PART L. HOUSING AND TRANSPORTATION

CP, YP, YA, YX

L1. CHECK AGE: Is (NAME)'s age....

<17 ..... 01 → *Go to L8*
17+ ..... 00 → *Continue*

YP, YA, YX
NHIS-D Adult Followback

L2. These next questions are about the place (FILL "NAME LIVES" IF RTYPE=01, 03; "YOU LIVE" IF RTYPE=02).

(IF A10=05, NAME IS LIVING AT SCHOOL FILL: Please answer for the place (FILL "NAME LIVES" IF RTYPE=01, 03, "YOU LIVE" IF RTYPE=02) when (FILL "HE/SHE IS" IF RTYPE=01, 03; "YOU ARE" IF RTYPE=02) not at school.

How long (FILL "HAS (NAME)" IF RTYPE=01,03; "HAVE YOU" IF RTYPE=02) been living there?

Estas siguientes preguntas son acerca del lugar donde (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) vive.

(IF A10=05, NAME IS LIVING AT SCHOOL FILL: Por favor conteste acerca del lugar donde (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) vive, cuando (FILL "ÉL/ELLA" IF RTYPE=01,03; "UD." IF RTYPE=02) no está en la escuela.

¿Cuánto tiempo hace que (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) vive allí?

|___|___| YEARS

LESS THAN A YEAR..... 0
DON'T KNOW..... d
REFUSED ..... r

L3. Is this place a...

¿Es este lugar un(a) . . .

Read list, code only one

Single family home ..... 01→ *Go to L8*
Mobile home ..... 02→ *Go to L8*
Regular apartment ..... 03→ *Go to L8*
Supervised apartment 04
Group home 05
Halfway house 06
Personal care or board and care home 07
Assisted living facility 08
Nursing or convalescent home 09
Center for Independent Living 10
Some other type of supervised group residence or facility 11
Something else (SPECIFY) ↴ 12

_____

Casa para una sóla familia ..... 01→ *Go to L8*
Casa móvil (Mobile home) ..... 02→ *Go to L8*
Apartamento regular ..... 03→ *Go to L8*
Apartmento bajo supervisión 04
Hogar de grupo (Group home) 05
Hogar Intermedio (Halfway house) 06
Hogar de Cuidado Personal, o de Alojamiento y cuidado (Personal care or board and care home) 07
Hogar o residencia de vivienda asistida (Assisted living facility) 08
Hogar de Convalecencia (Nursing or convalescent home) 09
Centro de Vida Independiente (Center for Independent Living) 10
Algún otro tipo de residencia de grupo o Instalación bajo supervisión 11
¿Alguna otra cosa? (SPECIFY) ↴ 12

_____

DON'T KNOW ..... d

REFUSED ..... r

YP, YA, YX (not in mobile/single family home or apartment)
NHIS-D Adult Followback

L4. Does this place primarily or exclusively serve persons with hearing or vision impairments, mental illness, mental retardation, or developmental disabilities?

¿Sirve este lugar principalmente o exclusivamente a personas con impedimentos de vista o del oído, enfermedad mental, retardación mental, o incapacidades de desarrollo?

YES 01
NO 00
DON'T KNOW..... d
REFUSED ..... r

YP, YA, YX (not in mobile/single family home or apartment)
NHIS-D Adult Followback

L5. Whether (FILL "NAME USES" IF RTYPE=01,03; "YOU USE" IF RTYPE=02) them or not, does this place routinely provide services such as meals, help with housework or personal care, transportation, or recreation?

Si o no los usa (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) ¿proporciona este lugar, de rutina, servicios tales como: comidas, ayuda en quehaceres domésticos o cuidado personal, transporte, o recreación?

YES 01
NO 00
DON'T KNOW..... d
REFUSED ..... r

L6. Who pays for most of the cost for (FILL "NAME'S" IF RTYPE=01,03; "YOUR" IF RTYPE=02) stay at this place?

PROBE: For example, (FILL "NAME" IF RTYPE=01,03; "YOU" IF RTYPE=02), (FILL "YOUR FAMILY" IF RTYPE=01, 02; "HIS/HER FAMILY" IF RTYPE=03), insurance, Medicaid, an employer, or something else?

¿Quién paga la mayor parte de los costos de (FILL "LA ESTADIA DE (NAME)" IF RTYPE=01,03; " SU ESTADIA" IF RTYPE=02) en este lugar)?

