

# Disability Survey 2001

## Child Screening Questionnaire

Reference number

Participation code

Proxy code

Mode code

Screened in? Yes

No

Tracing required? Yes

No

Date of interview     2 0 0 1

Start time

Finish time

Total time

Interviewer number

Good ..... I am ..... from Statistics New Zealand.

..... has been selected to take part in a nationwide survey. I will need to speak to .....’s parent or an adult who is responsible for .....

**Interviewer:** Make sure you are talking to .....’s parent, caregiver or other responsible adult.

The questions are about whether your child has any difficulties doing everyday things because of a condition or health problem.

Your answers will be used only to produce statistics. The child will not be identified as an individual and their name will not be attached to the information.

I would like you to answer a short questionnaire that will take 5-10 minutes. Then I may need to ask you some more questions.



<b>2a.</b>	<p>Now I am going to ask some questions about long-term difficulties that some children have doing things. The questions cover a range of difficulties that some children will have.</p> <p>By long-term, we mean difficulties that have lasted <b>6 months or more</b>, or are expected to last for <b>6 months or more</b>.</p> <p>Is ..... blind or does ..... have trouble with her/his eyesight which is not corrected by glasses or contact lenses?</p> <p style="text-align: right;">yes ..... 1 <input type="checkbox"/></p> <p style="text-align: right;">no ..... 2 <input type="checkbox"/> ➔ <b>GO TO 3a</b></p>	<p><b>screening column</b></p> <p>..... 1 <input type="checkbox"/></p>
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**2b.** At what age did this begin? ..... Enter age in years:

*If age was less than 1 year enter 00*

*If child has always been blind or always had trouble seeing which cannot be corrected, enter 00.*

**2c.** What is the main condition or health problem which resulted in .....’s blindness/eyesight problems?

\_\_\_\_\_

\_\_\_\_\_

**2d.** Which ONE of the following is the BEST description of the cause of this:

*Tick one only.*

a disease or illness? ..... 1

it existed at birth or occurred during birth? ..... 2

an accident or injury at home or school?  
(includes burns, near drowning, poisoning) ..... 3

a motor vehicle accident? ..... 4

a sports accident or injury? ..... 5

or another cause? - specify ..... 6

\_\_\_\_\_

Don't know ..... 99

**2e.** Has ..... been diagnosed by an eye specialist as being blind?

yes ..... 1

no ..... 2

**2f.** Does ..... use any equipment for seeing, other than glasses or contact lenses?

yes ..... 1

no ..... 2

**3a.** Is ..... deaf or does ..... have trouble hearing, which is not currently corrected?

*Tick "no" for children who have grommets and have no hearing problems.*  
*Tick "yes" for children who have grommets, but who still have trouble hearing.*  
*Tick "yes" for children who wear hearing aids.*

yes ..... 1

no ..... 2  ➔ **GO TO 4**

**screening column**

**3b.** At what age did this begin? ..... Enter age in years:

*If age was less than 1 year, enter 00*  
*If child has never been able to hear or has always had trouble hearing which cannot be corrected, enter 00*

**3c.** What is the main condition or health problem which resulted in .....’s hearing problems?

\_\_\_\_\_

\_\_\_\_\_

Is that the same condition you told me about?

yes, same as question: .....    ➔ **GO TO 3e**

no ..... 2  ➔ **GO TO 3d**

**3d.** Which ONE of the following is the BEST description of the cause of this:

*Tick one only.*

a disease or illness? ..... 1

it existed at birth or occurred during birth? ..... 2

an accident or injury at home or school?  
*(includes burns, near drowning, poisoning) ..... 3*

a motor vehicle accident? ..... 4

a sports accident or injury? ..... 5

or another cause? - *specify* ..... 6

\_\_\_\_\_

*Don't know* ..... 99

**3e.** Does ..... use any equipment for hearing such as a hearing aid or an FM system?

yes ..... 1

no ..... 2

**4. INTERVIEWER**  
*Is the child aged 2 years or older?*

yes ..... 1  ➔ GO TO 5a  
 no ..... 2  ➔ GO TO 6a

**5a.** Because of a long-term condition or health problem, does ..... have any trouble speaking and being understood? **screening column**

yes ..... 1   
 no / don't know ..... 2  ➔ GO TO 6a

*If child is too young to diagnose (or if respondent doesn't know) then enter 'no'.*

**5b.** At what age did this begin? ..... Enter age in years:

*If child has never been able to do it, enter 00.*

**5c.** What is the main condition or health problem which resulted in .....’s difficulty speaking and being understood ?

