

**2011 CENSUS QUESTION TESTING –
THE HEALTH AND DISABILITY QUESTIONS
(2009)**

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CONTENTS PAGE

| | |
|---|-----------|
| BACKGROUND, AIMS AND METHODOLOGY | 4 |
| FINDINGS | 8 |
| Willingness to answer questions on health | 8 |
| Q19 – General health | 8 |
| Q20 – Do you have any of the following conditions...? | 9 |
| Q21 – Whether day-to-day activities are limited because of a long-term health problem or disability | 13 |
| Conclusions | 13 |
| ANNEXES | 14 |
| Annex A: The topic guide | 14 |
| Annex B: The questionnaire | 21 |

1. BACKGROUND, AIMS & METHODOLOGY

1.1 Background and aims

As part of the final preparations for the 2011 Census, the General Register Office for Scotland (GROS) commissioned Ipsos MORI Scotland to undertake cognitive question testing of the question on long term health conditions (Q20). As part of this, the related questions on general health (Q19), and on whether day-to-day activities are limited by long term health problems or disabilities (Q21) were also explored. The aim was primarily to test whether question 20 was answered accurately and willingly by respondents, and what changes might be required to improve data quality and/or the acceptability of the response options.

1.2 Methods

As described in more detail below, the questions were tested both among respondents with health conditions who were recruited specifically for the project and with other respondents (who may or may not have any health conditions) recruited as part of two separate projects that were being conducted at the same time (to test the language questions and to test the whole census questionnaire). This section covers the methods used in testing the questions with those specifically recruited to test the health questions. The methods described are very similar to the methods used in the other projects, however there were some small differences, for example, in the way respondents were recruited. Full details of the methodology used in the other projects can be obtained in the respective reports.

1.2.1 Cognitive Interviewing

Cognitive interviewing is a widely used approach to critically evaluate survey questionnaires. It allows an investigation into the way target audiences understand, mentally process and respond to survey materials. For example, when a questionnaire is designed it is possible that the author may intend one interpretation of a question but find that respondents presented with the question adopt an alternate understanding. If cognitive interviewing is used successfully in testing questions, survey materials can then be modified to enhance clarity¹.

There are several different techniques that can be used in a cognitive interview. A technique called “retrospective probing” was deemed to be most appropriate for this study. Retrospective probing involves the interviewer presenting a question to be answered, the respondent answering it and the interviewer following up by probing for specific information relevant to the question or to the specific answer given (e.g. What does this question mean in your own words?). This probing can be done immediately after an individual question is asked or after the respondent has completed all of the questions. Given the short length of the census section used, retrospective probing was done after respondents had completed all questions.

1.2.2 The sample

The sample was not intended to be statistically representative of the Scottish population, but was designed to include people with specific health conditions that we anticipated might be unsure where, if anywhere, to record their condition or who

¹ Willis, G.B. (2005). Cognitive Interviewing: A Tool for Improving Questionnaire Design

might be uncomfortable with the wording used to describe their condition. These conditions are shown in Table 1 below.

It was also necessary to test the questions with people with no health conditions to ensure that they too answered them accurately and willingly. This was achieved through testing them with respondents involved in the testing of the whole questionnaire and the language questions.

In total, the questions were tested with 102 respondents. Of these, 30 interviews were conducted with respondents who had any of the conditions listed in Table 1 below. As several respondents had more than one of the conditions shown in the table, the number of respondents does not total 30. When respondents had more than one conditions they were asked about all of their conditions.

The sample profile simply reports the conditions that we knew respondents had, either from information provided at the recruitment stage or because respondents informed us of them during the interview. This does not mean that respondents necessarily included these conditions in their response to Q20 when they completed the Census form.

There are also likely to be other respondents who had health conditions but did not inform us of them during the testing.

In some cases the interviews were conducted with a relative of the person with the health condition (the person who would complete the Census on their behalf).

Table 1: sample profile

| Health condition | Number of respondents |
|---|------------------------------|
| Autistic Spectrum Disorder | 7 |
| Down's Syndrome | 3 |
| Dyslexia | 4 |
| Dyspraxia | 2 |
| Speech impairment | 3 |
| Mental health conditions (both milder and more serious) | 9 |
| Other long-term conditions | 12 |
| TOTAL | 40 |

When recruiting the sample it also was important to ensure there was a mixture of men and women and people from different age groups. Respondents were recruited primarily in Edinburgh, Glasgow and Aberdeen but also in Fife, Clackmannanshire, East Ayrshire, Angus, Aberdeenshire and East Dunbartonshire.