PROBE: Por ejemplo, (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02), su familia, su seguro, Medicaid, un empleador, o alguna otra cosa?

(NAME) 01
(NAME'S) FAMILY LIVING IN THE SAME HOUSEHOLD 02
(NAME'S) FAMILY LIVING NOT LIVING IN THE SAME HOUSEHOLD 03
INSURANCE/MEDICAID 04
EMPLOYER 05
REHABILITATION PROGRAM 06
SCHOOL SYSTEM/SPECIAL EDUCATION 07
TITLE V PROGRAM 08
NO ONE/FREE 09
USE SSI BENEFIT/SSA 10
OTHER (SPECIFY) ↓ 11
_____
DON'T KNOW ..... d
REFUSED ..... r

L7. In the past 12 months, about how much did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) pay for (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=02) stay at this place, if any? Do not count any money that has been or will be reimbursed by insurance or from any other source but include any insurance copayments (FILL "YOU AND YOUR FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) may have paid.

En los últimos 12 meses, ¿más o menos cuánto pagaron (FILL "UD." IF RTYPE=01,02; "NAME" IF RTYPE=03) y su familia por su estadía en este lugar si pagaron algo? No cuente dinero que ha sido, o que será, reembolsado por el seguro o de cualquier otra fuente, pero sí incluya copagos de seguros (insurance copayments) que (FILL "UD." IF RTYPE=01,02; "NAME" IF RTYPE=03) y su familia quizás pagaron.

$_____.00 AMOUNT PAID ($0-$9,999)

DON'T KNOW..... d
REFUSED ..... r

GO TO L17

L8. READ IF AGE = < 17: These next questions are about the place (NAME) lives.

Is (FILL "YOUR" IF RTYPE = 01, 02; "NAME'S" IF RTYPE = 03) home or apartment...

PROBE: (FILL "DOES YOUR FAMILY" IF RTYPE = 01; "DO YOU" IF RTYPE = 02; "DOES NAME" IF RTYPE = 03) own (FILL "YOUR" IF RTYPE = 01,02; "HIS/HER" IF RTYPE = 03) home, rent (FILL "YOUR" IF RTYPE = 01,02; "HIS/HER" IF RTYPE = 03) home, or live there without paying rent?

Ahora le quiero hacer unas pocas preguntas acerca del lugar donde vive (NAME).

¿Es (FILL "UNA CASA O APARTMENTO" IF RTYPE = 01,02; "LA CASA O EL APARTMENTO DE NAME" IF RTYPE = 03"...

PROBE: ¿ES (FILL "SU FAMILIA" IF RTYPE = 01; "UD." IF RTYPE = 02 ; "(NAME)" IF RTYPE = 03) dueñode su hogar, la alquila, o vive allí sin pagar alquiler o renta?

INTERVIEWER: IF THE RESPONDENT LIVES IN A MOBILE HOME AND PAYS BOTH RENT AND MORTGAGE, CODE "OWNED."

Read list, code only one

Owned or being bought by someone in the household..... 01
Rented, or 02
Occupied without payment of rent?..... 03

Propiedad suya, o alguien en su hogar está comprándola..... 01
Alquilada, o 02
Ocupada sin pagar alquiler o renta? 03

DON'T KNOW..... d
REFUSED ..... r

CP, YP, YA, YX (in mobile/single family home or apartment)

L9. CHECK AGE: Is (NAME'S) age...

<17 ..... 01→ *Continue*
17+ ..... 02→ *Go to L11*

CP
NSAF

L10. How long have you lived in your home?

¿Cuánto tiempo hace que vive en su hogar?

|__|__| MONTHS |__|__| YEARS

DON'T KNOW ..... d
REFUSED ..... r

CP, YP, YA, YX (in mobile/single family home or apartment)

L11. CHECK: IS L8=01 or 02 (NAME OR NAME'S FAMILY PAYS RENT OR MORTGAGE)?

YES ..... 01 → *Continue*
NO ..... 00 → *Go to L16*

CP, YP, YA, YX (in mobile/single family home or apartment)
Created

L12. Did (FILL "YOUR FAMILY" IF RTYPE=01; "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) pay all of the (FILL "MORTGAGE" IF L8=01; "RENT" L8=02) last month, did (FILL "YOUR FAMILY" IF RTYPE=01; "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) share the payment with someone else, or did someone else pay all the (FILL "MORTGAGE" IF L8=01; "RENT" L8=02)?

