

Survey of Disability, Ageing and Carers Establishment Component Questionnaire

In correspondence, please quote this number ▼

Please correct
any errors

Purpose of Collection

The Survey of Disability, Ageing and Carers collects information about the health conditions of occupants of health care and aged care establishments. The information gathered by the survey will assist both public and private sector decision-makers in planning for the future provision of health and aged-care services.

Collection Authority

The information asked for is collected under the authority of the *Census and Statistics Act 1905*. Your co-operation is sought in completing and returning this form by the due date.

Confidentiality

Your completed form remains confidential to the Australian Bureau of Statistics.

Due Date

Please complete this form and return it in the reply paid envelope to the Australian Bureau of Statistics by

Help Available

If you have problems completing this form, or feel that you may have difficulties meeting the due date, please contact the Australian Bureau of Statistics by:

Telephone

1800 221 077
Freecall (excluding
mobile phones)

Facsimile

1300 303 813

Mail

Reply Paid 76746
Sydney NSW 2000

Brian Pink
Australian Statistician

Person we should contact if any queries arise regarding this form

Name		Telephone Number		
Signature		Facsimile Number		
		Date	/	/

Please read this first

- **Important:** This form will be read using electronic equipment.
- Use **only black ball point pen** when completing this form.
- Keep each number, letter or tick within the data entry boxes provided, for example
- The items listed under *Including* and *Excluding* are examples and should not be taken as a complete list of items to be included or excluded.
- You will need to report an estimate of time taken when you have completed this form.

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 or

- Leave answer boxes blank where you have no response or data to enter.
- Do not use 'nil', 'n/a' or draw a line in the data entry boxes.
- If a mistake is made, cross out the incorrect answer and either write the answer in the remaining boxes, or if not enough space is left, write next to the relevant item.

Notes

- The term "occupant" refers to the person selected from your establishment, for whom you are filling in this form.
- Only current long-term health conditions should be recorded. Long-term health conditions are conditions which have lasted, or are likely to last, for 6 months or more.
- Where people suffer attacks or relapses at irregular intervals (e.g. asthma, epilepsy, schizophrenia), record the conditions if these attacks or relapses have occurred within the last twelve months.
- If the cause of the condition is due to ageing, the aspect which caused the problem should be recorded (e.g. osteoporosis, dementia).
- Specify the medical name of the long-term health condition, and where relevant, state the part of the body affected (e.g. lung cancer, paralysis of the arm).

Part 1 – Details of the occupant

1 Identification of occupant

Note

- Please transcribe the identifier you provided in Column A of the Selection Form.

ID:

--	--	--	--	--	--	--	--	--	--

2 What is the occupant’s sex?

Male 1

Female..... 2

3 What was the occupant’s age last birthday?

Note

- If the occupant is less than one year old, record ‘0’.

Years

--	--	--

4 What is the occupant’s present marital status?

Note

- Married refers to registered marriages.

Never Married... 1

Widowed... 2

Divorced... 3

Separated but not divorced... 4

Married.. 5

Don’t know... 6

5 In which country was the occupant born?

Australia 1

England 2

New Zealand 3

Italy 4

Vietnam 5

Scotland. 6

Greece 7

Germany 8

Philippines..... 9

India 10

Don’t know 11

Other 12

(Please specify in BLOCK letters)

Part 2 – Health Conditions

Notes

- Unless otherwise stated, you should provide only one response in each question.
- Long-term health conditions must have lasted, or be likely to last, for six months or more.
- If the occupant has a periodic or episodic condition, then an attack or relapse must have happened in the last twelve months for it to be included.
- In each question where the name of a condition is required, please give the medical name or other cause (e.g. injury to arm) of the condition.

6 Does the occupant have any loss of sight?

- No.. 1 ► Go to **Q10**
- Yes. 2

7 Can the occupant see normally wearing glasses or contact lenses?

- No.. 1
- Yes. 2 ► Go to **Q10**

8 Does the occupant have total loss of sight?

- No.. 1
- Yes. 2

9 What is the main condition that causes this loss of sight?

10 Does the occupant have any loss of hearing?

- No, not at all... 1 ► Go to **Q15**
- Yes, partial 2
- Yes, total 3

11 What is the main condition that causes this loss of hearing?

12 Does the occupant use a hearing aid to assist with hearing?

- No.. 1
- Yes. 2

13 Does the occupant have a cochlear implant?

- No.. 1
- Yes. 2

14 Does the occupant use other aids, such as hearing dogs, light signals or a special phone, to help compensate for hearing loss?

