 or 5 - page 15):

Does this building have an elevator?	DASCEN
1. Yes.....	<input type="checkbox"/> 1
2. No.....	<input type="checkbox"/> 2

Filter: if age>=18 years old:

DPARK. Do you have a reserved parking space, a locked underground parking space or a garage?

read the possible answers

1. Yes
2. Yes, but the existing systems do not allow me to access the space (space too narrow, requires complex manoeuvres, passageway to the space impassable)
3. Yes, but it is not easily accessible (space far away, difficult to obtain the keys...)
4. No
9. Don't know

Filter: if the person lives in a building (TYPLOGR=3, 4 or 5 - page 15) and if age>=5:

Do you have difficulty accessing...?

- | | | | |
|--|---------------------------------|--------------------------------|---------------------------------|
| SERCO1. ... the mailbox | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No | 3. <input type="checkbox"/> N/A |
| SERCO2. ... the garbage bins | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No | 3. <input type="checkbox"/> N/A |
| SERCO3. ... the basement storage area | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No | 3. <input type="checkbox"/> N/A |
| SERCO4. ... the caretaker's office | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No | 3. <input type="checkbox"/> N/A |

*******filter: ask the following questions if the person has difficulty leaving their home (BDEPE =1, 2 or 3 - page 105) OR if they have certain deficiencies (DEFQMOUV<>9-page 70) or DEFQVISU=1, 2 or 3-page 78 OR BDEP=2, 3 or 4-page 94 OR BESCAL=2, 3 or 4-page 94 *******

Do you have difficulty accessing the entrance of the building alone from the street?

0. N/A: too young.....
1. Yes, a little.....
2. Yes, a lot
3. Yes, I cannot do this alone
4. No
9. Don't know.....

DABAT

- 0
 1
 2
 3
 4
 9

If the person lives in a building: (TYPLOGR=3, 4 or 5 - page 15)

Do you have difficulty accessing your home alone from the entrance of the establishment?

0. N/A: too young.....
1. Yes, a little.....
2. Yes, a lot
3. Yes, I cannot do this alone
4. No
9. Don't know.....

DINBAT

- n
 1->DQGENE
 2->DQGENE
 3->DQGENE
 4->filter de DNIV
 9->filter de DNIV

If the person has difficulty accessing their home alone

"DINBAT = 1, 2 or 3", or "DABAT= 1, 2 or 3"

Is this because....

(multiple answers possible)

show card 12

1. the staircase is difficult (too many steps, steps are too high, no handrail...)
2. it is difficult to enter the **building's front door**: (the intercom method (name identification), the doormat, the door's weight, opening the lock (pushing open the door and pushing a button at the same time))
3. it is difficult to go through the **entrance to the home**: (the intercom method (name identification), the doormat, the door's weight, opening the lock* (pushing open the door and pushing a button at the same time))
4. the elevator is ill-adapted (too small, there are still stairs to climb, the buttons are too high, no Braille...)
5. there is no elevator or it is often out of order
6. the access ramp is difficult (too steep, too slippery, too narrow).
7. there is no access ramp.....
8. the passageway on the ground floor is difficult to navigate (due to the nature of the ground, obstacles, insufficient width...)
9. there are no or insufficient signs
10. another element in the environment hampers you
11. nothing in the environment hampers you

DQGENE

- 1
 2
 3
 4
 5
 6
 7
 9
 10
 11

***** **end of filter: if the person has difficulty leaving their home (BDEPE =1, 2 or 3) OR if they have certain deficiencies (DEFQMOUV<>9 or DEFQVISU=1, 2 or 3) OR BDEP=2, 3 or 4 OR BESCAL=2, 3 or 4** *****

Filter BLOCK: only ask the following questions if the person has difficulties going up a flight of stairs (if BESCAL=2 ,3 or 4 module E-page 94):

DNIV. Does your dwelling have many levels?

1. Yes -> DQDISP
2. No -> skip to the next block

DQDISP. What measures do you have for moving between floors? Read the list

(multiple answers possible)

1. Ordinary stairs
2. Access ramps, permanent or portable
3. An elevator
4. A staircase elevator or a stair chair lift
5. Other (a lifting pedestal, a goods lift...)

DBDISP. Do you need another device to move between floors?

1. Yes
2. No
9. Don't know

filter BLOC: only ask the following questions if the person has difficulty moving around in the different rooms on a floor alone (BDEPI=1, 2 or 3 from module F-page 104) or if they have difficulty going up a flight of stairs (BESCAL=2, 3 or 4 module E-page 94):

DROOM. Can you access all the rooms on a floor in your home without difficulty?

0. N/A: too young
1. Yes
2. No
9. Don't know

filter: if DROOM = 2:

DEMPACC. What hinders you or keeps you from doing so?

(multiple answers possible) read the possible answers

1. You have difficulty using the stairs
2. Access to these rooms requires using steps
3. The doorways or hallways are too narrow
4. The rooms are not big enough or the spaces are too small
5. The layout of the rooms in relation to one another is not adapted

6. The floor covering is in bad condition or is not adapted
 7. None of the above

**Do you have any of the specially-adapted furniture or household fittings on the following list?
 (multiple answers possible) read the possible answers
 show card 13**

1. Specially widened doorways
2. Specially enlarged hallways.....
3. Rooms grouped together (bathroom or toilets...) or moving a room (bedroom moved to the ground floor)
4. Adapted toilets (height-adjustable, immobile but raised).....
5. An adapted bathroom (changing the bathtub to a shower or vice-versa, shower chair (attached to the wall), shower enlargement).....
6. One or more adapted tables (tilting, adjustable, wheeled...)
7. An adapted kitchen (height-adjustable counters, furniture or shelves)
8. Adapted light devices such as a doorbell with a light signal.....
9. Support devices (hand bars, railings in the water closet, bathroom, bedroom)
10. home automation equipment: tools to open and close shutters, doors, windows, curtains
11. A hospital bed or electric bed.....
12. One or more adapted chairs.....
13. None of the above

DLOGCOM

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13

Do you need any specially-adapted furniture (or other furniture) or specially-adapted household fittings (or other specially-adapted household fittings)?

1. Yes
2. No
9. Don't know.....

DBESAM

- 1
- 2
- 9

Module I - Accessibility

Interviewer instructions: Interviewer instructions: going outside of the home does not include going to the housing's garden

Do you usually go outside of your home?

read the possible answers

1. Every day, or almost
2. At least once a week
3. More infrequently
4. Never

TDHDOM

- 1 -> TSSOUV
 2 -> TSSOUV
 3 -> TRNODEP
 4 -> TRNODEP

If "more rarely or never", "TDHDOM = 3 or 4",

Why? read the possible answers

1. Your entourage does not want you to go out
2. You must remain at home (for reasons other than your state of health)
3. You do not need to go out
4. You do not want to go out
5. The idea of going out makes you anxious
6. The environment (public roads, thoroughfares, methods of transportation ...) is not adapted for you*
7. You do not have the human aid you need to go out
8. You do not have the assistive technologies you need to go out
9. Your state of health does not permit this
10. Other

TRNODEP

- 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

***Interviewer instructions: if the person does not understand, give examples of ill-adapted environments:**

A blind person could have difficulty crossing streets if there are not audible signals indicating the colour of the traffic lights. A person in a wheelchair could have great difficulty moving along the public roads.

Filter: if never, (if TDHDOM = 4) and APTE in (1, 2):

TENVSOR. Would you like to go out?

1. Yes -> skip to IMDPH
2. No -> skip to IMDPH.

***** filter: if age>=10 years old *****

Interviewer instructions: the answer must integrate all the constraints (except if otherwise specified) weighing upon the individuals, including those not related to their health or disability

Do you usually go outside...

... as often as you choose?

1. Yes
2. No

... where you choose?

1. Yes
2. No

...at the time you choose?

1. Yes
2. No

TSSOUV

- 1
 2

TSOU

- 1
 2

TSHOR

- 1
 2

***** End of filter: if age>=10 years old *****

In your usual outings, which mode(s) of transportation do you regularly use?
(multiple answers possible) read the possible answers

1. Walking
2. A wheelchair
3. A bike (bike, motorcycle, scooter)
4. A tricycle (manual or motorised) or an adapted scooter.....
5. A personal car
6. Public transportation (bus, subway, suburban trains...)
7. A taxi
8. A special transportation service for people with reduced mobility.....
9. A light medical vehicle or an ambulance
10. The train
11. Another method of transportation

TMTRANS

- 1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 11

Filter: if the person is limited (BLIMI = 1 or 2 module B1) or declared at least one restriction in activity (RESTRIC = 1 module F), ask TDGENE / if not go to TCOND

When you go out on foot or in a wheelchair, are you hampered by...
(multiple answers possible) read the possible answers

1. ...An ill-adapted public road, like cluttered sidewalks.....
2. ...The presence of stairs.....
3. ...The distance of the places you want to go
4. ...The absence of places to rest (benches, plateaus on slopes...)
5. ...The absence of public bathrooms or difficulty in accessing them.....
6. ...The absence of adapted information or signs (indications in Braille, sound signals, maps...)
7. The landscape like a hill to climb.....
8. None of the above

TDGENE

- 1
 2
 3
 4
 5
 6
 7
 8

Filter: if age>=16 years old:

Do you drive a car?

1. Yes, regularly
2. Yes, occasionally
3. No

TCOND

- 1->TVAM
 2->TVAM
 3->TPCOND

If "no", "TCOND = 3",

Why don't you drive?
(multiple answers possible) read the possible answers

1. You don't need a car.....
2. You don't have a driver's license
3. You are unable to drive (illness, disability, accident...)
4. You prefer not to drive (fear of driving, don't like it, too old)
5. You have no opportunity to drive (another driver, other methods of transportation, no car...)
6. Your entourage advised you not to drive
7. You'd need an adapted vehicle

TPCOND

- 1
 2
 3
 4
 5
 6
 7

8. Other reasons	<input type="checkbox"/> 8
9. Doesn't know	<input type="checkbox"/> 9

**Do you have a car (belonging to you or your family) that has specialised fittings due to a disability or health problem you have?
(multiple answers possible)**

0. N/A: doesn't have a car
1. Yes, for driving
2. Yes, for driver access.....
3. Yes, for passenger access.....
4. Yes, for transporting someone in a wheelchair
5. Yes, other fittings
6. No, but I need them.....
7. No, I don't need any.....