El mes pasado, pagó (FILL "SU FAMILIA" IF RTYPE=01; "UD." IF RTYPE=02; "NAME" IF RTYPE=03) todo (FILL "LA HIPOTECA" IF L8=01; "EL ALQUILER" IF L8=02), compartió (FILL "SU FAMILIA" IF RTYPE=01; "UD." IF RTYPE=02; "NAME" IF RTYPE=03) el pago con otra persona, o pagó otra persona todo (FILL "LA HIPOTECA" IF L8=01; "EL ALQUILER" IF L8=02)?

NAME OR NAME'S FAMILY PAID ALL 01
SHARED 02
SOMEONE ELSE PAID ALL ..... 03→ *Go to L16*
GOVERNMENT ASSISTANCE PROGRAM ..... 04→ *Go to L16*

HOME IS PAID FOR ..... 05→ *Go to L17*
NO ONE PAID ..... 06→ *Go to L16*
DON'T KNOW..... d
REFUSED ..... r

L13. IF L8=01: Altogether, in (LAST MONTH), what was (FILL "YOUR FAMILY'S" IF RTYPE=01; "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) mortgage payment?

IF L8=02: Altogether, in (LAST MONTH), what did (FILL "YOUR FAMILY" IF RTYPE=01; "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) pay in rent?

PROBE IF L3=02, RESPONDENT LIVES IN A MOBILE HOME: What did (FILL "YOUR FAMILY" IF RTYPE=01; "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) pay in mortgage and rent last month? Include mortgage and rent for your home itself, and the lot, if applicable.

READ IF L12=02: We are interested in knowing only (FILL "YOUR FAMILY'S" IF RTYPE=01; "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) part of the payment.

IF L8=01: En total, en (LAST MONTH)¿cuánto fue el pago de la hipoteca de (FILL "SU FAMILIA" IF RTYPE=01; "UD" IF RTYPE=02; "NAME" IF RTYPE=03)?

IF L8=02: En total, en (LAST MONTH), ¿cuánto pagó (FILL "SU FAMILIA" IF RTYPE=01; "UD" IF RTYPE=02; "NAME" IF RTYPE=03) de alquiler?

PROBE IF L3=02: ¿Cuánto pagó (FILL "SU FAMILIA" IF RTYPE=01; "UD" IF RTYPE=02; "NAME" IF RTYPE=03) por su hipoteca, y su alquiler y el mes pasado? Incluya los pagos de la hipoteca y del alquiler del hogar mismo, y del terreno, si es aplicable.

Read if L12=02: Sólo estamos interesados en saber cuál fue la parte del pago de (FILL "SU FAMILIA" IF RTYPE=01; "UD" IF RTYPE=02; "NAME" IF RTYPE=03).

If R volunteers that house is paid for, enter 0.
If R volunteers that no one paid, or could not afford, enter 0.

$_____ PER MONTH ($0-$9,999)

DON'T KNOW.....d

REFUSED ..... r

CP, YP, YA, YX (in mobile/single family home or apartment)

L14. CHECK L8: Does (NAME AND HIS/HER FAMILY) own the home, rent the home, or something else?

OWN ..... 01 → *Go to L17*
RENT ..... 02 → *Continue*
SOMETHING ELSE (03, DK/RF) ..... 03 → *Go to L16*

CP, YP, YA, YX (renting, in mobile/single family home or apartment)
SIPP/NSAF

L15. (FILL "IS YOUR FAMILY" IF RTYPE=01; "ARE YOU" IF RTYPE=02; "IS NAME" IF RTYPE=03) paying lower rent because the federal, state, or local government is paying part of the rent?

¿ESTÁ (FILL "SU FAMILIA" IF RTYPE=01; "UD." IF RTYPE=02; "NAME" IF RTYPE=03) pagando un alquiler más bajo porque el gobierno federal, estatal, o local está pagando parte del alquiler?

YES 01
NO 00
DON'T KNOW ..... d
REFUSED ..... r

CP, YP, YA, YX
SIPP/NSAF

L16. Is (FILL "YOUR" IF RTYPE=01, 02; "NAME'S" IF RTYPE=03) home in a public housing project, that is, owned by a local housing authority or other public agency?