- No.. 1
- Yes. 2

15 Does the occupant have any speech difficulties?

- No.. 1 ► Go to **Q18**
- Yes. 2

16 Does the occupant have total loss of speech?

- No.. 1
- Yes. 2

17 What is the main condition that causes this speech difficulty?

18 Does the occupant have shortness of breath or difficulty breathing?

No. 1 ► Go to Q21

Yes. 2

19 Is the occupant restricted in everyday activities because of the breathing difficulty?

No. 1

Yes. 2

20 What is the main condition that causes the shortness of breath or breathing difficulty?

Text input box with a dotted line separator.

21 Does the occupant have chronic or recurrent pain or discomfort?

No. 1 ► Go to Q24

Yes. 2

22 Is the occupant restricted in everyday activities because of the pain or discomfort?

No. 1

Yes. 2

23 What is the main condition that causes the chronic or recurrent pain or discomfort?

Text input box with a dotted line separator.

24 Does the occupant have blackouts, fits or loss of consciousness?

No. 1 ► Go to Q26

Yes. 2

25 What is the main condition that causes the blackouts, fits or loss of consciousness?

Text input box with a dotted line separator.

26 Does the occupant have difficulty learning or understanding things?

No. 1 ► Go to Q28

Yes. 2

27 What is the main condition that causes this difficulty in learning or understanding things?

Text input box with a dotted line separator.

28 Does the occupant have full use of his/her arms and fingers?

No. 1

Yes. 2 ► Go to Q30

29 What is the main condition that prevents full use of his/her arms and fingers?

Text input box with a dotted line separator.

30 Does the occupant have difficulty holding or gripping things?

No. 1 ► Go to Q32

Yes. 2

31 What is the main condition that causes this difficulty in gripping or holding things?

Text input box with a dotted line separator.

Part 2 – Health Conditions – (continued)

32 Does the occupant have full use of his/her feet and legs?

No.. 1

Yes. 2 ▶ Go to Q34

33 What is the main condition that prevents full use of his/her feet and legs?

Text input box with a dotted line separator.

34 Does the occupant have a nervous or emotional condition?

No.. 1 ▶ Go to Q38

Yes. 2

35 Is the occupant having treatment for this condition?

Note
• If more than one condition, answer for the **main** one.

No.. 1

Yes. 2

36 Is the occupant restricted in everyday activities because of this nervous or emotional condition?

No.. 1

Yes. 2

37 What is the name of this nervous or emotional condition?

Text input box with a dotted line separator.

38 Is the occupant restricted in doing everyday physical activity or physical work?

No.. 1 ▶ Go to Q40

Yes. 2

39 What is the main condition causing this restriction in physical activity or physical work?

Text input box with a dotted line separator.

40 Does the occupant have a disfigurement or deformity?

No.. 1 ▶ Go to Q43

Yes. 2

41 Is the occupant restricted in everyday activities because of this disfigurement or deformity?

No.. 1

Yes. 2

42 What is the main condition that causes this disfigurement or deformity?

Text input box with a dotted line separator.

43 Does the occupant need to be helped or supervised in doing things because of a mental illness or condition?

No.. 1 ▶ Go to Q45

Yes. 2

44 What is the name of this mental illness or condition?

Note
• If more than one condition, answer for the **main** one.

Text input box with a dotted line separator.

45 Has the occupant ever had a head injury?

No.. 1 ▶ Go to **Q48**

Yes. 2

Don't know 3 ▶ Go to **Q48**

46 Does the occupant have any long-term effects as a result of the head injury that interfere with him/her doing everyday activities?