TVAM

- 0-> TADAPT
- 1 > TVOTYP
- 2-> TVOTYP
- 3-> TVOTYP
- 4-> TVOTYP
- 5-> TVOTYP
- 7-> TADAPT
- 8-> TADAPT

Filter: if TVAM = 1, 2, 3, 4 or 5:

Is it...?

1. A special car (lowered floor, low speed...)
2. An adaptation for a normal automobile (driving adaptation, adaptation of the command systems, special seats, hoist, elevated tailgate...)
9. Doesn't know

TVOTYP

- 1
- 2
- 2

Filter: if age>=18 years old and TPCOND<>2: (page 126):

Do you have an adapted driver's license (disabled driver's licence)?

1. Yes
2. No

TADAPT

- 1
- 2

Filter: if age>=10 years old:

Do you have difficulty using public transportation?

0. N/A: there is no or little public transportation
1. No.....
2. Yes, a little
3. Yes, a lot
4. Yes, I cannot use it.....

TDTRAN

- 0
- 1
- 2->TQDIFF
- 3->TQDIFF
- 4->TQDIFF

If "yes" "TDTRAN = 2, 3 or 4",

Is this due to... (multiple answers possible)

1. ... getting to the public transportation?
2. ... getting on or off the vehicles?
3. ... finding your itinerary on public transportation?
4. ... standing throughout the trip (lack of seats)?
5. ... other reasons (too hot, no bathrooms...)

TQDIFF

- 1
- 2
- 3
- 4
- 5

Filter: if the person is limited (BLIMI = 1 or 2 module B1-page 54) or declared at least one restriction in activity RESTRIC = 1 module F-page 107), ask TTRSPE / if not, go to TACCES:

Do you use special transportation services for people with reduced mobility?

1. Yes.....
2. No, but I need it
3. No, I don't need it

TTRSPE

- 1->TACCES
- 2->TNTRSPE
- 3->TACCES

If "No, but I need it", "TTRSPE = 2",

Why don't you use special transportation services for people with reduced mobility?

(multiple answers possible)

1. It's too expensive
2. There are none that I know of.....
3. They are not sufficiently available.....
4. It's not practical (reservation methods...)
5. Other reason

TNTRSPE

- 1
- 2
- 3
- 4
- 5

Are there places that are hard or impossible for you to access like stores, community centres, public transportation...?

1. Yes.....
2. No.....

TACCES

- 1->TLIEU
- 2 ->skip to IMDPH

TLIEU1 to TLIEU14:

Some places are difficult or impossible to access.

Which places?

TLIEU1. The city or downtown

Yes/No

TLIEU2. Public services (city hall, post office, CAF – family allowance fund, sécurité sociale – social healthcare insurance ...)

Yes/No

TLIEU3. Stores or neighbourhood services (pharmacy, market, boutiques...)

Yes/No

TLIEU4. The supermarket, mall

Yes/No

TLIEU5. Schools or centres for higher education

Yes/No

TLIEU6. Most of the places in which you applied for employment

Yes/No

TLIEU7. Certain areas of your workplace

Yes/No

TLIEU8. Places to walk, public gardens

Yes/No

TLIEU9. Healthcare centres (dentist, doctor's office, hospital)

Yes/No

TLIEU10. Restaurants, cafés

Yes/No

TLIEU11. Places of leisure (movie theatres, theatres, sporting centres)

Yes/No

TLIEU12. Loved ones' houses (friends, family...)

Yes/No

TLIEU13. The polling station

Yes/No

TLIEU14. The cemetery and places of worship

Yes/No

TPACCES. Why? (multiple answers possible) read the possible answers

1. Because the physical environment is ill adapted: there is no access ramp or elevator, the stairs or passageway to the ground floor are impracticable
2. Because the signs are not adapted (*no Braille, indications too small...*)
3. Because the human interaction is not adapted (*communication difficulties, lack of listening or no one paying attention, too many interlocutors, non-specialised reception personnel...*)
4. Because the practical reception area is not adapted (*the places are configured badly, no isolated reception window, no appropriately fitted waiting areas...*)
5. Because there are no reserved parking places
6. Because it's hard to situate oneself (*no map, not enough directions...*)
7. Because people have negative attitudes (*mocking, rejection...*)
8. For other reasons

IMDPH. Have you heard of the Disabled Persons Departmental Office (*maison départementale des personnes handicapées – MDPH*)?

1. Yes
2. No -> skip to ICLIC

filter: if IMDPH = 1:

IQMDPH. Where did you hear about this?

1. The hospital
2. Another healthcare professional (my general practitioner, a nurse, a physical therapist...)
3. My school
4. My employer (or the occupational physician)
5. One of city hall's social services

6. One of the *department's* social services
7. A member of my family
8. An association
9. A neighbour or loved one
10. An article in the press or on TV
11. Internet
12. Another way

ICLIC Have you heard of the Local Gerontological Coordination and Information Centre (centre local d'information et de coordination gérontologique - CLIC)?

1. Yes
2. No -> skip to module J

filter: if ICLIC=1:

IQCLIC. Where did you hear about this?

1. The hospital
2. Another healthcare professional (my general practitioner, a nurse, a physical therapist...)
3. One of city hall's social services
4. One of the *department's* social services
5. A member of my family
6. An association
7. A neighbour or loved one
8. An article in the press or on TV
9. Internet
10. Another way

Module J - Education

(Questions ETUDES page 44 and ANALIS page 21)

Filter:

If ETUDES=1 that is, the person is in school: ask the SCLASS to STRSPE block

If ETUDES=2 that is, if the person is not in school:

- if they are under 3 years of age: skip to the next module page 134
- if they are 4 to 16 years of age: skip to SRNSCOL
- if they are 17 to 30 years of age: skip to SETFINIES
- if they are over 30 years of age: skip to SINTER

*** Block: if the person is not in school and if they are 4 - 30 years of age: (SETFINIES and SRNSCOL)*****

Filter: If ETUDES=2 and 16 < age <= 30:

SETFINIES. Did you finish your schooling?

- | | |
|---|-------------------|
| 1. <input type="checkbox"/> Yes | -> skip to SINTER |
| 2. <input type="checkbox"/> No | -> SRNSCOL |
| 8. <input type="checkbox"/> Refuses to answer | -> SRNSCOL |
| 9. <input type="checkbox"/> Doesn't know | -> SRNSCOL |

Filter: If SETFINIES<>1 or (ETUDES=2 and 3 < age <=16):

SRNSCOL. Why aren't you in school?

- | | |
|--|-----------|
| 1. <input type="checkbox"/> Waiting for an opening | -> SLIRE |
| 2. <input type="checkbox"/> Needs physical therapy or a physical or therapeutic rehabilitation program | -> SLIRE |
| 3. <input type="checkbox"/> The establishment requested ending the schooling | -> SLIRE |
| 4. <input type="checkbox"/> The parents requested ending schooling | -> SLIRE |
| 5. <input type="checkbox"/> In a specialized establishment (IMP, IME, IMPRO, ITEP) but not in school | -> SLIRE |
| 9. <input type="checkbox"/> Other (moved...) | -> SINTER |

***** end of block *****

*** Block: if the person is in school: SCLASS to STRSPE *****

Filter: If ETUDES=1

SCCLASS. In what type of class or school are you registered?
(multiple answers possible)

- 0. N/A: home schooled, distance learning

1. An ordinary class in a grammar school, junior high school, high school, university
2. A special class in an ordinary primary school or nursery school (*classe d'intégration scolaire - CLIS*)
3. A special class in an ordinary junior high school or high school (*UPI: unité pédagogique d'intégration*)
4. A special class in an ordinary secondary school (*Section d'Enseignement Général et Professionnel Adapté - SEGPA, groupe classe-atelier - GCA*)
5. A specialised National Education (*Éducation Nationale - EREA, ENP*) establishment
6. A specialized Ministry of Health or Ministry of Social Affairs establishment (*/IMP – Medico-Pedagogic Institutes, /IMPRO – Medico-Professional Institutes, /IME – Medico-educational Institutes, Medico-Social establishments, Socio-Pedagogical establishments, medical establishments*)
7. A specialized establishment – unknown ministry
9. Doesn't know

FILTER: only asked if SCLASS=6:

STYPET. Specify the speciality of the establishment attended:

1. Establishment for people with intellectual disabilities
2. Therapeutic, educative and pedagogical institutions (such as rehabilitation institutes)
3. Motor education institutes
4. Establishments for the visually impaired
5. Establishments for the hearing impaired
6. Establishments for deaf and blind children
7. Establishments for the multiply disabled
8. Other
9. Doesn't know

Filter: if STYPET=8:

STYPETPRECIS. Specify? | _____ | (enter in plain text)

JSCOLAR. Are you attending classes at the learning centre in which you are registered?

1. Yes, all week
2. Yes, but only part time
3. No, not at all -> go to SLIRE
8. Refuses to answer
9. Doesn't know

SNIVEC. Type of education in progress

Show card 14

- | |
|---|
| <ol style="list-style-type: none"> 1. Nursery school (<i>including special classes for educational integration - CLIS, classes d'intégration scolaire</i>) 2. Primary school (<i>from first grade, cours préparatoire – CP to Fifth grade, cours moyen 2ème année - CM2, including CLIS (special classes for educational integration - classes d'intégration scolaire), including literacy classes and learning French</i>) |
|---|

3. Lower secondary education (*most often in junior high school*)
4. Upper secondary education (in high school), preparing baccalaureates L, ES, S
5. Short-term technical or professional training
6. Education in classes or establishments adapted for or specialised in disabled children
7. Long-term technical or professional training
8. Higher education or higher technical education

➔ **Filter:** do not ask the following question of those who are home schooled SCLASS=0)

SPENS. In this school or establishment, are you a...