¿Está (FILL "SU HOGAR" IF RTYPE=01,02; "EL HOGAR DE (NAME)" IF RTYPE=03) en un proyecto de vivienda pública, o sea que pertenece a una autoridad de vivienda local (housing authority) u otra agencia pública?

YES 01
NO 00
DON'T KNOW ..... d
REFUSED ..... r

CP, YP, YA, YX
NHIS-D (Child Followback)

L17. Does (FILL "YOUR" IF RTYPE=01, 02; "NAME'S" IF RTYPE=03) home have any special features designed to help (FILL "NAME" IF RTYPE=01; "YOU" IF RTYPE=02; "HIM/HER" IF RTYPE=03) get around the home?

PROBE: This includes things like widened doors or hallways, ramps, railings, kitchen or bathroom modifications, and alerting devices.

¿Tiene (FILL "SU HOGAR" IF RTYPE=01,02; "EL HOGAR DE (NAME)" IF RTYPE=03) características especiales diseñadas para ayudarle(a) a (FILL "NAME" IF RTYPE=01; "UD." IF RTYPE=02; "ÉL/ELLA" IF RTYPE=03) a moverse dentro del hogar?

PROBE: Esto incluye cosas tales como puertas o pasillos más anchos, rampas, pasamanos (railings), modificaciones en la cocina o en el baño, y mecanismos de alerta.

YES 01
NO 00
DON'T KNOW ..... d
REFUSED ..... r

→ *Go to L19*

CP, YP, YA, YX
NHIS-D (Child Followback)

L18. What special features does this home have?

¿Qué características especiales tiene este hogar?

Do not read list, code all that apply

WIDENED DOORWAYS OR HALLWAYS 01
RAMPS OR STREET LEVEL ENTRANCES 02
RAILINGS 03
AUTOMATIC OR EASY TO OPEN DOORS 04
ACCESSIBLE PARKING OR DROP-OFF SITE .. 05
BATHROOM MODIFICATIONS 06
KITCHEN MODIFICATIONS 07
ELEVATOR, CHAIR LIFT, OR STAIR GLIDE ... 08
ALERTING DEVICES 09
OTHER (SPECIFY) ↓ 10
_____
DON'T KNOW ..... d
REFUSED ..... r

L19. (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) have a **need** for any (FILL "OTHER" IF L17=01) special features to get around the home?

PROBE: This includes things like widened doors or hallways, ramps, railings, kitchen or bathroom modifications, and alerting devices.

¿**Necesita** (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) cualquier (FILL "OTRA" IF L17=01) característica especial para moverse dentro de hogar?

PROBE: Esto incluye cosas tales como puertas o pasillos más anchos, rampas, pasamanos (railings), modificaciones en la cocina o en el baño, y mecanismos de alerta.

YES 01
NO 00
DON'T KNOW ..... d
REFUSED ..... r

→ *Go to L22*

L20. What (FILL "OTHER" IF L17=01) special features (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) need?

¿Cuáles (FILL "OTRAS" IF L17=01) características especiales necesita (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02)?

Do not read list, code all that apply

WIDENED DOORWAYS OR HALLWAYS 01
RAMPS OR STREET LEVEL ENTRANCES 02
RAILINGS 03
AUTOMATIC OR EASY TO OPEN DOORS 04
ACCESSIBLE PARKING OR DROP-OFF SITE .. 05
BATHROOM MODIFICATIONS 06
KITCHEN MODIFICATIONS 07
ELEVATOR, CHAIR LIFT, OR STAIR GLIDE ... 08
ALERTING DEVICES 09
OTHER (SPECIFY) ↓ 10

_____

DON'T KNOW ..... d

REFUSED ..... r

CP, YP, YA, YX
Created

L21. Why does (FILL "YOUR" IF RTYPE=01, 02; "NAME'S" IF RTYPE=03;) home not have the special features that ("HE/SHE NEEDS" IF RTYPE=01, 03; "YOU NEED" IF RTYPE=02)?

¿Por qué no tiene (FILL "SU HOGAR" IF RTYPE=01,02; "EL HOGAR DE (NAME)" IF RTYPE=03") las características especiales que (FILL "ÉL/ELLA" IF RTYPE=01,03; "UD." IF RTYPE=02) necesita?