No.. 1 ▶ Go to **Q48**

Yes. 2

47 What are the long-term effects that the head injury has caused?

Tick all that apply

Loss of sight.. 10

Loss of hearing.. 11

Speech difficulties. 12

Breathing difficulties. 13

Chronic or recurring pain or discomfort 14

Blackouts, fits or loss of consciousness 15

Learning or understanding difficulties 16

Incomplete use of arms or fingers. ... 17

Difficulty gripping or holding things 18

Incomplete use of feet or legs 19

Nervous or emotional conditions 20

Restriction in physical activities or work 21

Disfigurement or deformity... 22

Mental illness or condition 23

Other 24

(Please specify in BLOCK letters)

Empty text box for specifying long-term effects of head injury.

48 Has the occupant ever had a stroke?

No.. 1 ▶ Go to **Q51**

Yes. 2

49 Does the occupant have any long-term effects as a result of a stroke that interfere with him/her doing everyday activities?

No.. 1 ▶ Go to **Q51**

Yes. 2

50 What are the long-term effects that the stroke has caused?

Tick all that apply

Loss of sight.. 10

Loss of hearing.. 11

Speech difficulties. 12

Breathing difficulties. 13

Chronic or recurring pain or discomfort 14

Blackouts, fits or loss of consciousness 15

Learning or understanding difficulties 16

Incomplete use of arms or fingers. ... 17

Difficulty gripping or holding things 18

Incomplete use of feet or legs 19

Nervous or emotional conditions 20

Restriction in physical activities or work 21

Disfigurement or deformity... 22

Mental illness or condition 23

Other 24

(Please specify in BLOCK letters)

Empty text box for specifying long-term effects of stroke.

Part 2 – Health Conditions – (continued)

51 Has the occupant ever had any other kind of brain damage?

No.. 1 ▶ Go to Q55

Yes. 2

52 Does the occupant have any long-term effects as a result of this brain damage that interfere with him/her doing everyday activities?

No.. 1 ▶ Go to Q54

Yes. 2

53 What are the long-term effects that this brain damage has caused?

Tick all that apply

Loss of sight.. 10

Loss of hearing.. 11

Speech difficulties. 12

Breathing difficulties. 13

Chronic or recurring pain or discomfort. 14

Blackouts, fits or loss of consciousness 15

Learning or understanding difficulties 16

Incomplete use of arms or fingers. 17

Difficulty gripping or holding things 18

Incomplete use of feet or legs 19

Nervous or emotional conditions.. 20

Restriction in physical activities or work 21

Disfigurement or deformity... 22

Mental illness or condition 23

Other 24

(Please specify in BLOCK letters)

Text input box for specifying long-term effects.

54 What was the main cause of this brain damage?

Tick one box only

Present at birth .. 1

Just came on/old age. 2

Illness (e.g. meningitis, encephalitis) 3

Accident 4

Substance abuse (e.g. alcohol, glue) 5

Poisoning... 6

Drug overdose... 7

Oxygen loss (e.g. drowning). 8

Other 9

(Please specify in BLOCK letters)

Text input box for specifying the main cause of brain damage.

55 Is the occupant receiving treatment or medication for any long-term conditions or ailments?

No.. 1 ▶ Go to Q58

Yes. 2

56 What conditions is the occupant receiving treatment or medication for?

Note

- If more than one condition, please use a comma between conditions.

Text input box for specifying conditions receiving treatment or medication.

57 Even though the occupant is being treated, is he/she still restricted in everyday activities by this/these long-term condition(s) you have reported in question 56?

No.. 1

Yes. 2

58 Does the occupant have any other health conditions that have lasted or are likely to last for 6 months or more, that you have not yet reported?

No... 1 ► Go to Q61

Yes... 2

59 What other conditions does the occupant have?

Note

- If more than one condition, please use a comma between conditions.

Empty text box with a dotted line for input.

60 Is the occupant restricted in everyday activities because of the conditions reported in question 59?

No... 1

Yes... 2

61 How many long-term health conditions did you record in questions 6 to 59?

Note

- Multiple reporting of the same condition in questions 6 - 59 are considered to be only one condition.

No conditions ... 1 ► Go to Part 3

One only ... 2 ► Go to Q63

Two or more... 3

62 Which long-term health condition, of those previously reported, causes the occupant the most problems?

Note

- If you are unable to nominate one condition, please indicate the condition which requires the most help or supervision.

Empty text box with a dotted line for input.

