Family Quality of Life Survey
Main caregivers of people with intellectual or developmental disabilities

Variable Descriptions and Instructions for Scoring
November 1, 2007

What is a variable?

A **variable** is something constructed in statistics that contains the responses to a specific piece of information, such as a question or an observation. It is called a variable because the information it contains usually varies from one respondent to another. We have created one variable for each question or sub-question on the *Family Quality of Life Survey: Main caregivers of people with intellectual disabilities (FQOL Survey).* These are described below in this document.

How are the variables described?

1. *The variables are numbered*

All the variables are numbered from the beginning to the end of the *FQOL Survey*. The variables have also been entered or "defined" in the statistical program SPSS, and they are numbered in SPSS in the same way they are numbered below. The SPSS file can be downloaded free of charge at: http://www.surreyplace.on.ca/Home.aspx?PageID=345&mid=_ctl0_MainMenu__ctl1-menuItem009-subMenu-menuItem001

2. *The variables are named*

SPSS requires that all variables have variable labels, or names. These can only be up to 8 characters long and must begin with a letter, so a "short form" has to be devised. The variable names used for the *FQOL Survey* are shortened as follows:

- The first character is S, indicating that it is a variable from the **FQOL Survey**. Those doing data analysis will create their own additional variables, which can begin with another letter to differentiate them.

- The next character(s) indicates **the part of the FQOL Survey** the question is from. The number 0 is used for About Your Family, 1 is used for Health of the Family, 2 is used for Financial Well-Being, and so on. The number 10 is used for the final section, Overall Family Quality of Life. For example, S2A6A is a question in the Financial Well-Being section.

- The next character indicates, for parts 1-9, **Section A or Section B**. For example, S2A6A is in Section A of Financial Well-Being.

- The next character indicates the **question number** and, if necessary, whether it is part a, part b, part c, and so on – of the question. For example, S2A6A is question 6a in Part A of the Financial Well-Being section.

- If there is more than one person, the **person number** (first person, second person, etc.) are identified next.

- The remaining characters are used to identify **subsections of questions** in a logical way. The letter S is used when respondents are asked to specify.

3. The variables are described in words

A short description of the variable is provided. This description, called the value label in SPSS, will appear on the SPSS output if the variable is used in data analysis. Value Labels are limited to 60 characters and, as a result, often contain abbreviations.

4. *The variables are described by type*

There are two types of variables: string and numeric. *String variables* are words, phrases, or sentences containing information that respondents provide. They have no numeric value. *Numeric variables*, on the other hand, are always assigned numeric values. They can be categorical (e.g., yes=1 and no=2), ordinal (e.g., none=1, some=2, a lot=3), or scale (e.g., age).

5. *Values are given for numeric variables*

For all numeric variables, the numeric values and their corresponding responses (labels) are described. For example:

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

6. *Brief scoring instructions are given for each variable*

Some variables are scored the same way as others, but many have unique scoring. Brief instructions are provided for each variable.

Notes on scoring

1. There may be no data for some variables. For example, there are four variables for siblings of the person with intellectual disability, but that person may only have two siblings. In this case, the first and second variables would be used, but the third and fourth variables would not be used.

2. Scores need to be entered into SPSS very carefully, because the values sometimes ascend (e.g., 1, 2, 3, 4) and at other times descend (5, 4, 3, 2, 1). If there is no apparent value difference in a variable's response options (e.g., mother, father, siblings), the scoring is usually in ascending order. However, if a variable's response options are listed from most desirable to least desirable, the scoring is usually in descending order.

3. For table style or grid pattern responses, the variable order and number must be carefully followed when entering data. Typically, the order is from left to right.

4. Some questions have multiple responses, that is, they say "check all that apply." Some are scored yes/no; others should be scored according to the following example (see instructions for variables):

   2b. If not all, why are some of your health needs not being met? (check ✓ as many as apply)
   ___ Long wait for service
   ___ No known treatment for health concern
   ___ Services not available in my area
   ___ Transportation is a problem
   ✓ We cannot get to appointments easily, we have trouble getting around
   ✓ We do not know where to go for health care services
   ___ We do not understand easily what health care professionals say
   ___ We have different beliefs about health care
   ___ Other (specify)

These responses would be scored and entered into SPSS as follows:

Variable Names	Value to be entered
S1A31	5
S1A32	6
S1A33	no entry
S1A34	no entry

Also note that, for this question, only 4 variables were created, as more than four would not normally be selected. However, additional variables may be created if they are needed, using the same logic for assigning the characters.

Additional variables

It is recognized that some additional variables may be made to reflect research needs, or cultural and social differences throughout the world. Such additions may be made in SPSS, but the names of additional variables should begin with a letter other than S to avoid confusion when comparing data among research sites.

Researcher's notes

Variables Used in the FQOL Survey

Number: 1
Name: PARTICIP
Description: Participants ID
Type: Numeric
Instructions: Assign your own identification numbers. Typically, these would begin at 1.

Number: 2
Name: SITE
Description: Survey site
Type: String
Instructions: Enter the name of the organization or place where the study is centred.

Number: 3
Name: DATE
Description: day, month, year
Type: Numeric
Instructions: Date the Survey was completed.

Number: 4
Name: COUNTRY
Description: Country
Type: Numeric
Instructions: Enter the number corresponding to the name of the country where the data was collected.

Value	Label
1	Canada
2	Israel
3	China
4	Taiwan
5	Netherlands
6	Mexico
7	Italy
8	Japan
9	Malaysia
10	Australia
11	Korea
12	Spain
13	USA
14	England
15	Belgium
16	Bosnia
17	Slovenia
18	Poland
19	Iran
20	Ireland

Number: 5
Name: METHOD
Description: Method of Completion
Type: Numeric
Instructions: Enter the number corresponding to one of the four methods of collecting the data.

Value	Label
1	self administered by main caregiver
2	face to face
3	telephone administration
4	group

Number: 6
Name: INTERVWR
Description: Interviewer's name (first and last)
Type: String
Instructions: Enter the interviewer's first and last names.

Number: 7
Name: INT_OCCU
Description: Interviewer's occupation
Type: String
Instructions: Enter the interviewer's occupation.

Number: 8
Name: INT_WORK
Description: Interviewer's institute or organization of study / work
Type: String
Instructions: Enter a word or a few words to describe where the interviewer works.

Number: 9
Name: FOLLOWUP
Description: Follow-up Interview?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no.

Value	Label
1	yes
2	no

ABOUT YOUR FAMILY

Number: 10
Name: S01
Description: Relationship to Person with ID
Type: String
Instructions: Enter a word or a few words to describe your relationship to the person with ID.

Number: 11
Name: S021a
Description: Person 1 with ID Gender
Type: Numeric
Instructions: Enter the number that corresponds to male or female.

Value	Label
1	male
2	female

Number: 12
Name: S021b
Description: Person 1 with ID Age
Type: Numeric
Instructions: Enter the age the person with ID attained as of his/her immediate past birthday.

Number: 13
Name: S021c
Description: Person 1 with ID at Home?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no.

Value	Label
1	yes
2	no

Number: 14
Name: S022a
Description: Person 2 with ID Gender
Type: Numeric
Instructions: Enter the number that corresponds to male or female.

Value	Label
1	male
2	female

Number: 15
Name: S022b
Description: Person 2 with ID Age
Type: Numeric
Instructions: Enter the age the person with ID attained as of his/her immediate past birthday.

Number: 16
Name: S022c
Description: Person 2 with ID at Home?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no.

Value	Label
1	yes
2	no

Number: 17
Name: S023a
Description: Person 3 with ID Gender
Type: Numeric
Instructions: Enter the number that corresponds to male or female.

      Value   Label
      1   male
      2   female

Number: 18
Name: S023b
Description: Person 3 with ID Age
Type: Numeric
Instructions: Enter the age the person with ID attained as of his/her immediate past birthday.

Number: 19
Name: S023c
Description: Person 3 with ID at Home?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no.

      Value   Label
      1   yes
      2   no

Number: 20
Name: S03a1a
Description: Person, 1 first diagnosis
Type: Numeric
Instructions: Enter the number that corresponds to one of the 14 categories below.

      Value   Label
      1   Intellectual disability – cause unknown
      2   Autism Spectrum Disorder
      3   PDD (Pervasive Developmental Disability)
      4   Down syndrome
      5   Prader-Willi syndrome
      6   Fragile X syndrome
      7   Williams syndrome
      8   Rett syndrome
      9   PKU (Phenylketonuria)
      10   Dual diagnosis
      11   Cerebral Palsy
      12   Fetal Alcohol Spectrum Disorder
      13   Other -1
      14   Other -2

Number: 21
Name: S03a1b
Description: Person 1, second diagnosis
Type: Numeric
Instructions: Use this variable only if a second option is checked. Enter the number that corresponds to one of the 14 categories below.

Value	Label
1	Intellectual disability – cause unknown
2	Autism Spectrum Disorder
3	PDD (Pervasive Developmental Disability)
4	Down syndrome
5	Prader-Willi syndrome
6	Fragile X syndrome
7	Williams syndrome
8	Rett syndrome
9	PKU (Phenylketonuria)
10	Dual diagnosis
11	Cerebral Palsy
12	Fetal Alcohol Spectrum Disorder
13	Other -1
14	Other -2

Number: 22
Name: S03a1c
Description: Person 1, third diagnosis
Type: Numeric
Instructions: Use this variable only if a third option is checked. Enter the number that corresponds to one of the 14 categories below.

Value	Label
1	Intellectual disability – cause unknown
2	Autism Spectrum Disorder
3	PDD (Pervasive Developmental Disability)
4	Down syndrome
5	Prader-Willi syndrome
6	Fragile X syndrome
7	Williams syndrome
8	Rett syndrome
9	PKU (Phenylketonuria)
10	Dual diagnosis
11	Cerebral Palsy
12	Fetal Alcohol Spectrum Disorder
13	Other -1
14	Other -2

Number: 23
Name: S03a1d
Description: Person 1, fourth diagnosis
Type: Numeric
Instructions: Use this variable only if a fourth option is checked. Enter the number that corresponds to one of the 14 categories below.

Value	Label
1	Intellectual disability – cause unknown
2	Autism Spectrum Disorder
3	PDD (Pervasive Developmental Disability)
4	Down syndrome
5	Prader-Willi syndrome
6	Fragile X syndrome
7	Williams syndrome
8	Rett syndrome
9	PKU (Phenylketonuria)
10	Dual diagnosis
11	Cerebral Palsy
12	Fetal Alcohol Spectrum Disorder
13	Other -1
14	Other -2

Number: 24
Name: S03a1e
Description: Person 1, fifth diagnosis
Type: Numeric
Instructions: Use this variable only if a fifth option is checked. Enter the number that corresponds to one of the 14 categories below.