1. border
2. day pupil eating lunch at school
3. day pupil
4. it depends on the day (ex: sometimes boarder and sometimes day pupil eating lunch at school)
9. doesn't know

<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> 9

Filter: if SPENS=4:

SPENSPRECIS. Are you sometimes boarded in this school or establishment?

1. Yes
2. No

SMATSPA. Due to a disability or health problem, do you have individualised human help for your scholarly?

0. N/A (no health problems impeding scholarly)
1. Yes, furnished by the school
2. Yes, but not furnished by the school
3. No, but I need this
4. No, I don't need this
8. Refuses to answer
9. Doesn't know

<input type="checkbox"/> 0 → STRFIN
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> 8
<input type="checkbox"/> 9

Filter If SMATSPA=1 or 2:

SMATSPAP. Do you have...? (multiple answers possible)

1. Special needs educational assistant, an educational assistant, a classroom assistant.....
2. Specialised services for home education and care (such as services d'éducation spéciale et de soins à domicile – or SSESD)
3. Others.....

<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3

Filter If SMATSPA<>0:

SMATSPB. Due to a disability or health problem, do you benefit from special material for your scholarly?

0. N/A (no health problems impeding scholarly)
1. Yes, furnished by the school
2. Yes, but not furnished by the school
3. No, but I need this
4. No, I don't need this
8. Refuses to answer

<input type="checkbox"/> 0
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> 8

9. Doesn't know

9

➔ **Filter:** for those who are home schooled (SCLASS=0) ➤➤➤➤➤➤➤➤➤ SINTER

STRFIN. For your daily trip to school, do you benefit from financial aid due to your disability or health problem?

1. Yes
2. No, but I need one
3. No, I don't need one
8. Refuses to answer
9. Doesn't know

1
 2
 3
 8
 9

STRSPE. For your daily trip to school, do you benefit from a transportation service for persons with reduced mobility?

1. Yes
2. No, but I need one
3. No, I don't need one
9. Doesn't know

1
 2
 3
 9

**** **end of block: if the person is in school** *****;

**** **Filter: If (ETUDES=1 and JSCOLAR<>3) or (ETUDES=2 and (AGE>30 or SETFINIES=1 or SRNSCOL=9)): SINTER and SPERTU *******

SINTER. Were you forced to interrupt your studies for medical reasons? (not including normal pregnancy)

1. Yes, definitively
2. Yes, for at least three consecutive months
3. No
9. Doesn't know

1
 2
 3
 9

Filter: If SINTER=3:

SPERTU. Was your education disrupted due to a disability or health problems?

1. Yes
2. No
9. Doesn't know

1
 2
 9

******end of Filter: If (ETUDES=1 and JSCOLAR<>3) or (ETUDES=2 and (AGE>30 or SETFINIES=1 or SRNSCOL=9)): SINTER and SPERTU*******

*** **filter: if the person is over 5 years old and does not have a diploma (DIPLOME=1 or 2 - page 45) *****

SLIRE. Do you (they) know how to read? (in French or in another language, including Braille)

1. Yes, fluently
 2. Yes, but with difficulty
 3. No
 8. Refuses to answer
 9. Doesn't know
- | |
|----------------------------|
| <input type="checkbox"/> 1 |
| <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 |
| <input type="checkbox"/> 8 |
| <input type="checkbox"/> 9 |

SECRIR. Do you (they) know how to write? (in French or in another language, including Braille)

1. Yes, with no difficulty
 2. Yes, but with some difficulty
 3. No
 8. Refuses to answer
 9. Doesn't know
- | |
|----------------------------|
| <input type="checkbox"/> 1 |
| <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 |
| <input type="checkbox"/> 8 |
| <input type="checkbox"/> 9 |

SCOMPT. Do you (they) know how to count?

1. Yes, with no difficulty
 2. Yes, but with some difficulty
 3. No
 8. Refuses to answer
 9. Doesn't know
- | |
|----------------------------|
| <input type="checkbox"/> 1 |
| <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 |
| <input type="checkbox"/> 8 |
| <input type="checkbox"/> 9 |

***** end of filter: if the person is over 5 years old and does not have a diploma *****

Module K - Employment

Variables SITUA page 36, TRAVAIL page 37, RECHEMPLI page 38, ACTIVANTE page 38

filters:

If the person is under 15 years old => go to module L1 (page 144)

If not:

If the person works (SITUA=1 or 2 or TRAVAIL=1) => only go through module EA.

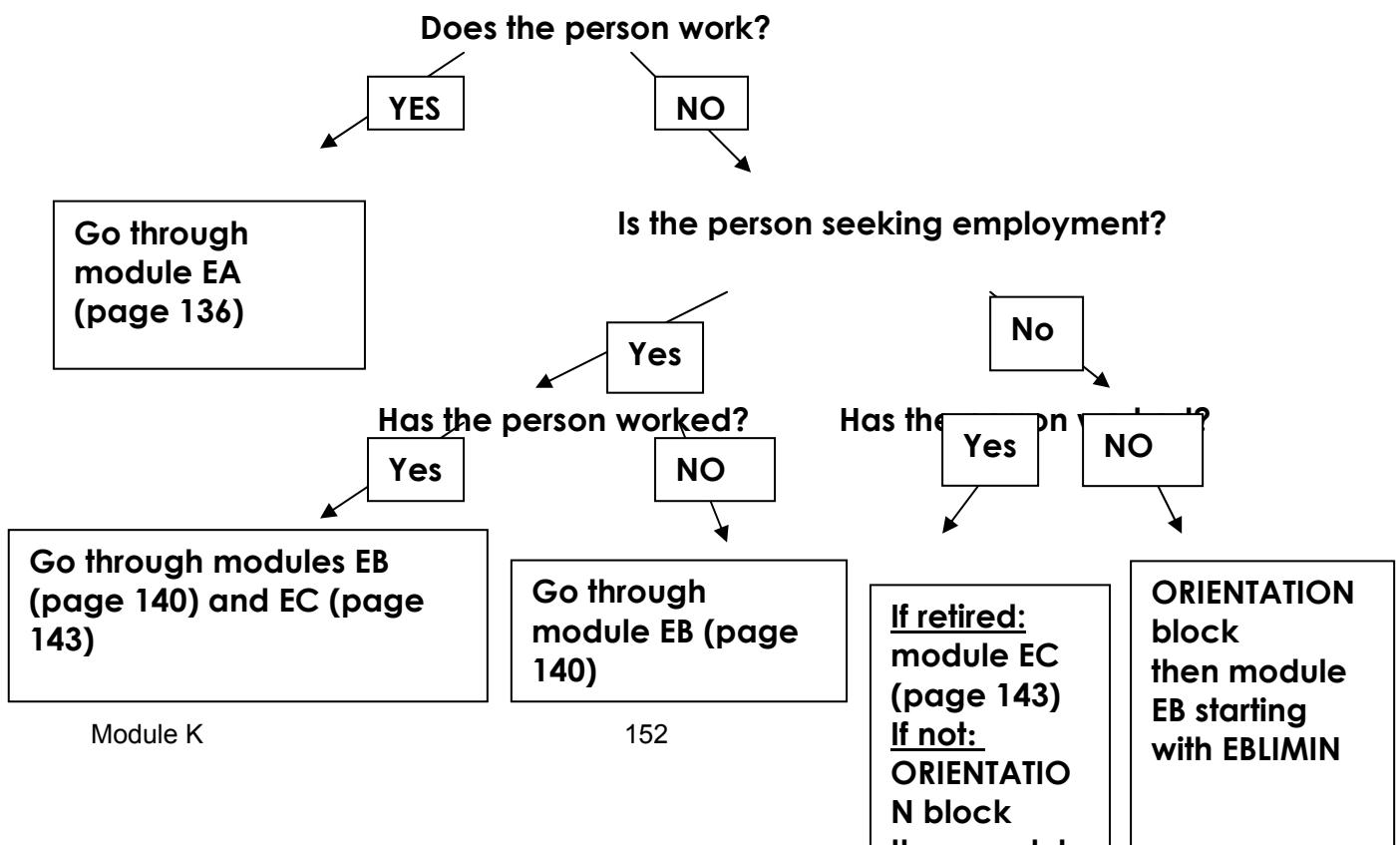
If the person does not work (SITUA<>1 and <> 2 and TRAVAIL=2) AND is seeking employment (RECHEMPLI=1 or 2) AND has ever worked (ACTIVANTE =1) => go through modules EB and EC

If the person does not work (SITUA<>1 and <> 2 and TRAVAIL=2) AND is seeking employment (RECHEMPLI=1 or 2) AND has never worked (ACTIVANTE =2) => only go through module EB.

If the person does not work (SITUA<>1 and <> 2 and TRAVAIL=2) AND is not seeking employment (RECHEMPLI=3) AND has ever worked (ACTIVANTE =1) AND is retired (SITUA =5) => only go through EC.

If the person does not work (SITUA<>1 and <> 2 and TRAVAIL=2) AND is not seeking employment (RECHEMPLI=3) AND has ever worked (ACTIVANTE =1) AND is not retired (SITUA <>5) => go to ORIENTATION block.

If the person does not work (SITUA<>1 and <> 2 and TRAVAIL=2) AND is not seeking employment (RECHEMPLI=3) AND has never worked (ACTIVANTE =2) => go to ORIENTATION block.



ORIENTATION BLOCK

filter (only for ECINAC): if the person has never worked (ACTIVANTE = 2):

ECINAC. If you have never had a professional activity, is this due to a health reason or disability?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

ESOUHA. Would you like to work or have you already found employment that will start later?

1. I already found employment that will start later
2. I want to work
3. I do not want to work
4. I am unfit for work due to health reasons
5. I have not yet finished school
8. Refuses to answer
9. Doesn't know

FILTER: if ESOUHA = 2, 3 or 4:

Certain people have encountered obstacles that have discouraged them from seeking employment. Tell us if some of the following descriptions apply to your situation:

EACCTRA. You have difficulty accessing the workplace: there is too much transit time or the methods of transportation are not adapted; the places of employment are not easily accessible

1. Yes
2. No

EAVFIN. The financial advantages of employment seem insufficient to you

1. Yes
2. No

ERESFAM. Your family or personal responsibilities keep you from working (ex: cares for their children, helps a disabled or dependant family member...)