1.2.3 Respondent Selection

Respondents with health conditions were recruited through contacts of the research team and through two Third Sector organisations who work with people with a range of health conditions and disabilities².

² For details of how respondents were recruited for the other projects see the relevant reports.

As far as possible, respondents were not informed of the reason that they had been invited to participate. If they knew that they had been recruited on the basis of a specific health condition there is a possibility that they would have focused more than normal on the health and disability questions, potentially changing the way in which they answered.

1.2.4 Fieldwork

In addition to using retrospective verbal probing, respondents were observed while they completed the questions. Points at which they looked puzzled or confused, where they hesitated, where they seemed to be taking care or where they seemed to skim over or ignore instructions or response categories were noted, and respondents were probed accordingly.

To provide context for the questions, respondents also completed other parts of the form. They completed the first page of questions (H1-H5) and all of the 'Individual questions'. It was agreed that H6-H14 would not be completed in order to keep the interviews shorter and because these sections were being tested as part of the whole questionnaire testing. Respondents only completed the 'individual questions' for themselves unless they were taking part in the research as a parent of someone with a health condition or disability, in which case, they completed the 'individual questions' for all members of the household.

Interviews took place between 31 July and 14 October 2009 and were conducted using a topic guide³ designed by Ipsos MORI in partnership with GROS (attached in Annex A).

Most interviews were conducted in the Ipsos MORI office in central Edinburgh or in the offices of the organisations used to recruit respondents. A small number of interviews took place in the respondents' homes. On average the interviews lasted around 40 minutes. The discussions were digitally recorded and transcribed. Respondents were given £25 to cover any expenses, to acknowledge that they had given up time to take part, and to encourage participation from a wider range of people.

All interviews were conducted in English. This was on the basis that those with little or no English language ability would tend to delegate the completion of the Census form to someone else to provide substantial help with the interpretation and comprehension of the form in English.

1.2.5 The questionnaire developed for testing

PDF versions of the questionnaire were provided by GROS to Ipsos MORI. Two versions of the questionnaire were tested as minor changes were made to the initial version of Q20. The changes were recommended by Ipsos MORI as a result of issues raised during testing. These were:

- changing 'No' to 'No condition' and

³ A topic guide is a document that outlines the topics that should be covered in an interview. It often gives examples of the types of questions that might be asked, however, the precise wording used will vary as a result of the interviewer's exchange with the respondent.

- changing 'Long-term illness or disease' to 'Long-term illness, disease or condition'

Copies of the both versions of the questions are included in Annex B.

2. FINDINGS

2.1 Willingness to answer questions on health

No respondents expressed any objection to Q19, Q20 & Q21 being included in the Census. However, given that they agreed to participate in this research project, our sample is probably biased towards those who are happy to answer personal questions.

2.2 Q19 – general health

This question works well and we are recommending that no changes should be made to it.

While respondents did not object to being asked this question as part of the census, some did not understand what useful information would be gathered from it. However, this is not likely to affect responses to the question or prevent people from answering it.

The main issue surrounding this question is that its subjective nature will lead to inconsistency of response. Respondents found it more difficult to answer than other questions, not because they had problems understanding the question, but because they had to weigh up their situation and make a decision, sometimes taking several factors into account.

The subjectivity is unavoidable for a question of this type and we understand that this is not a particular concern for GROS. However, it is worth describing the kind of thoughts that go through people's minds when they are answering the question.

Firstly, for some there was a conflict between mental health and physical health. For example, if physical health is good but mental health is poor, it is difficult to decide what to select.

"I would have put very good physical health, whereas my mental health is not brilliant, so I just ticked fair, more in response to the fact that I didn't actually know what to put. ... You've got two aspects of your health... two major aspects and they can't be categorised into one."

Respondents whose health varies from day to day also found it difficult to decide which option to select.

One respondent noted that people's responses to this question would depend on their point of comparison. She suggested that if someone lives in an area where there is a great deal of ill health and a low life expectancy they might be more positive about their own health.

"... where you live is quite important. I live in ... the East End of Glasgow, where everybody is supposed to snuff it when they are fifty-four and that's the women, the men are about forty-two or something ridiculous."