Code all that apply

CAN'T AFFORD THE MODIFICATIONS 01
NOT ALLOWED TO MAKE CHANGES 02
DON'T KNOW HOW TO MAKE CHANGES/
WHO TO CONTACT 03
NEVER GOT AROUND TO IT..... 04
NOT MY DECISION/LIVE IN GROUP HOME... 05
OTHER (SPECIFY) ↴..... 06

_____

DON'T KNOW..... d
REFUSED ..... r

CP, YP, YA, YX

L22. CHECK AGE: Is NAME'S age...

<17 ..... 01→ *Continue*
17+ ..... 02→ *Go to L24*

CP

L23. CHECK: Is K57 =0, DK, RF (no cars are owned by family) and/or K65=0, DK ,RF (child does not own car)?

YES ..... 01→ *Go to Part M*
NO ..... 00→ *Go to L27*

YP, YA, YX
NHIS-D Adult Followback

L24. How frequently (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) drive a car or other motor vehicle? Would that be...

¿Con qué frecuencia maneja (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) un carro u otro vehículo motorizado? ¿Sería....

Read list, code only one

Everyday, or almost everyday ..... 01→ *Go to L27*
Occasionally ..... 02→ *Go to L27*
Seldom 03
Never..... 04

Todos los días o casi todos los días ..... 01→ *Go to L27*
De vez en cuando..... 02→ *Go to L27*
Casi nunca 03
Nunca 04

DON'T KNOW..... d→ *Go to L27*
REFUSED ..... r→ *Go to L27*

YP, YA, YX
NHIS-D Adult Followback

L25. Is this because of an impairment or health problem?

¿Es esto por causa de algún impedimento o problema de salud?

YES 01
NO 00
DON'T KNOW..... d
REFUSED ..... r

YP, YA, YX

L26. CHECK: Is L24=04, that is, (NAME) never drives a car?

YES ..... 01→ *Go to L33*
NO ..... 00→ *Continue*

CP, YP, YA, YX
NHIS-D (Child Followback)

L27. (FILL "DO YOU" IF RTYPE=01, 02; "DOES NAME" IF RTYPE=03) have any special equipment on a car or other motor vehicle because of an impairment or health problem that (FILL "NAME HAS" IF RTYPE=01, 03; "YOU HAVE" IF RTYPE=02)?

¿Tiene (FILL "UD." IF RTYPE=01,02; "NAME" IF RTYPE=03) algún aparato o equipo especial en un carro o en otro vehículo motorizado, por causa de algún impedimento o problema de salud que (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) tiene?

YES 01
NO ..... 00→ *Go to L29*
DON'T KNOW..... d→ *Go to L29*
REFUSED ..... r→ *Go to L29*

CP, YP, YA, YX
NHIS-D (Child Followback)

L28. What special equipment (FILL "DO YOU" IF RTYPE=01, 02; "DOES NAME" IF RTYPE=03) have?

¿Qué aparato o equipo especial tiene (FILL "UD." IF RTYPE=01,02; "NAME" IF RTYPE=03)?

Do not read list, code all that apply

HAND CONTROLS..... 01
HAND RAILS, STRAPS, SPECIALIZED
HANDLES, RAMPS, OR LIFTS..... 02
POWER CONTROLS FOR WINDOWS,
MIRRORS, SEAT, OR STEERING 03
AUTOMATIC TRANSMISSION 04
AIR CONDITIONING..... 05
A BUTTON THAT OPENS THE DOOR 06
A LARGE TRUNK OR STORAGE AREA..... 07
OTHER (SPECIFY) ↓ 08
_____
DON'T KNOW..... d
REFUSED ..... r

CP, YP, YA, YX
NHIS-D (Child Followback)

L29. (FILL "DO YOU" IF RTYPE=01, 02; "DOES NAME" IF RTYPE=03) have a **need** for any (FILL "OTHER" IF L27=01) special equipment or features on a car or other motor vehicle because of any impairment or health problem that (FILL "NAME HAS" IF RTYPE=01, 03; "YOU HAVE" IF RTYPE=02)?

¿Tiene (FILL "UD." IF RTYPE=01,02; "NAME" IF RTYPE=03) alguna **necesidad** para algún (FILL "OTRO" IF L27=01) aparato o equipo especial en un carro u otro vehículo motorizado, por causa de algún impedimento o problema de salud que (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) tiene?