1. Yes
2. No

EDEC. You got discouraged after an unsuccessful job hunt

1. Yes
2. No

EHIMP. You believe your disability or health problems are too serious to find employment.

1. Yes
2. No

***** End of FILTER: ESOUHA=2, 3 or 4:*****

Then:

if ACTIVANTE=1 and ESOUHA = 1 (the person already found employment that will start later) go through module EB (page 140) and module EC (page 143)

if ACTIVANTE=1 and ESOUHA <> 1: go through module EC (page 143)

if ACTIVANTE=2: go through module EB starting with EBLIMIN (page 141)

Module EA (Professional activity)

EMPLAD. Is your position that of a disabled worker in a specialised work centre for the disabled (such as a *Centre d'aide par le travail - CAT* or work assistance centre), a disabled-friendly company (such as a sheltered workshop) or an employment agency for home workers (*centre de distribution de travail à domicile - CDTD*)?

1. Yes, a disabled worker position in a specialised work centre for the disabled (*établissement et service d'aide par le travail - ESAT*, such as a *Centre d'aide par le travail - CAT* or work assistance centre)
2. Yes, a disabled worker position in a disabled-friendly company (such as a sheltered workshop) or an employment agency for home workers (*centre de distribution de travail à domicile - CDTD*)?
3. No

EATEMP. In your main profession, do you work...

1. Full-time?...-> EATROU
2. Part-time?-> EATTAUX
9. Doesn't know.....-> EATROU

Filter: If EATEMP=2 ask the 3 following questions

EATTAUX. What is the rate of the part-time work?

1. Less than half-time (50%)
2. Half-time (50%)
3. Between 50 and 80%
4. 80%
5. More than 80%

EATOTHER. Is this part-time due to medical reasons?

1. Yes --> EATROU
2. No --> EATRAIS

EATRAIS. What is the main reason you work part-time?

1. To practice another professional activity or take classes or be trained
2. Due to health reasons or a disability
3. You didn't find a full-time job
4. To take care of your children or another member of your family
5. To have more free time
6. For another reason

***** **end of filter EATEMP=2** *****

EATROU. How did you find your job?

(multiple answers possible)

1. Through my school, an organisation where I was trained
2. By taking an entrance exam or a test

3. Through personally contacting the employer or an unsolicited application
4. Through classified ads (newspaper, minitel, internet)
5. I was contacted by an employer
6. I started my own company
7. Through family, personal or professional connections
8. Through the *MDPH* or the *COTOREP*
9. Through the National Employment Agency (*ANPE*)
10. Through the *cap emploi* employment network
11. Through another placement agency
12. Through an association for the disabled
13. After an internship in the company
14. Following a temp placement in the company
15. Other method
98. Refuses to answer

EABS. Over the past 12 months, have you missed work due to a health problem (other than pregnancy)?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

filter: if yes, EABS = 1:

ENBJ. How many days?

days Refuses to answer Doesn't know

Filter: if the person declared an illness (BMALA<>52):

EACAUS. Was an illness you had over the past 12 months caused or worsened by your current or past employment?

1. Yes
2. No

Since you started working, have you had to, for medical reasons...

EACHENT...change companies?

1. Yes, once
2. Yes, several times
3. No
9. Doesn't know

EACHPRO...change professions?

1. Yes, once
2. Yes, several times
3. No
9. Doesn't know

EALIMIN. Due to a disability or health problem, are you limited in the nature or quantity of work you can do?

1. Yes, a little
2. Yes, a lot
3. No, not at all

-> EAFINA

filter: if EALIMIN=1 or 2:

EASITUA. When this limitation came about, you were...

1. ... at the same job you have today
2. ...in this company but in another position
3. ...employed elsewhere
4. ...in training (including initial training)
5. ...unemployed
6. ...in another situation

EAFINA. Did your employment receive financing from the Association for the Management of Funding for the Integration of Disabled Persons (*Association nationale pour la Gestion du Fonds pour l'Insertion Professionnelle des Personnes Handicapées - AGEFIPH*) or from Fund for the Integration of Disabled Persons in the Public Service (*Fonds pour l'insertion des personnes handicapées dans la fonction publique - FIPHFP*)?

1. I've never heard of the AGEFIPH nor the FIPHFP
2. Yes, from the AGEFIPH
3. Yes, from the FIPHFP
4. No, but I needed it
5. No, I didn't need it

filter: if Yes (if EAFINA = 2 or 3):

EAIDEEMP. For what was this financing used?

(multiple answers possible)

1. Modified work station
2. Training
3. Fittings for access (ramps, elevator, doors...) or passageways
4. Starting bonus
5. Business development aid
6. Other

EAQUI. Who received this aid?

1. I received it directly
2. It was given to my employer
3. It was given to both
9. Doesn't know

filter: if No (if EAFINA=1, 4 or 5):

EAMEN. Due to a disability or health problem, was your work environment specially fitted or adapted?

1. Yes
2. No, but I need it
3. No, I don't need it

FILTER: if EAMEN = 1 or 2 or EAFINA = 2, 3 or 4-> ask questions EAMENA to EAMENK

Do you receive....	<ol style="list-style-type: none">1. <input type="checkbox"/> Yes2. <input type="checkbox"/> No, but I need it3. <input type="checkbox"/> No, I don't need it
EAMENA. ...help from an assistant paid by the company?	<input type="checkbox"/>
EAMENB. ...support and understanding from your colleagues and your superior?	<input type="checkbox"/>
EAMENC. ...special material or adaptations to your work station?	<input type="checkbox"/>
EAMEND. ...adapted working hours or schedule?	<input type="checkbox"/>
EAMENE. ...transportation home/work or special or free parking?	<input type="checkbox"/>
EAMENF. ...a change in position?	<input type="checkbox"/>
EAMENG. ... specific vocational training?	<input type="checkbox"/>
EAMENH. ... redefinition of your workload (modified, different or lightened tasks)?	<input type="checkbox"/>

EAMENI. ... the opportunity to work from home?	_____
EAMENJ. ... special fittings for accessing your workstation (ramp, elevator...)?	_____
EAMENK. ...other fittings?	_____

filter: if the question was not asked in the TCM

EACTIV. What is the activity of the establishment employing you (or that you direct)?

Hierarchical codification

In case of difficulty or hesitation as to the answer to check:

Activity declared in plain text (40 characters maximum).....

Filter: if the person is an employee (if STATUT= 1, 2, 3, 4 or 6 (page 38)):

EANBSAL. Approximately how many employees are there in the company for which you work?

1. No employees
2. 1 to 9 employees
3. 10 to 19 employees
4. 20 to 49 employees
5. 50 to 499 employees
6. 500 employees or more
9. Doesn't know

EASTAG. Over the past 12 months, have you been in an internship or taken professional training courses?

1. Yes-> DEBSITUN
2. No.....-> skip to module L1

filter if YES, (if EASTAG = 1):

DEBSITUN. The day before the first day of your training, you were...

if several internships, describe the last

Interviewer: if the person is a salaried head of company or minority owner-manager check 1

1.a business owner or aiding a family member in their work without salary
2.employed (other than head of company)
3.unemployed
4.inactive

FINCHO. This training was financed by (including registration fees, pedagogic fees, transportation fees and housing engendered by the training)...

interviewer: read items 1 to 6 (multiple answers possible)

1. ...yourself or a family member
2. ...your employer, a joint registered collection agency (OPCA) or management funds for an individual training leave (FONGECIF)
3. ...the state, region or other territorial collectivity
4. ...the UNEDIC (National Interprofessional Union for Employment in Industry)

- and Trade), the ASSEDIC (Association for Employment in Industry and Trade)
5. ...the ANPE (National Employment Agency), the APEC (National Employment Agency for Executives)
6. ...the Agefiph (Association for the Management of Funding for the Integration of Disabled Persons) or the FIPHFP (Fund for the Integration of Disabled Persons in the Public Service)
7. ...other
9. ...Doesn't know

➔ **Filter:** for those who answered the module EA ➔ skip to module L1 page 144

Module EB (seeking employment)

EBCIRC. For what reason are you currently unemployed?

0. You never worked-> EBTEMP
1. You finished school-> EBTEMP
2. You finished an internship.....-> EBTEMP
3. You left a temp job or fixed-term work (*CDD*, fixed term contract or seasonal work)
4. You lost a temp job or fixed-term work (*CDD*, fixed term contract or seasonal work)
5. You left or lost a casual job (odd job)
6. You lost your job: mass layoff or abolition of job
7. You lost your job: discharge
8. You quit
9. You are in early retirement (paid by the ASSEDIC - the unemployment insurance scheme or the company)
10. You retired
11. You ceased your professional activity for personal reasons
12. Other case
98. Refuses to answer-> EBTEMP
99. Doesn't know-> EBTEMP

filter if the person lost or quit their job (if EBCIRC = 3, 4, 5, 6, 7, 8, 9, 10, 11, 12):

EBPER. Was this loss or cessation linked to a health problem, a draining job or an accident? (multiple answers possible)

1. Yes, I was the victim of an accident
2. Yes, I had another health problem
3. Yes, I was drained by work
4. No.....-> EBTEMP
8. Refuses to answer.....-> EBTEMP
9. Doesn't know.....-> EBTEMP

filter: If Yes (if EBPER = 1, 2 or 3):

EBRES. Did this health problem or accident lead to...

(multiple answers possible)

1. A long-term sick leave
2. An invalidity judgement
3. Being declared unfit for employment
4. No, none of the above

filter: If the person had a long-term sick leave (if EBPER = 1):

EBACCI. Was this due to...

1. A workplace accident (not including transit accidents)?
2. A workplace accident that happened on the home – work transit?
3. Another traffic accident
4. Another accident
9. Doesn't know

then -> EBTEMP

EBTEMP. How long have you been seeking employment?