Value	Label
1	Intellectual disability – cause unknown
2	Autism Spectrum Disorder
3	PDD (Pervasive Developmental Disability)
4	Down syndrome
5	Prader-Willi syndrome
6	Fragile X syndrome
7	Williams syndrome
8	Rett syndrome
9	PKU (Phenylketonuria)
10	Dual diagnosis
11	Cerebral Palsy
12	Fetal Alcohol Spectrum Disorder
13	Other -1
14	Other -2

Number: 25
Name: S03a1Sa
Description: Person 1, other diagnosis, first specify
Type: String
Instructions: Use only if one "other" is checked. Enter a word or a few words that best describe the other diagnosis.

Number: 26
Name: S03a1Sb
Description: Person 1, other diagnosis, second specify
Type: String
Instructions: Use only if a second "other" is checked. Enter a word or a few words that best describe the other diagnosis.

Number: 27
Name: S03a2a
Description: Person 2, first diagnosis
Type: Numeric
Instructions: Enter the number that corresponds to one of the 14 categories below.

Value	Label
1	Intellectual disability – cause unknown
2	Autism Spectrum Disorder
3	PDD (Pervasive Developmental Disability)
4	Down syndrome
5	Prader-Willi syndrome
6	Fragile X syndrome
7	Williams syndrome
8	Rett syndrome
9	PKU (Phenylketonuria)
10	Dual diagnosis
11	Cerebral Palsy
12	Fetal Alcohol Spectrum Disorder
13	Other -1
14	Other -2

Number: 28
Name: S03a2b
Description: Person 2, second diagnosis
Type: Numeric
Instructions: Use this variable only if a second option is checked. Enter the number that corresponds to one of the 14 categories below.

Value	Label
1	Intellectual disability – cause unknown
2	Autism Spectrum Disorder
3	PDD (Pervasive Developmental Disability)
4	Down syndrome
5	Prader-Willi syndrome
6	Fragile X syndrome
7	Williams syndrome
8	Rett syndrome
9	PKU (Phenylketonuria)
10	Dual diagnosis
11	Cerebral Palsy
12	Fetal Alcohol Spectrum Disorder
13	Other -1
14	Other -2

Number: 29
Name: S03a2c
Description: Person 2, third diagnosis
Type: Numeric
Instructions: Use this variable only if a third option is checked. Enter the number that corresponds to one of the 14 categories below.

Value	Label
1	Intellectual disability – cause unknown
2	Autism Spectrum Disorder
3	PDD (Pervasive Developmental Disability)
4	Down syndrome
5	Prader-Willi syndrome
6	Fragile X syndrome
7	Williams syndrome
8	Rett syndrome
9	PKU (Phenylketonuria)
10	Dual diagnosis
11	Cerebral Palsy
12	Fetal Alcohol Spectrum Disorder
13	Other -1
14	Other -2

Number: 30
Name: S03a2d
Description: Person 2, fourth diagnosis
Type: Numeric
Instructions: Use this variable only if a fourth option is checked. Enter the number that corresponds to one of the 14 categories below.

Value	Label
1	Intellectual disability – cause unknown
2	Autism Spectrum Disorder
3	PDD (Pervasive Developmental Disability)
4	Down syndrome
5	Prader-Willi syndrome
6	Fragile X syndrome
7	Williams syndrome
8	Rett syndrome
9	PKU (Phenylketonuria)
10	Dual diagnosis
11	Cerebral Palsy
12	Fetal Alcohol Spectrum Disorder
13	Other -1
14	Other -2

Number: 31
Name: S03a2e
Description: Person 2, fifth diagnosis
Type: Numeric
Instructions: Use this variable only if a fifth option is checked. Enter the number that corresponds to one of the 14 categories below.

Value	Label
1	Intellectual disability – cause unknown
2	Autism Spectrum Disorder
3	PDD (Pervasive Developmental Disability)
4	Down syndrome
5	Prader-Willi syndrome
6	Fragile X syndrome
7	Williams syndrome
8	Rett syndrome
9	PKU (Phenylketonuria)
10	Dual diagnosis
11	Cerebral Palsy
12	Fetal Alcohol Spectrum Disorder
13	Other -1
14	Other -2

Number: 32
Name: S03a2Sa
Description: Person 2, other diagnosis, first specify
Type: String
Instructions: Use only if one "other" is checked. Enter a word or a few words that best describe the other diagnosis.

Number: 33
Name: S03a2Sb
Description: Person 2, other diagnosis, second specify
Type: String
Instructions: Use only if a second "other" is checked. Enter a word or a few words that best describe the other diagnosis.

Number: 34
Name: S03a3a
Description: Person 3, first diagnosis
Type: Numeric
Instructions: Enter the number that corresponds to one of the 14 categories below.

Value	Label
1	Intellectual disability – cause unknown
2	Autism Spectrum Disorder
3	PDD (Pervasive Developmental Disability)
4	Down syndrome
5	Prader-Willi syndrome
6	Fragile X syndrome
7	Williams syndrome
8	Rett syndrome
9	PKU (Phenylketonuria)
10	Dual diagnosis
11	Cerebral Palsy
12	Fetal Alcohol Spectrum Disorder
13	Other -1
14	Other -2

Number: 35
Name: S03a3b
Description: Person 3, second diagnosis
Type: Numeric
Instructions: Use this variable only if a second option is checked. Enter the number that corresponds to one of the 14 categories below.

Value	Label
1	Intellectual disability – cause unknown
2	Autism Spectrum Disorder
3	PDD (Pervasive Developmental Disability)
4	Down syndrome
5	Prader-Willi syndrome
6	Fragile X syndrome
7	Williams syndrome
8	Rett syndrome
9	PKU (Phenylketonuria)
10	Dual diagnosis
11	Cerebral Palsy
12	Fetal Alcohol Spectrum Disorder
13	Other -1
14	Other -2

Number: 36
Name: S03a3c
Description: Person 3, third diagnosis
Type: Numeric
Instructions: Use this variable only if a third option is checked. Enter the number that corresponds to one of the 14 categories below.

Value	Label
1	Intellectual disability – cause unknown
2	Autism Spectrum Disorder
3	PDD (Pervasive Developmental Disability)
4	Down syndrome
5	Prader-Willi syndrome
6	Fragile X syndrome
7	Williams syndrome
8	Rett syndrome
9	PKU (Phenylketonuria)
10	Dual diagnosis
11	Cerebral Palsy
12	Fetal Alcohol Spectrum Disorder
13	Other -1
14	Other -2

Number: 37
Name: S03a3d
Description: Person 3, fourth diagnosis
Type: Numeric
Instructions: Use this variable only if a fourth option is checked. Enter the number that corresponds to one of the 14 categories below.

Value	Label
1	Intellectual disability – cause unknown
2	Autism Spectrum Disorder
3	PDD (Pervasive Developmental Disability)
4	Down syndrome
5	Prader-Willi syndrome
6	Fragile X syndrome
7	Williams syndrome
8	Rett syndrome
9	PKU (Phenylketonuria)
10	Dual diagnosis
11	Cerebral Palsy
12	Fetal Alcohol Spectrum Disorder
13	Other -1
14	Other -2

Number: 38
Name: S03a3e
Description: Person 3, fifth diagnosis
Type: Numeric
Instructions: Use this variable only if a fifth option is checked. Enter the number that corresponds to one of the 14 categories below.

Value	Label
1	Intellectual disability – cause unknown
2	Autism Spectrum Disorder
3	PDD (Pervasive Developmental Disability)
4	Down syndrome
5	Prader-Willi syndrome
6	Fragile X syndrome
7	Williams syndrome
8	Rett syndrome
9	PKU (Phenylketonuria)
10	Dual diagnosis
11	Cerebral Palsy
12	Fetal Alcohol Spectrum Disorder
13	Other -1
14	Other -2

Number: 39
Name: S03a3Sa
Description: Person 3, other diagnosis, first specify
Type: String
Instructions: Use only if one "other" is checked. Enter a word or a few words that best describe the other diagnosis.

Number: 40
Name: S03a3Sb
Description: Person 3, other diagnosis, second specify
Type: String
Instructions: Use only if a second "other" is checked. Enter a word or a few words that best describe the other diagnosis.

Number: 41
Name: S03b1a
Description: Person 1, first other condition
Type: Numeric
Instructions: Use only if one item is checked. Enter the number that corresponds to one of the 16 categories below.

Value	Label
1	Behavioural problems
2	Mood/expression/anxiety problems
3	Severe psychiatric disturbances
4	Problems with motor control/coordination
5	Seizures
6	Alzheimer disease, other types of dementia
7	Major vision impairment
8	Major hearing impairment
9	Sensory integration impairment
10	Speech and or language difficulties
11	Feeding or eating difficulties
12	Heart problems
13	Asthma or other respiratory disease
14	Gastro-intestinal problems
15	Other -1
16	Other -2

Number: 42
Name: S03b1b
Description: Person 1, second other condition
Type: Numeric
Instructions: Use only if a second item is checked. Enter the number that corresponds to one of the 16 categories below.

Value	Label
1	Behavioural problems
2	Mood/expression/anxiety problems
3	Severe psychiatric disturbances
4	Problems with motor control/coordination
5	Seizures
6	Alzheimer disease, other types of dementia
7	Major vision impairment
8	Major hearing impairment
9	Sensory integration impairment
10	Speech and or language difficulties
11	Feeding or eating difficulties
12	Heart problems
13	Asthma or other respiratory disease
14	Gastro-intestinal problems
15	Other -1
16	Other -2

Number: 43
Name: S03b1c
Description: Person 1, third other condition
Type: Numeric
Instructions: Use only if a third item is checked. Enter the number that corresponds to one of the 16 categories below.

Value	Label
1	Behavioural problems
2	Mood/expression/anxiety problems
3	Severe psychiatric disturbances
4	Problems with motor control/coordination
5	Seizures
6	Alzheimer disease, other types of dementia
7	Major vision impairment
8	Major hearing impairment
9	Sensory integration impairment
10	Speech and or language difficulties
11	Feeding or eating difficulties
12	Heart problems
13	Asthma or other respiratory disease
14	Gastro-intestinal problems
15	Other -1
16	Other -2

Number: 44
Name: S03b1d
Description: Person 1, fourth other condition
Type: Numeric
Instructions: Use only if a fourth item is checked. Enter the number that corresponds to one of the 16 categories below.

Value	Label
1	Behavioural problems
2	Mood/expression/anxiety problems
3	Severe psychiatric disturbances
4	Problems with motor control/coordination
5	Seizures
6	Alzheimer disease, other types of dementia
7	Major vision impairment
8	Major hearing impairment
9	Sensory integration impairment
10	Speech and or language difficulties
11	Feeding or eating difficulties
12	Heart problems
13	Asthma or other respiratory disease
14	Gastro-intestinal problems
15	Other -1
16	Other -2

Number: 45
Name: S03b1e
Description: Person 1, fifth other condition
Type: Numeric
Instructions: Use only if a fifth item is checked. Enter the number that corresponds to one of the 16 categories below.