YES 01
NO ..... 00 → *Go to L32*
DON'T KNOW ..... d → *Go to L32*
REFUSED ..... r → *Go to L32*

CP, YP, YA, YX
NHIS-D (Child Followback)

L30. What (FILL "OTHER" IF L27=01) equipment or features (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) need?

¿Qué (FILL "OTRO" IF L27=01) aparato especial o (FILL "OTRAS" IF L27=01) características especiales necesita (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02)?

Do not read list, code all that apply

HAND CONTROLS 01
HAND RAILS, STRAPS, SPECIALIZED HANDLES, RAMPS, OR LIFTS 02
POWER CONTROLS FOR WINDOWS, MIRRORS, SEAT, OR STEERING 03
AUTOMATIC TRANSMISSION 04
AIR CONDITIONING 05
A BUTTON THAT OPENS THE DOOR 06
A LARGE TRUNK OR STORAGE AREA 07
OTHER (SPECIFY) ↓ 08
_____
DON'T KNOW ..... d
REFUSED ..... r

CP, YP, YA, YX
Created

L31. Why (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) not have the special features on a car that (FILL "HE/SHE NEEDS" IF RTYPE=01, 03; "YOU NEED" IF RTYPE=02)?

¿Por qué no tiene (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) el aparato o equipo especial que (FILL "ÉL/ELLA" IF RTYPE=01,03; "UD." IF RTYPE=02) necesita en un carro?

Code all that apply

CAN'T AFFORD THE SPECIAL FEATURES.... 01
NOT ALLOWED TO MAKE CHANGES 02
DON'T KNOW HOW TO MAKE CHANGES/
WHO TO CONTACT/WHERE TO GO 03
NEVER GOT AROUND TO IT..... 04
NOT MY DECISION/NOT MY CAR..... 05
OTHER (SPECIFY) ↓..... 06

_____

DON'T KNOW..... d
REFUSED ..... r

CP, YP, YA, YX

L32. CHECK AGE: Is NAME'S age...

<17 ..... 01→ *Go to Part M*
17+ ..... 02→ *Continue*

YP, YA, YX
NHIS-D Adult Followback

L33. During the past 12 months, (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) used local public transportation, such as a regular bus line, rapid transit, subway, or street car?

PROBE: Do not include school buses.

Durante los últimos 12 meses, ¿ha usado (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) transporte público local o municipal, tal como una línea regular de buses, transporte rápido (rapid transit), el subterráneo (subway), o un tranvía (street car)? .....

PROBE: No incluya autobuses de escuela.

YES 01
NO 00
NO PUBLIC SYSTEM AVAILABLE ..... 03→ *Go to L38*
DON'T KNOW ..... d
REFUSED ..... r

YP, YA, YX
NHIS-D Adult Followback

L34. Does an impairment or health problem limit or prevent (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) use of public transportation services?

¿Algún impedimento o problema de salud (le/la) limita o impide a (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) en el uso de servicios de transporte público?

YES 01
NO 00
DON'T KNOW ..... d→ *Go to L38*
REFUSED ..... r→ *Go to L38*

YP, YA, YX

L35. CHECK: Is L33=00, DK, RF, that is, (NAME) has not used public transportation in the past 12 months?

YES ..... 01→ *Go to L38*
NO ..... 00→ *Continue*

YP, YA, YX
NHIS-D Adult Followback

L36. During the past 12 months, how often did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) use the local public transportation services? Would you say..

Durante los últimos 12 meses, ¿con qué frecuencia usaba (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) los servicios locales de transporte público?
¿Diría que . . .

Everyday or almost everyday 01
Occasionally, or 02
Seldom 03

Todos los días o casi todos los días, ... 01
De vez en cuando, o 02
Casi nunca? 03

DON'T KNOW ..... d
REFUSED ..... r

YP, YA, YX
NHIS-D Adult Followback

L37. In general, how difficult is it for (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) to get to and use public transportation? Would you say it is...

Por lo general, ¿cuán difícil es para (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) llegar a, y usar, transporte público? ¿Diría que . . .

Very difficult 01
Somewhat difficult 02
A little difficult 03
Not at all difficult 04

Es muy difícil 01
Es algo difícil 02
Es un poco difícil 03
No hay ninguna dificultad 0

DON'T KNOW ..... d
REFUSED ..... r

YP, YA, YX
NHIS-D Adult Followback

L38. Some communities have special bus, cab or van services for people who have difficulty using the regular public transportation service. When using this special service, people can call ahead and ask to be picked up. Is such a service available in (FILL "YOUR" IF RTYPE=01, 02; "NAME'S" IF RTYPE=03) area?