1. Less than 3 months
2. 3 months to less than 6 months
3. 6 months to 1 year
4. 1 year to less than 1 and 1/2 years
5. 1 and 1/2 years to less than 2 years
6. 2 years to less than 3 years
7. 3 years or more
8. Refuses to answer
9. Doesn't know

EBDEMA. In the past month, have you taken steps to find employment?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

limitation module (EBLIMIN to FINCHOB)

EBLIMIN. Due to a disability or health problem, are you limited in the nature or quantity of work you can do?

1. Yes, a little
2. Yes, a lot
3. No, not at all

-> EBAMEN

filter: if Yes (if EBLIMIN=1 or 2):

EBSITUA. When this limitation came about, you were...

1. ...at the same job you have today
2. ...in this company but in another position
3. ...employed elsewhere
4. ...in training (including initial training)
5. ...unemployed
6. ...in another situation

EBAMEN. Due to a disability or health problem, in order to access a job, do you need special fittings, adapted work conditions or an adapted work environment?

1. Yes
2. No

filter: if Yes, EBAMEN = 1: You need...

<u>EBAMENA</u> help from an assistant paid by the company?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
<u>EBAMENB</u> ... support and understanding from your colleagues and your superior?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
<u>EBAMENC</u> ... special material or adaptations to your work station?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
<u>EBAMEND</u> ... adapted working hours or schedule?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
<u>EBAMENE</u> ... transportation home/work or special or free parking?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

EBAMENF ... specific vocational training?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
EBAMENG ... the opportunity to work from home?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
EBAMENH ... special fittings for accessing your workstation (ramp, elevator...)?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
EBAMENI ... other fittings?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

EBSTAG. In the past 12 months, have you had an internship or taken vocational training classes?

1. Yes -> DEBSITUNB
2. No -> module EC

filter if YES EBSTAG = 1:

DEBSITUNB. The day before the first day of your training, you were...

if several internships, describe the last

Interviewer: if the person is a salaried head of company or minority owner-manager check 1

1.a business owner or aiding a family member in their work without salary
2.employed (other than head of company)
3.unemployed
4.inactive

FINCHOB. This training was financed by (including registration fees, pedagogic fees, transportation fees and housing engendered by the training)...

interviewer: read items 1 to 6 (multiple answers possible)

1. ...yourself or a family member
2. ...your employer, a joint registered collection agency (*OPCA*) or management funds for an individual training leave (*FONGECIF*)
3. ...the state, region or other territorial collectivity
4. ...the *UNEDIC* (National Interprofessional Union for Employment in Industry and Trade), the *ASSEDIC* (Association for Employment in Industry and Trade)
5. ...the *ANPE* (National Employment Agency), the *APEC* (National Employment Agency for Executives)
6. ...the *Agefiph* (Association for the Management of Funding for the Integration of Disabled Persons) or the *FIPHFP* (Fund for the Integration of Disabled Persons in the Public Service)
7. ...other
9. ...Doesn't know

Module EC (Previous professional activity)

Filter: if the person declared an illness (BMALA<>52):

ECCAUS. Was an illness you had over the past 12 months caused or worsened by your current or past employment?

1. Yes
 2. No

Since you started working, have you had to, for medical reasons...

ECCENT. ... change companies?

1. Yes, once
 2. Yes, several times
 3. No
 9. Doesn't know

ECCHPRO . . . change professions?

1. Yes, once
 2. Yes, several times
 3. No
 9. Doesn't know

ECDATE. What year did you cease your last professional activity?

|_||_|_||_| Year Doesn't know (control: ANAIS< ECDATE <= AENQ)

ECDURE. How long did you work?

(Control: ECDURE<age of the interviewee)

Filter: for people having answered module EB, skip to module L1, if not, continue

ECCIRC. For what reasons did you cease your activity?

- _____. For what reason did you cease your activity?

 1. You finished a fixed-term contract
 2. You were fired
 3. You quit
 4. You are in early retirement (paid by the ASSEDIC - the unemployment insurance scheme or the company)
 5. You retired
 6. You ceased your professional activity for personal reasons
 7. Another reason
 9. Doesn't know

ECPER. Was this loss or cessation linked to a health problem, a draining job or an accident? (multiple answers possible)

filter: If Yes (if ECPER = 1, 2 or 3):

ECRES. Did this health problem or accident lead to... (multiple answers possible)

1. A long-term sick leave
2. An invalidity judgement
3. Being declared unfit for employment
4. No, none of the above

filter: If the person was the victim of an accident (if ECPER =1):

ECACCI. Was it...

1. ...a workplace accident (not including transit accidents)?
2. ...a workplace accident that happened on the home – work transit?
3. ...another traffic accident
4. ...another accident

Module L1- Income-financial aid

Card 15: Income bracket CARD

1. <input type="checkbox"/> less than 400 €	(less than 2,600 F)
2. <input type="checkbox"/> from 400 € to less than 600 €	(from 2,600 F to less than 3,900 F)
3. <input type="checkbox"/> from 600 € to less than 800 €	(from 3,900 F to less than 5,200 F)
4. <input type="checkbox"/> from 800 € to less than 1,000 €	(from 5,200 F to less than 6,600 F)
5. <input type="checkbox"/> from 1,000 € to less than 1,200 €	(from 6,600 F to less than 7,900 F)
6. <input type="checkbox"/> from 1,200 € to less than 1,500 €	(from 7,900 F to less than 9,800 F)
7. <input type="checkbox"/> from 1,500 € to less than 1,800 €	(from 9,800 to less than 11,800 F)
8. <input type="checkbox"/> from 1,800 € to less than 2,000 €	(from 11,800 F to less than 13,100 F)
9. <input type="checkbox"/> from 2,000 € to less than 2,500 €	(from 13,100 F to less than 16,400 F)
10. <input type="checkbox"/> from 2,500 € to less than 3,000 €	(from 16,400 F to less than 19,700 F)
11. <input type="checkbox"/> from 3,000 € to less than 4,000 €	(from 19,700 to less than 26,200 F)
12. <input type="checkbox"/> from 4,000 € to less than 6,000 €	(from 26,200 to less than 39,400 F)
13. <input type="checkbox"/> from 6,000 € to less than 10,000 €	(from 39,400 F to less than 65,600 F)
14. <input type="checkbox"/> 10,000 € or more	(65,600 F or more)
98. <input type="checkbox"/> refuses to answer	
99. <input type="checkbox"/> doesn't know	

filter: if the person works and is salaried (if STATUT= 1, 2, 3, 4 or 6 - page 38):

REVEN. How much do you estimate your salary, compensation and bonuses to be in an average month?

Interviewer instructions: This means net income (not including social contributions and the C.S.G. – Contribution Générale Sociale, general social contribution) before taxes

The interviewer shows Card 15

filter: if the person works and is not salaried (if STATUT= 7 - page 38):

REVENNS. Approximately how much do you estimate your income from a non-salaried professional activity to be in an average month?

Interviewer instructions: This means net income (not including social contributions and the C.S.G. – Contribution Générale Sociale, general social contribution) before taxes

The interviewer shows Card 15

filter: if the person is unemployed(if SITUA=4- page 36):

REVCHO. How much do you estimate your unemployment benefits to be in an average month?

Interviewer instructions: This means net income (not including social contributions and the C.S.G. – Contribution Générale Sociale, general social contribution) before taxes

The interviewer shows card 15

**filter: if the person is retired or in early retirement (if SITUA=5 - page 36):
REVRET. How much do you estimate your early retirement or retirement income to be in an average month?**

Interviewer instructions: This means net income (not including social contributions and the C.S.G. – Contribution Générale Sociale, general social contribution) before taxes

The interviewer shows card 15

filter: if the person is a home owner (if STOC=1 or 2 - page 29) and is over 60 years old:

RPRET. Have you taken out a reverse mortgage?

1. Yes
2. No

RALLOC. Do you currently receive (or does your family receive for you) one of the following benefits:

Interviewer instructions: multiple answers possible

The interviewer shows Card 16

Revenue

1. Daily subsistence allowance from the *sécurité sociale* (sick leave)
2. Allowance for Disabled Adults (AAH) paid by the CAF or the MSA (with a supplement if needed: an increase for autonomous life or a guaranteed income for the disabled)
3. Disability allowance, inability to work allowance, supplementary allowance for those needing 24-hour care. Paid by healthcare insurance (CPAM, MSA, CNRACL, etc...) (with supplementary disability allowance)
4. Disability allowance following a workplace accident paid by healthcare insurance (CPAM, MSA, etc...)
5. Allowance paid by insurance or mutual insurance policy
6. Military disability compensation

Personal aid benefits

7. Personalised autonomy allowance (APA) paid by the Departmental Council
8. Compensation allowance for home care (*Allocation compensatrice pour tierce personne* - ACTP) paid by the Departmental Council
9. Compensation benefits (*Prestation de compensation* - PCH) paid by the Departmental Council
10. Education allowance for children with disabilities (*Allocation d'éducation de l'enfant handicapé* - AEEH), ex- special education allowance (*Allocation d'éducation spéciale* - AES) paid by the Caisse d'allocations familiales - CAF or the MSA
11. Other allowance or benefits

12. None

filter: If other allowance (if RALLOC = 11):

RQALLOC. Which one?

→ enter in plain text (40 characters)

Filter: if one or more allowances:

RMPREST. How much do you estimate the total amount of allowances that you DIRECTLY receive in an average month to be?

The interviewer shows Card 15 |____|

filter: If you were attributed a PCH (if RALLOC=9):

RPCH. Which element(s) of the PCH do you receive? (multiple answers possible)

1. Human aid
2. Technical aid
3. Home or vehicle fittings
4. Specific or exceptional aid
5. Animal aid
8. Refuses to answer
9. Doesn't know

filter: If the interviewee is under 18 years old, (age<18), skip to module L2 page 147, if not, continue

RGEST. Do you handle your resources alone?

1. Yes, alone or with your partner (but you could handle them alone)
2. Yes, but with help from a relative or friend
3. Yes, but with help from someone else (association, social worker), a guardian or a judge
4. No, someone else manages your resources (because you cannot handle them alone)
8. Refuses to answer
9. Doesn't know

RPROCU. Have you given power of attorney to your loved ones?