Value	Label
1	Behavioural problems
2	Mood/expression/anxiety problems
3	Severe psychiatric disturbances
4	Problems with motor control/coordination
5	Seizures
6	Alzheimer disease, other types of dementia
7	Major vision impairment
8	Major hearing impairment
9	Sensory integration impairment
10	Speech and or language difficulties
11	Feeding or eating difficulties
12	Heart problems
13	Asthma or other respiratory disease
14	Gastro-intestinal problems
15	Other -1
16	Other -2

Number: 46
Name: S03b1f
Description: Person 1, sixth other conditions
Type: Numeric
Instructions: Use only if a sixth item is checked. Enter the number that corresponds to one of the 16 categories below.

Value	Label
1	Behavioural problems
2	Mood/expression/anxiety problems
3	Severe psychiatric disturbances
4	Problems with motor control/coordination
5	Seizures
6	Alzheimer disease, other types of dementia
7	Major vision impairment
8	Major hearing impairment
9	Sensory integration impairment
10	Speech and or language difficulties
11	Feeding or eating difficulties
12	Heart problems
13	Asthma or other respiratory disease
14	Gastro-intestinal problems
15	Other -1
16	Other -2

Number: 47
Name: S03b1g
Description: Person 1, seventh other condition
Type: Numeric
Instructions: Use only if a seventh item is checked. Enter the number that corresponds to one of the 16 categories below.

Value	Label
1	Behavioural problems
2	Mood/expression/anxiety problems
3	Severe psychiatric disturbances
4	Problems with motor control/coordination
5	Seizures
6	Alzheimer disease, other types of dementia
7	Major vision impairment
8	Major hearing impairment
9	Sensory integration impairment
10	Speech and or language difficulties
11	Feeding or eating difficulties
12	Heart problems
13	Asthma or other respiratory disease
14	Gastro-intestinal problems
15	Other -1
16	Other -2

Number: 48
Name: S03b1Sa
Description: Person 1, "Other" other condition, first specify
Type: String
Instructions: Use only if one "other" is checked. Enter a word or a few words that best describe the other diagnosis.

Number: 49
Name: S03b1Sb
Description: Person 1, "Other" other condition, second specify
Type: String
Instructions: Use only if a second "other" is checked. Enter a word or a few words that best describe the other diagnosis.

Number: 50
Name: S03b2a
Description: Person 2, first other condition
Type: Numeric
Instructions: Use only if one item is checked. Enter the number that corresponds to one of the 16 categories below.

	Value	Label
	1	Behavioural problems
	2	Mood/expression/anxiety problems
	3	Severe psychiatric disturbances
	4	Problems with motor control/coordination
	5	Seizures
	6	Alzheimer disease, other types of dementia
	7	Major vision impairment
	8	Major hearing impairment
	9	Sensory integration impairment
	10	Speech and or language difficulties
	11	Feeding or eating difficulties
	12	Heart problems
	13	Asthma or other respiratory disease
	14	Gastro-intestinal problems
	15	Other -1
	16	Other -2

Number: 51
Name: S03b2b
Description: Person 2, second other condition
Type: Numeric
Instructions: Use only if a second item is checked. Enter the number that corresponds to one of the 16 categories below.

	Value	Label
	1	Behavioural problems
	2	Mood/expression/anxiety problems
	3	Severe psychiatric disturbances
	4	Problems with motor control/coordination
	5	Seizures
	6	Alzheimer disease, other types of dementia
	7	Major vision impairment
	8	Major hearing impairment
	9	Sensory integration impairment
	10	Speech and or language difficulties
	11	Feeding or eating difficulties
	12	Heart problems
	13	Asthma or other respiratory disease
	14	Gastro-intestinal problems
	15	Other -1
	16	Other -2

Number: 52
Name: S03b2c
Description: Person 2, third other condition
Type: Numeric
Instructions: Use only if a third item is checked. Enter the number that corresponds to one of the 16 categories below.

Value	Label
1	Behavioural problems
2	Mood/expression/anxiety problems
3	Severe psychiatric disturbances
4	Problems with motor control/coordination
5	Seizures
6	Alzheimer disease, other types of dementia
7	Major vision impairment
8	Major hearing impairment
9	Sensory integration impairment
10	Speech and or language difficulties
11	Feeding or eating difficulties
12	Heart problems
13	Asthma or other respiratory disease
14	Gastro-intestinal problems
15	Other -1
16	Other -2

Number: 53
Name: S03b2d
Description: Person 2, fourth other condition
Type: Numeric
Instructions: Use only if a fourth item is checked. Enter the number that corresponds to one of the 16 categories below.

Value	Label
1	Behavioural problems
2	Mood/expression/anxiety problems
3	Severe psychiatric disturbances
4	Problems with motor control/coordination
5	Seizures
6	Alzheimer disease, other types of dementia
7	Major vision impairment
8	Major hearing impairment
9	Sensory integration impairment
10	Speech and or language difficulties
11	Feeding or eating difficulties
12	Heart problems
13	Asthma or other respiratory disease
14	Gastro-intestinal problems
15	Other -1
16	Other -2

Number: 54
Name: S03b2e
Description: Person 2, fifth other condition
Type: Numeric
Instructions: Use only if a fifth item is checked. Enter the number that corresponds to one of the 16 categories below.

Value	Label
1	Behavioural problems
2	Mood/expression/anxiety problems
3	Severe psychiatric disturbances
4	Problems with motor control/coordination
5	Seizures
6	Alzheimer disease, other types of dementia
7	Major vision impairment
8	Major hearing impairment
9	Sensory integration impairment
10	Speech and or language difficulties
11	Feeding or eating difficulties
12	Heart problems
13	Asthma or other respiratory disease
14	Gastro-intestinal problems
15	Other -1
16	Other -2

Number: 55
Name: S03b2f
Description: Person 2, sixth other conditions
Type: Numeric
Instructions: Use only if a sixth item is checked. Enter the number that corresponds to one of the 16 categories below.

Value	Label
1	Behavioural problems
2	Mood/expression/anxiety problems
3	Severe psychiatric disturbances
4	Problems with motor control/coordination
5	Seizures
6	Alzheimer disease, other types of dementia
7	Major vision impairment
8	Major hearing impairment
9	Sensory integration impairment
10	Speech and or language difficulties
11	Feeding or eating difficulties
12	Heart problems
13	Asthma or other respiratory disease
14	Gastro-intestinal problems
15	Other -1
16	Other -2

Number: 56
Name: S03b2g
Description: Person 2, seventh other condition
Type: Numeric
Instructions: Use only if a seventh item is checked. Enter the number that corresponds to one of the 16 categories below.

Value	Label
1	Behavioural problems
2	Mood/expression/anxiety problems
3	Severe psychiatric disturbances
4	Problems with motor control/coordination
5	Seizures
6	Alzheimer disease, other types of dementia
7	Major vision impairment
8	Major hearing impairment
9	Sensory integration impairment
10	Speech and or language difficulties
11	Feeding or eating difficulties
12	Heart problems
13	Asthma or other respiratory disease
14	Gastro-intestinal problems
15	Other -1
16	Other -2

Number: 57
Name: S03b2Sa
Description: Person 2, "Other" other condition, first specify
Type: String
Instructions: Use only if one "other" is checked. Enter a word or a few words that best describe the other diagnosis.

Number: 58
Name: S03b2Sb
Description: Person 2, "Other" other condition, second specify
Type: String
Instructions: Use only if a second "other" is checked. Enter a word or a few words that best describe the other diagnosis.

Number: 59
Name: S03b3a
Description: Person 3, first other condition
Type: Numeric
Instructions: Use only if one item is checked. Enter the number that corresponds to one of the 16 categories below.

Value	Label
1	Behavioural problems
2	Mood/expression/anxiety problems
3	Severe psychiatric disturbances
4	Problems with motor control/coordination
5	Seizures
6	Alzheimer disease, other types of dementia
7	Major vision impairment
8	Major hearing impairment
9	Sensory integration impairment
10	Speech and or language difficulties
11	Feeding or eating difficulties
12	Heart problems
13	Asthma or other respiratory disease
14	Gastro-intestinal problems
15	Other -1
16	Other -2

Number: 60
Name: S03b3b
Description: Person 3, second other condition
Type: Numeric
Instructions: Use only if a second item is checked. Enter the number that corresponds to one of the 16 categories below.

Value	Label
1	Behavioural problems
2	Mood/expression/anxiety problems
3	Severe psychiatric disturbances
4	Problems with motor control/coordination
5	Seizures
6	Alzheimer disease, other types of dementia
7	Major vision impairment
8	Major hearing impairment
9	Sensory integration impairment
10	Speech and or language difficulties
11	Feeding or eating difficulties
12	Heart problems
13	Asthma or other respiratory disease
14	Gastro-intestinal problems
15	Other -1
16	Other -2

Number: 61
Name: S03b3c
Description: Person 3, third other condition
Type: Numeric
Instructions: Use only if a third item is checked. Enter the number that corresponds to one of the 16 categories below.

Value	Label
1	Behavioural problems
2	Mood/expression/anxiety problems
3	Severe psychiatric disturbances
4	Problems with motor control/coordination
5	Seizures
6	Alzheimer disease, other types of dementia
7	Major vision impairment
8	Major hearing impairment
9	Sensory integration impairment
10	Speech and or language difficulties
11	Feeding or eating difficulties
12	Heart problems
13	Asthma or other respiratory disease
14	Gastro-intestinal problems
15	Other -1
16	Other -2

Number: 62
Name: S03b3d
Description: Person 3, fourth other condition
Type: Numeric
Instructions: Use only if a fourth item is checked. Enter the number that corresponds to one of the 16 categories below.

Value	Label
1	Behavioural problems
2	Mood/expression/anxiety problems
3	Severe psychiatric disturbances
4	Problems with motor control/coordination
5	Seizures
6	Alzheimer disease, other types of dementia
7	Major vision impairment
8	Major hearing impairment
9	Sensory integration impairment
10	Speech and or language difficulties
11	Feeding or eating difficulties
12	Heart problems
13	Asthma or other respiratory disease
14	Gastro-intestinal problems
15	Other -1
16	Other -2

Number: 63
Name: S03b3e
Description: Person 3, fifth other condition
Type: Numeric

Value	Label
1	Behavioural problems
2	Mood/expression/anxiety problems
3	Severe psychiatric disturbances
4	Problems with motor control/coordination
5	Seizures
6	Alzheimer disease, other types of dementia
7	Major vision impairment
8	Major hearing impairment
9	Sensory integration impairment
10	Speech and or language difficulties
11	Feeding or eating difficulties
12	Heart problems
13	Asthma or other respiratory disease
14	Gastro-intestinal problems
15	Other -1
16	Other -2

Number: 64
Name: S03b3f
Description: Person 3, sixth other conditions
Type: Numeric

Value	Label
1	Behavioural problems
2	Mood/expression/anxiety problems
3	Severe psychiatric disturbances
4	Problems with motor control/coordination
5	Seizures
6	Alzheimer disease, other types of dementia
7	Major vision impairment
8	Major hearing impairment
9	Sensory integration impairment
10	Speech and or language difficulties
11	Feeding or eating difficulties
12	Heart problems
13	Asthma or other respiratory disease
14	Gastro-intestinal problems
15	Other -1
16	Other -2

Number: 65
Name: S03b3g
Description: Person 3, seventh other condition
Type: Numeric
Instructions: Use only if a seventh item is checked. Enter the number that corresponds to one of the 16 categories below.