63 What was the main cause of this condition?

- Just came on.. 1
Disease/illness/hereditary . 2
Accident/injury . 3
Working conditions/work/overwork 4
Present at birth .. 5
Old age.. 6
Stress . 7
War/peacekeeping service. 8
Personal/family problems/death ... 9
Allergy (e.g. food, climate, medication, environment) . 10
Medication/medical procedure.. 11
Smoking ... 12
Own pregnancy/childbirth. ... 13
Overweight ... 14
Don't know ... 15
Other ... 16

(Please specify in BLOCK letters)

Empty text box with a dotted line for input.

64 Do you expect the occupant's condition to change over the next two years?

- Yes, total recovery. 1
Yes, improve.. 2
No change . 3
Yes, worsen ... 4
Don't know ... 5

Part 3 – Mobility

Notes

- The following questions relate to the effects of the occupant’s long-term health conditions, including old age, on their mobility.
- If the occupant is under 5 years of age, help or supervision should be taken to mean more than the usual amount of help or supervision for a child of that age.

65 Does the occupant ever need help or supervision:

a) when going to or getting around a place away from the health establishment?

Including

- All activities related to mobility outside the health establishment (e.g. walking to and from bus stops, getting into cars and buses, etc.)

Excluding

- Any difficulties the person has communicating outside the health establishment
- The need to be driven

- Does not have any difficulty 1
- Does not need help or supervision, but has difficulty 2
- Yes, sometimes.. 3
- Yes, always 4
- Does not leave health establishment 5

(b) to move about the health establishment?

- Does not have any difficulty 1
- Does not need help or supervision, but has difficulty 2
- Yes, sometimes.. 3
- Yes, always 4
- Does not move about health establishment. 5

c) to get in or out of a bed or chair?

- Does not have any difficulty 1
- Does not need help or supervision, but has difficulty 2
- Yes, always 3
- Yes, sometimes.. 4
- Does not get out of bed 5

66 How often does he/she need help with mobility?

Note

- Record the average number of times the occupant needs help with any of these tasks.

- 6 or more times a day 1
- 3 to 5 times a day 2
- Twice a day 3
- Once a day. 4
- 2 to 6 times a week 5
- Once a week.. 6
- 1 to 3 times a month.. 7
- Less than once a month, but at least once a year 8
- Less than once a year 9
- Does not need help 10

67 Can the occupant walk 200 metres?

- No, not at all.. 1
- Yes, but would take longer than most people of the same age.. 2
- Yes, easily 3

68 Can the occupant walk up and down stairs without a hand rail?

- No, not at all. 1
- Yes, with difficulty ... 2
- Yes, easily 3
- Does not move about the health establishment. 4
- Don't know ... 5

69 Can the occupant easily bend and pick up an object from the floor without any assistance?

- No. 1
- Yes. 2

Part 4 – Personal Care

Note

- The following questions relate to the effects of the occupant's long-term health conditions, including old age, on personal care.
- If the occupant is under 5 years of age, help or supervision should be taken to mean more than the usual amount of help or supervision for a child of that age.

70 Does the occupant ever need help or supervision:

(a) to shower or bathe him/herself?

Including

- Being helped in or out of the shower or bath
- Washing or drying
- Bed baths

Excluding

- Dressing or undressing when showering or bathing

- Does not have any difficulty 1
- Does not need any help or supervision, but has difficulty ... 2
- Yes, sometimes.. 3
- Yes, always ... 4

(b) to dress him/herself?

Including

- Selecting and laying out clothes
- Doing up buttons or zips
- Putting on socks or shoes
- Dressing or undressing when showering or bathing
- Tying up shoe laces, etc.

Excluding

- Adjusting clothes after toileting

- Does not have any difficulty 1
- Does not need any help or supervision, but has difficulty ... 2
- Yes, sometimes.. 3
- Yes, always ... 4

Part 4 – Personal Care – (continued)

70 Does the occupant ever need help or supervision: - (continued)

(c) when eating a meal?

Including

- Serving food
- Cutting food into pieces, etc.

- Does not have any difficulty 1
- Does not need any help or supervision, but has difficulty 2
- Yes, sometimes.. 3
- Yes, always 4

(d) using the toilet?