\_\_\_\_\_

\_\_\_\_\_

Is that the same condition you told me about?

yes, same as question: .....  0  c ➔ GO TO 5e  
 no ..... 2  ➔ GO TO 5d

**5d.** Which ONE of the following is the BEST description of the cause of this:  
*Tick one only.*

a disease or illness? ..... 1   
 it existed at birth or occurred during birth? ..... 2   
 an accident or injury at home or school?  
*(includes burns, near drowning, poisoning) ..... 3*   
 a motor vehicle accident? ..... 4   
 a sports accident or injury? ..... 5   
 or another cause? - specify ..... 6

\_\_\_\_\_

*Don't know ..... 99*

**5e.** How well is ..... able to make herself / himself understood when speaking with:

- members of her / his family: completely, partially or not at all?
- with her / his friends: completely, partially or not at all?
- with other people: completely, partially or not at all?

	<i>completely</i>	<i>partially</i>	<i>not at all</i>	<i>don't know</i>
- members of her / his family .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>
- her / his friends .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>
- other people .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>

**5f.** Does ..... use any equipment for communication such as a Macaw, a Communication Board or a computer?

yes ..... 1

no ..... 2

**6a.** Now I am going to ask you some questions about .....’s use of special, technical or medical equipment. The questions cover a range of equipment that some children will have. Does ..... use any of the following equipment:

a special buggy or a trolley?

yes ..... 1  ➔ **GO TO 6b**

no ..... 2  ➔ **GO TO 7a**

<p><b>6b.</b> Is this because of a long-term condition or health problem?</p> <p style="text-align: right;">yes ..... 1 <input type="checkbox"/></p> <p style="text-align: right;">no ..... 2 <input type="checkbox"/></p>	<p><b>screening column *</b></p> <p>..... 1 <input type="checkbox"/></p>
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**7a.** A standing frame?

yes ..... 1  ➔ **GO TO 7b**

no ..... 2  ➔ **GO TO 8a**

<p><b>7b.</b> Is this because of a long-term condition or health problem?</p> <p style="text-align: right;">yes ..... 1 <input type="checkbox"/></p> <p style="text-align: right;">no ..... 2 <input type="checkbox"/></p>	<p><b>screening column *</b></p> <p>..... 1 <input type="checkbox"/></p>
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**8a.** Any kind of braces, other than braces for teeth?

yes ..... 1  ➔ GO TO 8b

no ..... 2  ➔ GO TO 9

**8b.** Is this because of a long-term condition or health problem?

yes ..... 1

no ..... 2

**screening column\***

**9.** *INTERVIEWER*

*Is the child aged 2 years or older?*

yes ..... 1  ➔ GO TO 10

no ..... 2  ➔ GO TO 13

**10.** Does ..... use a wheelchair?

yes ..... 1

no ..... 2

**screening column\***

**11a.** Crutches, walking sticks, a walking frame or any other kind of walking aid?

yes ..... 1  ➔ GO TO 11b

no ..... 2  ➔ GO TO 12

**11b.** Is this because of a long-term condition or health problem?

yes ..... 1

no ..... 2

**screening column\***

**12.** An artificial leg, arm, hand or foot?

yes ..... 1

no ..... 2

**screening column\***

**13.** Does ..... use any other kind of equipment because of a condition or a health problem that has lasted or is expected to last for 6 months or more? Don't count asthma inhalers, braces for teeth or grommets.

yes - *specify* ..... 1

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no ..... 2

**screening column\***

14.

**INTERVIEWER**

Is "yes" ticked in the screening column for any of questions 6 - 13 marked with an asterisk \*?

yes ..... 1  ➔ GO TO 15a

no ..... 2  ➔ GO TO 16a

15a.

What is the main condition or health problem which resulted in ..... needing that piece (those pieces) of equipment you told me about before?

\_\_\_\_\_  
\_\_\_\_\_

Is that the same condition you told me about?

yes, same as question: .....  0  c ➔ GO TO 16a

no ..... 2  ➔ GO TO 15b

15b.