Value	Label
1	Behavioural problems
2	Mood/expression/anxiety problems
3	Severe psychiatric disturbances
4	Problems with motor control/coordination
5	Seizures
6	Alzheimer disease, other types of dementia
7	Major vision impairment
8	Major hearing impairment
9	Sensory integration impairment
10	Speech and or language difficulties
11	Feeding or eating difficulties
12	Heart problems
13	Asthma or other respiratory disease
14	Gastro-intestinal problems
15	Other -1
16	Other -2

Number: 66
Name: S03b3Sa
Description: Person 3, "Other" other condition, first specify
Type: String
Instructions: Use only if one "other" is checked. Enter a word or a few words that best describe the other diagnosis.

Number: 67
Name: S03b3Sb
Description: Person 3, "Other" other condition, second specify
Type: String
Instructions: Use only if a second "other" is checked. Enter a word or a few words that best describe the other diagnosis.

Number: 68
Name: S03C
Description: Description of 3b Other Conditions
Type: String
Instructions: Enter phrase(s) or sentence(s) to describe the severity or type of condition(s) checked in 3b.

Number: 69
Name: S041
Description: Person 1, Level of Support Needed
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Requires support for almost all aspects of life
2	Requires support for most, but not all, aspects of life
3	Requires support for some aspects of life
4	Requires support for only a few aspects of life
5	Does not require support

Number: 70
Name: S042
Description: Person 2, Level of Support Needed
Type: Numeric

Value	Label
1	Requires support for almost all aspects of life
2	Requires support for most, but not all, aspects of life
3	Requires support for some aspects of life
4	Requires support for only a few aspects of life
5	Does not require support

Number: 71
Name: S043
Description: Person 3 Level of Support Needed
Type: Numeric

Value	Label
1	Requires support for almost all aspects of life
2	Requires support for most, but not all, aspects of life
3	Requires support for some aspects of life
4	Requires support for only a few aspects of life
5	Does not require support

Number: 72
Name: S051
Description: Person 1 Level of Communication
Type: Numeric

Value	Label
1	Very little meaningful communication
2	Communicate basic needs and wants
3	Communicate needs, wants, and some ideas in a meaningful way
4	Communicate within a limited range of topics in a meaningful way
5	Communicate about a wide variety of topics in a meaningful way

Number: 73
Name: S052
Description: Person 2 Level of Communication
Type: Numeric

Value	Label
1	Very little meaningful communication
2	Communicate basic needs and wants
3	Communicate needs, wants, and some ideas in a meaningful way
4	Communicate within a limited range of topics in a meaningful way
5	Communicate about a wide variety of topics in a meaningful way

Number: 74
Name: S053
Description: Person 3 Level of Communication
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Very little meaningful communication
2	Communicate basic needs and wants
3	Communicate needs, wants, and some ideas in a meaningful way
4	Communicate within a limited range of topics in a meaningful way
5	Communicate about a wide variety of topics in a meaningful way

Number: 75
Name: S06
Description: Other information about Person w ID
Type: String
Instructions: Enter phrase(s) or sentence(s) recorded on the Survey form.

Number: 76
Name: S07
Description: One-Parent or Two-Parent Family
Type: Numeric
Instructions: Enter the number that corresponds to one of the 3 categories below.

Value	Label
1	one-parent family
2	two-parent family
3	other

Number: 77
Name: S07S
Description: Other family type, specify
Type: String
Instructions: Enter brief description of family type.

Number: 78
Name: S081a
Description: Adult 1
Type: Numeric
Instructions: Enter the number that corresponds to one of the 9 categories below.

Value	Label
1	Biological Mother
2	Step Mother
3	Foster Mother
4	Biological Father
5	Step Father
6	Foster Father
7	Sibling
8	Other_1
9	Other_2

Number: 79
Name: S081b
Description: Adult 1 Age
Type: Numeric
Instructions: Enter the age Adult 1 attained as of his/her immediate past birthday.

Number: 80
Name: S081c
Description: Adult 1 at Home?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

      Value   Label
      1   yes
      2   no

Number: 81
Name: S081d
Description: Adult 1 act as Caregiver?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

      Value   Label
      1   yes
      2   no

Number: 82
Name: S082a
Description: Adult 2
Type: Numeric
Instructions: Enter the number that corresponds to one of the 9 categories below.

      Value   Label
      1   Biological Mother
      2   Step Mother
      3   Foster Mother
      4   Biological Father
      5   Step Father
      6   Foster Father
      7   Sibling
      8   Other_1
      9   Other_2

Number: 83
Name: S082b
Description: Adult 2 Age
Type: Numeric
Instructions: Enter the age Adult 2 attained as of his/her immediate past birthday.

Number: 84
Name: S082c
Description: Adult 2 at Home?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

      Value   Label
      1   yes
      2   no

Number: 85
Name: S082d
Description: Adult 2 act as Caregiver?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

      Value   Label
      1   yes
      2   no

Number: 86
Name: S083a
Description: Adult 3
Type: Numeric
Instructions: Enter the number that corresponds to one of the 9 categories below.

      Value   Label
      1   Biological Mother
      2   Step Mother
      3   Foster Mother
      4   Biological Father
      5   Step Father
      6   Foster Father
      7   Sibling
      8   Other_1
      9   Other_2

Number: 87
Name: S083b
Description: Adult 3 Age
Type: Numeric
Instructions: Enter the age Adult 3 attained as of his/her immediate past birthday.

Number: 88
Name: S083c
Description: Adult 3 at Home?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

      Value   Label
      1   yes
      2   no

Number: 89
Name: S083d
Description: Adult 3 act as Caregiver?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

      Value   Label
      1   yes
      2   no

Number: 90
Name: S084a
Description: Adult 4
Type: Numeric
Instructions: Enter the number that corresponds to one of the 9 categories below.

Value	Label
1	Biological Mother
2	Step Mother
3	Foster Mother
4	Biological Father
5	Step Father
6	Foster Father
7	Sibling
8	Other_1
9	Other_2

Number: 91
Name: S084b
Description: Adult 4 Age
Type: Numeric
Instructions: Enter the age attained by Adult 4 as of his/her immediate past birthday.

Number: 92
Name: S084c
Description: Adult 4 at Home?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

Value	Label
1	yes
2	no

Number: 93
Name: S084d
Description: Adult 4 act as Caregiver?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

Value	Label
1	yes
2	no

Number: 94
Name: S08SS
Description: Sibling in Parental Role, specify
Type: Numeric
Instructions: Enter the number that corresponds to one of the 2 categories below.

Value	Label
1	brother
2	sister

Number: 95
Name: S08OSs
Description: Other in Parental Role, first specify
Type: String
Instructions: Enter a word or two to describe relationship.

Number: 96
Name: S08OSb
Description: Other in Parental role, second specify
Type: String
Instructions: Enter a word or two to describe relationship.

Number: 97
Name: S091a
Description: Sibling 1
Type: Numeric
Instructions: Enter the number that corresponds to one of the 2 categories below.
          Value   Label
          1   brother
          2   sister

Number: 98
Name: S091b
Description: Sibling 1 age
Type: Numeric
Instructions: Enter the age attained by sibling 1 as of his/her immediate past birthday.

Number: 99
Name: S091c
Description: Sibling 1 live in the home?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
          Value   Label
          1   yes
          2   no

Number: 100
Name: S091d
Description: Sibling 1 act as caregiver?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
          Value   Label
          1   yes
          2   no

Number: 101
Name: S092a
Description: Sibling 2
Type: Numeric
Instructions: Enter the number that corresponds to one of the 2 categories below.
          Value   Label
          1   brother
          2   sister

Number: 102
Name: S092b
Description: Sibling 2 age
Type: Numeric
Instructions: Enter the age attained by sibling 2 as of his/her immediate past birthday.

Number: 103
Name: S092c
Description: Sibling 2 live in the home?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

    Value   Label
    1   yes
    2   no

Number: 104
Name: S092d
Description: Sibling 2 act as caregiver?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

    Value   Label
    1   yes
    2   no

Number: 105
Name: S093a
Description: Sibling 3
Type: Numeric
Instructions: Enter the number that corresponds to one of the 2 categories below.

    Value   Label
    1   brother
    2   sister

Number: 106
Name: S093b
Description: Sibling 3 age
Type: Numeric
Instructions: Enter the age attained by sibling 3 as of his/her immediate past birthday.

Number: 107
Name: S093c
Description: Sibling 3 live in the home?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

    Value   Label
    1   yes
    2   no

Number: 108
Name: S093d
Description: Sibling 3 act as caregiver?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

    Value   Label
    1   yes
    2   no

Number: 109
Name: S094a
Description: Sibling 4
Type: Numeric
Instructions: Enter the number that corresponds to one of the 2 categories below.
>Value   Label
>1   brother
>2   sister

Number: 110
Name: S094b
Description: Sibling 4 age
Type: Numeric
Instructions: Enter the age attained by sibling 4 as of his/her immediate past birthday.

Number: 111
Name: S094c
Description: Sibling 4 live in the home?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
>Value   Label
>1   yes
>2   no

Number: 112
Name: S094d
Description: Sibling 4 act as caregiver?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
>Value   Label
>1   yes
>2   no

Number: 113
Name: S0101a
Description: Other Relative 1
Type: String
Instructions: Enter a word or two to describe the first other relative listed.

Number: 114
Name: S0101b
Description: Other Relative 1 age
Type: Numeric
Instructions: Enter the age attained by the first other relative listed as of his/her immediate past birthday.

Number: 115
Name: S0101c
Description: Other Relative 1 live in the home?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
>Value   Label
>1   yes
>2   no

Number: 116
Name: S0101d
Description: Other Relative 1 act as caregiver?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
  Value Label
  1 yes
  2 no

Number: 117
Name: S0102a
Description: Other Relative 2
Type: String
Instructions: Enter a word or two to describe the second other relative listed.

Number: 118
Name: S0102b
Description: Other Relative 2 age
Type: Numeric
Instructions: Enter the age attained by the second other relative listed as of his/her immediate past birthday.

Number: 119
Name: S0102c
Description: Other Relative 2 live in the home?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
  Value Label
  1 yes
  2 no

Number: 120
Name: S0102d
Description: Other Relative 2 act as caregiver?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
  Value Label
  1 yes
  2 no

Number: 121
Name: S0103a
Description: Other Relative 3
Type: String
Instructions: Enter a word or two to describe the third other relative listed.

Number: 122
Name: S0103b
Description: Other Relative 3 age
Type: Numeric
Instructions: Enter the age attained by the third other relative listed as of his/her immediate past birthday.