1. Yes, to one or more members of my family
2. Yes, to another person (friend, association, social worker, establishment...)
3. No
8. Refuses to answer
9. Doesn't know

RPJUR. Are you under the guardianship of social services, under the protection of the court or another legal protection regime?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

FILTER: if the person is under guardianship (if RPJUR=YES):

RPROJU. What kind? (multiple answers possible)

1. Guardianship (full guardianship, administration under court-ordered supervision, ward of the state, stewardship)
2. Legal guardianship
3. Under the protection of the court
4. Control on adult social benefits (*Tutelle aux prestations sociales adultes - TPSA*)
5. Other
8. Refuses to answer
9. Doesn't know

filter: if the person is under legal guardianship (if RPROJU =2):

RQPROJU. Is this...

1. ... limited guardianship
2. ... adapted guardianship (according to the ward's needs)
3. ... full guardianship
4. ... another type of guardianship
8. Refuses to answer
9. Doesn't know

Filter for the question BLOCK: if the person is under legal guardianship (if RPROJU=1):

LTUTASSIST. Was the guardian informed of this survey?

1. Yes -> skip to module L2
2. No

filter: if No (if LTUTASSIST=2):

Intro2. In cases of a person under legal guardianship, the INSEE is required by law to inform the guardian of their right to access and rectify the data concerning their ward.

For this reason, we request the contact information of the guardian.

Copy the guardian's full address onto the guardian's address file as well as the following administrative number:

**RGES: _____ SSECH: _____ NUMFA: _____ CLE: _____ LE: _____ BS:
_____ EC: _____**

NUM INDIVIDU: _____

: _____

Module L2 - Income-financial aid

RAMAL. To what social insurance (healthcare) regime do you belong?

The interviewer shows Card 17

Regimes linked to the general social insurance scheme	Regimes non-linked to the general social insurance scheme
<ol style="list-style-type: none">1. <input type="checkbox"/> General employee scheme2. <input type="checkbox"/> Civil servants and state workers3. <input type="checkbox"/> Local government workers or public hospital staff4. <input type="checkbox"/> EDF-GDF (French Electricity and Gas Board) workers5. <input type="checkbox"/> Students6. <input type="checkbox"/> Basic Universal Medical Coverage (CMU)7. <input type="checkbox"/> State medical aid8. <input type="checkbox"/> Disabled adults receiving the disabled Adult allowance (<i>allocation adulte handicapé</i> - AAH)9. <input type="checkbox"/> Disabled veterans10. <input type="checkbox"/> Those receiving a disability pension from social security11. <input type="checkbox"/> Local Alsace-Moselle Regime12. <input type="checkbox"/> Another specific regime belonging to the general scheme13. <input type="checkbox"/> General scheme with no other indications	<ol style="list-style-type: none">14. <input type="checkbox"/> AS Agricultural scheme (farm employees)15. <input type="checkbox"/> AMEXA agricultural regime (farm owners)16. <input type="checkbox"/> Healthcare insurance for independent professions (<i>Assurance maladie des professions indépendantes</i> - AMPI or CANAM, still called the independent social scheme or <i>régime social indépendant</i> - RSI)17. <input type="checkbox"/> SNCF, MINES, RATP (national train and public transportation workers)18. <input type="checkbox"/> Other private schemes19. <input type="checkbox"/> Cross border workers (<i>French or foreign</i>)20. <input type="checkbox"/> MSA with no other indications99. <input type="checkbox"/> Doesn't know

RCMU. Do you currently have supplementary Universal Medical Coverage?

1. Yes -> if the person is 60 years old or older skip to RAPA if not skip to RCOTOR
2. No
8. Refuses to answer
9. Doesn't know

***** filter if RCMU <> Yes: *****

REXOTM- Does social security reimburse 100% of your medical costs (that is, are you exonerated from co-payments)?

1. Yes, for the totality of my treatment
2. Yes, but only for a portion of my treatment
3. No
8. Refuses to answer
9. Doesn't know

RAMAC. Do you have a supplementary health insurance policy (mutual, insurance...)?

Interviewer instructions: write down the complete name of the supplementary health insurance policy. if the person hesitates or is not sure, suggest they take out their insurance card.

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

filter: if Yes to RAMAC:

RQAMAC. With which mutual or insurance company?

Interviewer instructions: if the person is not sure of the exact name of their mutual/insurance policy or cannot remember, suggest they take out their insurance card (or third-party payer card) as the exact name of their mutual is on this document

Enter in plain text | _____ | 100 characters

Doesn't know

***** end of filter if RCMU <> Yes: *****

FILTER: if the person is 60 years of age or more, ask this question block (RAPA-RGIR)

Filter: if the person receives the APA (if RALLOC=7- page 145, skip directly to RAPADEC

RAPA. Have you ever (or has someone else on your behalf) submitted a request for receiving the Personalised Autonomy Allowance (APA)?

1. Yes
2. No -> skip to RCOTOR, next page
8. Refuses to answer -> skip to RCOTOR, next page
9. Doesn't know -> skip to RCOTOR, next page

Filter: if RAPA=1 or RALLOC=7:

RAPADEC. What was the decision for your last APA request?

1. The decision has yet to be given ...-> skip to RCOTOR, next page
2. Allowance was not allocated-> skip to RCOTOR, next page
3. Allocation of the allowance to finance professional home care
4. Allocation of the allowance to pay a home care worker

5. Allocation of the allowance to finance assistive technologies or to install home fittings
 8. Refuses to answer-> skip to RCOTOR, next page
 9. Doesn't know.....-> skip to RCOTOR, next page

Filter: if RAPADEC= 3, 4 or 5 (i.e: allocation of the APA):

RGIR. What is their GIR (groupe iso-ressource) disability index classification?

1. GIR 1
 2. GIR 2
 3. GIR 3
 4. GIR 4
 5. GIR 5
 6. GIR 6
 8. Refuses to answer
 9. Doesn't know

RCOTOR. Have you ever (or has someone else on your behalf) submitted an application to the MDPH (*Maisons départementales des personnes handicapées*, Departmental institute for the disabled) or la COTOREP (Technical Commission for Professional Orientation and Reclassification) or the CDES (Departmental commissions for special education)? (multiple answers possible)

1. Yes, the MDPH-> RCOT
 2. Yes, the COTOREP.....-> RCOT
 3. Yes, the CDES.....-> RCOT
 4. No-> RINVAL (page 152)
 8. Refuses to answer-> RINVAL (page 152)
 9. Doesn't know-> RINVAL (page 152)

RCOT. Have you already received a ruling from MDPH, the COTOREP or the CDES?

You can answer 1 and 2: you can go before the commissions several times

1. Yes, a positive ruling.....-> R1COOB
 2. Yes, a negative ruling-> R1COOB
 3. No-> RQADRE (page 152)
 8. Refuses to answer.....-> RQADRE (page 152)
 9. Doesn't know-> RQADRE (page 152)

R1COOB. How long did you have to wait to receive a ruling from the MDPH, the COTOREP or the CDES?

Interviewer instructions: if they went before the MDPH, the COTOREP or the CDES several times, take the last time

|_|_| Doesn't know

if R1COOB <> Doesn't know: R2COOB. 1. month(s) 2. year(s)

RTCOT. What degree of disability did the *MDPH* or the *COTOREP* or the *CDES* recognise?

|__|__| (format 0-100) Refuses to answer Doesn't know

***** filter: If positive judgement from *MDPH*, *COTOREP* or *CDES* (if RCOT=1):***** if not go to RQADRE (page 152) *****

RCODAT. What year did you first obtain a positive judgement from the *MDPH*, the *COTOREP* or the *CDES*?

|__|__|__|__| Doesn't know

(control ANAIS=< RCODAT <= AENQ)

if RCODAT= Doesn't know, ask RCOANN, if not, go to RCOTB

RCOANN. Approximately how old were you?

|__|__| Doesn't know

(control: RCOANN<=AGE)

RCOTB. What did the *MDPH*, the *COTOREP* or the *CDES* award you?

Show card 18 (multiple answers possible)

For everyone

1. Allocation of an allowance or benefit
2. Allocation of a disability or priority parking card

For children

3. Guidance to a medico-pedagogical establishment (including *ITEP*, ex *IR*)
4. Guidance to the regular school system
5. Allocation of an aid by a Special Education and Home Care Service (*SESSAD*, *SSES*)
6. Allocation of a special needs education assistant
7. Allocation of adapted pedagogical materials

For adults

8. Recognition as a disabled worker (*RQTH*)
9. Guidance to a sheltered workshop (a specialised work centre for the disabled, *ESAT*, a disabled-friendly workplace)
10. Guidance to a regular work environment
11. Guidance to a professional reintegration centre (professional rehabilitation or pre-orientation centre, *Cap emploi* employment network, ex *EPSR*)

- 12. Guidance to a residential care home for disabled workers
- 13. Guidance to a sheltered home or occupational centre
- 14. Guidance to an establishment for disabled adults (*MAS*)
- 15. Guidance to a medical establishment for disabled adults (*FAM*)

filter: If RCOTB=8 (Recognition as a disabled worker):

RTRAV. If you obtained an *RQTH* before 2006, how was your disability classified?

- 1. Category A
- 2. Category B
- 3. Category C
- 7. N/A: *RQTH* obtained after 2006
- 9. Doesn't know

filter: if the person works (if SITUA=1 or 2 or TRAVAIL=1 - page 36 and 37):

RDEMARCH. Did your employer take steps to have the seriousness of your disability recognised?

1. Yes
2. No
9. Doesn't know

end of filter: If RCOTB=8 (disabled worker)

filter: If RCOTB= 9, 11, 12, 13, 14 or 15 (guidance to a specialised establishment):

RCORES. Were you able to take advantage of being guided to an establishment for disabled adults?

1. Yes
2. No, there was no room
3. No, the establishment was too far away
4. No, I preferred to remain at home

filter: If RCORES=1, 2 or 3 ask R1COATT and R2COATT:

R1COATT. (define the question's parameters according to the answer to RCORES)

If RCORES=1: How long did you have to wait?