Which ONE of the following is the BEST description of the cause of this:

*Tick one only.*

a disease or illness? ..... 1

it existed at birth or occurred during birth? ..... 2

an accident or injury at home or school?  
(includes burns, near drowning, poisoning) ..... 3

a motor vehicle accident? ..... 4

a sports accident or injury? ..... 5

or another cause? - specify ..... 6

Don't know ..... 99

**16a.** Is there any equipment which ..... needs but does not have?

yes ..... 1  ➔ **GO TO 16b**

no ..... 2  ➔ **GO TO 17a**

**16b.** What types of equipment does ..... need but not have? I will read you a list.

*Tick all that apply.*

equipment to help with seeing? ..... 1

equipment to help with hearing? ..... 2

equipment to help with speaking or communicating? ..... 3

equipment to help with standing or moving around? ..... 4

or another type of equipment? - *specify* ..... 5

\_\_\_\_\_

**16c.** Why doesn't ..... have this equipment? I will read you a list.

*Tick all that apply.*

it is only needed occasionally? ..... 1

.....'s condition is not serious enough? ..... 2

the equipment is not available? ..... 3

you do not know where to get it? ..... 4

it is too costly or you cannot afford it? ..... 5

you applied for financial help to get it but were ..... 6   
not eligible?

you did not know you could apply for financial help ..... 7   
or where to apply?

..... has never been assessed? ..... 8

or another reason? - *specify* ..... 9

\_\_\_\_\_

<b>17a.</b>	<p>From time to time, most children have occasional emotional or nervous problems. However, does ..... have any <b>long-term</b> emotional, behavioural, psychological, nervous or mental health condition which limits the kind or amount of activity that she/he can do at home, at school or at play?</p> <p style="text-align: right;">yes ..... 1 <input type="checkbox"/></p> <p style="text-align: right;">no / don't know ..... 2 <input type="checkbox"/> ➔ <b>GO TO 18</b></p> <p><i>If child is too young to diagnose (or if respondent doesn't know) then enter 'no'.</i></p>	<p><b>screening column</b></p> <p>..... 1 <input type="checkbox"/></p>
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**17b.** At what age did this begin? ..... Enter age in years:

*If age was less than 1 year, enter 00.*

**17c.** What is the main condition or health problem which limits ..... in her / his activity at home, at school or at play?

\_\_\_\_\_

\_\_\_\_\_

Is that the same condition you told me about?

yes, same as question: .....    ➔ **GO TO 18**

no ..... 2  ➔ **GO TO 17d**

**17d.** Which ONE of the following is the BEST description of the cause of this:

*Tick one only.*

a disease or illness? ..... 1

it existed at birth or occurred during birth? ..... 2

an accident or injury at home or school?  
(includes burns, near drowning, poisoning) ..... 3

a motor vehicle accident? ..... 4

a sports accident or injury? ..... 5

or another cause? - specify ..... 6

\_\_\_\_\_

*Don't know* ..... 99

**18.** Does ..... have any of these long-term conditions or health problems:  
Allergies of any kind?

yes ..... 1

no ..... 2

**19.** Bronchitis?

yes ..... 1

no ..... 2

**20a.** Asthma?

yes ..... 1  ➔ GO TO 20b

no ..... 2  ➔ GO TO 21a

<b>20b.</b> Has a doctor told you that .....’s asthma is “severe asthma”?	yes .....	1	<input type="checkbox"/>	screening column ..... 1 <input type="checkbox"/>
	no .....	2	<input type="checkbox"/> ➔ GO TO 21a	

**20c.** At what age did this begin? ..... Enter age in years:

*If age was less than 1 year, enter 00.*

<b>21a.</b> Does ..... have a long-term lung condition or disease that limits her / his activities?	yes .....	1	<input type="checkbox"/>	screening column ..... 1 <input type="checkbox"/>
	no .....	2	<input type="checkbox"/> ➔ GO TO 22a	

**21b.** At what age did this begin? ..... Enter age in years:

*If age was less than 1 year, enter 00.*

**21c.** Which ONE of the following is the BEST description of the cause of this:

*Tick one only.*

a disease or illness? ..... 1

it existed at birth or occurred during birth? ..... 2

an accident or injury at home or school?  
*(includes burns, near drowning, poisoning)* ..... 3