Number: 123
Name: S0103c
Description: Other Relative 3 live in the home?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

Value	Label
1	yes
2	no

Number: 124
Name: S0103d
Description: Other Relative 3 act as caregiver?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

Value	Label
1	yes
2	no

Number: 125
Name: S011
Description: Most involved person
Type: Numeric
Instructions: Enter the number that corresponds to one of the 8 categories below.

Value	Label
1	Mother
2	Father
3	Mother and father
4	Siblings
5	Parents and siblings
6	Parents and other family members
7	Parents, siblings, and other members
8	Other family members

Number: 126
Name: S012
Description: Level of responsibility for family
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Much more responsibility than I would like
2	More responsibility than I would like
3	About the amount of responsibility I like
4	Less responsibility than I would like
5	Much less responsibility than I would like

Number: 127
Name: S013a
Description: Level of responsibility for ID?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

Value	Label
1	Much more responsibility than I would like
2	More responsibility than I would like
3	About the amount of responsibility I like
4	Less responsibility than I would like
5	Much less responsibility than I would like

Number: 128
Name: S013b
Description: Comments
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 129
Name: S1A1a
Description: Health Concerns: Person w ID?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

	Value	Label
	1	yes
	2	no

Number: 130
Name: S1A1b
Description: Describe Physical/Mental Health Concerns
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 131
Name: S1A2a
Description: Other Family Health Concerns
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

	Value	Label
	1	yes
	2	no

Number: 132
Name: S1A2b1a
Description: Person 1, who has health concern?
Type: String
Instructions: Enter the word(s) or phrase(s) provided on the Survey.

Number: 133
Name: S1A2b1b
Description: Person 2, what is the health concern?
Type: String
Instructions: Enter the word(s) or phrase(s) provided on the Survey.

Number: 134
Name: S1A2b2a
Description: Person 2, who has health concern?
Type: String
Instructions: Enter the word(s) or phrase(s) provided on the Survey.

Number: 135
Name: S1A2b2b
Description: Person 2, what is the health concern?
Type: String
Instructions: Enter the word(s) or phrase(s) provided on the Survey.

Number: 136
Name: S1A3a
Description: Barriers Accessing Health Care, first reason
Type: Numeric
Instructions: Enter the number that corresponds to one of the 11 categories below.

Value	Label
1	Long wait for service
2	No known treatment for health concern
3	Services not available in my area
4	Transportation is a problem
5	Cannot get to appointments, trouble getting around
6	Do not know where to go for health care services
7	Do not understand what health care professionals say
8	Poor treatment by health care professionals
9	We have different beliefs about health care
10	Other (specify)
11	Other (specify)

Number: 137
Name: S1A3b
Description: Barriers Accessing Health Care, second reason
Type: Numeric
Instructions: Enter the number that corresponds to one of the 11 categories below.

Value	Label
1	Long wait for service
2	No known treatment for health concern
3	Services not available in my area
4	Transportation is a problem
5	Cannot get to appointments, trouble getting around
6	Do not know where to go for health care services
7	Do not understand what health care professionals say
8	Poor treatment by health care professionals
9	We have different beliefs about health care
10	Other (specify)
11	Other (specify)

Number: 138
Name: S1A3c
Description: Barriers Accessing Health Care, third reason
Type: Numeric
Instructions: Enter the number that corresponds to one of the 11 categories below.

Value	Label
1	Long wait for service
2	No known treatment for health concern
3	Services not available in my area
4	Transportation is a problem
5	Cannot get to appointments, trouble getting around
6	Do not know where to go for health care services
7	Do not understand what health care professionals say
8	Poor treatment by health care professionals
9	We have different beliefs about health care
10	Other (specify)
11	Other (specify)

Number: 139
Name: S1A3d
Description: Barriers Accessing Health Care, fourth reason
Type: Numeric
Instructions: Enter the number that corresponds to one of the 11 categories below.

Value	Label
1	Long wait for service
2	No known treatment for health concern
3	Services not available in my area
4	Transportation is a problem
5	Cannot get to appointments, trouble getting around
6	Do not know where to go for health care services
7	Do not understand what health care professionals say
8	Poor treatment by health care professionals
9	We have different beliefs about health care
10	Other (specify)
11	Other (specify)

Number: 140
Name: S1A3Sa
Description: Other Barrier, first specify
Type: String
Instructions: Enter the word(s) or phrase(s) provided on the Survey for the first other.

Number: 141
Name: S1A3Sb
Description: Other Barrier, second specify
Type: String
Instructions: Enter the word(s) or phrase(s) provided on the Survey for the second other.

HEALTH OF THE FAMILY SECTION B

Number: 142
Name: S1B1
Description: Health - Importance
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 143
Name: S1B2
Description: Health - Opportunities
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 144
Name: S1B3
Description: Health - Initiative
Type: Numeric
Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 145
Name: S1B4
Description: Service Support - Attainment
Type: Numeric
Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 146
Name: S1B5a
Description: Health - Stability
Type: Numeric
Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 147
Name: S1B5b
Description: Why improve or decline?
Type: String

Number: 148
Name: S1B6
Description: Health - Satisfaction
Type: Numeric
Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 149
Name: S1B7
Description: Additional Health Information
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

FINANCIAL WELL-BEING SECTION A

Number: 150
Name: S2A1
Description: Total Income - Country
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

	Value	Label
	1	Well below average
	2	Below average
	3	Average
	4	Above average
	5	Well above average

Number: 151
Name: S2A2
Description: Total Income - Self
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

	Value	Label
	1	Struggling
	2	Just getting by
	3	Doing okay
	4	Managing well with some extra
	5	Well off

Number: 152
Name: S2A3
Description: Types of Financial Support
Type: String
Instructions: List information as provided on the Survey.

Number: 153
Name: S2A4
Description: Percentage Income for Special Support
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

	Value	Label
	1	51% or more
	2	26% to 50%
	3	10% to 25%
	4	Less than 10%
	5	None

Number: 154
Name: S2A5
Description: Basic Needs Met?
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

	Value	Label
	1	None
	2	A few
	3	Some
	4	Most
	5	All

Number: 155
Name: S2A6a
Description: Money Left
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
> Value Label
> 1 Yes
> 2 No

Number: 156
Name: S2A6b
Description: Hardship?
Type: Numeric
Instructions: Enter the number that corresponds to one of the 3 categories below.
> Value Label
> 1 Yes
> 2 Somewhat
> 3 No

FINANCIAL WELL-BEING SECTION B

Number: 157
Name: S2B1
Description: Financial - Importance
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.
> Value Label
> 1 Hardly important at all
> 2 A little important
> 3 Somewhat important
> 4 Quite important
> 5 Very important

Number: 158
Name: S2B2
Description: Financial - Opportunities
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.
> Value Label
> 1 Hardly important at all
> 2 A little important
> 3 Somewhat important
> 4 Quite important
> 5 Very important

Number: 159
Name: S2B3
Description: Financial - Initiative
Type: Numeric
Value   Label
1   Hardly important at all
2   A little important
3   Somewhat important
4   Quite important
5   Very important

Number: 160
Name: S2B4
Description: Financial - Attainment
Type: Numeric
Value   Label
1   Hardly important at all
2   A little important
3   Somewhat important
4   Quite important
5   Very important

Number: 161
Name: S2B5a
Description: Financial - Stability
Type: Numeric
Value   Label
1   Hardly important at all
2   A little important
3   Somewhat important
4   Quite important
5   Very important

Number: 162
Name: S2B5b
Description: Why improve or decline?
Type: String

Number: 163
Name: S2B6
Description: Financial - Satisfaction
Type: Numeric
Value   Label
1   Hardly important at all
2   A little important
3   Somewhat important
4   Quite important
5   Very important

Number: 164
Name: S2B7
Description: Additional Financial Well-Being Information
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 165
Name: S3A1
Description: Responsibility for day to day things
Type: Numeric
Instructions: Enter the number that corresponds to one of the 4 categories below.

Value	Label
1	Everyone pitches in to the best of their ability
2	Some do more than others
3	Most responsibility is on one or two people
4	Things just take care of themselves

Number: 166
Name: S3A1Sa
Description: Responsibility for day to day things, specify
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 167
Name: S3A1Sb
Description: Responsibility for day to day things, specify
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey

Number: 168
Name: S3A2a
Description: Grocery shopping
Type: Numeric
Instructions: Enter the number that corresponds to one of the 7 categories below.

Value	Label
1	Mother
2	Father
3	Siblings
4	Other
5	Two of these
6	Three of these
7	All four

Number: 169
Name: S3A2b
Description: Cooking
Type: Numeric
Instructions: Enter the number that corresponds to one of the 7 categories below.

Value	Label
1	Mother
2	Father
3	Siblings
4	Other
5	Two of these
6	Three of these
7	All four

Number: 170
Name: S3A2c
Description: Care of person with ID

Type: Numeric
Instructions: Enter the number that corresponds to one of the 7 categories below.

Value	Label
1	Mother
2	Father
3	Siblings
4	Other
5	Two of these
6	Three of these
7	All four

Number: 171
Name: S3A2d
Description: Other child care
Type: Numeric
Instructions: Enter the number that corresponds to one of the 7 categories below.

Value	Label
1	Mother
2	Father
3	Siblings
4	Other
5	Two of these
6	Three of these
7	All four

Number: 172
Name: S3A2e
Description: Yard work
Type: Numeric
Instructions: Enter the number that corresponds to one of the 7 categories below.

Value	Label
1	Mother
2	Father
3	Siblings
4	Other
5	Two of these
6	Three of these
7	All four

Number: 173
Name: S3A2f
Description: House cleaning
Type: Numeric
Instructions: Enter the number that corresponds to one of the 7 categories below.

Value	Label
1	Mother
2	Father
3	Siblings
4	Other
5	Two of these
6	Three of these
7	All four

Number: 174
Name: S3A2g

Description: Laundry
Type: Numeric

Value	Label
1	Mother
2	Father
3	Siblings
4	Other
5	Two of these
6	Three of these
7	All four

Number: 175
Name: S3A2h
Description: Earning money
Type: Numeric

Value	Label
1	Mother
2	Father
3	Siblings
4	Other
5	Two of these
6	Three of these
7	All four

Number: 176
Name: S3A2i
Description: Maintenance and repairs
Type: Numeric

Value	Label
1	Mother
2	Father
3	Siblings
4	Other
5	Two of these
6	Three of these
7	All four

Number: 177
Name: S3A2j
Description: Other work 1
Type: Numeric

Value	Label
1	Mother
2	Father
3	Siblings
4	Other
5	Two of these
6	Three of these
7	All four

Number: 178
Name: S3A2jS

Description: Other work 1, specify
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 179
Name: S3A2k
Description: Other work 2
Type: Numeric
Instructions: Enter the number that corresponds to one of the 7 categories below.

Value	Label
1	Mother
2	Father
3	Siblings
4	Other
5	Two of these
6	Three of these
7	All four

Number: 180
Name: S3A2kS
Description: Other work 2, specify
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 181
Name: S3A3a
Description: Help each other do things
Type: Numeric
Instructions: Enter the number that corresponds to one of the 4 categories below.