The way in which people interpret the question will also lead to inconsistencies in response. While most respondents interpreted the question as being related to

health conditions, there were some who interpreted it as being about how healthy their *lifestyle* is. As the following quotes illustrate, some respondents did not feel able to say that their health was 'very good' because they smoked or because they did little physical exercise.

Researcher: "But you're saying you don't have any health problems, why did you go for good instead of very good?"

Respondent: "Because I smoke and all that."

Researcher: "What would someone whose health is very good have to be?"

Respondent: "I think it would have to be regular fitness, have to be running or something."

2.3 Q20 – Do you have any of the following health conditions...?

This question is working well and respondents were clear about what the question was asking. As noted above, respondents were happy for questions on this subject to be included in the Census, although as with the other health questions there were some who queried why it would be included or how useful it would be.

The '12 months' instruction

In the main, respondents did notice the 'at least 12 months' instruction in the question. Even on occasions when they did not, we did not encounter anyone who incorrectly reported a condition that had a duration of shorter than 12 months. Respondents generally made the assumption that the question referred to relatively serious long term health problems, whether or not they noticed the 'at least 12 months' wording.

The 'tick all that apply instruction'

Again, respondents typically noticed and correctly applied the 'tick all that apply' instruction. Of the respondents who did not notice the instruction, none missed out conditions they would have otherwise included. It seems obvious that health conditions are not mutually exclusive, and the wording of the question itself suggests that multiple health conditions should be recorded, so we do not see the fact that some did not notice the 'tick all that apply' instruction as problematic.

The 'No' category

Initially, some respondents did not notice the 'no' option at the end of the question. This was a problem of scanning past the response rather than a refusal to answer the question. Those that did miss the 'no' option reported having no health conditions (or no health condition they would have included) when probed further. As a result, in a subsequent version of the Census form, this option was extended to 'no condition' to try to make it more obvious to respondents when they were scanning the response options. Following the change to 'no condition', there were still some respondents who did not notice this option. However, on balance, it seemed that fewer respondents were leaving the question blank and we would recommend

keeping the new wording. Due to the position of the 'no condition' response option at the bottom of the page it is more likely to be skipped over, even in its expanded form. One option is to reposition question 20 higher up in the page layout instead of at the end of a column, making it more difficult to miss the 'no condition' response. However, that would involve changing the question order and, due to the fact that the current order appears to be working well, we would not recommend this.

Reasons for not including conditions

Although participants had little trouble understanding the question, problems arose when considering whether to include a condition at all and, if so, in which category. Respondents sometimes ticked more than one box when referring to only one condition. This happened for two reasons. Firstly, if the respondent had more than one effect resulting from the condition, they might report all the effects of the illness (for example, one respondent had suffered a stroke and ticked the 'long term illness, disease or condition' to cover this as well as ticking 'blindness or partial sight loss', an effect of the stroke). Secondly, if the respondent's condition did not fit neatly into one category and more than one label could be considered a description of their problem, they might tick all categories that could be perceived as covering their condition (for example one respondent ticked both the 'learning disability' box and the 'long term illness, disease or condition' box when referring to Down's Syndrome).

One of the main issues that arose was respondents not reporting health conditions when perhaps they should have. There were several reasons for this, the most common being that participants felt that to include a health condition it must be of a certain severity. 'Minor' ailments were often not included as they were not seen as serious enough.

[referring to physical disability] "I see this as minor, although it may not be... I never thought of putting that in and I still wouldn't even now on reflection."

A couple of respondents felt that the initial items in the list, 'Deafness or partial hearing loss' and 'Blindness or partial sight loss' were such serious conditions that they skimmed the rest of the question. They made the automatic assumption that they would not be on this type of list. Only with further probing did respondents realise that there was a response option appropriate for them to tick.

Respondents perceived that much of the data that is collected in the Census is the type of information that defines and categorises people (for example, sex, age, ethnicity). This idea meant that some respondents ticked 'no condition', even though they had one that could be described as serious, because they did not see it as playing a large role in their life (i.e. it did not 'define' them) and therefore did not see it as relevant to include in a Census.

The broad nature of the question occasionally caused problems for respondents. Some felt that their medical situation was either so complicated, or that they had so many things wrong with them, that ticking one or two category boxes would never be sufficient to fully record their problems; There was no space in the question to fully explain their 'story'. In these cases they didn't include all of their conditions and focused on the easiest to categorise.