a motor vehicle accident? ..... 4

a sports accident or injury? ..... 5

or another cause? - *specify* ..... 6

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*Don't know* ..... 99

<b>22a.</b>	Does ..... have diabetes?  yes ..... no ..... 2 <input type="checkbox"/> ➔ <b>GO TO 23a</b>	<b>screening column</b>  .... 1 <input type="checkbox"/>
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<b>22b.</b>	At what age did this begin? ..... <i>Enter age in years:</i> <input type="text"/> <input type="text"/> <i>If age was less than 1 year, enter 00.</i>
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<b>23a.</b>	Does ..... have a long-term heart condition or disease that limits his / her activities? <i>Don't count heart murmurs, unless they limit the child's activities.</i>  yes ..... no ..... 2 <input type="checkbox"/> ➔ <b>GO TO 24a</b>	<b>screening column</b>  .... 1 <input type="checkbox"/>
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<b>23b.</b>	At what age did this begin? ..... <i>Enter age in years:</i> <input type="text"/> <input type="text"/> <i>If age was less than 1 year, enter 00.</i>
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<b>23c.</b>	Which ONE of the following is the BEST description of the cause of this: <i>Tick one only.</i> a disease or illness? ..... 1 <input type="checkbox"/> it existed at birth or occurred during birth? ..... 2 <input type="checkbox"/> an accident or injury at home or school? <i>(includes burns, near drowning, poisoning) ..... 3 <input type="checkbox"/></i> a motor vehicle accident? ..... 4 <input type="checkbox"/> a sports accident or injury? ..... 5 <input type="checkbox"/> or another cause? - <i>specify</i> ..... 6 <input type="checkbox"/>  <hr/> <i>Don't know ..... 99 <input type="checkbox"/></i>
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<b>24a.</b>	Does ..... have a kidney condition or disease that limits her / his activities?	<b>screening column</b> ..... 1 <input type="checkbox"/>
	yes ..... no ..... 2 <input type="checkbox"/> ➔ <b>GO TO 25a</b>	

**24b.** At what age did this begin? ..... Enter age in years:    
 If age was less than 1 year, enter 00.

**24c.** Which ONE of the following is the BEST description of the cause of this:  
*Tick one only.*

a disease or illness? ..... 1

it existed at birth or occurred during birth? ..... 2

an accident or injury at home or school?  
*(includes burns, near drowning, poisoning)* ..... 3

a motor vehicle accident? ..... 4

a sports accident or injury? ..... 5

or another cause? - specify ..... 6

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Don't know ..... 99

<b>25a.</b>	Does ..... have cancer?	<b>screening column</b> ..... 1 <input type="checkbox"/>
	yes ..... no ..... 2 <input type="checkbox"/> ➔ <b>GO TO 26a</b>	

**25b.** At what age did this begin? ..... Enter age in years:    
 If age was less than 1 year, enter 00.

<b>26a.</b>	Does ..... have epilepsy? <i>An occasional seizure is not necessarily epilepsy.        Only tick "yes" if R has reason to believe it is epilepsy.</i>	<b>screening column</b> ..... 1 <input type="checkbox"/>
	yes ..... no ..... 2 <input type="checkbox"/> ➔ <b>GO TO 27a</b>	

**26b.** At what age did this begin? ..... Enter age in years:    
 If age was less than 1 year enter 00.

<b>27a.</b>	Does ..... have cerebral palsy?	<b>screening column</b> ..... 1 <input type="checkbox"/>
	yes ..... no ..... 2 <input type="checkbox"/> ➔ <b>GO TO 27d</b>	

<b>27b.</b>	At what age did this begin? ..... Enter age in years: <input type="text"/> <input type="text"/>
	<i>If age was less than 1 year , enter 00.</i>

<b>27c.</b>	Which ONE of the following is the BEST description of the cause of this: <i>Tick one only.</i>
	a disease or illness? ..... 1 <input type="checkbox"/>
	it existed at birth or occurred during birth? ..... 2 <input type="checkbox"/>
	an accident or injury at home or school? <i>(includes burns, near drowning, poisoning) ..... 3 <input type="checkbox"/></i>
	a motor vehicle accident? ..... 4 <input type="checkbox"/>
	a sports accident or injury? ..... 5 <input type="checkbox"/>
	or another cause? - specify ..... 6 <input type="checkbox"/>
	.....
	<i>Don't know</i> ..... 99 <input type="checkbox"/>

<b>27d.</b>	Does ..... have muscular dystrophy?	<b>screening column</b> ..... 1 <input type="checkbox"/>
	yes ..... no ..... 2 <input type="checkbox"/>	