If RCORES=2, 3: How long have you been waiting?

Interviewer instructions: this refers to the time between the date of the request and today's date (if the person is still waiting) or the date they obtained it

|__|__| (format 0-99) Doesn't know

filter: If R1COATT<>Doesn't know:

R2COATT. 1. Month(s) 2. Year(s)

End of filter: If RCOTB= 9, 11, 12, 13, 14 or 15 (guidance to a specialised establishment)

filter: If RCOTB=3 (guidance to a medico-pedagogical establishment)

RCDTYP. What type of medico-pedagogical establishment was this?

1. Establishment for people with intellectual disabilities
2. Therapeutic, educative and pedagogical institutions (*Institut thérapeutique, éducatif et pédagogique – ITEP*, such as rehabilitation institutes)
3. Motor education institutes
4. Establishments for the visually impaired
5. Establishments for the hearing impaired
6. Establishments for deaf and blind children
7. Establishments for the multiply disabled

8. Other
9. Doesn't know

RCDRES. Were you able to take advantage of this?

1. Yes
2. No, there was no room
3. No, the establishment was too far away
4. No, I preferred to remain at home

filter: If RCDRES=1, 2 or 3 ask R3COATT and R4COATT:

R3COATT. (define the question's parameters according to the answer to RCDRES)

If RCDRES=1: How long did you have to wait?

If RCDRES=2, 3: How long have you been waiting?

Interviewer instructions: this refers to the time between the date of the request and today's date (if the person is still waiting) or the date they obtained it

|__|__| (format 0-99) Doesn't know

filter: If R3COATT<>Doesn't know:

R4COATT. 1. Month(s) 2. Year(s)

End of filter: If RCOTB=3 (Guidance to a medico-pedagogical establishment)

****** end of filter: If the MDPH, the COTOREP the CDES returned a positive decision (if RCOT=1):******

RQADRE. Who directed you towards the MDPH, the COTOREP or the CDES?

1. The hospital
2. Another healthcare professional (my general practitioner, a nurse, a physical therapist...) or a healthcare centre, a clinic...
3. My school
4. My employer (or the occupational physician)
5. One of city hall's social services
6. One of the department's social services
7. An association
8. A member of my family
9. A neighbour or loved one
10. Another person or organisation
11. Nobody, it was my own initiative
99. Doesn't know

RINVAL. Were you attributed a disability classification or a incapacity recognition by the *sécurité sociale* (national healthcare insurance), the army or insurance companies ?

Interviewer instructions: do not take the disability classification or incapacity recognition attributed by the COTOREP, CDES or MDPH into account (as seen previously in this questionnaire)

1. Yes

2. No.....-> Rcarte
 8. Refuses to answer.....-> Rcarte
 2. Doesn't know-> Rcarte

Filter: if Yes, there was a disability classification or incapacity recognition accorded by social healthcare insurance - sécurité sociale, the army or insurance companies (if RINVAL =1) see table below:

RCADR. Within what framework?	If RCADR=yes: RTAUX. At what rate?	If RCADR=yes: RDATE. Since what year?
RCADR1. Degree of disability determined by the Sécurité Sociale (1st, 2nd or 3rd degree) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know	RTAUX1 _ _ _ (format 0-100) <input type="checkbox"/> Refuses to answer <input type="checkbox"/> Doesn't know	RDATE1 _ _ _ _ <input type="checkbox"/> Doesn't know control: ANAIS=< RDATE1 <= AENQ
RCADR2. Degree of disability linked to a workplace accident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know	RTAUX2 _ _ _ (format 0-100) <input type="checkbox"/> Refuses to answer <input type="checkbox"/> Doesn't know	RDATE2 _ _ _ _ <input type="checkbox"/> Doesn't know control: ANAIS=< RDATE2 <= AENQ
RCADR3. Degree linked to a disabled military pension <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know	RTAUX3 _ _ _ (format 0-100) <input type="checkbox"/> Refuses to answer <input type="checkbox"/> Doesn't know	RDATE3 _ _ _ _ <input type="checkbox"/> Doesn't know control: ANAIS=< RDATE3 <= AENQ
RCADR4. Degree linked to a disabled military pension <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know	RTAUX4 _ _ _ (format 0-100) <input type="checkbox"/> Refuses to answer <input type="checkbox"/> Doesn't know	RDATE4 _ _ _ _ <input type="checkbox"/> Doesn't know control: ANAIS=< RDATE4 <= AENQ

RCARTE. Do you have a disability or priority parking card?

1. Yes
2. No
8. Refuses to answer
9. Doesn't know

filter: If yes, the person has a disability or priority parking card (if RCARTE=1):

RTYPE. Which one? (multiple answers possible)

1. A disability card (*orange*)
2. A priority card for the disabled (*mauve*) or a "difficulty standing upright" (*green*)
3. A priority card for those with work-related disabilities (with a blue or red diagonal line)
4. A disabled war veteran pensioner card (with a blue or red diagonal line)
5. A priority parking card (*European card*) or a special badge (*such as a disabled civilian or GIC – grand invalide civile or a disabled war veteran GIG – grand invalide de guerre*)

Filter:

if the person works (SITUA=1 or 2 or TRAVAIL=1 - pages 36 et 37)

AND

If they were recognised as a disabled worker (if RCOTB=8 - page 150)

or if they have the AAH (if RALLOC=2 - page 145 in module L1)

or if they have a disability or priority card (if RTYPE=1, 2, 3 or 4):

RTHEMP. Does your employer know that you have been recognised as a disabled worker or have AAH or disability classification or incapacity recognition?

1. Yes
2. No
9. Doesn't know

Module M - Leisure Activities

MSPORT. In the past twelve months, have you participated in a sports activity [whether or not this was within the framework of an association]? (include hikes, speed walking, dance, etc.)

1. Yes
2. No
9. Doesn't know

filter: if Yes (if MSPORT=1):

MSPORTFREQ. Was this:

1. Regularly or throughout the year
2. From time to time throughout the year
3. Only at times or over vacations
4. Occasionally or rarely
9. Doesn't know

MBRIJAR. In the past twelve months, have you done home improvement or gardening? (besides small handiwork or repairs)

1. Yes
2. No
9. Doesn't know

filter: if Yes (if MBRIJAR =1):

MBRIJARFREQ. Was this:

1. Regularly or throughout the year
2. From time to time throughout the year
3. Only at times or over vacations
4. Occasionally or rarely
9. Doesn't know

MBRODCOUT. In the past twelve months, have you sewn, knitted or done embroidery? (besides mending, darning and repairs)

1. Yes
2. No
9. Doesn't know

filter: if MBRODCOUT =1 (yes):

MBRODCOUTFREQ. Was this:

1. Regularly or throughout the year
2. From time to time throughout the year
3. Only at times or over vacations
4. Occasionally or rarely
9. Doesn't know

MARTIS. In the past twelve months, have you done an artistic activity [whether or not this was within the framework of an association]? (music, painting, theatre, drawing, photography, etc.)

1. Yes
2. No
9. Doesn't know

filter: if MARTIS =1 (yes):

MARTISFREQ. Was this:

1. Regularly or throughout the year
2. From time to time throughout the year
3. Only at times or over vacations
4. Occasionally or rarely
9. Doesn't know

MTELE. In the past twelve months, have you watched television, at your home or elsewhere? (including recorded TV shows)

1. Yes, every day or almost
2. Yes, from time to time or rarely
3. No
9. Doesn't know

filter: if Yes (if MTELE =1):

MTELEFREQ. Approximately how many hours per day?

1. Less than 2 hours
2. From 2 to 4 hours
3. More than 4 hours
9. Doesn't know

MDISQUE. In the past twelve months, have you listened to cds, records or music tapes at your home or elsewhere? (rented, borrowed or recorded)

1. Yes
2. No
9. Doesn't know

filter: if Yes (if MDISQUE =1):

MDISQUEFREQ. Was this:

1. Every day or almost
2. One or more times a week (including the weekend)
3. Only at times or over vacations
4. Occasionally or rarely
9. Doesn't know

MLECT. In the past twelve months, (and besides professional or school obligations), have you read any books?

Besides comic books, magazines and books read to children

1. Yes
2. No
9. Doesn't know

filter: if Yes (if MLECT =1):

MLECTFREQ. Approximately how many books?

1. Less than 6

2. From 6 to less than 12
3. From 12 to 24 (that is, between 1 and 2 per month)
4. More than 24 (that is, more than 2 books per month)
9. Doesn't know

MCINE. In the past twelve months, have you been to see a movie?

1. Yes
2. No
9. Doesn't know

filter: if Yes (if MCINE =1:

MCINEFREQ. Approximately how many times over the year?

1. Less than 6 times
2. From 6 to less than 12 times
3. 12 times or more (that is, at least once a month)
9. Doesn't know

MCONC. In the past twelve months, have you been to a concert or musical performance? (classical music, variety, jazz, rock, opera, musical comedy, ballet, etc)

1. Yes
2. No
9. Doesn't know

MMUSEXPO. In the past twelve months, have you visited a museum or an exposition?

1. Yes
2. No
9. Doesn't know

MACITSOC. Do you participate in social activities (board games, group lottery tickets, going to a café...)?

1. Yes, every day
2. Yes, at least once a week
3. Yes, at least once a month
4. Yes, more rarely
5. No, never

MREPAS. Do you have meals with friends or family (to which you invited others or were invited)?

1. Yes, every day
2. Yes, at least once a week
3. Yes, at least once a month
4. Yes, more rarely
5. No, never

Filter: if age>=18:

Interviewer instructions: a person is considered to have voted in an election if they voted in at least one of the two rounds of the election

MVOTE. Did you vote in the last presidential or general election?

1. Yes, in both elections
2. Yes, in one of the two elections
3. No, in neither of the two elections
4. N/A: does not have the right to vote (foreigner, person under guardianship...)
8. Refuses to answer

MASSOC. Do you participate in one of the following activities? (Multiple answers possible)

The interviewer shows Card 19

1. Artistic, cultural or musical association
2. Sports association
3. Old age club or other association for the elderly
4. Veterans
5. Associations for the disabled or the family of disabled persons
6. Parent-teacher associations
7. Other associations
8. Union or political activity
9. Another kind of volunteer work
10. None of these activities

Then for each activity, ask the MASAC question:

Interviewer instructions: a person who pays membership dues to an association is a simple member.