Respondent: "...there wasn't enough space to explain, so I wasn't sure how you would put that in such a short [space]. If I had to write the whole story, then okay."

Researcher: "...so it is quite hard to fit that into one of the boxes?"

Respondent: "So I took the easy way out and ticked no, that wasn't strictly true was it?"

Some respondents made a distinction between permanent conditions and those that, even though long term (and lasting longer than 12 months), would eventually get better. Some did not include illnesses that they felt were going to get better or were already improving.

Another reason that respondents gave for not including certain conditions was that they felt guilty because they considered the condition to be self-inflicted (for instance breathing difficulties resulting from smoking).

It is difficult to see how the non-reporting of health conditions would be resolved without a lengthy explanation of what constitutes a health condition and on what basis to include/exclude things, and there will always be a subjective element to these answers. It should be borne in mind that the results from this question are more likely to give an underestimate than an overestimate of the health conditions present in Scotland.

Category labels

In the early interviews, a few respondents reported that the response option 'long term illness or disease' did not adequately describe their situation. Although there was a problem with their health that would last longer than 12 months, they did not consider it to be an illness or disease. For example, one respondent with epilepsy was dissatisfied with the description of it as an illness or disease. One or two respondents also suggested that the word 'disease', in particular, brings negative connotations of sickness and they did not consider themselves to be 'diseased'. This resulted in them omitting conditions or placing them in another category.

[In reference to respondent's epilepsy] "...it is certainly a long term and permanent thing I can't do anything much about, but I wouldn't describe it as an illness or a disease."

In a later version of the Census form, 'long term illness or disease' was changed to 'long term illness, disease or condition' and although a small number still found this phrase vague, and resorted to using the 'other' category, others found it more acceptable. We would recommend keeping the second version of the question with the new wording.

There was some uncertainty over the interpretation of the 'mental health condition' label. In one case a respondent was unsure if mental health referred to psychological problems, such as depression, or if it meant a problem with the brain such as a neurological disorder. More commonly, respondents suggested that some people might not want to admit to a mental health condition and we did find that people were vaguer about, and less willing to discuss, these types of conditions than their

physical health. To some extent there is still stigma attached to mental health conditions and this may result in under-reporting. We would recommend keeping the wording 'mental health condition', as opposed to 'mental illness' or 'mental health problem', as the change would increase the unease respondents feel when choosing this option, even if it makes it less ambiguous.

Respondents were generally happy with the wording of the individual response options and knew which ones to apply to their condition. However, respondents with Autistic Spectrum Disorder recorded their condition in a variety of ways and no one common response option was identified. Some felt it was appropriate to place the condition in the 'learning disability' or 'learning difficulty or developmental disorder' categories, one respondent felt that 'mental health condition' was the most suitable option, while another ticked 'no condition' as they saw the condition as a difference from the norm rather than a disability or difficulty. Others chose to include the condition in the 'other' option and to write it in the box. While a range of response options were selected, the respondents did tend to be happy with the wording of the option they had chosen. As the condition is a 'spectrum', it covers a wide spread of severity, meaning that those who are higher-functioning may have a very different perception of the condition than those at the other end of the spectrum. Autistic Spectrum Disorder sometimes presents alongside other conditions, such as dyspraxia, which further complicates the matter. Given that the question is subjective, this is not entirely unexpected.

The 'other condition' write in option

Respondents did use the write in space next to the 'other' response option. They did so for a number of reasons and, as a result, we would recommend that the 'other condition' write in option in this question remains.

There were occasions when respondents did not find a definitive response option to describe their condition. This was common in the case of conditions that are complicated and do not clearly fit into a category. For example, Autistic Spectrum Disorder, noted above.

Others felt that, even though they knew which category their health condition would come under, the broadness of the categories may not yield information that was that useful. By writing in their condition, they felt they could be much more specific and helpful.

A less predominant view was that when something affects a person's life to the extent that, for example, epilepsy can, the response options were simply too broad. They did not want to be categorised with a large number of people into a definition such as 'long term illness, disease or condition'.

"...the condition my son has is epilepsy, so I've got a kind of axe to grind about that maybe...people can have a specific condition that affects their life, they might feel that they would like to see it on a piece of paper or be able to enter it in and not be bracketed in some big huge group."