<b>27e.</b>	Does ..... have spina bifida?	<b>screening column</b> ..... 1 <input type="checkbox"/>
	yes ..... no ..... 2 <input type="checkbox"/>	

<b>28a.</b>	Does ..... have a chronic gastro-intestinal condition which is long-term? <i>eg chronic diarrhoea</i>	<b>screening column</b> ..... 1 <input type="checkbox"/>
	yes ..... no ..... 2 <input type="checkbox"/> ➔ <b>GO TO 29a</b>	

**28b.** At what age did this begin? ..... Enter age in years:

*If age was less than 1 year , enter 00.*

**28c.** Which ONE of the following is the BEST description of the cause of this:

*Tick one only.*

a disease or illness? ..... 1

it existed at birth or occurred during birth? ..... 2

an accident or injury at home or school?  
(includes burns, near drowning, poisoning) ..... 3

a motor vehicle accident? ..... 4

a sports accident or injury? ..... 5

or another cause? - specify ..... 6

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*Don't know* ..... 99

<b>29a.</b> Does ..... have growth failure or failure to thrive?	yes ..... no ..... 2 <input type="checkbox"/> → <b>GO TO 30a</b>	<b>screening column</b>
		..... 1 <input type="checkbox"/>

**29b.** At what age did this begin? ..... Enter age in years:

*If age was less than 1 year, enter 00.*

**29c.** Which ONE of the following is the BEST description of the cause of this:

*Tick one only.*

a disease or illness? ..... 1

it existed at birth or occurred during birth? ..... 2

an accident or injury at home or school?  
(includes burns, near drowning, poisoning) ..... 3

a motor vehicle accident? ..... 4

a sports accident or injury? ..... 5

or another cause? - specify ..... 6

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*Don't know* ..... 99

<b>30a.</b>	Does ..... have autism or asperger syndrome?	<b>screening column</b> ..... 1 <input type="checkbox"/>
	yes ..... no ..... 2 <input type="checkbox"/> ➔ <b>GO TO 31a</b>	

**30b.** At what age did this begin? ..... Enter age in years:    
 If age was less than 1 year, enter 00.

<b>31a.</b>	Does ..... have an intellectual disability or a general development delay?	<b>screening column</b> ..... 1 <input type="checkbox"/>
	yes ..... no ..... 2 <input type="checkbox"/> ➔ <b>GO TO 32a</b>	

**31b.** At what age did this begin? ..... Enter age in years:    
 If age was less than 1 year, enter 00.

**31c.** Which ONE of the following is the BEST description of the cause of this:  
*Tick one only.*

a disease or illness? ..... 1

it existed at birth or occurred during birth? ..... 2

an accident or injury at home or school?  
*(includes burns, near drowning, poisoning)* ..... 3

a motor vehicle accident? ..... 4

a sports accident or injury? ..... 5

or another cause? - specify ..... 6

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*Don't know* ..... 99

<b>32a.</b>	<p>Does ..... have a learning difficulty such as dyslexia, attention deficit disorder or attention deficit hyperactivity disorder?</p> <p><i>This question is about the child's mental capacity to learn.</i></p> <p><i>Do not tick "yes" if the child only has difficulty because of physical barriers to learning a task, or physical limitations on attending a place of learning.</i></p> <p style="text-align: right;">yes ..... 1 <input type="checkbox"/></p> <p style="text-align: right;">no / don't know ..... 2 <input type="checkbox"/> ➔ <b>GO TO 33a</b></p> <p><i>If child is too young to diagnose (or respondent doesn't know) then enter 'no'.</i></p>	<p><b>screening column</b></p> <p>..... 1 <input type="checkbox"/></p>
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<b>32b.</b>	<p>At what age did this begin? ..... Enter age in years: <input type="text"/> <input type="text"/></p> <p><i>If age was less than 1 year, enter 00.</i></p>
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<b>32c.</b>	<p>Which ONE of the following is the BEST description of the cause of this:</p> <p><i>Tick one only.</i></p> <p>a disease or illness? ..... 1 <input type="checkbox"/></p> <p>it existed at birth or occurred during birth? ..... 2 <input type="checkbox"/></p> <p>an accident or injury at home or school? <i>(includes burns, near drowning, poisoning) ..... 3 <input type="checkbox"/></i></p> <p>a motor vehicle accident? ..... 4 <input type="checkbox"/></p> <p>a sports accident or injury? ..... 5 <input type="checkbox"/></p> <p>or another cause? - specify ..... 6 <input type="checkbox"/></p> <hr/> <p><i>Don't know ..... 99 <input type="checkbox"/></i></p>
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**33a.** Does ..... have any other condition or health problem that you haven't already told me about, which limits what she / he can do at school, at play or in any other activity that children her / his age can usually do?