Including

- Taking the occupant into or out of the toilet
- Adjusting the occupants clothes
- Washing hands after toileting
- Assisting with bedpans or commodes

- Does not have any difficulty 1
- Does not need any help or supervision, but has difficulty 2
- Yes, sometimes.. 3
- Yes, always 4
- Does not use toilet. 5

(e) with controlling his/her bladder or bowel?

Including

- Occupants who are unable to control their bladder or bowel and who rely on the use of incontinence aids (e.g. catheters, uridome, pads, colostomy bags)

- Does not have any difficulty 1
- Does not need any help or supervision, but has difficulty 2
- Yes, sometimes.. 3
- Yes, always 4

71 How often does he/she need help with personal care?

Note

- Record the average number of times the occupant needs help or supervision with any of the tasks listed in Question 70.

- 6 or more times a day 1
- 3 to 5 times a day 2
- Twice a day 3
- Once a day. 4
- 2 to 6 times a week 5
- Once a week.. 6
- 1 to 3 times a month.. 7
- Less than once a month, but at least once a year 8
- Less than once a year 9
- Does not need help 10

Part 5 – Vocal Communication

Note

- The following questions relate to the effects of the occupant’s long-term health conditions, including old age, on vocal communication, in the occupant’s preferred language.
- People who communicate in writing or by sign language should be considered as not being able to understand and/or make themselves understood vocally.
- If the occupant is under 5 years of age, help or supervision should be taken to mean more than the usual amount of help or supervision for a child of that age.

72 Does the occupant have any difficulty understanding someone he/she does not know?

- No.. ... 1 ► Go to **Q74**
- Yes, has some difficulty 2
- Yes, cannot understand them at all.. ... 3

73 Does he/she ever need help with this?

- No, not at all.. ...
- Yes, sometimes.. ... 2
- Yes, always ... 3

74 Does the occupant have any difficulty understanding family or friends?

- No.. ... 1 ► Go to **Q76**
- Yes, has some difficulty 2
- Yes, cannot understand them at all.. ... 3

75 Does he/she ever need help with this?

- No, not at all.. ...
- Yes, sometimes.. ... 2
- Yes, always ... 3

76 Does the occupant have any difficulty being understood by someone he/she does not know?

- No.. ... 1 ► Go to **Q78**
- Yes, has some difficulty 2
- Yes, cannot understand them at all.. ... 3

77 Does he/she ever need help with this?

- No, not at all.. ...
- Yes, sometimes.. ... 2
- Yes, always ... 3

78 Does the occupant have any difficulty being understood by family or friends?

- No.. ... 1 ► Go to **Q80**
- Yes, has some difficulty 2
- Yes, cannot understand them at all.. ... 3

79 Does he/she ever need help with this?

- No, not at all.. ...
- Yes, sometimes.. ... 2
- Yes, always ... 3

80 How often does he/she need help to communicate with others?

Note

- Record the average number of times the occupant needs help or assistance with any of the tasks reported in questions 72 to 79.

- 6 or more times a day ... 1
- 3 to 5 times a day 2
- Twice a day ... 3
- Once a day. ... 4
- 2 to 6 times a week ... 5
- Once a week.. ... 6
- 1 to 3 times a month.. ... 7
- Less than once a month, but at least once a year ... 8
- Less than once a year ... 9
- Does not need help ... 10

Part 6 – Use of Aids

Excluding

- Medicines, tablets and drugs.
- Easily portable instruments for administering medicines or drugs (e.g. syringes, puffers)
- Aids used for a temporary condition lasting less than six months (e.g. exclude crutches for a broken leg)

81 Does the occupant use an aid to help with any of these tasks?

Tick all that apply

- Showering/bathing 1
- Toileting 2
- Managing incontinence. 3
- Dressing 4
- Eating 5
- Getting into or out of bed/chair. 6
- None of these 7

82 Does the occupant use an aid to help with either of these tasks?

Tick all that apply

- Moving around the health establishment. 1
- Moving around places away from the health establishment. 2
- None of these 3 ▶ Go to **Q84**

83 What type of aids does the occupant use to help them move around?

Tick all that apply

- Canes (sonar canes, etc.)... .. 10
- Crutches 11
- Walking frames 12
- Walking sticks... .. 13
- Wheelchair (manual). 14
- Wheelchair (electric). 15
- Scooter 16
- Specially modified car or car aid(s) 17
- Braces/belts/corsets... .. 18
- Built-up shoes 19
- Calipers/splints.. 20
- Ejector chair 21
- Any other aid for mobility 22

(Please specify in BLOCK letters)

84 Does the occupant use an aid to help him/her communicate with others?

- No.. 1 ▶ Go to **Q89**
- Yes. 2

85 Does the occupant use any non-electronic aids to assist with reading or writing (e.g. picture or symbol boards, large print books, etc.)?