Value	Label
1	A lot
2	Quite a bit
3	Some
4	Not much

Number: 182
Name: S3A3b
Description: Go places together
Type: Numeric
Instructions: Enter the number that corresponds to one of the 4 categories below.

Value	Label
1	A lot
2	Quite a bit
3	Some
4	Not much

Number: 183
Name: S3A3c
Description: Enjoy each others company
Type: Numeric
Instructions: Enter the number that corresponds to one of the 4 categories below.

Value	Label
1	A lot
2	Quite a bit
3	Some
4	Not much

Number: 184
Name: S3A3d
Description: Support each other in times of trouble
Type: Numeric

Value	Label
1	A lot
2	Quite a bit
3	Some
4	Not much

Number: 185
Name: S3A3e
Description: Help solve family problems
Type: Numeric

Value	Label
1	A lot
2	Quite a bit
3	Some
4	Not much

Number: 186
Name: S3A3f
Description: Trust each other
Type: Numeric

Value	Label
1	A lot
2	Quite a bit
3	Some
4	Not much

Number: 187
Name: S3A3g
Description: Work together toward family goals
Type: Numeric

Value	Label
1	A lot
2	Quite a bit
3	Some
4	Not much

Number: 188
Name: S3A3h
Description: Have a sense of belonging together
Type: Numeric

Value	Label
1	A lot
2	Quite a bit

3   Some
4   Not much

Number: 189
Name: S3A3i
Description: Generally have similar values
Type: Numeric
Instructions: Enter the number that corresponds to one of the 4 categories below.

Value	Label
1	A lot
2	Quite a bit
3	Some
4	Not much

Number: 190
Name: S3A3j
Description: Do things as a family
Type: Numeric
Instructions: Enter the number that corresponds to one of the 4 categories below.

Value	Label
1	A lot
2	Quite a bit
3	Some
4	Not much

FAMILY RELATIONSHIPS SECTION B

Number: 191
Name: S3B1
Description: Family - Importance
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 192
Name: S3B2
Description: Family - Opportunities
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 193
Name: S3B3
Description: Family - Initiative
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

      Value   Label
      1   Hardly important at all
      2   A little important
      3   Somewhat important
      4   Quite important
      5   Very important

Number: 194
Name: S3B4
Description: Family - Attainment
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

      Value   Label
      1   Hardly important at all
      2   A little important
      3   Somewhat important
      4   Quite important
      5   Very important

Number: 195
Name: S3B5a
Description: Family - Stability
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

      Value   Label
      1   Hardly important at all
      2   A little important
      3   Somewhat important
      4   Quite important
      5   Very important

Number: 196
Name: S3B5b
Description: Why improve or decline?
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 197
Name: S3B6
Description: Family - Satisfaction
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

      Value   Label
      1   Hardly important at all
      2   A little important
      3   Somewhat important
      4   Quite important
      5   Very important

Number: 198
Name: S3B7
Description: Additional Health Information
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

SUPPORT FROM OTHER PEOPLE SECTION A

Number: 199
Name: S4A1a
Description: Relatives help with practical things
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly at all
2	A little
3	Some
4	Quite a bit
5	A great deal

Number: 200
Name: S4A1b
Description: Hours practical help from relatives
Type: Numeric
Instructions: Enter the number of hours listed on the Survey. Round up or down to the nearest hour.

Number: 201
Name: S4A2a
Description: Relatives give emotional support
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly at all
2	A little
3	Some
4	Quite a bit
5	A great deal

Number: 202
Name: S4A2b
Description: Hours emotional support from relatives
Type: Numeric
Instructions: Enter the number of hours listed on the Survey. Round up or down to the nearest hour.

Number: 203
Name: S4A3a
Description: Friends/neighbours help with practical things
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly at all
2	A little
3	Some
4	Quite a bit
5	A great deal

Number: 204
Name: S4A3b
Description: Hours practical help from friends/neigbours
Type: Numeric
Instructions: Enter the number of hours listed on the Survey. Round up or down to the nearest hour.

Number: 205
Name: S4A4a
Description: Friends/neighbours give emotional support
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly at all
2	A little
3	Some
4	Quite a bit
5	A great deal

Number: 206
Name: S4A4b
Description: Hours emotional support from friends/neigbours
Type: Numeric
Instructions: Enter the number of hours listed on the Survey. Round up or down to the nearest hour.

Number: 207
Name: S4A5a
Description: Your personal social life is...
Type: Numeric
Instructions: Enter the number that corresponds to one of the 3 categories below.

Value	Label
1	About what I would like it to be
2	Somewhat less than I would like it to be
3	Much less than I would like it to be

Number: 208
Name: S4A5b
Description: Explain your personal social life
Type: String
Instructions: Enter the phrase(s) or sentence(s) recorded in question 5b the Survey.

SUPPORT FROM OTHER PEOPLE SECTION B

Number: 209
Name: S4B1
Description: Support from Others - Importance
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 210
Name: S4B2
Description: Support from Others - Opportunities
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 211
Name: S4B3
Description: Support from Others - Initiative
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 212
Name: S4B4
Description: Support from Others - Attainment
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 213
Name: S4B5a
Description: Support from Others - Stability
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 214
Name: S4B5b
Description: Why improve or decline?
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 215
Name: S4B6
Description: Support from Others - Satisfaction
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 216
Name: S4B7
Description: Additional Health Information
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

SUPPORT FROM DISABILITY RELATED SERVICES SECTION A

Number: 217
Name: S5A1a
Description: Avail: Special disability benefits
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

Value	Label
1	yes
2	no

Number: 218
Name: S5A1b
Description: Avail: Service coordination / social work
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

Value	Label
1	yes
2	no

Number: 219
Name: S5A1c
Description: Avail: Individual / family support worker
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

Value	Label
1	yes
2	no

Number: 220
Name: S5A1d
Description: Avail: Paid attendant or caregiver
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

Value	Label
1	yes
2	no

Number: 221
Name: S5A1e
Description: Avail: Respite care
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

Value	Label
1	yes
2	no

Number: 222
Name: S5A1f
Description: Avail: In-home health care
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

Value	Label
1	yes
2	no

Number: 223
Name: S5A1g
Description: Avail: Advocacy services
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
      Value   Label
      1   yes
      2   no

Number: 224
Name: S5A1h
Description: Avail: Special education
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
      Value   Label
      1   yes
      2   no

Number: 225
Name: S5A1i
Description: Avail: Supported community employment
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
      Value   Label
      1   yes
      2   no

Number: 226
Name: S5A1j
Description: Avail: Sheltered employment workshop
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
      Value   Label
      1   yes
      2   no

Number: 227
Name: S5A1k
Description: Avail: Day Programs/Activities
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
      Value   Label
      1   yes
      2   no

Number: 228
Name: S5A1l
Description: Avail: Supported group
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
      Value   Label
      1   yes
      2   no

Number: 229
Name: S5A1m
Description: Avail: Supported independent living
Type: Numeric
        Value   Label
        1   yes
        2   no

Number: 230
Name: S5A1n
Description: Avail: large care facility
Type: Numeric
        Value   Label
        1   yes
        2   no

Number: 231
Name: S5A1o
Description: Avail: Family doctor
Type: Numeric
        Value   Label
        1   yes
        2   no

Number: 232
Name: S5A1p
Description: Avail: Pediatrician
Type: Numeric
        Value   Label
        1   yes
        2   no

Number: 233
Name: S5A1q
Description: Avail: Medical specialist(s)
Type: Numeric
        Value   Label
        1   yes
        2   no

Number: 234
Name: S5A1qS
Description: Medical specialist(s), specify
Type: String

Number: 235
Name: S5A1r
Description: Avail: Psychiatrist
Type: Numeric

Value	Label
1	yes
2	no

Number: 236
Name: S5A1s
Description: Avail: Psychologist
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

Value	Label
1	yes
2	no

Number: 237
Name: S5A1t
Description: Avail: Vision services (beyond routine)
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

Value	Label
1	yes
2	no

Number: 238
Name: S5A1u
Description: Avail: Hearing services (beyond routine)
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

Value	Label
1	yes
2	no

Number: 239
Name: S5A1v
Description: Avail: Nutritional services
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

Value	Label
1	yes
2	no

Number: 240
Name: S5A1w
Description: Avail: Speech and language therapy
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

Value	Label
1	yes
2	no

Number: 241
Name: S5A1x
Description: Avail: Behavioural support
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
      Value   Label
      1   yes
      2   no

Number: 242
Name: S5A1y
Description: Avail: Occupational therapy
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
      Value   Label
      1   yes
      2   no

Number: 243
Name: S5A1z
Description: Avail: Physiotherapy
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
      Value   Label
      1   yes
      2   no

Number: 244
Name: S5A1aa
Description: Avail: Counselling/psychotherapy
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
      Value   Label
      1   yes
      2   no

Number: 245
Name: S5A1ab
Description: Avail: Other Service 1
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
      Value   Label
      1   yes
      2   no

Number: 246
Name: S5A1abS
Description: Other Service 1, specify
Type: String
Instructions: Enter the description from the Survey.

Number: 247
Name: S5A1ac
Description: Avail: Other Service 2
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
        Value   Label
        1   yes
        2   no

Number: 248
Name: S5A1acS
Description: Other Service, specify
Type: String
Instructions: Enter the description from the Survey.

Number: 249
Name: S5A2a
Description: Used: Special disability benefits
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
        Value   Label
        1   yes
        2   no

Number: 250
Name: S5A2b
Description: Used: Service coordination / social work
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
        Value   Label
        1   yes
        2   no

Number: 251
Name: S5A2c
Description: Used: Individual / family support worker
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
        Value   Label
        1   yes
        2   no

Number: 252
Name: S5A2d
Description: Used: Paid attendant or caregiver
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
        Value   Label
        1   yes
        2   no

Number: 253
Name: S5A2e
Description: Used: Respite care
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
        Value   Label
        1   yes
        2   no

Number: 254
Name: S5A2f
Description: Used: In-home health care
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
        Value   Label
        1   yes
        2   no

Number: 255
Name: S5A2g
Description: Used: Advocacy services
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
        Value   Label
        1   yes
        2   no

Number: 256
Name: S5A2h
Description: Used: Special education
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
        Value   Label
        1   yes
        2   no

Number: 257
Name: S5A2i
Description: Used: Supported community employment
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
        Value   Label
        1   yes
        2   no

Number: 258
Name: S5A2j
Description: Used: Sheltered employment workshop
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
        Value   Label
        1   yes
        2   no

Number: 259
Name: S5A2k
Description: Used: Day Programs / Activities
Type: Numeric
  Value Label
  1   yes
  2   no

Number: 260
Name: S5A2l
Description: Used: Supported group living / group home
Type: Numeric
  Value Label
  1   yes
  2   no

Number: 261
Name: S5A2m
Description: Used: Supported independent living
Type: Numeric
  Value Label
  1   yes
  2   no

Number: 262
Name: S5A2n
Description: Used: Large care facility
Type: Numeric
  Value Label
  1   yes
  2   no