For those respondents who did use the write in box, some found it problematic that there was not more space. For example, they could not write in more than one condition or provide a slightly fuller description of their condition and consequently

left health conditions out. Although we are aware that there is limited space in the form, if there were an extra line available we would recommend increasing the write in box to two lines.

2.4 Q21 – whether day-to-day activities are limited because of a long-term health problem or disability

Respondents indicated that they found this question straightforward to answer and there did not appear to be any issues surrounding the understanding or interpretation of the question. Furthermore, respondents did tend to notice that they should include problems related to old age.

Overall, respondents were able to answer this question with little deliberation and those who did feel that they were limited did not seem to have a problem distinguishing whether their condition(s) limits them 'a little' or 'a lot'.

However, and as discussed above in relation to question 19, the question is subjective in nature and responses will depend both on people's definition of 'limited' and their point of reference, e.g. whether or not their condition has prevented them from doing things that they were previously able to do. While little can be done to avoid this, it should be noted that this will lead to people with the same limiting factor variously describing themselves as 'not limited', 'limited a little' and 'limited a lot'. For example, one respondent who is unable to drive due to being epileptic, but who had not driven prior to diagnosis, indicated that his day-to-day activities were not limited. He suggested that, had he had a car previously, he might have said that he was 'limited a little'. In contrast, it is possible that someone who has had to change job or even career as a result of no longer being able to drive would say that they are 'limited a lot'.

2.5 Conclusions

The main aim of the study was to test whether the questions relating to health and disability are answered accurately and willingly by respondents, and what changes might be required to improve data quality and/or the acceptability of the question.

The testing showed that the questions were answered willingly by respondents, although, as mentioned above, the fact that respondents agreed to participate in the research means that our sample is likely to be biased towards people who do not object to being asked personal questions.

Whether the questions were answered accurately, particularly, Q19 and Q21, is more difficult to judge as the questions are subjective in nature and there is no 'right' or 'wrong' answer. This is unavoidable for such questions and, as long as GROS are aware of the limitations of the data obtained, this should not be a problem.

Respondents did not have problems understanding the questions or with the wording used for the health conditions and disabilities listed in Q20. Therefore, we are not recommending any changes to the wording or the format of the questions except to increase the size of the write in box next to the 'other' response option if space allows.

ANNEX A: THE TOPIC GUIDE

Cognitive question testing the language and health questions

Topic Guide – FINAL VERSION

Introduction

Introduce self, Ipsos MORI

If you have a colleague with you, explain that they are here to observe you. Research commissioned by the General Register Office for Scotland – the organisation that runs the Census – which involves talking to members of the public to understand how they would answer revised possible questions for Scotland's 2011 Census and other Scottish official statistics.

Information about importance of Census (e.g. it is used by government, health authorities and many other organisations to allocate resources, tackle discrimination and plan services for everyone.)

Thank participants for agreeing to be interviewed; mention should take around 45 minutes to an hour.

*Anonymity of respondents and MRS (Market Research Society) code of conduct
Permission to record, explain how it will be used.*

Completing the Census questions

We would like you to complete this form. I'd like you to work through it as if this is the day of the Census and you have just received this form through your door. Please complete the form as you would if I was not here. Just work at your own pace. This is not a test.

Respondent completes form for themselves up to and including Q21. If recruited as parent/carer of someone with a long term health condition, they complete form for themselves (up to Q21) and for the household member with the condition (up to Q21).

*In general throughout the questionnaire, note any comments made
expressions or body language.*

Q19 How is your health in general?

How did you find this question?

How easy or difficult was it to answer?

How did you decide which box to tick?

What sort of person do you think might tick [choose response options on either side of the one they selected e.g. 'good' if ticked 'very good', and 'fair' and 'very bad' if ticked 'bad']?

How do you feel about being asked this question?

Do you think it's an ok question to have in the census?

Q20 Do you have any of the following conditions.....?

(will adapt according to whether we are asking about respondent themselves or about other household member if they are parent/carer of someone with a condition - but would be too confusing to include all the permutations of phrasing)

If left blank:

How did you find this question?

Why did you not answer the question?

Did you think about ticking any of the boxes?

Do you have any health conditions at all? *(Probe if yes: why did you not include this?)*

If you were filling this out for other members of your household, would you tick any of the boxes? (*Probe on which ones and how decide*)

How do you feel about being asked this question?