- No.. 1
- Yes. 2

86 Does the occupant use any electronic aids to assist with reading or writing (e.g. audio tapes, a talking word processor or special computer software and printout system, etc.)?

- No.. 1
- Yes. 2

87 Does the occupant use any non-electronic aids to assist with speaking (e.g. picture boards, symbol boards, or letter or word boards, etc.) ?

No.. 1

Yes. 2

88 Does the occupant use any electronic aids to assist with speaking (e.g. digitised or synthesised speech output systems, etc.)?

No.. 1

Yes. 2

89 Does the occupant use any of these non-spoken forms of communication to communicate more easily?

Tick all that apply

Sign language (e.g. Auslan).. 1

Other gestures 2

Handwriting 3

Typed/computer messages 4

Other non-spoken communication 5

None of these 6

90 Does the occupant use any medical aids to help manage his/her condition?

Including

- Nebulisers
- Dialysis machines (including portable)
- Feeding pumps
- Pacemakers
- Oxygen concentrator or cylinder
- Ventilators
- Medical dressings
- Surgical Stockings
- Pain management aids

No.. 1

Yes. 2

Part 7 – Other Assistance Provided

Note

- If the occupant is under 5 years of age, help or supervision should be taken to mean more than the usual amount of help or supervision for a child of that age.

91 Because of his/her conditions, does the occupant ever need help or supervision with health care tasks?

Including

- Taking medication, including injections
- Dressing wounds
- Manipulating or exercising muscles or limbs
- Therapeutic massage
- Use of medical aids, e.g. connection to machines, pumps, etc.
- Skin care
- Prevention of pressure sores

Excluding

- Foot care
- Irregular help
- Help for a period of less than six months

Does not have any difficulty 1

Does not need help or supervision, but has difficulty 2

Yes, sometimes.. 3

Yes, always 4

92 Does the occupant ever need help or supervision with caring for his/her feet?

Including

- Cutting and cleaning nails
- Washing and drying feet

Does not have any difficulty 1

Does not need help or supervision, but has difficulty 2

Yes, sometimes.. 3

Yes, always 4

Part 7 – Other Assistance Provided
– (continued)

93 How often does he/she need help with health care or foot care?

Note

- Record the average number of times the occupant needs help with any of these tasks.

- 6 or more times a day 1
- 3 to 5 times a day 2
- Twice a day 3
- Once a day. 4
- 2 to 6 times a week 5
- Once a week.. 6
- 1 to 3 times a month.. 7
- Less than once a month, but at least once a year 8
- Less than once a year 9
- Does not need help 10

94 Because of his/her condition does the occupant ever need help with making friendships, interacting with others, or maintaining relationships?

- Does not have any difficulty 1
- Does not need help or supervision, but has difficulty 2
- Yes, sometimes.. 3
- Yes, always 4
- Not applicable 5

95 Because of his/her condition does the occupant ever need help coping with his/her feelings or emotions?

- Does not have any difficulty 1
- Does not need help or supervision, but has difficulty 2
- Yes, sometimes.. 3
- Yes, always 4
- Not applicable 5

96 Because of his/her condition does the occupant ever need help or supervision managing his/her behaviour?

- Does not have any difficulty 1
- Does not need help or supervision, but has difficulty 2
- Yes, sometimes.. 3
- Yes, always 4
- Not applicable 5

97 Because of his/her condition does the occupant ever need help with making decisions or thinking through problems?

- Does not have any difficulty 1
- Does not need help or supervision, but has difficulty 2
- Yes, sometimes.. 3
- Yes, always 4
- Not applicable 5

98 How often does he/she need help with relationships, managing emotions or behaviour, or making decisions?

Note

- Record the average number of times the occupant needs help with any of these tasks.