Number: 263
Name: S5A2o
Description: Used: Family doctor
Type: Numeric
  Value Label
  1   yes
  2   no

Number: 264
Name: S5A2p
Description: Used: Pediatrician
Type: Numeric
  Value Label
  1   yes
  2   no

Number: 265
Name: S5A2q
Description: Medical specialist(s)
Type: Numeric
        Value   Label
        1   yes
        2   no

Number: 266
Name: S5A2qS
Description: Medical specialist(s), specify
Type: String

Number: 267
Name: S5A2r
Description: Used: Psychiatrist
Type: Numeric
        Value   Label
        1   yes
        2   no

Number: 268
Name: S5A2s
Description: Used: Psychologist
Type: Numeric
        Value   Label
        1   yes
        2   no

Number: 269
Name: S5A2t
Description: Used: Vision services (beyond routine)
Type: Numeric
        Value   Label
        1   yes
        2   no

Number: 270
Name: S5A2u
Description: Used: Hearing services (beyond routine)
Type: Numeric
        Value   Label
        1   yes
        2   no

Number: 271
Name: S5A2v
Description: Used: Nutritional services
Type: Numeric

Value	Label
1	yes
2	no

Number: 272
Name: S5A2w
Description: Used: Speech and language therapy
Type: Numeric

Value	Label
1	yes
2	no

Number: 273
Name: S5A2x
Description: Used: Behavioural support
Type: Numeric

Value	Label
1	yes
2	no

Number: 274
Name: S5A2y
Description: Used: Occupational therapy
Type: Numeric

Value	Label
1	yes
2	no

Number: 275
Name: S5A2z
Description: Used: Physiotherapy
Type: Numeric

Value	Label
1	yes
2	no

Number: 276
Name: S5A2aa
Description: Used: Counselling/psychotherapy
Type: Numeric

Value	Label
1	yes
2	no

Number: 277
Name: S5A2ab
Description: Used: Other Service 1
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

       Value   Label
       1   yes
       2   no

Number: 278
Name: S5A2abS
Description: Other Services 1, specify
Type: String
Instructions: Enter the description from the Survey.

Number: 279
Name: S5A2ac
Description: Used: Other Service 2
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

       Value   Label
       1   yes
       2   no

Number: 280
Name: S5A2acS
Description: Other Services 2, specify
Type: String
Instructions: Enter the description from the Survey.

Number: 281
Name: S5A3a
Description: Services needed / not getting?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

       Value   Label
       1   yes
       2   no

Number: 282
Name: S5A3b
Description: Services needed:
Type: String
Instructions: Enter the phrase(s) or sentence(s) from the Survey.

Number: 283
Name: S5A3ca
Description: Long wait for service
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

       Value   Label
       1   yes
       2   no

Number: 284
Name: S5A3cb
Description: The services we use just don't help enough
Type: Numeric
        Value   Label
        1   yes
        2   no

Number: 285
Name: S5A3cc
Description: Services not available in my area (please specify)
Type: Numeric
        Value   Label
        1   yes
        2   no

Number: 286
Name: S5A3ccS
Description: Services not avail: specify
Type: String

Number: 287
Name: S5A3cd
Description: Transportation is a problem
Type: Numeric
        Value   Label
        1   yes
        2   no

Number: 288
Name: S5A3ce
Description: Cannot get to appointments, trouble getting around
Type: Numeric
        Value   Label
        1   yes
        2   no

Number: 289
Name: S5A3cf
Description: Do not know where to go for services
Type: Numeric
        Value   Label
        1   yes
        2   no

Number: 290
Name: S5A3cg
Description: Do not understand easily what service people say
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
      Value   Label
      1   yes
      2   no

Number: 291
Name: S5A3ch
Description: Poor treatment by staff
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
      Value   Label
      1   yes
      2   no

Number: 292
Name: S5A3ci
Description: We have different beliefs about support services
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
      Value   Label
      1   yes
      2   no

Number: 293
Name: S5A3cj
Description: Other not receiving services, first reason
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
      Value   Label
      1   yes
      2   no

Number: 294
Name: S5A3cjS
Description: Other not receiving services, first reason, specify
Type: String
Instructions: Enter the description from the Survey.

Number: 295
Name: S5A3ck
Description: Other not receiving services, second reason
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.
      Value   Label
      1   yes
      2   no

Number: 296
Name: S5A3ckS
Description: Other not receiving services, second reason, specify
Type: String
Instructions: Enter the description from the Survey.

SUPPORT FROM DISABILITY RELATED SERVICES SECTION B

Number: 297
Name: S5B1
Description: Service Support - Importance
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 298
Name: S5B2
Description: Service Support - Opportunities
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 299
Name: S5B3
Description: Service Support - Initiative
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 300
Name: S5B4
Description: Service Support - Attainment
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 301
Name: S5B5a
Description: Service Support - Stability
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

        Value   Label
        1   Hardly important at all
        2   A little important
        3   Somewhat important
        4   Quite important
        5   Very important

Number: 302
Name: S5B5b
Description: Why improve or decline?
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 303
Name: S5B6
Description: Service Support - Satisfaction
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

        Value   Label
        1   Hardly important at all
        2   A little important
        3   Somewhat important
        4   Quite important
        5   Very important

Number: 304
Name: S5B7
Description: Additional Service Support Information
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 305
Name: S6A1a1
Description: First type of values in family
Type: Numeric
Instructions: Enter the number that corresponds to the first item checked.

Value	Label
1	Personal
2	Spiritual
3	Religious
4	Cultural

Number: 306
Name: S6A1a2
Description: Second type of values in family
Type: Numeric
Instructions: Enter the number that corresponds to the second item checked.

Value	Label
1	Personal
2	Spiritual
3	Religious
4	Cultural

Number: 307
Name: S6A1a3
Description: Third type of values in family
Type: Numeric
Instructions: Enter the number that corresponds to the third item checked.

Value	Label
1	Personal
2	Spiritual
3	Religious
4	Cultural

Number: 308
Name: S6A1a4
Description: Fourth type of values in family
Type: Numeric
Instructions: Enter the number that corresponds to the fourth item checked.

Value	Label
1	Personal
2	Spiritual
3	Religious
4	Cultural

Number: 309
Name: S6A1b
Description: Explain type of values in family
Type: String
Instructions: Enter the word(s) or phrase(s) from the Survey.

Number: 310
Name: S6A2
Description: Degree religious/cultural community accepts disability
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
0	n/a
1	Hardly at all
2	A little
3	Somewhat
4	Quite a bit
5	Very Much

Number: 311
Name: S6A3
Description: Degree religious/cultural community helps practically
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
0	n/a
1	Hardly at all
2	A little
3	Somewhat
4	Quite a bit
5	Very Much

Number: 312
Name: S6A4
Description: Degree religious/cultural community helps emotionally
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
0	n/a
1	Hardly at all
2	A little
3	Somewhat
4	Quite a bit
5	Very Much

Number: 313
Name: S6A5
Description: Degree religious/cultural community helps cope
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
0	n/a
1	Hardly at all
2	A little
3	Somewhat
4	Quite a bit
5	Very Much

Number: 314
Name: S6B1
Description: Values - Importance
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 315
Name: S6B2
Description: Values - Opportunities
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 316
Name: S6B3
Description: Values - Initiative
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 317
Name: S6B4
Description: Values - Attainment
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 318
Name: S6B5a
Description: Values - Stability
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 319
Name: S6B5b
Description: Why improve or decline?
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 320
Name: S6B6
Description: Values - Satisfaction
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 321
Name: S6B7
Description: Additional Values Information
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 322
Name: S7A11a
Description: Family member 1
Type: String
Instructions: Enter the word to describe the family member.

Number: 323
Name: S7A11b
Description: Family member 1 - occupation
Type: Numeric
Instructions: Enter the number that corresponds to one of the 6 categories below.

Value	Label
1	Retired
2	Not employed
3	Employed full-time
4	Employed part-time
5	Student full-time
6	Student part-time

Number: 324
Name: S7A11c
Description: Family member 1 - describe occupation
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 325
Name: S7A12a
Description: Family member 2
Type: String
Instructions: Enter the word to describe the family member.

Number: 326
Name: S7A12b
Description: Family member 2 - occupation
Type: Numeric
Instructions: Enter the number that corresponds to one of the 6 categories below.

Value	Label
1	Retired
2	Not employed
3	Employed full-time
4	Employed part-time
5	Student full-time
6	Student part-time

Number: 327
Name: S7A12c
Description: Family member 2 - describe occupation
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 328
Name: S7A13a
Description: Family member 3
Type: String
Instructions: Enter the word to describe the family member.

Number: 329
Name: S7A13b
Description: Family member 3 - occupation
Type: Numeric
Instructions: Enter the number that corresponds to one of the 6 categories below.

Value	Label
1	Retired
2	Not employed
3	Employed full-time
4	Employed part-time
5	Student full-time
6	Student part-time

Number: 330
Name: S7A13c
Description: Family member 3 - describe occupation
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 331
Name: S7A14a
Description: Family member 4
Type: String
Instructions: Enter the word to describe the family member.

Number: 332
Name: S7A14b
Description: Family member 4 - occupation
Type: Numeric
Instructions: Enter the number that corresponds to one of the 6 categories below.

Value	Label
1	Retired
2	Not employed
3	Employed full-time
4	Employed part-time
5	Student full-time
6	Student part-time

Number: 333
Name: S7A14c
Description: Family member 4 - describe occupation
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 334
Name: S7A15a
Description: Family member 5
Type: String
Instructions: Enter the word to describe the family member.

Number: 335
Name: S7A15b
Description: Family member 5 - occupation
Type: Numeric
Instructions: Enter the number that corresponds to one of the 6 categories below.
        Value   Label
        1   Retired
        2   Not employed
        3   Employed full-time
        4   Employed part-time
        5   Student full-time
        6   Student part-time

Number: 336
Name: S7A15c
Description: Family member 5 - describe occupation
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 337
Name: S7A16a
Description: Family member 6
Type: String
Instructions: Enter the word to describe the family member.

Number: 338
Name: S7A16b
Description: Family member 6 - occupation
Type: Numeric
Instructions: Enter the number that corresponds to one of the 6 categories below.
        Value   Label
        1   Retired
        2   Not employed
        3   Employed full-time
        4   Employed part-time
        5   Student full-time
        6   Student part-time

Number: 339
Name: S7A16c
Description: Family member 6 - describe occupation
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 340
Name: S7A2a1
Description: Person w ID 1: does activities that are wanted?
Type: Numeric
Instructions: Enter the number that corresponds to one of the 4 categories below.
        Value   Label
        1   Yes
        2   Somewhat
        3   No
        4   n/a

Number: 341
Name: S7A2a2
Description: Person w ID 2: does activities that are wanted?
Type: Numeric
Instructions: Enter the number that corresponds to one of the 4 categories below.

Value	Label
1	Yes
2	Somewhat
3	No
4	n/a

Number: 342
Name: S7A2a3
Description: Person w ID 3: does activities that are wanted?
Type: Numeric
Instructions: Enter the number that corresponds to one of the 4 categories below.