MASAC. Are you...

1. Simple member
2. Active participant
3. Other

Filter: if age>=18:

MREUN . Do you participate in group meetings other than those for associations (commonhold owners association meetings, neighbourhood meetings, etc)?,

1. Very often
2. Often
3. Rarely
4. Never

MVAC. You go on vacation... [read the possible answers](#)

1. Several times a year
2. Every year or almost
3. About every other year
4. More rarely
5. Never
8. Refuses to answer
9. Doesn't know

MLOIS. We just spoke about a few activities. Would you like to participate in more?

1. Yes
2. No -> skip to module N

filter: if Yes (if MLOIS=1):

MEMP. You'd like to have more activities, what keeps you from doing more?

(Multiple answers possible – read the possible answers)

1. You have insufficient income
2. You don't have time
3. Your health problems or disability keep you from doing so
4. Other peoples' attitude or behaviour keeps you from doing so
5. The activities are in places that are hard or impossible for you to access
6. You feel you're in danger
7. None of the above reasons

Module N - Discrimination

Interviewer instructions: if the person hesitates or is not sure they understood the question, give the following examples.

If the interviewee is a child: for example, a child can be teased by their classmates if they wear a brace.

If the interviewee is an adult: for example, a person can lose their job or be passed over for a promotion due to their gender, the colour of their skin or their state of health.

NDISCR. In your life, have you ever been teased, kept out of something, treated unfairly or been refused something that is your right?

1. Yes
2. No -> skip to module O, page 160

filter: if YES: NDISCR=1

NCHAND. Was this due to your state of health or a disability?

- 1. Yes
 2. No -> skip to module O, page 160

***** The rest of the module concerns those people who answered**

NCHAND=Yes ****

NCAUS. Was this due to...?

(Multiple answers possible) read the possible answers

1. Your appearance (physical or linked to devices you wear)
 2. Peoples' prejudices about your disability or state of health (value judgements as to your abilities or incomprehension regarding your disability or state of health)
 3. Limitations linked to your disability or state of health (need of human aid, being slow, difficulties communicating)
 4. Any behaviour you may have exhibited that appeared uncommon to others
 5. None of the above reasons

NREL. This negative behaviour occurred...

(Multiple answers possible) read the possible answers

1. When dealing with an administration
 2. When seeking employment
 3. When seeking housing
 4. When interacting with your neighbours
 5. When interacting with a salesperson
 6. When with your family
 7. In an amorous relationship
 8. When you wanted to join a club, an association or a group
 9. When you were applying for a bank loan or taking out an insurance policy
 10. In another situation

NLIEU. Did you experience this negative behaviour...?

(Multiple answers possible) read the possible answers

1. In your workplace
2. Where you attend school (school or university)
3. In the street, a public place or public transportation
4. In a leisure activity setting (movie theatre, theatre, sports centre)
5. In a restaurant or a café
6. Somewhere else

NTYPE. What sort of negative behaviour was this?

(Multiple answers possible) read the possible answers

1. You were insulted, mocked
2. You were excluded
3. You were treated unfairly
4. You were refused something that was your right

NCONS. Did this behaviour have any of the following consequences on your life?

(Multiple answers possible) read the possible answers

1. It made you sad, depressed or demoralised
2. It had other negative consequences on your health (loss of sleep, loss of appetite, fatigue...)
3. You spent less time with others (withdrawal)
4. You renounced participating in activities or projects (ex: you stopped seeking employment or going to restaurants...)
5. It had other negative consequences on your life
6. It had no negative consequences on your health or your life

NDEM. Have you taken steps to defend yourself?

1. Yes, you lodged a complaint
2. Yes, you took other steps (going to your superior or the authorities)
3. No

*****FILTER: If this behaviour occurred while seeking employment (if NREL=2):**

NRECHA. Do you believe you were refused employment due to your state of health or a disability?

1. Yes
2. No
9. Doesn't know

NRECHB. When you were applying for employment, did you mention your health problem or disability?

1. Yes, before the first interview
2. Yes, but after the first interview
3. No

***** end of filter: if NREL=2 *****

Filter: if this behaviour occurred at the workplace (if NLIEU=1): **

NTRAVA. Did this behaviour, which occurred at your workplace, have any of the following consequences on your professional life?

(Multiple answers possible) read the possible answers

1. You lost your job
2. Your career ceased advancing
3. You were refused access to training
4. None of these consequences
9. doesn't know

NTRAVB. Does your employer know about your health problems or disability when you obtained this job?

1. Yes
2. No
3. This problem did not exist
9. Doesn't know

***** End of filter: if NLIEU=1 *****

Module O - End of questionnaire

Civil status of social security eligibility collection

As mentioned in the brochure you received, your civil status was collected so as to gather useful information about your healthcare consumption in the last twelve months directly from the National healthcare fund and to carry out long-term studies on life expectancy. This information will then be deleted and will not appear in the strictly anonymous files at our researchers' disposition. This data collection is only carried out for those persons having given their consent.

OACNIR. Can you indicate the *sécurité sociale* number you use for your reimbursements?

Interviewer instructions: the *sécurité sociale* number of the person or that of the insured individual under which the person is covered (ex: child)

/ / / / / / / / / / / / / / / / / / (15 digits) Refusal Doesn't know

filter: if OACNIR =Refusal => go to question OHAND (last page)

if OACNIR =doesn't know or is filled in => continue (OQUINIR question)

OQUINIR. Is the *sécurité sociale* number you use... ?

1. Your own *sécurité sociale* number
- No, it's not yours, you are covered under their policy (particularly for children)

filters: - if the person uses their own *sécurité sociale* number for reimbursements (OQUINIR=1) => you are done, go to question OHAND (last page)

- if the person uses a *sécurité sociale* number other than their own for reimbursements and has given it to you (OACNIR filled in and OQUINIR=2)=> we will try to find out if they use a second one, go to question OACNIR2B (next page)

- if the person uses a *sécurité sociale* number other than their own for reimbursements but doesn't know it (OACNIR =doesn't know and OQUINIR = 2) => we will try to establish the person's civil status, continue (question ONOM1)

*******filter: if OACNIR = doesn't know and OQUINIR = 2 *******

Can you give me:

ONOM1. The last name of the individual (the maiden name for women) whose *sécurité sociale* number is used for your reimbursements?

_____ Refuses to answer Doesn't know

If Refuses to answer or Doesn't know in ONOM1 => go to question OACNIR2B

(next page)

OPRENOM1. Their first name?

_____ Refuses to answer Doesn't know

OSEXE1. Their gender

1. Male?
2. Female?

ODATENAIS1. Their date of birth?

_____|_____|_____|_____|_____|_____|_____|_____| Refuses to answer Doesn't know

OPAYS1NAIS1. Their place of birth?

1. In France (metropolitan or French overseas departments and territories)?... => go to OCOMNAIS1
2. Abroad?.....=> go to OPAYS1NAIS2
9. Doesn't know

filter: If in France (OPAYS1NAIS1=1):

OCOMNAIS1. Their commune of birth? _____

Refuses to answer
 Doesn't know

filter: if abroad (OPAYS1NAIS1=2):

OPAYS1NAIS2. In which country? ...

Doesn't know

***** **end of filter: if OQUINIR = 2 *******

OACNIR2B. Are some of your reimbursements made to another person?

1. Yes (particularly for children) => continue (OACNIR2)
2. No => go to question OHAND (next page)

*******filter: if Yes (OACNIR2B=1) *******

OACNIR2. Can you give me the second *sécurité sociale* number you use for your reimbursements?

Interviewer instructions: the *sécurité sociale* number of a second insured individual under whom the person is covered (ex: child)

/ / / / / / / / / / / / / / / / / (15 digits)

- no second *sécurité sociale* number
- Refusal Doesn't know

**filter: if OACNIR2 filled in or refusal => go to question OHAND (next page)
if OACNIR2 = Doesn't know => continue (question ONOM2)**

Can you give me:

ONOM2. The last name of the second person (their maiden name for women) whose *sécurité sociale* number is used for your reimbursements?

_____ Refuses to answer
Doesn't know

If Refuses to answer or Doesn't know in ONOM2 => go to question OHAND (next page)

OPRENOM2. Their first name?

_____ Refuses to answer Doesn't know

OSEXE2. Their gender

1. Male?
2. Female?

ODATENAIS2. Their date of birth?

 Refuses to answer Doesn't know

OPAYS2NAIS1. Their place of birth?

1. In France (metropolitan or French overseas departments and territories)?....=> go to OCOMNAIS2
2. Abroad?.....=> go to OPAYS2NAIS2
9. Doesn't know

filter: if in France (OPAYS2NAIS1=1):

OCOMNAIS2. Their commune of birth? _____

- Refuses to answer
- Doesn't know

filter: if abroad (OPAYS2NAIS1=2):

OPAYS2NAIS2. In which country? ...

- Doesn't know

******* end of filter if OACNIR2= doesn't know *******

Qualitative study:

ENQQUAL. Would you accept to do a follow-up interview with a researcher sent by the Insee to delve more deeply into certain subjects in the study?

1. Yes
2. No

Self-administered questionnaire

OQUESTAUTO.

If age=>8 and age<=14: Was the children's auto-administered questionnaire given out?

If age>=15: Was the adults' auto-administered questionnaire given out?

1. Yes
2. No, due to a language problem
3. No, the person refused
4. No, other reason

OHAND. According to what you were able to observe, did the person have a disability or health problem that the questionnaire was not able to pick up?

1. Yes -> OHANDET
2. No -> OREM

filter: if OHAND=Yes:

OHANDET. Is this...

(multiple answers possible)

1. ...a motor problem
2. ...a visual impairment
3. ...a hearing impairment
4. ...a mental disability
5. ...a psychic disability
6. ...another disability

7. ...another health problem

OREM. Do you have any comments as to how the interview proceeded?

(300
characters)