Algunas comunidades tienen servicios de buses, taxis o minibuses (vans) especiales, para personas que tienen dificultades en usar servicios regulares de transporte público. Cuando usan este servicio especial, las personas pueden llamar de antemano, y pedir que las recojan. ¿Hay tal servicio disponible en (FILL "SU AREA" IF RYTPE=01,02 "ÉL ÁREA DE (NAME)" IF RTYPE=03)?

YES 01
NO ..... 00→ *Go to Part M*
DON'T KNOW..... d→ *Go to Part M*
REFUSED ..... r→ *Go to Part M*

YP, YA, YX
NHIS-D Adult Followback

L39. (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) used this special service in the past 12 months?

¿Ha usado (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) este servicio especial en los últimos 12 meses?

YES 01
NO ..... 00→ *Go to L44*
DON'T KNOW..... d→ *Go to L44*
REFUSED ..... r→ *Go to L44*

YP, YA, YX
NHIS-D Adult Followback

L40. About how many times (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) used this service in the past 12 months?

¿Más o menos cuántas veces ha usado (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) este servicio en los últimos 12 meses?

|___|___|___| TIMES USED (0-999)

DON'T KNOW..... d
REFUSED ..... r

YP, YA, YX
Created

L41. How dependable is this service? Would you say..

¿Cuánto se puede confiar en este servicio? ¿Diría que . . .

Read list, code only one answer

Very dependable 01
Somewhat dependable 02
Not very dependable 03
Not dependable at all 04

Se puede confiar mucho; 01
Se puede confiar algo; 02
No se puede confiar mucho; o 03
En absolutono se puede confiar
en el servicio 04

DON'T KNOW ..... d
REFUSED ..... r

YP, YA, YX
Created

L42. Were there times in the past 12 months, when (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) would have liked to use this service but did not?

¿Había ocasiones en los últimos 12 meses, cuando (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) quisiera haber usado este servicio, pero no lo usó?

YES ..... 01→ *Continue*
NO ..... 00→ *Go to Part M*
DON'T KNOW ..... d→ *Go to Part M*
REFUSED ..... r→ *Go to Part M*

YP, YA, YX
NHIS-D Adult Followback (modified)

L43. Why didn't (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) use this service the last time this happened?

¿Por qué no usó (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) este servicio, la última vez que ocurrió esto?

Do not read, code all that apply

DON'T NEED/WANT SERVICE 01
DON'T KNOW HOW TO USE 02
NEED HELP FROM ANOTHER PERSON 03
CAN'T USE PHONE/DON'T HAVE PHONE 04
CAN'T READ 05
ILLNESS 06
SERVICE UNRELIABLE/NOT DEPENDABLE.... 07
HOURS INADEQUATE..... 08
CAN'T GET RESERVATION FOR
SERVICE 09
COST 10
OTHER (SPECIFY) ↓ 11
_____
DON'T KNOW..... d
REFUSED ..... r

Go to Part M

YP, YA, YX
NHIS-D Adult Followback (modified)

L44. (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) **needed** a special service like this in the past 12 months?

¿Ha necesitado (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) un servicio especial como este, en los últimos 12 meses?

YES ..... 01→ *Continue*
NO ..... 00→ *Go to Part M*
DON'T KNOW..... d→ *Go to Part M*
REFUSED ..... r→ *Go to Part M*

L45. Why (FILL "HASN'T NAME" IF RTYPE=01, 03; "HAVEN'T YOU" IF RTYPE=02) used this service in the past 12 months?

¿Por qué no ha usado (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) este servicio en los últimos 12 meses?

Do not read, code all that apply

DON'T NEED/WANT SERVICE 01
DON'T KNOW HOW TO USE 02
NEED HELP FROM ANOTHER PERSON 03
CAN'T USE PHONE/DON'T HAVE PHONE 04
CAN'T READ 05
ILLNESS 06
SERVICE UNRELIABLE/NOT DEPENDABLE.... 07
HOURS INADEQUATE..... 08
CAN'T GET RESERVATION FOR
SERVICE 09
COST 10
OTHER (SPECIFY) ↓..... 11

_____

DON'T KNOW..... d
REFUSED ..... r