Value	Label
1	Yes
2	Somewhat
3	No
4	n/a

Number: 343
Name: S7A2b
Description: Why not?
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 344
Name: S7A2c1a
Description: First daily activity of Person w ID 1
Type: Numeric
Instructions: Enter the number that corresponds to one of the 10 categories below.

Value	Label
1	Community based paid employment
2	Community based supported employment
3	Self-employment
4	Volunteer work
5	Sheltered workshop
6	Vocational training
7	School
8	Day programs
9	Other
10	Does not engage in vocational or educational activities

Number: 345
Name: S7A2c1b
Description: Second daily activity of Person w ID 1
Type: Numeric
Instructions: Enter the number that corresponds to one of the 10 categories below.

Value	Label
1	Community based paid employment
2	Community based supported employment
3	Self-employment
4	Volunteer work
5	Sheltered workshop
6	Vocational training
7	School
8	Day programs
9	Other
10	Does not engage in vocational or educational activities

Number: 346
Name: S7A2c1c
Description: Third daily activity of Person w ID 1
Type: Numeric
Instructions: Enter the number that corresponds to one of the 10 categories below.

Value	Label
1	Community based paid employment
2	Community based supported employment
3	Self-employment
4	Volunteer work
5	Sheltered workshop
6	Vocational training
7	School
8	Day programs
9	Other
10	Does not engage in vocational or educational activities

Number: 347
Name: S7A2c2a
Description: First daily activity of Person w ID 2
Type: Numeric
Instructions: Enter the number that corresponds to one of the 10 categories below.

Value	Label
1	Community based paid employment
2	Community based supported employment
3	Self-employment
4	Volunteer work
5	Sheltered workshop
6	Vocational training
7	School
8	Day programs
9	Other
10	Does not engage in vocational or educational activities

Number: 348
Name: S7A2c2b
Description: Second daily activity of Person w ID 2
Type: Numeric
Instructions: Enter the number that corresponds to one of the 10 categories below.

Value	Label
1	Community based paid employment
2	Community based supported employment
3	Self-employment
4	Volunteer work
5	Sheltered workshop
6	Vocational training
7	School
8	Day programs
9	Other
10	Does not engage in vocational or educational activities

Number: 349
Name: S7A2c2c
Description: Third daily activity of Person w ID 2
Type: Numeric
Instructions: Enter the number that corresponds to one of the 10 categories below.

Value	Label
1	Community based paid employment
2	Community based supported employment
3	Self-employment
4	Volunteer work
5	Sheltered workshop
6	Vocational training
7	School
8	Day programs
9	Other
10	Does not engage in vocational or educational activities

Number: 350
Name: S7A2c3a
Description: First daily activity of Person w ID 3
Type: Numeric
Instructions: Enter the number that corresponds to one of the 10 categories below.

Value	Label
1	Community based paid employment
2	Community based supported employment
3	Self-employment
4	Volunteer work
5	Sheltered workshop
6	Vocational training
7	School
8	Day programs
9	Other
10	Does not engage in vocational or educational activities

Number: 351
Name: S7A2c3b
Description: Second daily activity of Person w ID 3
Type: Numeric
Instructions: Enter the number that corresponds to one of the 10 categories below.

Value | Label
1 | Community based paid employment
2 | Community based supported employment
3 | Self-employment
4 | Volunteer work
5 | Sheltered workshop
6 | Vocational training
7 | School
8 | Day programs
9 | Other
10 | Does not engage in vocational or educational activities

Number: 352
Name: S7A2c3c
Description: Third daily activity of Person w ID 3
Type: Numeric
Instructions: Enter the number that corresponds to one of the 10 categories below.

Value | Label
1 | Community based paid employment
2 | Community based supported employment
3 | Self-employment
4 | Volunteer work
5 | Sheltered workshop
6 | Vocational training
7 | School
8 | Day programs
9 | Other
10 | Does not engage in vocational or educational activities

Number: 353
Name: S7A3
Description: Have family members given up careers?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

Value | Label
1 | yes
2 | no

Number: 354
Name: S7A4a
Description: Family members who have given up careers
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 355
Name: S7A4b
Description: Describe Giving Up Careers
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 356
Name: S7A5a
Description: Will they resume in near future?
Type: Numeric
Instructions: Enter the number that corresponds to the 3 categories below.

       Value   Label
       1   yes
       2   maybe
       3   no

Number: 357
Name: S7A5b
Description: Explain resuming careers
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 358
Name: S7A6
Description: Describe impact on family
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

CAREERS AND PREPARING FOR CAREERS SECTION B

Number: 359
Name: S7B1
Description: Careers - Importance
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

       Value   Label
       1   Hardly important at all
       2   A little important
       3   Somewhat important
       4   Quite important
       5   Very important

Number: 360
Name: S7B2
Description: Careers - Opportunities
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

       Value   Label
       1   Hardly important at all
       2   A little important
       3   Somewhat important
       4   Quite important
       5   Very important

Number: 361
Name: S7B3
Description: Careers - Initiative
Type: Numeric
        Value   Label
        1   Hardly important at all
        2   A little important
        3   Somewhat important
        4   Quite important
        5   Very important

Number: 362
Name: S7B4
Description: Careers - Attainment
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.
        Value   Label
        1   Hardly important at all
        2   A little important
        3   Somewhat important
        4   Quite important
        5   Very important

Number: 363
Name: S7B5a
Description: Careers - Stability
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.
        Value   Label
        1   Hardly important at all
        2   A little important
        3   Somewhat important
        4   Quite important
        5   Very important

Number: 364
Name: S7B5b
Description: Why improve or decline?
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 365
Name: S7B6
Description: Careers - Satisfaction
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.
        Value   Label
        1   Hardly important at all
        2   A little important
        3   Somewhat important
        4   Quite important
        5   Very important

Number: 366
Name: S7B7
Description: Additional Careers Information
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 367
Name: S8A11a
Description: Family group 1
Type: String
Instructions: Enter the word or phrase to describe the family group.

Number: 368
Name: S8A11b
Description: Family group 1: activities
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 369
Name: S8A12a
Description: Family group 2
Type: String
Instructions: Enter the word or phrase to describe the family group.

Number: 370
Name: S8A12b
Description: Family group 2: activities
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 371
Name: S8A13a
Description: Family group 3
Type: String
Instructions: Enter the word or phrase to describe the family group.

Number: 372
Name: S8A13b
Description: Family group 3: activities
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 373
Name: S8A21a
Description: Family member 1
Type: String
Instructions: Enter the word or phrase to describe the family member.

Number: 374
Name: S8A21b
Description: Family member 1: activities
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 375
Name: S8A22a
Description: Family member 2
Type: String
Instructions: Enter the word or phrase to describe the family member.

Number: 376
Name: S8A22b
Description: Family member 2: activities
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 377
Name: S8A23a
Description: Family member 3
Type: String
Instructions: Enter the word or phrase to describe the family member.

Number: 378
Name: S8A23b
Description: Family member 3: activities
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 379
Name: S8A3
Description: Degree Person w ID involved in family leisure
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly at all
2	A few
3	Some
4	Many
5	A great deal

LEISURE AND RECREATION SECTION B

Number: 380
Name: S8B1
Description: Leisure - Importance
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 381
Name: S8B2
Description: Leisure - Opportunities
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 382
Name: S8B3
Description: Leisure - Initiative
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 383
Name: S8B4
Description: Leisure - Attainment
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 384
Name: S8B5a
Description: Leisure - Stability
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 385
Name: S8B5b
Description: Why improve or decline?
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 386
Name: S8B6
Description: Leisure - Satisfaction
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 387
Name: S8B7
Description: Additional Leisure Information
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 388
Name: S9A11a
Description: Family member 1
Type: String
Instructions: Enter the word that describes the family member.

Number: 389
Name: S9A11b
Description: Family member 1: groups involved in
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 390
Name: S9A12a
Description: Family member 2
Type: String
Instructions: Enter the word that describes the family member.

Number: 391
Name: S9A12b
Description: Family member 2: groups involved in
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 392
Name: S9A13a
Description: Family member 3
Type: String
Instructions: Enter the word that describes the family member.

Number: 393
Name: S9A13b
Description: Family member 3: groups involved in
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 394
Name: S9A14a
Description: Family member 4
Type: String
Instructions: Enter the word that describes the family member.

Number: 395
Name: S9A14b
Description: Family member 4: groups involved in
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 396
Name: S9A15a
Description: Family member 5
Type: String
Instructions: Enter the word that describes the family member.

Number: 397
Name: S9A15b
Description: Family member 5: groups involved in
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 398
Name: S9A2a
Description: Discrimination in your community?
Type: Numeric
Instructions: Enter the number that corresponds to yes or no below.

      Value   Label
      1   yes
      2   no

Number: 399
Name: S9A2b
Description: Describe discrimination
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 400
Name: S9A3
Description: Type of community
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

      Value   Label
      1   Large urban centre
      2   Small city
      3   Small town
      4   Rural
      5   Other

Number: 401
Name: S9A3S
Description: Type of community, specify
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 402
Name: S9A4
Description: Do you like this community?
Type: Numeric
Instructions: Enter the number that corresponds to one of the 3 categories below.

      Value   Label
      1   yes
      2   somewhat
      3   no

Number: 403
Name: S9B1
Description: Community - Importance
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 404
Name: S9B2
Description: Community - Opportunities
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 405
Name: S9B3
Description: Community - Initiative
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 406
Name: S9B4
Description: Community - Attainment
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Hardly important at all
2	A little important
3	Somewhat important
4	Quite important
5	Very important

Number: 407
Name: S9B5a
Description: Community - Stability
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

    Value   Label
- 1   Hardly important at all
- 2   A little important
- 3   Somewhat important
- 4   Quite important
- 5   Very important

Number: 408
Name: S9B5b
Description: Why improve or decline?
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 409
Name: S9B6
Description: Community - Satisfaction
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

    Value   Label
- 1   Hardly important at all
- 2   A little important
- 3   Somewhat important
- 4   Quite important
- 5   Very important

Number: 410
Name: S9B7
Description: Additional Community Information
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

OVERALL FAMILY QUALITY OF LIFE

Number: 411
Name: S101
Description: Experiences that add to family QOL
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 412
Name: S102
Description: Experiences that take away from family QOL
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 413
Name: S103
Description: Anything about your family organization important to QOL?
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 414
Name: S104
Description: Anything else about your family important to QOL?
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.

Number: 415
Name: S105
Description: Overall rating of family QOL
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Poor
2	Fair
3	Good
4	Very good
5	Excellent

Number: 416
Name: S106
Description: Overall satisfaction with family QOL
Type: Numeric
Instructions: Enter the number that corresponds to one of the 5 categories below.

Value	Label
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied or dissatisfied
4	Satisfied
5	Very satisfied

Number: 417
Name: S107
Description: What can improve your family quality of life?
Type: String
Instructions: Enter the phrase(s) or sentence(s) provided on the Survey.