Do you think it's an ok question to have in the census?

If ticked 'no'

How did you find this question?

How easy or difficult was it to answer?

How did you decide which box(es) to tick?

Did you think about ticking any of the other boxes?

Do you have any health conditions at all? (*Probe if yes: why did you not include this?*)

If you were filling this out for other members of your household, would you tick any of the boxes? (*Probe on which ones and how decide*)

How do you feel about being asked this question?

Do you think it's an ok question to have in the census?

If ticked a condition

How did you find this question?

How easy or difficult was it to answer?

How did you decide which box(es) to tick?

What particular condition(s) do you have?

(For each condition) Do you think [response option wording] is a good description of it?

(For each condition) Would you prefer a different wording?

(For each condition) Did you think about ticking any of the other boxes to describe [particular condition] ? *(Probe on any obvious alternatives to the box they ticked)*

(If wrote in 'other')

Did you think about ticking any of the other boxes to describe [particular condition]? *(Probe on any obvious alternatives to the box they ticked)*

Why did you decide to write in instead?

What do you think you would have done if there was no box for 'other condition'? *(Probe: would you have ticked another box instead?)*

How would you have felt about that?

(For each condition)

How long have you had [particular condition]?

If less than 12 months: Do you know how long it is expected to last?

Did you notice the bit about '12 months'? *[Probe: did you take this in to consideration when answering the question?]*

Did you notice you could tick more than one box?

Did you think about ticking any of the other boxes?

Do you have any other health conditions at all? *(Probe if yes: why did you not include this?)*

If you were filling this out for other members of your household, would you tick any of the boxes? *(Probe on which ones and how decide)*

How do you feel about being asked this question?

Do you think it's an ok question to have in the census?

Q21 – Are your day to day activities limited.....?

How did you find this question?

How easy or difficult was it to answer?

How did you decide which box to tick?

Did you consider ticking any of the other boxes?

If ticked yes

In what ways are your activities limited?

How did you decide between 'limited a lot' and 'limited a little'?

How long have you had [condition that is limiting the activities]?

If less than 12 months: Do you know how long it is expected to last?

Did you notice the bit about '12 months'?

If ticked yes but no condition mentioned at Q20

Why didn't you include this at the previous question?

If don't seem to have included a condition mentioned at Q20

What about your [condition]? Does that limit your day to day activities at all?

If older

Did you notice the bit about including problems related to old age?

If no: would you have answered differently if you had noticed this?

How do you feel about being asked this question?

Do you think it's an ok question to have in the census?

THANK RESPONDENT

Is there anything else that you would like to say, that hasn't already been mentioned?

We would like to thank you for taking part and remind you that the findings will be used by the Scottish Government to improve wording of the next Census.

ANNEX B: THE QUESTIONNAIRE

Version 1 of the questionnaire

Person 1 - Individual questions continued

16 Which of these can you do?
 ↻ Tick all that apply.

| | English | Scottish Gaelic | Scots |
|------------|--------------------------|--------------------------|--------------------------|
| Understand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speak | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Read | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Write | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

or
 None of these

17 How well can you speak English?
 Very well Well Not well Not at all

18 Do you use a language other than English at home?
 ↻ Tick all that apply.

No, English only
 Yes, British Sign Language
 Yes, other(s) - please write in

19 How is your health in general?
 Very good Good Fair Bad Very bad

20 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?
 ↻ Tick all that apply.

Deafness or partial hearing loss
 Blindness or partial sight loss
 Learning disability
 Learning difficulty or developmental disorder
 Physical disability
 Mental health condition
 Long-term illness or disease
 Other condition, please write in

No

21 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
 ↻ Include problems related to old age.

Yes, limited a lot
 Yes, limited a little
 No

22 There are no more questions for Person 1.


↻ If there are no more people in your household you do not need to answer any more questions; please leave the following pages blank.

↻ Remember to sign the declaration on page 1.

↻ Otherwise, go to questions for Person 2.

Version 2 of Q20

20 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?

 Tick all that apply.

- Deafness or partial hearing loss
- Blindness or partial sight loss
- Learning disability
- Learning difficulty or developmental disorder
- Physical disability
- Mental health condition
- Long-term illness, disease or condition
- Other condition, please write in

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- No condition