yes ..... 1  ➔ **GO TO 33b**

no ..... 2  ➔ **GO TO 34**

<b>33b.</b> Has ..... been limited in these activities for 6 months or more, or is she / he expected to be limited in them for 6 months or more?	yes .....	..... 1 <input type="checkbox"/>	<b>screening column</b>
	no ..... 2 <input type="checkbox"/> ➔ <b>GO TO 34</b>		

**33c.** What is this condition or health problem?  
*If more than one, specify the most serious*

\_\_\_\_\_

\_\_\_\_\_

**33d.** At what age did this begin? ..... Enter age in years:

*If age was less than 1 year, enter 00.*

**33e.** Which ONE of the following is the BEST description of the cause of this:  
*Tick one only.*

a disease or illness? ..... 1

it existed at birth or occurred during birth? ..... 2

an accident or injury at home or school?  
*(includes burns, near drowning, poisoning)* ..... 3

a motor vehicle accident? ..... 4

a sports accident or injury? ..... 5

or another cause? - specify ..... 6

\_\_\_\_\_

*Don't know* ..... 99

**34.** **INTERVIEWER**  
*Is the child aged 5 years or older?*

yes ..... 1  ➔ **GO TO 35a**

no ..... 2  ➔ **GO TO 37a**

**35a.** Does ..... attend a special school, or a special unit or class at a regular school, or a regular class where special education services are provided?

yes ..... 1  ➔ GO TO 35b

no ..... 2  ➔ GO TO 37a

<p><b>35b.</b> Is this because of a long-term condition or health problem?</p> <p>yes ..... 1 <input type="checkbox"/></p> <p>no ..... 2 <input type="checkbox"/> ➔ GO TO 37a</p>	<p><b>screening column</b></p> <p>..... 1 <input type="checkbox"/></p>
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**36a.** At what age did ..... start receiving special education?

*Enter age in years:*

**36b.** What is the main condition or health problem which makes it necessary for ..... to receive special education?

\_\_\_\_\_

\_\_\_\_\_

Is that the same condition you told me about?

yes, same as question: .....    ➔ GO TO 37a

no ..... 2  ➔ GO TO 36c

**36c.** Which ONE of the following is the BEST description of the cause of this:

*Tick one only.*

a disease or illness? ..... 1

it existed at birth or occurred during birth? ..... 2

an accident or injury at home or school?  
(includes burns, near drowning, poisoning) ..... 3

a motor vehicle accident? ..... 4

a sports accident or injury? ..... 5

or another cause? - specify ..... 6

\_\_\_\_\_

Don't know ..... 99

<b>37a.</b>	Because of learning or developmental difficulties, does ..... have an <b>Individual Education Programme (IEP)</b> , or <b>Individual Development Programme (IDP)</b> ?	<b>screening column</b>  ..... 1 <input type="checkbox"/>
	yes ..... no ..... 2 <input type="checkbox"/> ➔ <b>GO TO 38</b>	

**37b.** At what age did ..... first get an individual programme?

Enter age in years:

**37c.** What is the main condition or health problem which makes it necessary for ..... to have an individual programme?

\_\_\_\_\_

\_\_\_\_\_

Is that the same condition you told me about?

yes, same as question: .....    ➔ **GO TO 38**

no ..... 2  ➔ **GO TO 37d**

**37d.** Which ONE of the following is the BEST description of the cause of this:

*Tick one only.*

a disease or illness? ..... 1

it existed at birth or occurred during birth? ..... 2

an accident or injury at home or school?  
(includes burns, near drowning, poisoning) ..... 3

a motor vehicle accident? ..... 4

a sports accident or injury? ..... 5

or another cause? - specify ..... 6

\_\_\_\_\_

Don't know ..... 99

**38.**

*INTERVIEWER*

*Is "yes" ticked in the screening column of any question?*

yes ..... 1  ➔ **GO TO Content  
Questionnaire**

no ..... 2  ➔ **GO TO 39**

**39.**

That's all the questions. Thank you very much for taking part in this survey. I'd like to assure you that the information you have given will be kept confidential.