- 6 or more times a day 1
- 3 to 5 times a day 2
- Twice a day 3
- Once a day. 4
- 2 to 6 times a week 5
- Once a week.. 6
- 1 to 3 times a month.. 7
- Less than once a month, but at least once a year 8
- Less than once a year 9
- Does not need help 10

99 Is the occupant aged 15 years or more?

No. 1 ► Go to **Part 8**

Yes. 2

100 Because of his/her age or conditions does the occupant need help with reading and writing tasks such as, checking bill or bank statements, writing letters or filling in forms?

Does not have any difficulty 1 ► Go to **Part 8**

Does not need help, but has difficulty 2 ► Go to **Part 8**

Yes, sometimes 3

Yes, always 4

101 How often does he/she need help with reading and writing tasks?

Note

- Record the average number of times the occupant needs help with any of these tasks.

6 or more times a day 1

3 to 5 times a day 2

Twice a day 3

Once a day. 4

2 to 6 times a week 5

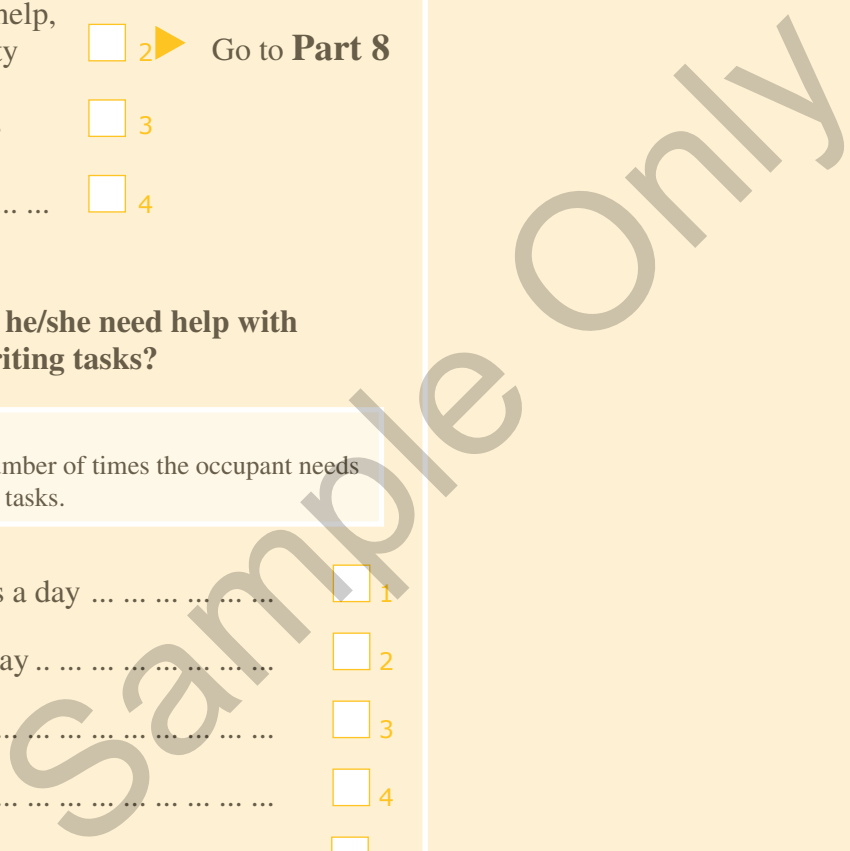
Once a week.. 6

1 to 3 times a month.. 7

Less than once a month, but at least once a year 8

Less than once a year 9

Does not need help 10



Part 8 – Comments

102 Please provide comments

- on any information you have supplied on this form (e.g. related to unusual situations or other factors)
(Please use BLOCK letters)

- on any difficulties you had providing the requested information, or suggested improvements to this form
(Please use BLOCK letters)

103 Please provide an estimate of the time taken to complete this form

Including

- The time actually spent reading the instructions, working on the questions and obtaining the information
- The time spent by all employees in collecting and providing this information

hrs mins

Thank you for completing this form

Sample Only

Sample Only